



TRAFFORD COUNCIL

**ANNUAL DELIVERY PLAN 2017/18
Year-end Performance Report (Quarter 4)**

1. Purpose and scope of the report

The report provides a summary of performance against the Council’s Annual Delivery Plan (ADP) 2017/18 at year-end, for all Quarter 4 (January to March 2018) and annual performance indicators, and supporting management information.

The Council’s Annual Delivery Plan reports key Performance Indicators against the Vision for Trafford 2031 outcomes established for each of the 6 Borough-wide Interventions.

- Mersey Valley becomes a significant visitor attraction that connects the North to the South of the Borough
- Creating a national beacon for sports, leisure and activity for all, making Trafford a destination of choice
- Accelerate housing and economic growth so everybody benefits
- Co-designing and co-producing services to enable people, communities and businesses to work together, help themselves and each other
- Building Strong Communities
- Optimising technology to improve lives and productivity

Initial work has been carried to assess how these interventions could be applied proportionately to the places that make up Trafford to deliver the vision and reduce inequalities whilst retaining each area’s unique character. This will mean involving communities and bringing them closer together and working with businesses, particularly in relation to investment. Currently there are no performance measures relating to the first intervention – the Mersey Valley becoming a significant visitor attraction.

Direction of travel is provided, where data is available.

All measures have a Red/Amber/Green assessment of current performance. This is based on actual data or a management assessment of performance (Section 4). The dashboard dials provides a clear picture of where current performance is relative to the RAG rating and more information is provided on subsequent pages.

For Vision 2031 indicators, where actual or expected performance is red or amber an Exception Report is included in the commentary (Section 5).

2. Performance Key

G Performance meets or exceeds the target	↑	Performance has improved compared with the previous period
A Performance is within the agreed % of the target	↔	Performance is the same compared with the previous period
R Performance is more than the agreed % of the target	↓	Performance has worsened compared with the previous period

Where data is shaded, this indicates an estimated result and an assessment of performance by the Strategic Lead.



3. Performance Results

3.1 Performance Summary Dashboard

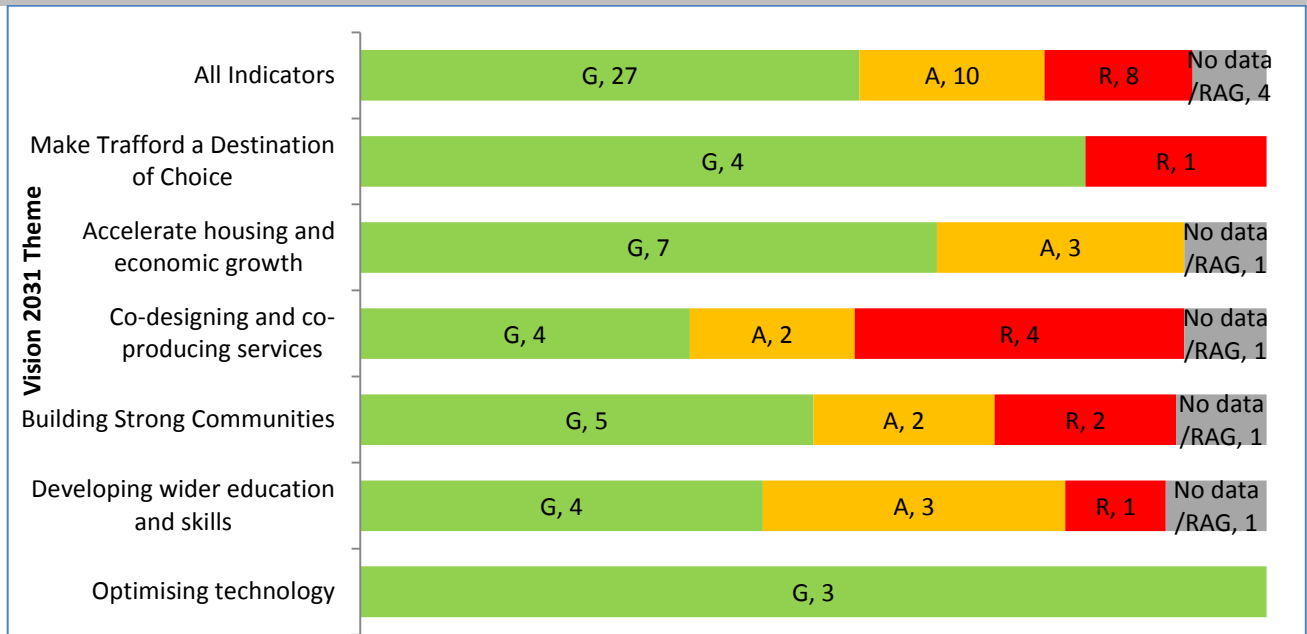
The table below shows a summary of all performance indicators. The RAG column shows both the RAG status and direction of travel compared to the previous reporting period. A tick appears in the final column if an [Exception Report](#) is attached (page 21 onwards).

		DEFINITION	Target	Actual	RAG	ER
Vision 2031 Theme	Make Trafford a Destination of Choice	Percentage of adults undertaking less than 30 minutes of moderate intensity physical activity each week	23.9%	21.7%	↑	
		The percentage of relevant land and highways assessed as Grade B or above	85%	81.1%	↓	✓
		Percentage of Highway safety inspections carried out in full compliance with the agreed programme	95%	98%	↑	
		Trafford is the Safest Place in GM	1	1	↔	
		Increase visitor numbers to Sale Waterside Art Centre by 5% (,000 visitors)	113.4	115.4	↑	
	Accelerate housing and economic growth	Total Gross Value Added (£ Billions)	7.4	7.1	↑	✓
		Number of new business starts		35	↑	
		Increase the percentage of Trafford Residents in Employment	82%	77.9%	↑	✓
		Growth in retained business rates and related S31 grants (£ Millions)	£5.5m	£6.5m	↑	
		Percentage of Council Tax collected	98.1%	98.1%	↓	
		Percentage of ground floor vacant units in town centres	10%	9.4%	↓	
		% of major planning applications processed within timescales	96%	95%	↓	✓
		The number of housing units granted complete planning consent	1,000	2,743	↓	
		The number of housing completions	400	513	↓	
		The percentage of food establishments within Trafford which are 'broadly compliant' with food law.	87%	89%	↑	
	To maintain effective real time air quality monitoring, across the Borough.	80%	99%	↓		
	Co-designing and co-producing services	Admissions to Residential or Nursing Care for Older People during the year per 100,000 population (ASCOF 2Aii)	600	574	↑	
		The proportion of older people (aged 65 and over) who were still at home 91 days after discharge (ASCOF 2Bi)	94%	86.5%	↑	✓
		Injuries due to falls in people aged 65 and over (per 100,000 population)	2,194	2,421	↓	✓
		Reduction in the proportion of children made subject to a Child Protection Plan for a second or subsequent time	20%	29.0%	↓	✓
		Delayed Transfers of Care attributable to Adult Social Care per 100,000 pop 18+ (ASCOF 2Cii)	10	13.4	↓	✓
		% of repeat referrals to children's social care	23%	22.3%	↓	
		Children who are "looked after" rate per 10,000	65	70.0	↓	✓
		Reduce the number of repeat demand incidents at addresses or locations by 20% (combination of 3 indicators below)			↑	
		Domestic Abuse	270	155	↑	
		Missing from home/Missing from Care (reduction in young people missing 3 or more times in calendar year)	30%	52%	↑	
		Anti-Social Behaviour	400	354	↑	
Number of NHS Health Checks delivered to the eligible population aged 40-74.		6,000	6,757	↓		
Percentage of tender exercises resulting in Social Value KPIs (Q3)		40%	↑			
Percentage of income generating targets that are linked to savings that are achieved	100%	86.9%	↓	N/A		

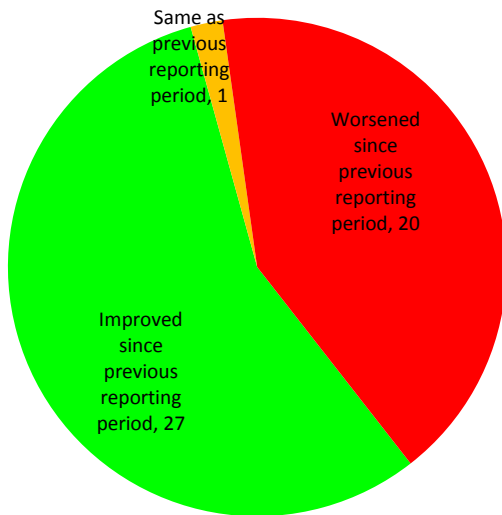
DEFINITION		Target	Actual	RAG	ER
Building Strong Communities	No of Locality Networking Events held	20	20	↓	
	Number of third sector organisations receiving intensive support	120	106	↑	✓
	Number of new volunteers recruited through Thrive portal and volunteer infrastructure service	150	273	↑	
	Through the Trafford Pledge increase the number of people into employment	200	417	↑	
	Under 75 mortality rate from liver disease (per 100,000 population)	21.0	20.2	↑	
	Smoking Prevalence in adults in routine and manual occupations	27.7%	27.8%	↑	✓
	No. of Be Responsible events in relation to environmental responsibility (litter, dog fouling, fly-tipping, etc.)	90	226	↑	
	Improve the % of household waste arisings which have been sent by the Council for recycling/composting	59.5%	58.6%	↓	✓
	Reduce the level of sickness absence (Council wide excluding schools) (Days)	8.5	10.71	↓	✓
	Reduce the gender pay gap (Council wide excluding schools)		10.7%	↑	
Developing wider education and skills	Proportion of children achieving a 'Good Level of Development' ('School Readiness') at Early Years Foundation Stage	74%	73.5%	↓	Q3
	Proportion of pupils at Key Stage 2 achieving expected levels in: Reading, Writing and Maths.	70%	71.6%	↑	
	Key Stage 4: Average Attainment 8 (A8) score	57	55.3	↓	Q3
	% of Trafford pupils educated in a Good or Outstanding school.	95%	93.8%	↓	Q3
	Proportion of 'Disadvantaged' pupils at Key Stage 2 achieving expected standard in Reading/Writing/Maths	44%	52.1%	↑	
	KS4: Average Attainment 8 score for 'Disadvantaged' pupils	45	39.4	↓	Q3
	Reduction in the number of Working Age Benefit Claimants	12,840	N/A		
	Maintain the low level of 16-17 year olds who are not in education training or employment (NEET), plus unknown, in Trafford	5.59%	5.0%	↑	
	Increased no. of Apprenticeships	123	82	↑	
Optimising technology	Increase in online transactions	20%	20%	↔	
	Reduction in printing costs from 2016/17 baseline	5%	17%	↑	
	Reduction in postage costs from 2015/16 baseline	5%	25%	↑	

3.2 Performance Summary Charts

Performance Indicator RAG Status by Vision 2031 Theme



Direction of Travel of all Performance Indicators

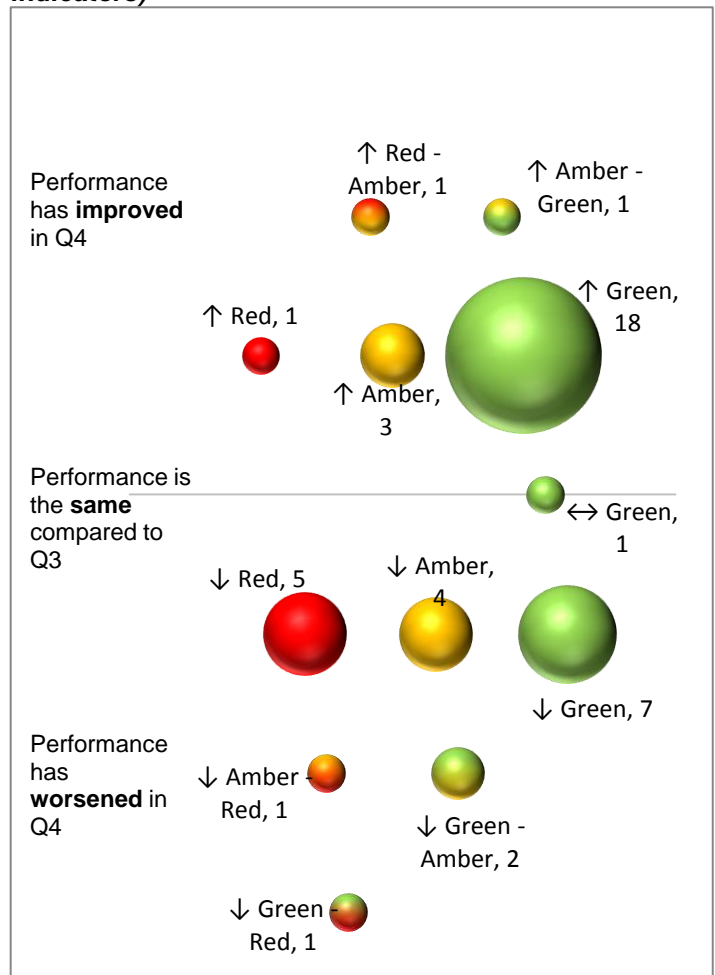


The ADP has 49 indicators: 47 have been reported in Q4. 1 indicator has been reported to the end of 3rd quarter. One indicator has been discontinued.

There are 27 Green indicators (on target), 10 Amber and 8 Red. Three indicators have no target, and therefore no RAG status.

27 have improved since the previous reporting period, 1 has stayed the same and 20 have worsened since the last reporting period.

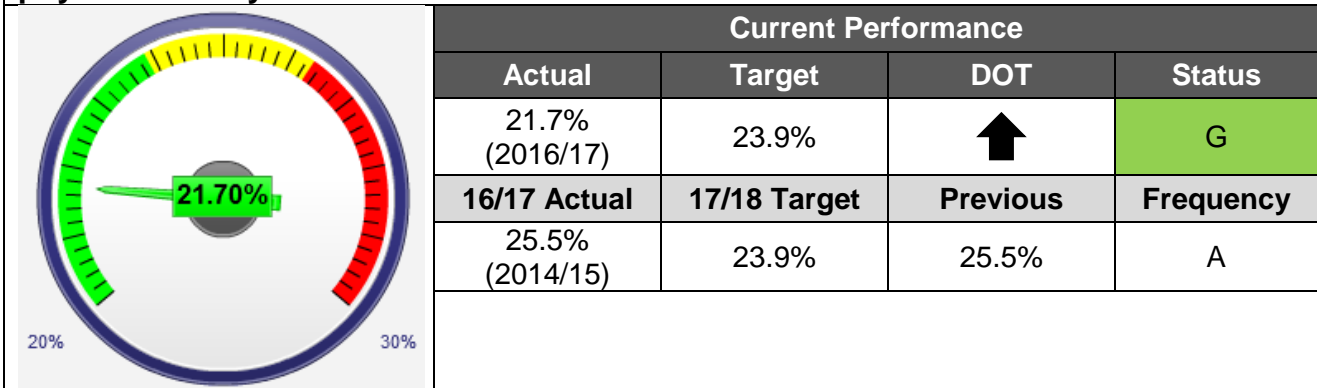
Direction of Travel and RAG status (Position in relation to central line indicates direction of travel in Q4; size of bubble represents the number of indicators)



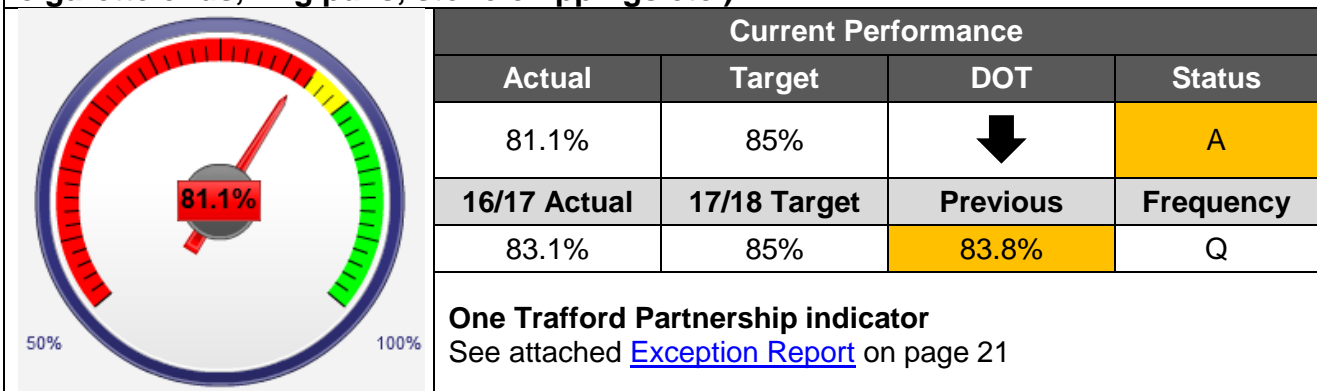
Section 4 – Performance Information

Creating a national beacon for sports, leisure and activity for all - make Trafford a Destination of Choice

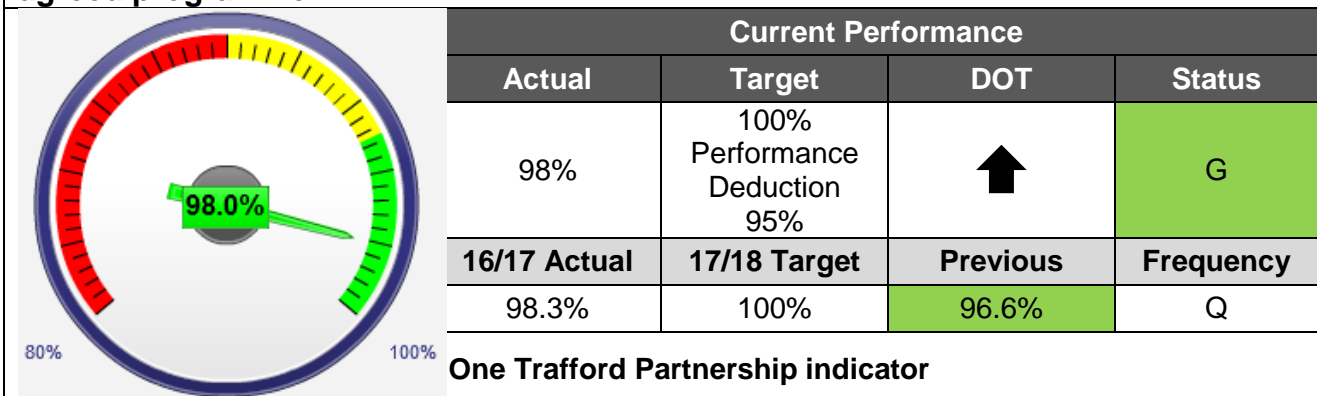
Percentage of adults undertaking less than 30 minutes of moderate intensity physical activity each week



The percentage of relevant land and highways assessed as Grade B or above (Predominantly free of litter, leaves and refuse, apart from small items such as cigarette ends, ring pulls, stone chippings etc.)

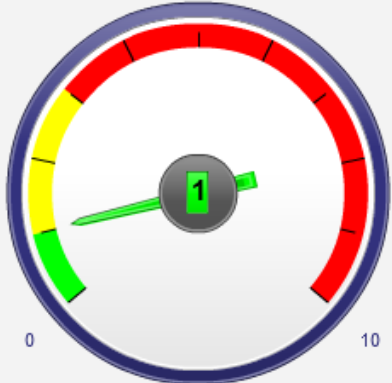


Percentage of Highway safety inspections carried out in full compliance with the agreed programme



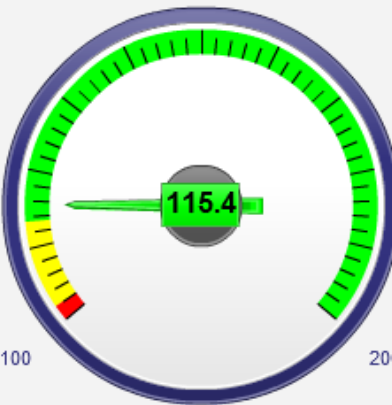
Creating a national beacon for sports, leisure and activity for all - make Trafford a Destination of Choice

Trafford is the Safest Place in GM



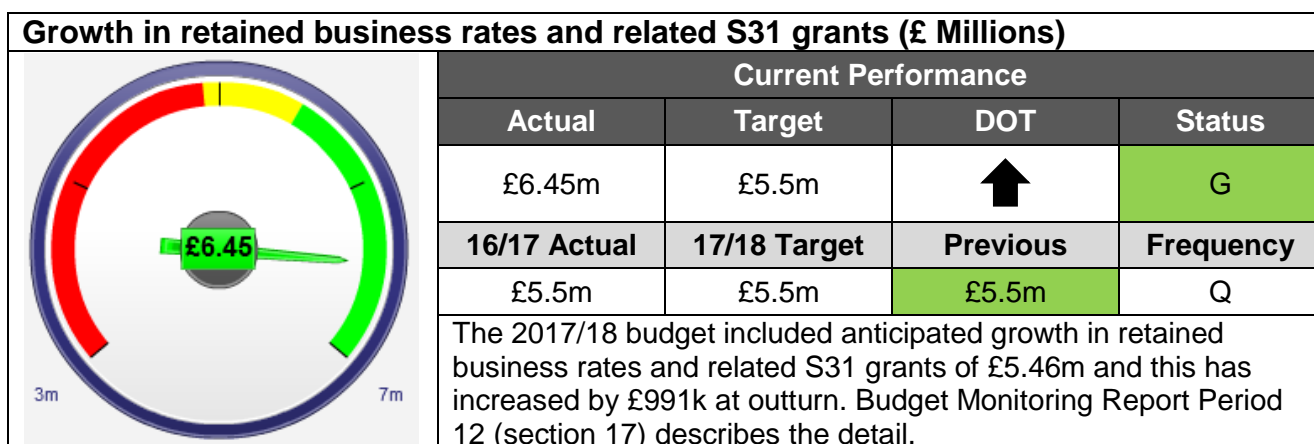
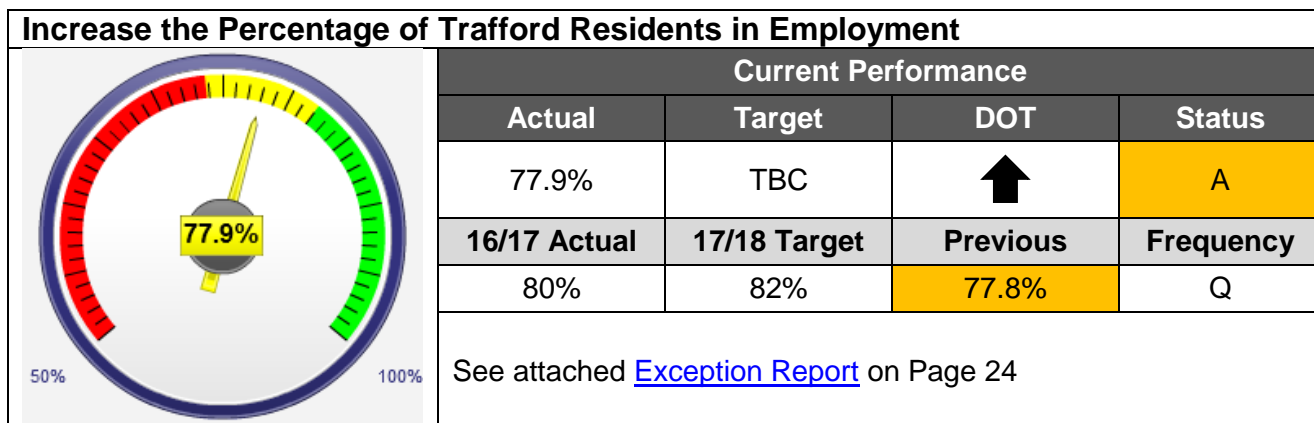
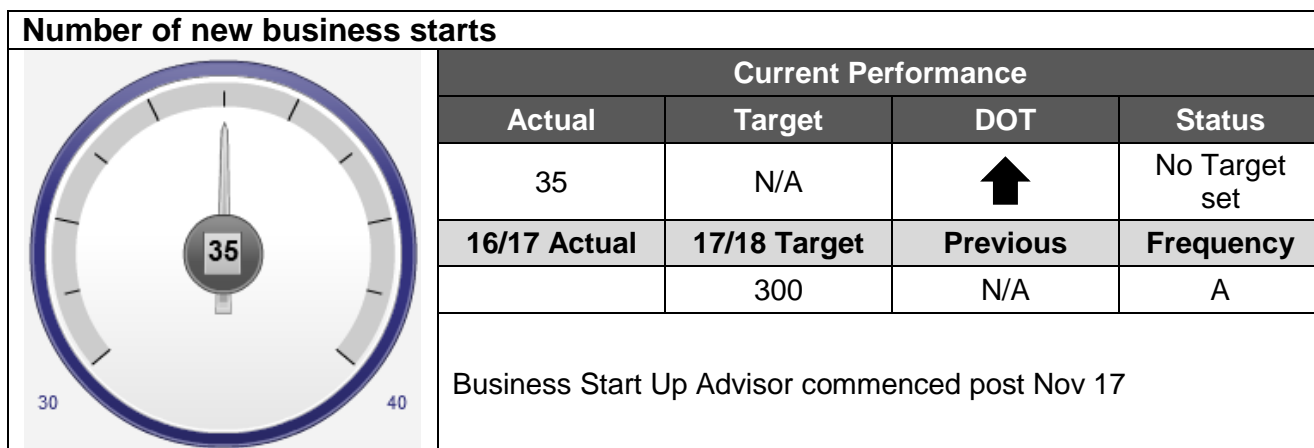
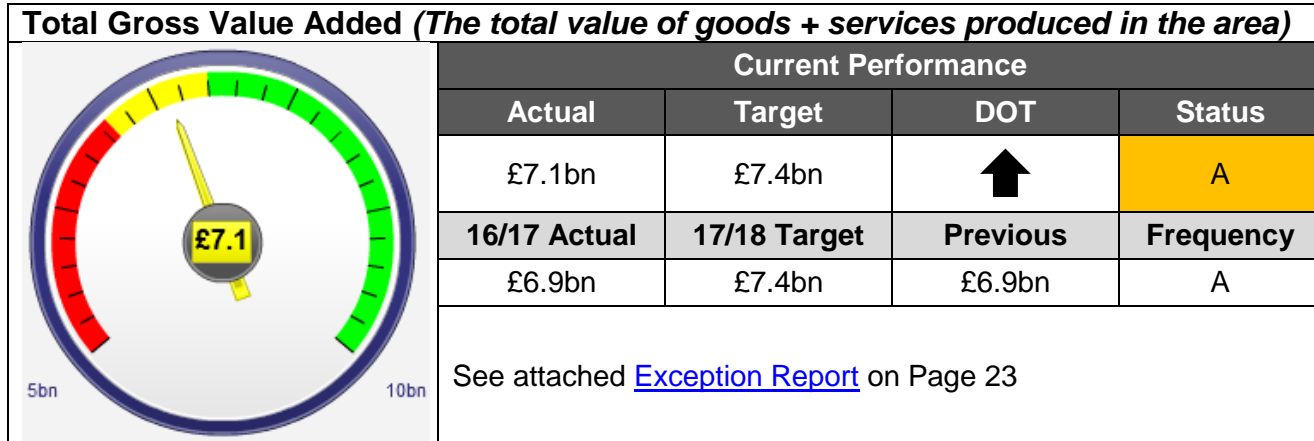
Current Performance			
Actual	Target	DOT	Status
1st	1st	↔	G
16/17 Actual	17/18 Target	Previous	Frequency
1st	1st	1st	M

Increase visitor numbers to Sale Waterside Art Centre by 5%



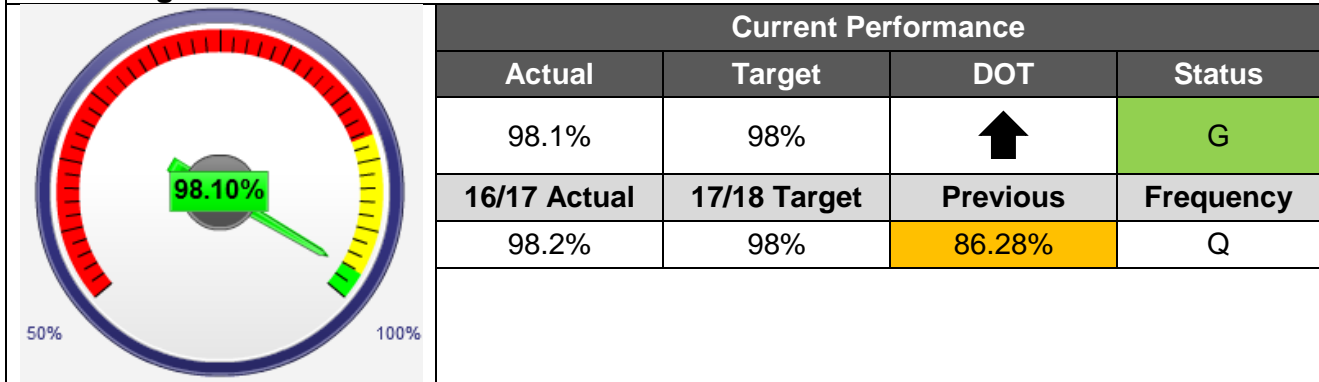
Current Performance			
Actual	Target	DOT	Status
115,400	113,400	↑	G
16/17 Actual	17/18 Target	Previous	Frequency
108,000	113,400	108,000	A

Accelerate housing and economic growth

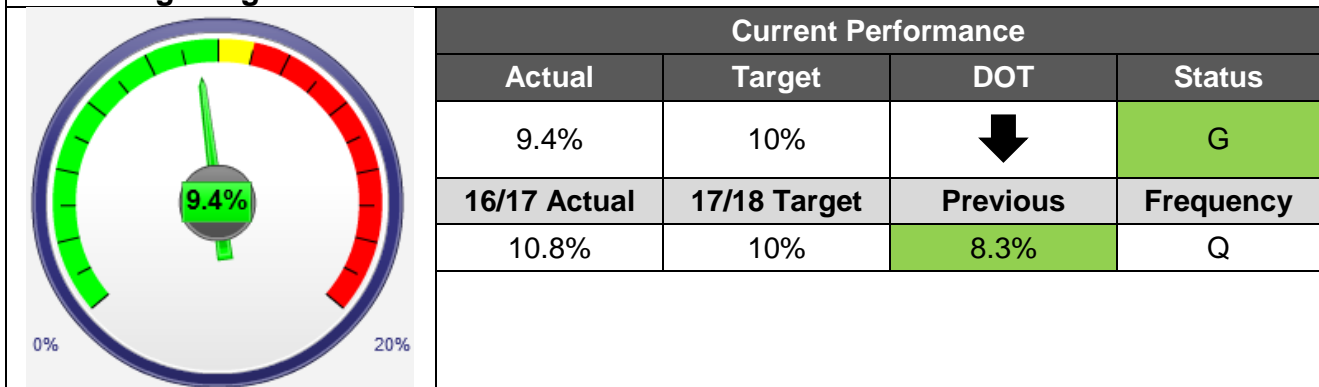


Accelerate housing and economic growth

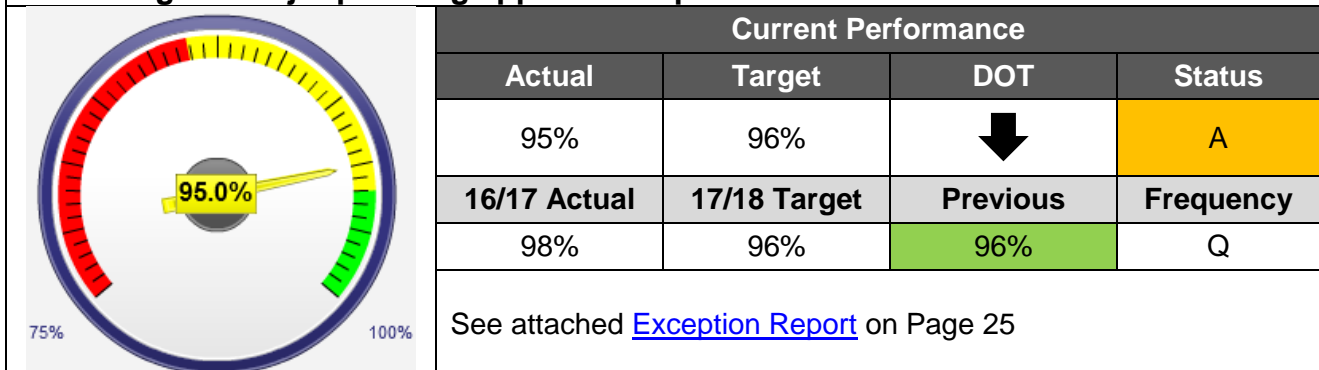
Percentage of Council Tax collected



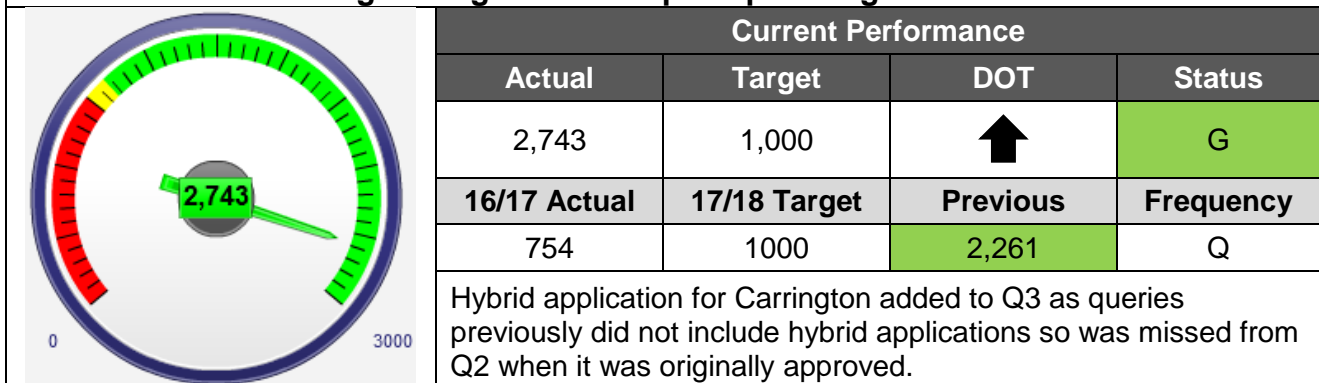
Percentage of ground floor vacant units in town centres



Percentage of major planning applications processed within timescales

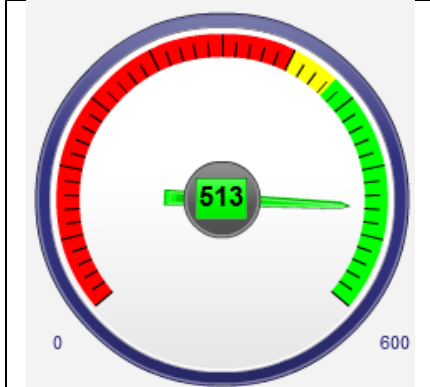


The number of housing units granted complete planning consent



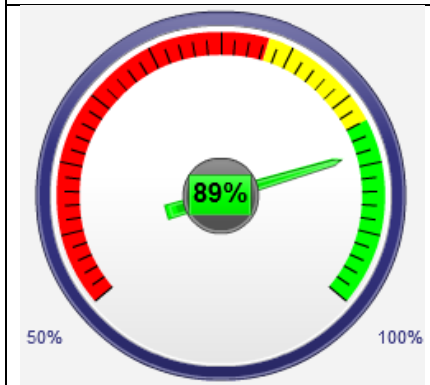
Accelerate housing and economic growth

The number of housing completions



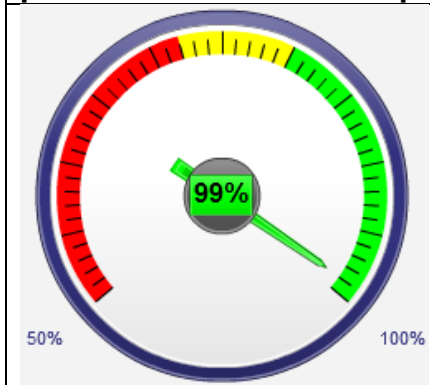
Current Performance			
Actual	Target	DOT	Status
513	400	↑	G
16/17 Actual	17/18 Target	Previous	Frequency
176	400	310	Q
203 housing units completed in Q4			

The percentage of food establishments within Trafford which are 'broadly compliant with food law'



Current Performance			
Actual	Target	DOT	Status
89%	87%	↑	G
16/17 Actual	17/18 Target	Previous	Frequency
86%	87%	86%	A

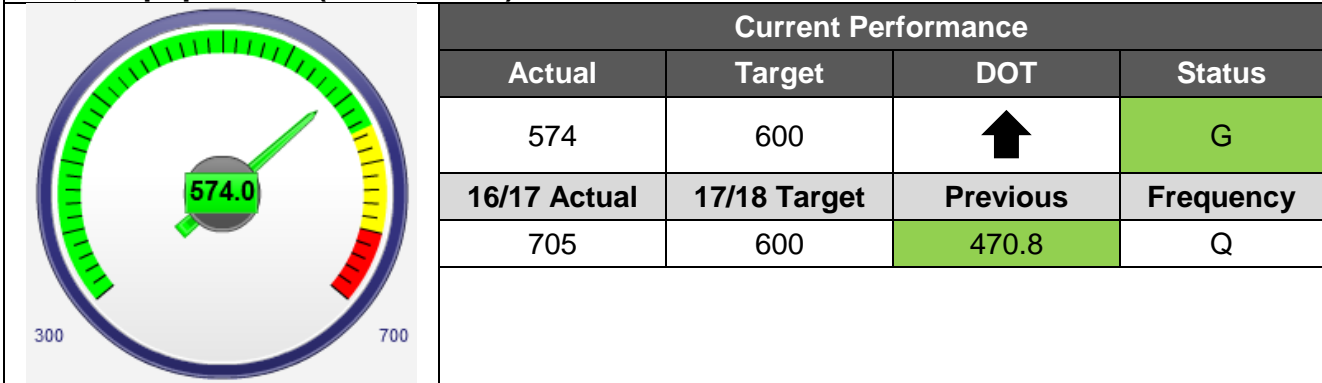
To maintain effective real time air quality monitoring, across the Borough, at three permanent sites that are part of the GM air quality (NO2) monitoring network.



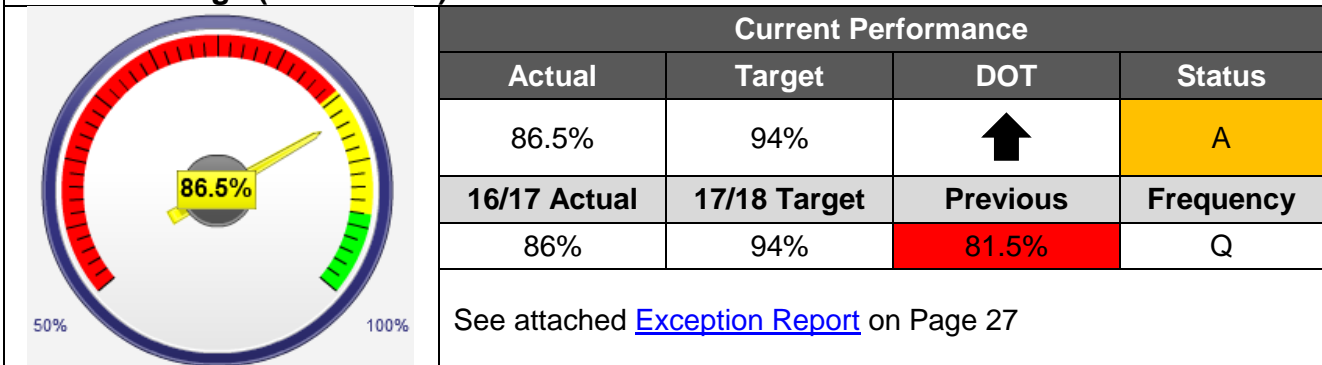
Current Performance			
Actual	Target	DOT	Status
99%	80%	↑	G
16/17 Actual	17/18 Target	Previous	Frequency
	80%		A

Co-designing and co-producing services to enable people, communities and businesses to work together, help themselves and each other

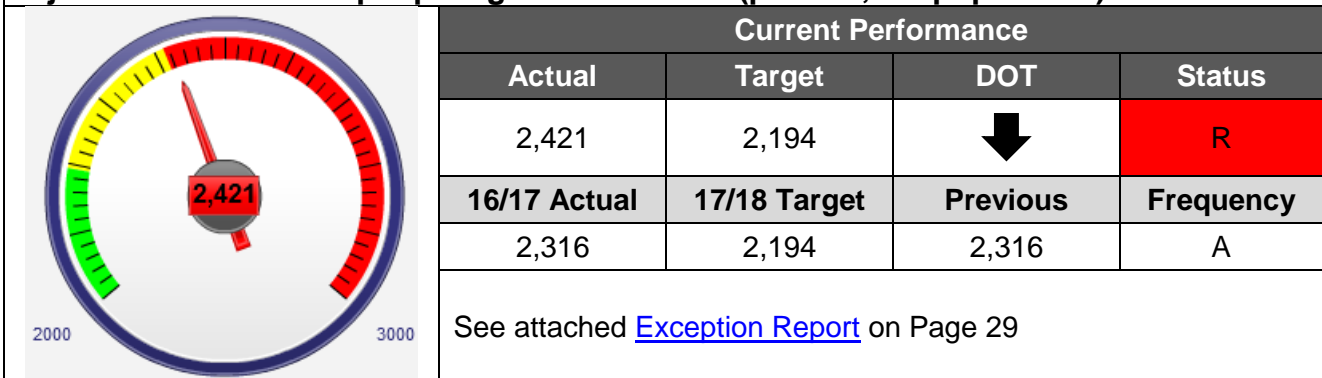
Admissions to Residential or Nursing Care for Older People during the year per 100,000 population (ASCOF 2Aii)



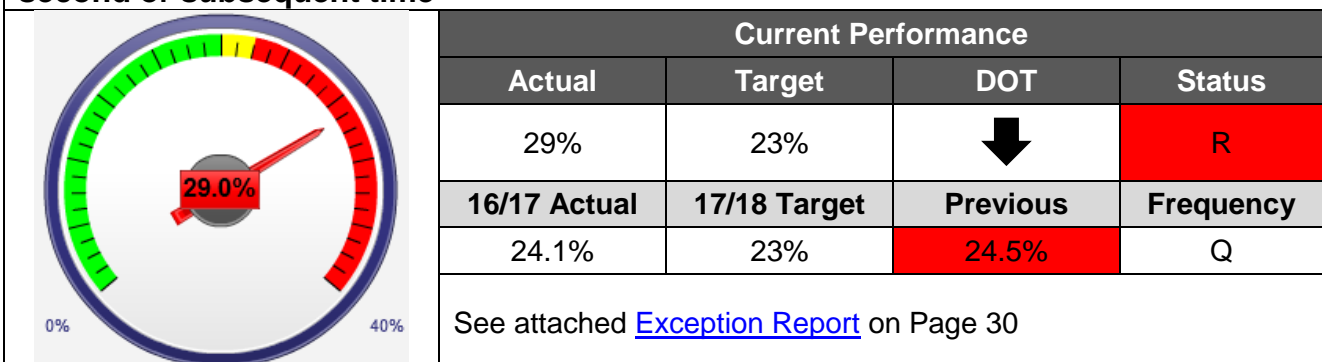
The proportion of older people (aged 65 and over) who were still at home 91 days after discharge (ASCOF 2Bi)



Injuries due to falls in people aged 65 and over (per 100,000 population)

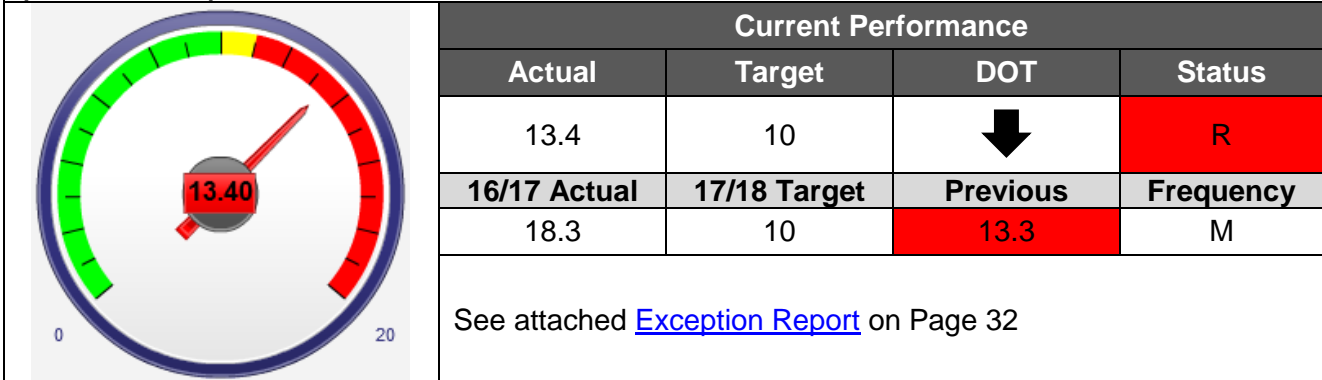


Reduction in the proportion of children made subject to a Child Protection Plan for a second or subsequent time

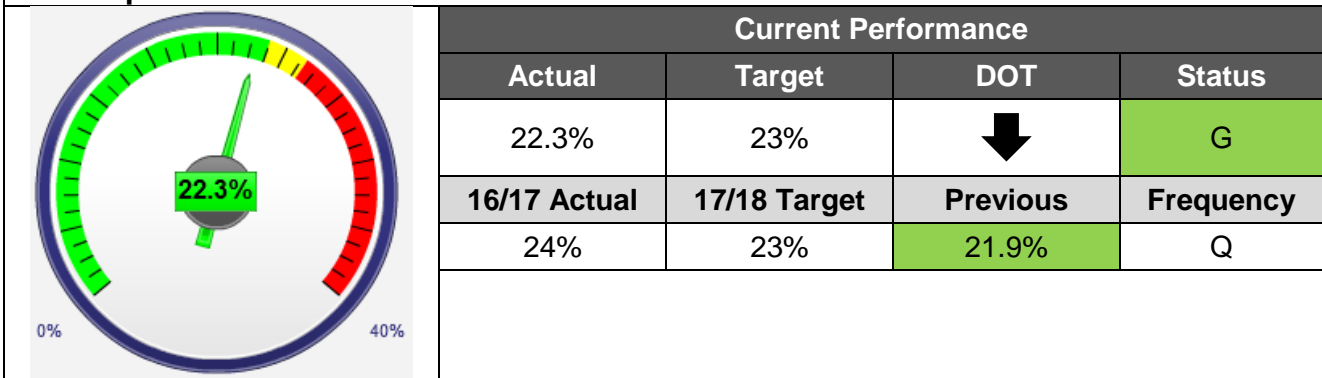


Co-designing and co-producing services to enable people, communities and businesses to work together, help themselves and each other

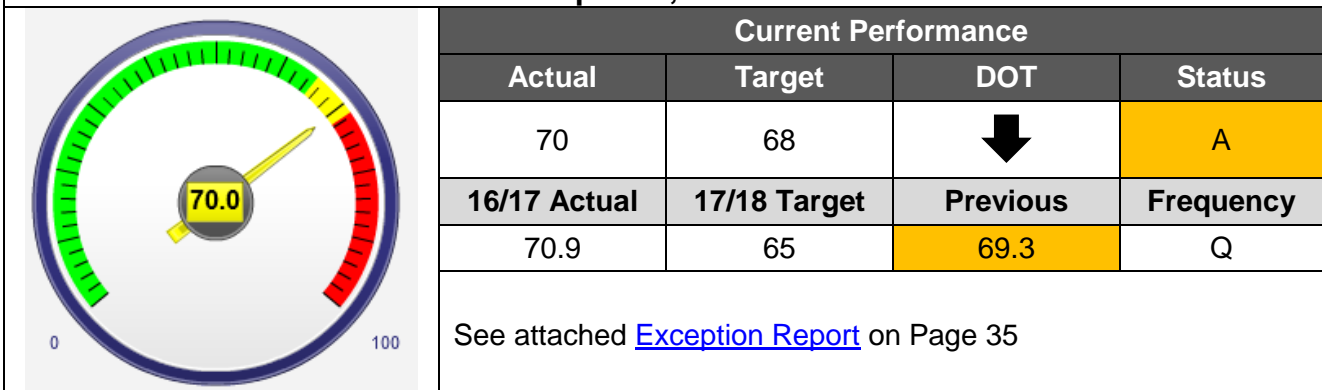
Delayed Transfers of Care attributable to Adult Social Care per 100,000 pop 18+ (ASCOF 2Cii)



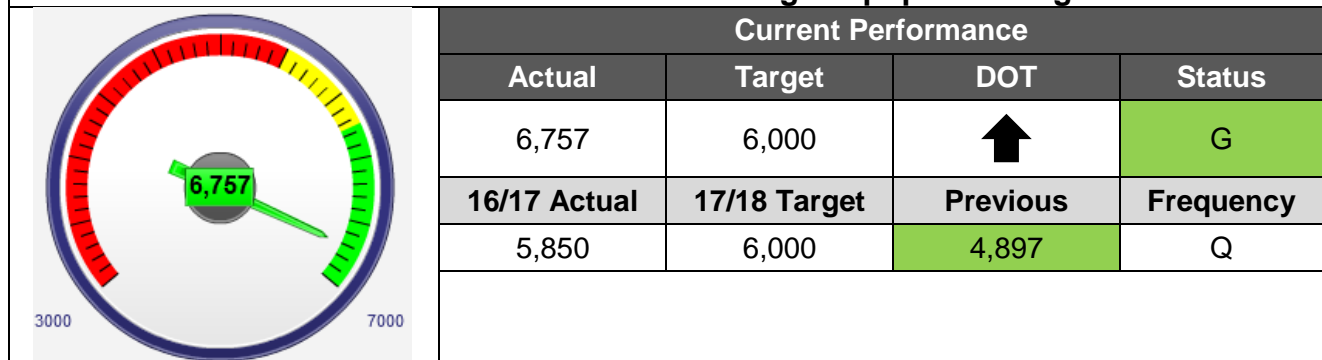
% of repeat referrals to children's social care



Children who are "looked after" rate per 10,000



Number of NHS Health Checks delivered to the eligible population aged 40-74



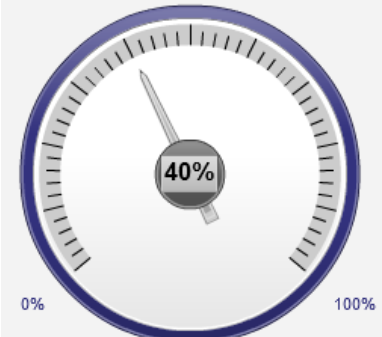
Co-designing and co-producing services to enable people, communities and businesses to work together, help themselves and each other

Reduce the number of repeat demand incidents at addresses or locations by 20% that are linked to:

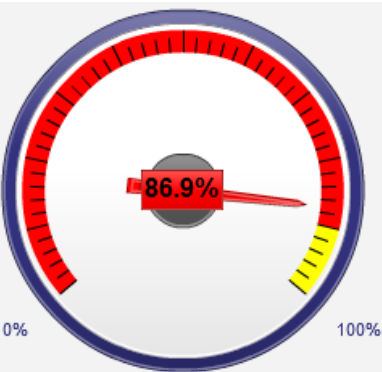
- Domestic Abuse;
- Missing from Home / Care;
- Alcohol or Substance Misuse

	Current Performance			
	Actual	Target	DOT	Status
	DA 155 MFC 52% ASB 354	DA 270 MFC 30% ASB 400	↑	G
	16/17 Actual	17/18 Target	Previous	Frequency
	DA 300 MFC 40% ASB 445	DA 270 MFC 30% ASB 400		A
Awaiting data from GMP for Domestic Abuse incidents				

Percentage of tender exercises resulting in Social Value KPIs

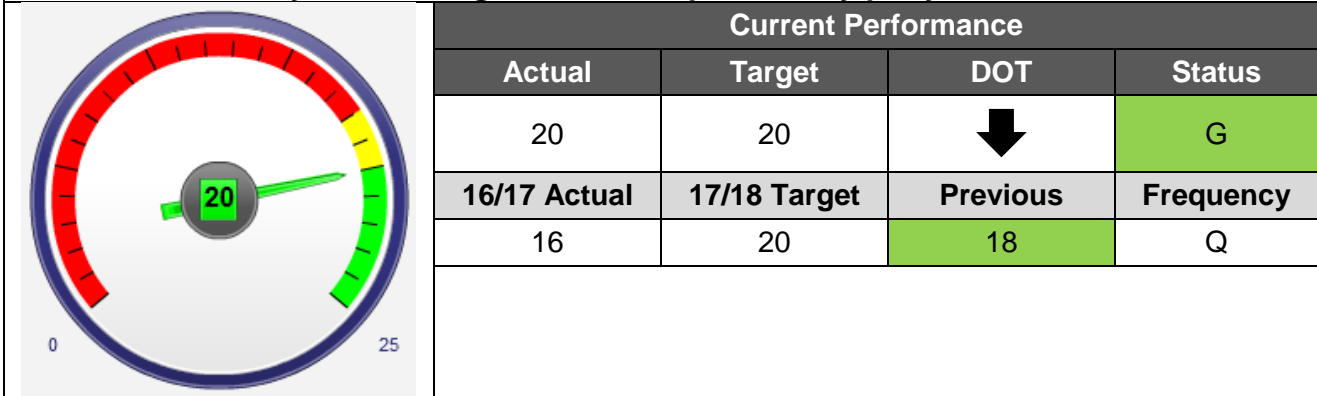
	Current Performance			
	Actual	Target	DOT	Status
	40% Q3	TBC	↑	No target set
	16/17 Actual	17/18 Target	Previous	Frequency
	52%	TBC	26%	Q
Q3 figure ratified on 9th May 2018 at Joint Committee and Q4 will go to Joint Committee on 12th June.				

Percentage of income generating targets that are linked to savings that are achieved

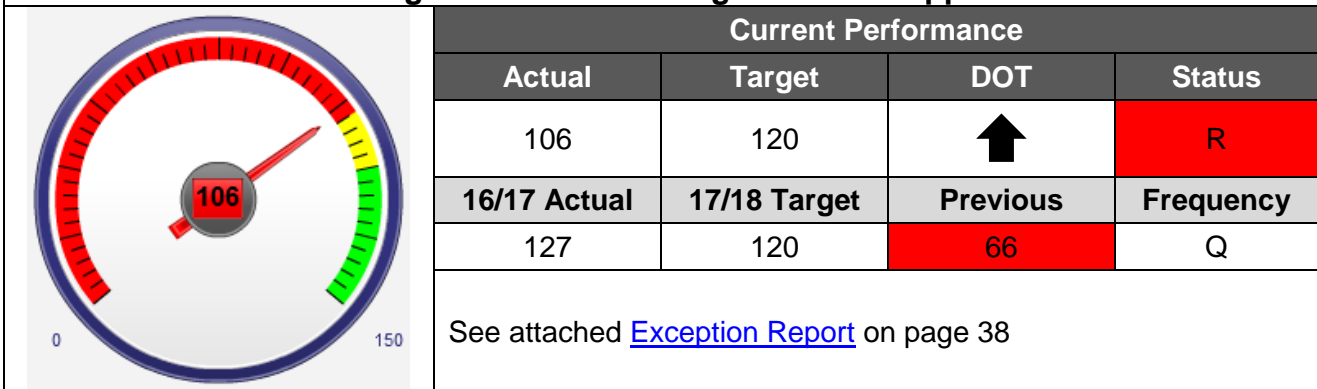
	Current Performance			
	Actual	Target	DOT	Status
	86.9%	100%	↓	R
	16/17 Actual	17/18 Target	Previous	Frequency
	100%	100%	100%	A
The draft forecast outturn shows that £14.716m (86.9%) of the savings target will be achieved leaving a shortfall of £2.219m. Full details of the savings achieved are included in the 17 May 2018 Transformation Programme Board Report.				

Building Strong Communities

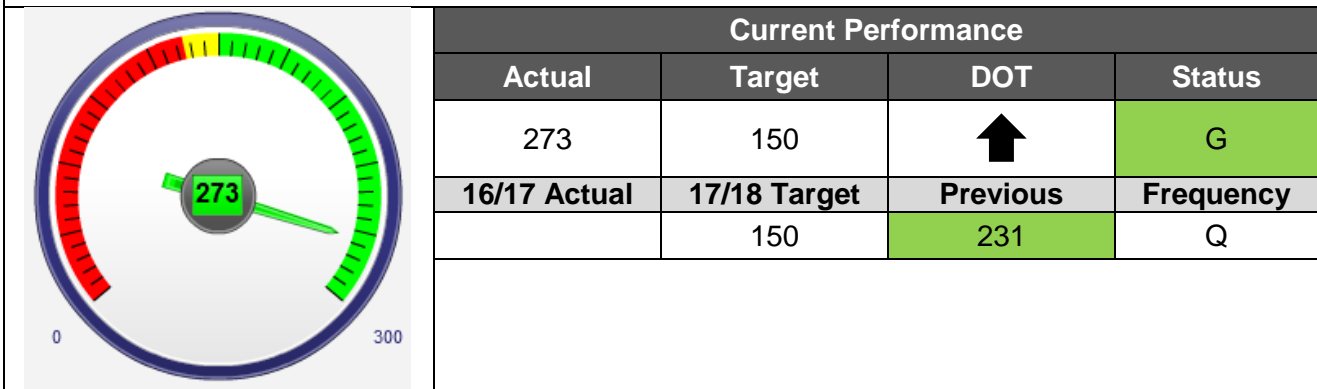
Number of Locality Networking Events held per locality per year



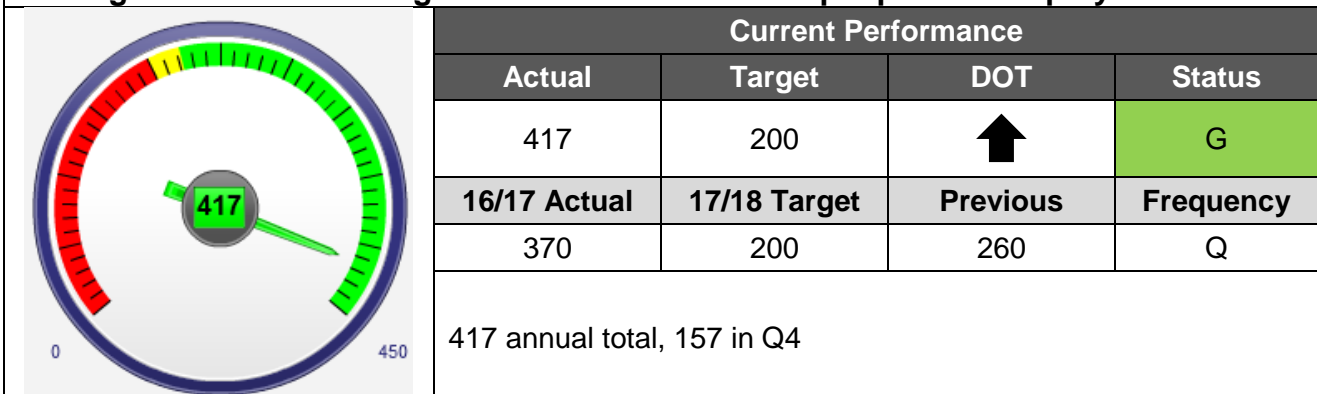
Number of third sector organisations receiving intensive support



Number of new volunteers recruited through Thrive portal and volunteer infrastructure service

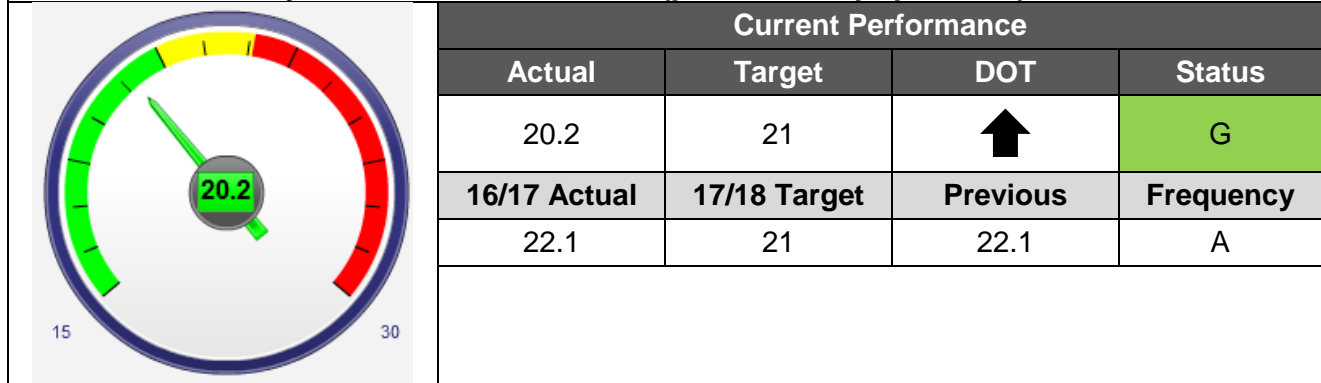


Through the Trafford Pledge increase the number of people into employment

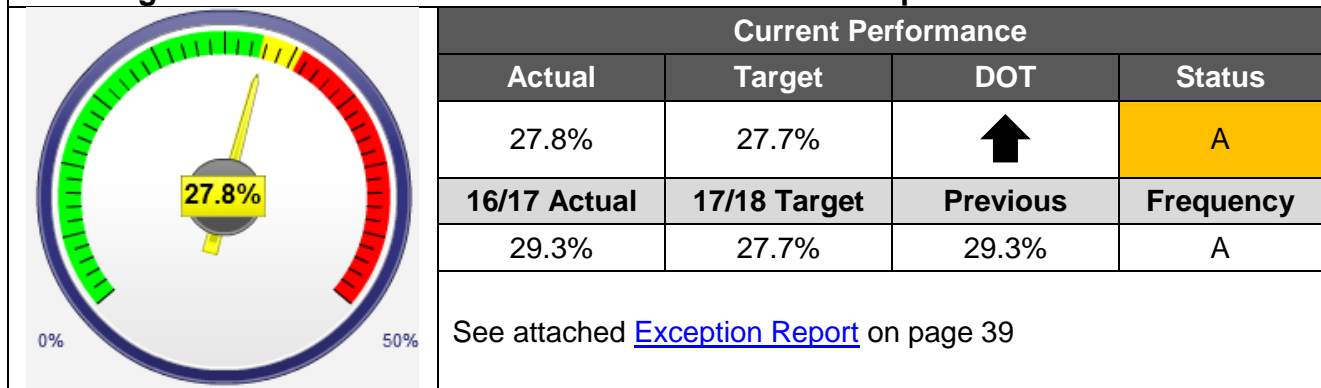


Building Strong Communities

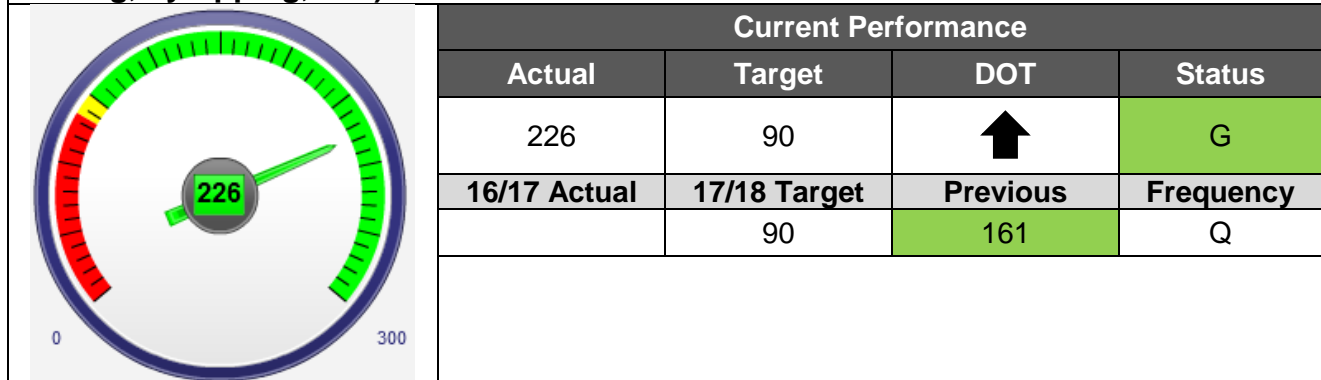
Under 75 mortality rate from liver disease (per 100,000 population)



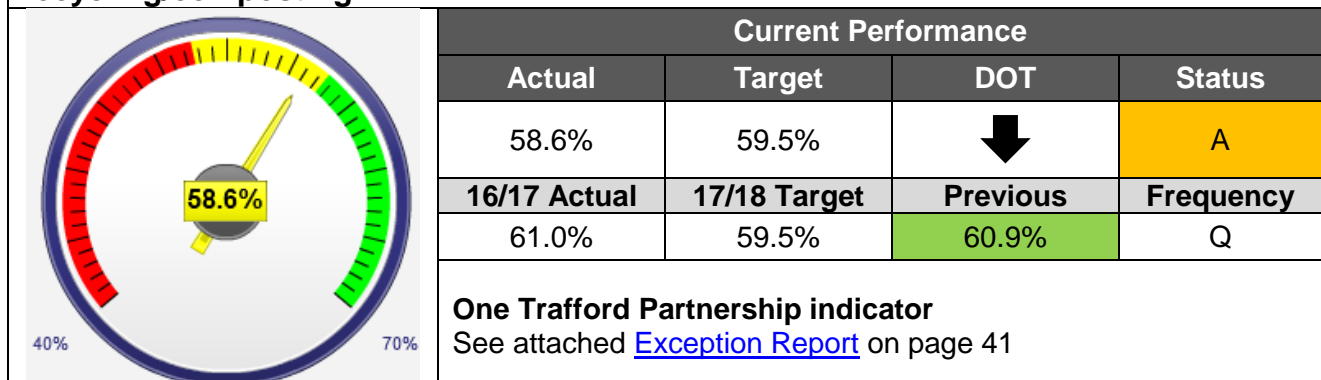
Smoking Prevalence in adults in routine and manual occupations



No. of Be Responsible events in relation to environmental responsibility (litter, dog fouling, fly-tipping, etc.)



Improve the % of household waste arisings which have been sent by the Council for recycling/composting



Building Strong Communities

Reduce the level of sickness absence (Council wide excluding schools) (Days)

	Current Performance			
	Actual	Target	DOT	Status
	10.71	8.5	↓	R
	16/17 Actual	17/18 Target	Previous	Frequency
	10.24	8.5	10.49	Q

See attached [Exception Report](#) on page 43

Reduce the gender pay gap (Council wide excluding schools)

	Current Performance			
	Actual	Target	DOT	Status
	10.7% (mean) 17% (median)	N/A	↑	No target set
	16/17 Actual	17/18 Target	Previous	Frequency
	12.56%	N/A	12.56%	A

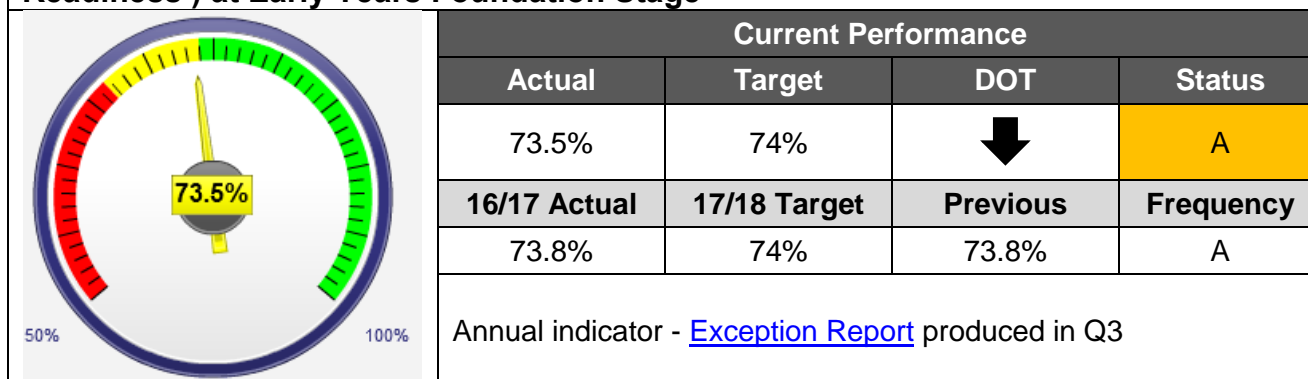
Trafford Council has a mean gender pay gap of 10.7% and a median gender pay gap of 17.0% as at 31st March 2017. The overall UK gender pay gap in 2017 was 17.4% mean and 18.4% median (the Office for National Statistics).

The main reason is occupational segregation: our workforce is predominantly female and we have a disproportionate number of roles on our lower pay bands that tend to be undertaken by women. We previously had large groups of men on lower paid bands in environmental services. However these roles are no longer undertaken by Council employees.

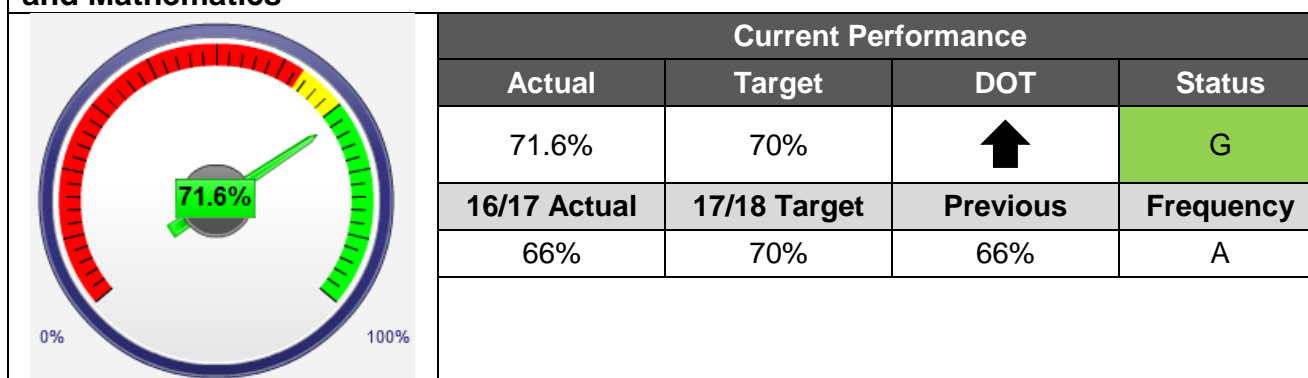
The workforce adjusted figures show a significantly smaller gap at 2.86% (mean) and 10.44% (median).

Developing a Wider Education and Skills Offer That Better Connects People to Jobs

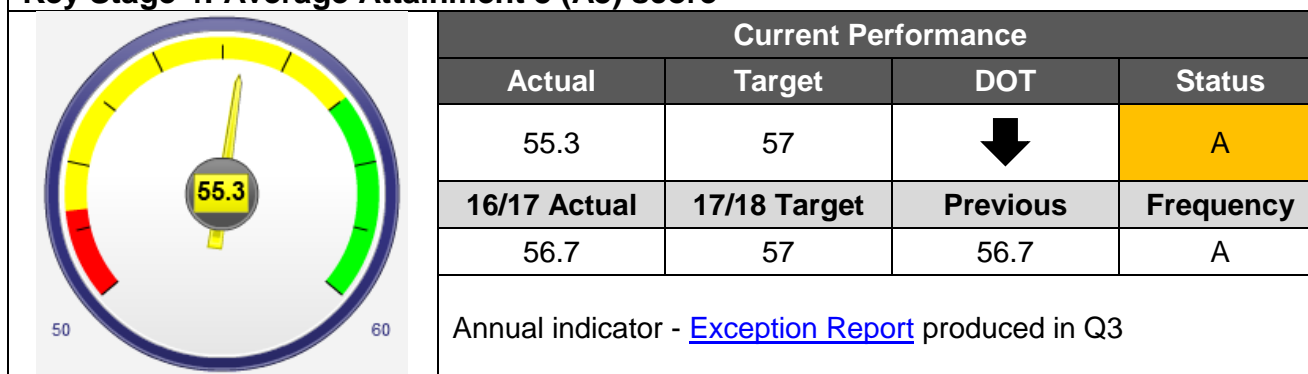
Proportion of children achieving a 'Good Level of Development' ('School Readiness') at Early Years Foundation Stage



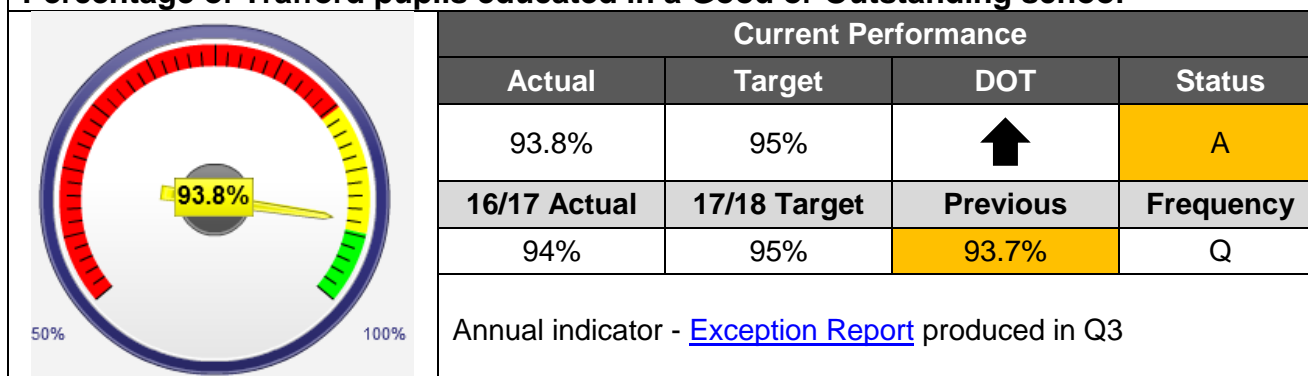
Proportion of pupils at Key Stage 2 achieving excepted levels in Reading, Writing and Mathematics



Key Stage 4: Average Attainment 8 (A8) score

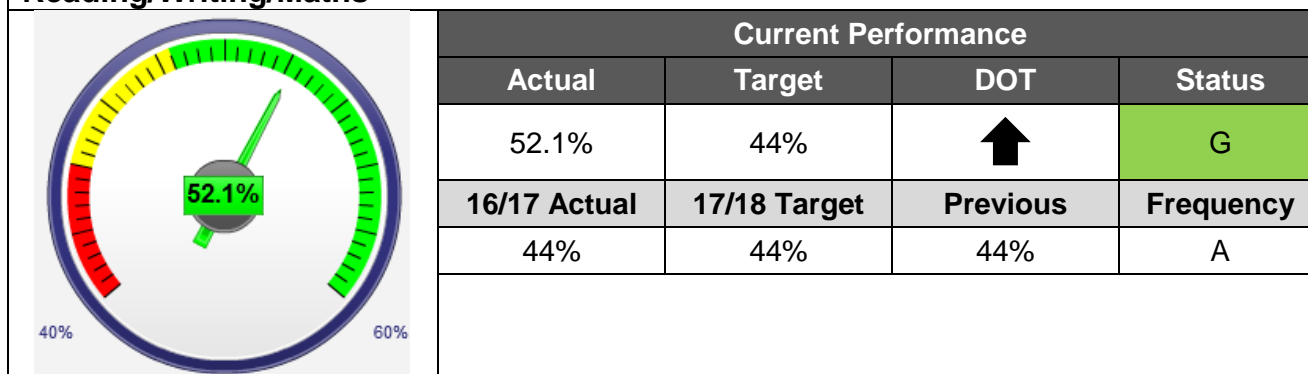


Percentage of Trafford pupils educated in a Good or Outstanding school

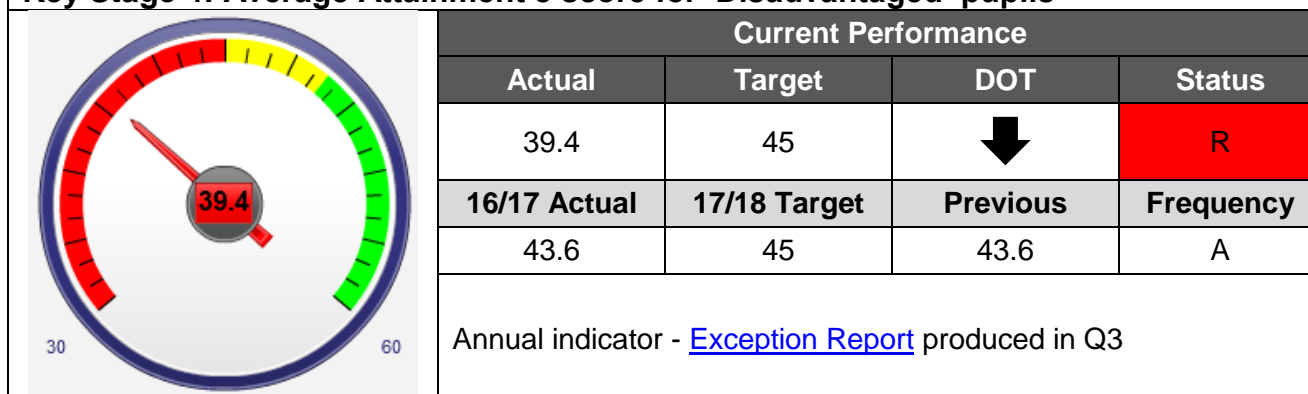


Developing a Wider Education and Skills Offer That Better Connects People to Jobs

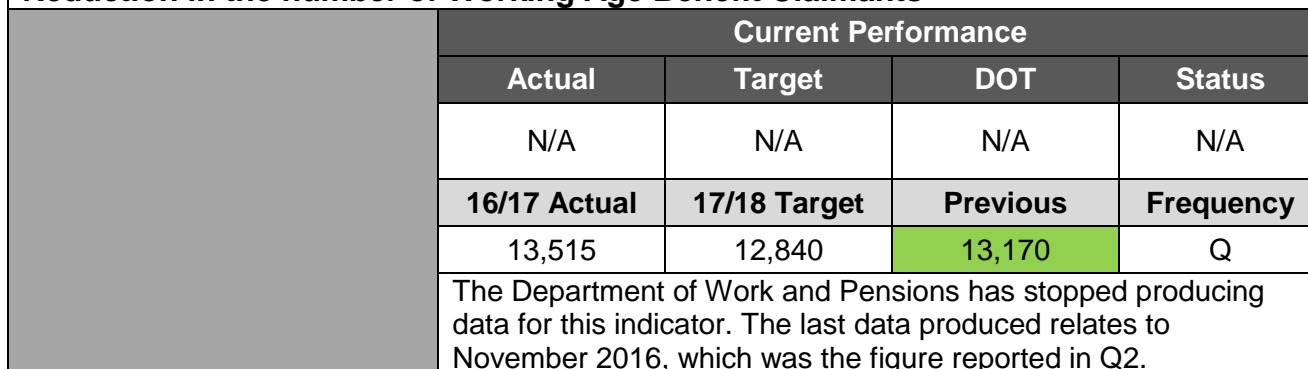
Proportion of 'Disadvantaged' pupils at Key Stage 2 achieving expected standard in Reading/Writing/Maths



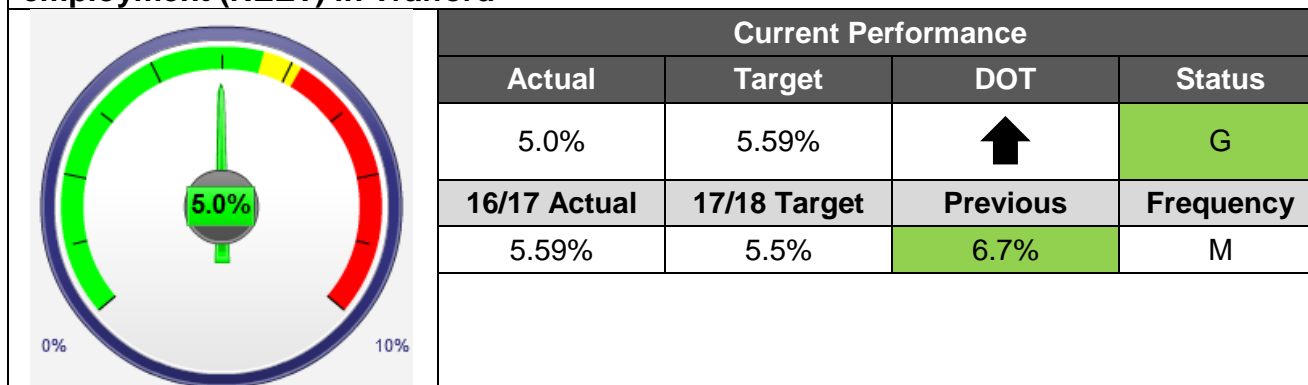
Key Stage 4: Average Attainment 8 score for 'Disadvantaged' pupils



Reduction in the number of Working Age Benefit Claimants



Maintain the low level of 16-17 year olds who are not in education training or employment (NEET) in Trafford

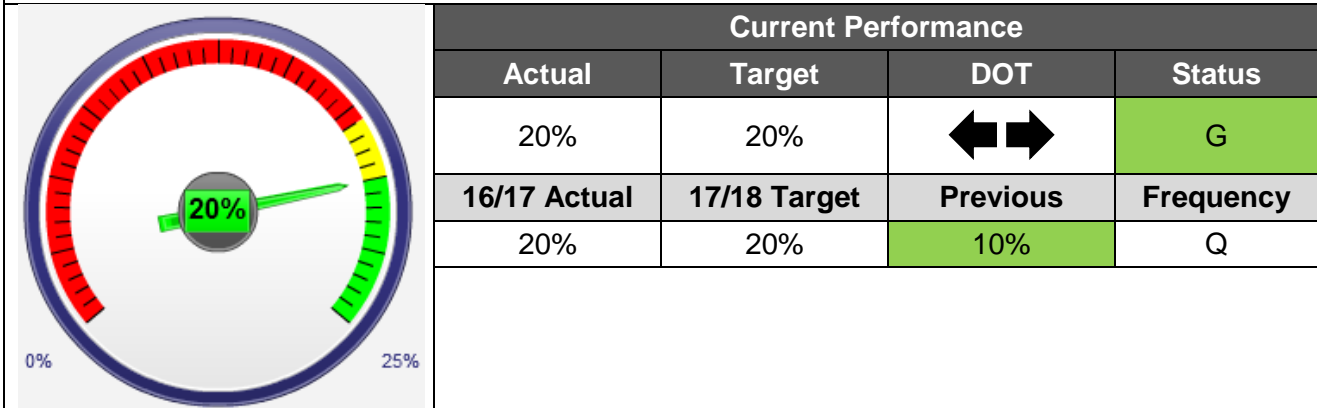


Developing a Wider Education and Skills Offer That Better Connects People to Jobs

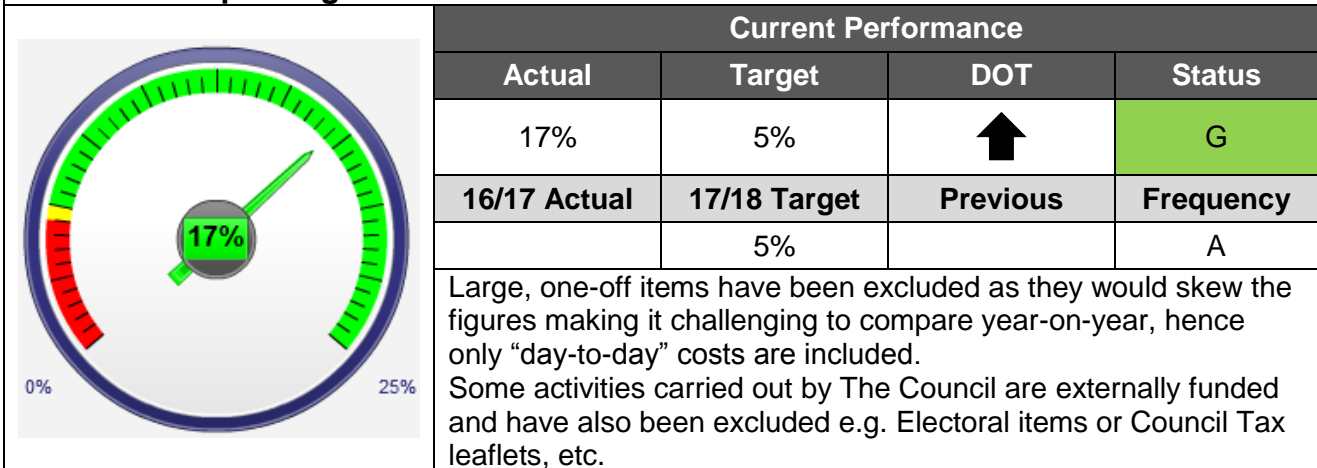
Increased no. of Apprenticeships				
	Current Performance			
	Actual	Target	DOT	Status
	82	123	↑	G
	16/17 Actual	17/18 Target	Previous	Frequency
	19	123 (by 2020/21)	19	A
<p>The target is to employ 2.3% of all staff as Apprentices, over the period April 2017 – March 2021, and to date we have achieved 2/3 of this target. We are confident that we will meet the 20/21 target over the next year.</p>				

Optimising technology to improve lives and productivity

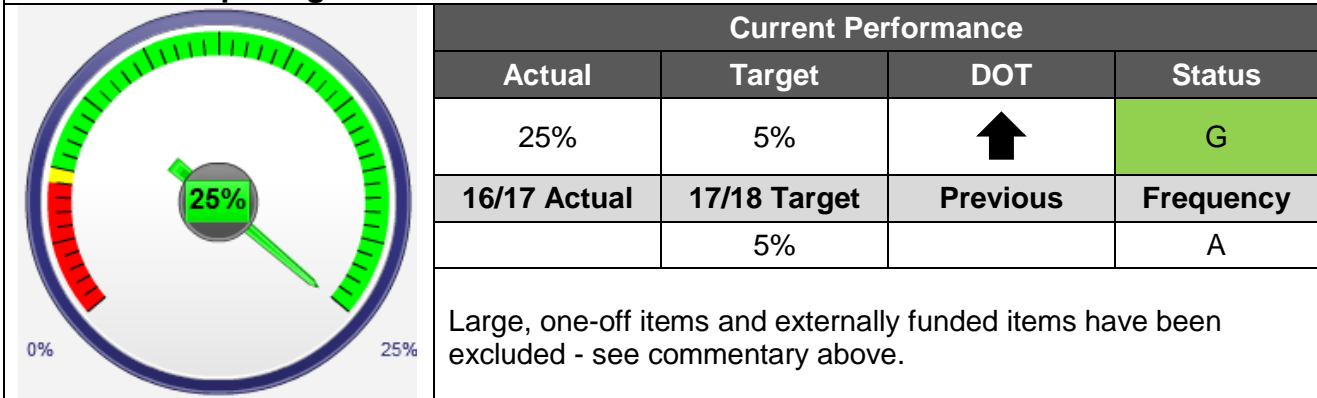
Increase in online transactions



Reduction in printing costs from 2016/17 baseline



Reduction in postage costs from 2015/16 baseline



5. Exception Reports

5.1 Creating a national beacon for sports, leisure and activity for all - make Trafford a Destination of Choice

Theme / Priority:	Creating a national beacon for sports, leisure and activity for all - make Trafford a Destination of Choice		
Indicator / Measure detail:	The percentage of relevant land and highways assessed as Grade B or above (Predominantly free of litter, leaves and refuse, apart from small items such as cigarette ends, ring pulls, stone chippings etc.)		
Baseline:			
Target and timescale:	SMART target - 85% Minimum acceptable standard – 82%	Actual and timescale:	81.1%
Why is performance at the current level?			
<ul style="list-style-type: none"> • Is any variance within expected limits? • Why has the variance occurred? • Is further information available to give a more complete picture of performance? • What performance is predicted for future periods? 			
<p>The One Trafford Partnership Client team has been carrying out extensive validation of all the Key Performance Indicators within the AMEY contract. In order to provide a robust, independent assessment of cleanliness across all Wards in the Borough, Trafford commissioned Keep Britain Tidy to carry out a full Local Environmental Quality Survey of the Borough.</p> <p>The reported score is for 1100 surveys carried out by KBT between July and February. Results from surveys carried out in late January showed a slight deterioration from the score reported at the end of 3rd Quarter.</p> <p>Performance is below the minimum acceptable standard of 82%, as set out in the One Trafford Partnership contract, and deductions have been implemented according to the payment mechanism of the contract.</p> <p>KBT have presented results and recommendations to Senior Managers from both Trafford and Amey, and this information will be used to deliver improvements to cleansing.</p>			
What difference does this make – the implications of not meeting target?			
<ul style="list-style-type: none"> • Impact on service users/public. • Impact on corporate priorities and plans. • Impact on service/partner priorities. • Impact on equalities, sustainability or efficiency <p>Can we move resources to support this or other priorities?</p>			
<p>Cleanliness of the local environment is generally one of residents' highest priorities for the delivery of Council services. Increasing complaints about standards of cleanliness can have a significant negative impact on the image of the One Trafford Partnership.</p>			
How can we make sure things get better?			
<ul style="list-style-type: none"> • What activities have been or will be put in place to address underperformance? Make specific reference to action plans. 			

- When performance will be brought back on track?
- Assess the need for additional resources/funding/training/investment.
- Identify the source of additional resources/funding/training/investment.
- Consult with other services, staff, managers, relevant Members and partners.

The One Trafford Partnership embarked on an extensive Improvement programme in December, which includes revising cleansing schedules; deep cleansing operations in all Wards, and around gateways into the Borough; and weekly meetings between Operations and Client Officers, to discuss cleansing schedules, with the aim of driving improvements to standards.

We have also engaged Keep Britain Tidy to provide independent advice on the Improvement Plan. The Partnership intends to commission KBT to carry out further independent surveys during 2018, to inform this indicator, and provide further training for operational staff to carry out surveys.

The Environmental Improvement Team has established the Kingdom project, to tackle the problems of litter and fly-tipping, through education and enforcement

5.2 Accelerate housing and economic growth

Theme / Priority:	Accelerate Housing & Economic Growth		
Indicator / Measure detail:	Total Gross Value Added (The total value of goods and services produced in the area) (£ Billions)		
Baseline:	£6.9bn		
Target and timescale:	£7.4bn April 2017-March 2018	Actual and timescale:	£7.1bn April 2017-March 2018
Why is performance at the current level?			
<ul style="list-style-type: none"> • Is any variance within expected limits? • Why has the variance occurred? • Is further information available to give a more complete picture of performance? • What performance is predicted for future periods? 			
<ul style="list-style-type: none"> • This data is extracted from the Greater Manchester Forecasting Model which consists of the analysis of a national dataset (measures include, employment, capital returns, business demography). • The final outturn target is therefore subject to change - affected by wider changes in the Borough and UK economy which are not within our control. The short term is likely to be challenging. • Despite corporate sectors showing a strong financial position, firms are likely to postpone capital investment due to Brexit related uncertainty. • The North West economy is slowing and is expected to slow further. Growth prospects are down for all regions. GVA in GM is set to see predicted growth by 1.7% per annum. 			
What difference does this make – the implications of not meeting target?			
<ul style="list-style-type: none"> • Impact on service users/public. • Impact on corporate priorities and plans. • Impact on service/partner priorities. • Impact on equalities, sustainability or efficiency <p>Can we move resources to support this or other priorities?</p>			
<ul style="list-style-type: none"> • Residents have less money to spend locally. • A drop in GVA also affects the provision of local investment and the provision of local employment opportunities. • The impact of a weaker pound will be a key issue adding to inflationary pressures as the labour market softens leading to slower income and spending growth. 			
How can we make sure things get better?			
<ul style="list-style-type: none"> • What activities have been or will be put in place to address underperformance? Make specific reference to action plans. • When performance will be brought back on track? • Assess the need for additional resources/funding/training/investment. • Identify the source of additional resources/funding/training/investment. • Consult with other services, staff, managers, relevant Members and partners. 			
<ul style="list-style-type: none"> • The fastest growing Local Authorities (Trafford is one of the leaders) are characterised by having positive demographics (ie; residents with good levels of education), favourable industrial structure (high concentration of business services/low exposure to public services and low value manufacturing) which attracts in commuters. • Trafford remains a growth leader for the region. 			

Theme / Priority:	Accelerate Housing & Economic Growth		
Indicator / Measure detail:	Increase the percentage of Trafford Residents in Employment		
Baseline:	79.8%		
Target and timescale:	82% April 2017-March 2018	Actual and timescale:	77.9% April 2017-March 2018
Why is performance at the current level?			
<ul style="list-style-type: none"> • Is any variance within expected limits? • Why has the variance occurred? • Is further information available to give a more complete picture of performance? • What performance is predicted for future periods? 			
<ul style="list-style-type: none"> • The variance is within a 2% tolerance limit. There have been fluctuations in the data by -2% and +2% as a regular feature over the past two years. • The closure of larger multiple chain shops combined with fluctuations in seasonal casual/short term employment can create and diminish employment opportunities on offer in Trafford in a short period of time. • This is a nationally produced dataset – which we will expect will continue at the same tolerance levels going forward. The data also only counts those aged 16-64 and does not count residents in employment who may be older than this date range. It also includes some residents who are on government funded supported training. 			
What difference does this make – the implications of not meeting target?			
<ul style="list-style-type: none"> • Impact on service users/public. • Impact on corporate priorities and plans. • Impact on service/partner priorities. • Impact on equalities, sustainability or efficiency <p>Can we move resources to support this or other priorities?</p>			
<ul style="list-style-type: none"> • The data is within a small tolerance level which can be improved and affected by local programmes. 			
How can we make sure things get better?			
<ul style="list-style-type: none"> • What activities have been or will be put in place to address underperformance? Make specific reference to action plans. • When performance will be brought back on track? • Assess the need for additional resources/funding/training/investment. • Identify the source of additional resources/funding/training/investment. • Consult with other services, staff, managers, relevant Members and partners. 			
<ul style="list-style-type: none"> • The Strategic Growth Team has implemented projects to ameliorate the decreases in employment opportunities. • Businesses who have signed up to the Trafford Pledge initiative have created 417 jobs. • The 7 Businesses who have received Trafford Town Centre Loans have created 53.5 Full Time Jobs. • A joint project between the Strategic Growth Team and GM Business Growth Hub has supported the start-up of 50 new businesses (creating a further 50 jobs currently and more in the future). 			

Theme / Priority:	Accelerate Housing & Economic Growth		
Indicator / Measure detail:	Percentage of major planning applications processed within timescales.		
Baseline:			
Target and timescale:	96% 2017-18	Actual and timescale:	95% Q1 – Q4 (cumulative) 2017-18
Why is performance at the current level?			
<ul style="list-style-type: none"> • Is any variance within expected limits? • Why has the variance occurred? • Is further information available to give a more complete picture of performance? • What performance is predicted for future periods? 			
<p>The number of major applications submitted to and determined by the Council every year is a relatively small number in absolute terms albeit they are resource intensive to process. There were 62 such applications determined in 2017-18. 59 of these were determined within timescales. Therefore the target is very sensitive and determination of three planning applications outside of timescales has led to performance dropping below target.</p> <p>The applications that were not determined within timescales were 1) for a residential development of ten dwellings; 2) extensions to a school and 3) new commercial units in Trafford Park. The delay to determination of 1) was specifically as a result of the cancellation of an 'ordinary' Planning Committee in April 2017 to enable the consideration of the Carrington planning applications following their deferral at the specially convened March meeting. The delay to determination of 2) was as the proposals attracted a large number of objections from the community and required a number of iterations, delaying a determination at Planning Committee. The delay to determination of 3) was to enable additional highways information to be submitted to ensure no harm to highway safety arose from the proposals.</p>			
What difference does this make – the implications of not meeting target?			
<ul style="list-style-type: none"> • Impact on service users/public. • Impact on corporate priorities and plans. • Impact on service/partner priorities. • Impact on equalities, sustainability or efficiency <p>Can we move resources to support this or other priorities?</p>			
<p>It is unlikely that the specific circumstances which caused delay to the residential application (i.e. the cancellation of a Planning Committee) will arise again. The delay to the determination of the school application has not delayed the delivery of the scheme, which began construction in accordance with the project timetable. Work has not yet begun on the delivery of the commercial application but it is not understood that this is as a result of the planning process.</p> <p>It is important, however, to maintain performance on major applications to ensure a continuing pipeline of schemes coming forward to support economic growth and investment in the Borough.</p>			
How can we make sure things get better?			
<ul style="list-style-type: none"> • What activities have been or will be put in place to address underperformance? Make specific reference to action plans. • When performance will be brought back on track? 			

- Assess the need for additional resources/funding/training/investment.
- Identify the source of additional resources/funding/training/investment.
- Consult with other services, staff, managers, relevant Members and partners.

The Planning and Development Service continues to focus resource in its Major Developments Team, seek opportunities for developer funding through Planning Performance Agreements to maintain this resource and review process and procedure. There is also an intention to utilise the 20% uplift in planning application fees to increase capacity in the Service. These measures assist in maintaining performance on major applications.

5.3 Co-designing and co-producing services to enable people, communities and businesses to work together, help themselves and each other

Theme / Priority:	Co-designing and co-producing services to enable people, communities and businesses to work together, help themselves and each other		
Indicator / Measure detail:	The proportion of older people (aged 65 and over) who were still at home 91 days after discharge (ASCOF 2Bi)		
Baseline:			
Target and timescale:	94%	Actual and timescale:	86.5%
Why is performance at the current level?			
<ul style="list-style-type: none"> • Is any variance within expected limits? • Why has the variance occurred? • Is further information available to give a more complete picture of performance? • What performance is predicted for future periods? 			
<p>At the end of Quarter 4 2017/18, the proportion of older people (aged 65 and over) who were still at home 91 days after discharge was 86.5% which means we are under-performing relative to the target for the quarter of 94%.</p> <p>Performance against this indicator has been steady at between 86.1% and 87.9% over the last 4 quarters and in 6 of the last 8 quarters before this one.</p> <p>This indicator is above the northwest average of 83.8% and improved on the previous quarter figure of 81.6%. So on balance the effect on performance has been positive and as we develop out discharge to assess model this should improve further.</p>			
What difference does this make – the implications of not meeting target?			
<ul style="list-style-type: none"> • Impact on service users/public. • Impact on corporate priorities and plans. • Impact on service/partner priorities. • Impact on equalities, sustainability or efficiency <p>Can we move resources to support this or other priorities?</p>			
<p>If a client is still at home it means they have not been readmitted to hospital, they have not been admitted to residential or nursing care and they have not passed away. As such it is a positive thing for clients to still be at home 91 days following discharge to reablement.</p> <p>Keeping clients at home also reduces demand at hospitals which could assist with DTOC and means less admissions to residential and nursing homes. This in turn impacts on clients outcomes and is generally less costly to the council than the alternatives.</p>			
How can we make sure things get better?			
<ul style="list-style-type: none"> • What activities have been or will be put in place to address underperformance? Make specific reference to action plans. • When performance will be brought back on track? • Assess the need for additional resources/funding/training/investment. • Identify the source of additional resources/funding/training/investment. • Consult with other services, staff, managers, relevant Members and partners. 			

Performance against this indicator is unlikely to change dramatically over the year and I would expect it to remain below the target of 94% to year end.

We are supporting more people to return home and reducing the number of admissions into residential and nursing care. We are also seeing more people return home for end of life care. All of this is positive news as it improves people's lives and maintains their independence for longer. It is likely that this will have an impact on this measure however, as this cohort of clients are more likely to be admitted back into hospital or pass away within the following 91 days.

Help at Home and SAMS services are already briefed with reableing people and our performance in this area has dropped to below our comparator (83.8%) and national average (83.7).

Discharge to assess beds may be the reason we have improved performance against this indicator. Clients may only be discharged home when they are medically fit for discharge which means a clinical decision has been made that the patient is ready to transfer. This is from a medical perspective only and is usually made by the consultant or team that the patient is under.

Patients are not always ready for discharge however as social care assessments may need to take place and services may need to be commissioned. The longer a patient stays in hospital the longer they take to become reabled and the greater their long term need for social care is on average. So getting patients out of hospital sooner and starting rehabilitation work with them will achieve better outcomes for them in the long term. The discharge to assess model will help achieve this and the better the outcomes for service users, the more of them will be at home after 91 days. Therefore we hope to see further improvement in this indicator in future reports.

Theme / Priority:	Co-designing and co-producing services		
Indicator / Measure detail:	Injuries due to falls in people aged 65 and over (per 100,000 population)		
Baseline:	2,194		
Target and timescale:	To reduce by t207 in 2018/19	Actual and timescale:	2,421
Why is performance at the current level?			
<ul style="list-style-type: none"> • Is any variance within expected limits? • Why has the variance occurred? • Is further information available to give a more complete picture of performance? • What performance is predicted for future periods? 			
<p>Performance has deteriorated in Trafford.</p> <p>This will in part be due to an ageing population, as falls risk increases with age, and in part due to a need to more effectively identify and manage higher risk individuals.</p> <p>We do have (slowly) increasing numbers of people aged 80+ in the borough, and therefore without effective interventions we would expect the number of injurious falls to increase (as the older someone is the more likely a fall is to cause an injury)</p>			
What difference does this make – the implications of not meeting target?			
<ul style="list-style-type: none"> • Impact on service users/public. • Impact on corporate priorities and plans. • Impact on service/partner priorities. • Impact on equalities, sustainability or efficiency • Can we move resources to support this or other priorities? 			
<p>Falls in older people are a major cause of hospitalisation and of reduced independence, often leading to care home admission. This is directly against the policies, plans and priorities of all partners in Trafford.</p> <p>Reducing falls will make major savings to the health and social care economy.</p> <p>The return on investment from falls interventions is high</p>			
How can we make sure things get better?			
<ul style="list-style-type: none"> • What activities have been or will be put in place to address underperformance? Make specific reference to action plans. • When performance will be brought back on track? • Assess the need for additional resources/funding/training/investment. • Identify the source of additional resources/funding/training/investment. • Consult with other services, staff, managers, relevant Members and partners. 			
<p>Reducing falls is a major strand of GM and Trafford transformation work.</p> <p>The CCG is now leading a piece of work to develop more effective falls pathways and a simpler, more effective service reaching a higher proportion of the population in a timely manner.</p> <p>We need to be able to respond more quickly to falls causing no or minor injury, as these can be a sign of an injurious fall to follow.</p> <p>We need to look at our fracture liaison offer and impact of this.</p> <p>We have opportunities with the implementation of the GP frailty index to identify and intervene earlier with higher risk fallers.</p>			

Theme / Priority:	Co-designing and co-producing services		
Indicator / Measure:			
Indicator / Measure detail:	Reduction in the proportion of the current Child Protection cohort that are subject of a Child Protection plan for a second or subsequent time		
Baseline:	24.1% March 2017		
Target and timescale:	20% at March 18	Actual and timescale:	29.0% at Q4 (March 18) 2017/2018
Why is performance at the current level?			
<ul style="list-style-type: none"> • Is any variance within expected limits? • Why has the variance occurred? • Is further information available to give a more complete picture of performance? • What performance is predicted for future periods? 			
<p>The proportion of the cohort with a second / subsequent CP Plan has deteriorated in each quarter this year and has not met target.</p> <p>We will continue to strive to reach the target of 20%. It is likely that in significantly reducing the overall number of CP plans in the last year (by over 100) we have increased the potential for a proportion of these children re-entering the system. It is worthy of note that 30% of CP plans starting in year have been re-plans which raises questions about the appropriateness of the decision to de-plan and whether we have reduced the number of CP plans too quickly. That said, the proportion of plans starting within 2 years of a previous plan ending is 19%.</p> <p>We would hope to see a more settled and balanced picture in coming months when some of the changes currently being introduced (for example introduction of the Family Focus team, development of the Early Help panel) begin to take effect.</p> <p>We are in the process of introducing a Restorative approach to practice across Trafford, including Restorative child protection conferences. There is evidence that this way of working leads to lower numbers of CP plans through a strength and asset based inclusive approach.</p>			
What difference does this make – the implications of not meeting target?			
<ul style="list-style-type: none"> • Impact on service users/public. • Impact on corporate priorities and plans. • Impact on service/partner priorities. • Impact on equalities, sustainability or efficiency <p>Can we move resources to support this or other priorities?</p>			
<p>The impact on service users (children and their families) is that they are potentially being supported at a more intense and intrusive level than they require. It can also be confusing for families to “bounce around” the thresholds of intervention (e.g. from child protection to child in need and back into child protection) and this can at times make sustaining positive working relationships more difficult.</p> <p>Whilst we should be reassured that we are protecting the most vulnerable children in Trafford we need to be confident that we are working at the most appropriate level and that our families are not becoming overly reliant on statutory services.</p>			

Working with families at CP level is time and resource-consuming and therefore costly to Trafford Council and our partner agencies. We need to ensure in future that when CP plans are ended there is a robust multi agency child in need plan in place to lessen the risk of future child protection concerns. The number of re-plans suggests that the current system is not working in the most effective and efficient manner.

How can we make sure things get better?

- What activities have been or will be put in place to address underperformance? Make specific reference to action plans.
- When performance will be brought back on track?
- Assess the need for additional resources/funding/training/investment.
- Identify the source of additional resources/funding/training/investment.
- Consult with other services, staff, managers, relevant Members and partners.

A great deal of effort and energy is currently being directed towards addressing this issue and rebalancing our system.

Trafford's Transformation bid includes ambitious targets for the reduction of CP numbers overall. In introducing a new model of practice, we aim to change the culture of referrals and escalation to rebalance the number of young people requiring social care services. A review of existing cases will be undertaken to de-escalate young people currently in child protection with support where possible. The CIN and CP offer will be reviewed to provide asset-based support at the earliest possible level, and provide a service between the Early Help and CIC thresholds to assist stepping young people down from high levels of support, and to act as a firewall against unnecessary escalations. This will be supported by the newly created high-intensity short-term Edge of Care (Family Focus) service.

We have also recently convened a meeting of strategic and operational managers and Independent Reviewing Officers to look specifically at this issue. Themes and priorities were identified and a working group has been established to develop an action plan.

Theme / Priority:	Co-designing and co-producing services to enable people, communities and businesses to work together, help themselves and each other		
Indicator / Measure detail:	Delayed Transfers of Care attributable to Adult Social Care per 100,000 pop 18+ (ASCOF 2Cii) (Target is <7.9 anyone time)		
Baseline:			
Target and timescale:	10.0	Actual and timescale:	13.5
Why is performance at the current level?			
<ul style="list-style-type: none"> • Is any variance within expected limits? • Why has the variance occurred? • Is further information available to give a more complete picture of performance? • What performance is predicted for future periods? 			
<p>At the end of November 2017/18 (last available figures), the DToC figure was 13.5 which represents a slight improvement on the Q2 figure of 14.7. However, Trafford is under-performing relative to the year-end target of 10.</p> <p>It is worth noting however that this is an average figure over a period of 12 months so is slow to show our improvement against DTOC, which has been considerable. Average delays per day attributed to social care fell 67.3% in the last figures reported by NHS England from 41.0 in 2016/17 to 13.4 in 2017/18. That means we have seen an average reduction of 47.8% month on month since November when compared to the same time last year. This is remarkable, particularly considering the time of year it has been achieved in. If we continue to improve at an average rate of 47.8%, the outturn for this indicator will be below target in for Q2 2018/19.</p> <p>There does however continue to be a relatively high volume of delayed discharges from all hospital settings when compared to our comparators, especially at South. A transfer of care plan has been developed and implemented with partners to reduce the overall DTOC across Trafford. Targets have been set for each project supporting the reduction in delays.</p> <p>In conjunction with the CCG a 36 bed Intermediate care unit has been running at Ascot house in partnership between the Council, the CCG and Pennine Care complemented by 9 Discharge to assess beds.</p> <p>Trafford has opened an Urgent care control room at Meadway health centre alongside the Boroughs out of hour's services including Community enhanced care service, Emergency Duty team, Out of hours District nursing service, and clinical Triage. The consolidation of the services has provided greater oversight of the use of resources and maximised the use of beds. The delayed transfers of care are reducing across health and social care , but the increased assessment capacity is seeing high numbers of people being referred and ultimately logged as delays in the shorter stay cohort, resulting in an increase in numbers</p> <p>Additional homecare providers has been procured to cover peak periods reducing the number of people waiting home care from 90 Christmas 2016 to 19 Christmas 2017. Further work is under way with Greater Manchester to develop a new home care framework in collaboration with other GM LA's.</p> <p>Significant work has been completed between the Council, Wythenshawe Hospital, Salford royal, TGH and Trafford CCG to review the processes in place from admission onwards, including requiring the acute providers to look at their own processes as well as</p>			

medical bed capacity. This has supported Trafford's decision to move towards a Discharge to Assess model. This has included procuring 38 D2A beds across Trafford and procuring an additional Stabilize and Make safe service. The reconfiguration of the Councils Reablement service to form a wraparound service (Care at Home) linked to Ascot house Community Enhance care and MRI has significantly improved the flow of people through these resources.

What difference does this make – the implications of not meeting target?

- Impact on service users/public.
 - Impact on corporate priorities and plans.
 - Impact on service/partner priorities.
 - Impact on equalities, sustainability or efficiency
- Can we move resources to support this or other priorities?

The implications of not meeting the target include:

- Patients remaining in hospital longer than necessary and this may impact on their independence and recovery.
- The council will incur a financial cost for Social Services attributable delays.
- The delays contribute to pressures on bed availability during this period although it should be noted that the hospital have also reduced the bed availability over the last 12 months.
- The acute providers' ability to maintain NHS targets may be compromised
- The reputation of the organisation is affected negatively

Intervention measures have been put in place to improve flow and new Homecare providers have been awarded contracts to reduce the continuous demand.

How can we make sure things get better?

- What activities have been or will be put in place to address underperformance? Make specific reference to action plans.
- When performance will be brought back on track?
- Assess the need for additional resources/funding/training/investment.
- Identify the source of additional resources/funding/training/investment.
- Consult with other services, staff, managers, relevant Members and partners.

Below are details of initiatives aimed at helping expedite timely discharges and minimise DTOC levels:

Integrated Discharge team manager - South Manchester site

The new Integrated Discharge manager is in place at South Manchester working with Manchester and Trafford. The new manager commenced 8th January. Agreement has been reached to create an estates plan to collocate the new team which went live on 16th April 2018.

The service is developing an electronic patient tracker which will connect to the Urgent care control room in Trafford.

Discharge to Assess Beds

A new pathway of care has been developed in line with the Greater Manchester Discharge to assess standards. 38 D2A beds have been commissioned in partnership with Trafford CCG to expedite discharges and test the new pathways. For eligible patients, the process for accessing these beds has enabled an efficient pathway from discharge to their long term destination. These are monitored by the Strategic Lead for Urgent Care.

CHC

Improvements and clarity in the CHC application and screening processes for Trafford staff has resulted in workload benefits for the social care team and health teams, moving the screening to community settings and reducing the number of likely delays for the CCG at MDT by ensuring the required evidence is available at the time of application.

Nursing Needs Assessment

Where a nursing need has been identified these are now completed at the social workers request within 24 hours and the CHC screen is completed in the Community setting.

District Nurse Liaison /Flexible Nursing Cover

Nursing cover has been amended to cover other hospital sites and follow at 2 weeks post discharge.

Urgent care control room

DTOC's are now also monitored daily by the urgent care control room (Pennine Care and Trafford Council) and matched to the available resources within the community services. .

Market Capacity

This remains one of the primary reasons for delay with work ongoing with both Home Care and Residential/Nursing providers to increase capacity at both local and Greater Manchester levels. The D2A beds include EMI and General nursing beds and are being used to test the step down options.

In addition the SAMS service has been expanded to support the new D2A pathways.

CEC/Ascot House

The community Enhanced Care team and Ascot House has been aligned to Care at home service supporting step down each morning to ensure use of the service is maximised.

Theme / Priority:	Co-designing and co-producing services to enable people, communities and businesses to work together, help themselves and each other		
Indicator / Measure:			
Indicator / Measure detail:	Children who are 'Looked After', rate per 10,000		
Baseline:	70 at March 2017		
Target and timescale:	65 at March 2018	Actual and timescale:	69.6 at Q4, March 2018
Why is performance at the current level?			
<ul style="list-style-type: none"> • Is any variance within expected limits? • Why has the variance occurred? • Is further information available to give a more complete picture of performance? • What performance is predicted for future periods? 			
<p>The rate of 70.4 equates to 383 children in the care of the Local Authority as at the end of March 2018. The number of Looked After Children has now been at +/- 3% of 380 for 15 months.</p> <p>There was a target to reduce the number of Looked After children to 352 by the end of March, or a rate of 65. Despite the fact that the number of cases discharged from care – 136 - in the year is 90% higher than that seen last year, the number of admissions to care in year is very similar to that seen last year: 140 compared to 138. The consequence of this is that there was a very small year-on-year increase in the number of Looked After Children 'as at' 31st March. That said, the data with regard to discharges from care demonstrates the significant cultural and practice change that has been achieved in the last 12 months.</p> <p>It is important to note that regionally there has been an increase in the numbers and rates of children care in many areas, certainly regionally, and so the relative stability we have been able to achieve is contrary to this wider trend.</p> <p>Significant progress has been made with regards to tracking and reshaping our focus on legal permanence. There are quarterly SGO and Placement with Parents tracking panels which scrutinise the purpose of plans and drive legal permanence. There is a monthly Permanence Panel which provides additional oversight of permanence planning for children during assessment and care planning processes. This enables plans to be driven forward and potential barriers to be overcome with the sharing of information. There have been 28 SGO's this year. This compares to three, four and seven in previous three years. A further cohort of six SGO's will be made in the next two months for cases which have already been filed in court. There are a further six SGO's which are being pursued as part of care proceedings which may conclude by the end of June.</p> <p>This work has been supported by the Review and Improvement team through close tracking of progress on permanence plans, work to promote cultural change and a review of the SGO support offer and documentation and by providing some additional capacity to complete assessments.</p> <p>12 adoptions have been completed this year. There were just three adoptions made in the year 2016-17. We continue to promote adoption for our younger children who are not able to remain with birth parents. This focus on adoption is now well embedded in the culture of the service and the implications for care planning are carefully considered as soon as</p>			

cases reach our front door at MARAT. This has taken some time to embed and I anticipate that this will result in sustained progress in this area.

There are significant challenges to manage with courts who have made disproportionately high numbers of care orders for young children to be placed with parents. Whilst we do not have control over the court process, we are ensuring that we present robust and comprehensive assessments to court to evidence our proposed plans for adoption.

We are using a restorative approach with our Keeping Family Together focus including edge of care support from the Family Focus team, use of Family Group Conferences and a greater scrutiny of admissions to care

What difference does this make – the implications of not meeting target?

- Impact on service users/public.
- Impact on corporate priorities and plans.
- Impact on service/partner priorities.
- Impact on equalities, sustainability or efficiency

Can we move resources to support this or other priorities?

Whilst it continues to be the aspiration and intent to meet this target and continue reductions in numbers in future years this must be weighed against the duty to keep children safe from harm. We have made good progress in discharging some care orders but there are some parents who need a further period of support in order to evidence sustained changed.

The service is focused on driving safe plans for legal permanence by using strengths based approach to SGO's to enable children to move out of the care system. The majority of these cases will still require financial support and so there will be continued cost implications for the service in paying SGO allowances, however savings will achieved by enabling the service to focus on cases with higher levels of complex needs.

Resources have already been relocated to support this work using the Review and Improvement team.

How can we make sure things get better?

- What activities have been or will be put in place to address underperformance? Make specific reference to action plans.
- When performance will be brought back on track?
- Assess the need for additional resources/funding/training/investment.
- Identify the source of additional resources/funding/training/investment.
- Consult with other services, staff, managers, relevant Members and partners.

Fostering recruitment activity will continue to focus on increasing the cohort of Fostering Plus carers to support the work of the Family Focus team. In the first five months of the scheme, the service has recruited three carers leaving capacity for three more. Specific targeted recruitment of experienced fosters will continue to promote the support offer for these carers. We have one foster carer household in the process of transferring to this scheme which will increase the cohort to four by the end of February 2018. The scheme is anticipated to be at full capacity by October 2018. This will strengthen our offer to children and families on the edge of care.

A SGO focus group is driving an action plan to develop the SGO offer in Trafford to ensure this is an attractive, safe and supportive package which will enable carers to feel confident

in pursuing this legal permanence.

Casual assessors are used to increase capacity to undertake assessments.

The monthly Children's Programme Board provides additional scrutiny of our work in the areas of early help, CIN, child protection and children in care.

5.4 Building Strong Communities

Theme / Priority:	Building Strong Communities		
Indicator / Measure detail:	Number of third sector organisations receiving intensive support		
Baseline:	127 - 2016-17		
Target and timescale:	120 - 2017-18 Q4 Target - 40	Actual and timescale:	106 – 2017/18 Q4 Actual - 40
Why is performance at the current level?			
<ul style="list-style-type: none"> • Is any variance within expected limits? • Why has the variance occurred? • Is further information available to give a more complete picture of performance? • What performance is predicted for future periods? 			
<p>This service is delivered by Thrive Trafford, for which Pulse Regeneration are the provider. Providing intensive support to third sector organisations is only one element of a contract that also sees Thrive support Trafford's third, public and private sectors with volunteering, business engagement, social value and raising the influence of the third sector in strategic decision.</p> <p>Provision of intensive support to third sector organisations was slightly above target for Q1 but below in Q2 and Q3. This is as a result of the agreed delivery plan with Thrive Trafford changing focus, with less emphasis on one-to-one support and more on bringing third sector organisations together for collaboration with other third, public or private sector organisations. This change in focus took place after the Annual Delivery Plan targets were set.</p> <p>In Q4, 40 third sector organisations received intensive support, which met the target for the quarter.</p>			
What difference does this make – the implications of not meeting target?			
<ul style="list-style-type: none"> • Impact on service users/public. • Impact on corporate priorities and plans. • Impact on service/partner priorities. • Impact on equalities, sustainability or efficiency • Can we move resources to support this or other priorities? 			
<p>This has minimal impact on the third sector or wider community, as Thrive continue to offer intensive support to any third sector organisation that contacts them. It continues to be a core element of their contract with the council and this quarter 27 groups have benefitted.</p> <p>Organisations are also benefiting from more opportunities to collaborate with each other and agencies, brought about in the enhanced work Thrive are inputting into this, as well as providing on-to-on intensive support.</p>			
How can we make sure things get better?			
<ul style="list-style-type: none"> • What activities have been or will be put in place to address underperformance? Make specific reference to action plans. • When performance will be brought back on track? • Assess the need for additional resources/funding/training/investment. • Identify the source of additional resources/funding/training/investment. • Consult with other services, staff, managers, relevant Members and partners. 			
<p>We are happy with the overall delivery of the Thrive contract by Pulse Regeneration. It is delivering well across a number of areas, strengthening the third sector and supporting the public and private sector. Robust quarterly monitoring reports are received and meetings held with the provider at frequent intervals.</p>			

Theme / Priority:	Building Strong Communities		
Indicator / Measure detail:	Smoking Prevalence in adults in routine and manual occupations		
Baseline:	27.7%		
Target and timescale:	Target is 21% by 2021	Actual and timescale:	27.8%
Why is performance at the current level?			
<ul style="list-style-type: none"> • Is any variance within expected limits? • Why has the variance occurred? • Is further information available to give a more complete picture of performance? • What performance is predicted for future periods? 			
<p>The variation from baseline is not significant but the performance is particularly poor when compared to smoking rates in the general population in Trafford, which is now less than 13%.</p> <p>We do not currently have any specialist stop smoking services in Trafford, and these will be required if we are to make the difference in our higher risk populations. We also need to be working to make smoking socially unacceptable in all social groups; to ensure that young people are protected from tobacco, that homes are smoke free and that we take every opportunity to reduce smoking rates (eg through interventions with people with mental health problems, or through 'stop before the op' programmes.</p>			
What difference does this make – the implications of not meeting target?			
<ul style="list-style-type: none"> • Impact on service users/public. • Impact on corporate priorities and plans. • Impact on service/partner priorities. • Impact on equalities, sustainability or efficiency • Can we move resources to support this or other priorities? 			
<p>Smoking remains the largest cause of preventable death in the UK. 50% of smokers will die of a smoking related disease. Smokers die younger and have more episodes of illness than those that do not smoke.. It causes many diseases and exacerbates others.</p> <p>There is a strong link between smoking and inequality, with lower income groups disproportionately likely to smoke, and these differences are a major driver of inequalities in healthy life expectancy. Smoking is an intensely socially mediated habit, and the more people around you that smoke, the more likely you are to smoke. The return on investment from smoking cessation is extremely strong, we should be investing in this area to save elsewhere.</p>			
How can we make sure things get better?			
<ul style="list-style-type: none"> • What activities have been or will be put in place to address underperformance? Make specific reference to action plans. • When performance will be brought back on track? • Assess the need for additional resources/funding/training/investment. • Identify the source of additional resources/funding/training/investment. • Consult with other services, staff, managers, relevant Members and partners. 			
<p>We need to take both a universal and a targeted approach. We need to continue to make it unattractive for people to smoke through environmental and workplace policies, controls on sales, education and enforcement.</p> <p>All services should be able to Make Every Contact Count and offer brief interventions to reduce smoking rates.</p> <p>We are also developing a targeted stop smoking offer for higher risk smokers (eg</p>			

pregnant women, people with serious mental illnesses, people with chronic conditions such as COPD; people waiting for operations).
Some funding is available through the Public Health funding but this should be supplemented by training for staff on brief interventions and for supporting our own staff to quit.
We also need to fund enforcement on sales restrictions and education in schools

Theme / Priority:	Building Strong Communities		
Indicator / Measure detail:	Improve the percentage of household waste arisings that have been sent by the Council for recycling or composting		
Baseline:			
Target and timescale:	59.5%	Actual and timescale:	Q4 Performance 58.6%
Why is performance at the current level?			
<ul style="list-style-type: none"> • Is any variance within expected limits? • Why has the variance occurred? • Is further information available to give a more complete picture of performance? • What performance is predicted for future periods? 			
<p>This annual indicator is measured on a cumulative basis with recycling with fluctuations seen on a monthly basis due to seasonal variation of waste streams collected.</p> <p>In 2017 the Council implemented a charge for garden waste collections. This service has been successful with higher numbers of subscribers than forecast, however the amount of bio-waste collected in the green bin has reduced from 30,985t in 16/17 to 24,809t 17/18.</p> <p>The One Trafford Partnership has seen overall reductions in all of the recyclable waste streams in 17/18. The amount of commingled waste collected in the black bins has reduced by 158.61 tonnes. This variation is small relative to the total amount of waste collected in the black bin and is consistent with evidence from other local authorities with established recycling services who see a small decline in recycling collected as services become established.</p> <p>There has been a continuing national trend of less paper collected for recycling with the Local Authority Collected Waste Statistics – England published in December 2016 showing a decline in overall Paper tonnages from 2011 onwards. The partnership has experienced a drop in collected paper/card of 630.48 tonnes in 17/18. The One Trafford Partnership introduced measures within the year to maximise the collection of paper/card tonnages e.g. additional Christmas collections of paper/card but still saw an overall decline in this material stream.</p> <p>In the waste composition analysis commissioned by the Partnership in June 2016 it was identified that only around 8% of material collected in the sample of grey bins could have been recycled in the blue bins, whilst almost 23% could have been recycled in the green bin.</p> <p>The Partnership therefore targeted its resources and key messages on diverting waste stream from the grey bin to the green bin and overall the stream saw an increase in the tonnage collected.</p> <p>Increases in contamination rates experienced at the MRF for all Greater Manchester Authorities have also had a negative impact on recycling performance of Trafford as the rate is shared between all authorities, the MRF reject rate averaged 18% in 17/18.</p>			
What difference does this make – the implications of not meeting target?			
<ul style="list-style-type: none"> • Impact on service users/public. • Impact on corporate priorities and plans. • Impact on service/partner priorities. • Impact on equalities, sustainability or efficiency <p>Can we move resources to support this or other priorities?</p>			

The main impact on the recycling rate has been the changes to garden waste service. The partnership has promoted home composting as an alternative to using the garden waste collection service and has invested £20,000 annually to subsidise home compost bins.

The garden waste that is taken to the household waste recycling centres by residents who do not want to pay for the service can be treated in a more environmentally friendly way as it is not mixed with food waste. (an aerobic process called “Windrow composting” instead of an anaerobic process called in-vessel composting). It also produces a higher grade of compost that has a greater range of uses.

How can we make sure things get better?

- What activities have been or will be put in place to address underperformance? Make specific reference to action plans.
- When performance will be brought back on track?
- Assess the need for additional resources/funding/training/investment.
- Identify the source of additional resources/funding/training/investment.
- Consult with other services, staff, managers, relevant Members and partners.

The One Trafford Partnership tracks waste tonnages carefully from all service streams on a monthly basis to identify trends and areas where intervention may be required.

The Partnership continues to offer a discounted rate for home compost bins, last year almost 1,000 were sold at the discounted rate.

In 18/19 there are two main campaigns to engage with residents to reduce the waste that they put into their grey refuse bin and increase the amount of waste collected for recycling.

Food for thought - a long term behaviour change campaign to normalise recycling behaviours and discourage all food waste from entering the residual waste stream

Right Stuff Right Bin - a long term behaviour change campaign to normalise recycling behaviours and discourage all recyclables from entering the residual waste stream

In 18/19 there will also be a targeted approach to engaging with flats with communal bins stores to encourage them to recycle their waste and also present their waste in the correct container.

Theme / Priority:	Building Strong Communities		
Indicator / Measure detail:	Reduce the level of sickness absence (Council-wide, excluding schools) (days)		
Baseline:			
Target and timescale:	8.5 days	Actual and timescale:	10.7
Why is performance at the current level?			
<ul style="list-style-type: none"> • Is any variance within expected limits? • Why has the variance occurred? • Is further information available to give a more complete picture of performance? • What performance is predicted for future periods? 			
<p>The 2017/18 sickness absence target remained at 8.50 per employee per annum and Q1 showed a small reduction in absence levels to an average of 10.16 days per employee per annum. During Q2 the levels fluctuated and resulted in 10.18 days per employee per annum. Q3 figures show a small increase at 10.49 days per employee per annum, which is due to seasonal factors and at Q4, the level remained consistent at 10.71.</p> <p>On recent benchmarking information, for the year ending 31st March 2017, the average days lost across AGMA was 10.63. Trafford's absence level was 10.5 days lost and we were ranked fourth out of the 10 local authorities. This is an improvement on last year's result when we came fifth out of the 10 local authorities.</p> <p>Both long term and short term absences continue to be closely monitored. Three Attendance Management workshops have been delivered since October which were well attended by managers, and positive feedback has been received. These interactive sessions give managers the opportunity to discuss their cases with HR professionals and peers at a practical level and work through positive solutions to achieve the best outcomes. An in-depth review of CFW has been undertaken following issues highlighted by the analysis contained in the Workforce Update Dashboard. A series of recommendations to help support improvements in sickness levels within CFW have been made and an action plan is in place to monitor improvements over the coming months.</p>			
What difference does this make – the implications of not meeting target?			
<ul style="list-style-type: none"> • Impact on service users/public. • Impact on corporate priorities and plans. • Impact on service/partner priorities. • Impact on equalities, sustainability or efficiency <p>Can we move resources to support this or other priorities?</p>			
<p>If sickness absence levels are high, then this has a significant impact on service delivery and costs at a time when the Council has to manage with limited resources. High absence levels also carry the indirect cost of increased workload pressure on colleagues of absent staff.</p>			
How can we make sure things get better?			
<ul style="list-style-type: none"> • What activities have been or will be put in place to address underperformance? Make specific reference to action plans. • When performance will be brought back on track? • Assess the need for additional resources/funding/training/investment. • Identify the source of additional resources/funding/training/investment. • Consult with other services, staff, managers, relevant Members and partners. 			
As part of the wider Health and Well-being strategy, health & well-being events continue to			

be rolled out across the Authority, including Health and Wellbeing Days, where staff come together and have access to a range of health checks, fun activities, advice and information. We have also delivered a range of local activities for staff including mindfulness sessions, yoga, guide dog interaction, Zumba and a range of team sports – football, netball and rounders. A staff led lunchtime running club has been established for runners of all abilities. This group provides an opportunity for individuals to get fitter, whilst socialising with peers.

Wellbeing Champions have also been identified, bringing together staff who have volunteered to support peers and promote wellbeing initiatives across services. Their meetings provide a forum for them to discuss the role of the champions, update on wellbeing interventions and feedback ideas for the direction of the Wellbeing Strategy.

Out of these sessions, the idea for the Carers' Support network was established and this staff group is now successfully up and running. A five week mental health awareness training programme was also delivered. This programme supported both managers and employees to understand mental health issues, specifically focusing on Basic Mental Fitness, Stress Management Techniques, Using Resilience to Manage Setbacks and Work Life Balance. In addition, the Attendance Management policy is currently being reviewed by Human Resources working closely together with managers and unions to improve absence management.