

WIRRAL COUNCIL
Families and Wellbeing and Public Health Performance Report as at 31st July 2014



No.	Description	Data Source	Performance 2013/14	North West 2013/14	Target/Plan 2014/15	YTD Target 2014/15	YTD Performance	Forecast Outturn	Overall Status	Monthly Trend	Reporting Period	Accountable Officer (Head of Service)	Comments
Public Health - Tackling Health Inequalities													
Domain 2: Health Improvement													
1	Alcohol-related admissions to hospital: Rate of attendance at A & E for injury and assault where alcohol was a factor (Corporate Plan)	Trauma, Injury Intelligence Group (TIIG)	901.37	N/A	901.37	901.37	NYA	901.37	-	-	Apr - Mar 2013/14	J Webster	To maintain focus on addressing the performance of alcohol related harm which is a Public Health (and Local Authority) priority, it is proposed that a proxy indicator is employed. The proxy is based on data accessed through The Trauma and Injury Intelligence Group (TIIG) team at John Moores University. It shows the rate of attendance at A & E for injury and assault where alcohol was a factor. April to July performance will be available for August 2014 reporting.
2	NHS Health Checks - Offered (Corporate Plan)	Integrated Performance Measures Monitoring Return	17.7%	18.5%	20.0%	3.0%	8.0%	20.0%	G	+	Apr - Jun	J Webster	Liaison with GP practices has established that several of them had sent a large number of invites to patients at the end of Q1 (June) and consequently the take up of patients responding to these will generally not occur until July 2014 at the earliest which will then be reflected in forthcoming Q2 data (July – September). There have been several issues regarding the arrangements for extracting data from GP systems this quarter. This quarter has therefore relied on self reporting by GP practices. This performance data will be validated at a later date. There is an opportunity to rectify this in quarter two when a cumulative figure for the year to date will be submitted. Public Health delivered five training sessions to over sixty GP Practice staff in May/June 2014. These sessions focused on supporting healthcare professionals in undertaking NHS health checks and should see more practices using the NHS health checks clinical template which will ensure activity is recorded accurately.
3	NHS Health Checks - Take up (Corporate Plan)	Integrated Performance Measures Monitoring Return	53.1%	51.0%	50.0%	50.0%	31.9%	50.0%	R	-	Apr - Jun	J Webster	A performance action plan has been developed by Public Health to work with those GP practices who are significantly underperforming to improve their approach. The take-up rate target was exceeded in 13-14.
4	Smoking quitters (4 weeks) (PHOF 2.14)	Stop Smoking Service	1,691 (Provisional)	NYA	2,025	162	110	1,135	R	-	Apr	G Rickwood	The service has experienced a 45% drop in attendances during April 2014/15-July 2014/15 compared to April 2013/14 –July 2013/14. A mitigating action plan has been implemented by the service with immediate effect. This will be reported back to commissioner on a monthly basis. Public Health is working with the service around a service review including the appropriateness of targets. The performance of this target will also be raised in the monthly SLA meeting with the CT. Continued under performance will be subject to standard contractual mechanisms.
5	Smoking status at time of delivery: rate per 100 maternities (PHOF 2.3)	Integrated Performance Measures Monitoring Return	13.7%	12.8% Cheshire, Warrington & Wirral)	11.0%	11.0%	13.3%	NYA	A	-	Apr - Jun	G Rickwood	In comparison to other North West Councils, smoking at the time of delivery is lowest for Wirral Smoking at Time of Delivery (SATOD). Rates for April 2013-March 2014 were: Wirral 13.9% (rate has decreased for Q1 2014/2015); Sefton 17.1%; Knowsley 20%; Liverpool 17.0%. We are working with Wirral Clinical Commissioning Group to develop a model that will support staff working in maternity units to address smoking during pregnancy and ensure accurate data reporting.
6	Under 18 conceptions: rate per 1,000 population aged 15-17 (PHOF 2.4)	Office for National Statistics (ONS)	33.5 (2012 national)	31.6 (2012)	32.9	32.9	36.6	32.9	A	-	Jan - Mar 2013	J Graham	An increase in the rate of teenage pregnancy was reported for quarter one 2013. Although this appears to be a large increase in the rate, this only equates to a small number of additional conceptions (n=5) as the number of teenage conceptions is relatively small. Given previous years' data it is anticipated that although there has been an increase in the first quarter of the year this will reduce in subsequent quarters. Teenage pregnancy prevention is currently being addressed through a new integrated approach through development of a risk and resilience strategy which will be implemented in the final quarter of 2014/15. In the interim, the teenage pregnancy sub-groups continue to sustain momentum around this agenda.

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7	Excess weight in 4-5 year olds: reception year classified as overweight or obese (PHOF 2.6i)	NCMP	22.3%	22.9%	24.0%	24.0%	23.2%	23.2%	G	↑	-	J Graham	These figures are provisional as we await publication by PHE of national data (publication expected December 2014). It is highly unlikely any adjustments to this data will significantly alter the position shown. In terms of the quality of the service, coverage i.e. number of children weighed and measured remains above target and proactive follow up of very overweight children is also on target.
8	Excess weight in 10-11 year olds: year 6 classified as overweight or obese (PHOF 2.6ii)	NCMP	33.3%	33.4%	34.6%	34.6%	34.9%	34.9%	A	↑	-	J Graham	
9	Proportion of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months (PHOF 2.15i)	NDTMS	NYA	NYA	10.0%	#REF!	7.37% (Jan 13 - Dec 13)	10.0%	R	↓	Jan - Dec 2013	G Rickwood	This service has been re-tendered, with the process now coming to it's conclusion. Repeated performance below target was one of the factors supporting the decision to re-tender. Performance against this target has however dropped each month during the course of this retendering process. Contractual penalties were imposed on the current main provider, Cheshire Wirral Partnership, towards the end of the last financial year, and remedial action has been implemented, but because of the structure of the indicator this more recent action will not impact and be reflected in reported performance for 6 to 9 months after it being actioned. One intention from the re-commissioning has been to drive a significant improvement in the performance of the system against this indicator by inviting a substantially new approach. The outcome of the tender process will be reported to Cabinet on the 11th September with cabinet's approval a new/revised service will be scheduled to commence on 1st February 2015.
10	Proportion of non-opiate drug users that left treatment successfully who do not re-present to treatment within 6 months (PHOF 2.15ii)	NDTMS	NYA	NYA	53.0%	53.0%	54.17% (Jan 13 - Dec 13)	53.0%	G	↑	Jan - Dec 2013	G Rickwood	This indicator, predominantly delivered by Arch Initiatives, has achieved its performance target for this period. This is a positive outcome for the particular attention paid to this work by the provider, producing as it has a general, steady upward trend over the past 6 months. However this is a volatile performance target sensitive to small changes in the number of completers and subject to fluctuation.
11	Cancer screening coverage – breast cancer (PHOF 2.20i)	Health and Social Care Information Centre /Public Health England	77.2% (2013)	74.1% (2013)	77%	77%	NYA	77%	-	-	-	Fiona Reynolds	The Director of Public Health has an assurance role with regard to cancer screening programmes. It is the responsibility of NHS England to commission and performance manage the programmes. It is important for Councilors to be aware of our performance against the programmes as they are key elements in our prevention activity to reduce death and disease from cancer. The Breast screening programme is performing well locally with coverage targets achieved.
12	Cancer screening coverage – cervical cancer (PHOF 2.20ii)	Health and Social Care Information Centre /Public Health England	72.6% (2013)	72.8% (2013)	76%	76%	NYA	76%	-	-	-	Fiona Reynolds	Please see commentary above with regard to cancer screening programmes. A report on the performance of the cervical cancer screening programme will be requested from NHS England as the commissioning body as coverage is below the target set.
Domain 3: Health protection													
13	Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 years	Health Protection Agency (HPA)	2,309 per 100,000 (2013)	2,257 per 100,000 (2013: North of England)	2,300 per 100,000	2,300	NYA	2,300	-	-	-	J Graham	Data reported quarterly via National Chlamydia Screening Programme (NCSP) website. Quarter 1's data will be published later than expected as per the commentary below from the NCSP website, "Due to factors outside our control, the Q1 2014 Chlamydia Testing Activity Dataset (CTAD) data will now published in August 2014."
14	% of eligible children who received 3 doses of Dtap / IPV / Hib vaccine at any time by their 1st birthday (PHOF 3.03iii)	Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health England (PHE)	96% (2012/13)	95.9% (2012/13)	95%	95%	NYA	95%	-	-	-	Fiona Reynolds	The Director of Public Health has an assurance role with regard to immunisation and vaccination programmes. It is the responsibility of NHS England to commission and performance manage the programmes. It is important for Councilors to be aware of our performance against the programmes as they are key elements in our prevention activity to reduce death and disease from communicable diseases e.g. measles, mumps. Local performance against this target is good. Quarterly figures to be published by Public Health England, the data for quarter 1 is due to be published 26th September 2014. 2013/14 Annual statistics are to be published by the Health and Social Care Information Centre in September 2014.

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15	% of eligible children who have received one dose of MMR vaccine on or after their 1st birthday and anytime up to their 2nd birthday (PHOF 3.03viii)	Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health England (PHE)	95% (2012/13)	94.9% (2012/13)	95%	95%	NYA	95%	-	-	-	Fiona Reynolds	Please see commentary above. Current performance is meeting the 95% target to provide good population coverage.

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FAMILIES AND WELLBEING - CHILDREN & YOUNG PEOPLE													
Children are ready for school													
	Measures for this outcome are under development												
Children and young people are prepared for working life and adulthood													
16	The gap between the proportion of pupils achieving a Good Level of Development (in the Early Years Foundation Stage Profile)	Local Authority Interactive Tool	39.5	38.7	36.6	-	-	36.6	-	-	-	S Talbot	Annual Indicator
17	The achievement gap between pupils eligible for free school meals and their peers achieving at Key Stages 2 (Level 4 +Reading, Writing and Maths)	Local Authority Interactive Tool	20.9	19.0	16.0	-	-	16.0	-	-	-	S Talbot	Annual Indicator
18	The achievement gap between pupils eligible for free school meals and their peers achieving at Key Stages 4 (5 or more A*-C including English and maths)	Local Authority Interactive Tool	34.9	29.5	26.5	-	-	26.5	-	-	-	S Talbot	Annual Indicator
19	The % of Looked After Children achieving Key Stages 2 (Level 4 +Reading, Writing and Maths)	FFT Aspire	42.9	N/A	61.0	-	-	61.0	-	-	-	E Taylor	Annual Indicator
20	The % of Looked After Children achieving expected levels at Key Stages 4 (5 or more A*-C including English and maths)	Local Authority Interactive Tool	11.8	15.7	44.0	-	-	44.0	-	-	-	E Taylor	Annual Indicator
21	Inequality of achievement of a Level 2 qualification by the age of 19 (FSM)	Local Authority Interactive Tool	17.0	19.0	16.0	-	-	16.0	-	-	-	V Stafford	Annual Indicator
22	Inequality of achievement of a Level 3 qualification by the age of 19 (FSM)	Local Authority Interactive Tool	36.0	28.0	31.0	-	-	31.0	-	-	-	V Stafford	Annual Indicator
23	The % of young people aged 16-18 who are not in Employment, Education or Training. (NEET)	Local Authority Interactive Tool	5.7%	6.4%	5.5%	5.5%	5.7%	5.5%	G	↔	Jun	V Stafford	Currently awaiting update from Paul Smith with regards performance for July
24	The % of Care Leavers in Employment Education or Training	Local Authority Interactive Tool	66.0%	60.0%	70.0%	70.0%	77.7%	70.0%	G	↑	Jul	V Stafford	The anticipated number of young people who will be eligible for inclusion in this measure in 2014-15 is currently 52. To date there have been a total of 27 young people eligible to be included in the calculation of whom 21 are engaged in Education, Employment or Training
Children, young people and families have their needs met at the earliest opportunity													
25	Rate of Children in Need per 10,000		402.1	-	375.0	394.0	372.1	372.1	G	↓	Jul	E Taylor	Performance in this area has improved significantly since March 2014 with 2014-15 target already exceeded. This is due to the continued efforts of assessment teams and more detailed information gathering and analysis of contacts at central advice duty team (CADT), thereby ensuring that referrals sent through for social worker assessment are appropriate. Additional social worker hours on a temporary basis has ensured that the children in need performance remains strong. Additional hours are now under review and CADT has been redesigned, therefore the plan is that this rate will continue without additional resources. The number of CIN reduced by 3 between June and July. The current number of CIN is 17 less than the 2014/15 target.
26	Rate of Child Protection Plans (Per 10,00 population aged 0-17)	Local Authority Interactive Tool	41.2		37.8	37.8	28.7	28.7	G	↓	Jul	E Taylor	The number of Child protection plans has fallen from 214 in June to 194 in July. This is 40% lower than at the equivalent point in 2013-14.
27	Rate of referrals to Social Care per 10,000		599.8		575.0	575.0	483.9	483.9	G	↓	Jul	E Taylor	June has seen the highest number of referrals (332) compared to June which saw 271 referrals being made. This is 23% lower than at the equivalent point in 2013-14.

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28	Number of families achieving a positive outcome through the Payment by Results schedule		304.0		510.0		NYA	510.0	-	-	-	D Gornik	Currently awaiting data to enable calculation of this measure
Children and young people feel safe and secure													
29	Rate of Child Protection Plans per 10,000	Local Authority Interactive Tool	41.2		37.8	37.8	28.7	28.7	G	↓ +	Jul	E Taylor	The number of Child protection plans has fallen from 214 in June to 194 in July. This is 40% lower than at the equivalent point in 2013-14.
30	Rate of Looked After Children per 10,000		100.1	-	95.8	99.5	101.4	95.8	G	↓ +	Jul	E Taylor	Looked after children (LAC) numbers continue to be higher than the national average and statistical neighbours. A LAC Task Group is now in operation which is ensuring a whole systems approach to addressing this issue. Emphasis is on detailed analysis of individual children and implementing strategies to safely reduce the LAC population and associated costs. New strategies are being implemented and practice is scrutinised at individual, team and district level. LAC projections are being finalised which will inform how LAC figures could look at year end. The number of LAC reduced by 7 between June and July. In order to achieve the 2014/15 target the number of LAC need to reduce by a further 38.
31	% of Children in Foster care having three or more placements	Local Authority Interactive Tool	6.8%		10.0%	10.0%	8.0%	8.0%	G	↑ -	Jul	E Taylor	The % of LAC who have had 3 or more placements has increased from 7.6% in June to 8%.
32	% of Children in Foster care being in placement for two years or more		67.9%		70.0%	70.0%	71.0%	70.0%	G	↑ -	Jul	E Taylor	The percentage of CIC who are in placement over 2 years has increased marginally from 69.9% in June to 71% in July.
33	Percentage of children leaving care through SGOs / adoptions		23.1%	27.7%	28.0%	28.0%	26.9%	28.0%	G	↑ -	Jul	E Taylor	A total of 52 children have been discharged from care during 2014-15 of whom 7 have been discharged via a SGO and 7 have been adopted.
34	Percentage of children in care placed with parents		11.0%		8.0%	8.0%	12.4%	8.0%	G	↑ +	Jul	E Taylor	A total of 85 children were placed with parents as at 31st July.
35	Timeliness of Adoptions, within 12 months of decision date	Local Authority Interactive Tool	75.0%	-	80.0%	80.0%	29.0%	80.0%	R	↑ +	Jul	E Taylor	YTD Adoptions April - 2 May - 2 June - 1 July - 2 Total - 5 Of the 7 adoptions to date two were completed within timescale.
36	Became Looked After to Adoption Timescale in days	Local Authority Interactive Tool	744.0	-	547.0	547.0	922.7	547.0	R	↓ -	Jul	E Taylor	Of the 7 adoptions to date in 2014-15 only 1 child was adopted within the 547 target from Becoming Looked After. 5 of the remaining 6 exceeded 1,000 days with the highest being 1,133 (3.1 years)
Universal and Infrastructure Services													
37	Percentage of on time admissions applications received online – F2		64.0		68.0	-	-	68.0	-	-	-	N Clarkson	Annual Indicator
38	Percentage of on time admissions applications received online –Year 7		58.0		62.0	-	-	62.0	-	-	-	N Clarkson	Annual Indicator

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FAMILIES AND WELLBEING - ADULTS													
Enhance the quality of life for people with care and support needs													
39	Proportion of people who use services who have control over their daily life (ASCOF 1B)	Adult Social Care Survey	79.9%	76.6%	80.0%	-	-	80.0%	-	-	-	C Beyga	Annual Indicator
40	Proportion of people using social care who receive self-directed support, and those receiving direct payments (ASCOF 1C)	Local Data (Swift)	63.8% Approx. as new measure for 2014/15	67.6%	66.0%	64.5%	84.5%	84.5%	G	↔	Jul	C Beyga	The calculation of this measure has changed for 2014/15 to only include those people in receipt of a long term service for whom self directed support is most relevant. The denominator also excludes those people in residential & nursing care whereas previously they were included.
Delay and reduce the need for care and support													
41	Permanent admissions of younger adults (aged 18-64) to residential and nursing care homes, per 100,000 population (ASCOF 2Ai)	Local Data (Swift)	18.1	14.5	17.0	17.7	11.2	17.0	G	🏠	Jul	C Beyga	YTD Placements April - 1 May - 2 June - 1 July - 3 Total - 7 Target - 11 NB. Reported figures may be subject to change due to potential delays in data recording
42	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population (ASCOF 2Aii)	Local Data (Swift)	835.9	777.8	759.3	810.4	676.2	759.3	G	🏠	Jul	C Beyga	YTD Placements April - 32 May - 45 June - 34 July - 38 Total - 149 Target - 175 NB. Reported figures may be subject to change due to potential delays in data recording
43	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2Bi)	Local Data (Swift)	89.4%	83.6%	85.0%	85.0%	89.9%	85.0%	G	🏠	Jul	C Beyga	A total of 21 people have been identified during May, June and July as not being at home 91 days post discharge from hospital into reablement. Of the 21 people 3 have been re-admitted to hospital, 12 are now deceased and 6 have been admitted to care homes
44	Number of episodes of reablement or intermediate care intervention for clients aged 65 years and over, per 10,000 population (Links to ASCOF 2Bii)	Local Data (Swift)	311.5	354.8	390.7	328.9	417.7	415.0	G	🏠+	Jul	C Beyga	60% of all referrals to STAR and 80% to IMC are related to hospital discharges. Current usage of the IMC beds indicates approximate occupancy of 80% against available capacity. The average length of stay in an IMC is 4.3 weeks.
45	Average monthly bed days lost due to delayed transfers of care per 100,000 (Better Care Fund)	NHS England Statistics	66.3	199.7	61.3	65.1	74.4	87.8	R	🏠	Jun	J Evans	This measure is calculated based on a rolling 12 month period (i.e.. July 13 - June 14). Comparing the total lost bed days in Q1 2013-14 to the total for Q1 2014-15 shows a 61% increase. The increasing trajectory is predominantly due to delays attributable solely to the NHS. Of the total lost beds days in Q1 2014-15 54% are attributable solely to the NHS, the same period in 2013-14 was 33%. Further analysis of the data indicates the primary reason for NHS delays is awaiting further non-acute treatment. The main reason for delays attributable to DASS is delays in the completion of assessments.
46	Total number of avoidable admissions per 100,000 population (Better Care Fund)	Local Data (Wirral CCG)	3,059.7		2,871.6	478.6	497.0	2,871.6	A	🏠+	May	J Evans	Awaiting further analysis from Wirral CCG
47	Proportion of people who have received short term services to maximise independence requiring no on-going support (ASCOF 2D)	Local Data (Swift)	N/A	N/A	50.0%	50.0%	71.5%	70.0%	G	🏠+	Jun	C Beyga	YTD Analysis • 26% of people are independent post reablement • 23% of people have low level on-going support (e.g. Assistive Technology) • 21% of people stop reablement early either declining further services or being admitted to hospital • 3% of people self fund their care
Ensure that people have a positive experience of care and support													
48	Overall satisfaction of people who use services with their care and support (ASCOF 3A)	Adult Social Care Survey	63.0%	65.8%	67.0%	-	-	67.0%	-	-	-	C Beyga	Annual Indicator

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49	Proportion of Social Work assessments completed within 28 days	Local Data (Swift)	97.4%	N/A	100.0%	100.0%	98.3%	98.0%	G		Jul	C Beyga	Of a total of 922 completed assessments there have been 16 that have not been completed within 28 days. Common reasons for delays include difficulties in contacting the referrer to arrange a meeting to complete the initial assessment and also disputes linked to Ordinary Residence and who is responsible for funding the care package.
50	Overall satisfaction of carers with social services (ASCOF 3B)	Carers Survey	Carers survey is biennial - not completed in 2013/14	45.4% 2012-13	46.0%	-	-	46.0%	-	-	-	J Evans	Annual Indicator
51	Proportion of people who use services who find it easy to find information about support (ASCOF 3D)	Adult Social Care Survey	75.5%	75.0%	80.0%	-	-	80.0%	-	-	-	J Evans	Annual Indicator
52	Improving people's experience of integrated care (ASCOF 3E)	TBC	0.0%	N/A	-	-	-	-	-	-	-	C Beyga	This is a new measure for 2014/15 taken from the Adult Social Care Outcomes Framework. The Department of Health are considering options as to how the information will be captured and will inform Councils later in 2014/15, although it is likely to be incorporate within the Adult Social Care Survey
Safeguard adults whose circumstances make them vulnerable and protecting them from harm													
53	Proportion of people who use services who say that those services have made them feel safe and secure (ASCOF 4B)	Adult Social Care Survey	71.7%	77.0%	80.0%	-	0.0%	80.0%	-	-	-	C Beyga	Annual Indicator
54	Proportion of Safeguarding Alerts actioned within 24hrs	Local Data (Swift)	98.4%	N/A	100.0%	100.0%	98.5%	98.6%	G		Jul	J Evans	A total of 981 safeguarding alerts have been actioned within 24 hours out of a total of 996. 14 of the remaining 16 alerts not actioned within 24 hours were actioned within 48 hours with the other 2 within 72 hours.
55	Proportion of completed scheduled monitoring visits to residential homes	Local Data (QA Team)	100.0%	N/A	100.0%	33.3%	94.6%	100.0%	G		Jul	J Evans	105 out of 111 homes have received a monitoring visit to date during 2014-15. 80% of homes are currently rated as green under the Quality Assurance Framework, 18% are Amber and 10% are Red.
Transform the business to be as efficient and effective as possible													
56	Projected net expenditure for 2014-15 as a Proportion of the 2014-2015 net budget for Adult Social Services	Local Data (Finance)	100.0%	N/A	100.0%	100.0%	96.0%	100.0%	A		May	G Hodgkinson	Revised Budget = £74.67m Forecast Spend = £77.67m The variance between budget and forecast expenditure has not yet been identified officially as an overspend relates primarily to concerns around 3 projects: • Transformation of Day Services • NHS Continuing Care Review • Managing Demand Early identification of potential issues has enabled swift management actions to be implemented.
57	Proportion of care packages able to commence within 24 hours of initial contact with agency (Better Care Fund)	Local Data (CAT Team)	12.5%	N/A	95.0%	95.0%	93.2%	95.0%	G		Jul	J Evans	Data collated by the Care Arranging Team indicates that the availability of providers to commence packages within 24 hours remains within targeted levels.

Performance is improving
Lower is better

Performance is deteriorating
Higher is better

Performance is improving
Higher is better

Performance sustained
in line with targets set

Performance is deteriorating
Lower is better

G Performance within tolerance for target set.
A Performance target slightly missed (outside of toleranc
R Performance not on track, action plan required.

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