

The Vale of Glamorgan Council

Healthy Living & Social Care Scrutiny Committee 13th March 2017

Report of the Director of Social Services

Quarter 3 (2016-17) Performance Report: An Active and Healthy Vale

Purpose of the Report

1. To present the performance results for quarter 3, 1st April-30th December, 2016-17 for the Corporate Plan Well-being Outcome 4, 'An Active and Healthy Vale'.

Recommendations

1. That members consider progress to date in achieving key outcomes in line with the Corporate Plan Well-being Outcome 4 - 'Residents of the Vale of Glamorgan lead healthy lives and vulnerable people are protected and supported.'
2. That members consider the performance results and remedial actions to be taken to address areas of underperformance and to tackle the key challenges identified.

Reasons for the Recommendations

1. To ensure the Council clearly demonstrates the progress being made towards achieving its Corporate Plan Well-being Outcomes aimed at making a positive difference to the lives of Vale of Glamorgan citizens.
2. To ensure the Council is effectively assessing its performance in line with the requirement to secure continuous improvement outlined in the Local Government Measure (Wales) 2009 and reflecting the requirement of the Well-being of Future Generations (Wales) Act that it maximises its contribution to achieving the well-being goals for Wales.

Background

2. The Council's Performance Management Framework is the mechanism through which our key priorities and targets are monitored and realised in order to secure continuous improvement.
3. As part of the review of its Performance Management Framework, the Council has recently adopted a new Corporate Plan (2016-20) which reflects the requirements of

the Well-being of Future Generations (Wales) Act 2015 and identifies 4 Well-being Outcomes and 8 Objectives for the Council.

4. In order to ensure a more cross-cutting approach to scrutinising the Well-being Outcomes in the Corporate Plan and to reduce potential for duplication, the remits of Scrutiny Committees have been re-aligned with the Well-being Outcomes contained in the Corporate Plan with performance reporting revised to reflect these arrangements.
5. Service Plans have been completed at Head of Service level and focus on the contribution made by those areas to the Council's Well-being Outcomes and Objectives.
6. As approved by Cabinet, from 2016-17, the Corporate Plan will be monitored on a quarterly basis by an overall Corporate Health Performance Report and this will be reported to the Corporate Performance & Resources Scrutiny Committee. It will be supplemented by specific quarterly performance reports for each of the four Well-being Outcomes. This will enable Members to focus on scrutinising the progress being made towards achieving the Council's Well-being Outcomes. Services have continued to report performance data quarterly to the Council's Performance Team and this information has been used to compile and present the more focused Well-being Outcome Reports for the quarter 3 period. The newly devised report formats have been designed to make it easier to assess overall progress in each objective/outcome, whilst continuing to provide detailed supporting information relating to actions and indicators.
7. Work has been undertaken to review the Council's existing performance indicator dataset. This included workshops for all four Well-being Outcome areas, chaired by the respective Sponsoring Director and Lead officers/ Heads of Service. These produced a basket of proposed measures comprising some existing and some new measures for consideration by the Member Working Group for each Well-being Outcome. The draft quarterly Well-being Outcome report template and the proposed basket of measures were approved by both the Member Working Group and Cabinet (16th June and 25th July respectively) as the basis for preparing quarterly performance monitoring reports for 2016-17. Following consideration of the quarterly reports by Scrutiny Committees and Cabinet, feedback on the format of the reports will be considered by Officers and the Member Working Group as part of the on-going development of the Council's performance management arrangements.
8. The performance report is structured as follows:
 - **Page 2:** Provides an explanation of the performance terms used within the report. The performance report uses the traffic light system, that is, a Red, Amber or Green (RAG) status and a Direction of Travel (DOT) to aid performance analysis.

Progress is reported for all key performance indicators by allocating a RAG performance status, Green relates to performance that has met or exceeded target, Amber relates to performance within 10% of target and Red relates to performance that has missed target by more than 10%. A DOT arrow is also attributed to each measure indicating whether current performance has improved, stayed static or declined on last year's first quarter performance. An upward arrow (↑) indicates that performance has improved on the same quarter last year, a static arrow (↔) indicates performance has remained the same and a downward arrow (↓) shows performance has declined compared to the same quarter last year.

For actions, a Green status relates to a completed action or one that is on track to be completed in full by the due date. An Amber status relates to an action where there has been a minor delay but action is being taken to bring this back on track by the next quarter. A Red status relates to an action where limited progress has been made, and an explanation must be provided including any planned remedial action(s) and where appropriate a revised completion date.

- **Section 1: Outcome Summary** - Provides an overall summary of performance and highlights the main developments, achievements and challenges for the quarter as a whole. It includes an evaluation of the progress made against actions and performance indicators as well as corporate health (resource) impacts which supports the overall RAG status for the Well-being Outcome.
- **Section 2: Performance Snapshot** - Provides an overview for each Well-being Objective, describing the status of Corporate Plan actions and performance indicators. A RAG status is attributed to each Well-being Objective to reflect overall progress to date and contributes to the overall RAG status for the Well-being Outcome. For ease of scrutiny, any actions/PIs attributed a Red status are presented in full here.
- **Section 3: Key Achievements and Challenges** - Highlights the key achievements and challenges to date in achieving the intended outcomes for the Well-being Outcome.
- **Section 4: Corporate Health: Use of Resources and Impact on Improvement** - Provides a summary of the key issues relating to the use of resources and the impact on delivering improvement during the quarter. The focus is on key aspects relating to staffing, finance, assets, ICT, customer focus and risk management.
- **Appendix 1:** Provides, by Well-being Objective, detailed information relating to the Service Plan actions which have contributed to Corporate Plan actions.
- **Appendix 2:** Provides detailed performance indicator information linked to each Well-being Objective which show for our planned activities, how much we have done, how well we have performed and what difference this has made. It must be noted that new annual and quarterly reported performance indicators have been introduced as part of the Council's revised Performance Management Framework and for a number of these data will not be available as this year will be used to establish baseline performance. A Not Available (N/A) status will be attributed to all such measures with commentary provided confirming this status. Where possible cumulative data will be provided in future quarterly reports as this becomes available. This is the first year of reporting against the new Corporate Plan and we will continue to develop our key measures within each Well-being Objective to ensure these most accurately reflect our Corporate Plan Well-being Outcomes.
- **Appendix 3:** provides additional performance indicators which contribute to the Well-being Outcome but do not form part of the Corporate Plan basket of key performance indicators.

Relevant Issues and Options

9. An overall **GREEN** RAG status has been attributed to Well-being Outcome 4, 'An Active and Healthy Vale', reflecting the good progress made to date in making a difference to the lives of residents and our customers within a highly challenging environment.

10. At Q3, 14 out of 16 Corporate Plan actions under this Well-being Outcome are on track to be delivered giving an overall Green performance status for actions. Limited progress continues to be made in the delivery of the Substance Misuse action plan (AH2). This is due to continuing resource issues, it is anticipated that this action will be brought on track in quarter 4. In relation to Corporate Safeguarding (AH11) significant work has progressed regionally, on developing and introducing 'alert' forms and procedures. These forms have been adopted locally and will ensure consistency internally and regionally in our approach to safeguarding issues. The outcomes of the recent national consultation on adults at risk will inform new guidance which will be adopted and implemented locally within the Corporate Policy in due course. An Amber performance status has been attributed to this action to reflect the progress made this quarter.
11. An overall Amber performance status has been attributed to the quarterly measures contributing to this Well-being Outcome. Of the 8 quarterly measures for which data was reported this quarter, performance has met or exceeded target for 6 indicators with 2 missing target by more than 10%. The 2 indicators that missed target relate to play scheme attendance (CPM/029) and young people looked after whom the authority is still in contact with who are engaged in education, training or employment (CPM/062).
12. A detailed report outlining the progress at quarter 3 towards achieving Well-being Outcome 4 is provided at Appendix 1.

Resource Implications (Financial and Employment)

13. There are no additional budgetary implications arising from this report, although underperformance in some areas may have a negative impact on external assessments of the Council and could put certain funding opportunities at risk. The report includes information relating to the use of financial, asset, ICT and people resources and how these are being deployed to support the delivery of the Council's well-being outcomes.

Sustainability and Climate Change Implications

14. The Corporate Plan emphasises the Council's commitment to promoting sustainable development and our understanding of our duties under the Well-being of Future Generations (Wales) Act. The many different aspects of sustainability (environment, economy, culture and social) are reflected within planned activities as outlined the Corporate Plan and demonstrates how the Council will maximise its contribution to the Well-being Goals.

Legal Implications (to Include Human Rights Implications)

15. The Local Government (Wales) Measure 2009 requires that the Council secure continuous improvement across the full range of local services for which it is responsible.
16. The Well-being of Future Generations (Wales) Act 2015 requires the Council to set and publish Well-being Objectives by April 2017 that maximise its contribution to achieving the Well-being goals for Wales.

Crime and Disorder Implications

17. Activities to improve community safety are included in the Corporate Plan and one of the Well-being Outcomes is 'An Inclusive and Safe Vale' with a supporting objective

'providing decent homes and safe communities'. The Council's Performance Management Framework supports the delivery of actions associated with these objectives.

Equal Opportunities Implications (to include Welsh Language issues)

18. An Inclusive and Safe Vale' is one of the Well-being Outcomes in the Corporate Plan with a supporting objective 'reducing poverty and social exclusion'. There is also a Well-being Outcome 'An Aspirational and culturally vibrant Vale' with a supporting action 'valuing culture and diversity'. The Council's Performance Management Framework supports the delivery of actions associated with these objectives.

Corporate/Service Objectives

19. The Corporate Plan 2016-20 reflects the requirements of the Well-being of Future Generations Act and identifies 4 Well-being Outcomes and 8 Objectives for the Council. These promote improvements in the economic, social and cultural well-being of residents in the Vale of Glamorgan which in turn will contribute to achieving the Well-being goals for Wales.
20. The Council's Performance Management Framework supports the delivery of all of the Council's Corporate Plan Well-being Outcomes and Objectives.

Policy Framework and Budget

21. This is a matter for Executive decision.

Consultation (including Ward Member Consultation)

22. The information contained within the report is based on quarterly returns provided by service directorates to the Performance Team. Quarterly performance reports covering the Corporate Plan Well-being Outcomes and Objectives along with an overall Corporate Health Report will be considered by relevant Scrutiny Committees and the Cabinet.

Relevant Scrutiny Committee

Healthy Living & Social Care Scrutiny Committee

Background Papers

[Performance Management Framework](#), Report of the Leader, Cabinet, 25th April 2016

[Corporate Assessment 2016](#), Report of the Leader, Cabinet, 5th September 2016

Contact Officer

Julia Archampong, Corporate Performance Manager

Officers Consulted

Corporate Management Team

Huw Isaac, Head of Performance and Development

Tom Bowring, Operational Manager Performance and Policy

Responsible Officer:

Phil Evans, Director of Social Services and Sponsoring Director for Well-being Outcome 4, 'An active and Healthy Vale'

Vale of Glamorgan Council Corporate Performance Report - Quarter 3 (1 April – 30 December 2016)

This report provides a summary of the performance for this well-being outcome and the associated objectives for this quarter.



Well-being Outcome 4: An Active and Healthy Vale

Citizens of the Vale of Glamorgan have a good quality of life and feel part of the local community.

Well-being Objectives:

- 7 – Encouraging and promoting active and healthy lifestyles.
- 8 – Safeguarding those who are vulnerable and promoting independent living.

For this quarter, our performance can be summarised by:

The overall status of the **actions** we are taking:

GREEN

The overall status of the **indicators** we use to measure our performance:

AMBER

Which indicates the **overall status** of this Well-being Outcome is:

GREEN

The report is structured as follows:

Section 1: Outcome Summary – This section sets out the main developments, achievements and challenges for the quarter for the Well-being Outcome as a whole.

Section 2: Performance Snapshot – This section provides an overview for each Well-being Objective of the status of Corporate Plan actions and performance indicators.

Section 3: Key Achievements & Challenges – The key achievements and challenges relating to Corporate Plan actions and performance indicators for service areas contributing to this Well-being Outcome are detailed in this section.

Section 4: Corporate Health: Use of Resources & Impacts on Improvement – A summary of the key issues relating to the use of resources and the impacts this has had for the quarter on delivering improvement is provided in section 4.

Appendix 1 provides, by Well-being Objective, detailed information relating to the Service Plan actions contributing to the in-scope Corporate Plan actions.

Appendix 2 provides, by Well-being Objective, detailed performance indicator information.

Appendix 3 provides additional performance indicators which contribute to the Well-being Outcome but do not form part of the Corporate Plan basket of key performance indicators.

Explanation of Performance Terms used in the Report

Well-being Outcome: The relevant Well-being Outcome set by the Council and featured in the Corporate Plan 2016-20.

Well-being Objective: The relevant Well-being Objective set by the Council and featured in the Corporate Plan 2016-20.

Population level Performance Indicators: These headline performance indicators demonstrate progress in achieving outcomes at the community level rather than the individual level. The Council will certainly contribute towards population indicators through its work, however, it does not have sole responsibility for them and delivering sustained improvement on these indicators will involve a wide range of organisations working effectively in partnership

Local Council Performance indicators: These are performance indicators which tell us how well we are delivering our services or activities and will identify how these contribute to the overall community-wide impact. The focus is on whether customers are better off as a result of what we do. In order to identify the most important performance measures to demonstrate our progress we need know: How much did we do? How well did we do it and; What difference have we made?

| What difference have we made? | How well have we performed? | How much? (contextual data) |
|--|---|---|
| These performance measures will help us demonstrate whether customers in the Vale are better off. They will seek to measure the quantity/quality of change for the better for customers. | These performance indicators are qualitative and will be used to demonstrate how well the Council performed its activities. | These performance indicators are quantitative and will be used to measure how much and/or what the Council delivered. |

Overall RAG status: Provides an overall RAG health check showing our performance status against the Well-being Objective.

| Measures (RAG) | Direction of travel (DOT) | Actions (RAG) | Overall (RAG) status Objective |
|--|---|---|---|
| Green: Performance is on or above target | ↑ : Performance has improved on the same quarter last year | Green: Action completed or on track to be completed in full by due date. | Green: indicates that we are well on track to deliver the key outcomes relating to the Objective as set out in the Corporate Plan. |
| Amber: Performance is within 10% of target | ↔ : Performance has remained the same as the same quarter last year | Amber: Minor delay but action is being taken to bring action back on track. | Amber: indicates that at this stage, we are on target to deliver the Objective but some aspects need to be addressed in order to ensure we remain on track to fully achieve the Objective. |
| Red: Performance missed target by more than 10% | ↓ : Performance has declined compared to the same quarter last year | Red: Action has slipped with limited progress made and an explanation must be provided including any planned remedial action(s) and where appropriate a revised completion date. | Red: indicates that at this stage, we are not on target to deliver key outcomes relating to the Objective as set out in the Corporate Plan. |

Service Plan Actions

VS: Visible Services
HS: Housing Service

CS: Children & Young People Service
BM: Business Management & Innovation Services

AS: Adult Services
PD: Performance & Development

SRS: Shared Regulatory Services

Outcome Summary

This report gives an overview of performance at quarter 3, April – December 2016, in achieving the outcomes outlined in the Corporate Plan 2016-20 relating to Well-being Outcome 4, 'An active and healthy Vale',

An overall RAG status of **GREEN** has been assigned to this Well-being Outcome to reflect the good progress made to date in achieving improved outcomes for residents and our customers.

At this stage, 14 out of 16 Corporate Plan actions under this Well-being Outcome are on track to being delivered giving an overall Green performance status for actions. Limited progress continues to be made this quarter in delivering the Substance Misuse action plan (AH2) due to resource issues - a key staff member being on maternity leave. Whilst showing a Red performance status this quarter, work is expected to progress during Q4 once the member of staff returns and it is anticipated that the action will be brought back on track during this quarter.

In relation to Corporate Safeguarding (AH11) significant work has progressed regionally this quarter, on developing and introducing 'alert' forms and procedures. These forms have been adopted locally and will ensure consistency internally and regionally in our approach to safeguarding issues. The outcomes of the recent national consultation on adults at risk will inform new guidance which will be adopted and implemented locally within the Corporate Policy in due course. An Amber performance status has been attributed to this action to reflect the progress made this quarter.

An overall Amber performance status has been attributed to the quarterly measures reported against this Well-being Outcome. Of the 8 performance indicators for which data was reported this quarter, 6 met or exceeded target and 2 missed target by more than 10%. The 2 indicators that missed target relate to, play scheme attendance (CPM/029) and young people looked after whom the authority is still in contact with who are engaged in education, training or employment (CPM/062).

During this quarter the majority of service areas that contribute to this Well-being Outcome reported **absence performance** figures within target and no significant issues were highlighted as impacting negatively on progress with planned improvement activities, with the exception of progress with the Substance Misuse Action Plan. Remedial action is in place and it is anticipated that this work will be brought back on track in Q4. Proactive monitoring of attendance continues to be undertaken in line with corporate arrangements with priority cases being reviewed monthly in order to ensure performance remains on track.

The most recent review of the **Corporate Risk Register** which was published in September 2016 was used to inform the previous quarter's reports, and the information remains the most current. With the exception of the Reshaping risk which has increased to a medium-high rating from medium, the level of risk attributed to the risks impacting on this Well-being Outcome largely remain unchanged. Mitigating actions for service and corporate risks continue to be progressed alongside service plan actions.

At Q3, positive progress continues to be made in relation to the **Reshaping** projects contributing to this Well-being Outcome. However, the Social Services budget programme continues to remain under significant strain with a challenge caused by rising demand (and associated cost) for domiciliary care for older people in adult services.

Overall, most services contributing to this Outcome are projected to outturn on **budget**. Whilst the Social Services Directorate is still projecting a budget outturn with an adverse variance of £600k at year end, it is proposed that money from reserves will be used to ensure a balanced budget. A favourable variance of £400k is projected for Children & Young People Services. Adult Services is currently projecting an adverse variance of £1 million. The Adult Services budget is an extremely volatile budget and has been adversely affected by the increase in the cost of packages commissioned due to the National Living Wage, continued pressure from an aging population and increases in clients with needs growing in complexity. In relation to savings targets, due to the issues outlined above, Children and Young People Service have achieved 100% of their savings of target of £290k for 2016/17. Due to the significant pressures outlined above in relation to Adult Services, further savings need to be identified in order to meet the service's target of £700k. Currently the service has achieved £425k representing 61% of the target. In addition, the Leisure Service has currently achieved 66% (£148k) of its savings target of £224k and there is a need to identify further savings.

Staff recruitment remains a challenge for some services that contribute to this Outcome such as Housing Services and Business Management & Innovation and in the interim these challenges are being addressed through use of agency staff and some organisational restructuring in order to ensure service continuity.

In regards to key **ICT** developments, work is underway on the migration and archiving of solutions as the Shared Regulatory Service (SRS) prepares to make the transition to Tascomi (a new single primary IT database) from the existing 4 databases that are used across the service. We have met our target of achieving 1,000 resources on the DEWIS Cymru information portal with work ongoing to extend the amount of resources available, especially information relating to preventative services for adults and children. We continue to actively promote the resource to our professional colleagues and to third sector organisations.

Ensuring good **customer focus** remains a key priority in delivering Council services and planned improvement activities are being undertaken with this focus in mind. For example, the new single customer contact number and the recently piloted customer questionnaires are enabling the Shared Regulatory Service to further enhance its engagement with customers and stakeholders, contributing to a better customer experience and will ensure service developments going forward are informed by customer views. Good progress has been made in developing a charging policy for Social Services and will enable service users to have a clear understanding of the implications associated with charging for services. The policy is due to be presented to Cabinet for approval in March 2017. Good progress has been made in undertaking the Social Services and Well-being Population Needs Assessment (PNA) and a Market Position Statement which will inform future service developments with a particular focus on co-production.

1. Performance Snapshot

Objective 7: Encouraging and promoting active and healthy lifestyles

| Corporate Plan Actions | ACTIONS STATUS | | | Overall Actions Status | INDICATORS STATUS | | OBJECTIVE STATUS |
|---|----------------------|---------------|------------------------|------------------------|----------------------|--------------------------|------------------|
| | Service Plan Actions | Action Status | Overall Actions Status | | Number of Indicators | Overall Indicator Status | |
| AH1: Work in partnership to deliver a range of activities through our leisure, community facilities and parks to increase levels of participation and physical activity. (2019/20) | 13 | Green | Green | 1* | Red | GREEN | |
| AH2: Work with partners to deliver the Cardiff and Vale Substance Misuse Commissioning Strategy 2013-2018, providing support, information and effective interventions. (2017/18) | 1 | Red | | | | | |
| AH3: Work in partnership to deliver a comprehensive play programme that improves the well-being of children and their families. (2019/20) | 1 | Green | | | | | |
| AH4: Provide and promote a range of early years services including information and support for parents, access to childcare and learning opportunities to recognise the benefits of early development in achieving better outcomes for young people and their families. (2019/20) | 1 | Green | | | | | |
| AH5: Work with the Cardiff and Vale Health and Well-being Board to undertake a range of actions to prevent and tackle obesity and encourage healthy eating and healthier lifestyles.(2019/20) | 4 | Green | | | | | |
| AH6: Achieve Green Flag status for 7 parks as a mark of excellence, demonstrating good amenities and community involvement in the parks. (2017/18) | 2 | Green | | | | | |

*The 1 performance indicator reported this quarter against Objective 7 missed its target by more than 10% (CPM/029). This relates to children attending play schemes.

Objective 8: Safeguarding those who are vulnerable and promoting independent living

| Corporate Plan Actions | ACTIONS STATUS | | | + | INDICATORS STATUS | | = | OBJECTIVE STATUS |
|--|----------------------|---------------|------------------------|----|----------------------|--------------------------|---|--------------------------|
| | Service Plan Actions | Action Status | Overall Actions Status | | Number of Indicators | Overall Indicator Status | | Overall Objective Status |
| AH7: Implement new ways of working in light of the Social Services Well-being (Wales) Act with a particular focus on the priority work streams of: <ul style="list-style-type: none"> • provision of information • advice and assistance services • eligibility/assessment of need • planning and promotion of preventative services • workforce • performance measures(2016/17) | 14 | Green | Green | 7* | Amber | GREEN | | |
| AH8: Improve access to health and social care services by improving the speed, simplicity and choice of how to access services. (2018/19) | 4 | Green | | | | | | |
| AH9: Work with partners to progress the integration of adult social care and community health services. (2018/19) | 1 | Green | | | | | | |
| AH10: Explore options for single integrated ICT systems and integrated budgets across the Cardiff and Vale region for social care. (2018/19) | 2 | Green | | | | | | |
| AH11: Develop and implement a corporate policy on safeguarding to provide a clear strategic direction and lines of accountability across the Council. (2016/17). | 3 | Amber | | | | | | |
| AH12: Minimise delays in transfers of care and discharge from hospital through improved co-ordination of services and the delivery of the Accommodations Solutions Service. (2017/18) | 1 | Green | | | | | | |
| AH13: Review accommodation with care options for older people and develop our commissioning strategy for future years. (2016/17) | 1 | Green | | | | | | |
| AH14: Work with partners through the Cardiff and Vale Local Safeguarding Children's Board to develop a Child Sexual Exploitation Strategy. (2016/17) | 3 | Green | | | | | | |
| AH15: Improve procedures with providers of nursing, residential and domiciliary care providers to enable early intervention and prevent the escalation of incidents. (2017/18) | 1 | Green | | | | | | |

| | | | | | | |
|--|---|-------|--|--|--|--|
| AH16: Undertake an annual programme of targeted inspections at premises undertaking commercial activities that affect vulnerable people (for example care homes and food establishments in schools). (2019/20) | 4 | Green | | | | |
|--|---|-------|--|--|--|--|

*Of the 7 performance indicators reported under Objective 8 to which a RAG status can be attributed, 6 (CPM/061, CPM/027, CPM/205, CPM/209, CPM/050, CPM/204) met or exceeded target and were attributed a Green performance status with remaining indicator (CPM/062) missing target by more than 10% resulting in a Red performance status, this relates to Percentage of young people looked after with whom the authority is still in contact who are known to be engaged in education training or employment at age 19.

The table below highlights the PIs attributed with a Red status and provides commentary on the performance.

| Performance Indicator | Q3 Actual 2015/2016 | Q3 Actual 2016/2017 | Q3 Target 2016/2017 | RAG Status | Direction of Travel | Commentary |
|--|---------------------|---------------------|---------------------|------------|---------------------|---|
| CPM/029 (VS/M017)(DS/M016) (IO): Number of children attending play schemes. | 846 | 452 | 525 | Red | ↓ | There has only been 1 additional play scheme run in this quarter which was specifically for disabled children. This was delivered at Ysgol Y Deri over 3 days and was attended by 43 children. It is anticipated that the figures for play Scheme attendance will be lower than in previous years as there was less finance available. This helps to explain the drop in attendance. The changed regulations for running of play schemes has also affected adversely the number of play schemes run and hence attendance numbers. It is now no longer feasible to run a play scheme on a full-day basis in the same venue unless it is registered with the Care and Social Services Inspectorate Wales, which is lengthy and difficult process for short-term play schemes. This has resulted in only a few, smaller play schemes and only one disability specific scheme being delivered in this quarter. Play Ranger and Family Fun Days have also been delivered this quarter. However participation at these activities is not included in the figure identified. |
| CPM/062 (SCC/033f): Percentage of young people looked after with whom the authority is still in contact who are known to be engaged in education training or employment at age 19. | 54.55 | 41.38 | 60 | Red | ↓ | Of those who were not known to be engaged in education, training or employment there were 5 young people (YP) with mental health issues, 3 severely disabled, 1 in prison, 2 young parents and 6 unable to find suitable employment, training or education opportunities. The team continues to proactively work with a range of organisations for support and assistance. For example - Llanmau (learning for life programme), ACT (preparing for work training provider), Moving Forward (a specific service for our YP) and Job Centre Plus. YP are also referred to the out of work service as well. Since 31st December, 1 YP has found employment. 11 of the post 18 year old YP's (10%) are currently studying at university. |

3. Key achievements and challenges

We are well on track to deliver the key outcomes contributing to Well-being outcome 4, Residents of the Vale of Glamorgan lead healthy lives and vulnerable people are protected and supported. Our key achievements at quarter 3 are outline below:

- The percentage of people who have completed the exercise referral scheme has seen a significant increase since Q2 rising from 29% to 44.03% this quarter, resulting in a Green performance status.
- We continue to maintain our 100% performance rate with the risks being appropriately managed in all adult protection referrals this quarter - mirroring the performance in Q1 and Q2.
- The average number of calendar days taken to deliver a DFG continues to improve and betters the target set of 177 days. This quarter's average of 170.78 days to deliver 105 DFGs is a further improvement on the 172 days average to deliver 71 DFGs reported in Q2 and the average of 182.30 days reported in the same quarter the previous year (2015/16). Improvements can also be seen when DFG delivery is broken down by DFGs delivered for children and young people and DFGs delivered for adults. Performance in both areas exceeds the targeted delivery times of 195 days (children and young people) and 176 (adults). The ongoing reduction in DFG delivery times when compared to Q3 performance in the previous year is further evidence of the continued focus in services to reduce delivery times for customers.
- We have continued to maintain contact with 100% of young people aged 19 who have been formerly looked after mirroring the performance in Q1, Q2 this year and Q3 in the previous year.
- All (100%) of young people who were formerly looked after and with whom we remain in contact are known to be in suitable non-emergency accommodation at the age of 19, exceeding our target of 95%. This is in keeping with the same achievement reported in Q3 the previous year.
- The number of new Telecare users is steadily increasing with 248 new users joining the service to date, matching the total amount of new users at the same quarter last year. Performance remains above the quarterly targets - for this quarter it is 231.75 new users.
- Following Welsh Government amendments to the definition of the Statutory Social Services Measure 19 to only include those 75+ (previously it had included those 18 and over) in November, the rate of delayed transfers of care for social care reasons per 1,000 population for those aged 75 and over was a rate of 2.07 which sees our performance well within our target of 4.5.
- Regular compliance monitoring is in place to ensure schools compliance with the Healthy Eating in School (Wales) regulations that are set by Welsh Government.
- We continue to maintain our 100% performance rate in ensuring that all eligible, relevant and former children have pathway plans in place as required and meet our 100% target in this area. All relevant children have had pathway plans in place as required. This mirrors our performance in the previous quarters this year and in Q3 (2015/16).
- We continue to make improvements in reducing the number of children who have three or more placements during the year with performance improving to 5.31% compared to 5.64% in the previous year.
- All (100%) children were registered with a provider of general medical services within 10 days of their placement starting. This exceeds the target of 98% set and our performance at Q3 last year (98%).

- The 'When I Am Ready' strategy was approved and implemented in December 2016. The Strategy complies with the requirements of the Social Services and Well-being Act and enables young people to remain in foster carer beyond 18 years of age where this is in their best interests.
- We have seen an improvement in relation to the number of children who experience one or more changes of school when being looked after. During the quarter 4.73% of children experienced one or more changes compared to 8.49% in Q3 in the previous year and well within our target of 12% for the year.
- Through the Intermediate Care fund, we have worked with partners to develop preventative services that promote independent living. Six additional services have been created by the grant scheme, all of which have been set up to be sustainable and self-financing. These include a new ramp installation service being provided by Care and Repair, Enhanced support for older people with a learning disability provided by Vale People First, support to enable a social enterprise (the Food Shed) to operate across the Vale delivering hot food, craft and art therapy provided by Nexus, a luncheon club for older people provided by Cadoxton Youth Project, and a project aiming to support reduction of older people engaging in high level alcohol use, provided by Taith.
- The number of adult service users receiving a Direct Payment has continued to increase to 223 adult service users from the 208 in Q2. This exceeds the target of 75. Improvements can also be seen when compared to quarter 3 in the previous year where 182 adult services users received Direct Payment.

Our key areas of challenge are:

- Reduced funding levels and the additional requirements needed to run play schemes such as registering of venues with the Care Standards Inspectorate Wales (a lengthy process), has resulted in fewer play schemes being run and consequently overall attendance levels.
- Progressing the Social Services and Well-being Population Needs Assessment (PNA) and Market Position Statement to inform future service developments with a particular focus on co-production.
- A number of young people remain NEET (not in education, employment or training) due to illness/disability or being a young parent and it is hoped that being allocated a Young Persons Advisor will positively affect this area for improvement as time develops. This remains an area of focus for the service.

4. Corporate Health: Use of Resources & Impacts on Improvement

Use made of our resources has an impact upon our ability to undertake the actions that will deliver our well-being objectives and outcomes. The following sets out for each of the “corporate health” perspectives, the most pertinent issues for this quarter.

| Corporate Health Perspective | Commentary |
|------------------------------|---|
| <p>People</p> | <p>The majority of services that contribute to this Outcome report sickness absence figures within target. This is the case for 6 of the 7 services with the exception of Performance and Development which missed its target of 4.35 days reporting 6.86 days absence at Q3. Monthly monitoring of attendance continues to be undertaken in line with corporate arrangements with priority cases being reviewed monthly in order to ensure performance is brought back on track.</p> <p>Staff recruitment has been a challenge for some services that contribute to this Outcome. For example the Housing Service is facing difficulties in recruiting Occupational Therapists, Housing Solutions staff and technical staff. The service continues to meet this gap through use of agency staff. In addition, some organisational restructuring has also been undertaken in the short term to address these issues. Recruitment issues within the Business Management and Innovation service are being addressed through interim appointments in order to ensure service continuity.</p> <p>Good progress has been made in increasing the use of reablement home care with the Pineshield project which is helping residents to achieve greater independence and reduce the need for Council arranged care. However additional transfers of care have not been possible due to staffing issues and care capacity difficulties, and work is ongoing to address this.</p> <p>The establishment of the Long Term Care (LTC) Review team is making good progress in undertaking reviews of service users receiving long term care. This quarter has seen the team conduct 159 reviews resulting in every person receiving long term care having an up to date review of their care needs. This work is contributing to a more efficient and cost effective service and will ensure service users receive appropriate levels of care. The team will focus completing full assessment reviews of LTC service users.</p> <p>The new career pathway for social workers that was developed by Heads of Service in collaboration with Human Resources and Training has been implemented this quarter across Social Services. It provides a framework for progression between the two social work salary grades based on a recognised career pathway.</p> |

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|-------------------------|--|
| | <p>Strong progress has been made in all areas towards implementing the Social Services Wellbeing (Wales) Act including the reform of current services, the revision of current policies to ensure they are compliant with new statutory framework and achieving the shifts in organisational culture. In order to further assist the work being undertaken to successfully implement across the service practice guidance is being developed alongside training being provided to staff members.</p> |
| <p>Financial</p> | <p>The Social Service Directorate is still projected to have a budget with an adverse variance of £600,000 at the end of the year against the amended budget of £59,755,000. Adult Services has a potential shortfall of £1 million. Although it is projected that Children and Young People Services will have a favourable variance of £400,000, this still leaves a potential £600,000 being used from reserves.</p> <p>The budget for Adult Services can be extremely volatile. The budget has been particularly affected by the increase in the cost of packages commissioned caused by the implementation of the National Living Wage, continued pressure on services resulting from an aging population and an increase in the complexity of client's needs.</p> <p>Work is ongoing within the Directorate to reduce the overall adverse budget reported. Currently the Children and Young People Service is projecting an underspend at year end which has been achieved by maximising placement opportunities which is ensuring that children are placed in the most appropriate and cost effective placements thereby reducing the number of children in residential care. Despite the success reported in decreasing the number of children placed into residential care, it should be noted that the overall number of children looked after has increased over the year so far. This places considerable pressure on our in-house fostering resources, increasing our need for independent foster places and could result in fluctuations in the budget.</p> <p>The Shared Regulatory Service is currently predicting an overspend of £144k. However, it is important to note that the service is in its first full year of trading.</p> <p>A working group has been established to consider Asset Management Systems as part of the Visible Service and Transport Reshaping Service work to consider the purchase of an asset management system for the leisure service. An audit of the current systems is currently underway.</p> <p>Work to review the fees and charges across the SRS (SRS/F007) has developed this quarter with a report being approved by the Joint Committee in Q3, revising fees that fall to the Joint Committee for the 2017/18 period. However, in December 2016, the European Court of Justice determined that some fee regimes operated by Councils may be unlawful in terms of the Services regulations. Reports are being prepared for the Joint committee and all three licensing Committees to apprise them of the decision and the implications for all three Councils who deliver the SRS.</p> |

| | |
|-----------------------|---|
| Assets | <p>Following the move of the Mental Health service to Llandough, a review is being undertaken of Ty Jenner to explore opportunities for an integrated health model.</p> <p>Accommodation plans have been agreed for the Shared Regulatory Service which will reduce the overall footprint of office accommodation used by the service. These will be progressed over the coming months.</p> |
| ICT | <p>The platform for a web-based reporting system for DRS (the appointment system used by housing for responsive repairs) has been investigated and is not supported by the Council's existing ICT systems. In light of this, further investigations are being carried out into other suitable platforms that will run on the Council's system. However the project could be delayed until such systems become available. This reporting system has potential benefits in relation to customer service and finances as it will enable quicker provision of services resulting in a more efficient service being provide and lead to enhanced customer experience.</p> <p>Following the procurement of a new single 'primary IT' database work is underway on the data migration and archiving solutions as the SRS prepares to make the move to Tascomi from the existing 4 databases in use across the service. A go live date of February has been given to the launch of the new primary database at which point work will pick up on the archiving solutions and legacy databases.</p> |
| Customer Focus | <p>Work undertaken by the SRS to develop a range of methods that will be used to better engage with customers and stakeholders has resulted in a number of new questionnaires being developed. These questionnaires have been piloted this quarter and adjusted accordingly.</p> <p>Ensuring good customer focus remains a key priority in delivering Council services and planned improvement activities are being undertaken with this focus in mind. For example, the new single customer contact number and the recently piloted customer questionnaires are enabling the Shared Regulatory Service to further enhance its engagement with customers and stakeholders, contributing to a better customer experience and will ensure services developments going forward are informed by customer views.</p> |
| Risk | <p>The most recent review of the Corporate Risk Register which was published in September 2016 was used to inform the previous quarters and the information remains the most current. With the exception of the Reshaping risk which has increased to a medium-high rating from medium, the level of risk attributed to the risks impacting on this Well-being Outcome largely remained unchanged. Mitigating actions for service and corporate risks continue to be progressed alongside service plan actions.</p> |

APPENDICES

Appendix 1 – Detailed Corporate Plan Actions Information

Objective 7: Encouraging and promoting active and healthy lifestyles.

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
|---|-------------------------|------------|------------|--|
| AH1 | | | | |
| VS/A034: Work in partnership to deliver a range of activities through our leisure, community facilities and parks to increase levels of participation and physical activity. | 31/03/2017 | 75 | Green | During quarter 3 the new Local Authority Partnership Agreement (LAPA) plan has been submitted to Sports Wales and details intentions to increase physical activity opportunities by working in partnership with various organisations. |
| VS/A035: Seek s106 and other funding to deliver improved walking and cycling access to parks and other leisure facilities. | 31/03/2017 | 75 | Green | This subject has been discussed as part of the on-going consultation relating to the proposed new Leisure strategy. Further meetings have been held with the Section 106 team looking at finding more opportunities to improve cycling and walking to leisure facilities. |
| VS/A036: Work with Sustrans and other partners and the Cardiff and Vale Health Board to deliver transport education and training to schools. | 31/03/2017 | 75 | Green | This is ongoing annually. CPT has been delivered to 371 pupils with a further 212 partially completed and 60 short courses. 607 national standard cycling training level 1, 546 level 2, 48 PPC and 3 Bikesafe. Sustrans are assisting with schools under set projects to include Active Travel and training for scooters and bike maintenance etc. in partnership with this team, and funded by Vale Health Board. Delivered rail training to 120 pupils, this included Active Travel consultation. |
| VS/A037: Provide a School Crossing Patrol service at high risk locations to enable children to walk safely to and from school. | 31/03/2017 | 75 | Green | Facing difficulties in replacing an officer at Sully site and have invited applications 3 times without success. Site currently being covered by mobile patrol. Two other sites have been filled at St Helens infants and Junior schools. |
| VS/A039: Seek to assist Sports Clubs and other suitable organisations with potential Community Asset Transfers where there is a clear financial and community benefit for both the applicant and the Council. | 31/03/2017 | 75 | Green | Discussions are currently on-going with the organisations that have progressed to stage 2 with applications expected before the end of Quarter 4. |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
|---|-------------------------------|------------|------------|---|
| VS/A040: Commence the production of a Draft Leisure Strategy for the Vale of Glamorgan. | 31/03/2017 | 75 | Green | The consultation period to help develop the Leisure Strategy involving key partners and internal staff has commenced this quarter. |
| VS/A041: Increase the completion rates for customers on the exercise referral scheme (2016/17). | 31/03/2017 | 75 | Green | Works within the Leisure Centre at Barry are now complete with a new heavy weights gym and the previous party room converted into an easyline studio. This should assist clients as exercise referral is always popular in the new year. |
| VS/A042: Implement the 2016/17 Local Authority Partnership Agreement (LAPA) resulting in increased physical activity opportunities. | 31/03/2017 | 75 | Green | <p>The 6 month progress report was presented to the Vale Sport Management Board and the progress against targets was recognised. Various examples of positive developments were identified including the creation of a new badminton club and competitive opportunities in Penarth, the Summer programme which exposed a number of Vale residents to new opportunities, the development of new activities such as the Running group for 14 - 16 year olds within the Women and Girls plan and the improvements made within the Aquatics programme.</p> <p>The 6 month report provided several case studies to demonstrate the 'difference made' with the projects. The Vale Sport plan (LAPA) for April 2017 - March 2018 has been submitted to Sport Wales who will shortly advise whether we will receive funding to deliver the plan. Initial feedback indicates that there was a positive response to the plan. Final confirmation will be received in Quarter 4.</p> |
| VS/A043: Investigate further improvements to the Council's Community Centres enabling them to meet more of the needs of existing and potential users. | 31/03/2017 | 75 | Green | An issue has arisen at the Murchfield community centre with its hot water system that has required a change to the proposed capital works. Expectations are that all money will be spent by the end of Quarter 4. |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
|--|--|-------------------|-------------------|---|
| VS/A044: Seek to extend the Council's Leisure Management contract with Legacy Leisure to the benefit of both parties. | 31/03/2017 | 75 | Green | A proposal has now been received from Legacy Leisure to extend their Leisure management contract with the Council that is currently under consideration by management. |
| VS/A045: Work in partnership to develop all-weather 5-a-side football pitches at the Barry Sports Centre site. | 31/03/2017 | 75 | Green | A proposal has now been made to the Management Board in regards to developing the football pitches with an outcome expected in Quarter 4. |
| VS/A046: Seek alternative management arrangements at Jenner Park that reduce costs whilst maintaining a high level of community use. | 31/03/2017 | 75 | Green | Discussions are on-going with proposals expected from one organisation in Quarter 4. |
| AH2 | | | | |
| HS/A022: Work with partners to deliver the Cardiff and Vale Substance Misuse action plan (2016/17 actions). | 31/03/2017 | 35 | Red | The delivery of the Cardiff and Vale Substance Misuse action plan is still delayed however work will commence in Q4 as the substance misuse coordinator is due to return back from maternity leave. |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
|---|-------------------------------|------------|------------|--|
| AH3 | | | | |
| VS/A047: Work in partnership to deliver a comprehensive play programme that improves the well-being of children and their families. | 31/03/2017 | 75 | Green | <p>A 3 day play scheme and 2 day Teenscheme were delivered during October half-term which specifically targeted disabled children and young people which was funded through Families First Disability Strand funding. These schemes were delivered in partnership with Ysgol Y Deri. Attendance for the play scheme saw 43 children attended and 20 teenagers attended Teenscheme.</p> <p>Discussions have taken place with representatives from the Child Health & Disability team to evaluate the current processes in relation to placing disabled children and young people on the play scheme and Teenscheme. This has resulted in an agreed process to make the referral process easier in the future.</p> <p>The Play Development Officer has been undertaking Forest Schools training on an ongoing basis to expand and enhance the play opportunities that can be delivered to the residents of the Vale. A training workshop is taking place in January 2017 to facilitate schools in how to open up their grounds to enable children to play outside of school time. This is an action that was identified in the Play Sufficiency Action plan.</p> |
| AH5 | | | | |
| BM/A001: Develop an Obesity Strategy for Cardiff and the Vale of Glamorgan. | 31/03/2017 | 75 | Green | Across the Council relevant officers are involved with and implementing the strategy's action as necessary to ensure that we support Public Health Wales deliver its Obesity Strategy. |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
|---|-------------------------------|------------|------------|---|
| BM/A002: Implement the Vale of Glamorgan Food and Physical Activity Framework. | 31/03/2017 | 75 | Green | Working with Public Health Wales to identify how we can support the implementation of the action plans for Vale of Glamorgan, including the development of a pilot regarding the development of a community owned shop (possibly in Community First areas) to provide healthy/low cost food, continue to support the implementation of the food elements of Healthy School and Pre-school schemes. Ongoing provision of the Exercise Referral Scheme. |
| BM/A003: Monitor compliance with the Healthy Eating in Schools (Wales) Regulations. | 31/03/2017 | 100 | Green | Regular monitoring is in place to ensure their compliance with the Healthy Eating in School (Wales) Regulations set by Welsh Government |
| BM/A004: Increase activity in relation to Cardiff and Vale Tobacco Control Action Plan. | 31/03/2017 | 75 | Green | Across the Council relevant officers are involved with and implementing actions as necessary to ensure that we support Public Health Wales deliver the objectives of the Tobacco Control Action Plan. |

Objective 8: Safeguarding those who are vulnerable and promoting independent living.

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
|--|---|------------|------------|--|
| AH7 | | | | |
| CS/A007: Further develop the Information, Advice and Assistance (IAA) Service. | 31/12/2016 (Revised 31/03/2017) | 75 | Green | Work has continued to support development of the links between the Children and Young People (CYPS) duty team, the Family Information Service (FIS and the FFAL). Joint training sessions have been delivered to partners to clarify the roles and responsibilities of the FIS, the FFAL and the CYPS Duty Team, and to assist the direction of referrals. Internal interface meetings are in place to support communication. A visual aid is also being developed to illustrate how the IAA operates for CYPS that can be shared with staff, with partners and with the public. |
| BM/A005: Further develop relationships with our partners to implement alternative service delivery models that support the needs of vulnerable adults and children. | 31/12/2016 (Revised 31/03/2017) | 75 | Green | Further work has been completed to try to map existing preventative services across the Region. Workshops are planned with partners to ensure appropriate governance structures are in place to centralise the scrutiny of progress in this area. In addition, it has been recognised in the future work programme for the monies previously associated with the Delivering Transformation Grant (DTG) to focus on this area during the next financial year to support organisations to co-produce through alternative delivery models such as social enterprises. |
| BM/A006: Ensure that, through completion of the population needs assessment, we identify gaps in services and seek ways to address these through co-production, including regard for the duty to promote social enterprises. | 31/12/2016 (Ongoing through 2017/18) | 50 | Amber | Progress in this area has slipped as it was awaiting the outcomes of both the Population Needs Assessment (draft January 2017) and the Market Position Statement (due now June 2017) to support identification of commissioning gaps. However, we continue to plan and engage and as stated in Ref BM/A005 identified as a forward work stream for 2017/18. |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
|---|-------------------------------|------------|------------|--|
| BM/A007: Work with staff to identify ways of ensuring successful succession planning and up skilling of the social care sector to meet the demands of the Social Services Well-being (Wales) Act (SSWBA). | 31/03/2017 | 75 | Green | Ongoing work within the Division has continued to take place to ensure that succession planning is in place. A proposal for restructure seeks to address these issues for professional development and improve resilience within the Division to support the work of the wider Directorate. |
| BM/A008: Through the funding opportunities afforded via the Intermediate Care fund, work with partners to develop preventative services that promote independent living. | 31/03/2017 | 75 | Green | The Friendly advantage extension will continue until March 2017. Six additional services have been created by the grant scheme, all of which have been set up to be sustainable and self-financing. These include a new ramp installation service being provided by Care and Repair, Enhanced support for older people with a learning disability provided by Vale People First, support to enable a social enterprise (the Food Shed) to operate across the Vale delivering hot food, craft and art therapy provided by Nexus, a luncheon club for older people provided by Cadoxton Youth Project, and a project aiming to support reduction of older people engaging in high level alcohol use, provided by Taith. All of these projects will report what they have managed to achieve in May 2017. |
| BM/A009: Ensure staff and potential referrers are aware of the requirements under the statutory guidance relating to their duty to report safeguarding concerns. | 31/03/2017 | 75 | Green | The Corporate Safeguarding Policy has been rolled out across the Council and we are continuing to raise the profile of safeguarding across all service areas. We have engaged with Customer Services Operational Manager to ensure high levels of communication through the Council utilising existing communications mechanisms. |
| AS/A001: Develop the DEWIS Cymru information portal to ensure it has information relating to preventative services for adults. | 31/03/2017 | 75 | Green | Target of 1,000 resources on DEWIS CYMRU for Cardiff and Vale has been achieved this quarter. Work is ongoing to maintain uploaded Council resources and extend the number of internal preventative services registering their service details. |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
|--|--|-------------------|-------------------|--|
| AS/A002: Review and amend processes at the Customer Contact Centre to support the provision of advice and assistance. | 31/03/2017 | 75 | Green | Further training is ongoing to ensure the new processes are embedded in the Customer Contact Centre. |
| AS/A003: Implement new assessment processes and IT infrastructure to ensure compliance with the Social Services Well-being Act (SSWBA). | 31/03/2017 | 75 | Green | The new assessment processes are in place In place with the exception of mental health services where a process is yet to be agreed. |
| AS/A004: Ensure sufficient numbers of staff (in Adult Services) are appropriately trained in order to deliver the Act. | 31/03/2017 | 75 | Green | Training is ongoing to provide staff with the sufficient skills and expertise needed to be Act compliant in assessment and care management. |
| CS/A005: Continue to promote training for staff (in Children and Young Peoples Services) in-line with legislative changes such as Social Services and Well-being Act. | 31/03/2017 (work ongoing to 30/09/17) | 75 | Green | The 2016-2017 Children's Services Training Calendar is complete and includes a variety of courses which support the implementation of the Social Services and Wellbeing (Wales) Act 2014. The training department will continue to provide and promote ongoing training of staff including the provision of a best practice programme to further support the integration of the Act into practice. Training are committed to providing a programme which meets the changing needs of the division. |
| CS/A009: Implement the 'When I Am Ready' strategy. | 31/06/2016 | 100 | Green | Ratification for 'When I'm Ready' took place in December 2016. |
| AH8 | | | | |
| AS/A005: Continue to develop the Customer Contact Centre as the single point of access for community health and social care services through expanding the range of services which it coordinates and enables. | 31/03/2017 | 75 | Green | No additional funding was agreed from the Intermediate Care Fund (ICF) to support new services. A follow up workshop is required with the Cardiff Community Resource Teams (CRTs). |
| AH9 | | | | |
| AS/A006: Use Intermediate Care and Primary Care funding to support the development of further integrated services. | 31/03/2017 | 75 | Green | Progress has been made towards supporting the development of further integrated services this quarter with the opening of a reablement unit Ty Dyfan. |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
|---|--|------------|------------|---|
| AH10 | | | | |
| BM/A010: Support the implementation of the Welsh Community Care Information system (WCCIS) for the Directorate. | 31/03/2017 (ongoing project to 31/3/18) | 75 | Green | Work was submitted to Cabinet on 28 th November 2016. It is planned to have the Deployment Order signed Order by end of January 2017. |
| BM/A011: Work with the Assistant Director for Integration to identify opportunities to pool budgets or develop joint commissioning intentions. | 31/03/2017 (ongoing project to 31/3/18) | 75 | Green | The Joint Commissioning Board continues to meet and work towards agreed goals for pooled budgets. We are monitoring the work of the National Commissioning Board to inform priorities. |
| AH11 | | | | |
| BM/A012: Monitor implementation of the Corporate Safeguarding policy across the Council through effective audit. | 31/03/2017 | 70 | Amber | New guidance regarding Adults at risk is due to be out for consultation at the end of January 2017, the Corporate Safeguarding Group will need to reflect on the guidance and is currently working on processes and forms to ensure that the 'alert' form is introduced consistently across the Region - this will need to be ratified by the Local Safeguarding Adults Board. The Corporate Safeguarding Policy may then need to be amended. |
| BM/A013: Develop tools to support staff to feel more confident to safeguard vulnerable people through effective procedures for referral, and also use of Adult Protection Support Orders (where relevant) in line with the Act. | 31/06/2016 (Revised to 31/03/2017) | 75 | Green | National training has taken place this quarter to support the implementation of the Adults Protection Support Order following frontline training that was provided to staff in Q1. |
| AH12 | | | | |
| AS/A007: Improve the effectiveness of the Integrated Discharge Service and ensure that it joins up with the accommodation solutions service. | 31/03/2017 | 75 | Green | The Vale Integrated Discharge Service (IDS) Service continues to make improved links with Hospital Wards established in the team and offers rapid access to housing, adaptations, house cleaning and supported accommodation, work continues in this area. |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
|--|--|------------|------------|--|
| AH13 | | | | |
| BM/A014: Continue to build on the work initiated in 2015/16 to develop an effective commissioning strategy for accommodation with care to meet the increasing demand or older people to remain independent for as long as practical. | 31/12/2016 (Revised to 31/03/2017) | 75 | Green | We are currently awaiting the outcome of the Market Position Statement and the finalised Population needs assessment to inform this piece of work. |
| AH14 | | | | |
| BM/A015: Develop and implement a child sexual exploitation strategy across all partners through effective engagement with other organisations. | 31/09/2016 (Revised to 31/03/2017) | 75 | Green | A Child Sexual Exploitation Strategy has been developed. Work is ongoing to ensure its implementation. |
| BM/A016: Ensure information sharing protocols are in place and utilised appropriately to ensure the safety of children exposed to risks of sexual exploitation. | 31/09/2016 (Revised to 31/03/2017) | 75 | Green | We continue to ensure that information sharing protocols are in place and used appropriately. |
| BM/A017: Raise awareness of the behaviours that may indicate Child Sexual Exploitation (CSE), either as a victim or a perpetrator in order to minimise the incidence of CSE. | 31/03/2017 | 75 | Green | The established process through the Sexual Exploitation Risk Assessment Framework (SEFRA) referral process remains in place and is now linked with the CSE Strategy. |
| AH15 | | | | |
| BM/A018: Support implementation of the actions contained in the Operation Jasmine Action Plan. In particular look at ways to bring policies and processes together with Cardiff Council and review the escalating concerns policy. | 31/09/2016 (Revised to 31/03/2017) | 75 | Green | Working groups continue to meet and work through Action Plan - progress is on track as anticipated. Qtr 3 has focused on the review of the Contract for residential homes and also the development of the revised Escalating concerns protocol to align with Cardiff to ensure consistency and include best practice around provider performance. The policy is due for ratification by the end of the financial year. |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
|--|-------------------------------|------------|------------|---|
| AH16 | | | | |
| SRS/A007: Regulate the market place to ensure a fair, safe and equitable trading environment in which vulnerable groups are protected from harm. | 31/03/2017 | 75 | Green | The PI is achieved by completion of inspection programme, response to complaints and surveys of the market place. During this quarter a large operation was conducted at a local Market resulting in a significant quantity of unsafe and counterfeit products being seized. Continued monitoring of this premise is required and further operations are planned with our partners to disrupt the illegal activity. |
| SRS/A003: Deliver food safety interventions in accordance with the food law Code of Practice. | 31/03/2017 | 75 | Green | The Service is on target for completion of its inspection programme in regards to A, B and C rated inspections in line with the Food Law Code of Practice. |
| SRS/A004: Deliver health and safety interventions in accordance with the requirements of the Section 18 Health and Safety at Work Etc. Act. | 31/03/2017 | 75 | Green | The Service is on target for completion of its inspection programme in regards to A, B and C rated inspections in line with the Food Law Code of Practice. |
| SRS/A006: Investigate sporadic outbreak notifications of communicable disease and undertake necessary preventative action to reduce the spread. | 31/03/2017 | 75 | Green | <p>In Q3, 29 outbreaks were investigated, 17 in Cardiff, 3 in Vale and 9 in Bridgend. These included 1 Campylobacter outbreak associated with a hospital staff party and 1 which was confirmed Norovirus associated with a nationwide restaurant chain. The remaining were suspected Norovirus outbreaks associated with schools, care homes, a nursery, restaurant, HMP health care centre, a hotel and a residential camp.</p> <p>In addition the CD (communicable Disease) team also investigated 249 confirmed cases of notifiable communicable disease (56 in Bridgend, 137 in Cardiff and 54 in the Vale) and 90 suspected communicable disease cases (17 in Bridgend, 50 in Cardiff, 16 in the Vale and 7 from other local authorities).</p> |

Appendix 2 – Detailed Performance Indicator Information

Objective 7: Encouraging and promoting active and healthy lifestyles.

| Performance Indicator | Q3 Actual 2015/2016 | Q3 Actual 2016/2017 | Q3 Target 2016/2017 | RAG Status | Direction of Travel | Commentary |
|---|---------------------|---------------------|---------------------|------------|---------------------|--|
| Population Indicators | | | | | | |
| CPM/182 (WO4/M001): Percentage of adults aged 16+ who have fewer than two healthy lifestyle behaviours (not smoking, health body mass index, eat five portions fruit or vegetables, not drinking above guidelines, meet guidelines on weekly minutes of physical activity.) | N/A | N/A | N/A | N/A | N/A | New annual Well-being National Indicator. Establish baseline performance during 2016/17. |
| CPM/183 (WO4/M002): Percentage of children who have fewer than two healthy lifestyle behaviours (not smoking, eat five fruit/ vegetables daily, never/rarely drink and meet the physical activity guidelines.) | N/A | N/A | N/A | N/A | N/A | New annual Well-being National Indicator. Establish baseline performance during 2016/17. |
| CPM/184 (WO4/M003): Children age 5 of a healthy weight | N/A | N/A | N/A | N/A | N/A | New annual Well-being National Indicator. Establish baseline performance during 2016/17. |
| CPM/185 (WO4/M004): The average number of years a new born baby can expect to live if current mortality rates continue. | N/A | N/A | N/A | N/A | N/A | New annual Well-being National Indicator. Establish baseline performance during 2016/17. |
| What difference have we made? | | | | | | |
| CPM/186 (HS/M050): Reduction in problematic substance misuse of clients accessing substance misuse treatment | N/A | N/A | N/A | N/A | N/A | New quarterly measure. Establish baseline performance during 2016/17. |
| CPM/187 (HS/M051): Improvement in the quality of life of clients accessing substance misuse treatment | N/A | N/A | N/A | N/A | N/A | New quarterly measure. Establish baseline performance during 2016/17. |
| CPM/188 (RP/M056): Number of Communities First clients completing a healthy eating programme who report feeling more confident cooking a fresh meal. | N/A | 86 | N/A | N/A | N/A | New quarterly measure. Establish baseline performance during 2016/17. This is a cumulative measure. This quarter has seen 22 additional clients increasing the total to 86 from the figure of 64 reported at Q2. |

| Performance Indicator | Q3 Actual 2015/2016 | Q3 Actual 2016/2017 | Q3 Target 2016/2017 | RAG Status | Direction of Travel | Commentary |
|--|---------------------|---------------------|---------------------|------------|---------------------|---|
| CPM/189 (RP/M057): Number of Communities First clients completing a healthy eating programme who report eating fresh fruit or veg daily. | N/A | 86 | N/A | N/A | N/A | New quarterly measure. Establish baseline performance during 2016/17. This is a cumulative measure. 22 additional clients have reported eating fresh fruit and veg daily increasing to total from 64 at quarter 2 to 86. |
| CPM/066 (CS/M036) (IO): Percentage of Flying Start children reaching developmental milestones at age 3. (IO) | N/A | N/A | N/A | N/A | N/A | New annual measure. Establish baseline performance during 2016/17. |
| CPM/104 (CS/M035): Percentage of Flying Start children achieving at least the expected outcome (outcome 5+) for Foundation Phase | N/A | N/A | N/A | N/A | N/A | New annual measure. Establish baseline performance during 2016/17. |
| CPM/191 (VS/M041): Percentage of adults reporting that they participate in sports/physical activity three or more times a week. | N/A | N/A | N/A | N/A | N/A | New annual measure. Establish baseline performance during 2016/17. |
| How well have we performed? | | | | | | |
| CPM/090 (VS/M033)(DS/M036): Percentage of people who have completed the exercise referral scheme. | | 44.03 | 40 | N/A | N/A | Since the target was amended in Q2 to 40 percent a more realistic picture of the exercise referral scheme can be seen. We are currently above the new target set and have seen a large improvement since Q1 and Q2 where the percentage remained below 29%. |
| CPM/192 (VS/M049)(DS/M015): Number of participations of children and young people in the 5x60 scheme. (IO) | N/A | N/A | N/A | N/A | N/A | Existing annual measure. An annual target of 45,100 has been set for 2016/17 against a performance of 43, 867 in 2015/16. |
| CPM/193 (VS/M042): Number of participations in Dragon Sport (7-11 year olds) | N/A | N/A | N/A | N/A | N/A | New annual measure. Establish baseline performance during 2016/17. |
| CPM/194 (VS/M043): Number of participations supported by sports volunteers | N/A | N/A | N/A | N/A | N/A | New annual measure. Establish baseline performance during 2016/17. |
| CPM/195 (HS/M052): Percentage of individuals who complete substance misuse treatment | N/A | N/A | N/A | N/A | N/A | New quarterly measure. Establish baseline performance during 2016/17. |
| CPM/111 (CS/M042): Percentage of eligible Flying Start children that take up childcare offer. | N/A | N/A | N/A | N/A | N/A | New annual measure. Establish baseline performance during 2016/17. |

| Performance Indicator | Q3 Actual 2015/2016 | Q3 Actual 2016/2017 | Q3 Target 2016/2017 | RAG Status | Direction of Travel | Commentary |
|--|---------------------|---------------------|---------------------|------------|---------------------|---|
| CPM/096 (CS/M038): Percentage of attendance at Flying Start childcare. | N/A | N/A | N/A | N/A | N/A | New annual measure. Establish baseline performance during 2016/17. |
| CPM/170 (SI/M050): Percentage user showing satisfaction with the Families First Service accessed. | N/A | N/A | N/A | N/A | N/A | New quarterly measure. Establish baseline performance during 2016/17. |
| CPM/196 (SL/M025): Percentage of Council catered schools that offer healthy food options. | N/A | N/A | N/A | N/A | N/A | New annual measure. Establish baseline performance during 2016/17. |
| How much have we done? (contextual data) | | | | | | |
| CPM/197 (VS/M044): Number of Green Flag Parks | N/A | N/A | N/A | N/A | N/A | New annual measure. Establish baseline performance during 2016/17. |
| CPM/028 (VS/M014)(DS/M035): Number of sports clubs which offer either inclusive or specific disability opportunities | N/A | N/A | N/A | N/A | N/A | Existing annual measure. An annual target of 48 has been set for 2016/17 against a performance of 47 in 2015/16. |
| CPM/029 (VS/M017)(DS/M016) (IO): Number of children attending play schemes. | 846 | 452 | 525 | Red | ↓ | <p>There has only been 1 additional play scheme run in this quarter which was specifically for disabled children. This was delivered at Ysgol Y Deri over 3 days and was attended by 43 children.</p> <p>It is anticipated that the figures for play scheme attendance will be lower than in previous years as there was less budget available, this helps to explain the drop in attendance. The change regulations surrounding the running of play schemes has also impacted the number of play schemes run and therefore affected attendance numbers. It is now no longer feasible to run a play scheme on a full day basis in the same venue unless it is registered with the Care Standards Inspectorate of Wales, which is lengthy and difficult process for short term play schemes. This has resulted in only a few smaller play schemes being delivered in the summer only one disability specific scheme was delivered in this quarter.</p> <p>Play Ranger and Family Fun Days have also been delivered this quarter however participation at these activities are not included in the figure identified.</p> |

| Performance Indicator | Q3 Actual 2015/2016 | Q3 Actual 2016/2017 | Q3 Target 2016/2017 | RAG Status | Direction of Travel | Commentary |
|---|----------------------------|----------------------------|----------------------------|-------------------|----------------------------|--|
| CPM/198a (VS/M045a): Number of sports volunteers trained: Young people | N/A | N/A | N/A | N/A | N/A | New annual measure. Establish baseline performance during 2016/17. |
| CPM/198b (VS/M045b): Number of sports volunteers trained: Adults | N/A | N/A | N/A | N/A | N/A | New annual measure. Establish baseline performance during 2016/17. |
| CPM/067 (BM/M001) (IO): Number of people contacting the Family Information Service (FIS) for health, wellbeing and leisure information. | N/A | 501 | N/A | N/A | N/A | New quarterly measure. Establish baseline performance during 2016/17. |
| CPM/199 (BM/M002) (IO): Number of Family Information Service (FIS) enquiries for childcare information. | N/A | 399 | N/A | N/A | N/A | New quarterly measure. Establish baseline performance during 2016/17. This wellbeing PI is cumulative – the full year estimate is 594 |
| CPM/068 (RP/M028): (IO) Number of participants enrolled on Communities First and Flying Start healthy eating programmes. | N/A | N/A | N/A | N/A | N/A | New quarterly measure. Establish baseline performance during 2016/17. |
| CPM/200 (VS/M046): Number of children receiving national standards: cycling (Level 1) | N/A | N/A | N/A | N/A | N/A | New annual measure. Establish baseline performance during 2016/17. |
| CPM/201 (VS/M047): Number of children receiving national standards: cycling (Level 2) | N/A | N/A | N/A | N/A | N/A | New annual measure. Establish baseline performance during 2016/17. |
| CPM/116a (SI/M051a): Number of users benefitting from a Families First service: Children and young people. | N/A | N/A | N/A | N/A | N/A | New quarterly measure. Establish baseline performance during 2016/17. |
| CPM/116b (SI/M051c): Number of users benefitting from a Families First service: Families | N/A | N/A | N/A | N/A | N/A | New quarterly measure. Establish baseline performance during 2016/17. |
| CPM/202 (HS/M053)(CS/C131): Number of referrals into drug and alcohol services. | N/A | N/A | N/A | N/A | N/A | Existing quarterly measure. Data will be published on the 20th of January. |

Objective 8: Safeguarding those who are vulnerable and promoting independent living.

| Performance Indicator | Q3 Actual 2015/2016 | Q3 Actual 2016/2017 | Q3 Target 2016/2017 | RAG Status | Direction of Travel | Commentary |
|---|---------------------|---------------------|---------------------|------------|---------------------|--|
| Population Indicators | | | | | | |
| CPM/203 (WO4/M004): Percentage of adults at risk of abuse or neglect reported more than once during the year. | N/A | N/A | N/A | N/A | N/A | New annual measure. Social Services National Outcomes framework. Establish baseline performance during 2016-17. |
| CPM/060, SSM/027 (WO4/M005): Percentage of re-registrations of children on local authority child protection registers. | N/A | N/A | N/A | N/A | N/A | New annual measure. Social Services National Outcomes framework. Establish baseline performance during 2016-17. |
| What difference have we made? | | | | | | |
| CPM/057, SSM/019 (SCA/001): Rate of delayed transfers of care for social-care reasons per 1,000 population aged 75 or over | N/A | 2.07 | 4.5 | N/A | N/A | There were 6 delays in Q1 and 14 delays in Q2 and 4 delays in Q3. Full year estimate = 2.59. This rate of 2.07 is exceeding the 4.5 quarterly target of 4.5. As the Welsh Government amended the definition for this measure in November 2016 to only include the rates for people +75 (previously the measure included all +18 years old) no comparison can be made between performance the previous year. |
| CPM/061 (SCA/019): Percentage of adult protection referrals completed where the risk has been managed. | 100 | 100 | 95 | Green | ↔ | Risks were appropriately managed in all adult protection referrals. |
| CPM/026 (RP/M011)(DS/M005): Percentage of people who have received a Disabled Facilities Grant that feel that the assistance has made them safer and more independent in their own home | N/A | N/A | N/A | N/A | N/A | Annual measure. A target of 97% has been set for 2016/17 against a performance of 97% in 2015/16. |
| CPM/058, SSM/020a (Measure 20a): Percentage of adults who completed a period of re-ablement and have a reduced package of care and support after 6 months | N/A | 10 | N/A | N/A | N/A | New quarterly measure. Establish baseline performance during 2016-17. Data will be available in Q3 due to PI definition. |
| CPM/059, SSM/020b (Measure 20b): Percentage of adults who completed a period of re-ablement and have no package of care and support after 6 months. | N/A | 68.75 | N/A | N/A | N/A | New quarterly measure. Establish baseline performance during 2016-17. Data will be available in Q3 due to PI definition. |

| Performance Indicator | Q3 Actual 2015/2016 | Q3 Actual 2016/2017 | Q3 Target 2016/2017 | RAG Status | Direction of Travel | Commentary |
|---|---------------------|---------------------|---------------------|------------|---------------------|--|
| CPM/062 (SCC/033f): Percentage of young people looked after with whom the authority is still in contact who are known to be engaged in education training or employment at age 19. | 54.55 | 41.38 | 60 | Red | ↓ | There a 5 young people (YP) with mental health issues, 3 severely disabled, 1 in prison, 2 young parents and 6 unable to find suitable employment, training or education opportunities. The team continues to proactively work with a range of organisations for support and assistance. For example - Llanmau (learning for life programme), ACT (preparing for work training provider), Moving Forward (a specific service for our YP) and Job Centre Plus. YP are also referred to the out of work service as well. Since 31st December, 1 YP has found employment. 11 of the post 18 year old YP's (10%) are currently studying at university. |
| CPM/107 (HS/M033): Percentage of service users who confirm that the support that they have received has assisted them to maintain their independence. | N/A | N/A | N/A | N/A | N/A | New annual measure. Establish baseline performance during 2016-17. |
| CPM/050 (EDU02ii): The percentage of pupils in local authority care in any local authority maintained school, aged 15 as at the preceding 31 August who leave compulsory education, training or work-based learning without an approved external qualification. | 0 | 0 | 0 | Green | ↔ | Existing annual measure (reported at Q3 in line with the academic year). A target of 0% set for the academic year 15/16 against a performance of 0% in the 2014/15 academic year. |
| How well have we performed? | | | | | | |
| CPM/027 (PSR/002): Average number of calendar days taken to deliver a DFG. | 182.30 | 170.78 | 177 | Green | ↑ | Existing quarterly measure. Performance continues to improve and is above target. |
| CPM/025 (RP/M010)(DS/M003): The percentage of customers satisfied with the Disabled Facilities Grant service. | N/A | N/A | N/A | N/A | N/A | Existing annual measure. Target of 98% set for 2016/17 against a performance of 98.13% in 2015-16. |
| CPM/205 (SCC/006)(SS/M023): The percentage of referrals during the year in which a decision was made within 1 working day. | 99.49 | 99.87 | 99 | Green | ↑ | In the case of the majority referrals, a decision was made within 1 working day. |

| Performance Indicator | Q3 Actual 2015/2016 | Q3 Actual 2016/2017 | Q3 Target 2016/2017 | RAG Status | Direction of Travel | Commentary |
|---|---------------------|---------------------|---------------------|------------|---------------------|--|
| CPM/112 (HS/M054): Percentage of Supporting People clients satisfied with their support. | N/A | N/A | N/A | N/A | N/A | Existing annual measure. Target of 98% set for 2016-17 against a performance of 100% in 2015-16. |
| CPM/056, SSM/018 (BM/M004): Percentage of adult protection enquiries completed within 7 working days (measure 18) | N/A | 97.80 | N/A | N/A | N/A | New quarterly measure. Establish baseline performance during 2016-17. |
| CPM/206 (PD/M027): Percentage of Telecare customers satisfied with the Telecare monitoring service. | N/A | N/A | N/A | N/A | N/A | New quarterly measure. Establish baseline performance during 2016-17. |
| CPM/097 (BM/M005): Percentage of initial CP conferences due in the year that were held within 15 working days of the strategy discussion (local management information) | N/A | 100 | N/A | N/A | N/A | New quarterly measure. Establish baseline performance during 2016-17. |
| CPM/207 (AS/M017): Number of care and support plans for adults that were reviewed within agreed timescales (WG interim data set). | N/A | 83.98 | N/A | N/A | N/A | New quarterly measure. Establish baseline performance during 2016-17. |
| CPM/208 (CS/M039): Number of care and support plans for children that were reviewed within agreed timescales (WG interim data set). | N/A | 70.88 | N/A | N/A | N/A | New quarterly measure. Establish baseline performance during 2016-17. |
| CPM/098 (AS/M019): Percentage of adult service users receiving a direct payment. | N/A | N/A | N/A | N/A | N/A | New annual measure. Social Services National Outcomes framework. Establish baseline performance during 2016-17. |
| How much have we done? Contextual data | | | | | | |
| CPM/204 (AS/M020)(SS/M021): Number of adult service users receiving a Direct Payment | 182 | 223 | 75 | Green | ↑ | Performance this quarter is far better than the target of 75 resulting in an improvement when compared to Q3 last year and a Green RAG status being achieved. |
| CPM/209 (AS/M021)(SS/M018): Number of new Telecare users | 248 | 248 | 231.75 | Green | ↔ | We continue to exceed the quarterly targets in this indicator and increase the number of telecare users each quarter. Performance here mirrors the performance reported during the same quarter the previous year. |

Appendix 3 – Additional Performance Indicators (Well-being Outcome 4)

Objective 7: Encouraging and promoting active and healthy

No measures currently exist under this section.

Objective 8: Safeguarding those who are vulnerable and promoting independent living.

| Performance Indicator | Q3 Actual 2015/2016 | Q3 Actual 2016/2017 | Q3 Target 2016/2017 | RAG Status | Direction of Travel | Commentary |
|--|---------------------|---------------------|---------------------|------------|---------------------|--|
| What difference have we made? | | | | | | |
| SCC/033e: The percentage of young people formerly looked after with whom the authority is in contact, who are known to be in suitable, non-emergency accommodation at the age of 19. | 100 | 100 | 95 | Green | ↔ | Performance has increased since the previous quarter to 100%, performance continues to better than target of 95%. |
| SSM/030 (CS/M007): The percentage of children seen by a registered dentist within 3 months of becoming looked after | N/A | 65.12 | N/A | N/A | N/A | New quarterly measure. Establishing baseline performance in 2016/17. |
| SSM/034b (CS/M030): The percentage of all care leavers who are in Education, training or employment at 24 months after leaving care | N/A | 50 | N/A | N/A | N/A | New quarterly measure. Establishing baseline performance in 2016/17. |
| How well have we performed? | | | | | | |
| RP/M012 (PSR009a): The average number of calendar days taken to deliver a Disabled Facilities Grant for children and young people | 219.40 | 173.6 | 195 | Green | ↑ | Significant improvement on our performance when compared to the Q3 last year. Reflects continued developments in service aimed at reducing delivery times for customers. |
| RP/M013 (PSR009b): The average number of calendar days taken to deliver a Disabled Facilities Grant for adults. | 180.50 | 170.64 | 176 | Green | ↑ | Improved Q3 performance reflects continued service developments aimed at reducing delivery times to customers. |
| SSM/024 (CS/M004): The percentage of assessments completed for children within statutory timescales. | N/A | 70.88 | N/A | N/A | N/A | New quarterly measure. Establishing baseline performance in 2016/17. |
| SSM/025 (CS/M040): The percentage of children supported to remain living with their family. | N/A | 98.21 | N/A | N/A | N/A | New quarterly measure. Establishing baseline performance in 2016/17. |
| SSM/023 (AS/M005): The percentage of Adults who have received advice and assistance from the information, advice and assistance service and have not contacted the service again | N/A | 85.35 | N/A | N/A | N/A | New quarterly measure. Establishing baseline performance in 2016/17. |
| SSM/026 (CS/M005): The percentage of looked after children returned home from care during the year | N/A | 5.28 | N/A | N/A | N/A | New quarterly measure. Establishing baseline performance in 2016/17. |
| SCA/002a): The rate of older people (aged 65 or over) supported in the community per 1,000 population at 31 March | N/A | N/A | N/A | N/A | N/A | Data no longer reported to WG and has been deleted. This PI will be no longer be reported. |

| Performance Indicator | Q3 Actual 2015/2016 | Q3 Actual 2016/2017 | Q3 Target 2016/2017 | RAG Status | Direction of Travel | Commentary |
|--|---------------------|---------------------|---------------------|------------|---------------------|--|
| SCA/002b: The rate of older people (aged 65 or over) whom the local authority supports in care homes per 1,000 population at 31 March. (IO2) | N/A | N/A | N/A | N/A | N/A | Data no longer reported to WG and has been deleted. This PI will be no longer be reported. |
| SCC/033d: The percentage of young people formerly looked after with whom the authority is in contact at the age of 19. | 100 | 100 | 98 | Green | ↔ | Contact maintained with 100% of formerly looked after children, mirroring the same performance during Q3 the previous year. |
| SCC/037: The average external qualifications point score for 16 year old looked after children, in any local authority maintained learning setting | N/A | N/A | N/A | N/A | N/A | New annual measure. Establishing baseline performance in 2016/17. |
| SCC/041a (SS/M025): The percentage of eligible, relevant and former relevant children that have pathway plans as required | 100 | 100 | 100 | Green | ↔ | All relevant children have pathway plans as required, this mirrors performance reported in the same period the previous year. |
| CS/M018: The percentage change in the average number of hours of suitable education, training or employment children and young people receive while within the youth justice system by: Children and young people of statutory school age. | N/A | N/A | N/A | N/A | N/A | New annual measure. Establish baseline performance in 2016/17 |
| CS/M020: The percentage change in the proportion of children and young people in the youth justice system with suitable accommodation: at the end of their court order compared with before the start of their court order | N/A | N/A | N/A | N/A | N/A | New annual measure. Establishing baseline performance in 2016/17. |
| CS/M021: The percentage change in the proportion of children and young people in the youth justice system with suitable accommodation: upon their release from custody compared with before the start of their custodial sentence. | N/A | N/A | N/A | N/A | N/A | New annual measure. Establishing baseline performance in 2016/17. |
| SSM/021 (AS/M015): The average length of time older people (aged 65 or over) are supported in residential care homes | N/A | 841.31 | N/A | N/A | N/A | New quarterly measure. Establishing Baseline performance during 2016/17. This figure refers to the average number of days older people are supported in residential care |
| SSM/022 (AS/M016): Average age of adults entering residential care | N/A | 81.08 | N/A | N/A | N/A | New quarterly measure. Establishing baseline performance during 2016/17. |

| Performance Indicator | Q3 Actual 2015/2016 | Q3 Actual 2016/2017 | Q3 Target 2016/2017 | RAG Status | Direction of Travel | Commentary |
|--|---------------------|---------------------|---------------------|------------|---------------------|---|
| SSM/028 (CS/M025): The average length of time for all children who were on the CPR during the year | N/A | 244.36 | N/A | N/A | N/A | New quarterly measure. Establishing baseline performance during 2016/17. This figure refers to the average number of days children were on the CRP register during the year |
| SSM/029a (CS/M026): Percentage of children achieving the core subject indicator at key stage 2 | N/A | N/A | N/A | N/A | N/A | New annual measure. The key stage 2 & 4 data will be obtained through the National Data Collections (Children Receiving Care & Support and Looked After Children Census's 2016/17) |
| SSM/029b (CS/M027): Percentage of children achieving the core subject indicator at key stage 4 | N/A | N/A | N/A | N/A | N/A | New annual measure. The key stage 2 & 4 data will be obtained through the National Data Collections (Children Receiving Care & Support and Looked After Children Census's 2016/17) |
| SSM/032 (SCC/002): The percentage of looked after children who have experienced one or more changes of school, during a period or periods of being looked after, which were not due to transitional arrangements, ion the year to 31 March | 8.94 | 4.73 | 12 | Green | ↑ | Existing quarterly measure. Performance here continues to better the quarterly target and performance during the same quarter last year. |
| SSM/033 (SCC/004): The percentage of children looked after on 31 March who have had three or more placements during the year | 5.64 | 5.31 | 9 | Green | ↑ | Existing quarterly measure. Performance here continues to better the quarterly target and performance during the same quarter last year. |
| SSM/034a (CS/M029): The percentage of all care leavers who are in Education, training or employment at 12 months after leaving care | N/A | 44.23 | N/A | N/A | N/A | New quarterly measure. Establishing baseline performance during 2016/17. |
| SSM/035 (CS/M031): The percentage of care leavers who have experienced homelessness during the year | N/A | 11.21 | N/A | N/A | N/A | New quarterly measure. Establishing Baseline performance during 2016/17. |
| SSM/031 (Measure 31)(SCC/040): The percentage of placements started during the year where the child is registered with a provider of general medical services within 10 working days of the start of the placement. | 97.98 | 100 | 98 | Green | ↑ | All placements started this year have seen a child registered with a provider of general medical services within 10 days of their placement beginning. This is an increase on performance reported in Q2 at 98.67% increasing back to the 100% performance reported at Q1. |