



# TRAFFORD COUNCIL

## ANNUAL DELIVERY PLAN 2016/17 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) 2016/17 at year end (quarter 4) and supporting management information.

This covers the Council's six Corporate Priorities

- Low Council Tax and Value For Money
- Economic Growth and Infrastructure
- Safe Place to Live – Fighting Crime
- Health and Wellbeing
- Supporting Young People
- Reshaping Trafford Council

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

## 2. Performance Key

<b>G</b> Performance meets or exceeds the target	↑	Performance has improved compared with the previous period
<b>A</b> Performance is within the agreed % of the target	↔	Performance is the same compared with the previous period
<b>R</b> 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 17 onwards).

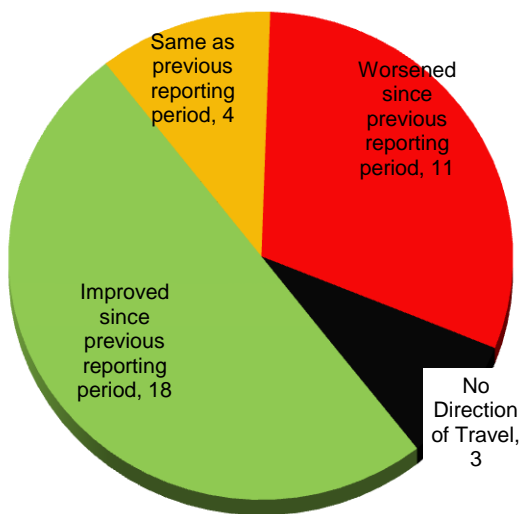
		DEFINITION	Target	Actual	RAG	ER
Council Priority	Low Council Tax and Value for Money	% of household waste recycled/composted (* unvalidated)	62.5%	61.3%*	↓	✓
		10% increase in online transactions	10%	10%	↓	
		Delivery of efficiency and other savings (£ Millions)	22.64	22.64	↑	
		Reduce the level of sickness absence (Council-wide) (days)	8.5	10.51	↓	✓
		Percentage of Council Tax collected	98%	98.2%	↑	
		Percentage of Business Rates collected	97.5%	97.79%	↑	
	Economic Growth and Development	% of ground floor vacant units in town centres	14.5%	10.8%	↑	
		% of major planning applications processed within timescales	96%	98%	↑	
		The number of housing units for full planning consents granted	700	1279	↑	
		The number of housing units started on site	300	1104	↑	
		The number of housing completions per year	250	280	↑	
		Total Gross Value Added (£ Billions)	6.95	6.9	↑	✘
		Value of major developments obtaining planning consent (£m)	2.1	4.95	↑	
		Value of major developments completed (£ Millions)	1	1.24	↑	
		Percentage of Trafford Residents in Employment	75%	79.8%	↓	
		Deliver the 16/17 Highway Maintenance Capital Programme	100%	100%	↔	
		% relevant land and highways assessed as Grade B or above	83%	86.1%	↓	
		% Highway safety inspections in compliance with programme	100%	97.8%	↑	
		Average achievement of Customer Care PIs (Amey)	90%	94%	↓	
		% of food establishments 'broadly compliant with food law'	86%	89%	↔	
	Safe Place to Live - Fighting Crime	Position of Trafford in GM in terms of Total Crime Rate	1st	1st	↔	
		Reduce repeat demand incidents that are linked to: Domestic Abuse; Missing from home/care; Alcohol or Substance Misuse	60%	29%	↑	
		To improve the public perception of how the police and the Council are dealing with ASB and crime	79%	N/A	N/A	
		Number of perpetrators of domestic abuse we work with through voluntary Behaviour Change programmes	40	N/A	N/A	
	Health and Wellbeing	Delayed Transfers of Care attributable to Adult Social Care per 100,000 pop 18+	10.0	14.79	↓	✓
		Permanent admissions of older people to Residential/Nursing care	250	280	↓	✓
		NHS Health Checks delivered to the eligible population aged 40-74	6000	5850	↑	✓
	Supporting Young People	% of pupils achieving 5 A*-C GCSE including English and Maths	72%	71.4%	↑	Q3
		% of disadvantaged pupils achieving 5 A*-C GCSE including English and Maths	40%	41.5%	↑	
		KS2 Pupils achieving expected levels in: reading, writing and maths	NEW	66%	N/A	
% of Trafford pupils educated in a Good or Outstanding school		94.5%	93.9%	↓	✓	
Young people accessing youth provision through Youth Trust model		1050	1532	↑		
16-18 year olds who are not in education, employment or training		4%	3.63%	↓		
Reshaping Trafford Council	Proportion of children made subject to a Child Protection Plan for a second or subsequent time	20%	24.1%	↓	✓	
	Number of third sector organisations receiving intensive support	100	127	↑		
	No of Locality Networking Events held	16	16	↔		

### 3.2 Performance Summary Charts

#### Performance Indicator RAG Status by Corporate Priority



#### Direction of Travel of all Performance Indicators

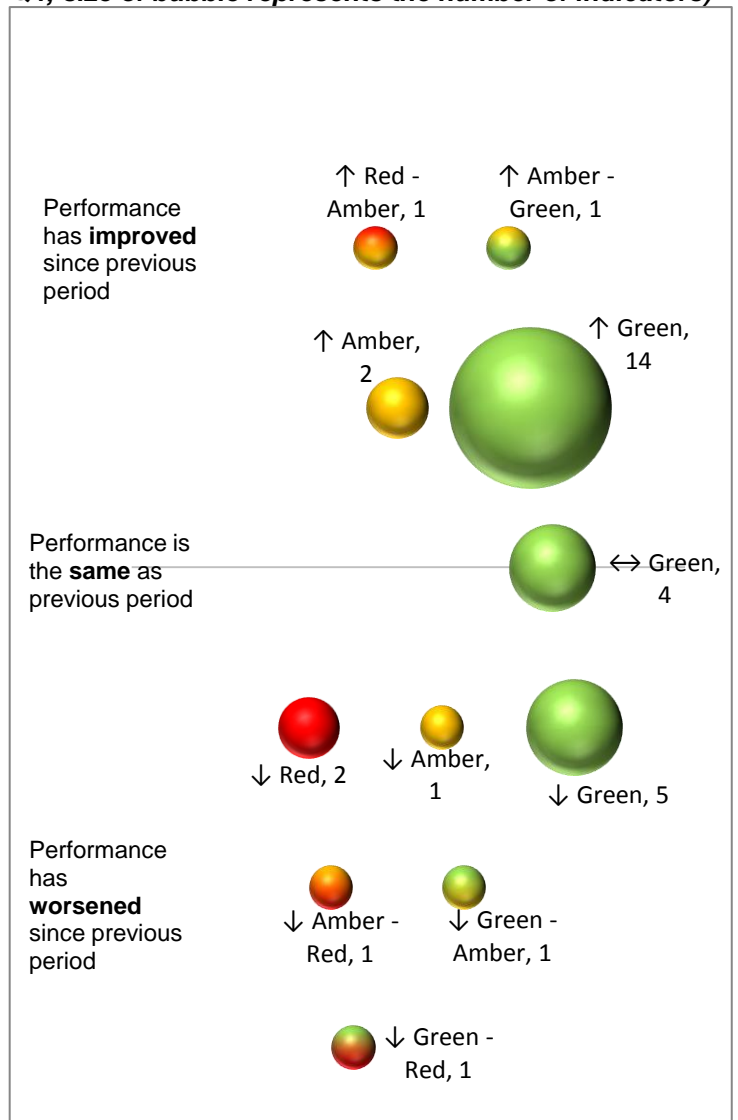


The ADP has 36 indicators: All indicators have been reported, although two of these have no data (one scheme has not started and the other is a survey that was discontinued after Q2).

There are 24 Green indicators (on target), 5 Amber and 4 Red. One new indicator has no target and therefore no RAG status or direction of travel.

18 have improved since last period (previous quarter, or 2015/16 for annual indicators), 4 have stayed the same and 11 have worsened since the last period.

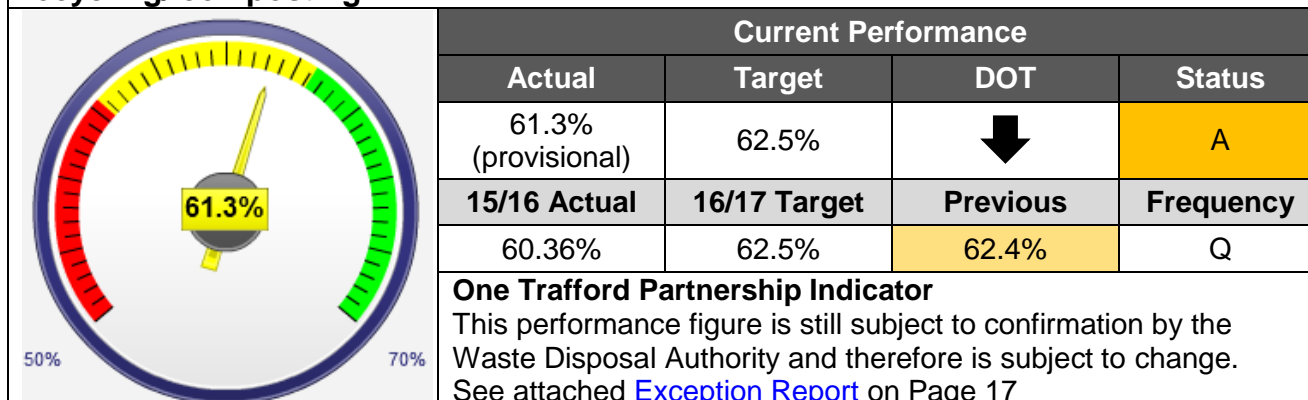
#### Direction of Travel and RAG status (Position in relation to central line indicates direction of travel in Q4; size of bubble represents the number of indicators)



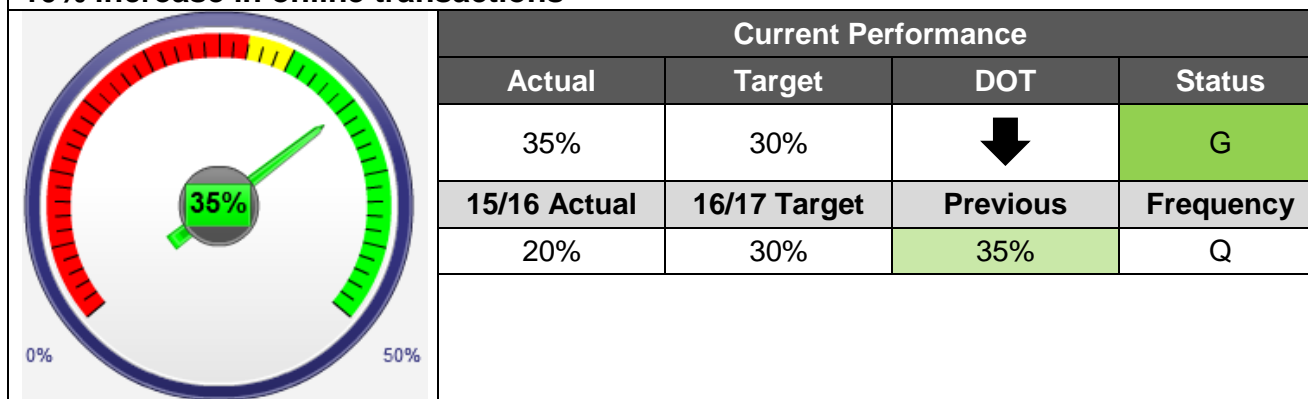
## Section 4 – Performance Information

### LOW COUNCIL TAX AND VALUE FOR MONEY

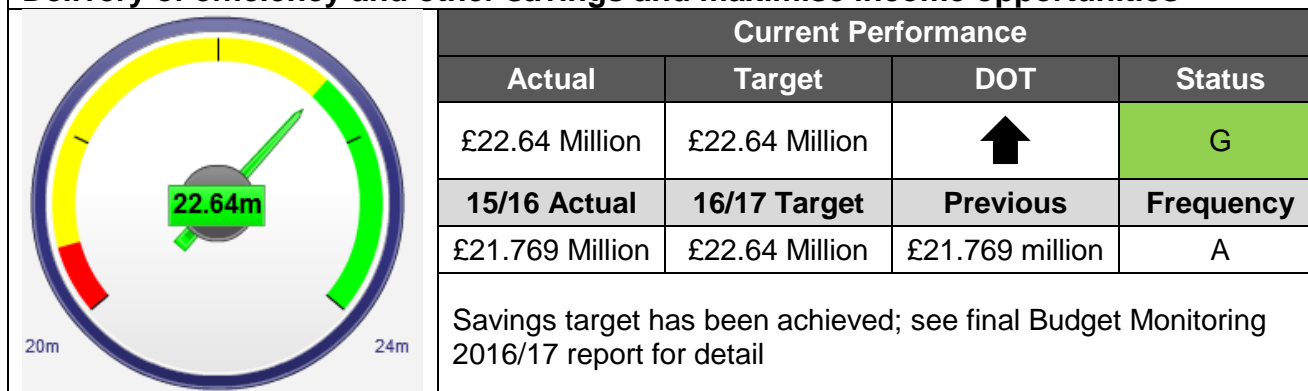
#### Improve the % of household waste arisings which have been sent by the Council for recycling/ composting



#### 10% increase in online transactions

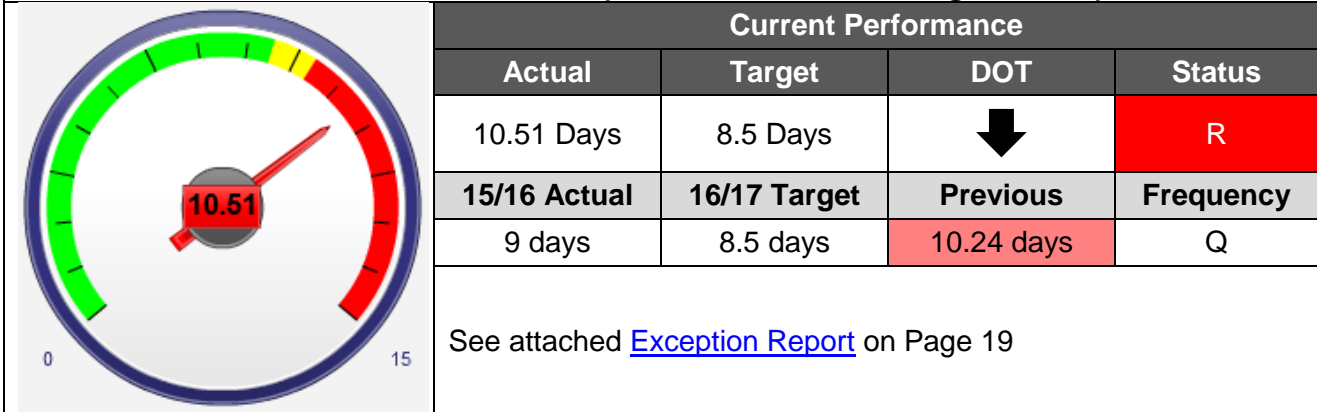


#### Delivery of efficiency and other savings and maximise income opportunities

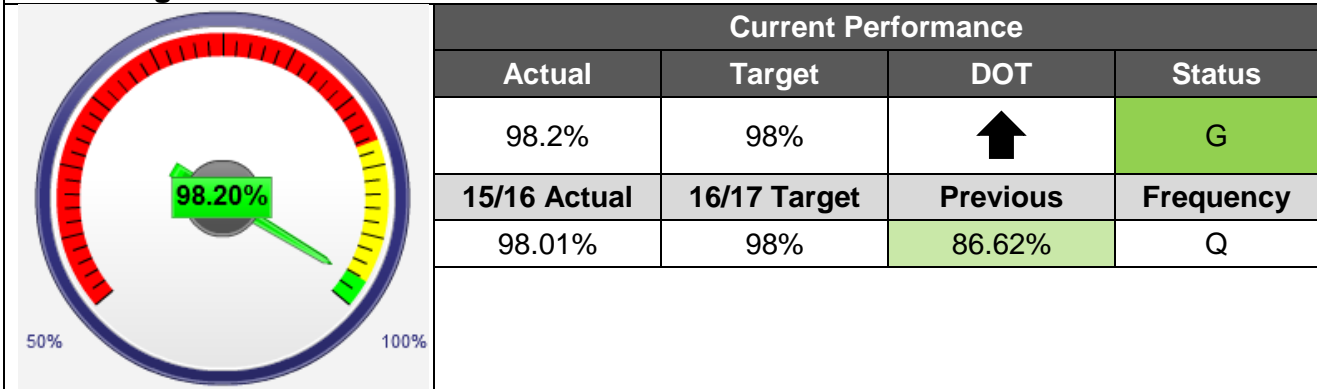


## LOW COUNCIL TAX AND VALUE FOR MONEY

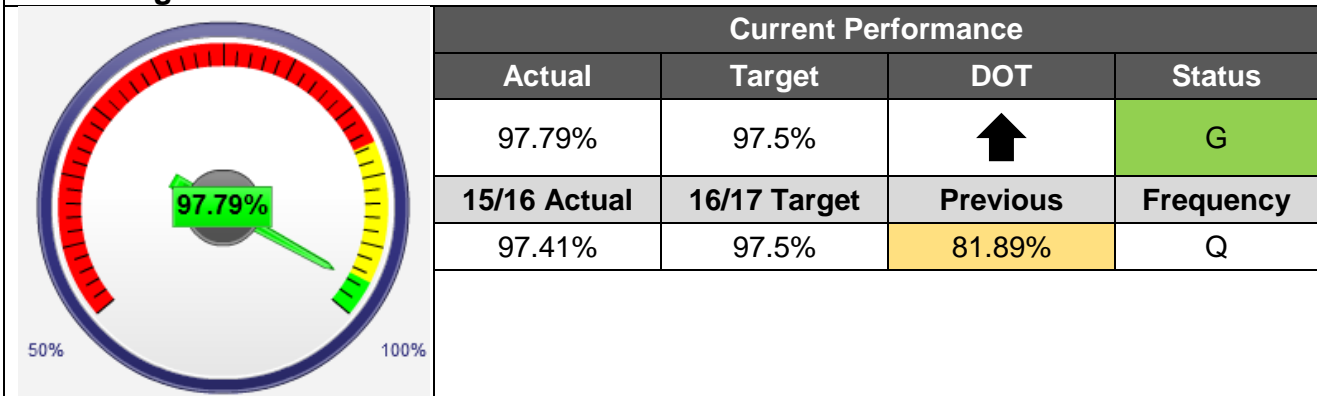
### Reduce the level of sickness absence (Council wide excluding schools)



### Percentage of Council Tax collected

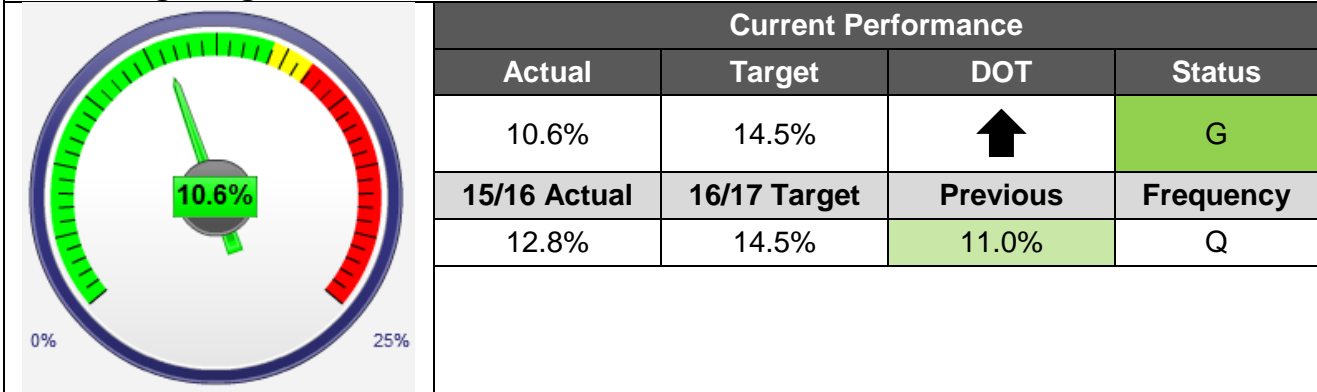


### Percentage of Business Rates collected

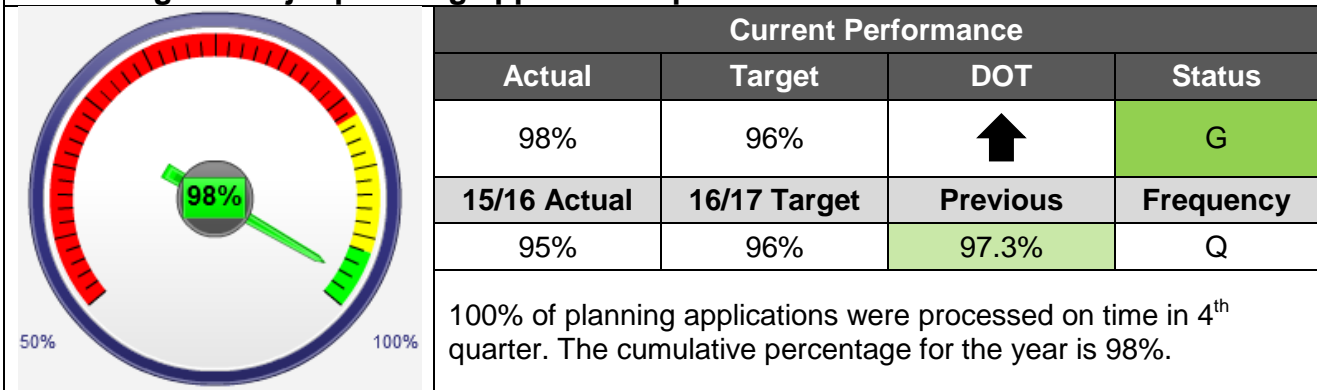


## ECONOMIC GROWTH AND DEVELOPMENT

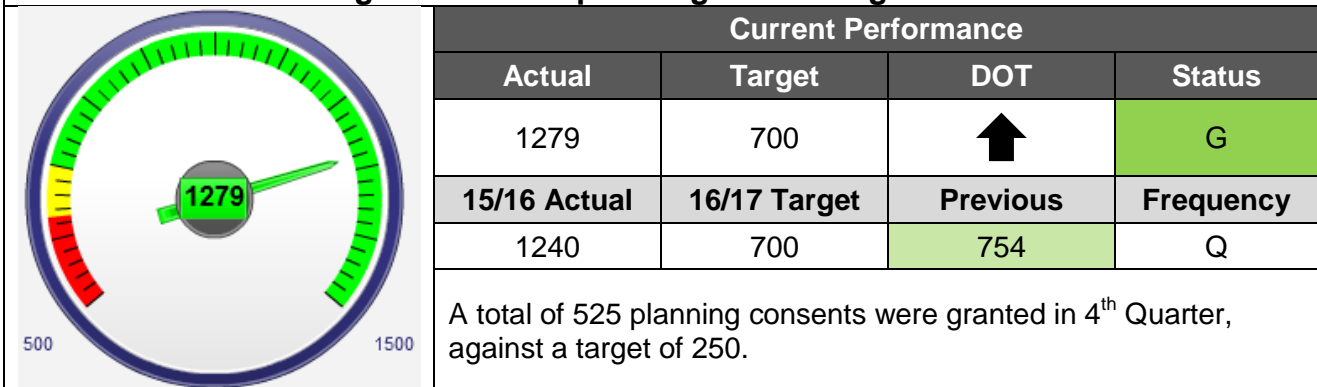
### Percentage of ground floor vacant units in town centres



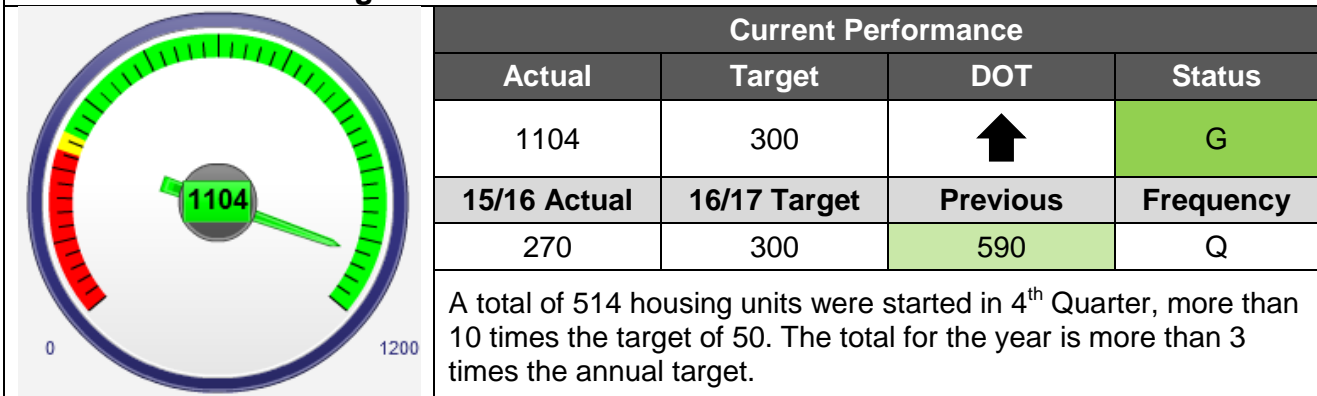
### Percentage of major planning applications processed within timescales



### The number of housing units for full planning consents granted



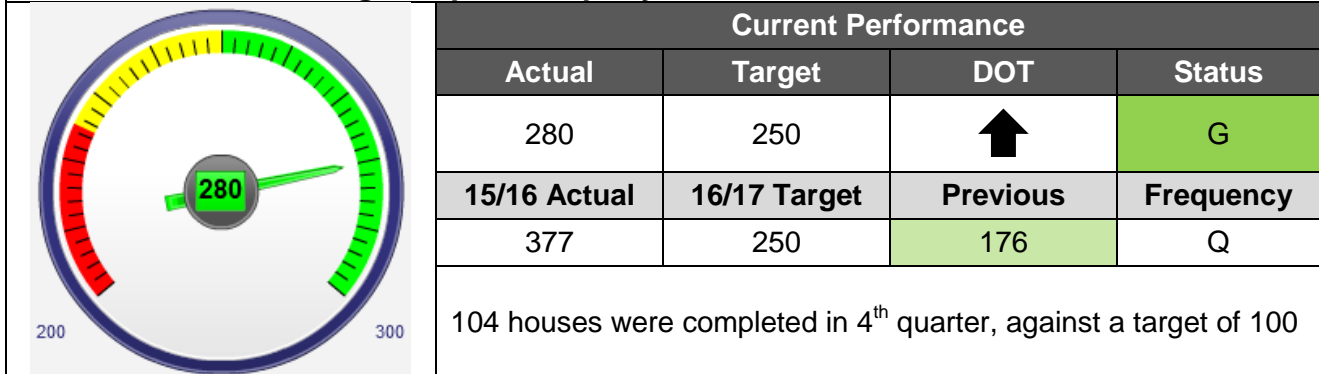
### The number of housing units started on site



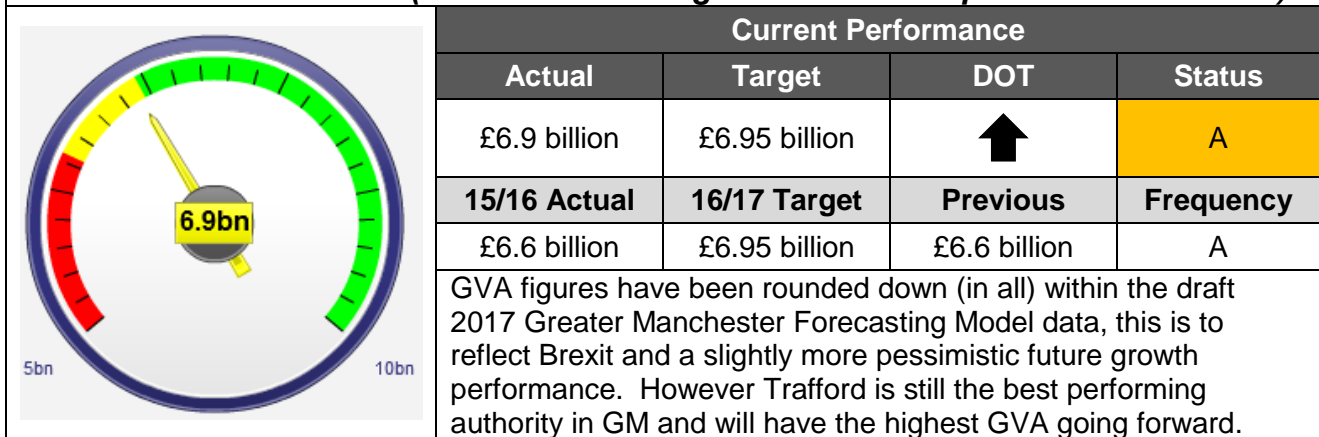


## ECONOMIC GROWTH AND DEVELOPMENT

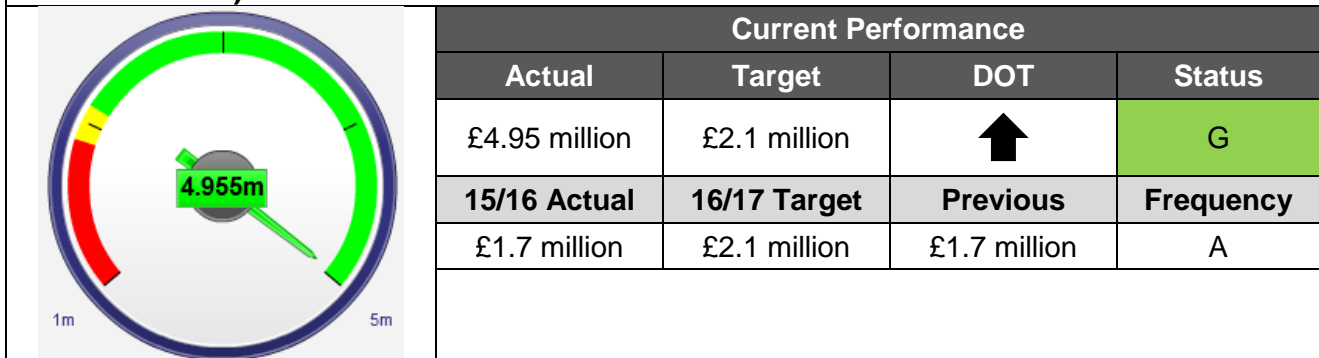
### The number of housing completions per year



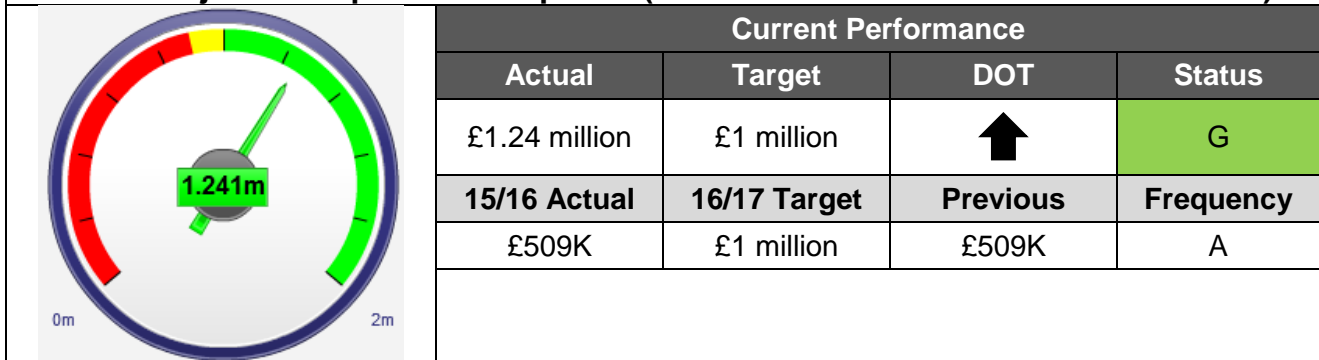
### Total Gross Value Added (*The total value of goods + services produced in the area*)



### Value of major developments obtaining planning consent (based on Council tax and rateable value)



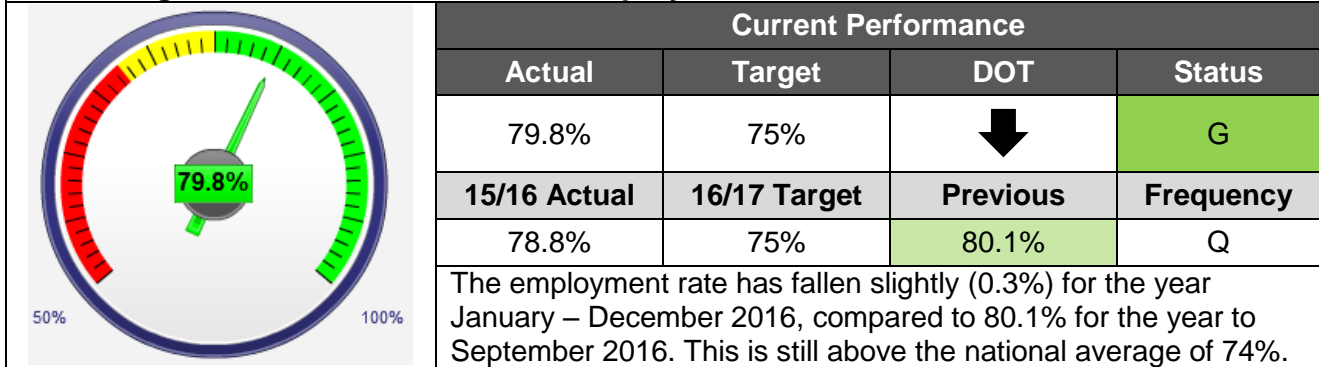
### Value of major developments completed (based on Council tax and rateable value)



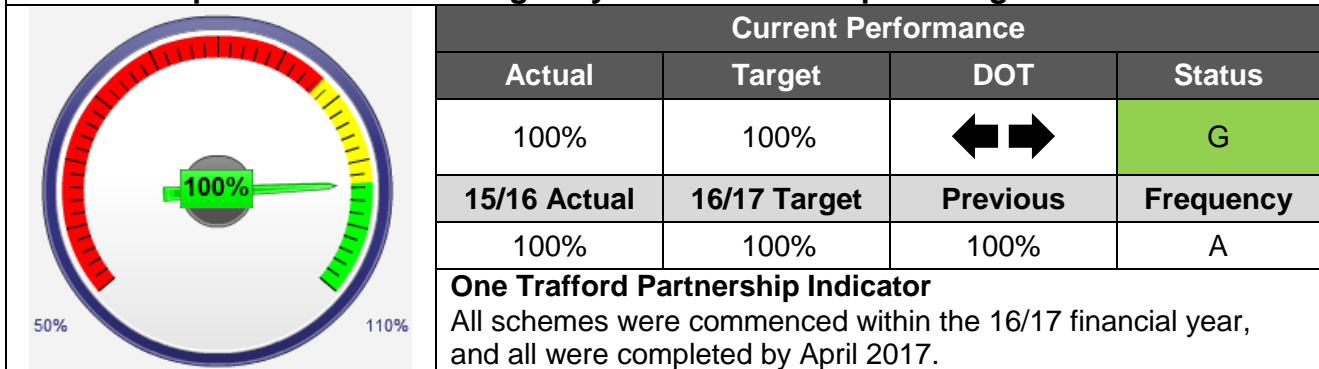


## ECONOMIC GROWTH AND DEVELOPMENT

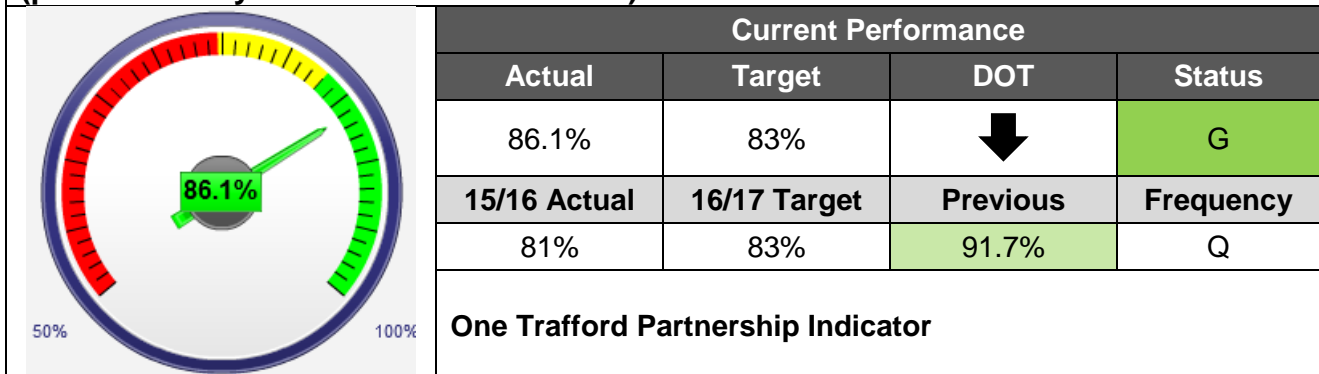
### Percentage of Trafford Residents in Employment



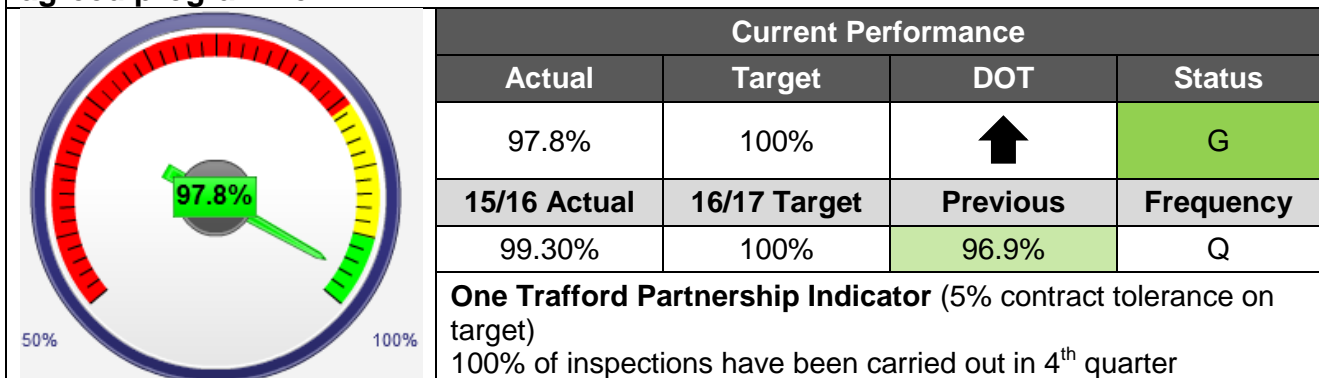
### Deliver the published 2015/16 Highway Maintenance Capital Programme



### The percentage of relevant land and highways assessed as Grade B or above (predominantly free of litter and detritus)

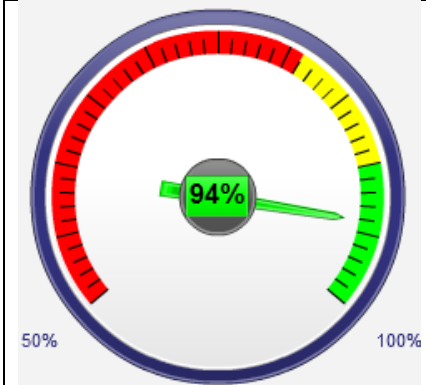


### Percentage of Highway safety inspections carried out in full compliance with the agreed programme



## ECONOMIC GROWTH AND DEVELOPMENT

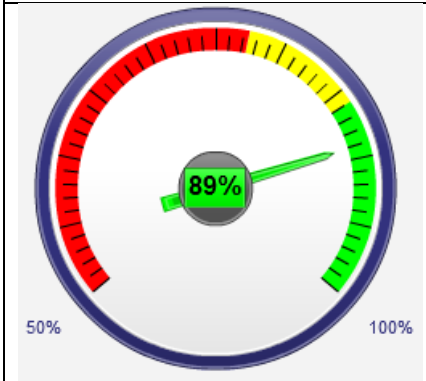
### Average achievement of Customer Care PIs (AMEY)



Current Performance			
Actual	Target	DOT	Status
94%	90%	↓	G
15/16 Actual	16/17 Target	Previous	Frequency
91.23%	90%	96.3%	Q

One Trafford Partnership Indicator

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

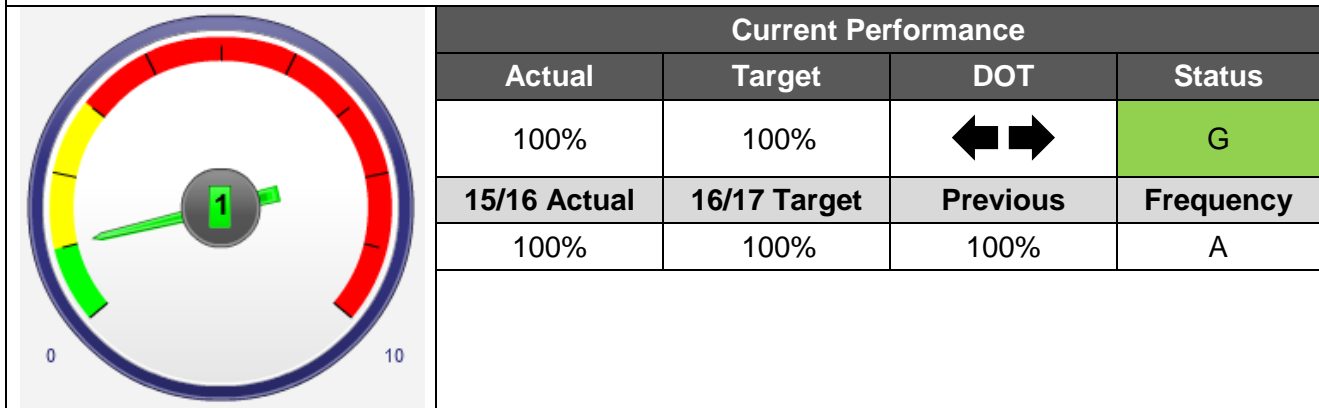


Current Performance			
Actual	Target	DOT	Status
89%	86%	↔	G
15/16 Actual	16/17 Target	Previous	Frequency
89%	86%	89%	A

Q4 figure is an estimate and will be confirmed by 30/05/17.

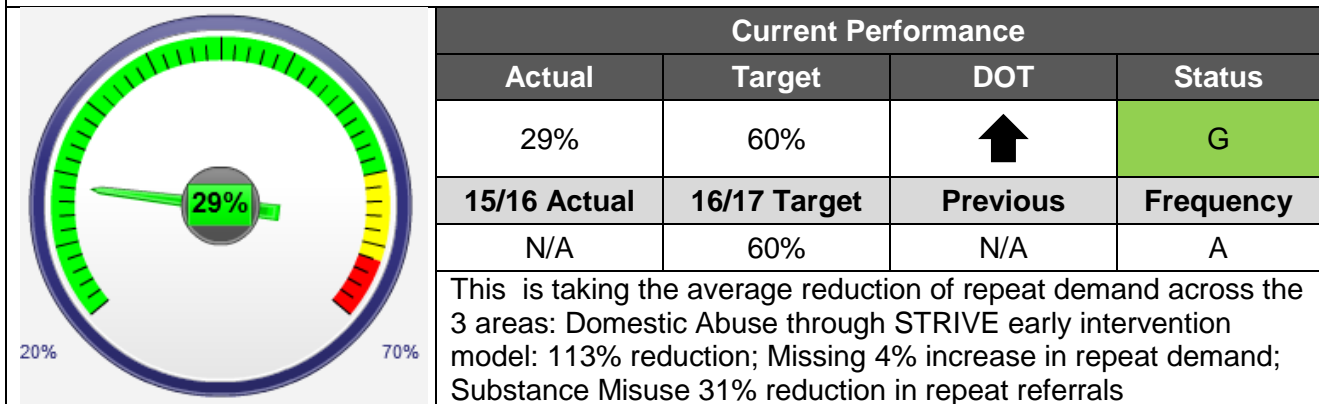
## SAFE PLACE TO LIVE – FIGHTING CRIME

Maintain the position of Trafford compared to other GM areas in terms of Total Crime Rate

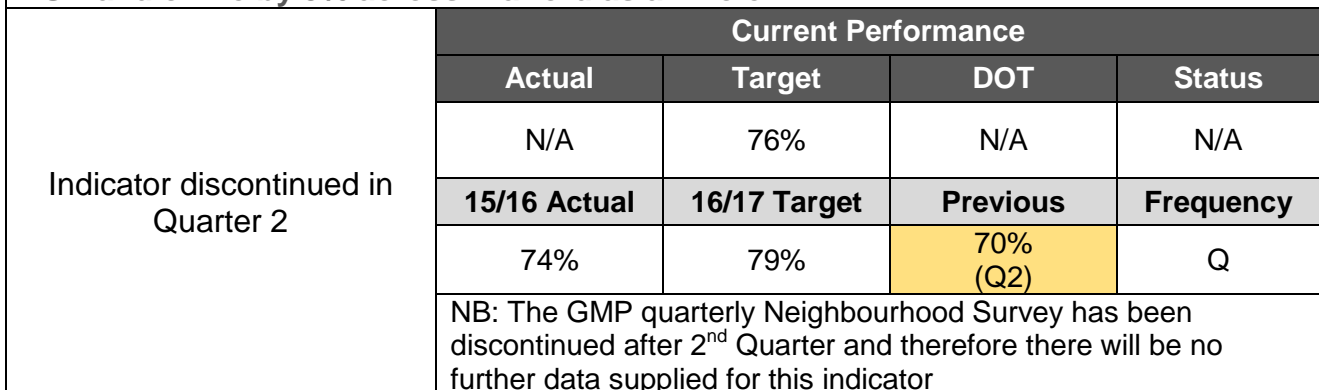


Reduce the number of repeat demand incidents at addresses or locations by 20% that are linked to:

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



To improve the public perception of how the police and the Council are dealing with ASB and crime by 5% across Trafford as a whole



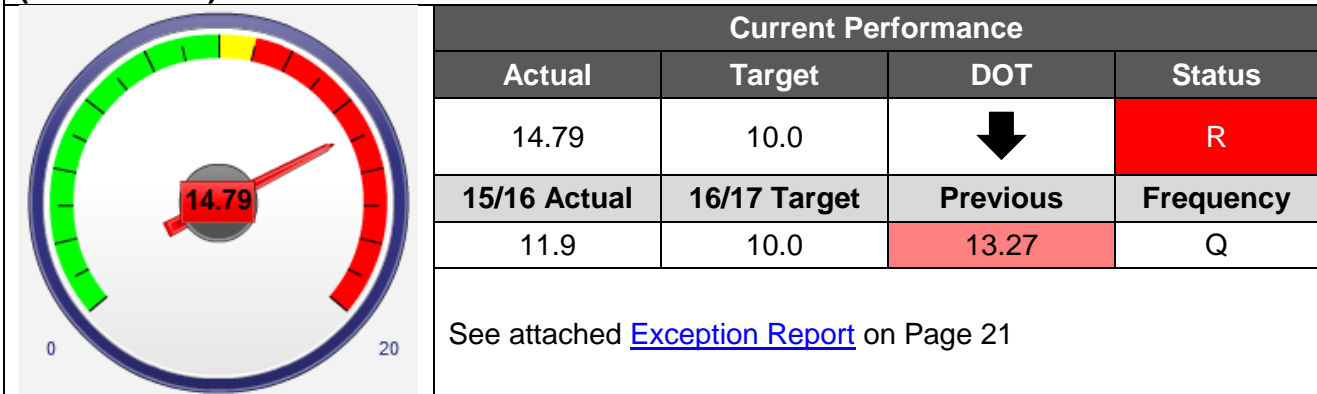
## SAFE PLACE TO LIVE – FIGHTING CRIME

**To increase the number of perpetrators of domestic abuse we work with through voluntary Behaviour Change programmes and to reduce the risk of those individuals repeating abusive behaviour**

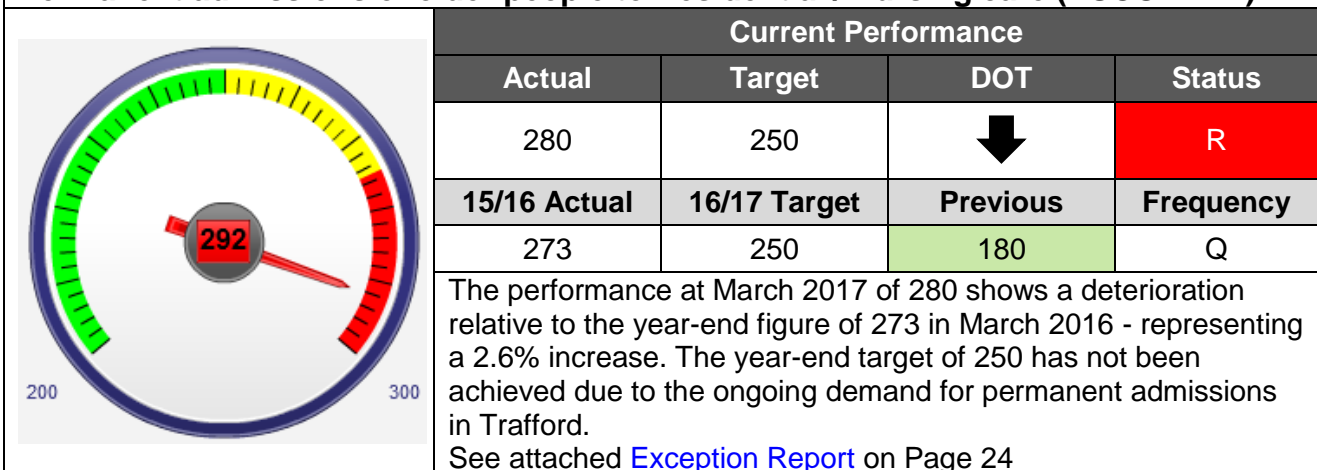
No data collected	Current Performance			
	Actual	Target	DOT	Status
	N/A	74	N/A	N/A
	15/16 Actual	16/17 Target	Previous	Frequency
	74	40	74	A
<p>The new voluntary Behaviour Change programme was commissioned using OPCC funding in April 2016 and this target was set based on the targets within the contract with the provider. However the mobilisation of the programme was delayed until December 2016 due to GM Information Governance issues. Our initial launch of the programme run in the Spring of 2016 was lost as a result of the delay. GM have recognised this and are now working with all boroughs to re-launch and promote the programmes. As a result our programme has yet to run its first cohort and so the target has not been achieved.</p>				

## HEALTH AND WELLBEING

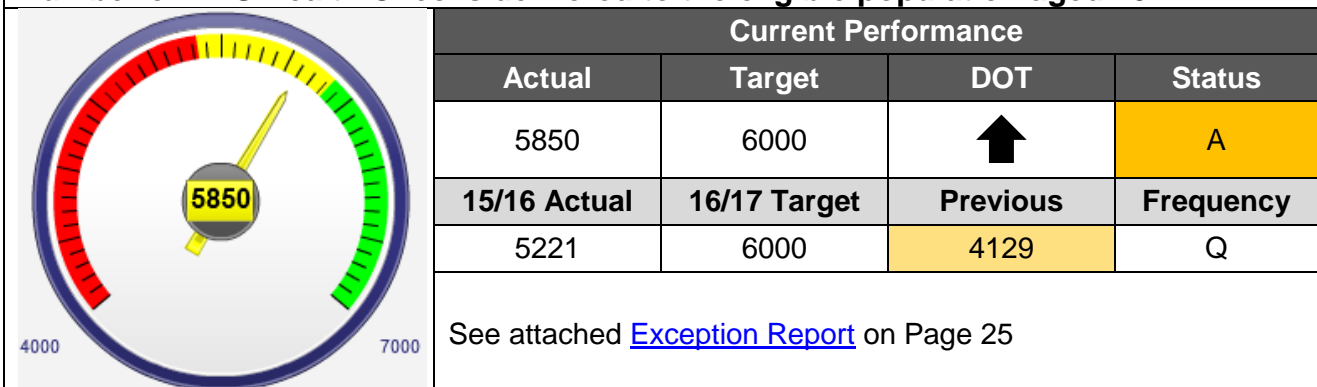
### Delayed Transfers of Care attributable to Adult Social Care per 100,000 pop 18+ (ASCOF 2Cii)



### Permanent admissions of older people to Residential / Nursing care (ASCOF 2Aii)

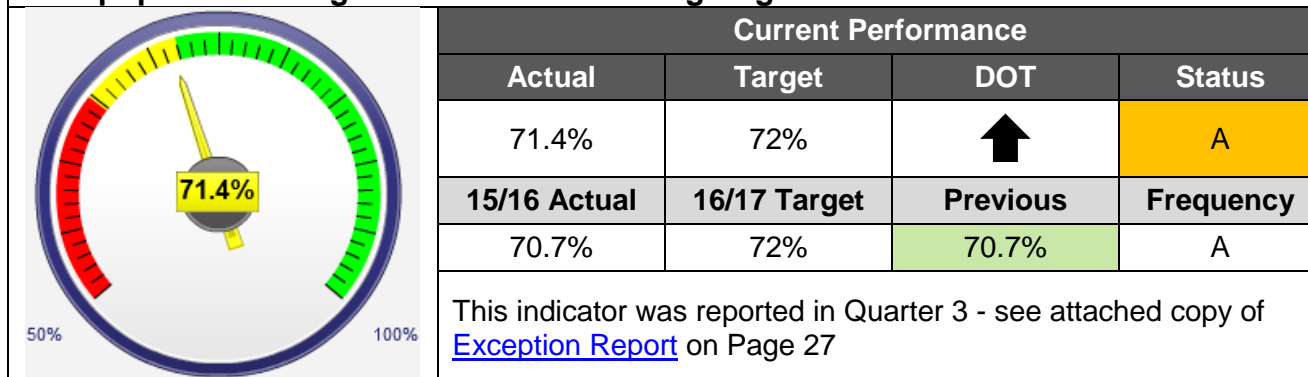


### Number of NHS Health Checks delivered to the eligible population aged 40-74

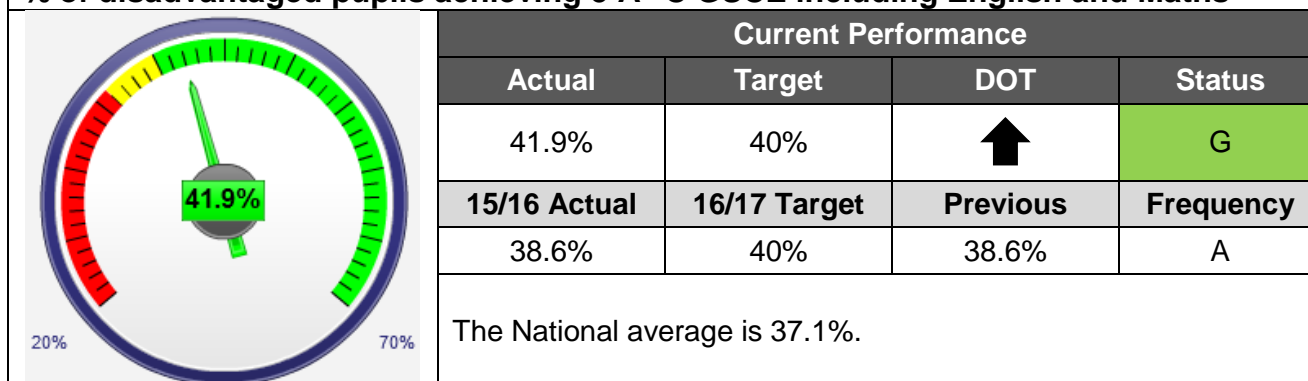


## SUPPORTING YOUNG PEOPLE

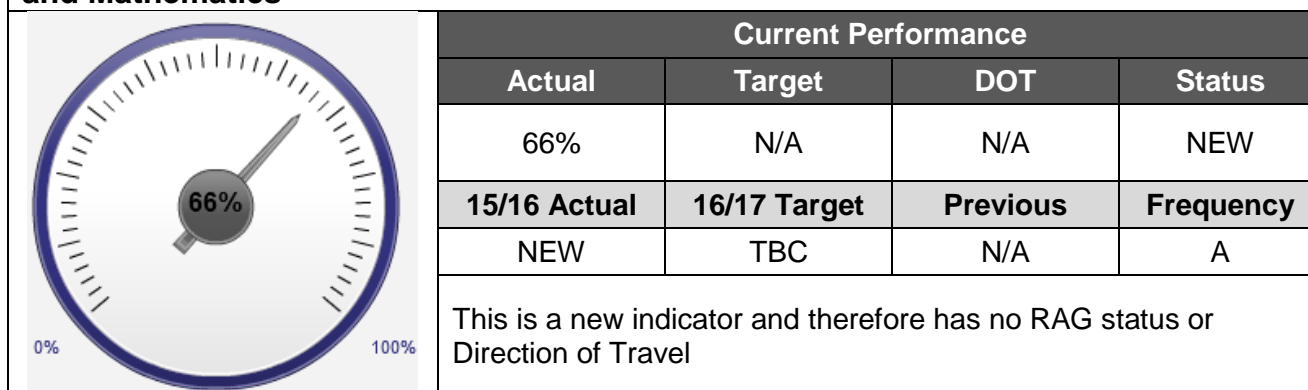
### % of pupils achieving 5 A\*-C GCSE including English and Maths



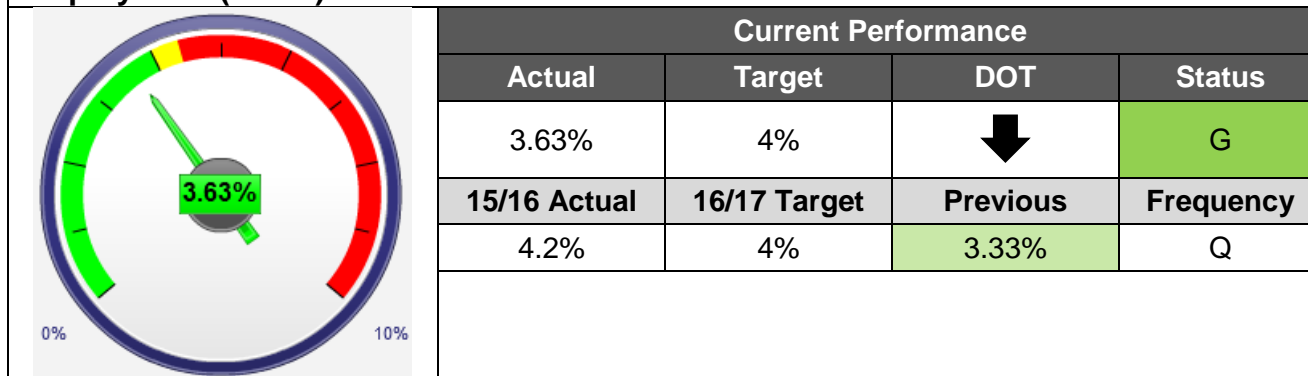
### % of disadvantaged pupils achieving 5 A\*-C GCSE including English and Maths



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

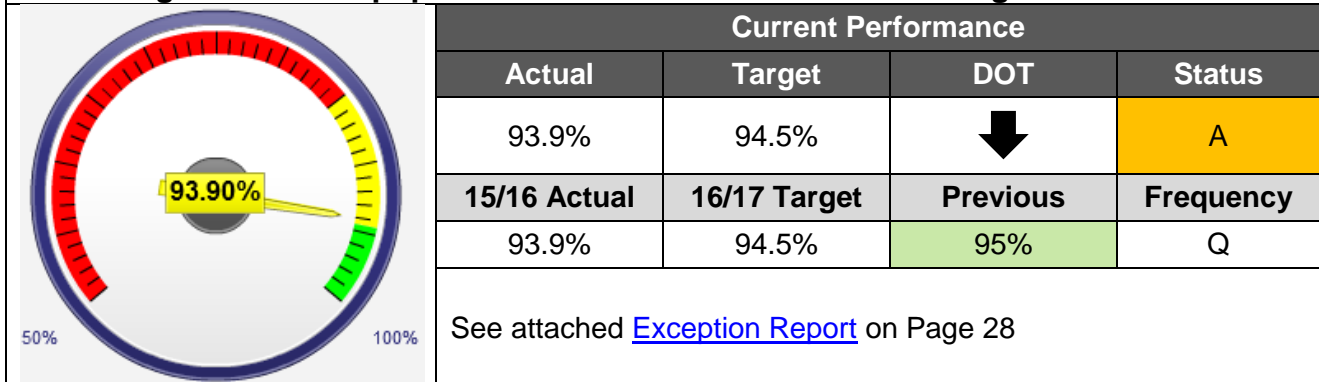


### Maintain the low level of 16-18 year olds who are not in education training or employment (NEET) in Trafford

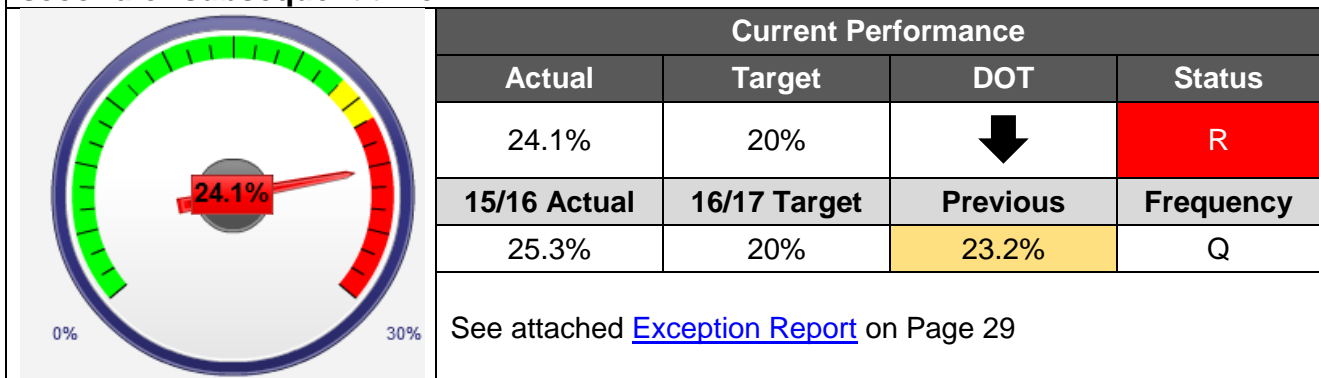


## SUPPORTING YOUNG PEOPLE

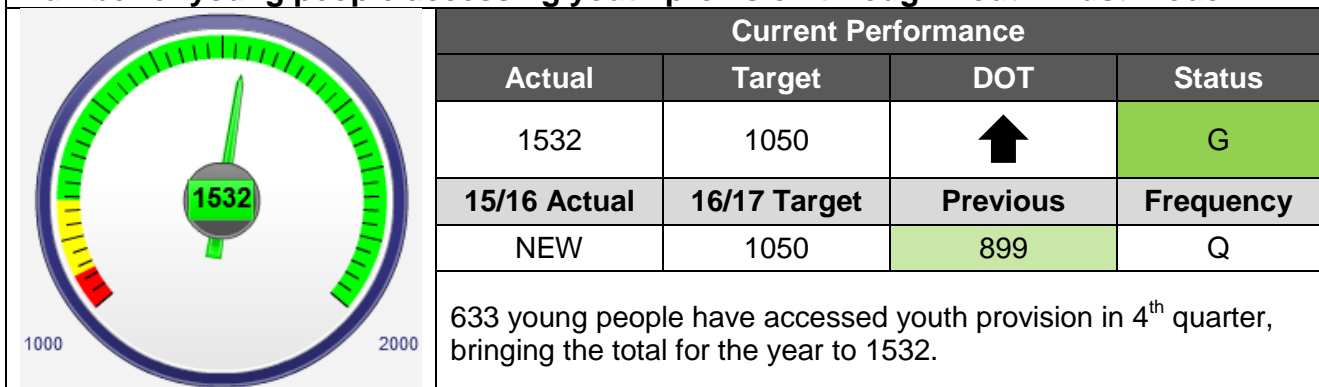
### Percentage of Trafford pupils educated in a Good or Outstanding school



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



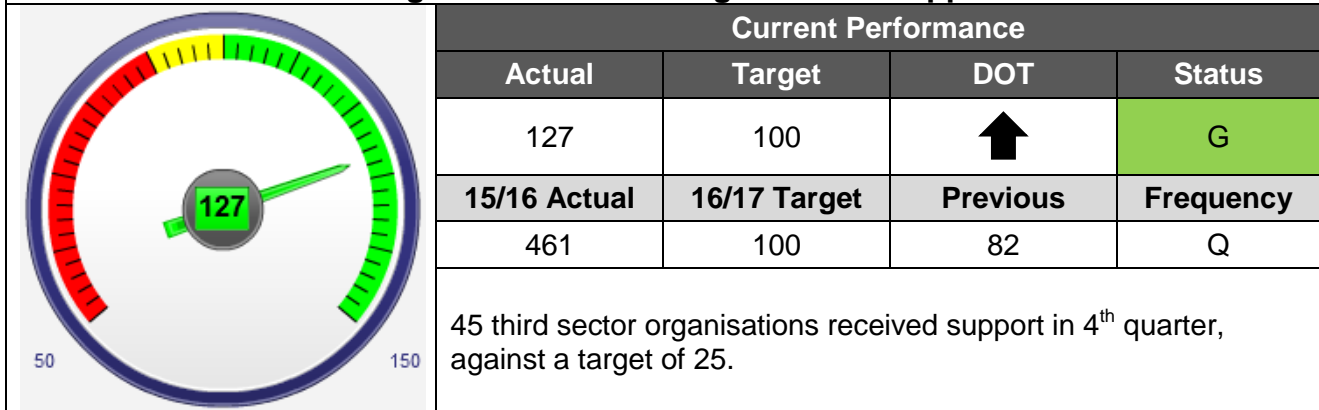
### Number of young people accessing youth provision through Youth Trust model



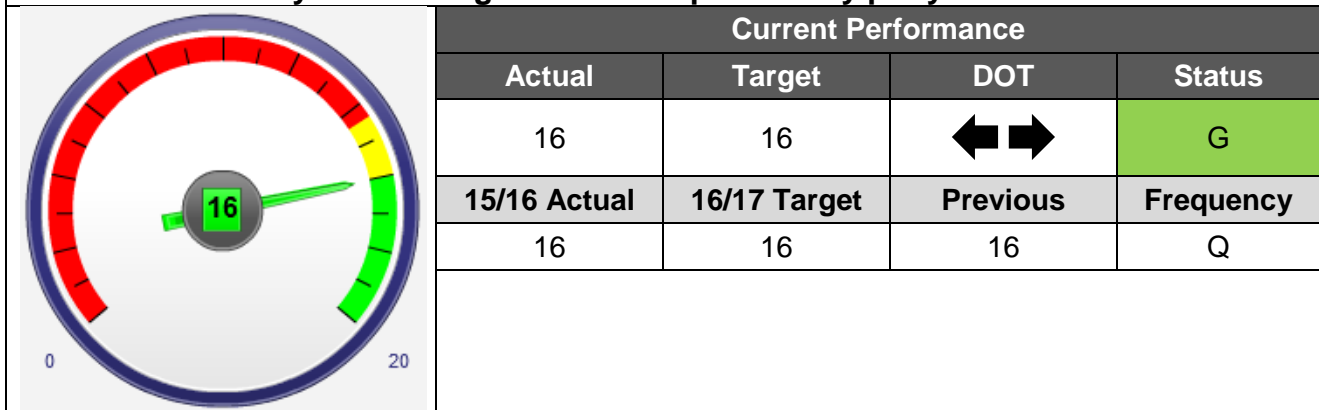


## RESHAPING TRAFFORD COUNCIL

### Number of third sector organisations receiving intensive support



### Number of Locality Networking Events held per locality per year



## 5. Exception Reports

### 5.1 Low Council Tax and Value for Money

Theme / Priority:	LOW COUNCIL TAX AND VALUE FOR MONEY		
	Environmental Services		
Indicator / Measure detail:	Improve the percentage of household waste arisings that have been sent by the Council for recycling or composting		
Baseline:			
<b>Target and timescale:</b>	Annual target of 62.5%	<b>Actual and timescale:</b>	Q4 Performance 61.3% (cumulative)
<b>Why is performance at the current level?</b>			
<ul style="list-style-type: none"> <li>• Is any variance within expected limits?</li> <li>• Why has the variance occurred?</li> <li>• Is further information available to give a more complete picture of performance?</li> <li>• What performance is predicted for future periods?</li> </ul>			
<p>This annual indicator is measured on a cumulative basis with recycling with fluctuations seen on a monthly basis due to the high volume of garden waste collected for composting by Trafford residents in comparison to other Local Authorities.</p> <p>The One Trafford Partnership has seen overall increases over the year in both the food/garden waste and co-mingled recycling streams compared to tonnages collected last year. The food/garden waste collected has increased by 1290 tonnes with the co-mingled stream increasing by 243 tonnes.</p> <p>The Partnership analyses tonnage data on a weekly basis and has worked with the GMWDA to target areas with lower recycling performance. The targeted campaign resulted in a significant increase in the number of food caddy's being requested.</p> <p>The increases experienced in the above recycling streams have been unable to mitigate the continuing national trend of less paper 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 423 tonnes in 16/17. 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 last year 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.</p>			
<b>What difference does this make – the implications of not meeting target?</b>			
<ul style="list-style-type: none"> <li>• Impact on service users/public.</li> </ul>			

- 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?

There is a key financial impact if residual waste tonnages increase beyond the levy prediction submitted to the GMWDA in November 2015. It is worth noting that all material streams with the exception of Paper/Card have been delivered in line with expectation as summarised in the table below:

Waste Stream	Target	Delivered	% from Target
Residual	31750 tonnes	30879 tonnes*	+0.7%
Bio-waste	31025 tonnes	30985 tonnes*	- 0.1%
Co-Mingled	10750 tonnes	10935 tonnes*	+1.7%
Pulpable	11800 tonnes	10756 tonnes*	-8.9%

\*Please note all tonnages are still subject to external verification

### 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 weekly basis to identify trends and areas where intervention may be required.

2017/18 introduces a number of changes to the waste collection services in Trafford which will impact the recycling performance of the authority. The One Trafford Partnership will be closely reviewing the impact on performance as the changes are introduced.

The OTP is about to launch the Right Stuff Right Bin Campaign which will run for two years. The campaign will encourage people to recycling more of their household waste and take a firmer approach with residents found not to be recycling.

Projects include:

- An intense door-to-door campaign, with extra visits planned for those who are not recycling and/or contaminating their recycling bins;
- Home composting promotion to reduce the amount of waste produced altogether;
- Bespoke campaign in terraced housing areas to encourage responsible bin ownership and waste management,
- Social media incentive campaign to celebrate and share good recycling practices between residents;
- Opportunity for households to ensure they have a full suite of recycling containers free of charge through the current bin amnesty.

In addition in year two a focused project to encourage more recycling from flats and apartments will be undertaken, including consultation with property management companies in order to ensure correct bin capacity and to tackle contamination issues. The Right Stuff Right Bin Campaign aims to divert an additional 1750t of waste from the grey bin into the recycling bins in the first year, capturing a third of the recyclable waste still in the grey bins by 2020.

<b>Theme / Priority:</b>	<b>LOW COUNCIL TAX AND VALUE FOR MONEY</b>		
Indicator / Measure detail:	Reduce the level of sickness absence (Council-wide, excluding schools) (days)		
Baseline:			
<b>Target and timescale:</b>	8.5 days	<b>Actual and timescale:</b>	10.5 days
<b>Why is performance at the current level?</b>			
<ul style="list-style-type: none"> <li>• Is any variance within expected limits?</li> <li>• Why has the variance occurred?</li> <li>• Is further information available to give a more complete picture of performance?</li> <li>• What performance is predicted for future periods?</li> </ul>			
<p>For a number of years, the Council set a target of 9 days absence, per employee per annum. At the end of 2015/16, this target was achieved. In order to drive further improvement in this area, a stretch target of 8.5 days was set for 2016/17. As at the end of Q1, there was a further improvement in sickness absence and levels decreased to 8.9 days. However, during Q2, there was an increase in absence levels which rose to an average of 9.5 days per employee per annum. This was attributed to a small increase in long term absence cases, which had a significant impact on the overall performance figure. During Q3 this trend continued and there was a further increase in absence levels to 10.2 days. This was again attributable to an increase in long term absence cases as well as an increase in short term absence cases in an area of the workforce that has been subject to organisational change. During Q4 there has been a further increase and the overall result is 10.5 days per employee per annum. In addition to the Health &amp; Wellbeing strategy that was developed to improve attendance in 2016/17, HR Business Partners are working closely with managers in hotspot areas to develop bespoke strategies to tackle increasing absence levels. An additional HR resource has also been put in place to support these strategies to improve attendance over the next 12 months.</p>			
<b>What difference does this make – the implications of not meeting target?</b>			
<ul style="list-style-type: none"> <li>• Impact on service users/public.</li> <li>• Impact on corporate priorities and plans.</li> <li>• Impact on service/partner priorities.</li> <li>• Impact on equalities, sustainability or efficiency</li> </ul> <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>			
<b>How can we make sure things get better?</b>			
<ul style="list-style-type: none"> <li>• What activities have been or will be put in place to address underperformance? Make specific reference to action plans.</li> <li>• When performance will be brought back on track?</li> <li>• Assess the need for additional resources/funding/training/investment.</li> <li>• Identify the source of additional resources/funding/training/investment.</li> <li>• Consult with other services, staff, managers, relevant Members and partners.</li> </ul>			
<p>An action plan to improve attendance across the Council has been incorporated into the Health and Wellbeing Strategy which is being delivered across the Council. This strategy is continuously reviewed and a Steering Group has been established to ensure the plan is focused and delivers tangible improvements. A pro-active approach is in place to improving a number of key areas to support attendance levels such as the prevention of</p>			

illness and injury. moving and handling training, access to training and support for mental health conditions, access to staff benefits such as reduced rates for leisure activities. It also focuses on improving staff morale through reward and recognition initiatives e.g. Celebrating Success, Staff Awards, the implementation of a succession planning strategy; there is also a focus on continuing to drive forward improvements to our policies and processes e.g. refreshing the Improving Attendance Policy, improving management information on sickness absence and updating the approach to stress and the management of mental health conditions. In addition refresher Attendance Management training sessions are being delivered for all service managers. We continue to monitor sickness absence at all levels throughout the organisation from an individual level via return to work interviews through to the involvement of Elected Members at Member Challenge sessions.

## 5.2 Health and Wellbeing

Theme / Priority: HEALTH AND WELLBEING			
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:	14.79 (To end March 2017).
<b>Why is performance at the current level?</b>			
<ul style="list-style-type: none"> <li>• Is any variance within expected limits?</li> <li>• Why has the variance occurred?</li> <li>• Is further information available to give a more complete picture of performance?</li> <li>• What performance is predicted for future periods?</li> </ul>			
<p>At the end of March 2017, the DToC figure was <b>14.79</b> which represent deterioration on the figure reported at Quarter 3 of 13.27. Trafford has also under-performed relative to the year-end target of 10.</p> <p>There continues to be a high volume of delayed discharges from University Hospital South Manchester (UHSM) that is due to a range of complex factors with the current performance being attributed to a number of factors including:</p> <p>Some homecare providers having insufficient provision for business continuity to cover peak periods due to recruitment difficulties. This leaves them with poor staffing levels and a limited ability to take new packages, putting further stress on an already limited workforce. We are working with providers to resolve this and have been commissioning new providers however the higher than average levels of employment in Trafford and skilled workforce make recruiting to this workforce in Trafford very difficult, if not impossible. Additionally new capacity that is secured is quickly outstripped by demand.</p> <p>There is an ongoing lack of intermediate care beds in Trafford which is putting additional pressure on other types of care packages thus increasing delayed discharge volumes. This is recognised by Trafford CCG and the bed capacity was recently increased to address this.</p> <p>There have been substantial challenges with recording in line with national definitions i.e. consistency of approach/interpretation being an issue across the hospitals.</p> <p>Finally, significant work is underway between the council, UHSM 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 medical bed capacity.</p>			
<b>What difference does this make – the implications of not meeting target?</b>			
<ul style="list-style-type: none"> <li>• Impact on service users/public.</li> <li>• Impact on corporate priorities and plans.</li> <li>• Impact on service/partner priorities.</li> <li>• Impact on equalities, sustainability or efficiency</li> </ul> <p>Can we move resources to support this or other priorities?</p>			
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:

### **UHSM funded Social Workers (2)**

The UHSM funded social work posts have completed 278 contacts in Liquid Logic, our case management system, been involved in 252 cases, completed 19 screening assessments, 108 reassessments, commissioned 91 long term packages of care/placements and placed 23 cases with the Reablement service. This additional capacity has been invaluable given the high workload within the integrated health and social care team at UHSM and without which additional delays would have been inevitable.

### **Rapid Discharge Beds**

Commissioned in partnership with Trafford CCG to expedite discharges. Currently 36 beds commissioned and available with 32 being utilised and 20 beds representing new capacity for Trafford. For eligible patients, the process for accessing these beds has enabled an efficient pathway from discharge to placement. These are monitored by the Strategic Lead for Hospital Discharges at UHSM and reported to the CCG.

### **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 reduced 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 and the CHC screen is completed prior to the agreed date of discharge.

### **Flexible Nursing Cover**



Nursing cover has been amended to cover from 8am – 5pm (instead of 4pm) to help expedite later discharges. An audit is ongoing to identify essential work and establish workload levels post 4pm.

### **Contact Officers (CO)**

Trafford extended the CO's contract for an additional twelve months from April 16 resulting in the early screening of 1,784 social work notifications (including section 2 and section 5's) from 01/04/16 to 29/01/17. An additional temporary CO has also been appointed. The posts are successfully screening out inappropriate or incomplete referrals at an early phase thus reducing the number of hours the social care team spend chasing outstanding information and/or beginning assessments before the patient is ready. Freeing the team to concentrate on those patients in need of an assessment in preparation of a planned discharge. We are currently looking at expanding the role.

### **LA Monitoring and Reporting Implemented**

DTOC's are now also monitored daily by Trafford Council and revised internal reporting structures have been implemented.

### **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. In addition to the Rapid Discharge Beds outlined above, 4 New Home Care providers have been brought on to the Home Care Framework so far this year.

In addition the SAMS service is currently being assessed with a view to expanding the service and Trafford commissioners now also have a presence on site to help expedite discharges, especially those that are proving difficult to find placements and/or packages of care.

### **CEC Pilot**

The community Enhanced Care team pilot placed CEC urgent and community enhanced teams at UHSM in ED and AMU to screen patients presenting at the hospital and establish whether the CEC service could provide the care they needed in the community, rather than progressing to a hospital admission.

Whilst the above measures have generally proved a success, weekend discharges continue to prove a challenge and options to facilitate weekend discharges with providers will be considered during future contract discussions. The increased demand on services (especially the seasonal winter pressures) and shortages in the provider market continue to have an adverse impact on the level of Trafford DTOC's at UHSM, (as they have nationally).

That said, despite the growing challenges as at the end of December 16 (for Q3), Trafford *social care* attributable delays stood at an average of c15.97 per day which whilst exceeding our target, of 3.3% of available beds (approx. 14-15 per day), is only marginally higher than the annual average of c.15.6 per day for 2015/16 by c.2.37%. The above work is ongoing and will continue into 2017/18.

<b>Theme / Priority:</b>	<b>HEALTH AND WELLBEING</b>		
Indicator / Measure detail:	Permanent admissions of older people to Residential / Nursing care.		
Baseline:	Over target at Quarter 4 (280 actual v. 250 target) and as lower is better, RAG rated as RED		
<b>Target and timescale:</b> (lower is better)	<b>250</b>	<b>Actual and timescale:</b>	<b>280</b>
<b>Why is performance at the current level?</b>			
<ul style="list-style-type: none"> <li>• Is any variance within expected limits?</li> <li>• Why has the variance occurred?</li> <li>• Is further information available to give a more complete picture of performance?</li> <li>• What performance is predicted for future periods?</li> </ul>			
<p>The reason for the Quarter 4 'over' performance relative to target is partly due to an influx of admissions towards the latter end of the financial year</p> <p>Every case has been scrutinised at panel and the criteria for admissions are tight. However, we have continued to note that more cases have presented in 2016/17 that are meeting the criteria for funding with less self-funding cases.</p> <p>Operationally, the service is looking at the value for money aspect of placements, with some people's needs being better met in a setting with access to a higher level of support to ensure safety: this can be best met in residential or nursing care.</p> <p>The 'over' performance in 2016/17 equates to a 12% additional admissions relative to the annual target of 250 and this appears to be in line with the additional cases that have presented through the course of the year.</p>			
<b>What difference does this make – the implications of not meeting target?</b>			
<ul style="list-style-type: none"> <li>• Impact on service users/public.</li> <li>• Impact on corporate priorities and plans.</li> <li>• Impact on service/partner priorities.</li> <li>• Impact on equalities, sustainability or efficiency</li> </ul> <p>Can we move resources to support this or other priorities?</p>			
<p>There is likely to be a financial impact of this performance 'over' target but this is mitigated by the fact that after the application of robust admission criteria at panel, there is an obligation to meet the admission needs of individuals accessing this service.</p>			
<b>How can we make sure things get better?</b>			
<ul style="list-style-type: none"> <li>• What activities have been or will be put in place to address underperformance? Make specific reference to action plans.</li> <li>• When performance will be brought back on track?</li> <li>• Assess the need for additional resources/funding/training/investment.</li> <li>• Identify the source of additional resources/funding/training/investment.</li> <li>• Consult with other services, staff, managers, relevant Members and partners.</li> </ul>			
<p>Continue applying robust criteria for admission at panel and allow for any seasonal effect to work its way through the system.</p>			

Theme / Priority:	<b>SERVICES FOCUSED ON THE MOST VULNERABLE PEOPLE</b>		
Indicator / Measure:	NHS Health Check uptake		
Indicator / Measure detail:	Increase the percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the financial year		
Baseline:	47.6%, March 2014		
Target and timescale:	6000	Actual and timescale:	5850 (97.5%) in 2016/17
<b>Why is performance at the current level?</b>			
<ul style="list-style-type: none"> <li>• Is any variance within expected limits?</li> <li>• Why has the variance occurred?</li> <li>• Is further information available to give a more complete picture of performance?</li> <li>• What performance is predicted for future periods?</li> </ul>			
<p>The figures we report on are based on the number of claims received for the NHS Health Check service. We know that approximately 50% of practices didn't claim for this service in Q3, we suspect that this was possibly due to flu jab season (conducted throughout October, November and December) and the Christmas period. The low claim rate on Q3 has had an overall impact on our target for the year.</p>			
<b>What difference does this make – the implications of not meeting target?</b>			
<ul style="list-style-type: none"> <li>• Impact on service users/public.</li> <li>• Impact on corporate priorities and plans.</li> <li>• Impact on service/partner priorities.</li> <li>• Impact on equalities, sustainability or efficiency</li> </ul> <p>Can we move resources to support this or other priorities?</p>			
<p>By not delivering more health checks, less of the population can be informed of their cardiovascular risk and take action to reduce their risk of cardiovascular disease and other diseases which cause premature death in Trafford.</p> <p>The NHS Health checks programme is a mandatory service for local authorities.</p> <p>By picking up risk factors and disease earlier, both the NHS and social care can save resources downstream. Also this can reduce premature mortality and a healthier working age population which in turn supports the local economy.</p> <p>It is particularly important to deliver the NHS Health Check programme in areas of social deprivation where the risk factors for and the prevalence of disease is likely to be higher.</p>			
<b>How can we make sure things get better?</b>			
<ul style="list-style-type: none"> <li>• What activities have been or will be put in place to address underperformance? Make specific reference to action plans.</li> <li>• When performance will be brought back on track?</li> <li>• Assess the need for additional resources/funding/training/investment.</li> <li>• Identify the source of additional resources/funding/training/investment.</li> <li>• Consult with other services, staff, managers, relevant Members and partners.</li> </ul>			
<p><b>GP claims and the accuracy of this data</b></p> <p>Since Q3 we have encourage claims by writing to all GPs to remind of the claiming deadline.</p> <p>We are also exploring another method of receiving the health check data, via the clinical</p>			

system utilised by General Practice (EMIS Web). The figures we receive at the moment (via the service claim data) is never a true indication of the actual activity undertaken due to practices not claiming for the service undertaken. If a practice does undertake a number of health checks but doesn't claim for their activity, their figures are always logged within their clinical system. We're hoping to access this clinical system data for future reports.

**Further actions**

Other plans for practices include continuing the training for all practice staff including receptionists about NHS Health Checks.

We need to continue publicising the NHS Health checks programme to patients so that when they receive their letter they will be aware of what the programme is about and the importance of attending for their NHS Health Check.

### 5.3 Supporting Young People

<b>Theme / Priority:</b>	<b>SUPPORTING YOUNG PEOPLE</b>		
Indicator / Measure detail:	% of pupils achieving 5 A*-C GCSE including English and Maths		
Baseline:	70.7% Summer 2015		
<b>Target and timescale:</b>	72% Summer 2016	<b>Actual and timescale:</b>	71.4% Summer 2016
<b>Why is performance at the current level?</b>			
<ul style="list-style-type: none"> <li>• Is any variance within expected limits?</li> <li>• Why has the variance occurred?</li> <li>• Is further information available to give a more complete picture of performance?</li> <li>• What performance is predicted for future periods?</li> </ul>			
<p>Although this is below the target (by 0.6%pts) the difference is not statistically significant.</p> <p>What should be noted is that this is the second highest proportion in the country of pupils achieving this measure and is actually exceptional performance.</p> <p>2016 was the last year for which data for this measure will be published.</p>			
<b>What difference does this make – the implications of not meeting target?</b>			
<ul style="list-style-type: none"> <li>• Impact on service users/public.</li> <li>• Impact on corporate priorities and plans.</li> <li>• Impact on service/partner priorities.</li> <li>• Impact on equalities, sustainability or efficiency</li> </ul> <p>Can we move resources to support this or other priorities?</p>			
None			
<b>How can we make sure things get better?</b>			
<ul style="list-style-type: none"> <li>• What activities have been or will be put in place to address underperformance? Make specific reference to action plans.</li> <li>• When performance will be brought back on track?</li> <li>• Assess the need for additional resources/funding/training/investment.</li> <li>• Identify the source of additional resources/funding/training/investment.</li> <li>• Consult with other services, staff, managers, relevant Members and partners.</li> </ul>			

<b>Theme / Priority:</b>	<b>SUPPORTING YOUNG PEOPLE</b>		
Indicator / Measure detail:	Percentage of Trafford pupils educated in a Good or Outstanding school.		
Baseline:	93.9% (2015/16)		
<b>Target and timescale:</b>	94.5%	<b>Actual and timescale:</b>	93.9% (Q4)
<b>Why is performance at the current level?</b>			
<ul style="list-style-type: none"> <li>• Is any variance within expected limits?</li> <li>• Why has the variance occurred?</li> <li>• Is further information available to give a more complete picture of performance?</li> <li>• What performance is predicted for future periods?</li> </ul>			
<p>Variance is within expected limits given that inspection outcomes cannot always be predicted with total certainty.</p> <p>The variance occurred because two primary schools dropped below Good, one unexpectedly.</p> <p>The figure achieved is still well above national average (86%) and the NW average (84.7%).</p> <p>The variance of 0.6% is not statistically significant – there are 95 schools in Trafford so, on average, one school is 1.1%.</p> <p>Three schools currently Requires Improvement are expected to get Good this year so we expect the percentage to rise in 17/18.</p>			
<b>What difference does this make – the implications of not meeting target?</b>			
<ul style="list-style-type: none"> <li>• Impact on service users/public.</li> <li>• Impact on corporate priorities and plans.</li> <li>• Impact on service/partner priorities.</li> <li>• Impact on equalities, sustainability or efficiency</li> </ul> <p>Can we move resources to support this or other priorities?</p>			
<p>Pupils in schools less than Good may be impacted.</p> <p>All schools less than Good are on the Schools Causing Concern Register and are prioritised for support to minimise the impact on pupils' education.</p>			
<b>How can we make sure things get better?</b>			
<ul style="list-style-type: none"> <li>• What activities have been or will be put in place to address underperformance? Make specific reference to action plans.</li> <li>• When performance will be brought back on track?</li> <li>• Assess the need for additional resources/funding/training/investment.</li> <li>• Identify the source of additional resources/funding/training/investment.</li> <li>• Consult with other services, staff, managers, relevant Members and partners.</li> </ul>			
<p>All schools less than Good have an action plan quality assured by the LA Link School Improvement Adviser.</p> <p>All schools less than Good are prioritised for support from the School Improvement Team Additional resources are brokered where possible.</p>			

Theme / Priority:	SUPPORTING YOUNG PEOPLE		
Indicator / Measure detail:	Reduction in the proportion of children made subject to a Child Protection Plan for a second or subsequent time		
Baseline:	25.3% at March 2016		
<b>Target and timescale:</b>	20% at March 2017	<b>Actual and timescale:</b>	24.1% at March 2017
<b>Why is performance at the current level?</b>			
<ul style="list-style-type: none"> <li>• Is any variance within expected limits?</li> <li>• Why has the variance occurred?</li> <li>• Is further information available to give a more complete picture of performance?</li> <li>• What performance is predicted for future periods?</li> </ul>			
<p>This indicator measures the proportion of the current cohort of children and young people who are subject of a Child Protection Plan who have been subject of a previous plan at any point in time.</p> <p>Although we have seen a reduction during the year it remains above the year- end target of 20%.</p> <p>It should be noted that of Child Protection Plans that have been put in place this year, 19% of the relevant children have been subject of a previous plan.</p>			
<b>What difference does this make – the implications of not meeting target?</b>			
<ul style="list-style-type: none"> <li>• Impact on service users/public.</li> <li>• Impact on corporate priorities and plans.</li> <li>• Impact on service/partner priorities.</li> <li>• Impact on equalities, sustainability or efficiency</li> </ul> <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. Whilst there will always be children who will require a CP plan, the number of CP plans in Trafford suggests we are out of step with our statistical neighbours. 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>The most appropriate corporate priority is “Services focussed on the most vulnerable people”. Whilst we should be reassured that we are protecting the most vulnerable children in Trafford (and Ofsted were likewise assured that this is the case) 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> <p>In terms of “Reshaping Trafford Council”, please see section below.</p> <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.</p>			



### **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 number of activities are taking place currently to address this issue. We are bidding for transformation funding with the support of Deloitte under the Reshaping Children and Family Services agenda and the bid will be finalised by March 2017.

The bid will include the need for additional resources/investment/training etc. in order to embed a sustainable operating model for the future with an emphasis on prevention and resilience, providing the appropriate level of support to meet need in a timely way. This will prevent family's needs escalating to high cost levels of intervention such as child protection.

The transformation bid is an ambitious one and will look at how we provide services from Early Help, through Child in Need up to Child Protection and Children in Care. It will therefore be imperative to the success of the transformation that we consult with our staff and multi-agency partners.

In the meantime the relevant Strategic Leads have been holding Child Protection performance workshops to scrutinise existing CP plans and processes to identify any cases which may no longer meet CP thresholds and ensure there are robust structures and processes in place to prevent unnecessary escalation of cases. This has had some effect and CP numbers have reduced over the last few months.

We also hold multi-agency plenary meetings after every re-plan conference to reflect on practice and identify any learning. We gather monthly data to look at patterns and report exceptions to the DCS Safeguarding Governance meeting and the Trafford Safeguarding Children's Board.