



**City of Westminster**

# Audit and Performance Committee Report

<b>Meeting:</b>	<b>Audit and Performance Committee</b>
<b>Date:</b>	<b>Wednesday 14<sup>th</sup> November 2018</b>
<b>Classification:</b>	<b>For General Release</b>
<b>Title:</b>	<b>Update of Bi-Borough arrangements in Children's Services, Adult Social Care and Public Health</b>
<b>Wards Affected:</b>	<b>All</b>
<b>Financial Summary:</b>	<b>The financial summary will be fully set out in the report to Cabinet</b>
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## **1. Executive Summary**

- 1.1 This report updates the committee on progress in establishing a Bi-Borough agreement with the Royal Borough of Kensington and Chelsea for the delivery of Children's Services, Adult Social Care and Public Health. This follows the decision made by Cabinet in March 2017 to serve notice on London Borough of Hammersmith and Fulham to disaggregate the Tri-Borough s113 agreements currently in place to deliver these services.
- 1.2 The first phase of implementation took place in April 2018, this saw the creation of an overall structure for Bi-Borough Children's Services, Adults and Public Health services. Phase 2 was implemented in October 2018 and focused on changes in Adults Services to the Senior Management Team, Finance and IT. This leaves a small number of services within Children's which are still shared across the three local authorities.

- 1.3 A summary of the key changes relating to new Bi-Borough arrangements is outlined in the body of this report. Considerable effort has been spent mitigating the potential financial impact of the move to a Bi-Borough service, as well as ensuring that current service provision does not suffer as a result of the uncertainty being experienced by staff. Staff consultation on key changes was an important part of this approach, with extensive engagement with all staff affected by the changes and proposals developed from feedback received from staff.
- 1.4 Smooth transition has taken place for services that went live on the 1<sup>st</sup> April and plans are in place to mitigate any risks associated with disaggregation in Adults that took effect from October 2018. Front line service delivery has not been impacted as a consequence of the disaggregation of services. Ofsted's focused visit inspection of the council's arrangements for children who need help and protection in the summer reflected continuity in the provision of high quality services found previously to be 'outstanding' in 2016.

## **2. Recommendations**

- 2.1 That the Audit and Performance Committee:

Notes the progress in implementation and transition to new Bi-Borough structure in Adult Social Care, Children's Services and Public Health since the last update in November 2017.

## **3. Reasons for Decision**

- 3.1 In March 2017, Cabinet endorsed a recommendation to serve notice on London Borough of Hammersmith and Fulham (LBHF) to disaggregate the s113 agreements that have been in place since 2012 to share Children's Services, Adult Social Care and Public Health.
- 3.2 Since that time, officers have developed and implemented structures which maintain the principles of the original Tri-Borough proposition of collaborative working and delivering efficiencies through scale whilst retaining sovereignty on a Bi-Borough basis. These were implemented and took effect from April (phase 1) and October 2018 (Phase 2).

## **4. Background**

- 4.1 The Tri-Borough model for collaborative working provided maximum flexibility for the three Councils to maintain sovereignty. The aim was to enable the three Councils to do more with less, sharing resources and management, and reducing costs whilst improving services. Both WCC and RBKC consider these arrangements to have been an outstanding success based on the significant financial savings the three Councils have achieved (estimated gross average of £14m in annual ongoing savings for each council across the shared services) as well as non-cashable efficiencies and improvements to the quality of services.

- 4.2 Since serving notice on LBHF, proposals were developed and implemented to deliver services on a Bi-Borough basis. This enabled some economies of scale (less than under Tri-Borough but more than would be achieved as single boroughs) as well as continuing to innovate and transform collaboratively to improve efficiency and the service quality.

## **5. Services update**

- 5.1 The following paragraphs outline the key structural changes that have taken place and how transition to new arrangement is working.

### **Children's Services**

- 5.2 The new directorate is now made up of 5 service areas: WCC Family Services, RBKC Family Services, Education, Safeguarding Review and Quality Assurance (SRQA); and Operations and Programmes. Integrated Commissioning falls within Adults with a dotted line into Children's Services. As part of the new arrangements Children's Finance and Children's ICT moved into other directorates which provide corporate services, with Finance hosting by Westminster City Treasurers. WCC Family services had previously been sovereign delivered, the other service areas moved from sharing across three authorities to new Bi-Borough arrangements.

### **Education**

- 5.3 The Education service area is responsible for raising standards, supporting children and young people with special educational needs and disabilities and ensuring there are sufficient school places across Westminster and Kensington and Chelsea. This structure was reconfigured into a Bi-Borough Service which now covers: - School Standards; Special Education Needs and Educational Psychology service; School Place Planning & Access to Education; and Short breaks and Resources.

### **WCC Family Services**

- 5.4 The service had limited changes. The Access and Assessment team (including the Multiagency Safeguarding Hub - MASH) kept its existing structure, this was also true for Early Help Services and Social Work with families' team. The shared Tri-Borough Assistant Director for Looked After Children and Leaving Care Services post was removed with service responsibility for these services returning to the individual boroughs and a Westminster Head of Specialist services created. This post also managed the Disabled Children's Team (DCT) function which moved back from the SEN service.

### **Safeguarding Review and Quality Assurance**

- 5.5 The Safeguarding Review and Quality Assurance Service provides guidance, consultation, support and scrutiny on the welfare of children and keeping children safe. The service was reconfigured to be provided on a Bi Borough basis. Co-ordination of the work of the Local Safeguarding Children Board which has oversight of the safeguarding work by all agencies across

Westminster, Kensington and Chelsea and Hammersmith and Fulham also sits within this service.

### Operations and Programmes

- 5.6 As part of new configured Bi-Borough service, a new Operations and Programme service area was created. This took functions from both the previous Commissioning and Finance and Resources service areas. This covers: - Transformation and Innovation; Business Intelligence and Strategy; and Placement Delivery and Customer Relationships.

### Implementation

- 5.7 Implementation of the new structure was completed on 1<sup>st</sup> April 2018 and arrangements are now embedded with all key management posts recruited to. Where staff have moved from Tri-Borough to Bi-Borough roles, they seem well embedded into new structures. Risks were managed through a transition period and by regular reviews within the Senior Leadership team. There are no remaining risks from transition, any new risks are managed through business as usual processes. Appendix 1 provides the year end (17-18) key performance indicators for Children's Services.
- 5.8 Front line service delivery has not been impacted as a consequence of the disaggregation of services. Ofsted's focused visit inspection of the council's arrangements for children who need help and protection in the summer reflected continuity in the provision of high quality services found previously to be 'outstanding' in 2016
- 5.9 As described a small number of services will remain Tri-Borough and this has been agreed with the Cabinet/Leadership Team in each of the three boroughs. These are services that are generally considered to be performing well and where economies of scale are such that disaggregating teams would be disproportionately inefficient and affect their viability. These will be reviewed annually to determine if this is the most effective delivery mechanism.

### Adult Social Care

- 5.10 As with children's services, as a result of both Phase 1 and Phase 2, a small number of services still remain Tri-Borough i.e. Community Independence Service and Hospital Team and this has been agreed with the Cabinet/Leadership Team in each of the three boroughs.
- 5.11 The Bi-Borough Executive Director of Adult Social Care and Health oversees continuing partnership working and the service transformation that is needed to deliver in a very challenging financial and market context. Prevention, Personalisation, Quality Assurance, Integration, Safeguarding, Market Shaping and Development will continue to be the top priorities.
- 5.12 The department now consists of the following Senior Management Team, Director of Integrated Care, Director of Integrated Commissioning, Director of Public Health, Director of Health Partnerships, and Head of Operations.

- 5.13 Core priorities of the Senior Management Team will be the successful integration of services and resource management across health and social care sectors, and working to maximise the contribution that housing, the local voluntary community, provider and business sectors can make to deliver good outcomes for residents. They will be supported by the Bi-Borough structure and strong corporate and sub-regional working.

#### Integrated Commissioning

- 5.14 An Integrated Commissioning function has brought together commissioners from Adult Social Care, Children's and Public Health. The key functions of the Directorate will be to deliver against an ambitious change agenda to enhance tangible service outcomes and maximise value for money across Children's, Adult's, and Public Health services. Drawing on innovation and best practice Commissioners undertake a range of complex service improvement, transformation, and commercial activity.
- 5.15 A Bi-Borough Quality Assurance Team has been created, reporting to the Bi-Borough Director of Integrated Commissioning. The key functions of the Quality Assurance Team will be to deliver against an ambitious programme of work with Adult Social Care to carry out one of its key priorities utilising a range of centrally collated information and intelligence. Drawing on innovation and best practice and ensuring Service Users are at the heart of delivery. This team will be responsible for developing and supporting the LA. (Local Account).
- 5.16 The placements brokerage team will remain within the Integrated Commissioning Directorate, but will become a Bi-Borough Service. The service is also looking to build partnerships beyond the three Departments to provide strategic alignment across the health, education, housing, and community safety agenda. In addition to the commissioning teams the Directorate will include the contract management function, the Transport Care and Support Team (TCST) and Procurement. At the heart of this is a focus on residents and creative approaches to co-design and user involvement. The arrangements continue to be embedded. Where staff have moved from Tri-Borough to Bi-Borough roles, we continue to manage any arising risks through transition period by regular review within Senior Leadership team and through business as usual processes.

#### Integrated Care

- 5.17 There are no changes to the majority of services, teams, and posts within operations as they are already operating on a sovereign basis. Furthermore, some shared management and service arrangements (Hospital Discharge and Community Independence Services) are underpinned by agreements with NHS partners and therefore continue on this basis. Within the Safeguarding Team, posts providing Deprivation of Liberty and Mental Capacity Assessment services will move to a Bi-Borough arrangement. The Safeguarding Board will operate as a Bi-Borough Service and therefore a Bi-Borough Safeguarding Chair position has been created.

#### Public Health

- 5.18 Public Health was restructured to become a fully Bi-borough service, with its commissioning function integrated into the new Commissioning Directorate outlined above.
- 5.19 As part of Phase 1 of the restructure, the move towards a business partner approach is complete with all business partner positions recruited. Since phase 1 was completed, there are vacancies at SMT level which are being covered by interim staff. The Phase 2 part of the restructure changed the care management team to being a Bi-Borough team. As the team had posts employed by all three boroughs, the new structures were fully recruited at the effective date. The key risks are all closed in relation to Phase 1 and Phase 2 of transition

#### Health Partnership

- 5.20 A dedicated Health and Well Being Manager for Bi-Borough has been created to support the Director of Health Partnerships to deliver and manage the Better Care Fund Programme and Health and Well Being Boards.
- 5.21 The dedicated Bi-Borough Health Finance Advisory that currently sits within this service will remain in situ but report to the Director of Health Partnerships to ensure delivery of the financial management services with NHS partners, including Better Care Fund programme management.

#### Head of Operations

- 5.22 The Head of Operations post reports to the Executive Director of Adult Social Care and Health. The Head of Operations post will replace the current Head of Transformation post that currently exists within the structure. The team will continue to work closely with the senior management team and the Executive Director of Adult Social Care and Health to ensure delivery of their priorities.

#### Finance and IT

- 5.23 As part of Phase 2, adult social care finance has changed reporting lines. From 1 October, the accountancy functions and Income Collection have changed from Tri-Borough to sovereign services. The WCC accountancy team reports into the Assistant City Treasurer and the RBKC accountancy team reports into the Director of Financial Management. The client financial services (Client Affairs, Direct Payments, Financial Assessments and Payments) have moved from Tri Borough to Bi-Borough and report into the Director of Financial Management at RBKC. All teams have moved into their new location and ensuring business continuity has remained a priority. Over the next six months, work will take place to review current processes across ACS finance teams.
- 5.24 ASC IT services will operate on a shared Bi-Borough basis service that is delivered corporately. Therefore, this team moved into the Corporate Information Technology Directorate. ASC IT function now ensures alignment with the Bi-borough ICT 2020 vision which has been agreed and common ICT services ('one mode of delivery') are being established across Westminster City Council & the Royal Borough of Kensington and Chelsea to support digital transformation and improve engagement with Council services. Together with

the revised delivery models and contractual arrangements, the Shared ICT Services organisation is being re-shaped to take on more responsibility for supporting critical Council services and drive transformation across the Councils.

#### Implementation

- 5.25 The key risks are all closed in relation to transition in phase 2, aside from displaced staff. In order to mitigate the risks this is being managed in line with each respective Borough's change management policies. Appendix 2 provides the year end (17-18) key performance indicators for Adult Social Care

### **6. Consultation and HR issues**

- 6.1 Proposals for new service structures have been subjected to extensive consultation in two phases with all staff affected. The move to a Bi-Borough service represented a significant restructure of resources. However, in practice, the majority of staff were unaffected in phase 1, with the employing borough remaining the same and no changes in job description. In phase 2 approximately 28 positions were impacted, with two staff members displaced and 11 teams moved from Adult Social Care and Health into Integrated Commissioning, Corporate Finance (RBKC), City Treasury (WCC) and IT. This resulted in teams and individual staff relocating from H&F to RBKC offices.

### **7. Equality Implications**

- 7.1 As with all reorganisations, consideration was made as to whether the changes being proposed might have a detrimental effect on any of the groups of people that are given protection under the Equality Act 2010, either as service users or as members of the workforce. Equality impact assessments were undertaken for each of the new directorate structures.

### **8. Legal Implications**

- 8.1 Public Contracts Regulations 2015 provide that certain agreements between public authorities are exempt from those regulations and therefore the obligation in them to seek competitive tenders for the provision of services.
- 8.2 To qualify for the exemption, the arrangements must; establish cooperation between the public authorities, with the aim of ensuring that public services they have to perform are provided with a view to achieving objectives they have in common and which (cooperation) is governed solely by considerations relating to the public interest. It is also a requirement that each of the authorities perform less than 20% of the services on the open market.
- 8.3 Two agreements were entered into by Westminster City Council, The Royal Borough of Kensington and Chelsea and the London Borough of Hammersmith and Fulham to give effect to the termination of the tri borough arrangements and the creation of the bi borough arrangements as described in the body of this report. One agreement was for children's services and the other was for adults' services.

- 8.4 The changes to the arrangements that have been agreed since the two agreements were concluded should be formally incorporated into those agreements if they have not already been or are not automatically covered by them.
- 8.5 Any changes to contracts with service providers must comply with the public procurement rules to be lawful.

## 9. Financial and Resources Implications

- 9.1 Upon serving notice to end the Section 113 Legal Agreement to share services with the London Borough of Hammersmith and Fulham, Westminster City Council set a General Fund budget to fund the costs of the new Bi-Borough working arrangements with The Royal Borough of Kensington and Chelsea, for Adult and Children's Services. The costs incurred for disaggregation are one-off items and are funded through reserves held for additional items of extraordinary expenditure.
- 9.2 Following consultation, the new structure was costed and represented a growth in revenue expenditure for WCC. The additional funding provided by WCC for the new Bi-Borough services in Adult Services, Children's Services and Public Health is provided below in Table 2.

*Table 2: Revenue Expenditure Growth for Adult Services, Children's Services and Public Health*

£000	Adult Services	Children's Services	Public Health	TOTAL
Tri-Borough Working Cost	18,338	7,407	2,269	<b>28,014</b>
Bi-Borough Working Cost	18,648	7,830	2,428	<b>28,906</b>
<b>Additional Budget Provided</b>	<b>310</b>	<b>423</b>	<b>159</b>	<b>892</b>


- 9.3 The budget growth provided for Adult Services and Children's Services represents an additional call on the General Fund and forms part of the Medium Term Plan. The budget growth provided for Public Health represents an additional call on the Public Health Grant and is modelled in the longer-term financial modelling of the Public Health service.
- 9.4 In Phase 2, the changes consulted on for Adult Services in WCC are estimated to result in a base budget increase of £0.330m. This value is also absorbed by the original budget allocation discussed in 9.1.
- 9.5 There are a number of vacancies within bi-borough financial shared services teams. Over the next six months a review of current processes will be undertaken to determine the longer term staffing requirements and the need to recruit to these vacancies on a permanent basis.



### Key Performance Indicators

The table below presents the latest cumulative outturns for YE (April 2017 – March 2018), unless indicated. The KPIs presented here have been selected to monitor performance against key service activities within the directorate.

Key performance indicator [S] - Statutory indicator	2016/17 position	2017/18 target ranges <sup>1</sup>				Position at yearend	Target assessment <sup>2</sup>	Other contextual insight
		Minimum	→	Ideal	→			
Children's Services								
1. Increased proportion of Education, Health and Care assessments which are completed within 20 weeks [S]	35% (17/41)	55%	→	70%	→	75%	69% (109/159)	Target Achieved
<div>↳</div> <ul style="list-style-type: none"><li><b>Service commentary:</b> 78% of Education, Health and Care assessments were completed within 20 weeks in Q4 (29/37) bringing the overall year-end performance to 69% (109/159).</li></ul>								
2. Improve compliance with SEN requirements Increased number and proportion of SEN statements transferred to Education, Health and Care Plans (EHCP). [S]	53	300	→	600	→	861	725/727 (99 %)	Target Achieved
<div>↳</div> <ul style="list-style-type: none"><li><b>Service commentary:</b> All transfers where the LA could start the process were completed in 2017-18. Two transfers remain outstanding are subject of a Tribunal appeal. Legally LAs cannot start the transfer process for any statements that are subject of a Tribunal appeal.</li></ul>								
3. Percentage of children in care aged under 16, who have been continuously in care for at least 2.5 years, who have lived in the same placement for at least 2 years [S]	87% (46/53)	75%	→	87%	→	90%	75% (39/52)	Minimum standard met – however above national average  <b>Benchmark:</b> Performance is above the national average and continues to perform well.
<div>↳</div> <ul style="list-style-type: none"><li><b>Service commentary:</b> Performance is above the national average and continues to perform well. All cases where children moved placement have been investigated and a significant number moved to more permanent arrangements, in line with good practice and their care plans.</li></ul>								

Key performance indicator [S] - Statutory indicator	2016/17 position	2017/18 target ranges <sup>1</sup>				Position at yearend	Target assessment <sup>2</sup>	Other contextual insight
		Minimu m	➡	Ideal	➡	Aspirational		
4. Number of social care contacts that go onto early help	5% (287 of 5,872)	5%	➡	20%	➡	25%	10% (411/4,128)	Target Missed
 <ul style="list-style-type: none"> <li><b>Service commentary:</b> This was a new local measure for 2017-18 for which we did not have a baseline. As this work is in its first year this year's performance will help us to set a future targets.</li> <li><b>Mitigation:</b> Having an Early Help manager in the front door is ensuring that thresholds are consistently applied.</li> </ul>								
5. Percentage of re-referrals to social care within 12 months of the previous referral [S]	9.9% (508 of 1,815)	16%	➡	9.9%	➡	9%	15% (237/1,539)	Minimum standard met – however above national average
6. Percentage of Westminster's pupils who achieve 9 - 4 (A*-C) in English & mathematics	72%	74%	➡	76%	➡	78%	74% (2017 academic year)	Minimum standard met – however above national average
7. Percentage of Westminster schools judged to be outstanding by Ofsted	35%	35%	➡	38%	➡	40%	35%	Minimum standard met – however above national average
8. Improve % of children who reach expected levels for reading, writing and maths at the end of primary school	58%	58%	➡	68%	➡	73%	68% (2017 academic year)	Target Achieved
9. Reduce number of children entering care aged 14-17 (excluding UASC) [S]	17	20	➡	17	➡	17	18	Target Achieved
10. Percentage of 16 to 18 year olds not in education and training (NEET)	1.7%	1.6%	➡	1.5%	➡	1.4%	1.4%	Target Exceeded

Key performance indicator <i>[S] - Statutory indicator</i>	2016/17 position	2017/18 target ranges <sup>1</sup>			Position at yearend	Target assessment <sup>2</sup>	Other contextual insight
		Minimum	→	Ideal	→	Aspirational	
11. Increase the number of foster carers recruited	18	8	→	10	→	15	13 Target Exceeded

Target range definitions <sup>1</sup>	<b>Minimum</b>	The absolute minimum level for the KPI that will still allow the service to deliver
	<b>Ideal</b>	A level which is acceptable for service continuity
	<b>Aspirational</b>	The level at which the service is improving beyond current capability
YE Target assessment definitions <sup>2</sup>	<b>Target missed</b>	Failed to achieve the minimum target level
	<b>Target exceeded</b>	Achieved above the Ideal target level
	<b>Target achieved</b>	Achieved ideal target level
	<b>Minimum standard met</b>	Achieved the minimum target below ideal level

## Appendix 2- Adult Social Care and Public Health

### Key Performance Indicators

The table below presents the latest cumulative outturns for YE (April 2017 – March 2018), unless indicated. The KPIs presented here have been selected to monitor performance against key service activities within the directorate.

Key performance indicator <i>[S] - Statutory indicator</i>	2016/17 position	2017/18 target ranges <sup>1</sup>				Position at yearend	Target assessment <sup>2</sup>	Other contextual insight	
		Minimum	➡	Ideal	➡				Aspirational
Adult Social Care									
1. Percentage of clients who require long term service after completing a reablement package	29% (249/845)	34%	➡	29%	➡	25%	30% (374/1,237)	Minimum standard met	<b>Benchmark:</b> In 16/17, 88.9% of older people who were still at home 91 days after discharge from hospital into reablement service. Better than the London (85.5%) and national (88.5%) averages. <b>Insight:</b> Performance is exceptionally close to ideal target with a variation of only 9 additional clients.
↳	<ul style="list-style-type: none"><li><b>Service commentary:</b> The service was very close to target and has performed well in ensuring that 70% of clients who complete a reablement package do not require long term support. A significant number of high need cases are managed by the reablement team and those with neurological conditions are particularly complex.</li><li><b>Mitigation:</b> The team will be working with the stroke team at Charing Cross Hospital to ensure that there are reduced delays in case transfers and that patients are accessing the most appropriate pathway for their needs.</li><li><b>Timeframe for improvement:</b> Improvement should be seen in Q1.</li></ul>								
2. Total number of new permanent admissions to residential/nursing care of people aged 65 years and over	92	105	➡	95	➡	85	98	Minimum standard met	<b>Benchmark:</b> In 16/17, 425 permanent admissions of older people to Westminster residential and nursing care homes, per 100,000 of population. This compares to 651 nationally and 454 in London.
↳	<ul style="list-style-type: none"><li><b>Service commentary:</b> Service was very close to target with three additional admissions from the ideal target.</li><li><b>Mitigation:</b> Tighter management controls have been put in place between social work teams and the brokerage team.</li><li><b>Timeframe for improvement:</b> It should be recognised that as complexity of need increases and pressure to discharge from hospital continues this measure will continue to be challenging.</li></ul>								
3. Delayed transfers of care, acute days attributed to social care (cumulative)	826	1,213	➡	1,103	➡	1,047	540 (Apr 2017 – Feb 2018)	On Track to exceed target	<b>Reporting period:</b> Feb 2018 data – Data published by NHS England with 2 month lag however we project that aspirational target will be met when full year data becomes available. YE data will be available in Mid-May

Key performance indicator [S] - Statutory indicator	2016/17 position	2017/18 target ranges <sup>1</sup>				Position at yearend	Target assessment <sup>2</sup>	Other contextual insight
		Minimum	➡	Ideal	➡	Aspirational		
4. Number of carers (caring for an adult) who have received an assessment of review of their needs	85% (929)	75%	➡	85%	➡	90%	90% (1,021/1,140)  Target Exceeded	Insight: This KPI has increased from 56% at Quarter 3. The significant increase in completed carer's assessments has always been anticipated by the department in Q4. This is partly due to a high number of carers being due for a review of their needs in Q4 and also due to additional focus and redirection of resources to ensure all assessments/reviews are completed
5. Percentage of service users receiving an assessment/review of their needs	80% (2,232)	75%	➡	85%	➡	90%	85% (2,285/2,675)  Target achieved	

Key performance indicator [S] - Statutory indicator	2016/17 position	2017/18 target ranges <sup>1</sup>				Position at yearend	Target assessment <sup>2</sup>	Other contextual insight
		Minimum	➡	Ideal	➡	Aspirational		

<b>Public Health</b> – Full year data unavailable for KPIs below at time of reporting. See notes for when full year data will be available.								
6. Percentage of children who receive a 2-2.5 year development review	100%	-	➡	75%	➡	-	81.3% (1895/2334)  Target Exceeded	
7. Stop Smoking Services – number of 4 week quits	1,558	1,293	➡	1,365	➡	1,437	1,037  On Track to achieve target	Benchmark: Among LAs, WCC had the highest quit attempts (11,248) and quitters (5,529) per 100k smokers in 2016/17.  Reporting period: Cumulative quits 1 April to 31 December 2017. We project that ideal target will be met when full year data becomes available. Full year data available from mid June
8. Community Champions - Number of residents reached through activity	17,545	-	➡	10,000	➡	-	11,507  On Track to exceed target	Reporting period: Q3, April – December 2017. We project that ideal target will be exceeded met when full year data becomes available. Full year data is currently being collected, this should be available from the end of May
9. Proportion of opiate misusers in treatment, who successfully completed treatment and did not re-present within 6 months	7.17%	6.5%	➡	7%	➡	8%	7.6% (43/563)  On Track to exceed target	Reporting: Completion period: 1 July 2016 to 30 June 2017. Re-presentations up to 31 December 2017.  Insight: These are those in structured treatment who completed treatment in a 12 month period, and then are monitored for 6 months post completion to ensure they do not return for further treatment.

Key performance indicator [S] - Statutory indicator	2016/17 position	2017/18 target ranges <sup>1</sup>				Position at yearend	Target assessment <sup>2</sup>	Other contextual insight
		Minimum	➡	Ideal	➡	Aspirational		

<p>➡ • <b>Service commentary:</b> Full year data will be published mid-July, however we are not sure if aspirational targets will be met (performance is let down by one service (Blenheim) that is targeted at high needs users, however from April 1st this service delivery is switching to be delivered by our DAWS service which is currently delivering 9-10%)</p>								
10. Total admissions to hospital with alcohol-related conditions – per 100k	508.77	160	➡	140	➡	120	139.71  On Track to achieve target	<p><b>Reporting period:</b> Q1, April – June 2017. Awaiting latest published figures on this. We project that ideal target will be met when full year data becomes available. Public Health England contacted for an update, they have no timescale on this.</p> <p><b>Development insight:</b> For 18/19 we are proposing to change this indicator to be “proportion of alcohol misusers in treatment, who successfully completed treatment and did not re-present within 6 months”.</p>
11. Percentage of STI (Sexually Transmitted Infections) screens undertaken in a community setting	2%	2%	➡	4%	➡	6%	9% (885 of 9830)  Target Exceeded	<p><b>Development insight:</b> This indicator will be replaced for 18/19 to give a better representation of the work undertaken in Sexual health</p>

Target range definitions <sup>1</sup>	<b>Minimum</b>	The absolute minimum level for the KPI that will still allow the service to deliver
	<b>Ideal</b>	A level which is acceptable for service continuity
	<b>Aspirational</b>	The level at which the service is improving beyond current capability

YE Target assessment definitions <sup>2</sup>	<b>Target missed</b>	Failed to achieve the minimum target level
	<b>Target exceeded</b>	Achieved above the Ideal target level
	<b>Target achieved</b>	Achieved ideal target level
	<b>Minimum standard met</b>	Achieved the minimum target below ideal level