

The Vale of Glamorgan Council

Scrutiny Committee (Social Care and Health): 7th March 2016

Report of the Director of Social Services

Quarter 3 Social Services Performance Report 2015-16

Purpose of the Report

1. To present the performance results for quarter 3, 1st April -31st December, 2015-16.

Recommendations

1. That Committee note service performance results and remedial actions to be taken to address service underperformance.
2. That Committee note progress to date in achieving key outcomes as outlined in the Corporate Plan 2013-17, the Outcome Agreement 2013-16 and the Improvement Plan Part 1 2015-16.

Reasons for the Recommendations

1. 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.
2. To consider the quarter 3 Social Services performance results as at 31st December 2015 in order to identify service areas for improvement.

Background

2. The Service Plans are designed to focus on the achievement of key objectives within each directorate which in turn contribute towards the achievement of identified outcomes in the Corporate Plan 2013-17, the Outcome Agreement 2013-16 and the Improvement Plan Part 1 2015-16.
3. Quarterly performance reports have been developed to reflect these Service Plans and designed to ensure that the Council reports performance in the context of progress against its objectives.
4. The performance report is structured as follows:
 - An overview provides a snapshot of the directorate's progress towards achieving the objectives contributing towards its service outcomes. It also highlights progress towards key actions in the Corporate Plan 2013-17, the Outcome Agreement 2013-16 and the Improvement Plan Part 1 2015-16 for which the directorate has lead

responsibility. Areas of underperformance are highlighted as are the planned remedial actions to bring these back on track.

- A brief evaluation is provided of each service outcome outlining overall progress towards achievement.
- Detailed progress is reported for each service objective looking at all actions and measures.
- Progress is reported for all performance indicators by allocating a performance status symbol, ☺ relates to performance that has met or exceeded target, ☹ relates to performance within 10% of target and ☹ relates to performance that has missed target by more than 10%. A direction of travel arrow is also provided against each measure indicating whether current performance has improved, stayed static or declined on last year's third 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.

Relevant Issues and Options

5. The Social Services directorate is well on track to achieving the objectives contributing to its service outcomes, with 86% of actions currently either completed or on track. 77% of the Corporate Plan actions are either completed or on track (of the 9 Corporate Plan actions, 1 is complete, 6 actions on track and 2 have slipped. There are 6 actions relating to the Improvement Objectives, of which 5 are on track, and 1 has slipped. There are currently no Outcome Agreement actions.
6. Against Outcome 1, 'People in the Vale of Glamorgan are able to request support and receive help in a timely manner', In terms of ensuring a full exchange information between Child Health and Disability team, the Continuing Healthcare Transition policy has been completed, and clearer more timely arrangements are now in place for the University Health Board Assessment of the health needs and ongoing support of young people who meet the criteria. The standing Transition Review Implementation group is now more focussed on those cases where there is dispute over adult social services; the group now also includes representatives from adult mental health services. (SS/A058)
7. As part of work to implement new service models to support individuals to access a wider range of inclusive opportunities the Day Opportunities Strategy has been approved and work continues with reviews of current day care arrangements are being adjusted to facilitate work, training and leisure activities as part of universal services. (SS/A059)
8. The multi-agency Families First and Flying Start Board has reviewed its meeting schedule and now meets quarterly and termly to oversee the delivery of the programmes. All programmes are targeted with the intention of reducing longer term higher level statutory interventions. Board members are actively involved in the preparation for the implementation of the Social Services and Well-being Wales Act. The commissioned independent review of Families First projects and services is reaching a conclusion and will be reported back to the management board in February 2016. The review will seek to explore the programmes ability to be fit for purpose and value for money. Flying start continues to meet targets set within the 2015-16 delivery plan including completion of final roll out of expansion. (SS/A007)

9. Slippage was reported for three actions under Outcome 1:
 - The development of a wide range of options for older people requiring support and the preparation of a feasibility study for the provision of an older peoples village has slipped. A workshop was held on the 7th January 2016 (SS/A010).
 - Limited progress was made during the quarter to increase the take up of assistive technologies such as Telecare. An additional post will be appointed and the current working arrangements are now being reviewed SS/A011 [(CP/HSCW5) (IO2)].
 - The examination of how best to secure an increased range of service providers in social care, especially those who use a social entrepreneurial approach has slipped. A workshop was held on the 7th January 2016 [SS/A015 (CP/H2)].
10. Against Outcome 2, 'The Vale of Glamorgan Council protects vulnerable people and promotes their independence and social inclusion', in terms implementing and raising awareness of the Mental Health Capacity Act 2005 and the Deprivation of Liberty Safeguards remains a high priority for the Directorate. We are ensuring that the hospital discharges and University Health Board choice policy is compliant with the requirements of the Mental Health Capacity Act through training and advice to relevant teams. No actions were reported slipped against Outcome 2.
11. Against Outcome 3, 'Social Services in the Vale of Glamorgan review, plan, design and develop quality services that deliver best value for money to improve outcomes for individuals', we have worked to complete the Cardiff and Vale Together for Mental Health Delivery Plan which has been forwarded to the Welsh Government, and continue to promote services that reduce stigmatisation and promote mental health well-being.
12. Slippage was reported for one action under Outcome 3. This work was being undertaken on a regional basis, involving the Local Health Board and Cardiff Council, as part of steps towards joint commissioning. Our partners have found it difficult to commit to the strategy but the approach has been redesigned. An Assistant Director, appointed recently by the three organisations, is implementing a work programme for fast-track integration which includes consideration of ways to introduce joint commissioning. Having a brokerage hub for residential care and nursing home placements will form part of this work. Until the issue is resolved, the action should be deleted (SS/A043).
13. Of the 58 performance indicators that are measured quarterly, 38 (66%) have met or exceeded target, 10 (17%) were within 10% of target, and 9 (15%) have missed target by more than 10%. Data was not available for 1 (2%) measure. There are currently 4 performance Indicators relating to the Improvement Objectives; 2 have met/exceeded target, 1 was within 10% of target and 1 has missed target by more than 10%. Of 10 Outcome Agreement measures for this directorate, 7 have met/exceeded target 1 was within 10% of target and 2 have missed target by more than 10% this quarter. The 9 indicators that have missed target relate to:
 - SCA001: The number of delayed transfers of care for social care reasons per 1,000 population was 22 in the first quarter, 11 in the second quarter and 13 in the third quarter. Though this is a significant improvement, this is a cumulative indicator and the projected performance for the year is 5.34.
 - SS/M004: Whilst the percentage of initial assessments that were completed during the year where there is evidence that the child has been seen by a worker missed target this quarter, it must be noted that there will be situations where it is not always

appropriate for a child to be seen during the initial assessment. Therefore, performance is satisfactory in this context.

- SCC011b: The percentage of initial assessments that were completed during the year where there is evidence that the child has been seen alone by the social worker. Although this target was missed, there will be situations where it is not always appropriate for a child to be seen during the initial assessment. 60 children were seen alone at initial assessment by an SCO, Performance is satisfactory in this context.
 - SS/M019a and SS/M019b: Both the rate per 1,000 of population of over 65s who have had a UA and OT assessment have missed target this quarter. Both indicators are local cumulative Indicators, the full year estimate for SS/M019a is 44.3. The full year estimate for SS/M019b is 26.82; this is a challenge to meet the target; due to the increase in population in +65 years age group (additional 579 people).
 - SS/M024: Although the percentage of reviews of child in need plans carried out in accordance with the statutory timetable has slipped this quarter, it does show an improvement in performance compared to quarters one and two. This indicator has been deleted from the Welsh Government returns for 2015-16, in preparation for the measuring of performance under the Social Services and Wellbeing Act. In 2015-16, the performance data is being monitored under local management information, not as a performance measure, and will be deleted from the framework in 2016-17.
 - SS/M027: The average time taken to complete initial assessments that took longer than 7 working days missed target for this quarter, 4 initial assessments have skewed performance due to families not engaging with Social Workers, had this not been the case performance would be 15 working days This indicator has been deleted from the Welsh Government returns for 2015-16, in preparation for the measuring of performance under the Social Services and Wellbeing Act. In 2015-16, the performance data is being monitored under local management information, not as a performance measure, and will be deleted from the framework in 2016-17.
 - SS/M029: The average time taken to complete those required core assessment that took longer than 35 working days has missed target this quarter, One family, three children, were avoiding contact with Social Services this delayed the completion of the Core Assessments. The Core Assessment took a total of 445 days to complete, had this not been the case the performance would have been an average performance of 60 delays. This indicator has been deleted from the Welsh Government returns for 2015-16, in preparation for the measuring of performance under the Social Services and Wellbeing Act. In 2015-16, the performance data is being monitored under local management information, not as a performance measure, and will be deleted from the framework in 2016-17.
 - SCC033: The percentage of initial child protection conferences due in the year which were held within 10 working days of the initial child protection conference. The out of timescale initial core group meetings in quarter 3 were completed 1 day out of timescale. This indicator has been deleted from the Welsh Government returns for 2015-16, in preparation for the measuring of performance under the Social Services and Well-being Act. In 2015-16, the performance data is being monitored under local management information, not as a performance measure, and will be deleted from the framework in 2016-17.
14. A detailed report of the directorate's overall performance is provided at **Appendix 1**.

Resource Implications (Financial and Employment)

15. 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.

Sustainability and Climate Change Implications

16. Underperformance issues relating to sustainability will be given due consideration both corporately and within the relevant service areas.

Legal Implications (to Include Human Rights Implications)

17. The Local Government Act 1999, the Wales Programme for Improvement and the Local Government (Wales) Measure 2009 require that the Council secure continuous improvement across the full range of local services for which it is responsible.

Crime and Disorder Implications

18. Underperformance issues relating to crime and disorder will be given due consideration both corporately and within the relevant service areas.

Equal Opportunities Implications (to include Welsh Language issues)

19. Underperformance issues relating to equalities will be given due consideration both corporately and within the relevant service areas.

Corporate/Service Objectives

20. The Corporate Plan 2013-17 outlines community leadership as a priority for the Council. Improving how the Council evidences and reports achievements of its outcomes and objectives contributes towards effective community leadership.

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 and Development Team. An overall Council report on performance will be considered by Cabinet. Quarterly performance reports are reported to relevant Scrutiny Committees.

Relevant Scrutiny Committee

23. Social Care and Health

Background Papers

Quarter 3 Social Services Performance Report - Appendix 1

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

Social Services Performance: Quarter 3 Overview Report

Performance Summary

- Overall, the department is considerably on track to achieving its Service Plan actions, with 86% of actions either complete or on track. There are a total of 28 actions in the Service Plan: 4 are complete, 20 are on track, and 4 have slipped this quarter.
- Our contribution to the Corporate Plan is also on course, with 77% of actions either complete or on track for completion. Of the 9 Corporate Plan actions, 1 is complete, 6 are on track, and 2 have slipped.
- Of the 6 actions relating to the Improvement Objectives, 5 are on track, and 1 has slipped.
- There are currently no Outcome Agreement actions.
- Of the 58 Performance Indicators that are measured quarterly, 38 (66%) have met or exceeded target, 10 (17%) were within 10% of target, and 9 (15%) have missed target by more than 10%. Data was not available for 1 measure. The nine indicators that have missed target relate to SS/M004, SS/M024, SS/M027, SS/M029, SCA001, SS/M019a, SS/M019b, SCC011b, and SS/M033. Please see relevant objectives for reasons for underperformance and proposed remedial action where appropriate. There are currently 4 Performance Indicators relating to the Improvement Objectives of which 2 have met/exceeded target, 1 was within 10% of target and 1 has missed target by more than 10%. There are also 10 Outcome Agreement measures for this directorate, 7 have met/exceeded, 1 was within 10% of target and 2 have missed target by more than 10% this quarter.

A summary of action plan and performance status is provided below:

Service Plan Actions 2015/16	Total number	Complete	On Track	Slipped	Not due to have started	Performance Indicators	Total number	😊	😐	☹️	N/A
All Actions	28	4 (14%)	20 (72%)	4 (14%)	0 (0%)	All Measures	58	38 (66%)	10 (17%)	9 (15%)	1 (2%)
Corporate Plan Actions	9	1 (11%)	6 (66%)	2 (22%)	(%)	Improvement Objective Measures	4	2 (50%)	1 (25%)	1 (25%)	0
Improvement Objective Actions	6	0 (%)	5 (83%)	1 (17%)	0 (%)	Outcome Agreement Measures	10	7 (70%)	1 (10%)	2 (20%)	0
Outcome Agreement Actions	0	0	0	0	0						

Understanding the Performance Symbols and referencing system

Key

Measures:

😊 Performance is on or above target

😐 Performance is within 10% of target

😞 Performance missed target by more than 10%

Direction of travel:



Performance has improved on the same quarter last year



Performance has remained the same as the same quarter last year



Performance has declined compared to the same quarter last year

Actions:

Completed: Completed in full by due date.

On track: Progressing and due to be completed by due date. On track actions reported at end of year relate to actions with an end date later than 31 March 2015.

Slipped: Limited progress has been made and an explanation must be provided including any planned remedial action(s) where appropriate.

Not due: Action has been rescheduled for a later start date than that originally planned.

An explanation of the referencing used in this report:

E.g. **SS/A001**

- **SS:** This refers to the service plan, in this case, Social Services
- **A:** This refers to the fact that this is an action. Performance indicators will have an '**M**' for 'measure' here.
- **001:** This is the unique/individual number reference for the action.

Where our actions link to other strategic plans, the following references may be seen in brackets after the action name:

- **CP/CL1:** The **CP** refers to the Corporate Plan. **CL1** is the reference number of the Corporate Plan objective the action links to.
- **IO/06:** The **IO** refers to the Improvement Objectives. **06**, refers to the number of the Improvement Plan objective linked to.
- **OA/01:** The **OA** refers to the Outcome Agreement with Welsh Government. **01** refers to the number of the Agreement linked to.
- **WAO:** This refers to Wales Audit Office improvement proposals related to the service area.

What have we achieved and is anyone better off?

Outcome 1: People in the Vale of Glamorgan are able to request support and receive help in a timely manner.

Performance snapshot

- 75% of actions are currently either completed or on track. There are a total of 12 actions aligned to this outcome; 1 is complete 8 are on track, and 3 have slipped this quarter.
- Of the 35 Performance Indicators that are measured quarterly, 25 (71%) have met or exceeded target, 3 (9%) were within 10% of target, 7 (20%) have missed target by more than 10%.
- In relation to ensuring a full exchange of information between the Child Health and Disability teams, the Continuing Healthcare transition policy has been completed. Clearer and more timely arrangements are now in place for the University Health Board assessment of the health needs and ongoing support of young people who meet the criteria. The standing Transition Review Implementation group is now more focussed on those cases where there is dispute over adult social services; the group now also includes representatives from adult mental health services. (SS/A057)
- Consultation with Community Mental Health Teams, Service users and Carers has been undertaken to develop proposals for separating assessment and treatment specialities in relation to mental health. Consultation is informing the development of a future model of Community Mental Health Care as part of the Community Services Review. A formal Options Appraisal will be developed by end of quarter 4. (SS/A058)
- As part of work to implement new service models to support individuals to access a wider range of inclusive opportunities the Day Opportunities Strategy has been approved and work continues with reviews of current day care arrangements being provided on an individual basis. As a result, individual care arrangements are being adjusted to facilitate work, training and leisure activities as part of universal services. (SS/A059)
- The multi-agency Families First and Flying Start Board has reviewed its meeting schedule and now meets quarterly and termly to oversee the delivery of the programmes. All programmes are targeted with the intention of reducing longer term higher level statutory interventions. Board members are actively involved in the preparation for the implementation of the Social Services and Well-being Wales Act. The commissioned independent review of Families First projects and services is reaching a conclusion and will be reported back to the management board in February 2016. The review will seek to explore the programmes ability to be fit for purpose and value for money. Flying start continues to meet targets set within the 2015-16 delivery plan including completion of final roll out of expansion. (SS/A007)

What will we do to bring our slipped actions and measures back on track?

Actions

- **SS/A010:** The development of a wide range of options for older people requiring support and the preparation of a feasibility study for the provision of an older people's village has slipped. A workshop is planned for 7th January 2016.

- **SS/A011:** Work to increase the take up of assistive technologies such as Telecare has slipped. An additional post will be appointed and the current working arrangements are now being reviewed.
- **SS/A015:** The examination of how best to secure an increased range of service providers in social care, especially those who use a social entrepreneurial approach has slipped. A workshop is planned for 7th January 2016.

Performance Measures

- **SS/M004:** Whilst the percentage of initial assessments that were completed during the year where there is evidence that the child has been seen by a worker missed target this quarter, it must be noted that there will be situations where it is not always appropriate for a child to be seen during the initial assessment, therefore, performance is satisfactory in this context.
- **SS/M024:** Although the percentage of reviews of child in need plans carried out in accordance with the statutory timetable has slipped this quarter, it does show an improvement in performance compared to quarters one and two. This indicator has been deleted from the Welsh Government returns for 2015-16, in preparation for the measuring of performance under the Social Services and Wellbeing Act. In 2015-16, the performance data is being monitored under local management information, not as a performance measure, and will be deleted from the framework in 2016-17.
- **SS/M027:** The average time taken to complete initial assessments that took longer than 7 working days missed target for this quarter, 4 initial assessments have skewed performance due to families not engaging with Social Workers, had this not been the case performance would be 15 working days. This indicator has been deleted from the Welsh Government returns for 2015-16, in preparation for the measuring of performance under the Social Services and Wellbeing Act. In 2015-16, the performance data is being monitored under local management information, not as a performance measure, and will be deleted from the framework in 2016-17.
- **SS/M029:** The average time taken to complete those required core assessment that took longer than 35 working days has missed target this quarter, One family, three children, were avoiding contact with Social Services this delayed the completion of the Core Assessments. The Core Assessment took a total of 445 days to complete, had this not been the case the performance would have been an average performance of 60 delays. This indicator has been deleted from the Welsh Government returns for 2015-16, in preparation for the measuring of performance under the Social Services and Wellbeing Act. In 2015-16, the performance data is being monitored under local management information, not as a performance measure, and will be deleted from the framework in 2016-17.
- **SCA001:** This measure has missed its target. The number of delays in the first quarter was 22, in the second, 11 and in the third 13. Though this is a significant improvement, this is a cumulative indicator and the projected performance for the year is 5.34.
- **SS/M019a; SS/M019b:** The rate per 1,000 population of over 65s who have had an OT or UA assessment has missed target. Both indicators are local cumulative Indicators, the full year estimate for SS/M019a is 44.3. The full year estimate for SS/M019b is 26.82; this is a challenge to meet the target; due to the increase in population in +65 years age group (additional 579 people).

Outcome 2: The Vale of Glamorgan Council protects vulnerable people and promotes their independence and social inclusion

Performance snapshot

- 100% of actions are either complete or on track for completion. There are a total of 4 actions aligned to this outcome; 1 Action is complete and 3 are on track.
- Of the 28 Performance Indicators that are measured quarterly, 18 (64%) have met or exceeded target, 7 (25%) were within 10% of target, 2 (7%) have missed target by more than 10%, 1 (4%) measures are not reported this quarter.
- In terms of the implementing and raising awareness of the Mental Health Capacity Act 2005 and the Deprivation of Liberty Safeguards remains a high priority for the Directorate. We are ensuring that the hospital discharges and the University Health Board choice policy is compliant with the requirements of the Mental health Capacity Act through training and advice to relevant teams.

What will we do to bring our slipped actions and measures back on track?

- No actions have slipped this quarter in relation to Outcome 2.
- **SCC011b:** The percentage of initial assessments that were completed during the year where there is evidence that the child has been seen alone by the social worker. Although this target was missed, there will be situations where it is not always appropriate for a child to be seen during the initial assessment. 60 children were seen alone at initial assessment by an SCO, Performance is satisfactory in this context.
- **SCC033:** The percentage of initial child protection conferences due in the year which were held within 10 working days of the initial child protection conference. The out of timescale initial core group meetings in quarter 3 were completed 1 day out of timescale. This indicator has been deleted from the Welsh Government returns for 2015-16, in preparation for the measuring of performance under the Social Services and Well-being Act. In 2015-16, the performance data is being monitored under local management information, not as a performance measure, and will be deleted from the framework in 2016-17.

Outcome 3: Social Services in the Vale of Glamorgan review, plan, design and develop quality services that deliver best value for money to improve outcomes for individuals

Performance snapshot

- 91% of actions are either complete or on track. There are a total of 11 actions aligned to this outcome; 1 is complete, 9 are on track, and 2 have slipped.
- There is one performance indicator that is measured quarterly relating to training opportunities for non-council staff, this measure has met target this quarter.
- We have worked to complete the Cardiff and Vale Together for Mental Health Delivery Plan which has been forwarded to the Welsh Government, and continue to promote services that reduce stigmatisation and promote mental health well-being.

What will we do to bring our slipped actions back on track?

- **SS/A043:** This work was being undertaken on a regional basis, involving the Local Health Board and Cardiff Council, as part of steps towards joint commissioning. Our partners have found it difficult to commit to the strategy but the approach has been redesigned. An Assistant Director, appointed recently by the three organisations, is implementing a work programme for fast-track integration which includes consideration of ways to introduce joint commissioning. Having a brokerage hub for residential care and nursing home placements will form part of this work. Until the issue is resolved, the action should be deleted.

Annex A: Detailed Quarter 3 Report

Outcome 1: People in the Vale of Glamorgan are able to request support and receive help in a timely manner

Objective 1: To ensure that people have access to comprehensive information about Social Services and other forms of help and support, and are appropriately signposted to help and supported by proportionate assessments, care and support plans and services which meet their individual assessed needs.

Actions - Quarter 3 Progress Update

Completed: 8%; On Track: 67%; Slipped: 25%

Action Ref	Completion Date	% Complete	Status	Progress/ Outcomes
SS/A057 Continue to utilise and develop processes to ensure a full exchange of information between Child Health and the Disability Team and partner agencies is completed in a timely manner.	31/03/2016	100	Completed	The CHC transition policy is completed and there are now clearer more timely arrangements in place for the UHB assessment of the health needs and ongoing support of young people who meet the criteria. The standing transition review Implementation group is now more focussed on those cases of young adults where there is dispute over adult social services involvement. The group also now includes adult mental health services representatives.

Action Ref	Completion Date	% Complete	Status	Progress/ Outcomes
SS/A056 Consolidate integrated social care and health assessment and care management teams for Learning Disability in partnership with the Cardiff and Vale University Health Board. (IO2)	31/03/2016	75	On track	Joint operational management arrangements are now in place.
SS/A058 Develop proposals for separating assessment and treatment specialities in relation to mental health.	31/03/2016	75	On Track	The Consultation Events with the CMHTs and Service Users and Carers have been completed. This is informing a future model of Community Mental Health Care as part of the Community Services Review. A formal Options Appraisal will be developed by end of quarter 4.
SS/A059 Implement new service models as part of supporting individuals to access a wider range of inclusive opportunities including leisure, work and training.	31/03/2016	75	On Track	The Day Opportunities Strategy has been approved and work continues with reviews of the current day care arrangements being provided on an individual basis. As a result of this, individual care arrangements are being adjusted to facilitate work, training and leisure activities as part of universal services.
SS/A001 Work with the third sector and other organisations to deliver information about services for people in need via the Family Information Service, the Council's Contact Centre and other communication channels. (CP/CYP6)	31/03/2016	50%	On Track	Ongoing - work re IAA under the Social Services and Wellbeing Act continues to inform this piece of work and will proceed into the new financial year.

Action Ref	Completion Date	% Complete	Status	Progress/ Outcomes
SS/A007 Co-ordinate preventative and early intervention services for families in the greatest need including Flying Start, Families First and Intensive Family Support Services. (CP/CYP3)	31/03/2016	75	On Track	The multi-agency Families First (FF) and Flying Start (FS) Board has reviewed its meeting schedule and now meets quarterly and termly (respectively) to oversee delivery of both the FF and FS programmes. All programmes are targeted with the intention of reducing longer term higher level statutory interventions. Board members are actively involved in preparing for implementation of the Social Services and Well-Being (Wales) Act. The commissioned independent review of Families First projects and services is reaching a conclusion and will be reported back to the management board in February 2016. The review will seek to explore the programmes ability to be fit for purpose and value for money. Flying Start continues to meet targets set within 2015-16 delivery plan including completion of final roll out of expansion. Intensive Family Support Services (IFSS) is hosted by Cardiff and is, therefore, subject to separate governance arrangements. The Operational Group has continued to meet to review delivery of the programme and ensure best use of the resource.
SS/A060 In co-operation with partners, establish an effective information, advice and assistance services in accordance with the requirements of the Social Services and Wellbeing (Wales) Act.	31/03/2016	75	On track	Group has been set up in partnership with Cardiff council. The Dewis portal will be central to the information solution

Action Ref	Completion Date	% Complete	Status	Progress/ Outcomes
SS/A061 Embed the integrated locality restructure health and social care model through clear processes which support the service user's journey through the care system.	31/03/2016	75	On Track	All staff changes complete. Ongoing business process changes planned
SS/A004 Continue to improve multi-disciplinary transition support for young people moving into adulthood. (CP/CYP5)	31/03/2016	75	On Track	The Change Manager has been working alongside key stakeholders to develop a project brief to enable this work to move forward. The LSCB Executive will consider and agree priorities in Q4.

Action Ref	Completion Date	% Complete	Status	Progress/ Outcomes
SS/A010 Develop a wide range of options for older people requiring support and prepare a feasibility study for the provision of an older people's village or similar community-wide model for meeting need for care and support. (CP/H2)	31/03/2016	50%	Slipped	Workshop planned 7th January, 2016
SS/A011 Increase the take up of assistive technologies such as Telecare that enable older people and their carers to manage the impact and risks associated with chronic ill health. (CSSIW/AREF/IP5/2011) (CP/HSCW5) (IO2)	31/03/2016	25	Slipped	Additional post is being appointed to however the current arrangements are now being reviewed
SS/A015 Examine how best to secure an increased range of service providers in social care, especially those who use a social entrepreneurial approach which engages communities and groups of service users or carers in the design and delivery of services, achieves wider training and employment outcomes and promotes better social networks (perhaps using volunteers and peer support).	31/03/2016	50%	Slipped	Workshop planned 7th January 2016

Performance Indicators - Quarter 3 Progress Update

PI Ref	Quarter 3 Actual 2015/16	Quarterly Target	Status	Direction of travel	Quarter 3 2014/15	Actual 2014/15	Comment
How Much?							
SS/M016 The number of telecare installations completed within one calendar month. (OA3)	224.00	212.25	☺	↑	189.00	283.00	
SS/M017 Number of people over 65 who are clients of Social Services who are provided with benefits advice. (OA3)	1164.00	663.00	☺	↑	614.00	884.00	
SS/M018 Number of new telecare users. (OA3)	248.00	231.75	☺	↑	211.00	309.00	
SS/M021 Number of adult service users receiving a direct payment. (OA3)	182.00	143.00	☺	↑	144.00	143.00	
How Well?							
SS/M002 Percentage of service users visited within 10 working days of Financial Assessment for non-residential care services being requested.	97.01	95.00	☺	↓	97.18	97.18	
SS/M023 The percentage of referrals during the year in which a decision was made within 1 working day.	99.49	99.00	☺	↑	97.69	99.39	
SS/M003a The average number of working days between initial enquiry and completion of the care plan, for specialist assessments.	34.80	35.00	☺	↑	38.41	36.70	

PI Ref	Quarter 3 Actual 2015/16	Quarterly Target	Status	Direction of travel	Quarter 3 2014/15	Actual 2014/15	Comment
SS/M003b The average number of working days between initial enquiry and completion of the care plan, for non-specialist assessments.	14.96	15.00	☺	↑	16.84	17.99	
SS/M004 The percentage of initial assessments that were completed during the year where there is evidence that the child has been seen by a worker.	76.12	85.00	☹	↓	87.82	81.24	There will be situations where it is not always appropriate for a child to be seen during the initial assessment. Performance is satisfactory in this context.
SCA018a The percentage of carers of adult service users who were offered an assessment in their own right during the year. (PAM)	100.00	100.00	☺	↔	100.00	100.00	
SCA018b The percentage of carers of adult service users who had an assessment in their own right during the year.	100.00	100.00	☺	↔	100.00	100.00	
SCA018c The percentage of carers of adult service users who were assessed during the year who were provided with a service.	100.00	100.00	☺	↔	100.00	100.00	

PI Ref	Quarter 3 Actual 2015/16	Quarterly Target	Status	Direction of travel	Quarter 3 2014/15	Actual 2014/15	Comment
SS/M024 The percentage of reviews of child in need plans carried out in accordance with the statutory timetable.	80.00	90.00	☹	↓	97.83	90.12	This indicator has been deleted from the Welsh Government returns for 2015-16, in preparation for the measuring of performance under the Social Services and Wellbeing Act. In 2015-16, the performance data is being monitored under local management information, not as a performance measure, and will be deleted from the framework in 2016-17. This is a further improvement in performance compared to Q1 & Q2.
SCC030a The percentage of young carers known to Social Services who were assessed.	100.00	100.00	☺	↔	100.00	100.00	0.00
SCC030b The percentage of young carers known to Social Services who were provided with a service.	100.00	95.00	☺	↔	100.00	100.00	

PI Ref	Quarter 3 Actual 2015/16	Quarterly Target	Status	Direction of travel	Quarter 3 2014/15	Actual 2014/15	Comment
<p>SCC039 The percentage of health assessments for looked after children due in the year that have been undertaken.</p>	66.67	70.00	☹	↑	48.15	63.31	<p>This is a cumulative PI which increases as health assessments are completed during the year. Health assessments are undertaken by the UHB. CYPS officers have met with the designated doctor for LAC to review performance and to agree a mechanism for improvement. These discussions have confirmed that all LAC are offered a health assessment, but that not all take place within timescale. The reasons for this are varied and include situations where children are placed out of area and we require the support of that health authority to complete the assessment, and also in some circumstances assessments are refused by the children and young people themselves or where consent isn't yet in place. Performance with regard to those assessments that have been completed at Q3 is an improvement on the overall performance for 2014/15 (63.31%) and there is now greater clarity regarding the reasons why health assessments do not take place. 66.67% of health assessments were completed within timescale. This increases to 80.00% when all children who had a health assessment are included. Reasons for late and non-completion will continue to be monitored with the intention of further improving performance in this area.</p>

PI Ref	Quarter 3 Actual 2015/16	Quarterly Target	Status	Direction of travel	Quarter 3 2014/15	Actual 2014/15	Comment
SS/M025 The percentage of eligible, relevant and former relevant children that have pathway plans as required. (NSI)	100.00	100.00	☺	↔	100.00	100.00	
SS/M026 The percentage of eligible, relevant and former relevant children that have been allocated a personal advisor.	89.57	85.00	☺	↑	88.74	89.36	
SS/M027 The percentage of initial assessments completed within 7 working days.	18.35	15.00	☹	↑	12.38	13.97	This indicator has been deleted from the Welsh Government returns for 2015-16, in preparation for the measuring of performance under the Social Services and Wellbeing Act. In 2015-16, the performance data is being monitored under local management information, not as a performance measure, and will be deleted from the framework in 2016-17. 4 IA's skew performance due to families not engaging with the SW's. Performance would have been 15 working days otherwise.
SS/M028 The average time taken to complete initial assessments that took longer than 7 working days.	91.92	91.00	☺	↓	94.86	94.23	

PI Ref	Quarter 3 Actual 2015/16	Quarterly Target	Status	Direction of travel	Quarter 3 2014/15	Actual 2014/15	Comment
SS/M029 The percentage of required core assessments completed within 35 working days.	65.93	52.00	☹	↑	53.59	51.21	This indicator has been deleted from the Welsh Government returns for 2015-16, in preparation for the measuring of performance under the Social Services and Wellbeing Act. In 2015-16, the performance data is being monitored under local management information, not as a performance measure, and will be deleted from the framework in 2016-17. 1 family (3 children) were avoiding contact with social social services, delaying the completion of the CA. which took a total of 445 days (115 per assessment) to complete. CA's would average 60 days without these delays.
SCC045 The percentage of reviews carried out in accordance with the statutory timescale. (PAM)	93.57	96.00	☹	↓	96.81	96.44	Although the target was narrowly missed; 42 out of 653 reviews were out of timescale; however, all reviews have been completed.
SS/M009 Percentage of complaints dealt with within statutory timescales.	95.00	90.00	☺	↑	88.37	90.91	

PI Ref	Quarter 3 Actual 2015/16	Quarterly Target	Status	Direction of travel	Quarter 3 2014/15	Actual 2014/15	Comment
SCC010 The percentage of referrals that are re-referrals within 12 months.	18.28	17.00	☹	↓	16.43	16.24	Performance has improved since Q2; although the target was narrowly missed we are currently monitoring the decision to close a case. The average length of time between referrals is 6 months.
SS/M019a Rate per 1,000 population of over 65s who have had a UA assessment. (OA3)	33.20	42.00	☹	↑	24.39	31.52	This local PI is cumulative - full year estimate is 44.3
SS/M019b Rate per 1,000 population of over 65s who have had an OT assessment. (OA3)	20.12	33.00	☹	↓	25.35	31.96	This local PI is cumulative - full year estimate is 26.82; which will always be a challenge to meet the target; due to the increase in population in +65 years age group (additional 579 people).
SS/M020 Percentage of complaints received by or on behalf of people over 65, which have resulted in service modification or improvement. (OA3)	100.00	50.00	☺	↔	100.00	100.00	
SS/M016 The number of telecare installations completed within one calendar month. (OA3)	224.00	212.25	☺	↑	189.00	283.00	

PI Ref	Quarter 3 Actual 2015/16	Quarterly Target	Status	Direction of travel	Quarter 3 2014/15	Actual 2014/15	Comment
SS/M017 Number of people over 65 who are clients of Social Services who are provided with benefits advice. (OA3)	1164.00	663.00	☺	↑	614.00	884.00	
SS/M018 Number of new telecare users. (OA3)	248.00	231.75	☺	↑	211.00	309.00	
SS/M021 Number of adult service users receiving a direct payment. (OA3)	182.00	143.00	☺	↑	144.00	143.00	
SS/M022 Percentage of community supported clients receiving 20 hours or more care per week. (OA3)	20.47	30.00	☺	↓	18.83	19.30	
Better Off?							
SCA001 The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 and over. (IO2)	4.01	3.38	☹	↓	3.12	4.55	The number of delays in the first quarter was 22, in the second, 11 and the third quarter is 13. Though a significant improvement, this is a cumulative indicator and the projected performance for the year is 5.34
SS/M001 Percentage of service users visited within 20 working days of Financial Assessment for Residential/Nursing care being requested.	100.00	95.00	☺	↔	100.00	98.53	

PI Ref	Quarter 3 Actual 2015/16	Quarterly Target	Status	Direction of travel	Quarter 3 2014/15	Actual 2014/15	Comment
SS/M020 Percentage of complaints received by or on behalf of people over 65, which have resulted in service modification or improvement. (OA3)	100.00	50.00	😊	↔	100.00	100.00	

Outcome 2: The Vale of Glamorgan Council protects vulnerable people and promotes their independence and social inclusion

Objective 2: Through the Council working in co-ordination with other organisations, to ensure that people are helped to achieve their best possible outcome and that people at particular risk have their wellbeing promoted and are safeguarded from abuse and exploitation

Actions - Quarter 3 Progress Update

Completed: 25%; On Track: 75%; Slipped: 0%

Action Ref	Completion Date	% Complete	Status	Progress/ Outcomes
SS/A064 Continue to develop awareness of the Mental Health Capacity Act and Deprivation of Liberty Safeguards amongst ACM and Health Teams as well as providers of care. (CP/HSCW13)	31/03/2016	100	Complete	The proper implementation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards remains a high priority for the Directorate. We are ensuring that the Hospital Discharges and the UHB Choice Policy is compliant with the requirements of the MCA through training and advice to relevant teams.

Action Ref	Completion Date	% Complete	Status	Progress/ Outcomes
SS/A062 Implement recommendations of the Task and Finish group for Telecare Services. (CP/HSCW5) (IO2)	31/03/2016	75	On Track	On track in the main, however staffing changes means that some actions may not be fully achieved
SS/A021 Continue to work with the Third Sector and business organisations to deliver a preventative, community approach to supporting older people to live as independently as possible including people with dementia-related illness. (CP/HSCW7) (IO2)	31/03/2016	75	On Track	The continued monitoring and review of existing contracts is ongoing. Further engagement has taken place with regard to the council's Reshaping Services Programme.

Action Ref	Completion Date	% Complete	Status	Progress/ Outcomes
SS/A073 Work with Cardiff and Vale Health Board to fully implement the Integrated Discharge Policy. (CSSIW/AREF/IP5/2014)	31/03/2016	75	On Track	DToC action plan is being reviewed. Most actions are complete and the council has ensured additional resources have been deployed to the integrated discharge service

Performance Indicators - Quarter 3 Progress Update

PI Ref	Quarter 3 Actual 2015/16	Quarterly Target	Status	Direction of travel	Quarter 3 2014/15	Actual 2014/15	Comment
How Much?							
SS/M008a The number of Home Care packages provided for less than 5 hours per week.	179.00	198.00	☹	↓	195.00	198.00	Care packages continue to be monitored in line with the demands on the service.
SS/M008b The number of Home Care packages provided for 5-9 hours per week.	250.00	243.00	☺	↓	257.00	243.00	
SS/M008c The number of Home Care packages provided for 10-19 hours per week.	422.00	402.00	☺	↓	423.00	402.00	
SS/M008d The number of Home Care packages provided for more than 20 hours per week.	219.00	202.00	☺	↑	203.00	202.00	
SS/M008e The total number of Home Care packages provided.	1070.00	1045.00	☺	↓	1078.00	1045.00	

PI Ref	Quarter 3 Actual 2015/16	Quarterly Target	Status	Direction of travel	Quarter 3 2014/15	Actual 2014/15	Comment
SS/M011 Number of first time entrants to the Youth Justice System.	0.00	Awaiting YJB data	N/A	N/A	N/A	N/A	Awaiting YJB data
SS/M034 The percentage of looked after children reviews carried out within statutory timescales during the year.	94.80	100.00	☹	↓	95.34	95.94	The reasons for the 21 delayed LAC reviews were: 1 YP was moving accommodation; 1 YP was moving out of county; 3 - foster carer unavailable; 3 - parents unavailable 1 - IRO unavoidable special leave; 3 - IRO medical emergency; 2 - delayed by social worker for discussion on placement breakdown; 1 - new social worker was unable to attend; 5 - social worker sick; 1 school unable to attend due to end of term commitments
SCA002a The rate of older people (aged 65 or over) supported in the community per 1,000 population at 31 March. (IO2) (NSI)	41.85	41.00	☺	↓	46.74	41.13	
How Well?							
SS/M030 The percentage of open cases of children on the Child Protection Register who have an allocated social worker.	100.00	100.00	☺	↔	100.00	100.00	
SS/M031 The percentage of open cases of children looked after who have an allocated social worker.	100.00	100.00	☺	↔	100.00	100.00	

PI Ref	Quarter 3 Actual 2015/16	Quarterly Target	Status	Direction of travel	Quarter 3 2014/15	Actual 2014/15	Comment
SCA007 The percentage of clients with a care plan at 31 March whose care plans should have been reviewed, that were reviewed during the year. (PAM)	75.23	81.00	☺	↓	77.56	75.69	This is indicative of the increase in demand for services. Priority has to be given to progressing new Integrated Assessments over reviewing established cases
SCC024 The percentage of children looked after during the year with a Personal Education Plan within 20 school days of entering care or joining a new school in the year ending 31 March.	97.73	97.00	☺	N/A	N/A	97.14	
SCC033d The percentage of young people formerly looked after with whom the authority is still in contact at the age of 19. (NSI)	100.00	98.00	☺	↔	100.00	100.00	
SCC040 The percentage of placements started during the year where the child is registered with a provider of general medical services within 10 days of the start of the placement.	97.98	97.00	☺	↓	98.88	96.70	
Better Off?							
SCA002a The rate of older people (aged 65 or over) supported in the community per 1,000 population at 31 March. (IO2) (NSI)	41.85	41.00	☺	↓	46.74	41.13	

PI Ref	Quarter 3 Actual 2015/16	Quarterly Target	Status	Direction of travel	Quarter 3 2014/15	Actual 2014/15	Comment
SCA002b 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) (NSI)	15.03	16.00	☺	↓	14.90	15.70	
SCC011b The percentage of initial assessments that were completed during the year where there is evidence that the child has been seen alone by the social worker. (NSI)	20.04	30.00	☹	↓	34.19	29.99	There will be situations where it is not always appropriate for a child to be seen alone during the initial assessment. Performance is satisfactory in this context. 60 children were seen alone at IA by a SCO; performance would have been 32.84%.
SS/M032 The percentage of initial child protection conferences due in the year which were held within 15 working days of the strategy discussion.	95.35	100.00	☺	↓	99.11	99.28	There was a miscalculation in the starting date in two of the 2 conferences (4 children) in quarter 2, so these were out of timescale by one day. Procedures have been clarified to prevent future miscalculation. Initial CPC's were 100% in Q1 & Q3.

PI Ref	Quarter 3 Actual 2015/16	Quarterly Target	Status	Direction of travel	Quarter 3 2014/15	Actual 2014/15	Comment
SS/M033 The percentage of initial child protection conferences due in the year which were held within 10 working days of the initial child protection conference.	88.76	99.00	☹	↓	100.00	99.12	This indicator has been deleted from the Welsh Government returns for 2015-16, in preparation for the measuring of performance under the Social Services and Wellbeing Act. In 2015-16, the performance data is being monitored under local management information, not as a performance measure, and will be deleted from the framework in 2016-17. The out of timescale initial core group meetings in Q3 were completed 1 day out of timescale.
SS/M034 The percentage of looked after children reviews carried out within statutory timescales during the year.	94.80	100.00	☹	↓	95.34	95.94	The reasons for the 21 delayed LAC reviews were: 1 YP was moving accommodation; 1 YP was moving out of county; 3 - foster carer unavailable; 3 - parents unavailable 1 - IRO unavoidable special leave; 3 - IRO medical emergency; 2 - delayed by social worker for discussion on placement breakdown; 1 - new social worker was unable to attend; 5 - social worker sick; 1 school unable to attend due to end of term commitments

PI Ref	Quarter 3 Actual 2015/16	Quarterly Target	Status	Direction of travel	Quarter 3 2014/15	Actual 2014/15	Comment
SCC025 The percentage of statutory visits to looked after children due in the year that took place in accordance with regulations. (PAM)	90.44	95.00	☺	↓	93.51	94.49	Although the target was narrowly missed; this does represent very good performance; which has improved steadily throughout the year. All children are receiving their statutory visits; many visits were just outside of timescale.
SCC040 The percentage of placements started during the year where the child is registered with a provider of general medical services within 10 days of the start of the placement.	97.98	97.00	☺	↓	98.88	96.70	
SCA019 The percentage of adult protection referrals completed where the risk has been managed. (OA3) (NSI/PAM)	100.00	100.00	☺	↔	100.00	100.00	
SCC002 The percentage of children looked after at 31 March 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, in the 12 months to 31 March. (NSI)	8.94	13.00	☺	↓	8.15	13.04	
SCC004 The percentage of children looked after on 31 March who have had three or more placements during the year. (NSI/PAM)	5.64	9.00	☺	↑	6.18	6.88	

PI Ref	Quarter 3 Actual 2015/16	Quarterly Target	Status	Direction of travel	Quarter 3 2014/15	Actual 2014/15	Comment
SCC020 The percentage of looked after children who have had their teeth checked by a dentist during the year.	80.00	63.00	☺	↑	56.78	61.76	
SCC033e 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. (NSI)	100.00	95.00	☺	↔	100.00	92.86	
SCC033f The percentage of young people formerly looked after with whom the authority is in contact, who are known to be engaged in education, training or employment at the age of 19. (OA2) (IO4) (NSI)	54.55	60.00	☹	↓	66.67	57.14	Of the 10 young people not in education, employment or training; 6 YP are currently unable to work due to illness/ disability and 1 YP is a young parent. Social Services are currently working with the remaining 3 YP to provide help and support in finding suitable education, employment or training opportunities.

Outcome 3: Social Services in the Vale of Glamorgan review, plan, design and develop quality services that deliver best value for money to improve outcomes for individuals

Objective 3: To have in place clear planning and programme management processes, which are identified in commissioning strategies and annual commissioning plans, and help to ensure an appropriate range of services that deliver equity of access, joined up services and best value from a variety of providers with defined, proportionate budgets directed to meeting service priorities

Actions - Quarter 3 Progress Update

Completed: 9%; On Track: 82%; Slipped: 9%

Action Ref	Completion Date	% Complete	Status	Progress/ Outcomes
SS/A067 Contribute to the development of the Together for Mental Health Delivery Plan and promote services that promote mental health wellbeing and reduce stigma.	100	Complete	Complete	The Cardiff and Vale Together for Mental Health Plan has been completed and forwarded to Welsh Government,

Action Ref	Completion Date	% Complete	Status	Progress/ Outcomes
SS/A065 Consider the Day Opportunities Strategy and its application for service users with physical disabilities.	75	On Track	On Track	The Day Opportunities Strategy has been approved and work has already commenced to review the current day care arrangements being provided on an individual basis. As a result of this, individual care arrangements are being adjusted to facilitate work, training and leisure activities as part of universal services, wherever appropriate to do so. Continued reshaping work will ensure the service

Action Ref	Completion Date	% Complete	Status	Progress/ Outcomes
				has the most appropriate model for delivery in the future.
SS/A066 Develop a Dementia Resource Service for service users and their carers to provide better support and care for those whose lives are directly affected by dementia. (CP/HSCW7) (IO2)	75	On Track	On Track	Development proposals for Rondel House have been completed. Incremental changes will be made to enhance the centre to enable it to better support people with a dementia.
SS/A068 Prioritise completion of actions set out in the Social Services Budget Programme.	75	On Track	On Track	Completion on target as per the Social Services Budget Programme.
SS/A039c Ensure that service specifications are derived from commissioning plans and that they are clear about the practice and quality standards expected. (CSSIW/AREF/IP2/2011)	50	On track	On Track	Ongoing, plans for commissioning plans and joint commissioning being explored
SS/A055b Consider the options for the delivery of long term care to address any shortfall in independent sector provision, particularly in relation to people with dementia-related illnesses. (CSSIW/AREF/IP2/2011) (IO2)	75	On Track	On Track	Workstreams have been identified and meetings commenced to take the work forward. Consultants have been engaged to assist in the process.
SS/A069 Deliver actions identified in the implementation plan to meet the requirements of the Social Services Wellbeing (Wales) Act.	75	On Track	On Track	Individual services continue to ensure appropriate actions are in place where they are identified in regulatory reports
SS/A070 Implement key improvement areas as identified by relevant regulatory reports.	75	On Track	On Track	Cross directorate meetings have taken place to inform priorities in the revised Strategy and to consider officer/directorate contributions. A consultation draft is being prepared.

Action Ref	Completion Date	% Complete	Status	Progress/ Outcomes
SS/A071 To review the Children and Young People Services Commissioning Strategy 2013-18.	75	On Track	On Track	The Change Manager has been working alongside key stakeholders to develop a project brief to enable this work to move forward. The LSCB Executive will consider and agree priorities in Q4.
SS/A072 Contribute to implementing the LSCB Integration Programme as it relates to agreed priorities regarding children with disabilities, CAMHS provision and models for entry into Children and Young People Services.	50	On Track	On Track	Work ongoing on a regular basis good ongoing work program with domiciliary care providers

Action Ref	Completion Date	% Complete	Status	Progress/ Outcomes
SS/A043 Implement a brokerage hub for care home placements with Cardiff and Vale University Health Board (UHB) and Cardiff Council.	25	Slipped	Slipped	This work was being undertaken on a regional basis, involving the Local Health Board and Cardiff Council, as part of steps towards joint commissioning. Our partners have found it difficult to commit to the strategy but the approach has been redesigned. An Assistant Director, appointed recently by the three organisations, is implementing a work programme for fast-track integration which includes consideration of ways to introduce joint commissioning. Having a brokerage hub for residential care and nursing home placements will form part of this work. Until the issue is resolved, the action should be deleted

Performance Indicators - Quarter 3 Progress Update

PI Ref	Quarter 3 Actual 2015/16	Quarterly Target	Status	Direction of travel	Quarter 3 2014/15	Actual 2014/15	Comment
How Much?							
There are no measures applicable this quarter							
How Well?							
SS/M012 Percentage of places on appropriate training courses made available to non-Council employees.	28.98	25.00	☺	↓	30.70	28.51	
Better Off?							
There are no measures applicable this quarter							