

TITLE OF REPORT: Performance Report for the Health & Care System

Purpose of the Report

1. This paper provides an update on performance within health and social care to enable the Health and Wellbeing Board to gain an overview of the current system and to provide appropriate scrutiny.

Background

2. An initial Performance Report was considered by the Board on 17 July 2015. That report proposed a suite of indicators to form the basis for a Performance Management Framework for consideration by the Health and Wellbeing Board on a regular basis.
3. The report focused on metrics and did not consider other aspects such as financial performance or monitoring of action plans as these are addressed through other processes. The Health and Wellbeing Board considered the suggested indicators to be appropriate and a reporting schedule was agreed.

Update

4. Because of the diverse range of indicators included in the Framework, the frequency with which metrics are updated varies. The latest available data for each indicator is reported.
5. Agency performance leads have highlighted metrics that are worth further consideration by the Board. This could be because they represent a cross cutting issue or have been identified as an area of significant improvement or key risk.

Overview of Current performance

6. Tables providing fuller details of performance are provided as appendix 1. Indicators highlighted for this report are:

Gateshead Local Authority Public Health Strategic Indicators (appendix 1)

7. For most of the Public Health Strategic Indicators, Gateshead is currently considered to be significantly worse than the England averages. However, some improvements have been achieved.
8. The Indicator LW13 Stabilise the rate of Hospital Admissions, per 100,000 for Alcohol related harm has improved from 1017 per 100,000 in 2015/16 to 989 per 100,000 in 2016/17. Despite this improvement Gateshead is still significantly worse than the England and North East rates and this figure is currently provisional pending the Public Health Frameworks tool updates.
9. LW4 Reduce Excess weight in 4-5 year olds has improved from 22.3% in 2015/16 to 22.0% in 2016/17. Gateshead is now considered to be similar to the England average of 22.6% and is considered to be significantly better than the North East average of 24.5%. The same measure for 10-11year olds has worsened, from 37.9% in 2015/16 to 38.5% in 2016/17. This is considered to be significantly worse than the England average of 34.2%. Gateshead has the 3rd highest percentage of the 12 North East local authority's but we could only be considered significantly worse than 2 of these and statistically similar to the other 9.
10. LW23 Gap in life expectancy at birth between Gateshead and England as a whole (female) has improved from -1.9 years for the 2012-14 period to -1.7 years for the 2013-15 period. For the same period LW22 (Males) has not changed remaining at -1.8 years.
11. The Gap in employment rate between those with a learning disability and the overall employment rate (LW15) has improved from 64.5% in 2014/15 to 62.9% in 2015/16. As a result of this decrease Gateshead can be considered significantly better than the England average of 68.1% and not significantly different to the North East average of 63.9%. This would suggest that 62.9% less people with a learning disability are currently in employment compared to those who don't.
12. Indicator LW18 Excess under 75 mortality rate in adults with serious mental illness (indirectly standardised ratio) has improved from 408.2 in 14/15 (2013/14 period) to 397.3 in 2015/16 (2014/15 period). Gateshead is currently better than the North East ratio of 461.2 but is higher than the England ratio of 370.0. This indicator compares the number deaths based on age specific mortality rates in the general population against observed deaths with adults with serious mental health illness. Using this methodology, the data suggests that Gateshead has a higher rate of mortality than England as whole amongst adults under 75 with serious mental illness.
13. The percentage of people who are dissatisfied with life measured in indicator LL4 has worsened compared to the last report, up from 4.1% in 2015/16 to 4.9% in 2016/17. Gateshead is currently higher than the England value of 4.5% but is lower than the North East value of 5.1%. This is currently provisional and has not yet been verified via Public Health England Frameworks tool.

14. Both Health inequalities indicators LW24 Reduce the inequalities in life expectancy across Gateshead (Slope Index of Inequality in Years) (Male) and LW25 (Female) have worsened from the previous report. LW24 has gone from 9.5 years in 2012-14 to 9.9 years in 2013-15 and LW25 has gone from 7.6 years in 2012-14 to 8.7 years in 2013-15. Due to the calculation methods for these indicators neither are directly comparable with either the North East or England.
15. Hospital admissions for self-harm (LW16), as a rate per 100,000 for 10-24 year olds has increased from 531.3 2014/15 to 544.9 in 2015/16. Gateshead is considered to be significantly worse than both the England average of 430.5 per 100,000 and the North East average of 442.9 per 100,000. This rate equates to 189 admissions for 2015/16 compared to 179 for 2014/15, it should be noted that this relates to episodes of admission and not individual persons.
16. LW19 Reduce Mortality from Causes considered Preventable has worsened, from 232.7 per 100,000 in 2013-15 to 239.1 per 100,000 in 2014-16. Gateshead is currently considered to be significantly worse than the England average and is not significantly different to the North East average. Gateshead has the 4th highest rate of preventable mortality in the North East.
17. Smoking status at time of delivery (LW2) has increased from 13.3% in 2015/16 to 14.5% 2016/17. Gateshead is currently considered to be significantly worse than the England average and is not significantly different to the North East average. Despite the increase Gateshead has the 3rd lowest rate of smoking status at time of delivery in the North East.
18. Indicators LW20, LW21 and PG20 have not been updated since the previous report. These will be updated as and when the relevant data sets are released.

Gateshead Better Care Fund (appendix 2)

19. Non Elective admissions year to date to Q2 are circa 9.3% below planned levels (10636 compared to a plan of 11503). The current projection to reduce non-elective admissions is on track to meet target, however the impact of the forthcoming winter months and the resultant additional demands on the health and social care system will mean that maintaining this trajectory will be challenging.
20. During April 2017 to September 2017, there were 145 permanent admissions of older people to residential or nursing care (374.1 per 100k population) compared to a plan of 370 admissions (950.5 per 100k population) for all of 2017/18 under the BCF definition, indicating performance is on track. So far this year we have seen fewer admissions compared to the same period in 2016/17 (161 admissions).
21. 85.1% of older people were still at home 91 days after hospital discharge who received a reablement service. The value is based on people discharged from hospital during January to June 2017 and followed up 91 days later. Performance has improved compared to the same time last year (79.2%) and is close to the planned target of 85.6%.
22. The average number of delays per day, per 100,000 population for September 2017 is 6.89, for delays attributable to Social care and NHS. This is within the monthly target of 8.2 per 100k for September 2017. Performance has improved significantly compared to the same point last year, where the equivalent rate was 13.5 per 100k.
 - a. 5.6 per 100k population were delayed on average per day, where the NHS was attributable which is slightly over the target of 5.5. This is an improved position compared to the same time last year (5.9).
 - b. The average number of social care delays per day for September 2017 was 1.3 per 100k. This is within target of 2.6 per 100k population and shows significant improvement compared to the same time last year (7.6).
23. Whilst we have significantly reduced the number of delayed days in Q2 and the September 2017 monthly target has been achieved – we have not met the quarterly BCF trajectory by a small margin, (there were 1079 delayed days in Q2 compared to a Q2 trajectory of 1046). This represents a significant reduction from Q1 when there were 1376 delayed days.

CCG Assurance - CCG Improvement and Assessment Framework (appendix 3)

24. NHS England has introduced a new Improvement and Assessment Framework for CCGs (CCG IAF) from 2016/17 onwards. The *Five Year Forward View*, and the Sustainability and Transformation Plans (STPs) for each area, have the “triple aim”: (i) improving the health and wellbeing of the whole population; (ii) better quality for all patients; and (iii) better value in a financially sustainable system. The new framework aligns key objectives and priorities and has been designed to supply indicators for adoption in STPs as markers of success.
25. The Framework covers indicators in 4 domains: Better Health, Better Care, Sustainability and Leadership.
26. The Forward View and the planning guidance set out national ambitions for transformation in a number of vital clinical priorities such as mental health, dementia, learning disabilities, cancer, maternity and diabetes. CCGs are to be given annual “Ofsted style” ratings for each of these areas using a selection of indicators taken from the CCG IAF.
27. Ratings have been published for the dementia, mental health and cancer clinical priorities, and Newcastle Gateshead CCG has maintained its “Outstanding” rating for dementia and improved to a “good” rating for both cancer and mental health, compared to the previous assessment. These ratings compare favourably to other local CCGs in the area. The indicators highlighted in red within appendix 3 are where the CCG falls below the national target. Appendix 3 compares the CCG (blue dot) to the national (red line). An action plan has been developed for all areas detailing, where appropriate, more up to date actions and data. The 2016/17 ratings for learning disabilities, diabetes and maternity have not yet been published.
28. Despite continued good quality services and leadership, the CCG has been awarded an overall rating of “Needs Improvement”, in 2016/17, a rating largely due to the financial performance where a surplus of £10.7m was delivered against an expectation of £15.2m.

Newcastle Gateshead CCG Quality Premium (appendix 4)

29. The Newcastle Gateshead CCG quality premium (QP) is intended to reward CCGs for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reductions in inequalities in access and in health outcomes.
30. The 2017/19 quality premium is based on a set of measures that cover a combination of national and local priorities as detailed in appendix 4. Areas which are currently at risk are as follows and appropriate actions are being implemented:
- Continuing Health Care (80% of Cases with a positive checklist where the eligibility decision is made by the CCG within 28 days)
 - Bloodstream infections reduction

NHS Constitution (appendix 5)

31. The NHS constitution establishes the principles and values of the NHS and sets out the rights for patients and the public including the rights patients have to access services.

Key constitution indicators have been outlined in appendix 5 and the risks at the end of 2017/18 Q2 were as follows:

- Diagnostics has been a national pressure and through Q2 2017/18 we have experienced pressures at both Newcastle Upon Tyne Hospitals (NUTH) NUH FT (MRI and Radiology) and Gateshead Health NHS FT (Echocardiography). Gateshead Health is expected to recover from October 2017; however national workforce pressures are being experienced at NUTH in MRI and Radiology which have put CCG performance at risk. Recovery actions are in place at both FTs.
- NEAS 'Category A' Response times have been under pressure since throughout 2016/17 and into 2017/18. A new set of NHSE performance standards for the English ambulance services through the national Ambulance Response Programme (ARP) is now in place. NEAS are developing an operations model (eg. staff skill mix and number of ambulances and cars) to match the new ARP model, and this should improve response to all categories of patients. There is no local or national reporting on response times until April 2018.
- A&E performance at Gateshead Health NHS FT has been strong throughout 2017/18 and above the 95% standard at 95.8% in the year to October. Performance was marginally below the 95% standard at Gateshead Health NHS FT for October at 94.6%. A&E performance is marginally below the 95% standard at Newcastle upon Tyne Hospitals at 94.8% in the year to October. The 95% standard was met for Q2 however at Newcastle upon Tyne Hospitals NHS FT, at 95.5%, and also for the month of October at 95.4%. Moving into the winter period however, pressures are being experienced and the A&E improvement plans continue to be implemented at both Trusts, along with the plans to reduce Delayed Transfers of Care (DToC).

Children's Strategic Outcome Indicators (appendix 6)

32. While a number of targets are currently indicated as not met in appendix 5, overall performance for the 8 children strategic indicators shows a positive trend with 5 out of the 7 with updated data showing an improvement from same position last year.
33. Academic outcomes for children in Gateshead have been strong this year. The proportion of 5 year olds attaining a good level of development has risen year on year and is now within 1% of the national average. At Key Stage 1 Gateshead children outperformed the national average in all assessments, in terms of the proportion of children reaching 'the expected standard or above' now that levels are no longer used. Outcomes at Key Stage 2 have been strong for several years, and remain so. Provisional 2017 data show Gateshead ranked 15th out of 152 Local Authorities in the % children who reach the expected standard in all of Reading, Writing and Maths. GCSE and equivalent outcomes at Key Stage 4 have been relatively strong and have remained above the national average for several years.
34. The numbers of referrals received by Children Social Care has slightly increased however remains slightly below the current year-end target. The numbers of children subject to a child protection plan and Looked After remain higher than national averages, however are more in line with statistical and regional neighbours. At the end of September 281 children were the subject of a child protection plan reduction from 374 at the same time last year. 281 equals a rate of 70.3 per 10,000.
35. While the number of children subject to a child protection plan has reduced the number of LAC has increased. At the end of September 2017 there were 395 looked after children in Gateshead an increase from 349 last year. 395 equals a rate of 98.8 per 10,000 children. This is higher than the England (62), North East (92) and Statistical Neighbour (89.2) rates per 10,000.
36. In terms of qualitative indicators, the percentage of children who experienced becoming the subject of a second or subsequent child protection plan improved from 19.5% last year to 17.3% currently, and while above the current target continues to move in the right direction. The placement stability of LAC in the same placement for 2 or more years at 86.5% has seen a very slight reduction however remains well above the current target of 78%.

Adult Social Care Strategic Outcome Indicators (appendix 7)

37. Performance is positive, with 5 out of 9 adult social care indicators showing improvement compared to the same time last year. Please also see the Better Care Fund section.
38. The proportion of Clients receiving self- directed support is within 2% of target and performance has improved compared to the same period last year. The proportion of carers receiving self-directed support is within 1% of target, and also shows performance has improved from last year.
39. The proportion of clients in receipt of Direct Payments has improved, from 21.5% April to September 2016/17 to the current 22.5%. For carers, 35.9% received direct payments, and demonstrating improved performance compared to the same period in 2016/17. Performance is also currently higher than target.
40. 27.6% of carers received direct payments, which is significantly below the 2015/16 North East and England averages for this indicator (47.9% and 67.4% respectively), but showing improved performance compared to the same period in 2015/16. Further work is needed to understand the difference between these averages and a target has not been set at this stage.
41. Performance (5.4%) is below the 6 monthly target of 11.5% for the number of adults with learning disabilities in paid employment, and is lower than performance for the same time last year (9.1%). It should be noted that this is a cumulative indicator so performance will improve month on month. When comparing to September 2016 there was a sharp increase in performance. This year is more comparable with 2015-16 where the figure steadily increased through the year with September 2015 showing 5.5%. Similarly, the proportion of adults with learning disabilities living in their own home (32.8%) is lower than the 6 monthly target of 44.8% and lower than the same time in 2016 (43.2%).
42. There were 3.3 permanent admissions for people aged 18 to 64 per 100,000 population during April to September 2017 (4 people). This is higher than the 1.6 of September 2016 (2 people). Work is underway to examine these cases in detail which may result in an improvement in performance.
43. The latest data available for adults in touch with secondary mental health services in paid employment (ASCOF 1F) and living independently (ASCOF 1H) covers the period April to July 2017. The proportion in paid employment is 5.5% which is lower than July 2016 (6.9%), and lower than the target of 6.7%. For those in settled accommodation performance of 50.6% is higher than July 2016 (46.6%), and is currently above target (50.0%).

Recommendations

44. The Health and Wellbeing Board is asked to consider current performance and comment on any amendments required for future reports.

Appendix 1: Gateshead Local Authority Public Health Strategic Indicators (Compared to England Value)

Significantly better than the England Average ●
 Not significantly different to the England Average ○
 Significantly worse than the England Average ●
 North East Average ◆

Indicator	Data Period	Count	Gateshead Value	N/E Average	England Average	England Worst	England Range	England Best
(LW19) Reduce Mortality From Causes Considered Preventable (Rate per 100,000)	2014-16	1386	239.1	228.3	182.8	330.0		129.7
(LW13) Stabilise the Rate of Hospital Admissions, per 100,000 for Alcohol Related Harm	2016/17	1952	989	867	645	1142		286
(LL4) Decrease the Percentage of People who are Dissatisfied with Life (%)	2016/17	-	4.9%	5.1	4.5	8.5		2.8
(LW24) Health Inequalities - Reduce the Inequalities in Life Expectancy across Gateshead (Male) (SII Years)	2013-15	-	9.9	-	-	15.1		2.9
(LW25) Health Inequalities - Reduce the Inequalities in Life Expectancy across Gateshead (Female) (SII Years)	2013-15	-	8.7	-	-	12.7		1.7
(LW20) Healthy Life Expectancy at Birth (Male) (Years)	2013-15	-	57.0	59.6	63.4	54.0		71.1
(LW21) Healthy Life Expectancy at Birth (Female) (Years)	2013-15	-	59.1	60.1	64.1	52.4		71.1
(LW22) Gap in Life Expectancy at Birth Between each Local Authority and England as a whole (Male) (Years)	2013-15	-	-1.8	-1.6	0.0	-5.2		3.9
(LW23) Gap in Life Expectancy at Birth Between each Local Authority and England as a whole (Female) (Years)	2013-15	-	-1.7	-1.6	0.0	-3.7		3.3
(LW4) Reduce Excess Weight in 4-5 and 10-11 year olds (4-5 yo) (%)	2016/17	-	22.0%	24.5	22.6	28.2		15.0
(LW4) Reduce Excess Weight in 4-5 and 10-11 year olds (10-11 yo) (%)	2016/17	-	38.5%	37.3	34.2	43.9		25.3
(LW15) Gap in employment rate between those with a learning disability and overall employment rate (Persons)	2015/16	-	62.9 (% points)	63.9	68.1	77.8		48.3
(LW17) Gap in employment rate for those in contact with SMH services and overall employment rate (Persons)	2015/16	-	69.2 (% points)	64.6	67.2	78.4		53.6
(LW18) Excess under 75 mortality rate in adults with serious mental illness (Indirectly Standardised Ratio)	2014/15	-	397.3	461.2	370.0	570.4		164.8
(LW2) Prevention of ill Health: Prenatal Outcomes (% of mothers smoking at time of delivery)	2016/17	312	14.5%	16.1	10.7	28.1		2.3
(PG20) Proportion of Children in Poverty: Reduce Child Poverty Rate	2014	8840	22.2%	24.3	19.9	41.9		6.8
(LW16) Equalities Objective - Hospital Admissions for self-harm, rate per 100,000 (10-24 yo)	2015/16	189	544.9	442.9	430.5	1444.7		102.5

Appendix 2: Gateshead Better Care Fund National Metrics

Indicator	CCG / Provider / LA	Latest Data Period	Month Actual	Actual to Date	Target to Date	2017/18 Target	Risk to Year End
Non-Elective Admissions (average per month)	Gateshead Local Authority	2017/18 Q2	10636	-	11503	22561	No current risk
Permanent admissions of older people (65+) to residential and nursing care homes, per 100,000 population	Gateshead Local Authority	2017/18 Q2	182.8	374.1	950.5	950.5	No current risk
Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Gateshead Local Authority	2017/18 Q2	85.1%	85.1%	85.6%	85.6%	Risk
Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month) NHS and Social Care Attributed delays	Gateshead Local Authority	2017/18 Q2	6.9 (Sep 2017)	1079 (Q2 days)	8.2 (Sep 2017)	8.2 / 1014 days (Q4)	No current risk

Appendix 3: Improvement and Assessment Framework Clinical Priorities Ratings assessment 2016/17

Dementia	Outstanding	126a	Dementia diagnosis rate	76.0% 74.4% 73.5% ↑	↑ 2.5% 2015 08 2017 03	
		126b	Dementia post diagnostic support	80.7% 80.7% 80.7% ↓	↑ 0.0% 2014-15 2015-16	
Cancer	Good	122a	Cancers diagnosed at early stage	52.3% 49.4% 39.5% ↓	↑ 12.8% 2012 2015	
		122b	Cancer 62 days of referral to treatment (based on 16-17 Q1 to Q4)	90.5% 86.6% 80.5% ↓	↑ 10.0% 13-14 Q1 16-17 Q4	
		122c	One-year survival from all cancers	69.1% 69.1% 60.6% ↑	↑ 8.5% 1999 2014	
		122d	Cancer patient experience	8.9 8.9 8.9 ○	↑ 0.0% 2015 2016	
Mental Health	Good	123a	IAPT recovery rate	52.7% 49.8% 45.5% ↑	↑ 7.2% 2015 03 2017 01	
		123b	EIP 2 week referral	75.1% 74.3% 70.0% ↓	↑ 5.1% 2016 11 2017 03	
		123c	MH - CYP mental health	95.0% 95.0% 40.0% ↑	↑ 55.0% 16-17 Q1 16-17 Q4	No calculation possible due to lack of z-scores
		123d	MH - Crisis care and liaison	85.0% 85.0% 60.0% ↑	↑ 25.0% 16-17 Q1 16-17 Q4	No calculation possible due to lack of z-scores
		123e	MH - OAP	100% 100% 100% ↔	↑ 0.0% 16-17 Q1 16-17 Q4	No calculation possible due to lack of z-scores

Appendix 4: Newcastle Gateshead CCG Quality Premium 2017/18

Indicator	CCG / Provider / LA	Latest Data Period	Month Actual	2017/18 Target	Risk to Year End
Cancers diagnosed at early stage	NHS Newcastle Gateshead CCG	2015	49.4%	4% improvement on 2016	National data not yet available
Overall experience of making a GP appointment	NHS Newcastle Gateshead CCG	July 2017	74.4%	77.4%	National data not yet available
Continuing Health Care (80% of Cases with a positive checklists where the eligibility decision is made by the CCG within 28 days)	NHS Newcastle Gateshead CCG	Q2 2017	61.7%	80%	Risk
IAPT Access for older people and Recovery rate for BME Community	NHS Newcastle Gateshead CCG	Aug 2016	N/A	Improvement on 2016/17 level	IN year data not yet available
Bloodstream infections reduction	NHS Newcastle Gateshead CCG	Sep 2017	242	190	Risk
65% applicable patients go to a stroke unit within 4 hours	NHS Newcastle Gateshead CCG	Dec 16 to Mar 17	76%	65%	No Risk

Appendix 5: NHS Constitution

Indicator	CCG / Provider / LA	Latest Data Period	Performance	2017/18 Target	Risk to Year End
18 Week Referral to Treatment (Incomplete Pathways)	Newcastle Gateshead CCG	Sept-17	94%	92%	No current risk
RTT 52 weeks for treatment	Newcastle Gateshead CCG	Sept-17	0	0	No current risk
A&E 4 Hour Waits	NuTH	Oct-17	95.4% (Oct) 94.8% (Oct YTD)	95%	Risk
	GHNT	Oct- 17	94.6% (Oct) 95.8% (Oct YTD)	95%	Risk
62 days Referral to treatment for suspected Cancer	Newcastle Gateshead CCG	Sept-17	90.8%	85.0%	No current risk
Ambulance response times	<ul style="list-style-type: none"> July 2017 – New set of NHSE performance standards for the English ambulance services through the national Ambulance Response Programme (ARP). No national reporting of Ambulance response times until April 2018. 				
< 6 weeks for the 15 diagnostics tests	Newcastle Gateshead CCG	Sept-17	98.4%	99%	Risk
	GHNT	Sept-17	98.5%	99%	Risk
	NuTH	Sept-17	98%	99%	Risk

Appendix 6: Children's Strategic Outcome Indicators

Indicator Description	Current month previous year (Apr-Sep 2016)	Performance Apr-Sep 2017	Year End Target	Traffic Light	Trend (Compared to same period last year)
PG21 - Readiness for school: Children achieving a good level of development at age 5 (Early Year Foundation Stage scores) – New Definition	63.7%	70%	Awaiting government guidance on future of this indicator		↑
PG23 - Increase the % of children attaining the expected standard at the end of KS2 (<i>New - used from summer 2016</i>)	61% (academic year 2015/16)	67% (academic year 2016/17 provisional)	85% (2020 target)	-	↑
PG24 -Achievement of 5 or more A*- C grades at GCSE or equivalent including English and Maths (<i>final year was 2016 with 2017 first year of the new 1-9 grade</i>)	59% (academic year 2015/16)	Academic year 2016/17 not yet published	No target set at this time	-	-
Rate of children's services referrals per 10,000 (cumulative indicator)	209.3	218.3	225 (6 month target)	Not met target	↑
LW6 - Number of Children with a Child Protection Plan per 10,000	93.7 (374 CYP)	70.3 (281 CYP)	60 per 10,000	Not Met Target	↓
Children who are subject to a second or subsequent child protection plan	19.5%	17.3%	Less than 15%	Not Met Target	↓
Number of looked after children per 10,000	87 (349 CYP)	98.8 (395 CYP)	Less than 84.9 per 10,000	Not Met Target	↑
% of Looked After Children living continuously in the same placement for 2 years	87.8%	86.5%	78%	Met Target	↓

Appendix 7: Adult Social Care Strategic Outcome Indicators

Indicator Description	Current month previous year (Apr-Sep 2016)	Performance Apr-Sep 2017	Year End Target	Traffic Light	Trend (Compared to same period last year)
ASCOF 1C (part 1A) Proportion of Clients receiving self-directed support	91.3%	93.0%	95.0%	Not Met Target	↑
ASCOF 1C (part 1B) Carers receiving self-directed support	90.3%	94.0%	95.0%	Within +/- 5% of monthly target	↑
ASCOF 1C (part 2A) Proportion of clients receiving direct payments	21.5%	22.5%	22.0%	Met target	↑
ASCOF 1C (part 2B) Proportion of carers receiving direct payments	27.6%	35.9%	25.0%	Met target	↑
ASCOF 1E Proportion of adults with learning disabilities in paid employment	9.1%	5.4%	11.5% (6 month target)	Not Met Target	↓
ASCOF 1F Proportion of adults in contact with secondary mental health services in paid employment	6.9% (Jul 2016)	5.5% (Jul 2017)	6.7%	Not Met Target	↓
ASCOF 1G Proportion of adults with learning disabilities living in their own home or family	43.2%	32.8%	44.8% (6 month target)	Not Met Target	↓
ASCOF 1H Proportion of adults in contact with secondary mental health services living independently, with or without support	46.6% (Jul 2016)	50.6% (Jul 2017)	50%	Met target	↑
ASCOF 2A(i) 18-64 Permanent admissions to residential & nursing care homes (rate per 100,000 population)	1.6	3.3	4.1	Not Met Target	↓