

Appendix 1 - Quarter 3 2015/16 Corporate Performance Report

RAG Rating		Direction of Travel (DOT)	Description
Green	On, above or within the 'target tolerance' of the quarter target	↑	Short Term: Performance is better than the previous quarter Long Term: Performance is better than at the same point last year
Amber	More than the 'target tolerance' off the quarter target but where performance has improved or been maintained.	→	Short Term: Performance is the same as the previous quarter Long Term: Performance is the same as at the same point last year
Red	More than the 'target tolerance' off the quarter target and where performance is worsening	↓	Short Term: Performance is worse than the previous quarter Long Term: Performance is worse than at the same point last year

Description	Indicator	Value	2015/16 Annual Target	2015/16 Quarter 2 Target	Variable Tolerance	2015/16 Quarter 3 Performance	Short Term DOT against 2015/16 (Q2)	Long Term DOT against 2014/15 (Q3)	Comments		Service	O&S Sub-Committee	
SAFE: Supporting our community													
(C)	Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 18-64)	Smaller is Better	10	7.5	±10%	10.2 15/147,134 RED	↓	6.8 10/147,134	↓	7.6 11/145,145	The rate of permanent admissions for individuals aged between 18-64 years has missed target; however, this performance indicator was particularly stretching as it only allowed for 14 admissions for the year. To date there have been 15 admissions into long stay care which has taken us over this year's target. Increasingly services are managing a number of complex placements where clients can no longer be supported in the community. The services are aware of upcoming transitions cases and all services are monitoring clients in the community that may need moving to residential placements in the near future, particularly those with older carers.	Adult Social Care Reported to Department of Health (DH)	Individuals
(C)	Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 65+)	Smaller is Better	598.1	449.6	±10%	445.4 203/45,582 GREEN	→	291.8 133/45,582	↓	437.4 196/45,145	Performance in this area is positive and better than target at Q3. As ever, there is continued pressure for placements in the Borough and work is continuing to ensure that admissions are timely and appropriate. The average age of council-supported permanent admissions of adults (aged 65+) to residential and nursing care is 84 years. Performance when compared to Q3 in 14/15 is consistent with only 7 placements' difference (203 placements in 15-16 compared to 196 placements in 14-15)	Adult Social Care Reported to Department of Health (DH)	Individuals
	Total non-elective admissions into hospital (general & acute), all-age per 100,000 population	Smaller is Better	No annual target. Targets set for each quarter	2,352 (Q2)	±0%	2,433 (Q2) 6,003 / 246,731 RED	↑	2,734 (Q1) 6,747/246,731	–	NEW	This indicator is led by the Clinical Commissioning Group and runs a quarter behind (time lag). Corrective Action: There continues to be discussions between the CCG and the local hospital trust to identify reasons and pressures behind the indicator being below target for Q2 and inform corrective actions.	Adult Social Care Reported to Department of Health (DH)	Individuals or Health
(C)	Percentage of adults in contact with secondary mental health services in paid employment	Bigger is Better	6.5%	6.5%	±10%	5.1% 25/493 RED	↓	5.4 % 26/481	↓	7.0% 34/487	This performance indicator is led by the North East London Foundation Trust (NELFT). Performance is currently below target in this area and is worse than at the same stage last year. Mental Health Services continue to be committed to the recovery model and work closely with service users to support them to fulfil their potential in accessing employment opportunities. Corrective Action: Leadership have signed off for the plan for Recovery Community. This will help to push clients back into employment. There was a gap between primary and secondary care. The clients in the middle will fit in to the Recovery Community.	Adult Social Care Reported to Department of Health (DH)	Individuals

Description	Indicator	Value	2015/16 Annual Target	2015/16 Quarter 2 Target	Variable Tolerance	2015/16 Quarter 3 Performance	Short Term DOT against 2015/16 (Q2)	Long Term DOT against 2014/15 (Q3)	Comments	Service	O&S Sub-Committee
(C)	Percentage of adults with learning disabilities who live in their own home or with their family	Bigger is Better	63%	46%	±10%	47.4% 240/506 GREEN	↑ 29.2% 147/503	↑ 46% 217/468	Performance in this area is above target in Q3 and focused work is ongoing within the Community Learning Disabilities Team (CLDT) to ensure that performance continues to improve and the target is met by year end. Performance is also improved when compared to Quarter 3 of the previous year with 240 LD service users living in settled accommodation in 15-16, compared to 217 in 14-15.	Adult Social Care Reported to Department of Health (DH)	Individuals
(C)	Percentage of adults in contact with secondary mental health services living independently, with or without support	Bigger is Better	94%	94%	±10%	84.8% 418/493 GREEN	↓ 86.7% 417/481	↓ 89% 433/487	This performance indicator is led by the North East London Foundation Trust (NELFT). Performance is currently below target, but is within the target tolerance, and has reduced further since Q2. NELFT continues to work to remove the barriers to Mental Health service users accessing and remaining in settled accommodation, and coming out of residential settings back into the community	Adult Social Care Reported to Department of Health (DH)	Individuals
(C)	Percentage of people who return to Adult Social Care 91 days after completing reablement	Smaller is Better	5%	5%	±10%	5.0% 28/562 GREEN	↓ 4.9% 17/346	↓ 4.0% 20/494	This indicator monitors the success of reablement and measures the percentage of service users who return after a successful reablement phase. As suggested in quarter 2, this target is back on track with only 5% of service users returning to the service requiring long term services. The outturn is however worse this year when compared to the same period in 14-15, with an extra 8 service users returning. There has however been an increase in the number of service users who have had a successful reablement episode.	Adult Social Care Local performance indicator	Individuals
(S)	Carers who request information and advice	Bigger is Better	75%	75%	±10%	88.9% 144/162 GREEN	→ 88.9% 144/162	– NEW	Performance is positive in this area and is expected to remain so throughout the year. This indicator is monitored as part of the Better Care Fund submissions.	Adult Social Care Reported to Department of Health (DH)	Individuals
	Patient/service user experience (managing long term conditions)	Bigger is Better	34%	34%	±10%	32.1% 547/1,703 GREEN	↓ 33.1% 578/1748	– NEW	Performance is positive in this area and is expected to remain so throughout the year. This indicator is monitored as part of the Better Care Fund submissions.	Adult Social Care Reported to Department of Health (DH)	Individuals or Health
(C)	Overall rate of delayed transfers of care from hospital per 100,000 population	Smaller is Better	6	6	±10%	4.2 8.0/192,716 GREEN	↓ 2.7 5.2/192,716	↓ 4.1 7.8 / 189,960	The overall rate of delayed transfers of care from hospital is better than target and is on par with the same period last year. Performance in this area is robustly monitored following the creation of the Joint Assessment and Discharge Team. ASC will continue to work with Health colleagues to maintain positive performance in this area and to improve discharge processes in the Borough. To date an average of 8 patients per month are classed as delayed on the snapshot day.	Adult Social Care Reported to Department of Health (DH)	Individuals or Health
(C)	Rate of delayed transfers of care from hospital per 100,000 population	Smaller is Better	389.1	450.5 (Q2 target)	±10%	313.56 (Q2) 607 / 193582 GREEN	↑ 360.57 (Q1) 698/193,582	– NEW	There is a three month timelag for this performance indicator, as such performance relates to Q2. Performance is positive in this area and is expected to remain so throughout the year. This indicator is monitored as part of the Better Care Fund submissions. This measure is monitored on a quarterly basis, with 4 targets set throughout the year. Performance for Q2 was better than target with only 607 days delayed for the 3 month period across Health and Social Care.	Adult Social Care Reported to Department of Health (DH)	Individuals
(C)	Rate of delayed transfers of care attributable to Adult Social Care (ASC) only per 100,000 population	Smaller is Better	1.0	1.0	±10%	0.7 1.4/192,716 GREEN	↓ 0.4 0.8/192,716	↑ 0.8 1.6 / 189,960	Performance in this area is within target and is better than at the same point last year. ASC continues to focus efforts with the JAD team to ensure timely discharges take place for all clients with a social care need. As at period 3 there had only been an average of 0.4 delays per month where the responsibility was Adult Social Care's across both the acute and non acute sectors.	Adult Social Care Reported to Department of Health (DH)	Individuals
SAFE: Using our influence											
(C)	Rate of delayed transfers of care from hospital attributable to Adult Social Care (ASC) and Health per 100,000 population	Smaller is Better	2.8	2.8	±10%	0.9 1.8/192,716 GREEN	↓ 0.5% 1 / 192,716	↑ 1.8 3.4 / 189,960	This part of the indicator monitors where the delay is the responsibility of Adult Social Care only or is a shared delay with Health. To date there has been an average of 0.9 delays per month across both the acute and non acute sectors. Performance in this area is well within target and significantly better than at the same point last year with the number of instances of a delayed transfer of care reducing greatly. ASC continues to use its influence to ensure timely discharges take place for all clients with a social care need.	Adult Social Care Reported to Department of Health (DH)	Individuals

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SAFE: Leading by example													
(S)	Percentage of people using social care who receive self-directed support and those receiving direct payments	Bigger is Better	82%	82%	±10%	71.4% 1438 / 2013 AMBER	↑	67.8% 1,368 / 2,018	↓	73% 1,495/2,052	Self-Directed Support (SDS) and personalisation continue to be at the heart of the service offer within Adult Social Care (ASC). ASC is currently below target for this indicator and performance is slightly worse than at the same point last year. There has, however, been significant improvement since the quarter 2 outturn with performance currently standing at 71.4%. At the end of quarter 3 there were 1,438 service users receiving their long term community care via self-directed support. The service will be reviewing a number of non SDS cases to establish if there are any specific or different reasons for the current low take up. It is anticipated that this project will lead to an increase in clients receiving services under SDS.	Adult Social Care <i>Reported to Department of Health (DH)</i>	Individuals
(S)	Direct payments as a percentage of self-directed support	Bigger is Better	45%	45%	±10%	36.8% 741/2013 AMBER	↑	36.6% 738/2018	↓	37% 761/2,052	Direct Payments (DPs) are one component of the SDS offer. ASC is currently below target for this indicator and performance is slightly worse than at the same point last year; however, for the second successive quarter performance has improved. There are now 741 service users receiving a direct payment. The working group continues to focus on increasing SDS performance, and also to consider increasing DP take up by service users, where possible. However, in line with the national picture, ASC continues to face challenges in increasing the take up of DPs for older people and considering Havering's significant older population this explains the scale of the challenge the service has in this area.	Adult Social Care <i>Reported to Department of Health (DH)</i>	Individuals