Appendix 1: Council Plan Monitoring – Q4 EOY 2015/16 Health and Adult Social Care Overview and Scrutiny Committee Detailed Report.

Key

PI Status	Trend* Arrows	Success is
🔴 This PI is significantly below target	⬆ The performance of this PI has improved	➕ Higher figures are better
🔺 This PI is slightly below target	⬇ The performance of this PI has worsened	➖ Lower figures are better
✅ This PI has met or exceeded the target	▬ The performance of this PI is static	NA - Desired performance is neither too high nor too low
📈 This PI is data only. There is no target and is provided for reference only.	NA – Rating not appropriate / possible, or target is cumulative	
*Short trend compares to last quarter.		
*Long trend compares to average of previous 4 quarters.		

2.1 We will work closely with our NHS and voluntary sector partners

Code	Short Name	Success Is	2014/15 Value	Q1 2015/16 Value	Q2 2015/16 Value	Q3 2015/16 Value	Q4 2015/16 Value	2015/16 Value	Target	Status	Long Trend	Note
ASC07ii	Delayed transfers of care from hospital which are attributable to adult social care	−	4.3	4.7	8.5	8.2	8.1	8.1	8.5	✅	⬇	12-May-2016 Numbers delayed have stabilised and current focus is on developing a whole-system monitoring approach and changes to simplify the discharge process.
ASC13	ASCOF 2A(1) Permanent admissions to residential and nursing care homes, per 100,000 population – 18-64	−	23.61	5.3	5.3	7.1	1.8	19.5	14	🛑	⬆	26-Apr-2016 This figure is an estimate based on admissions recorded by 18 April 2016. Data is for just 3 admissions. A diagnostic review is being undertaken and this should positively impact results next year.
ASC14	ASCOF 2A(2) Permanent admissions to residential and nursing care homes, per 100,000 population – 65+	−	741.94	157.8	184.12	148.3	109.98	600.02	576	⚠	⬆	26-Apr-2016 This is based on the 45 admissions recorded to 18 April. Work on the hospital discharge pathways and work following the ASC diagnostic review should positively impact results next year.
ASCOF 2Bii	The percentage of older people offered reablement services on discharge from hospital	✚	NA	Not measured for Quarters				NA	3.3%	NA	NA	This is an annual measure and data is not yet available.

2.2 We will ensure that people have choice & control in support

Code	Short Name	Success Is	2014/15 Value	Q1 2015/16 Value	Q2 2015/16 Value	Q3 2015/16 Value	Q4 2015/16 Value	2015/16 Value	Target	Status	Long Trend	Note
ASC18	ASCOF 1C(1i) The percentage of clients accessing services through self directed support	✚	NA	80.6%	88.8%	92.3%	90.6%	90.6%	81%	✅	NA	01-Jun-2016 This is based on full data submitted for the statutory Short and Long Term (SALT) return.
ASC19	ASCOF 1C(2i) The percentage of clients accessing services through a direct payment	✚	NA	24.7%	25.4%	26.9%	29.9%	29.9%	25%	✅	NA	01-Jun-2016 This is based on full data submitted for the statutory Short and Long Term (SALT) return.
ASCOF 1B	The percentage of service users who report they have control over their daily life	✚	NA	Not measured for Quarters				79%	76.7%	✅	NA	12-Apr-2016 This figure is subject to validation, but reflects the 40% response rate.

2.3 We will support carers in the valuable work they do

Code	Short Name	Success Is	2014/15 Value	Q1 2015/16 Value	Q2 2015/16 Value	Q3 2015/16 Value	Q4 2015/16 Value	2015/16 Value	Target	Status	Long Trend	Note
ASC02	ASCOF 3B Carer satisfaction with adult social care services	✚	40.90	Not measured for Quarters				NA	NA	NA	NA	08-Jan-2016 Carer Satisfaction is measured through the Carer Survey, which is undertaken every two years. No survey is due to take place in 2015/16, but co-production work planned with the Carer Partnership Board to explore ways of evaluating Carer satisfaction through qualitative analysis techniques.
ASC10	Carers receiving an assessment or review	✚	30.9%	6.3%	14.4%	23.0%	31.7%	31.7%	30.0%	✅	⬆	18-Apr-2016 Due to a focus on assessments by the Carers Team, it is expected to achieve target.
ASC17	The proportion of carers who felt that they had been included or consulted in discussions about the	✚	72.9	Not measured for Quarters				NA	NA	NA	NA	18-Apr-2016 Carer consultation and engagement is measured through the Carer Survey, which is undertaken every two years. No survey is due to take place in

Code	Short Name	Success Is	2014/15 Value	Q1 2015/16 Value	Q2 2015/16 Value	Q3 2015/16 Value	Q4 2015/16 Value	2015/16 Value	Target	Status	Long Trend	Note
	person they care for											2015/16, but co-production work is planned with the Carer Partnership Board to improve carer engagement that will be reflected in the survey undertaken in the autumn of 2016.

2.4 We will ensure that disabled adults and older people are safe

Code	Short Name	Success Is	2014/15 Value	Q1 2015/16 Value	Q2 2015/16 Value	Q3 2015/16 Value	Q4 2015/16 Value	2015/16 Value	Target	Status	Long Trend	Note
ASC SVA 01	Number of SVA concerns/alerts	✚	244	193	185	261	326	965	NA	📈	🔼	12-Apr-2016 Safeguarding alerts continue to increase as a reflection of considerable improvements in reporting and recording processes.
ASC04	ASCOF 4B The proportion of people who use services who say that those services have made them feel safe and secure	✚	84.17	Not measured for Quarters				81.00	65.00	✅	🔽	12-Apr-2016 This figure is subject to validation, but reflects the 40% response rate.

2.5 We will promote & encourage healthy lifestyles for adults

Code	Short Name	Success Is	2014/15 Value	Q1 2015/16 Value	Q2 2015/16 Value	Q3 2015/16 Value	Q4 2015/16 Value	2015/16 Value	Target	Status	Long Trend	Note
PH10	Percentage of people completing an adult weight management service who have reduced their cardiovascular risk	✚	76.4%	76.8%	76.7%	78.7%	77.7%	100.3%	70.0%	✅	🔼	06-Apr-2016 445 of the 573 adults completing the exercise referral or tipping the balance weight management programme, achieved a significant reduction in their cardiovascular risk. This could include positive changes to their weight status, body shape, physical activity level,

Code	Short Name	Success Is	2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	2015/16				Note
			Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	
												blood pressure or blood cholesterol.
PH13	Rate per 100,000 of self-reported 4 week smoking quitters aged 16 or over	✚	665	143	300	452	NA	NA	588	✅ Q3	NA	05-Apr-2016 Q4 data not yet available. Between Q1 and Q3, 980 per 100,000 setting a quit date and 452 per 100,000 population successfully quit, higher than the mid-year target of 303 per 100,000. The end of year target is 588 per 100,000. Medway has seen a decline in the numbers setting a quit date and successful quitters, as has England. However, Medway has consistently achieved rates higher than the England average. Declining quit attempts may be due to factors such as the increased numbers of people using electronic cigarettes (E-cigs), reduced national advertising and access to illicit tobacco. The service is now able to provide behavioural support to those that are using E-cigs and regulation for these products is currently underway. Success rates remain stable at around 45% of those who set a quit date successfully quitting in Medway. The Stop Smoking Team has launched a High Street shop to raise awareness and to provide services in a town centre location.
PH9	Number of cardiovascular health checks completed	✚	7,583	1,399	3,176	4,311	5,456	5,456	6,500	🛑	⬇	05-Apr-2016 In the previous two years, health checks have been delivered by both general practices and a third party outreach provider but this contract was not renewed for the 2015/16 financial year. The 6,500 total was set as an ambitious stretch target before the post became vacant for the first six months of the year. The post has now been filled and in quarter 4 the post holder worked closely with GP practices to encourage uptake of health

Code	Short Name	Success Is	2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	2015/16				Note
			Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	
												checks in Medway. This year saw an increase in the number of checks completed by practices compared to 2014/15 when they completed 4,684 checks. A detailed feedback report has been circulated to each practice to encourage better performance and this will continue at regular intervals throughout the year.

3.5 We will tackle and reduce the harm caused by alcohol and drugs

Code	Short Name	Success Is	2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	2015/16				Note
			Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	
PH11	Number of users of opiates that left drug treatment successfully (free of drug dependence) who do not then represent to treatment again within 6 months as a percentage of the total number of opiate users in treatment	✚	6.1%	5.9%	5.1%	4.4%	NA	NA	8.2%	⬢ Q3	NA	06-Apr-2016 Q4 data is not yet available. The PHOF indicator is a difficult measure as it only reflects the proportion of clients who successfully complete and do no re-present, it does not reflect the proportion of successful completions, or the proportion that are retained in effective treatment. A performance improvement plan is in place with Turning Point to increase the number of clients who successfully complete – the data for this is beginning to show an improvement (against a national declining picture). Due to the time delay in the PHOF indicator it will take a while for this improvement to reflect in these figures.

Code	Short Name	Success Is	2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	2015/16				Note
			Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	
PH12	The percentage of alcohol users that were in treatment in the last 12 months who successfully complete treatment.	➕	45.1%	32.6%	39.2%	38.9%	NA	NA	35.0%	⚠️ Q3	NA	06-Apr-2016 Q4 data not yet available. The service has achieved significant improvement over the last quarter from the significant dip seen at the beginning of 2015. There has been a performance improvement plan in place to not only improve the outcomes for alcohol clients but also to increase the number of alcohol clients accessing treatment. The service is now achieving outcomes in line with the national average and the focus now will be on sustaining improvements.