Wellbein	2015-16 Families & Wellbeing Performance Indicators PI Ref PI Title		or End Orget 15/16 Target Actual Period BAG					DoT	Corrective Action (Red or Amber) Context (Green/where provided)
PI Ref	PI Title	2013/10	Target	Actual	Period	RAG	cast		Context (Green, where provided)
Children 8	k Young People								
CSC001	Rate of Referrals to Children's Social Care (per 10,000 population)	575.0	575.0	732.0	Apr - Dec 15	Red	752.4		The number of referrals remains high. The single point of entry for referrals continues to have an impact on the overall contacts received in relation to Early Help and Children in Need (CIN)/Child Protection (CP). There had been an increase in domestic abuse referrals from the police, however the implementation of a joint triage has assisted in reducing the number of referrals through to social care from the previous quarter. The following actions being undertaken to improve performance: 1. A series of multi-agency workshops have being arranged in March to improve understanding of the Multi Agency Safeguarding Hub (MASH) and threshold for referral. 2. We continue to quality assure decision-making within Multi Agency Safeguarding and auditing of repeat referrals.

2015-16 Families & Wellbeing Performance Indicators PI Ref PI Title		Year End Target 2015/16		Quarter	3 2015		Year End Fore-	DoT	Corrective Action (Red or Amber) Context (Green/where provided)
Pl Ref	PI Title	2013/10	Target	Actual	Period RAG		cast		Context (Green/where provided)
CSC003	Rate of Children in Need per 10,000	350.0	369.0	388.8	Apr - Dec 15	Amber	399.7	↑	There has been a slight improvement in the rate of Children in Need since the previous quarter; however the high number of referrals into social care has had an impact. The following actions are being taken to improve this measure: • Continuing to ensure the Threshold of Need is understood internally and externally and associated correct intervention is applied rigorously. A series of multi-agency workshops are scheduled to take place in March to increase understanding of roles, responsibilities and thresholds. • A review of Children In Need cases that have been in place longer than 6 months remains ongoing. • The Multi-Agency Safeguarding Hub screening process for domestic abuse referrals has been strengthened through a joint triage with social care and police. • Work continues to ensure we consistently utilise were appropriate the early help offer. This will ensure that cases are stepped down to early help with clear plans reducing the re-referral rate.

Wellbein	2015-16 Families & Wellbeing Performance Indicators PI Ref PI Title		Quarter 3 2015 (16) Target Actual Period RAG				Year End Fore-	DoT	Corrective Action (Red or Amber) Context (Green/where provided)
PI Ref	PI Title	2013/10	Target	Actual	Period	RAG	cast		Context (Green, where provided)
CSC004	Rate of Child Protection Plans per 10,000 (0-17)	44.4	43.5	62.7	Apr - Dec 15	Green	52.1	↑	The rate of child protection plans reduced in 2014/15 and was too low in comparison with statistical neighbours. A number of actions have taken place to ensure that children at risk of or likelihood of significant harm are being identified. These have included: (i) Revised Strategy Discussions being held at MASH in order for greater consistency (ii) Training & briefings regarding revised protocol & risk assessment regarding Child Sexual Exploitation (iii)Training & workshops regarding S47 investigation including understanding thresholds and International Child Protection Certificate (ICPC) requirements. (iv) Review of Child in Need plans over 12 months with a number of children meeting threshold for ICPC.
CSC008	Rate of Looked After Children per 10,000	96.2	97.2	99.0	Apr - Dec 15	Green	99.8	↑	The number of children in care is high and we are seeking to safely reduce the overall number of children in care by strengthening and supporting families, this is the focus of the Children in Care Task Force. Children in care need support from a dedicated team of social workers who can provide stable and enduring relationships, so that all children in care can achieve permanence. The reorganisation of Specialist Services supports these aims through the Children in Care teams. Decisions for a child to become looked after are taken by senior managers to ensure consistency in the application of thresholds. Legal Advice and Action meetings ensure that assessments and plans are clear as to the reasons for the child becoming looked after . Wirral uses a number of options to secure permanence which are tracked to ensure drift and delay is minimised.

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Wellbeir Perform	2015-16 Families & Wellbeing Performance Indicators PI Ref PI Title		Quarter 3 2015 Target Actual Period RAG			RAG	Year End Fore- cast	DoT	Corrective Action (Red or Amber) Context (Green/where provided)
CSC010	The Percentage of Children in Care who have had 3 or more placements	<10.0%	<10.0%	5.8%	Apr - Dec 15	Green	5.5%	\leftrightarrow	
CSC011	The Percentage of Children in Care who have been in placement for 2 or more years	73.0%	73.0%	76.5%	Apr - Dec 15	Green	76.1%	\leftrightarrow	
CSC029	Average time (days) between child entering care and moving in with adoptive family, for children who have been adopted	628.0	628	456.7	Apr - Dec 15	Green	433.0	→	
CSC014	Family Intervention Service engagement with families	600	450	450	Apr - Dec 15	Green	600	↑	
CSC015	Percentage of Children leaving care through Special Guardianship Order (SGO) or Adoption	35.0%	35.0%	45.2%	Apr - Dec 15	Green	42.4%	↑	

Wellbein	Families & ig ance Indicators	Year End Target 2015/16	et Quarter 3 2015				Year End Fore-	DoT	Corrective Action (Red or Amber) Context (Green/where provided)
PI Ref	PI Title	2010/10	Target	Actual	Period	RAG	cast		
CSC016	Family Intervention Service positive outcomes with families	400	200	37	Apr - Dec 15	Red	400	N/A	Current performance indicates that the Year End target will be reached and performance in this area will be rated as 'Green'. Performance is based on number of claims submitted to Department of Communities and Local Government (DCLG). There was a significant impact on cumulative performance in Quarter 3 due to DCLG not allowing claims to be processed. Positive outcomes achieved in Quarter 3 will be carried forward and claimed in the next quarter.
CSC017	Number of specialist targeted services early help assessment and intervention	1000	750	810	Apr - Dec 15	Green	1000	†	
EDU002	The gap between the proportion of pupils achieving a Good level of development (in the Early Years Foundation Stage Profile)	18%	18%	32.7%	Sep 14 - Jul 15	Red	32.7%	1 1	The gap between the lowest achieving children and their peers in the Foundation Stage Profile narrowed by 2.4% from the previous year. Work continues with schools with largest gap to improve performance.
EDU008	Key Stage 4 5+ A*-C (incl Eng &Maths)	65.0%	65%	61.2% (P)	Sep 14 - Jul 15	Amber	61.2%	↑	Attainment has improved by 1% which goes against the national trend where standards have dipped. The Teaching Schools have been commissioned to support where school attainment has decreased. Analysis has been undertaken to determine issues in schools where pupils attained English and maths but not 3 other subjects.

2015-16 Families & Wellbeing Performance Indicators PI Ref PI Title		Year End Target 2015/16	get Guarter 3 2015 5/16				Year End Fore-	DoT	Corrective Action (Red or Amber) Context (Green/where provided)
PI Ref	PI Title	2013/10	Target	Actual	Period	RAG	cast		Comon (Green, miero promaca)
EDU009	The achievement gap between pupils eligible for free school meals and their peers achieving at KS4 (5 or more A*-C inc EM)	26.0%	26.0%	32.6% (P)	Sep 14 - Jul 15	Red	32.6%	\uparrow	The gap has narrowed by 3%. There is only one secondary school which has an achievement gap wider than the national average of 27%. One school has a gap of 26%. Pupil Premium reviews are planned for schools identified with some of the largest gaps, support by the Teaching Schools.
EDU011	The % of Looked after children achieving expected levels at Key Stage 4 (5 or more A*-C including English and Maths)	18%	18%	13% (P)	Sep 14 - Jul 15	Red	13.0%	个	The 13% gap is in line with the national average. Targets set by schools indicated that a higher percentage of Children Looked After (CLA) would attain 5 or more A*-C incl English and Maths. Two CLA pupils attained a D in mathematics which was totally unexpected. The Looked After Children Education Service (LACES) and 14-19 teams are working to support the current Year 10 & 11 cohorts.
EDU014	The % of young people aged 16-18 who are not in Education, Employment or Training (NEET)	4.5%	4.3%	4.4%	Apr - Dec 15	Green	4.3%	\leftrightarrow	The percentage of young people in the 16-19 year old cohort with a destination classified as 'not known' has reduced by 2.3% since December 2014. This illustrates that the data is significantly more robust and accurate
EDU015	the % Care Leavers in Employment, Education or Training	49.0%	49%	51.0%	Apr - Dec 15	Green	50.0%	\leftrightarrow	

Wellbein	2015-16 Families & Wellbeing Performance Indicators PI Ref PI Title		Quarter 3 2015				Year End Fore-	DoT	Corrective Action (Red or Amber) Context (Green/where provided)
PI Ref	% of families with an under 5 living in the most 0- 20% most deprived SOA's that are registered with a Children's Centre	90%	Target 87%	76.0%	Apr - Dec	RAG	80.0%	\	This area has underperformed largely due to disruption through restructuring of the service and lack of external data to target activity. Work has been undertaken with the Wirral Community Trust to sign off an Information Sharing Agreement, with the service beginning to receive child health information in March/April 2016. This will allow us to identify gaps and where staff should be deployed to encourage registration. In addition a pilot with the Registrar Service whereby babies are registered with a children centre at the point when they register the baby's birth is proposed to be extended. The restructure of the team is currently taking place and will be completed by March 2016. The new service will be launched in April 2016.
CSC019	% of families with an under 5 living in the 0 - 20% most deprived SOA's who have sustained contact with a Children's Centre	50%	40%	21.7%	Jan - Dec 15	Red	30.0%		Disruption to the service during re-structuring and access to external data has impacted on performance in this quarter. The new structure will enable more effective deployment of staff time to undertake targeted outreach support and raising awareness of universal and targeted early education entitlements. We are strengthening working arrangements with partners such as health visiting teams and childcare providers to increase sustained contact is made with the most vulnerable families. This can be evidenced by the launch of the '2-2 1/2 year old Integrated Review' in March 2016 which the Local Authority has contributed to.

Wellbein Performa	ance Indicators	Year End Target 2015/16		Quarter			Year End Fore-	DoT	Corrective Action (Red or Amber) Context (Green/where provided)
PI Ref	Take up of 2 year old offer by eligible families as identified by the DWP	85%	Target 80%	74.0%	Apr - Oct	Amber	85.0%	\longleftrightarrow	Performance in this area is based on the October 2015 Census data and is therefore reported as static from the previous quarter moving performance into an amber rating due to a more challenging quarter 3 target. The January 2016 Census data will not be available until the end of February and will be reflected in the next quarter. We are forecasting to reach the year end target following work undertaken to follow up eligible families who have not taken up the offer and improve awareness amongst partners (Voluntary sector, schools, health) to promote the online application process for families.
CSC021	Increase take-up of Children's Centre services for Children Looked After, Children in Need and Children subject to a Child Protection Plan	95%	85%	75.2%	Oct 15- Dec 15	Red	85.0%		Current information sharing and joint working pathways with Specialist Services are being reviewed as part of the remodelled Early Childhood Services. This will enable more effective targeting of staffing resources, increase take up of early education entitlements and improved monitoring of the impact of shared objectives. Greater clarification of the offer as well as shared objectives will address under performance in this area. Recruitment processes are currently underway and the new service will be launched on the 1st April 2016.
CSC022	% children's social work staff receiving monthly supervision	85%	85%	80.0%	Oct 15 - Dec 15	Amber	86.0%		We are aware that performance has declined on the previous quarter, this relates to sickness and absence within specific teams which are being addressed with Managers.

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Wellbein Performa	ance Indicators	Year End Target 2015/16	Quarter 5 2015				Year End Fore- cast	DoT	Corrective Action (Red or Amber) Context (Green/where provided)
PI Ref	PI Title ial Services		Target	Actual	Period	RAG	Cast		
ADDP02	Increase the number of apprenticeships / traineeships available within the company (LATC)	10	2	6	Jul - Sep 15	Green	10	\leftrightarrow	
ADDP03	Increase the number of people with learning disabilities who have access to employment and training opportunities	4%	3.7%	3.6%	Apr - Dec 15	Green	4%	→	
ADDP04	Increase access to services to include non- Fair Access to Care Service eligible customers	25	n/a	n/a	n/a	n/a	n/a	N/A	This measure is related to the development of Wirral Evolutions in terms of its business development to widen its customer base. This will be managed through the on-going contract management arrangements with the Company.
ADDP05	Proportion of adults with a learning disability who live in their own home or with their family	88%	87%	85%	Apr - Dec 15	Green	85%	↑	
ADDP06	Permanent Admissions of younger adults (18-64) to residential and nursing care homes, per 100,000 population	15.4	15.4	15.6	Apr - Dec 15	Green	15.6	→	

Wellbein	2015-16 Families & Wellbeing Performance Indicators			· 3 2015		Year End Fore-	DoT	Corrective Action (Red or Amber) Context (Green/where provided)	
PI Ref	PI Title	2015/16	Target	Actual	Period	RAG	cast		Comext (Green, where provided)
ADCP07	Permanent Admissions of older people (65+) to residential and nursing care homes, per 100,000 population	696.9	710.9	738.3	Apr - Dec 15	Green	780	↑	
ADDP08	Average monthly bed days lost due to delayed transfers of care per 100,000 population	75	75	89	Apr - Dec 15	Red	90	J	Intermediate Care / Transitional Bed capacity has now increased to 105 beds from the original 70 beds commissioned. The Multi Disciplinary Team is now operating 8 to 8 Mon - Fri and 9 to 5 Sat - Sun. Ongoing work is being undertaken to develop a comprehensive 7 day service. The Emergency Care Improvement Plan (ECIP) has now been agreed and an Integrated Discharge Team (IDT) improvement plan has also been drawn up with a number of quick wins identified which will be implemented by December and longer term redesign work has also begun. The number of lost days spiked dramatically in October attributed in the main to the availability of care packages, an analysis of the individual cases will be undertaken to understand specific issues. Following the SAFER week undertaken at Wirral University Teaching Hospital a weekly report will now be produced to evidence provider responsiveness thereby helping to address underperformance in a timely fashion.
ADCP11	Proportion of new requests for support resolved by advice and information	50%	50%	58%	Apr - Dec 15	Green	57%	↑	

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Wellbein Performa	2015-16 Families & Wellbeing Performance Indicators PI Ref PI Title			3 2015		Year End Fore- cast	DoT	Corrective Action (Red or Amber) Context (Green/where provided)	
PI Ref	PI Title		Target	Actual	Period	RAG	Casi		
ADDP12	Proportion of new requests for support resulting in long term services	10%	10%	3.4%	Apr - Dec 15	Green	3.5%	↑	
ADDP13	Improving people's experience of integrated care (service user experience questionnaire)	95%	95%	64.8%	Apr - Dec 15	Red	70%	↑	There is a high non-response rate for this question (32%) which suggest a potential lack of clarity / understanding. A review of the question in conjunction with an overall review of the survey is currently underway with the intention to create a revised survey which can be used across the Rapid Community Response Team. This will have the added benefit of significantly increasing the pool of potential respondents therefore providing an improved evidence base to support decision making. Monthly performance continues to be discussed at the Multi-disciplinary team meetings. Contract officers in Adult Social Services also monitor survey responses and will address any areas of concern / issues with service providers during monthly contract monitoring meetings.
ADDP14	Reduction in unplanned admissions	3.5%	3.5%	3.5%	Apr - Dec 15	Green	3.5%	\leftrightarrow	
ADDP15	Number of people referred to the ICCTs with integrated care recorded	95%	95%	-	-	-	-	N/A	Performance data not yet available

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Wellbeir Perform	ance Indicators	Year End Target 2015/16	t Guarter 3 2013				Year End Fore-	DoT	Corrective Action (Red or Amber) Context (Green/where provided)
PI Ref	PI Title		Target	Actual	Period	RAG	cast		
ADCP16	Proportion of people who have received short term services to maximise independence requiring no ongoing support	75%	75%	74%	Apr - Dec 15	Green	75%	\	
ADDP17	Percentage of people discharged from hospital into reablement/ rehabilitation still at home after 91 days	90%	90%	86%	Apr - Dec 15	Green	87%	↑	
ADDP18	Number of episodes of Reablement /intermediate care intervention for clients aged 65 and over, per 10,000 population	480	472.3	457.6	Apr - Dec 15	Green	470	↑	

2015-16 Families & Wellbeing Performance Indicators		Year End Target 2015/16	Quarter 3 2015			Year End Fore- cast	DoT	Corrective Action (Red or Amber) Context (Green/where provided)	
	PI Ref PI Title Public Health		Target	Actual	Period	RAG	Cust		
РНСРО1	Rate of attendance at A&E for injury and assault where alcohol was a factor. PHOF 2.18: Alcohol-related admissions to hospital.	820	820	710.18	Jan-Dec 2015	Green	820	↑	Performance continues on a positive downward trajectory, one that it has generally sustained for the last two years. Work is planned that will look at achieving a better understanding of the factors that may be driving this downward trend so that it can be sustained.
PHCP02	NHS Health Check programme by those eligible – Health Check offered (PHOF 2.22i)	20%	10%	14.7%	Apr - Sept 15	Green	20%	↑	Numbers of invitations issued by practices is on target. Uptake of invitations offered however, is currently below target (although similar to C&M average) and improving performance for this programme continues to be a challenge. Factors that are likely to have contributed to this are as follows: - Data quality: All but 2 practices have now switched over to EMIS (data holding), this has increased the data quality and simplified data collection. - GP Confidence in NHS Health Check programme: Core group of practices remain unconvinced as to its value Actions taken to address performance issues update: - Point of Care testing pilot has now been completed and data is currently being analysed -Training for frontline staff to be revamped during February and March will take into account any changes as directed by Public
РНСРОЗ	NHS Health Check programme by those eligible – Health Check take up (PHOF 2.22ii)	55%	55%	30.6%	Apr - Sept 15	Red	55%	↑	Health England - Re-issuing comparative GP performance profiles - All publicity materials have now been distributed. A video wil shown in various settings, including screens in GP practices, de etc.

2015-16 Families & Wellbeing Performance Indicators		Year End Target 2015/16	Quarter 3 2015				Year End Fore-	Corrective Action (Red or Amber) Context (Green/where provided)			
PI Ref	Pl Title		Target	Actual	Period	RAG	cast				
PHCP04	Proportion of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months	10%	10%	8.60%	Jun 14 - Nov 15	Amber	10%	\	Reporting period Jun 14 to May 15 (completions) and Jun 14 - Nov 15 (re-presentations) The reporting period now includes the data from the first 4 months of the new service when the system went through considerable reorganisation and mobilisation, resulting in some major disruption, with a consequence impact on performance. Analysis of the performance data for this period does show a reduction in the numbers completing treatment so it has been anticipated that, as this worked through the monitoring system it would be reflected in a drop in performance. A drop in performance has now continued for some months. However this is the 3rd month when performance has levelled out so at this time this drop off has not been substantial. Commissioners and provider are monitoring these trends closely, and there are some encouraging indications that performance will begin on an upward trajectory over the next 3 or 4 months. The current Wirral performance is higher than the national average of 7.3% (currently in the Top Quartile range for Comparator Local Authority's).		

2015-16 Families & Wellbeing Performance Indicators		Year End Target 2015/16	Quarter 3 2015				Year End Fore-	Corrective Action (Red or Amber) Context (Green/where provided)	
PI Ref	PI Title		Target	Actual	Period	RAG	cast		Comexi (areen, where provided)
РНСРО5	Proportion of non- opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months	53%	53%	41.8%	Jun 14 - Nov 15	Amber	53%	\	Reporting period Jun 14 - May 15 (completions) and Jun 14 - Nov 15 (re-presentations) The performance of this indicator has shown a further reduction since the previous month. Performance has been interrogated at contract review meetings (see above) and although the reduction has been noted by both commissioner and provider, analysis of factors influencing this performance provide cause for some confidence that this will now level out and begin to move to an upward trajectory. This will continue to be monitored closely but still remains above the national average of 38.7%. (currently in the top quartile range for comparator Local Authorities). As above, this performance will continue to be affected by transitional factors for several more months.
PHDP06	% of women who smoke at time of delivery: per 100 deliveries	11.5%	11.6%	10.5%	Apr - Dec 15	Green	11.5%	↑	This indicator has now sustained improvement in performance throughout 2015/16 and has now achieved a green rating. A whole system approach to support women at the time of delivery to give up smoking has now been put into practice. Q3 has seen a 0.7% decrease in the smoking at time of delivery rate. This equates to a relatively small number of pregnant women but is nonetheless movement in the right direction. The numbers of women whose smoking status' are unknown is the biggest achievement for this quarter. Q2 n=200 women had status' recorded as unknown in Q3 this number has dropped significantly to n= 42, a 79% decrease. This decrease reflects an increase in accurate data reporting on behalf of Wirral University Teaching Hospital. It is expected that this change will be sustained for Q4. The new smoking cessation provider, ABL Health, will work with maternity services to ensure there is continued support for pregnant smokers.

2015-16 Families & Wellbeing Performance Indicators		Year End Target 2015/16		Quarter 3 2015			Year End Fore-	DoT	Corrective Action (Red or Amber)
PI Ref	PI Title	2013/10	Target	Actual	Period	RAG	cast		Context (Green/where provided)
PHDP07	Smoking quitters (4 weeks)	1285	634	674	Apr - Dec 15	Green	1285	1	The system as a whole has now met this target for 3 consecutive months. This is to be welcomed. A new provider, A Better Life (ABL) Health, will commence on the 1st April 2016 to deliver Wirral Nicotine and Smoking Cessation Service. Quarter 4 is the mobilisation period for the new service and ABL are working closely with current providers to ensure service continuity. Current activity for Apr- Nov stands at 746, this is monitored on a proxy basis and the next target for quarter 3 is 928.
Public Health Financial Management	Projected Public Health net expenditure for 2015-16	£28.9m	£22.5m	£21.8m	Apr - Dec 15	Green	£29.4m	\leftrightarrow	There has been an in year reduction in the Public Health grant of £1.9m which is being managed using in year underspend and PH reserves. Forecast year end overspend of £500k to be funded from PH reserves.
Direction of Travel (DoT) Key		1	Performance Improving			1	Perforn Deterio		Performance Sustained