



Report of: Executive Member for Health and Social Care

Meeting of	Date	Agenda Item	Ward(s)
Health and Social Care Scrutiny Committee	17 November 2016		All

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Report: Quarter 1 Performance Report

1. Synopsis

- 1.1 Each year the council agrees a set of performance indicators and targets which, collectively, help us to monitor progress in delivering corporate priorities and working towards our goal of making Islington a fairer place to live and work.
- 1.2 Progress is reported on a quarterly basis through the Council's Scrutiny function to challenge performance where necessary and to ensure accountability to residents.
- 1.3 This report sets out progress update for performance indicators related to Health and Social Care, over the first quarter of 2016-17 (i.e. 1 April to 30 June 2016).

2. Recommendations

- 2.1 To note progress to the end of Quarter 1 against key performance indicators falling within the remit of the Health and Social Care Scrutiny Committee.

3. Background

- 3.1 The council routinely monitors a wide range of performance measures to ensure that the services it delivers are effective, respond to the needs of residents and offer good quality and value for money. As part of this process, we report regularly on a suite of key performance indicators which collectively provide an indication of progress against the priorities which contribute towards making Islington a fairer place.
- 3.2 The full list of corporate performance indicators and targets for 2016-17 is set out in Appendix A.
- 3.3 This year, rather than Policy & Performance Scrutiny Committee (PPS) scrutinising all quarterly performance reporting, a new approach was agreed whereby each of the four theme based scrutiny committees – Children's Services, Health and Social Care, Environment & Regeneration, and Housing – will be responsible for monitoring performance in their own areas.

4. Quarter 1 update on Adult Social Care performance

4.1 This report contains an update on Adult Social Care indicators for Quarter 1.

Objective	PI No.	Indicator	Frequency	Actual Q1 Apr-Jun	Expected profile Q1	Target 2016-17	On/Off target (compared to profile)	Same period last year	Better than last year?
<i>Support older and disabled adults to live independently</i>	ASC1	Delayed transfers of care (delayed days) from hospital per 100,000 population aged 18+	Q	620.7	624.4	685.8	On	577.9	No
	ASC2	Percentage of people who have been discharged from hospital into enablement services that are at home or in a community setting 91 days after their discharge to these services	Q	91%	92%	92%	On	86.1%	Yes
	ASC3	Percentage of service users receiving services in the community through Direct Payments	M	30.5%	35%	35%	Off	30.3%	Same
<i>Support those who are no longer able to live independently</i>	ASC4	Number of new permanent admissions to residential and nursing care	M	37	N/A	105	N/A	34	No
<i>Support carers</i>	ASC5	Carers who say that they have some or all of their needs met (Score out of 12)	A	7.3	N/A	8	N/A	N/A	N/A
<i>Tackle social isolation faced by adult social care users (E)</i>	ASC6	The percentage of working age adults known to Adult Social Care feeling that they have adequate or better social contact (E)	A	64%	N/A	70%	N/A	N/A	N/A

NB: Frequency (of data reporting): M = monthly; Q = quarterly; A = annual

Supporting independent living

- 4.2 Three measures are used to ensure that the Council is providing effective support to enable the most vulnerable to live independently for as long as possible.
- 4.3 The first, **delayed transfers of care from hospital**, has been introduced to the corporate PI suite this year and ensures that vulnerable residents are not left in hospital longer than they need to be, and that the Council and NHS work together to put in place adequate support arrangements to enable their release. The delayed days figure for Quarter 1 figures is 620.7 days, just ahead of the target of 624.4 days.
- 4.4 Delays at the Whittington, UCLH and St Pancras are monitored daily with a view to finding solutions for patients who are delayed in hospital, with action logs in place and updated regularly.
- 4.5 Islington is in the process of implementing a new initiative called the Single Health Resilience Early Warning Database (SHREWD) - an electronic monitoring system which allows key information to be shared electronically between health and social

care at the point when a patient is ready for discharge from hospital. This is a more efficient process than verbal and paper communication between staff involved in a patient's discharge. At present, we are the only council to adopt this technology but the Health and Social Care Information Centre is keen to roll this out nationally to improve communications between hospitals and local authorities.

- 4.6 A Rapid Response Service is being developed by the Islington Clinical Commissioning Group (CCG) to provide medical oversight of patients in their homes to prevent hospital admissions. Referrals will be made into the service by community GPs and Whittington Hospital's Enhanced Virtual Ward. The Reablement service will provide the social care element for those supported through the Rapid Response Service, through provision of short term carer support (up to 72 hours) to individuals in their homes.
- 4.7 On discharge from hospital, we've seen an improvement in the proportion who are **supported by our enablement service to return to the community within 91 days**. The Quarter 1 figure of 91% is better than the London average (85%) and an improvement on the end of year figure for 2015/16 (89%) and on the same period last year (86%). This is particularly impressive given the refocusing of our Reablement service upon those with the most complex support needs.
- 4.8 The third measure supporting this objective is the percentage of service users receiving services in the community through **Direct Payments**. These provide a budget directly to the service user to enable them to 'buy' their own package of support tailored to meet their needs.
- 4.9 The number of service users receiving Direct Payments is slowly increasing, and Islington has a higher proportion of Direct Payments compared to other London boroughs. However, the overall number of service users in receipt of care packages is also increasing, thus the proportion on Direct Payments has not increased and is below target.
- 4.10 In June 2016, there were 496 service users on Direct Payments, 1,243 on Virtually Managed Budgets (where the Council arranges the package of support) and 80 on a combination of DPs and VMBs.

Admissions into residential or nursing care

- 4.11 The Council provides residential or nursing care for those who are no longer able to live independently. The aim is to keep this number as low as possible, supporting more people to remain in the community. In Quarter 1, there were 37 **new permanent admissions to residential and nursing care for older adults** (aged 65 and over). This was higher than the number for the same period last year and, if this trend continues, we will exceed the target of 105 permanent admissions by the end of the year. This is due to the increasing age and complexity of needs of service users; they are typically older clients in their 80s and 90s whose needs are of such complexity that it is not always possible to support them to remain in a community setting. The Council needs to balance the benefits and costs of a community package of care against those of a residential care package.

- 4.12 A range of services exist to improve the quality of life for those who are admitted to permanent residential or nursing care. For example, a Lead Nurse works closely with eight nursing homes to support collaborative working into and across the homes. In recent inspections by the Care Quality Commission, quality of care in these homes was rated as 'outstanding' in one home and 'good' in the remaining seven.
- 4.13 Continuing professional development is provided for the care homes workforce. For example:
- Diabetes awareness sessions are currently being delivered by a Whittington Health Diabetes Specialist Nurse (DNS) and Dietician across care homes in the borough
 - Chronic Obstructive Pulmonary Disease (COPD) awareness sessions are to commence in September 2016
 - An inhaler workshop was delivered across all homes by pharmacists.
 - Other training programmes such as the Cavendish Care Certificate and clinical supervision sessions facilitated by a link lecturer from Middlesex University
- 4.14 Other services provided within care homes include a Dysphagia pilot project and multi-disciplinary review meetings. The Integrated Community Ageing Team (iCAT) is in place to discuss cases and support understanding for improved decision making and learning.
- 4.15 To ensure service user safety, unannounced visits take place, led by the Lead Nurse and involving professionals from health and care services. Between January and June 2016, four quality assurance unannounced visits have taken place resulting in action plans to address gaps and identification of emerging themes to be addressed.
- 4.16 Nationally, Care Home Vanguard areas have been created with lessons learned from the six Vanguard areas. Good practice has been identified and shared with other local authorities. Islington is already demonstrating good practice in most of the themes identified, such as care homes having access to a consistent named GP, medicines reviews taking place, multi-disciplinary team support, and care homes having suitable networks to compare and share good practice.

Supporting carers

- 4.17 This is an annual indicator, measuring satisfaction of carers, so new data will not be available until next year. The Care Act puts a duty upon local authorities to meet the needs of carers. The Council has commissioned Age UK to engage and support more carers through the Islington Carers' Hub (ICH).
- 4.18 Data from the last quarter (April to June 2016) shows that there have been key improvements in the performance of the ICH, most notably:
- 12% quarter on quarter increase in new carers
 - 3% quarter on quarter increase in carers accessing services (new and existing)
 - 61% year on year increase in carers accessing services (new and existing)
- 4.19 Demographics of carers accessing support through ICH indicate that:
- 30% of new carers are in their 50s (comparable to the previous quarter and comparable to the total carers accessing support in the quarter)

- 46% of new carers are black and minority ethnic (BME) – an increase from 38% in the previous quarter. The BME Support Group remains our most well attended group and a valued resource to carers from the BME community
- 32% of all carers accessing support are male (an increase from 26% in the previous quarter)

4.20 There continue to be challenges in the implementation of the Carers Assessments across partners. At the request of Adult Social Care, the assessment forms have once again been modified and roll out of the new forms is underway.

4.21 The ICH undertakes its own annual survey of carers. The latest survey, undertaken in June 2016, directly reached all carers who had accessed support between 1 May 2015 and 30 April 2016 and was open to all carers via the ICH website. The survey highlighted some key findings:

- There is a diversity of routes by which carers find out about ICH support but friends and family and GPs remain the greatest source
- 89% would recommend ICH services to their friends and family
- The services have a strong record in meeting carers needs but it is harder for carers to understand the support in regards to ‘outcomes’
- Carers remain digitally excluded with only 14% accessing the website, 7% accessing online advice and 11% accessing E-bulletins

4.22 Advice and Information remains our largest area of support provision with 60% of people accessing face to face support. Online advice through our website remains important but this is not the preferred method for carers. This is reflected in the percentage of respondents accessing the website and the E-bulletins suggesting a high level of digital exclusion for carers.

4.23 Of those accessing support, a high percentage agreed or strongly agreed that the support provided met their needs through the following services:

- Advice – 84% needs were met
- Information – 83% needs were met
- Support Services – 82% needs were met

4.24 While over 80% of carers felt their needs were met, when talking about meeting their outcomes this was more varied. For the majority of the outcomes listed, 30-40% were neutral (compared to 3% when looking at meeting needs) which could reflect a lack of understanding about the question or correlation between the support meeting their needs and the achievement of outcomes. Over the next 12 months we will be moving to monitoring outcomes with carers accessing case support and it is hoped that this will provide a greater clarity on the impact the support is having for carers.

Reducing social isolation

4.25 This is captured annually in the Adult Social Care Survey and the 2015/16 result is: 64.2%. The next update will be available in July 2017.

4.26 Reducing social isolation underpins much of the work commissioned by Adult Social Care. We continue to fund voluntary sector day care provision across the borough and are currently procuring a community enablement service. This service will

complement our mainstream reablement provision by providing short-term support to people to help reduce social isolation.

- 4.27 Our learning disability social inclusion service, seeks to reduce social isolation amongst people with learning disabilities by organising a range of leisure and social activities. Our new multi-disciplinary floating support service will commence in July 2016. This service will work with a range of clients to assist them in developing their independent living skills, to maintain their tenancies and to maximise their opportunities to become more socially included.
- 4.28 A number of our commissioned mental health services also help to reduce social isolation, for example through day service provision which encourages social inclusion through various creative group activities such as arts and crafts, cooking, creative writing, music and gardening.

5. Quarter 1 update on Public Health performance

Objective	PI No	Indicator	Frequency	Q1 Actual Apr-Jun	Q1 Target Apr-Jun	Target 2016-17	On/Off target	Same period last year	Better than last year?
<i>Promote wellbeing in early years</i>	PH1	Proportion of new births that received a face to face review within 14 days	Q	95%	90%	90%	On	new indicator	new indicator
	PH2	a) Proportion of children who have received the first dose of MMR vaccine by 2 years old	Q	93%	95%	95%	Off	92%	Yes
		b) Proportion of children who have received two doses of MMR vaccine by 5 years old	Q	89%	95%	95%	Off	88%	Yes
<i>Reduce prevalence of smoking</i>	PH3	a) Number of smokers accessing stop smoking services	Q	332	350	1,400	Off	649	No
		b) Percentage of smokers using stop smoking services who stop smoking (measured at four weeks after quit date)	Q	43%	54%	54%	Off	48%	No
<i>Early detection of health risks</i>	PH4	a) Percentage of eligible population (35-74) who have been offered an NHS Health Check	Q	10%	8.5%	20%	On	9%	Yes
		b) Percentage of those invited who take up the offer of an NHS Health Check	Q	35%	66%	66%	Off	46%	No
<i>Tackle mental health issues</i>	PH5	a) Number of people entering treatment with the IAPT service (Improving Access to Psychological Therapies) for depression or anxiety	Q	1,147	1,164	4,655	On	1,406	No
		b) Percentage of those entering IAPT treatment who recover	Q	52%	50%	50%	On	47%	Yes
<i>Effective treatment for substance misuse</i>	PH6	Percentage of drug users in drug treatment during the year, who successfully complete treatment and do not re-present within 6 months of treatment exit	Q	18%	20%	20%	Off	12%	Yes
	PH7	Percentage of alcohol users who successfully complete their treatment plan	Q	40%	42%	42%	Off	34%	Yes
<i>Improve Sexual Health</i>	PH8	Proportion of adults newly diagnosed with HIV with a late diagnosis (CD4 count less than 350 cells per mm).	Q	19%	25%	25%	On	new indicator	new indicator

Promote wellbeing in early years

- 5.1 In October 2015, responsibility for **health visiting** moved from the NHS to local authorities. A new corporate indicator has been added to enable us to monitor the service, using data on the proportion of births that receive a new birth visit within 14 days. Performance in the first quarter of 2016/17 exceeded the 90% *target*. We continue to move forward with the early years transformation work, developing the integration of health visiting and early years' services. A significant piece of work is underway reviewing how the Healthy Child Programme is being delivered to families and improving data collection.
- 5.2 Measles, mumps and rubella immunisation (MMR1) coverage for both two and five year olds has increased by 2 percentage point since quarter 4 2015/16 and has increased by 1 percentage point since the same quarter last year. While positive, rates remain under the target for population-level herd immunity of 95%. The Islington Childhood Immunisations Steering Group, a joint group of local and national public health and NHS partners, is working together to increase immunisations rates.

Reduce prevalence of smoking

- 5.3 Quarter 1 data on the number of people accessing **Stop Smoking Services** is just under target (332 people accessed the service compared to a target of 350 people). The percentage of service users who have stopped smoking is also below target – 43% of those who accessed the service quit compared to a target of 54%. A comprehensive review of the smoking cessation service, including residents from key target groups and stakeholders from partner organisations has been completed and a new service model to better meet the changing needs of the Islington population is being commissioned. This consists of a three tier model including self-support through an online and phone platform; engaging voluntary and community sector (VCS) and faith groups, alongside GPs and community pharmacies to deliver brief interventions and support; and a new tier 3 clinical service delivering support to entrenched smokers and harder-to-reach groups. Carbon monoxide (CO) monitoring was rolled out in the Whittington Trust maternity ward, as part of the support offer to pregnant smokers in quarter 1 2016/17.

Effective detection of health risks

- 5.4 A new service model for the community **NHS Health Checks** programme was introduced in quarter 1, bringing together pharmacy and outreach provision. Introduction of the new service, including implementation of a new booking system, has taken longer than anticipated resulting in a significant drop in the number of checks delivered. Nonetheless, the new service has been launched in seven Islington pharmacies and delivery of Health Checks is expected to improve in quarter 2.

Tackle mental health issues

- 5.5 More than 1,100 people with mental health issues were supported through our **Improving Access to Psychological Therapies (IAPT) programme** in quarter 1. Over half of those with initial problems severe enough to impact on their everyday functioning are moving towards recovery after treatment.

- 5.6 The Council has re-commissioned three mental health promotion services in Islington to support public mental health awareness and promote early access to treatment:
- The Mental Health Awareness training programme (Rethink) delivers training (including Mental Health First Aid) to frontline staff and the public
 - The Direct Action Project (Peel Centre) develops mental health awareness and understanding amongst young people (age 11-24) through creative projects
 - The Community Mental Health and Wellbeing Service (Manor Gardens) develops community mental health awareness through mental health champions and supports access to services for under-represented groups.

Effective treatment programmes to tackle substance abuse

5.7 There has been a small decrease in performance in quarter 1 compared to the previous quarter. This is likely to be attributable to the start of a new contract which saw the transfer of all prescribing (outside of primary care) to Camden and Islington NHS Foundation Trust. Performance is expected to improve in the coming quarters.

Improve sexual health

5.8 The proportion of adults newly diagnosed with HIV at a late stage of infection remains low, below the national upper limit of 25%, due to increasing awareness around sexually transmitted infections (STIs) and good access to testing in Islington. The data represents combined figures from Central and North West London (CNWL) NHS Trust as these data are not available at a borough level on a quarterly basis.

5.9 CNWL continues to deliver high quality HIV testing and met the target of 97% of sexual health service users offered HIV testing at first attendance during quarter 1 2016/17.

NB: Due to reporting limitations the above figures relate to both open access services, CNWL and cover a group of users wider than Islington residents.

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Final Report Clearance

Signed by Date

Received by Date

Corporate performance indicators and targets 2016-17

ADULT SOCIAL SERVICES							
Objective	PI No.	Indicator	Frequency	2016/17 Target	2015/16 Actual	2014/15 Actual	Comments
<i>Support older and disabled adults to live independently</i>	ASC1	NEW: Delayed transfers of care (delayed days) from hospital per 100,000 population aged 18+	Quarterly	685.8	N/A	N/A	Target set by Better Care Fund. This measures our ability to put in place support arrangements for vulnerable adults leaving hospital NB: Issues with data collection in previous years means that there are no reliable figures for 2014/15 and 15/16
	ASC2	Percentage of people who have been discharged from hospital into enablement services that are at home or in a community setting 91 days after their discharge to these services	Quarterly	92%	89.2%	84.7%	Target set by the Better Care Fund. This would put Islington in the top quartile for similar local authorities.
	ASC3	Percentage of service users receiving services in the community through Direct Payments	Monthly	40.0%	30.9%	31.4%	
<i>Support those who are no longer able to live independently</i>	ASC4	Number of new permanent admissions to residential and nursing care	Monthly	105	106	125	Target set by Better Care Fund.
<i>Support carers</i>	ASC5	Carers' reported quality of life	Annual (Survey July)	8	7.6	new indicator	Based on responses in Annual Carers Survey. Composite measure using responses to survey questions covering 6 domains: occupation, control, personal care, safety, social participation and encouragement and support. For each area, carers are asked to say whether they have all needs met, some needs met or no needs met. Max score for each domain 2. Max total score is 12.
<i>Tackle social isolation faced by disabled people and other vulnerable adults (E)</i>	ASC6	The percentage of working age adults known to Adult Social Care feeling that they have adequate or better social contact. (E)	Annual (July survey)	70%	64.2%	N/A	

CHILDREN'S SERVICES							
Objective	PI No.	Indicator	Frequency	2016/17 Target	2015/16 Actual	2014/15 Actual	Comments
<i>Improve access to and uptake of good quality Early Years provision</i>	CS1	Percentage of 2 year old places taken up by low income families, children with Special Educational Needs or Disabilities (SEND) or who are looked after	Termly (July, November & March)	72%	63% (704)	55% (634)	The % is based on the number of children in funded places compared to the size of the list of eligible parents received from the DWP.
	CS2	Percentage of families with under-5s registered at a Children's Centre	Termly (July, November & March)	92%	91%	88%	The 97% target reflected the requirement for 'outstanding' in the Ofsted Children's Centre Inspection Framework. However, inspections under this framework are currently on hold. This is a stretch target, as our reach is already very high.
	CS3	Number of active childminders	Quarterly	195	187	191	
<i>Support families facing multiple challenges and disadvantage</i>	CS4	Number of families in Stronger Families programme with successful outcomes as measured by payment by results	2 claims a year - September and January for 15/16	100	30 families (4%) (Phase 2)	815 families (100%) (Phase 1 - cumulative over 4 years)	There are different criteria for Phase 1 and Phase 2 in this programme, so the numbers are not comparable.
<i>Safeguard vulnerable children</i>	CS5	Number of new mainstream foster carers recruited in Islington	Monthly	12	9	New indicator	
	CS6	Number of children missing from care	Monthly	10 or fewer	18	New indicator	
<i>Ensure all pupils receive a good education in our schools</i>	CS7	Percentage of primary school children who are persistently absent (defined as below 90% attendance)	Termly (July, November & March)	11% or below	9.5%	New indicator	The target reflects the government's new, stricter, definition of persistent absence
	CS8	Number of children in Alternative Provision	Quarterly	100 or fewer	127	153	
	CS9	Percentage of pupils achieving five or more A*-C grade GCSEs (including Maths and English)	Annual	At or above the inner London average	57.9%	59.9%	Inner London average for 2015/16 was 59.7%.
<i>Ensure suitable pathways for all school leavers</i>	CS10	Percentage of Islington school leavers in Year 11 who move into sustained education or training	Report after year end	98%	96.7%	94.4%	

CRIME & COMMUNITY SAFETY

Objective	PI No.	Indicator	Frequency	2016/17 Target	2015/16 Actual	2014/15 Actual	Comments
<i>Reduce youth crime and reoffending</i>	CR1	NEW: Percentage of young people (aged 10-17) triaged that are diverted away from the criminal justice system	Quarterly	85%	80%	86%	MOPAC Target
	CR2	Number of first time entrants into Youth Justice System	Quarterly	95 or fewer	102	90	MOPAC Target
	CR3	Percentage of repeat young offenders (under 18s)	Quarterly	43% or below	48%	43%	MOPAC Target
	CR4	NEW: Number of custodial sentences for young offenders	Quarterly	35 or fewer	37	30	Islington has a relatively high rate compared to other areas. Our focus is on preventing young people receiving a custodial sentence as future outcomes are worse if they do
	CR5	Number of Islington residents under 25 who receive a substantive outcome (i.e. charge, caution etc.) after committing a violent offence	Quarterly	329	346	364	Target is based on a 5% decrease on 2015/16. This measure only captures those who have received an outcome
<i>Increase the number of offenders into Education, Training & Employment</i>	CR6	NEW: Number of Integrated Offender Management (IOM) cohort in employment	Quarterly	25	25	26	MOPAC Target NB: these will also be included in the Council's Employment support target
	CR7	NEW: Number of IOM cohort in education and training	Quarterly	25	57	32	MOPAC Target
<i>Ensure an effective response for victims of crime and anti-social behaviour</i>	CR8	NEW: Number of repeat ASB complainants to Police and Council	Quarterly	53	55	52	MOPAC Target – Repeat callers are those who call 10 + times, identified through analysis of police 101 & 999 and council ASB line calls
	CR9	Percentage of ASB reports which are responded to, verified and then repeat over the following three months	Quarterly	38%	40%	36%	
	CR10	Percentage of housing ASB cases that result in enforcement action	Quarterly	35%	36%	32%	Enforcement actions include use of Notices Serving Possession, Injunctions, Possession Orders and Eviction Orders as an appropriate action.

CRIME & COMMUNITY SAFETY (continued)

Objective	PI No.	Indicator	Frequency	2016/17 Target	2015/16 Actual	2014/15 Actual	Comments
<i>Tackle Violence against Women and Girls (VAWG)</i>	CR11	NEW: Percentage of repeat victims referred to the Domestic Violence MARAC	Quarterly	15%	10.6%	14.4%	MOPAC Target - linked to Domestic Violence MARAC (Multi-Agency Risk Assessment Conference)
	CR12	NEW: Number of young victims (aged 16 - 18) referred to the MARAC	Quarterly	10	4	6	MOPAC Target
	CR13	NEW: Number of domestic violence perpetrators with complex needs referred to the Domestic Violence MARAC	Quarterly	72	53	63	MOPAC Target
	CR14	NEW: Rate of domestic abuse sanction detections	Quarterly	40%	34%	39%	MOPAC Target
<i>Tackle hate crime through increased reporting and detection (E)</i>	CR15	a) Number of Homophobic Offences reported to police (E)	Quarterly	96	87	86	In order to tackle hate crime, we need to encourage people to feel able to report it and, when they do, provide reassurance that more reports will actually result in a detection The targets set for 2016-17 aim for a 10% increase on 2015/16
		b) Number of Homophobic Offences detected by police (sanction detections) (E)	Quarterly	30	27	14	
	CR16	a) Number of Racist Offences reported to police (E)	Quarterly	638	580	517	
		b) Number of Racist Offences detected by police (sanction detections) (E)	Quarterly	210	191	179	
	CR17	a) Number of Disability Hate Offences reported to police (E)	Quarterly	19	17	10	
		b) Number of Disability Hate Offences detected by police (sanction detections) (E)	Quarterly	3	3	0	
	CR18	a) Number of Faith Hate Crime Offences reported to police (E)	Quarterly	77	70	53	
		b) Number of Faith Hate Crime Offences detected by police (sanction detections) (E)	Quarterly	19	17	9	

EMPLOYMENT

Objective	PI No.	Indicator	Frequency	2016/17 Target	2015/16 Actual	2014/15 Actual	Comments
<i>Support Islington residents with more complex needs into sustained employment</i>	E1	a) Total number of people supported into paid work through council activity, with sub-targets for:	Quarterly	1,100	1,153	1,023	The target for 2016-17 is slightly below last year's achievement to reflect a decrease in resources together with a renewed focus on those who face significant barriers into employment.
		b) Islington parents of children aged 0-15	Quarterly	385	385	389	Individuals can be counted under more than one sub-target e.g. disabled and a parent, or young person and apprentice – but will only be counted once in the overall figure
		c) Young people aged 18-25	Quarterly	300	342	237	
		d) Disabled people / those with long term health conditions (E)	Quarterly	200	192	43	The overall target and the sub-targets include apprenticeships and offenders from the Integrated Offender Management (IOM) programme
	E2	Percentage of residents supported into paid work through council activity, who remain in employment for at least 26 weeks	Quarterly	55%	149	New indicator	Sustained employment will be measured by contacting clients six months after they've taken up their new job to see if they are still in employment (so anyone not yet in work for 6 months will not be counted in the figure)
<i>Increase proportion of disabled people in employment (E)</i>	E3	Percentage gap between employment rate for residents with long term health conditions and overall Islington employment rate (E)	Annual (1year + data lag)	14.2%	tbc (data not yet released)	17.3%	Data source is the Annual Population Survey of the Labour Force Survey; with substantial lag in reporting. Target is to reduce the gap from 15.7% in 2013-14 to 13.2% by March 2019
	E4	Number of Islington working age residents claiming Employment Support Allowance or Incapacity Benefit (E)	Quarterly (6 months in arrears)	12,550 (Nov 16)	12,620 (Nov 15)	12,820 (Nov 14)	Equalities target. Aiming to reduce figures to 10,125 by 2019 This was calculated on the Inner London average ESA claimant rate at the time and the size of the reduction Islington would need to achieve to meet this (reduction of 2,695 by 2019)
<i>Promote apprenticeships</i>	E5	Number of people supported into an apprenticeship:					
		a) Within the council	Quarterly	50	44	34	These targets do not reflect the requirements under the Apprenticeships Levy. This comes into effect from April 2017 and targets for internal and external apprenticeships will reflect the new requirements
		b) With an external employer	Quarterly	50	60	New indicator	NB: These figures are also included in the overall target of people supported into employment (above)

ENVIRONMENT & REGENERATION

Objective	PI No.	Indicator	Frequency	2016/17 Target	2015/16 Actual	2014/15 Actual	Comments
<i>Effective disposal of waste and recycling</i>	ER1	Percentage of household waste recycled and composted	Monthly	35.2%	Tbc (mid-August)	32.8%	Target for 16/17 is a North London Waste Authority (NLWA) target.
	ER2	Number of missed waste collections - domestic and commercial (per calendar month)	Monthly	450	407	380	To put this in context, there are around 2.08 million waste collections each month
<i>Deal promptly with planning applications</i>	ER3	a) Percentage of planning applications determined within the target (majors)	Monthly	85%	82.5%	86.5%	For "others" 85% would place Islington in the (top quartile in London)
		b) Percentage of planning applications determined within the target (minors)	Monthly	84%	83.7%	80.7%	
		c) Percentage of planning applications determined within the target (others)	Monthly	85%	86.0%	86.2%	
<i>Promote and increase use of libraries and leisure centres</i>	ER4	Number of leisure visits	Quarterly	2.145m	2.382m	2.062m	2% increase on 14/15 baseline and contractual with GLL for 15 years.
	ER5	Number of library visits	Quarterly	1.021m	1.021m	1.073m	16/17 target is to maintain 15/16 levels.
<i>Tackle fuel poverty</i>	ER6	Residents' energy cost savings (annualised)	Quarterly	£223,500	£228,000	£269,770	The target for 2016/17 reflects an anticipated reduction in Energy Doctor visits (from 800 to 750), and Warm Home Discounts (from 1184 to 800) due to planned Government changes) Referrals to these services are made through SHINE - the Seasonal Health Intervention Network The costs savings are based on an average £90 per household from an Energy Doctor visit and £140 per household from Warm Homes Discount

RESOURCES: FINANCE, CUSTOMER SERVICES & HR

Objective	PI No.	Indicator	Frequency	2016/17 Target	2015/16 Actual	2014/15 Actual	Comments
<i>Optimise income collection</i>	R1	Percentage of council tax collected in year	Monthly	96.5%	96.5%	96.3%	
	R2	Number of council tax payments collected by direct debit	Monthly	59,000	57,354	56,101	
	R3	Percentage of business rates collected in year	Monthly	99.0%	99.1%	99.0%	
<i>Improve customer access and experience through appropriate channels</i>	R4	Number of visits in person at Customer Contact Centre	Monthly	185,000	189,096	199,897	This target aims for a 2.5% reduction in visitor volumes as more residents are encouraged to go online
	R5	Number of telephone calls through Contact Islington call centre	Monthly	475,000	497,530	526,993	This target aims for a 4.5% reduction on 15/16, again reflecting a shift to online transactions
	R6	Number of online transactions	Monthly	165,000	147,159	119,267	The target for 16/17 is a 12% increase in online transactions. This includes transactions through My e-Account, the business portal, housing repairs and the 'Say I do' sites.
	R7	Percentage of calls into Contact Islington handled appropriately	Monthly	97.0%	98.0%	97.0%	'Appropriately' is based on 10 criteria including questioning skills, listening, being polite and friendly, offering the most appropriate solution, and clearly explaining next steps
<i>Fair and effective management of council workforce</i>	R8	Average number of days lost per year through sickness absence per employee	Quarterly	6.00	7.10	6.89	
	R9	Percentage of workforce who are agency staff	Quarterly	11.7%	13.2%	16.7%	Long term target is to reduce agency staff to 10% by March 2018
<i>Increased representation of BME / disabled staff at senior level (E)</i>	R10	Percentage of BME staff within the top 5% of earners (E)	Quarterly	20.6%	19.6%	20.0%	Equalities target: Aim is to achieve even progression across all groups by 2019 and to increase the proportion of BME staff in senior management roles.
		Percentage of disabled staff within the top 5% of earners (E)	Quarterly	4.8%	3.5%	4.2%	

HOUSING							
Objective	PI No.	Indicator	Frequency	2016/17 Target	2015/16 Actual	2014/15 Actual	Comments
<i>Increase the supply of and access to suitable affordable homes</i>	H1	Number of affordable new council and housing association homes built	Quarterly	460	241	252	Four year target of 2,000 by end of Mar 2019.By affordable housing we mean Social Rented and Shared Ownership
	H2	Number of severely overcrowded households that have been assisted to relieve their overcrowding	Quarterly	78	78		This is the same as 2015-16's 'Actual' figure and will be extremely hard to achieve given the reduction in lettings from the forced sale of high value council homes.
	H3	Number of under-occupied households that have downsized	Quarterly	200	179	170	
<i>Ensure effective management of council housing stock</i>	H4	Percentage of LBI repairs fixed first time	Monthly	85.0%	84.5%	90.3%	'Fixed first time' puts the focus upon resolving repairs in a single visit.
	H5	Major works open over three months as a % of Partners' total completed major works repairs	Monthly	1.0%	1.6%	New indicator	We want this to be as near to 0% as possible. We are aiming for all major works by Partners to be completed in 3 months
	H6	a) Rent arrears as a proportion of the rent roll - LBI	Monthly	2.0%	1.7%	1.8%	
		b) Rent arrears as a proportion of the rent roll - Partners	Monthly	2.0%	2.2%	2.3%	
<i>Reduce homelessness</i>	H7	Number of households accepted as homeless	Monthly	400	375	396	
	H8	Number of households in nightly-booked temporary accommodation	Monthly	400	500	457	

PUBLIC HEALTH

Objective	PI No.	Indicator	Frequency	2016/17 Target	2015/16 Actual	2014/15 Actual	Comments
<i>Promote wellbeing in early years</i>	PH1	NEW: Proportion of new births that received a health visit	Quarterly	90%	New indicator	New indicator	In 2016, responsibility for health visits moved from the NHS to local authorities
	PH2	a) Proportion of children who have received the first dose of MMR vaccine by 2 years old	Quarterly	95%	91%	93.6%	
		b) Proportion of children who have received two doses of MMR vaccine by 5 years old	Quarterly	95%	86%	89.7%	
<i>Reduce prevalence of smoking</i>	PH3	a) Number of smokers accessing stop smoking services	Quarterly	1,400	2,356	2,762	The lower target reflects the decrease of the value of the contract while new service is being shaped.
		b) Percentage of smokers using stop smoking services who stop smoking (measured at four weeks after quit date)	Quarterly	49%	48%	46%	The target is an average across different strands of the programme. The rate was reduced due to the decrease of the value of the contract while a new service offer is being shaped.
<i>Early detection of health risks</i>	PH4	a) Percentage of eligible population (35-74) who have been offered an NHS Health Check	Quarterly	20.0%	29.0%	22.5%	This is a five year rolling programme – aiming at 20% of the eligible population each year.
		b) Percentage of those invited who take up the offer of an NHS Health Check	Quarterly	66.0%	52.0%	66.9%	This is an aspirational target, set nationally.
<i>Tackle mental health issues</i>	PH5	a) Number of people entering treatment with the IAPT (Improving Access to Psychological Therapies) service	Quarterly	4,655	5,357	4,534	
		b) Percentage of those entering IAPT treatment who recover	Quarterly	50%	48%	New indicator	
<i>Effective treatment for substance misuse</i>	PH6	Percentage of drug users in drug treatment during the year, who successfully complete treatment and do not re-present within 6 months of treatment exit	Quarterly (with 6 month delay)	20%	18.1%	New indicator	
		Percentage of alcohol users who successfully complete the treatment plan	Quarterly	42%	40.1%	New indicator	
<i>Improve sexual health</i>	PH7	NEW: Proportion of adults with a late diagnosis of HIV	Quarterly	25%	N/A	N/A	This measures the success of our sexual health services in encouraging people to have HIV tests, to reduce late diagnosis for HIV.