












2015/16 Corporate Performance report



Super Key Performance Indicators






These top 25 key performance indicators have been chosen due to their direct impact upon residents of Calderdale. They are displayed by Directorate and RAG rated to show performance against target. The trend shows movement since the last data period.

	Ref	2015/16 RAG	Performance Trend	Key Points/Trend/Action
AHSC				
1	Proportion of older people still at home 91 days after discharge (effectiveness of service)	Green		Due to the delay in getting verified data this indicator is reported to CLT one quarter in arrears. Performance has improved over the last 6 quarters – from 72% to 92% and has exceeded this year's target of 78.8%. The improved performance is due to the range of actions taken in partnership with CHFT as part of the improvement programme. These included a strong management focus on achieving better outcomes from individual care plans, working with therapists and social workers to manage people's journey through reablement including implementing revised referral criteria and improving data quality to ensure accuracy in reporting.
2	CA 4.1a People accepted into reablement	NA	NA	This indicator is no longer being reported by the Directorate.
3	CA 4.1b Percentage fully reabled	NA	NA	This indicator is no longer being reported by the Directorate; a revised indicator consistent with the national indicator to be used in 2016/17 to measure the effectiveness of enablement.
4	CA 1.4e % of Safeguarding referrals dealt within timescales	Green		<p>Trend - Performance has improved on 2014/15, although performance has dropped from 85% in Q2 down to 80%. 2015/16 Q4 meeting target of 80%. The data shows that the current systems for managing safeguarding alerts are generally effective. However some cases require further initial enquiries prior to a decision being made which may exceed the 24 hour timescale.</p> <p>Why green? Improved performance for the last two years, meets the target of 80% in Q4 and exceeds target for the year as a whole in 2015/16.</p>
CYPS				
5	Apprenticeship starts	Green		<p>Trend - Increasing number of apprenticeship starts over last 2 years.</p> <p>Why green? Increasing number and achieved target of 500. Latest figures available are for the year 2013/14 which shows 564 partnership starts. This is an increase of 64 on the previous year.</p>








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6	Standard score and % inequality gap in achievement across all the EL Goals (successor indicator for gap between lowest achieving 20% in the Early Years Foundation Stage Profile & the rest)	Amber		<p>Trend – Results for 2015 has seen the inequality gap reduce for the second year running and continues to be an improving trend.</p> <p>Why amber? A further 5% reduction in the attainment gap was achieved in 2015. The result has moved Calderdale out of the bottom quartile and within 1% of the stat neighbour averages. This indicator remains amber because it is still slightly above both stat neighbour and England averages.</p>
7	Children Looked After - No of children looked after per 10,000 under 18 population	Green		<p>Trend – The continued reduction of children looked after on 2015/16 has seen the number fall to 298.</p> <p>Why green? The target of 66 per 10,000 under 18 population for 2015/16 has been achieved with a yearend figure of 65.2. This is much improved compared to the previous year of 70.</p>
8	Percentage of looked after children with 3 or more placements in a year	Green		<p>Trend – Although the target of 8% was not achieved at the end of Q4 (9.1%), performance has shown improvement compared to the previous year (10.3%).</p> <p>Why green? In previous years performance has remained below England average, but 2014/15 has seen results rise above. 2015/16 performance has brought Calderdale back in line with the regional and England average, even with the drive to improve permanence having an adverse effect on this indicator. Therefore, this indicator remains green.</p>
9	Average time between a child entering care and moving in with adoptive family for children who have been adopted (days)	Red		<p>Trend - 2014/15 saw improvement compared to previous year. 2015/16 has seen the expected decline in performance as a result of the continued ceasing of 'legacy' cases.</p> <p>Why red? The last 2 quarters have seen the expected improvement in performance. However, the indicator remains red as there is still a significant gap between current results and target for the year. 2016/17 will see further improvement in performance.</p>
10	Repeat incidents of domestic violence (WYP)	Amber		<p>Trend – The last 3 quarters have seen further decline in performance compared to the previous year.</p> <p>Why amber? This indicator remains amber due to the declining performance over the year and remains a cross directorate and partnership priority.</p>
Communities and Service Support				
11	% who feel that people from different backgrounds get on well together	Green		<p>Trend – A solid result in Q4 being above last year's level and better than the year end target but just below the prior two quarters ensures the final end of year position is positive.</p> <p>Why green? Strategic priority, cross</p>

				<p>directorate and partnership agenda. Operating within a complex and volatile environment, the gains made earlier in the year have been maintained at year end. Exploring with partners what the Huddersfield University research told us about developing a fresh approach to cohesion with a refreshed strategy and action plan.</p>
12	Total recorded number of crimes (Calderdale)	Amber		<p>Trend – A very similar figure in Q4 to the previous quarter, and similar to the 2nd quarter shows a degree of stabilisation under the new reporting format.</p> <p>Why amber? Strategic partnership and local priority. Although good performance has been achieved in recent years a newly adopted crime recording process which is more victim led i.e. records alleged crime, has nationally and locally negatively impacted crime levels. The initial increases have stabilised over the year and it is in line with other areas experiences. This year it has fluctuated between 34% and 43% and is currently 37.5% over last year’s levels. Hence this baselining year is now complete, with which to make improvements upon next year.</p>
13	Percentage of Council Tax collected: non adjusted	Amber		<p>Trend - Performance stabilised at the end of last year after three years of steady decline, being mirrored nationally. The gains made in the first two quarters were built upon in the third quarter with a near 1% increase upon the position last year, equating to £750k. However in the final quarter the impact of flood assistance regards missed payments and collection policy have seen these gains fall back to finish at almost exactly last year’s level and just below target.</p> <p>Why amber? Strategic partnership and local priority. Learning from top performing LA’s and utilisation of "nudge" techniques on bills and other correspondence has in part contributed to halting the decline in performance, e.g. overdue instalments are now followed up in 7 days and not as previously up to 42 days. This position has been further improved upon with the best performance for four years, up to the final quarter where unforeseen events, ie flooding consequences, impacted the final result. It is worth adding that the shared learning here has been effective in raising the non domestic collection rate by 0.9% also.</p>

14	Working Days Lost Due to Sickness Absence (Excl Schools)	Red		<p>No data available for Q4 at this point- these comments are from Q3</p> <p>Trend – A strong third quarter, the best in recent years, has placed overall performance at the same point as last year. It may well be the beginning of an improving picture, however this is unlikely to mean reaching target this year, but would signal hope for 2016\17.</p> <p>Why red? New calculation methodology incorporates staff working patterns and has improved accuracy, but has caused data comparison issues. Hot spot areas are known with priority support by HR and OH to ensure management act in a timely and consistent manner.</p>
15	% of calls answered to total presented	Amber		<p>Trend – Significant turnover in staff and the time lag between staff being recruited and fully trained has meant the overall fall in performance is being slowly redressed, but it has not yet reached last year's level. This quarter has also been negatively impacted by the extra volume of calls over the flooding and clean up period.</p> <p>Why amber? Gains are slowly being made back but are yet to see the levels of the previous year.</p>
Economy and Environment				
16	Proportion of unclassified road network where structural maintenance should be considered	Amber		<p>Trend – This annual result is an improvement upon previous years.</p> <p>Why amber? Whilst this is better than expected performance it is below the usual family group averages.</p>
17	Number of new dwellings supplied	Red		<p>Trend – With no Q4 figure available until mid May performance so far suggests this is likely to be less than target given the current gap to target.</p> <p>Why red? – Performance will not be known until mid May for Q4 however it is unlikely to mean the year end target is achieved.</p>
18	Number of people assisted to improve independence in their own homes	Green		<p>Trend – Although the Q4 result has exceeded the previous year's Q4 result, performance has dropped in Q4 compared to the previous quarter.</p> <p>Why Green? – Performance has declined in Q4, however, overall the year end result for 2015/16 has improved from the previous year and target reached.</p>

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19	Number of dog fouling complaints received by the Council each month (The percentage of dog fouling complaints resulting in the service of a Fixed Penalty Notice).	Amber		The Directorate now only reports on the percentage of a FPN. Trend – Q4 performance builds upon the gains made last quarter and is the best result for nearly two years. Why amber? Performance has exceeded target due to the gains made in the last two quarters and thus needs to be seen to be sustainable into next year.
20	Achieve Capital Receipts (£000's)	Amber		Trend – In the first three quarters of the year no receipts were received. The final quarter has seen a good figure which has exceeded target but is overall lower than last year and the pattern of receipts gives cause for concern. Why amber? It is the pattern of performance and overall level which gives a degree of uncertainty over performance.
Public Health				
21	People KSI in road traffic accidents per 100,000 population (3 year calendar average)	Red		Trend - Decrease in performance upon last year with performance below England, Family Group and Regional averages. Why red? The latest data is 18 months old – performance has dropped with the gap widening between Calderdale and England and Family Group averages.
22	Excess weight in 4-5 year olds/10-11 year olds (overweight and obese)	Amber		Trend – Performance improved for both 4-5 and 10-11 year olds against the previous year. Why amber? The targets have not been met for both indicators for this year. However, performance on both age indicators is better than England and Family Group average.
23	Smoking prevalence rates for over 18s	Amber		Trend - Performance has declined following last year's improved performance. Why amber? Performance is lower than England average but slightly better than Family Group average and below the target.
24	Alcohol-harm related hospital admission rates per 100,000	Red		Trend - Positive improvement over last year's performance but still significantly higher than England average. Why red? Improvement needs to continue to meet the England average.
25	Hospital admissions as a result of self-harm (10-24 years)	Red		Trend – Performance improved in 2014/15 with the gap narrowing between Calderdale and England Average. Why red? No targets have been set for this year for this indicator. However, performance has improved this year but still remains below the England and Regional averages.

Exception Summary

This report focuses on exceptions; indicators which clearly have a significant change in performance. This enables focus on areas of decline or those requiring further improvement, and to celebrate and learn from great and significantly improving performance. The process of identifying those indicators is rigorous and involves; comparison with our own and others performance, consideration given to levels of intervention and targets, and internal peer challenge. Indicators that have an annual data release will only be included, where appropriate, in the report produced following the latest data release.

Having considered and reviewed indicators for the period January to March 2016, below is a summary of the indicators reported by exception:-

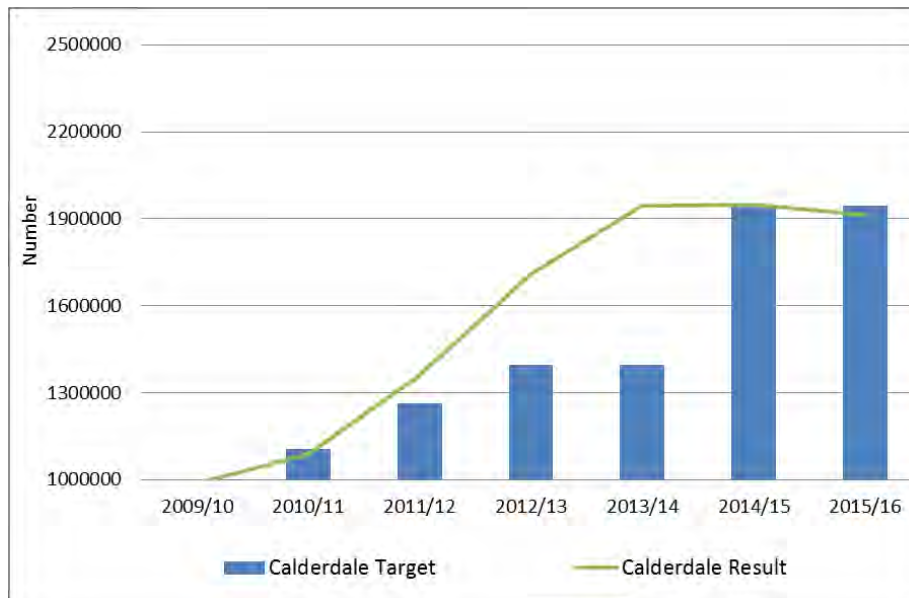
Indicators where performance has significantly exceeded previously reported data:-

1. Usage of sport and leisure facilities
2. Total payments made via the web
3. Minor planning applications determined in 8 weeks or longer period in line with a delivery agreement
4. Municipal waste land filled
5. Number of Early Intervention single assessments (CAFs) per 10,000 under 18 population
6. Number of children looked after per 10,000 under 18 population
7. Percentage of children who cease to be looked after where the outcome reason is 'adopted'
8. Hospital admissions as a result of self-harm (10-24 years)
9. Excess weight in 4-5 / 10-11 year olds (overweight and obese)

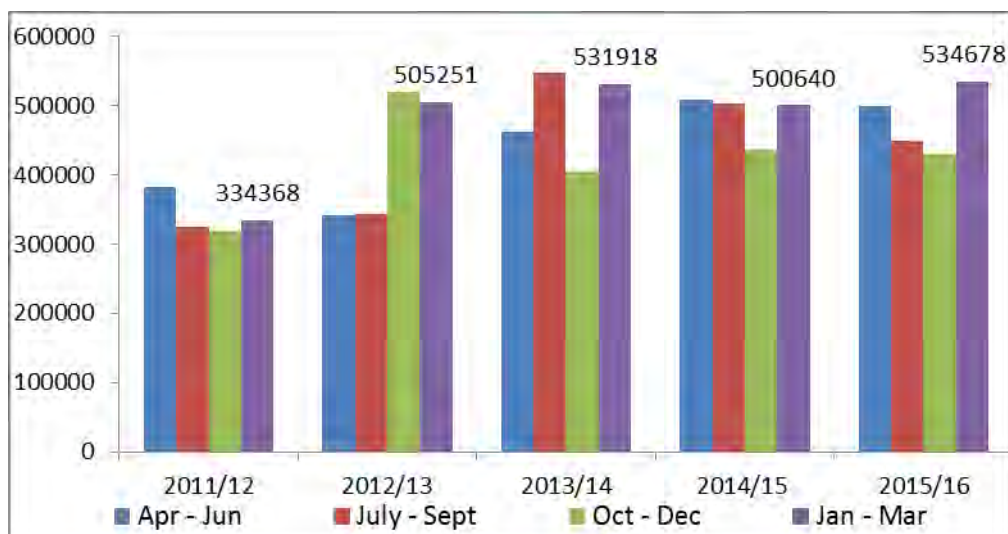
Indicators where performance has declined from previously reported data or further improvement is required:-

10. Residual household waste per household
11. Household waste recycled and composted
12. Number of new dwellings supplied
13. Permanent admissions to residential care homes, per 100,000 of the population (18-64)
14. Repeat incidents of domestic violence (WYP)

1 The usage of sports and leisure facilities



Reporting Year	Calderdale Result	Calderdale Target
2009/10	987001	
2010/11	1088493	1103980
2011/12	1362042	1263700
2012/13	1711016	1395687
2013/14	1945584	1395687
2014/15	1948333	1945584
2015/16	1914720	1945584



Reporting Year	Apr - Jun	July - Sept	Oct - Dec	Jan - Mar
2011/12	382998	324673	320003	334368
2012/13	342077	343776	519912	505251
2013/14	462023	547551	404092	531918
2014/15	508027	503506	436160	500640
2015/16	498718	449889	431435	534678

What is the story the data is telling us?

The data tells us that it is not easy to predict usage given the unpredictable nature of the impact of new facilities in the area eg Huddersfield, and major sporting events, eg at the Shay. However given these challenges and events the performance of the service remains steady and positive, with the best Q4 result ever.

What are we doing to improve?

The use of Brighouse pool is recovering along with better use of the Better Living Team and a levelling out of memberships all point to a more positive start to the coming year. Marketing and promotions will work to encourage more people getting more active and help to contribute to the Active Borough.

Data quality is improving and the recording of users is being monitored and managers have specific responsibilities for this. This should, over time, help to give more accurate information. Usage reports are being given to managers on a regular monthly basis so they can look at trends/issues. School swimming is on the increase with more schools taking up the offer of our lessons.

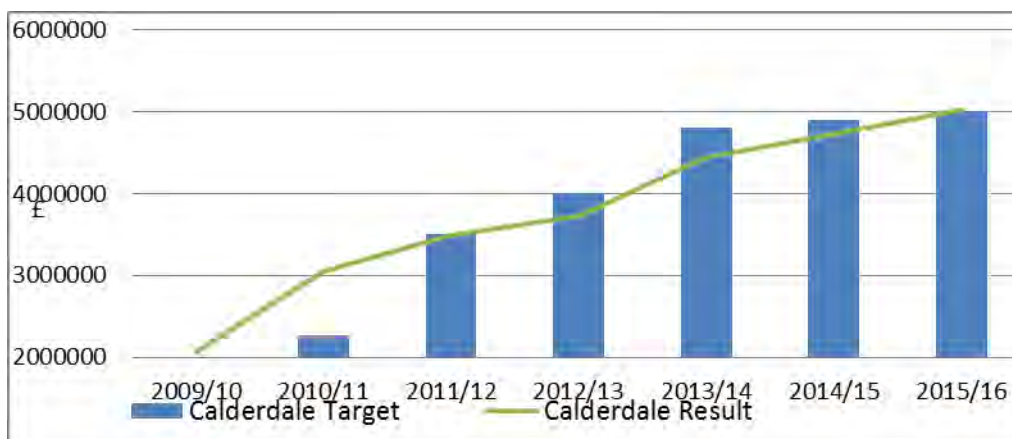
What evidence is there that actions are having an impact?

Monthly user figures are showing an increase in use at Brighouse and the upturn in average membership numbers. The Better Living team use is on the increase along with school swimming and disability sport.

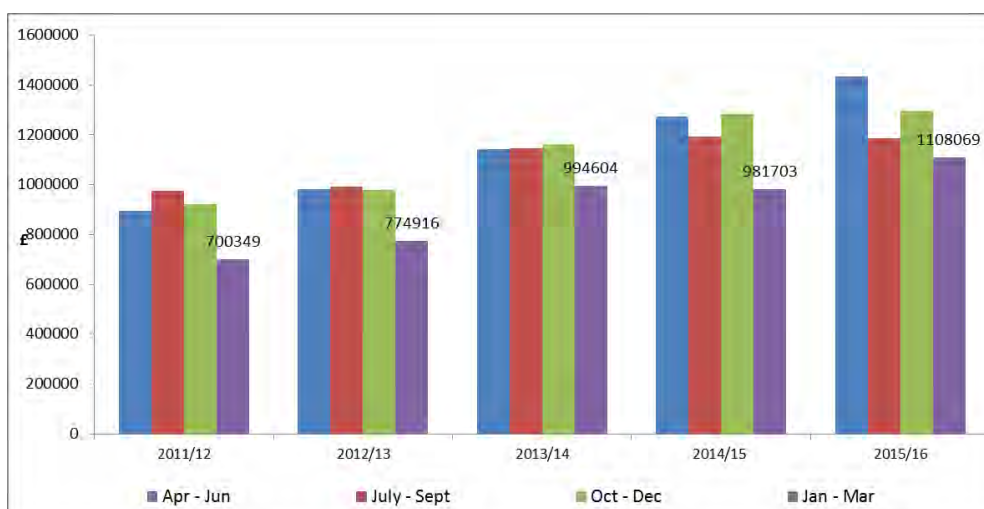
What more needs to happen?

Sport works well with marketing and occasionally a very quick response is needed to the challenges presented. The closure of Rishworth sports facility is evidence of where this has worked well to sign up new members and fill spaces on swimming lessons. A Sport and Physical activity strategy is under development, with work underway between PH and Sport to make this happen as part of the raised profile of physical activity through the IBM and Active Borough Calderdale work. This work will consider the rebranding of Sport as Active Calderdale. This will better fit with IBM and the Active Borough and better lend itself to a brand identity that customers can identify with and embrace.

2 The level of total payments made via the web (£)



Reporting Year	Calderdale Result	Calderdale Target
2009/10	2064000	
2010/11	3050713	2270400
2011/12	3494084	3500000
2012/13	3724500	4000000
2013/14	4444177	4800000
2014/15	4733328	4900000
2015/16	5024461	5000000



Reporting Year	Apr - Jun	July - Sept	Oct - Dec	Jan - Mar
2011/12	895829	976656	921248	700349
2012/13	980351	990726	978505	774916
2013/14	1142684	1145371	1161518	994604

2014/15	1272958	1193869	1284795	981703
2015/16	1432466	1187384	1296542	1108069

What is the story the data is telling us?

Customers are increasingly going online to make payments rather than more traditional methods thanks to our mobile-accessible website which is easy and straightforward for customers to use. People are becoming more digitally capable and have the motivation and trust to go online.

What are we doing to improve?

A series of co-ordinated actions to further drive improvement include:

- Continuous improvement of our website
- Making more transactions available online
- Wider promotion of 'Don't Wait In Line, Do It Online
- Making sure customers get the right information the first time to enable them to immediately transact online
- Developing an integrated, secure, online customer self-service portal with a single sign on – the Citizen Account.

What evidence is there that actions are having an impact?

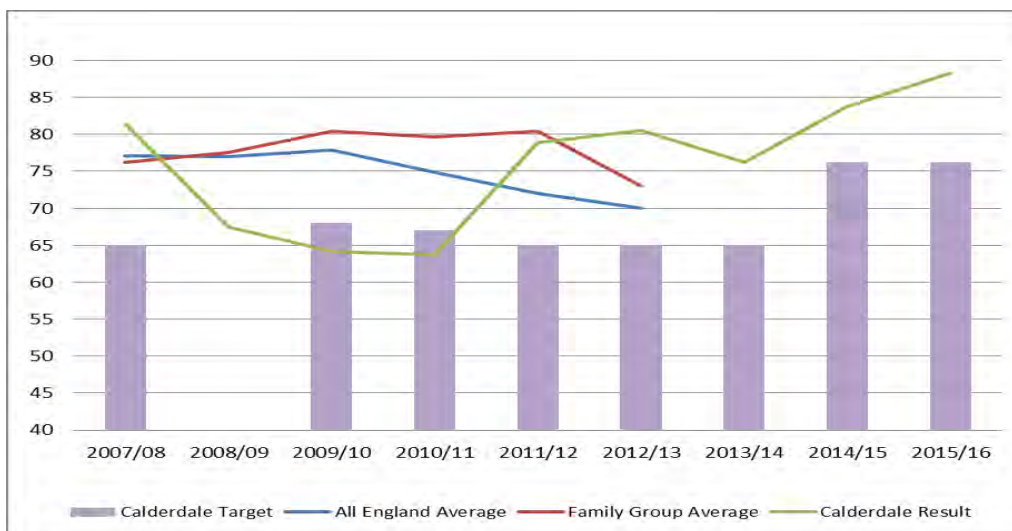
There is a clear reduction of face to face contacted, with the biggest reduction being seen in payments with increased online transactions.

What more needs to happen?

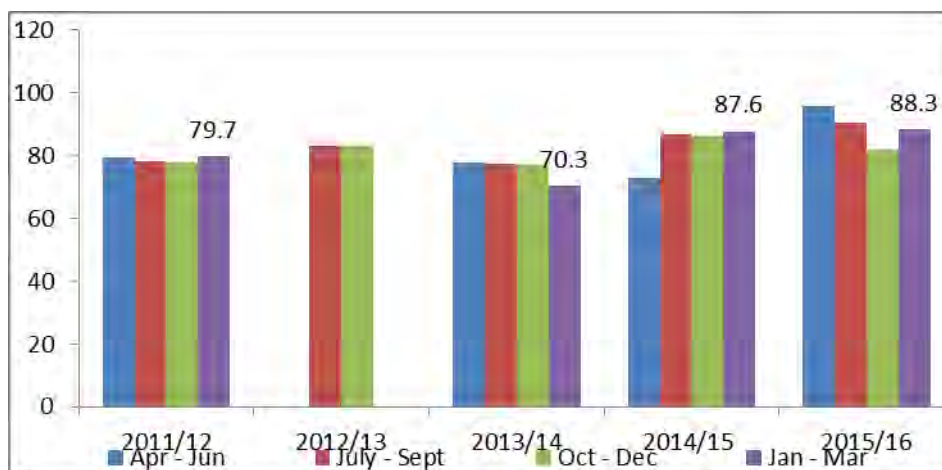
Further improvement activity includes:

- Reshaping services to increase the number fully automated end to end processes to allow customers to complete requests that include a payment
- Further closure of manned cash kiosks/offices
- Successful implementation of the Citizen Account which will increase confidence and trust of online payments
- Expansion of Live Chat to 24/7 in order to encourage customers to stay online
- Use customer profiling to analyse socio-demographic data and identify groups that are in most need of support to transact online
- Reduce access to traditional channels.
- Further promotion of customer self-service as the preferred channel of choice

3 Minor planning applications determined in 8 weeks or longer period in line with a delivery agreement



Reporting Year	All England Average	Family Group Average	Calderdale Result	Calderdale Target
2007/08	77.1	76.27	81.39	65
2008/09	77	77.5	67.5	
2009/10	77.9	80.4	64.1	68
2010/11	74.9	79.7	63.7	67
2011/12	72.01	80.4	78.87	65
2012/13	70	73	80.5	65
2013/14			76.2	65
2014/15			83.7	76.2
2015/16			88.3	76.2



Reporting Year	Apr - Jun	July - Sept	Oct - Dec	Jan - Mar
2011/12	79.28	78.23	78	79.7
2012/13		83.2	83.3	
2013/14	77.9	77.37	76.98	70.3
2014/15	73.1	86.9	86.5	87.6
2015/16	96	90.6	82	88.3

What is the story the data is telling us?

The data is telling us that performance on the determination of planning applications has been consistently good over a period of several years i.e. that our improvements have been sustainable in the long-term.

What are we doing to improve?

This is largely a result of the steps that we have taken to manage applications as proactively as possible, and to stream-line processes.

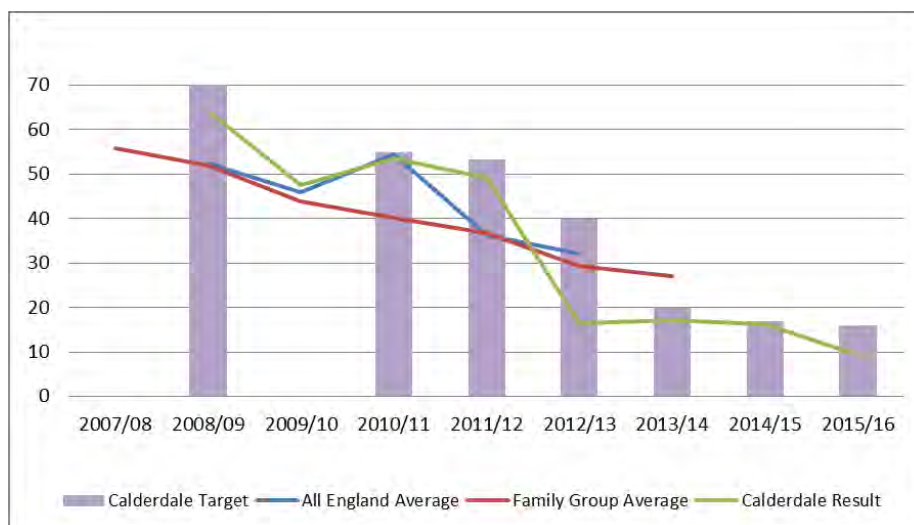
What evidence is there that actions are having an impact?

A steady long term improvement in performance.

What more needs to happen?

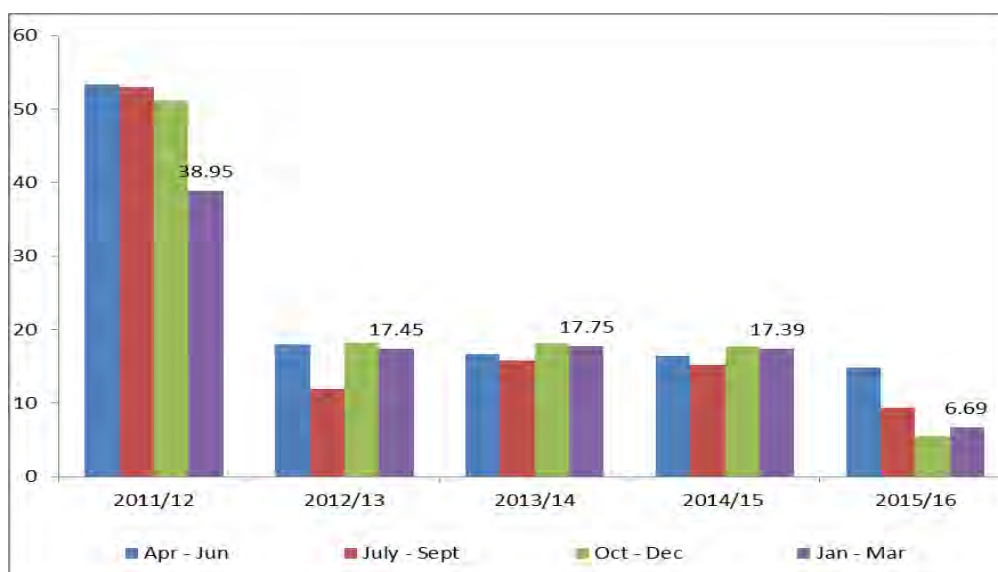
Going forward we are exploring the potential to adopt the Planning Advisory Service’s Planning Quality Framework, which will allow us to understand more about financial efficiency and customer satisfaction.

4 Municipal waste land filled (NI 193)



Reporting Year	All England Average	Family Group Average	Calderdale Result	Calderdale Target
2007/08		55.93		
2008/09	52.4	51.98	64.09	72
2009/10	45.9	43.92	47.64	
2010/11	54.5	40.07	53.54	55
2011/12	36.3	36.8	49.15	53.32
2012/13	32.07	29.32	16.4	40
2013/14		26.95	17.09	20
2014/15			16.2	17
2015/16			9.25*	16

*Provisional figure to be confirmed when all data received



Reporting Year	Apr - Jun	July - Sept	Oct - Dec	Jan - Mar
2011/12	53.4	53.03	51.22	38.95
2012/13	17.99	11.95	18.21	17.45
2013/14	16.63	15.83	18.08	17.75
2014/15	16.42	15.2	17.78	17.39
2015/16	14.85	9.34	5.45	6.69

What is the story the data is telling us?

Decreases have been seen throughout the year when compared to recent years. These decreases can be explained as the effect of changes in processes of our Waste Treatment Contractor resulting in more diversion from landfill through increases in residual waste being turned into RDF (Refuse Derived Fuel).

What are we doing to improve?

We are currently operating an incentive scheme with prize awarded at random to addresses that have been monitored as recycling. A new Waste collection contract commences in August 2016 which has additional materials added to the doorstep recycling service to encourage more recycling. Service issues are being addressed with the introduction of performance targets to increase the service delivered to the public. An opt-in Garden Waste scheme has also been introduced with over 2,000 subscribers.

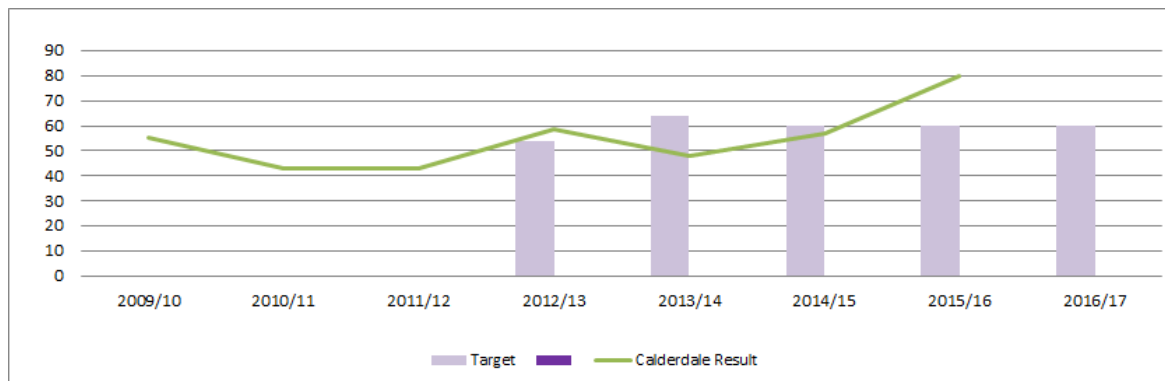
What evidence is there that actions are having an impact?

The effects of the new contract will be seen during 2016/17

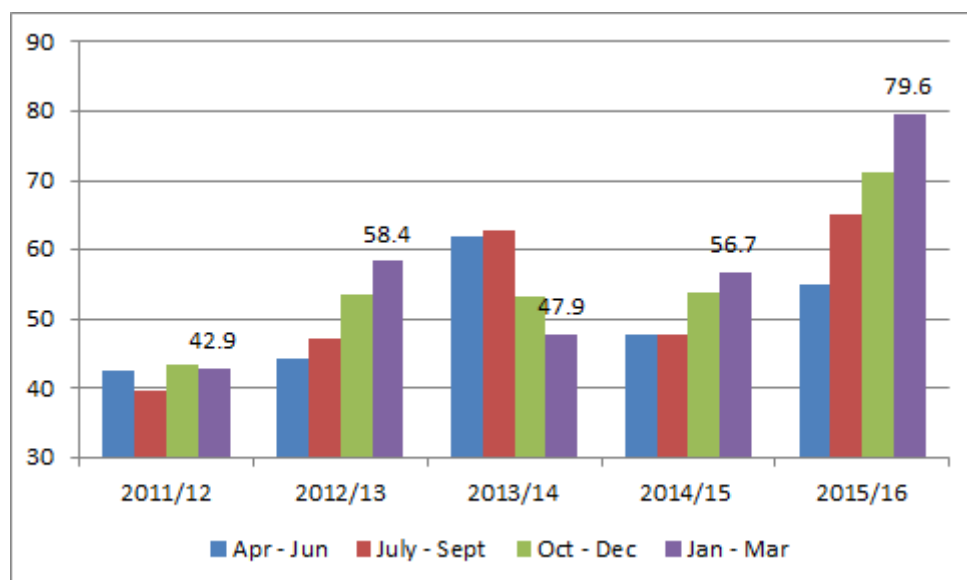
What more needs to happen?

Communications campaigns to maintain the prominence of waste and recycling in the public domain stressing the costs of missed recycling to the borough.

5 Number of Early Intervention Single Assessments (CAFs) per 10,000 under 18 population



Reporting Year	Calderdale Result	Target	Q4
2009/10	55.1		
2010/11	43.1		
2011/12	42.9		
2012/13	58.4	53.6	
2013/14	47.9	64.1	
2014/15	56.7	60	
2015/16	79.6	60	79.6
2016/17		60	



Reporting Year	Apr - Jun	July - Sept	Oct - Dec	Jan - Mar
2011/12	42.7	39.8	43.3	42.9
2012/13	44.4	47.3	53.6	58.4
2013/14	61.9	62.8	53.2	47.9

2014/15	47.9	47.7	53.8	56.7
2015/16	55.1	65	71.1	79.6

What is the story the data is telling us?

Since Q1 of 2015/16 there has been an increased use of the EI single assessment by partners within the borough and resulted in improved performance in the year. This improved performance demonstrates the commitment from partners in embracing the revised EISA and process of undertaking assessments. The annual target for 2015/16 of 60.0 per 10,000 under 18 population equating to an annual number of 300 new EISAs (25 per month) has been achieved. In quarters 3 and 4 the new EISA cases have exceeded the target of 25 per month.

What are we doing to improve?

EISAs are an integral part of early intervention within Calderdale, and the quality of assessments continue to improve due to the skill of workers within partner agencies who provide families with a safe environment so that families in turn feel they can provide accurate information. EISA's provide a clear concise baseline of the current need for children, young people and their families. Needs, risks and strengths are identified, providing clear action points for the family and the appropriate service providers; thus providing the right support at the right time. The bi monthly auditing of EISAs enables us to identify training and support requirements for frontline staff. It also enables the effective deployment of resources by attending TAC meetings, assisting with navigating the e-system and providing advice/guidance by email or the phone..

What evidence is there that actions are having an impact?

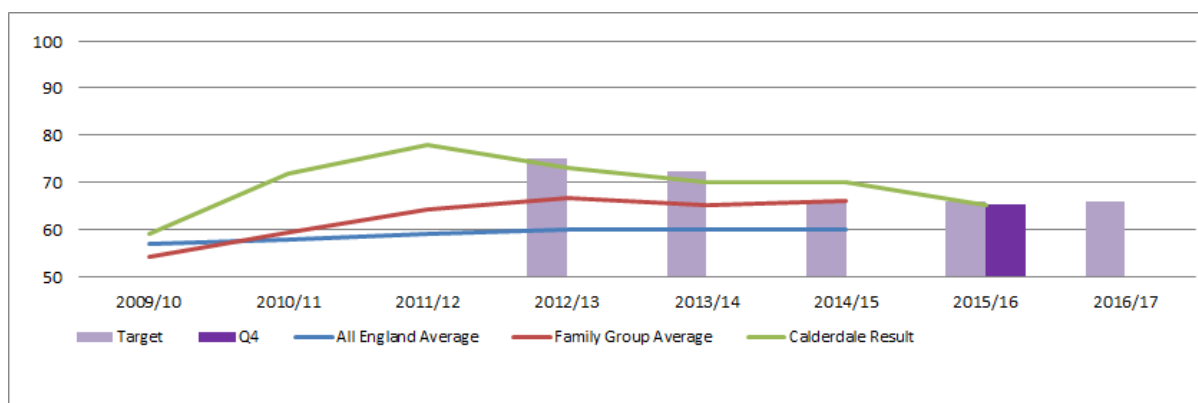
Since a small decline in performance in Q1 there has been growing improvement in the number of EISAs. A review of EISAs took place in September 2015, resulting in **one Single Assessment** now in use across the Continuum of Need. To date, EISAs continue to increase on a monthly basis; several factors have contributed to this increase. Firstly all children within a household are assessed on the same document instead of a separate EISA for each child. Secondly EISA provides the same level of information gathering used within Children's Social Care, which reduces duplicate assessments being completed. Finally, the EISA is now more widely recognised as an evidence based document which captures current and historic issues within a family, leading to the provision of appropriate support and intervention. The use of a Single Assessment across Tier 3, 4 and 5 is beginning to provide a seamless transition for frontline staff during the escalation and de-escalation of cases.

What more needs to happen?

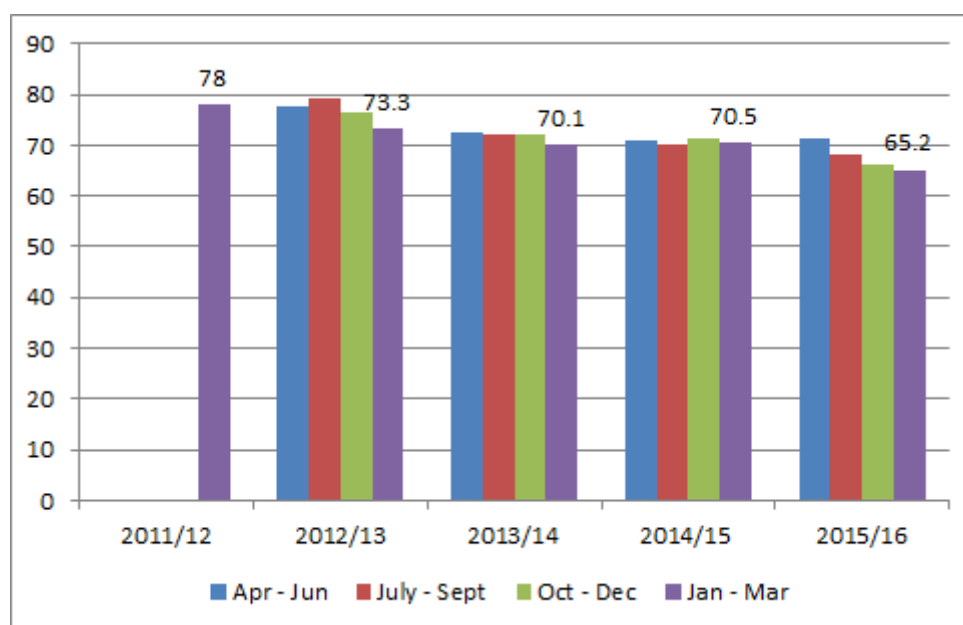
Further improvement is still required and this will include:

- Improved monitoring of and assistance to agencies who are experiencing problems accessing the e-system
- Improved communication with Workforce Development and frontline staff on who has completed the e-system training
- Providing positive feedback to frontline staff regarding the impact of the EISA process and the benefit to children, young people and families
- Support to partner agency staff when completing the EISA form to continue.

6 Number of children looked after per 10,000 under 18 population



Reporting Period	All England Average	Family Group Average	Calderdale Result	Target	Q4
2009/10	57	54.2	59		
2010/11	58	59.5	72		
2011/12	59	64.3	78		
2012/13	60	66.8	73	75	
2013/14	60	65.1	70	72.2	
2014/15	60	66.1	70	66	
2015/16			65.2	66	65.2
2016/17				66	



Reporting Year	Apr - Jun	July - Sept	Oct - Dec	Jan - Mar
2011/12				78
2012/13	77.7	79.4	76.4	73.3
2013/14	72.6	72.2	72.2	70.1
2014/15	70.9	70	71.4	70.5
2015/16	71.4	68.3	66.3	65.2

What is the story the data is telling us?

The first quarter of the year saw a slight increase in the number of children looked after to 326. Since this period there has been a reduction in the number each quarter and by the end of Q4 the number has reduced to 298. The target for 2015/16 was 66 per 10,000 under 18 population (in line with the statistical neighbour average). By the end of 2015/16 this target was achieved with a result of 65.2.

What are we doing to improve?

The numbers of children looked after continue to remain in line with our improvements and the work of the Permanence Improvement Board. The board has now been replaced by the Permanence Tracker Group, which continues to monitor and challenge the permanency of children looked after. Improvement has seen a high number of children looked after being adopted in 2015/16 and a high number of children ceasing to be looked after through Special Guardianship Orders (SGO).

What evidence is there that actions are having an impact?

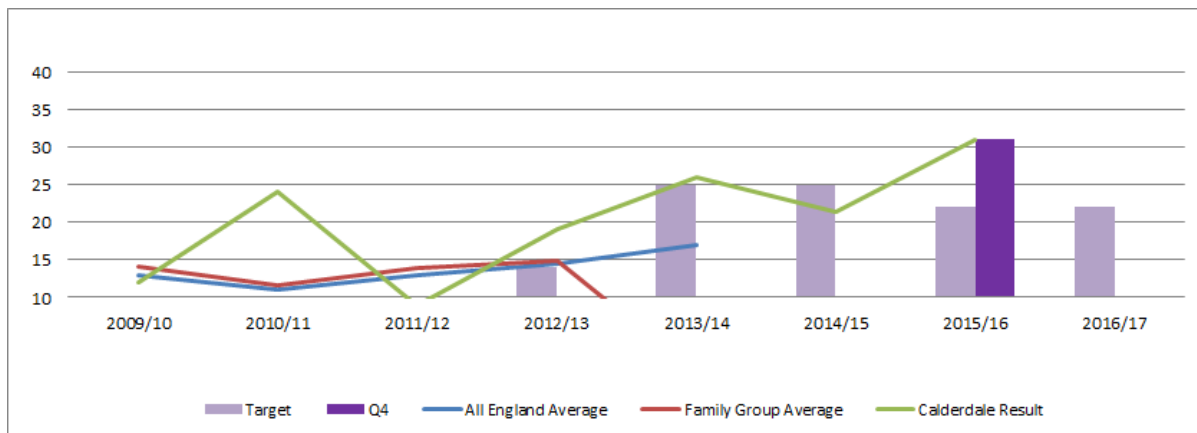
The holistic approach to improving permanency has had a wide impact. Not only has the number of children looked after reduced, but has also improved the timeliness of permanency decision making. End of year result of 65.2 now places Calderdale below the statistical neighbour average of 66.2, but still above the England average of 60. This increased number of unaccompanied asylum seeking children and young people has also had an influence on the number of children looked after in 2015/16 and likely to continue into 2016/17.

What more needs to happen?

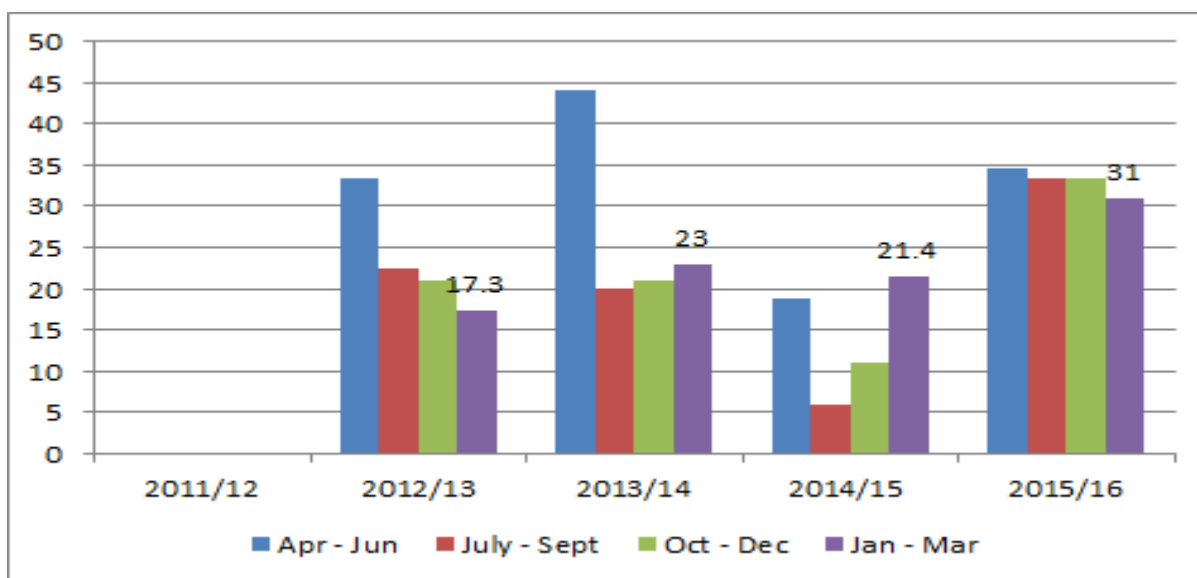
Further actions for improvement include:

- Continued embedding of our early intervention approach and link to MAST
- Continue to promote the use of Family Group Conferencing to avoid children entering the care system when this is not warranted for their own safety and protection
- Continued promotion and evolution of VYPP panel and gauge its success with those above 13 yrs
- Ensure the remaining small number of 'legacy' cases exit the system as soon as possible and maintain current standards and processes to ensure there is not a return to increased numbers, using the creative alternatives at our disposal.

7 Percentage of children who cease to be looked after where the outcome reason is 'adopted'



Reporting Year	All England Average	Family Group Average	Calderdale Result	Target
2009/10	13	14.1	12	
2010/11	11	11.67	24	
2011/12	13	13.9	9	
2012/13	14.4	14.8	19	14
2013/14	17	20.3	26	25
2014/15			21.4	25
2015/16			31	22
2016/17				22



Reporting Year	Apr - Jun	July - Sept	Oct - Dec	Jan - Mar
2011/12				
2012/13	33.3	22.5	20.9	17.3
2013/14	44	20	21	23
2014/15	18.8	5.8	11.0	21.4
2015/16	34.7	33.3	33.3	31

What is the story the data is telling us?

33 children ceased to be looked after in 2015/16 with an outcome of adoption, representing 31% of all children who ceased to be looked after in the year. This is significantly higher than 21.4% the previous year and well above the target of 22%. It is also higher than statistical neighbour average (21%) and England average (17%).

What are we doing to improve?

The work of the Permanence Improvement Board highlighted the need to tackle delays in placing children in a systemic manner, looking at early purposeful planning, the need to take difficult decisions earlier, robust sibling assessments, achieving early permanence through fostering to adopt, more targeted recruitment, more proactive family finding and embedding multi track planning for children at PLO stage and as we initiate proceedings.

What evidence is there that actions are having an impact?

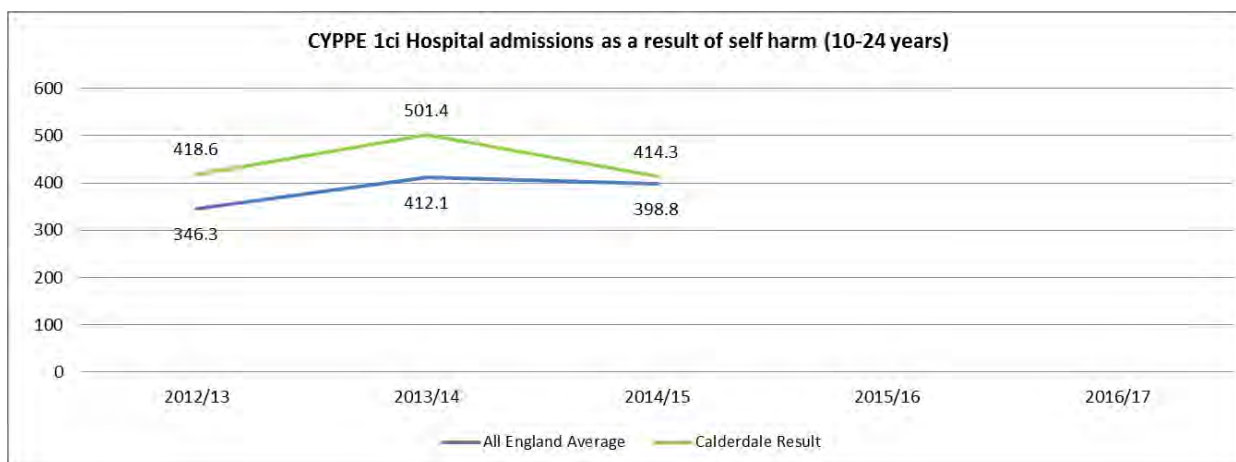
This work has improved the timeliness of adoption and contributed to the increased number of children looked after ceasing through adoption. Not only have adoptions increased, but so too has the number of children ceasing through Special Guardianship Orders.

What more needs to happen?

Further actions for improvement include:

- To continue to monitor permanence through legal and permanency planning.
- To continue to embed fostering to adopt.
- To continue to monitor the timeliness in a child’s journey through the tracking tool and challenge managers and staff to avoid or explain any delay and consider, where appropriate, any opportunities for children to achieve permanence, including adoption and special guardianship through existing foster carers or connected carers through proactive planning, assessment and approval.
- To continue to play an active role in the Regional Consortium and work with partners to drive forward on the regionalisation agenda
- Continue to allocate family finders at an early stage to assist in the production of ‘fit for purpose’ CPR’s.

8 Hospital admissions as a result of self-harm (10-24 years)



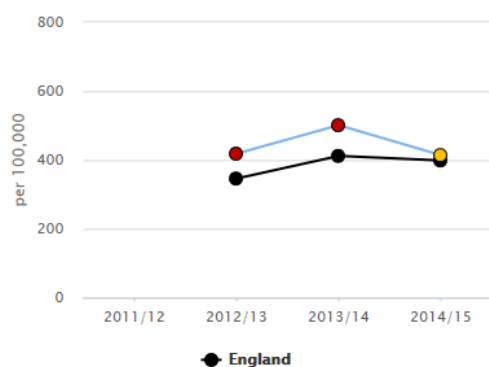
Hospital admissions as a result of self-harm (10-24 years)

Calderdale

Directly standardised rate - per 100,000

Export chart as image

Show confidence intervals



Period	Count	Value	Lower CI	Upper CI	Yorkshire and the Humber	England
2012/13	152	418.6	354.5	490.9	342.7	346.3
2013/14	180	501.4	430.6	580.4	394.7	412.1
2014/15	149	414.3	350.2	486.6	367.9	398.8

Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

What is the story the data is telling us?

In 2014/15, a slight reduction the rate of self-harm admissions has brought Calderdale in line with the England average. However, overlapping confidence intervals suggest the rate is not a statistically significant improvement on previous years. The data continues to suggest we are underperforming against the regional average. Again, overlapping confidence intervals suggest this is not statistically significant. It should be noted that the numbers are relatively small (149 in 2014/15).

The data can be considered as imperfect in that it is dependent on the quality of coding undertaken by the hospital. We know this is generally variable from one clinician to another. Self-harm could range from shutting a finger in a door through to overdose – a large potential scope. It is important to note, however, that it may or may not be linked to poor emotional health and wellbeing. However we can say with some certainty that not every case will be precipitated by mental ill-health.

What are we doing to improve?

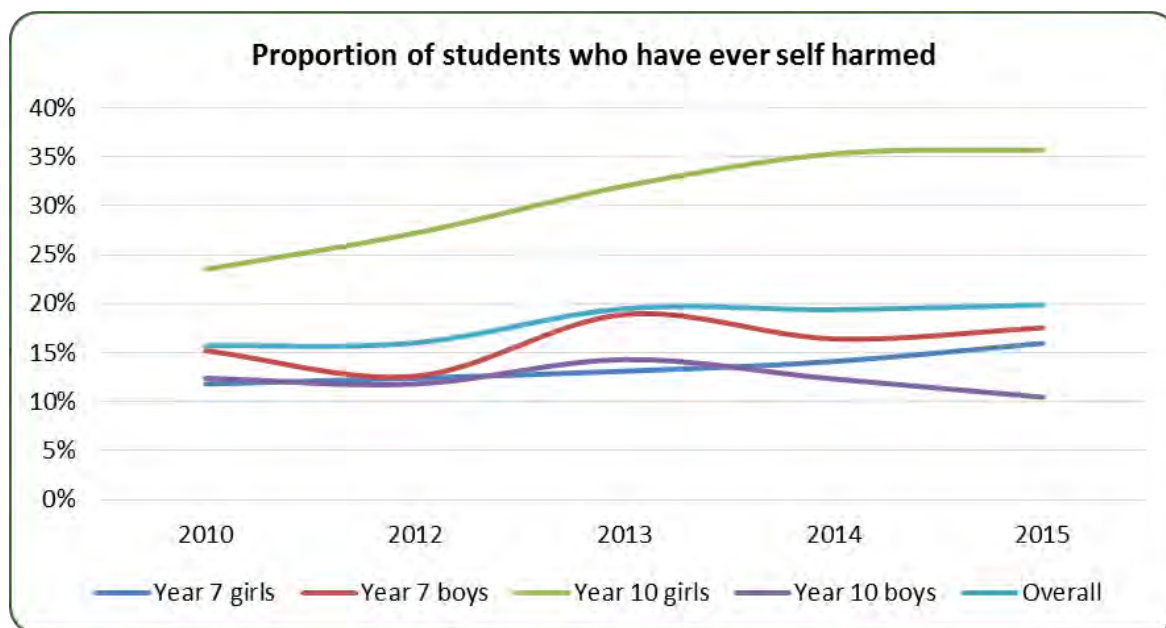
When a young person attends A&E following an incident of self-harm information is recorded within the electronic health record of the child/young person (A&E notification). Depending on the severity of the self-harm the young person may be referred directly to other services by A&E staff and universal services are also notified. In all cases, however, all attendance information in the A&E notification is passed on to the school nurse team who can offer support and refer as appropriate to other services.

We are also working with schools to improve awareness around self-harm and what they can do about it – both through the Local Transformation Plan for Emotional Health and Wellbeing and through the work we do directly with schools through our Public Health in Schools Coordinator. We are also training ten Mental Health First Aider trainers in schools, who will train others across Calderdale to recognise and deal with signs of poor emotional health and wellbeing – which can be a precursor to self-harming amongst other behaviours.

What evidence is there that actions are having an impact?

The graph above shows a reduction since last year, which is positive (although for the reasons above is not statistically significant).

We have also seen the proportion of students who have ever self-harmed flatten off – and actually drop in Year 10 students, which is positive. Once again, this is non-significant, but shows an encouraging trend based on previous years.



What more needs to happen?

We need to get beneath the data, to understand what is being defined as self-harm and what the contributory factors are. By doing so, we can better focus our efforts on preventative practice. We could do this by undertaking a suitably powered audit, which if undertaken correctly will help us scope the problem more effectively. It will also help us identify which part of the system, if any, that young person is already engaged with. We will explore this during this financial year.

Self-harm incidents may not always be picked up from A&E attendance due to the nature of the presenting injury and history given. However self-harm may be identified through other sources e.g. GP, school staff and school nursing service. Better data linkage would help organisations and

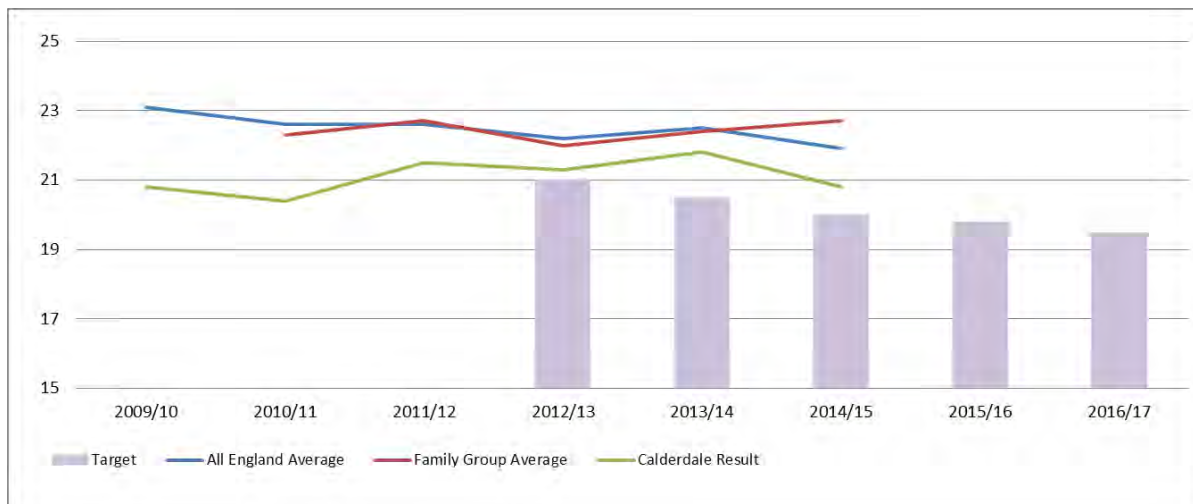
individual key workers across the system identify those children who would benefit from intervention at an early stage to prevent self-harm and avoid future admission.

We have more work to do with schools, and engaging more in the eHNA will help us to work with them to develop Health Improvement Plans, including plans to improve their emotional health and wellbeing offer to schools.

There is also scope for doing more with the Youth Health Champions – peer support workers in schools – on emotional health and wellbeing generally and self-harm specifically.

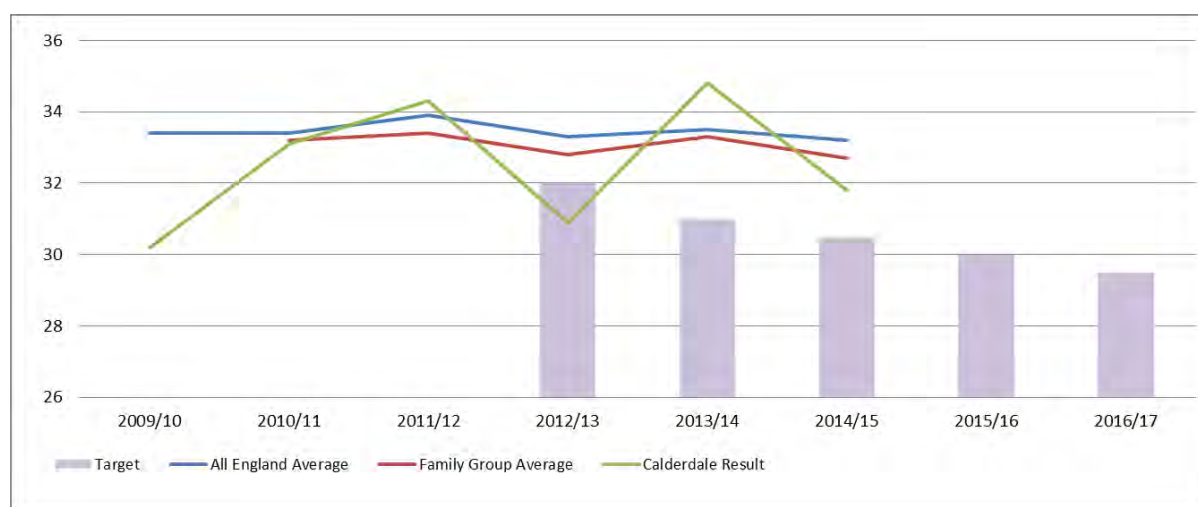
9 Excess weight in 4-5 / 10-11 year olds (overweight and obese)

4-5 YEAR OLDS



Reporting Period	All England Average	Family Group Average	Calderdale Result	Target
2008/09			18.7	
2009/10	22.8		20.8	
2010/11	23.1	22.3	20.4	
2011/12	22.6	22.7	21.5	
2012/13	22.2	22.0	21.3	21.0
2013/14	22.5	22.4	21.8	20.5
2014/15	21.9	22.7	20.8	20.0
2015/16				19.8
2016/17				19.5

10-11 YEAR OLDS



Reporting Period	All England Average	Family Group Average	Calderdale Result	Target
2008/09	32.6		29.2	
2009/10	33.4		30.2	
2010/11	33.4	33.2	33.1	
2011/12	33.9	33.4	34.3	
2012/13	33.3	32.8	30.9	32.0
2013/14	33.5	33.3	34.8	31.0
2014/15	33.2	32.7	31.8	30.5
2015/16				30.0
2016/17				29.5

What is the story the data is telling us?

4-5 Year Olds

In reception, the prevalence of obese children (8.3%) was lower than 2013/14 (9.5%) and 2008/09 (9.6%). Over a fifth (20.8%) of the children measured were either overweight or obese. This was lower than in 2013/14 (21.8%) but higher than in 2008/09 (18.7%). This local trend is in line with the national trend.

10-11 Year Olds

In year 6, the prevalence of obese children (18.4%) was lower than in 2013/14 (18.9%) but higher than in 2008/09 (18.3%). Around a third (31.8%) of the children measured were either overweight or obese. This was lower than 2013/14 (34.8%) but higher than in 2008/09 (29.2%).

For the two cohorts of children we can follow that have been weighed at Reception and again at Year 6 (2007/08 – 2013/14 and 2008/09 – 2014/2015), the gap between Reception and Year 6 of those overweight and obese has narrowed over the two years. For 2007/08 to 2013/14, there has been a 17 percentage point increase [Reception: 17.8 (CI 16.2, 19.5), Year 6: 34.8 (CI 32.9, 36.8)]. For 2008/09 to 2014/15, there has been a 13.1 percentage point increase [Reception: 18.7% (CI 17.1, 20.4), Year 6: 31.8% (CI 30, 33.7)]. Note the overlapping confidence intervals which confirm there is no significant difference between the cohorts for either Reception or Year 6 and the caveat that the exact same children are not being looked at due to pupil migration. However the prevalence at both ages has remained fairly static.

What are we doing to improve?

Sustained preventive effort is needed to help make healthy weight increasingly the norm. Public Health commissions tier 1 and 2 interventions including Food For Life <http://www.foodforlife.org.uk/> and the Better Living Service <http://healthy.livingcalderdale.co.uk/about/> The NCMP is delivered by the Better Living Team and a new whole school community approach to measuring has been introduced this year of measurement (2015/16). In the last 10 months, Public Health has created a 'Public Health in Schools Co-ordinator' post to ensure schools are engaged and actively addressing public health matters including obesity. A local healthy schools award is in development which will include nutrition and physical activity. Public Health is also working with FFL and the Clinical Commissioning Group to deliver an integrated programme in early years settings, care homes and the hospital. Youth Health Champions piloted by FFL in secondary schools will be sustained and the programme rolled out. Consideration will be given to Calderdale becoming part of the Sustainable Food Cities Network. Stakeholders are encouraged to sign up as supporters of Change4life and to

facilitate families to take responsibility and sign up to Change4life. Public Health also commissions Tiers 1 and 2 adult interventions, pregnant, post natal and breastfeeding initiatives. The obesity work plan is based on Public Health England's 5 pillars for action: system leadership, obesogenic environment, community engagement, supporting delivery and monitoring and evidence base.

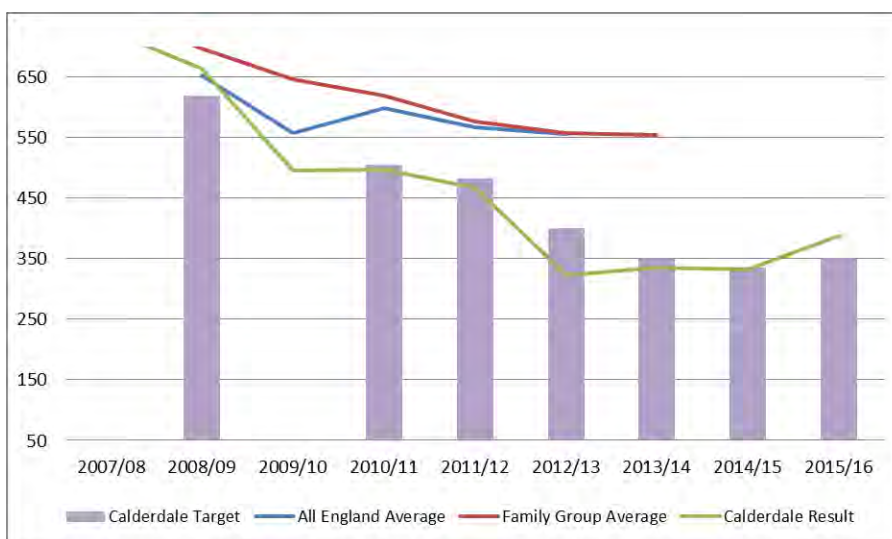
What evidence is there that actions are having an impact?

Performance management of contracts demonstrate evidence of impact in terms of outcomes achieved. Those relating to weight management interventions highlight direct improvement to individual beneficiaries but numbers are small. It is not possible to distinguish which components contribute the most beneficial effects however the activities commissioned collectively support the Cochrane interventions for preventing obesity in children (review) findings.

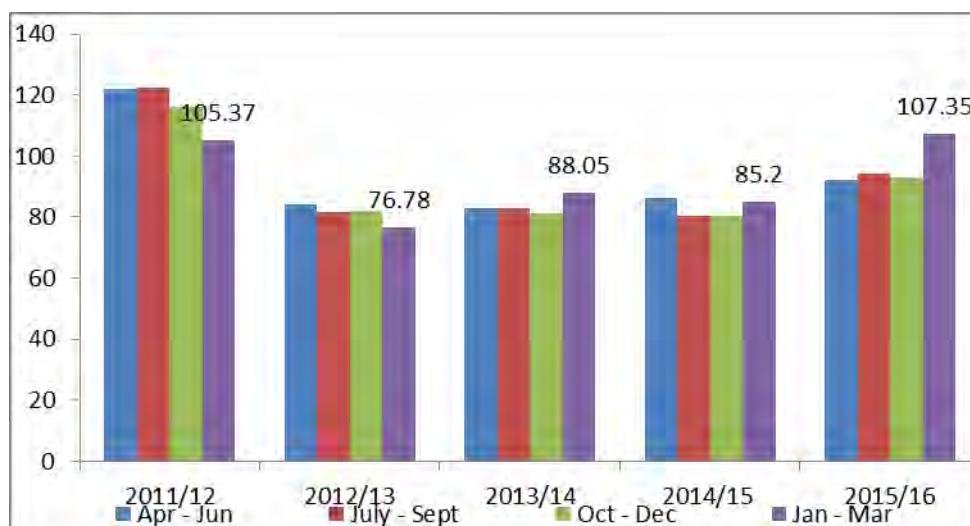
What more needs to happen?

Obesity is one of the three Health and Wellbeing Board priorities. We need to move towards identifying how effective intervention components can be embedded within health, education and care systems and achieve long term sustainable impacts.

10 Residual household waste per household (NI 191)



Reporting Year	All England Average	Family Group Average	Calderdale Result	Calderdale Target
2007/08		755.08	724.92	
2008/09	652.4	696.51	662.91	618.5
2009/10	557.2	644.93	494.37	
2010/11	597.63	618.19	495.89	505
2011/12	566.77	575.67	465.82	481.8
2012/13	555.14	556.69	323	400
2013/14		552.84	335.03	350
2014/15			331.8	335
2015/16			386.77	350



Reporting Year	Apr - Jun	July - Sept	Oct - Dec	Jan - Mar
2011/12	121.85	122.3	116.3	105.37
2012/13	84.2	81.72	81.97	76.78
2013/14	83.06	82.86	81.39	88.05
2014/15	86.19	80.57	80.31	85.2
2015/16	92.03	94.25	93.14	107.35

What is the story the data is telling us?

Increases have been seen throughout the year when compared to recent years. These increases can be explained as the effect of three issues:

- Change in processes of our Waste Treatment Contractor resulting in less recycling being extracted from the residual waste they are sent
- Declining performance of our Waste Collection Contractor in terms of recycling collected at the doorstep
- An additional estimated 2,500 tonnes of residual waste was generated by the floods of Christmas 2015 (adds approximately 27kgs/household to the figures)

What are we doing to improve?

We are currently operating an incentive scheme with prize awarded at random to addresses that have been monitored as recycling. A new Waste collection contract commences in August 2016 which has additional materials added to the doorstep recycling service to encourage more recycling. Service issues are being addressed with the introduction of performance targets to increase the service delivered to the public. An opt-in Garden Waste scheme has also been introduced with over 2,000 subscribers.

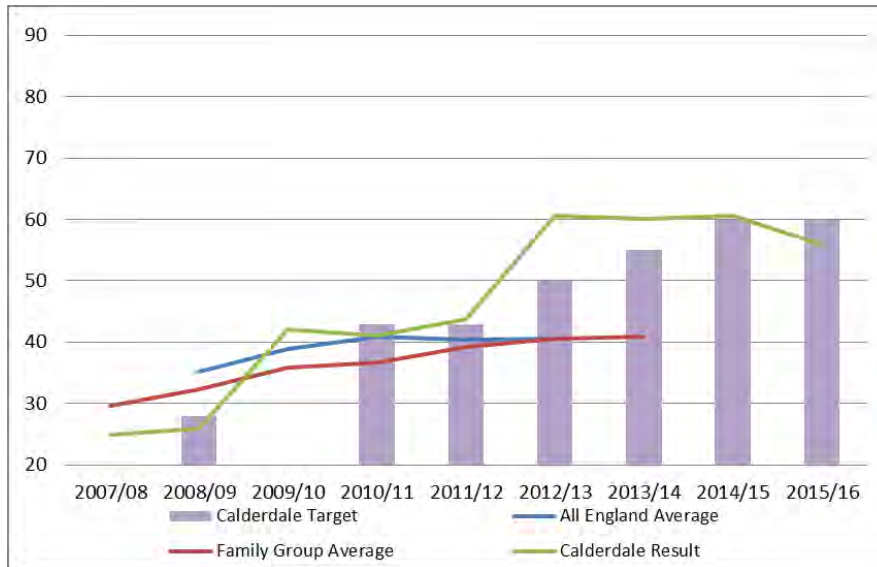
What evidence is there that actions are having an impact?

The effects of the new contract will be seen during Quarter 2 2016/17

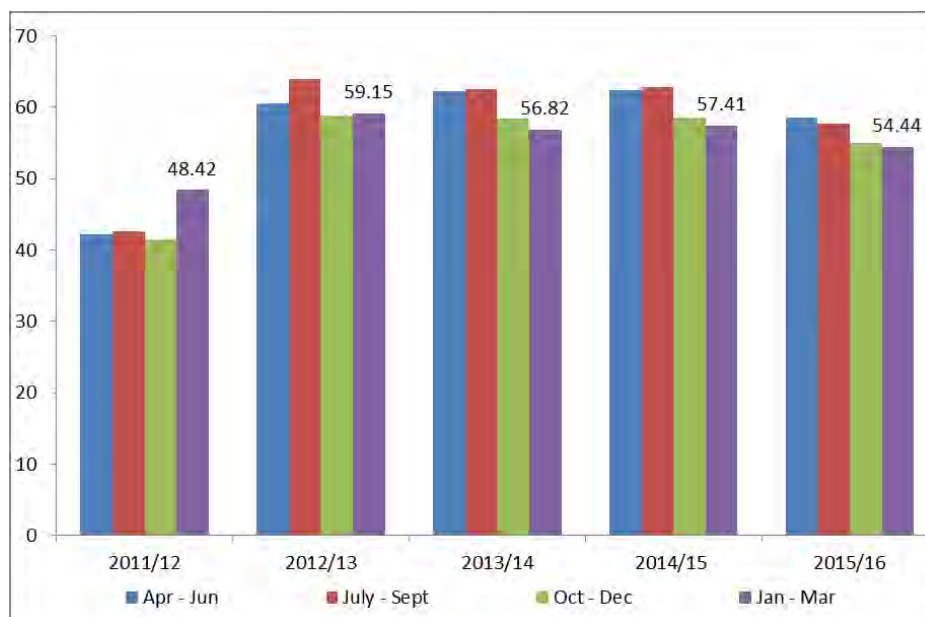
What more needs to happen?

Communications campaigns to maintain the prominence of waste and recycling in the public domain stressing the costs of missed recycling to the borough.

11 Household waste recycled and composted (NI 192)



Reporting Year	All England Average	Family Group Average	Calderdale Result	Calderdale Target
2007/08		29.59	24.9	
2008/09	35.2	32.37	25.84	28
2009/10	38.8	35.8	42.03	
2010/11	40.9	36.72	41.07	43
2011/12	40.45	39.29	43.69	43
2012/13	40.52	40.49	60.6	50
2013/14		40.95	60.05	55
2014/15			60.6	60
2015/16			55.82	60



Reporting Year	Apr - Jun	July - Sept	Oct - Dec	Jan - Mar
2011/12	42.17	42.67	41.5	48.42
2012/13	60.51	63.96	58.78	59.15
2013/14	62.27	62.49	58.4	56.82
2014/15	62.42	62.8	58.59	57.41
2015/16	58.58	57.7	55.02	54.44

What is the story the data is telling us?

Decreases have been seen throughout the year when compared to recent years. These decreases can be explained as the effect of three issues:

- Change in processes of our Waste Treatment Contractor resulting in less recycling being extracted from the residual waste they are sent
- Declining performance of our Waste Collection Contractor in terms of recycling collected at the doorstep
- An additional estimated 2,500 tonnes of residual waste was generated by the floods of Christmas 2015 (reduces the recycling performance by approx. 2%)

What are we doing to improve?

We are currently operating an incentive scheme with prize awarded at random to addresses that have been monitored as recycling. A new Waste collection contract commences in August 2016 which has additional materials added to the doorstep recycling service to encourage more recycling. Service issues are being addressed with the introduction of performance targets to increase the service delivered to the public. An opt-in Garden Waste scheme has also been introduced with over 2,000 subscribers.

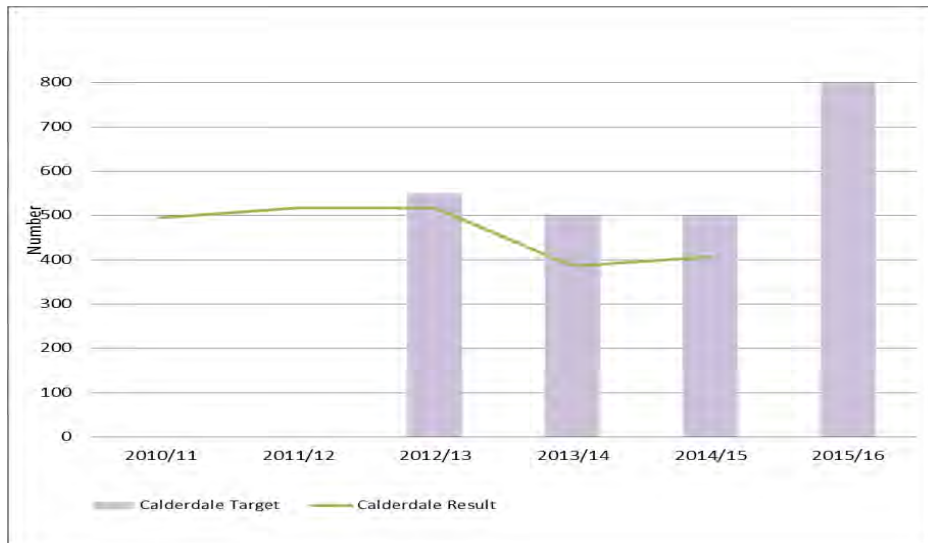
What evidence is there that actions are having an impact?

The effects of the new contract will be seen during Quarter 2 2016/17

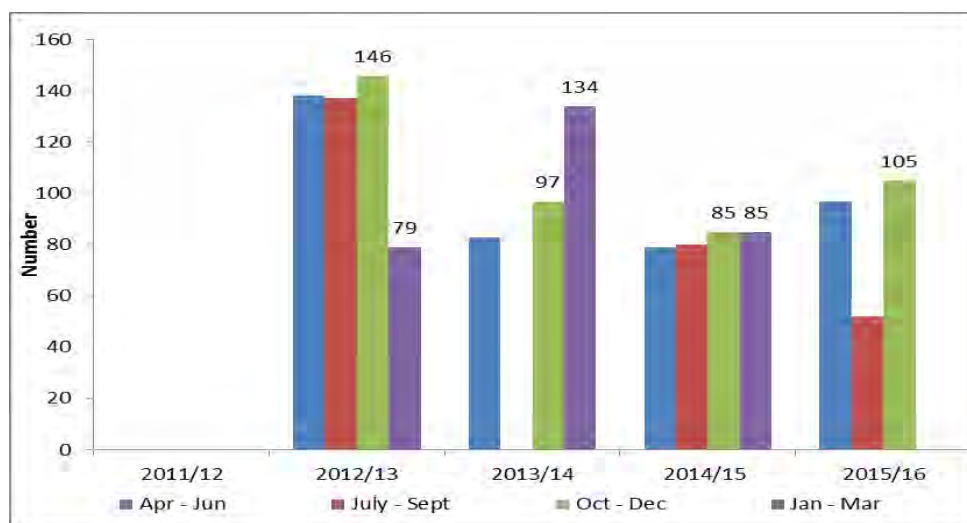
What more needs to happen?

Communications campaigns to maintain the prominence of waste and recycling in the public domain stressing the costs of missed recycling to the borough.

12 Number of new dwellings supplied



Reporting Year	Calderdale Result	Calderdale Target
2010/11	495	
2011/12	517	
2012/13	517	550
2013/14	385	500
2014/15	406	500
2015/16	NA till Mid May	800
2016/17		800



Reporting Year	Apr - Jun	July - Sept	Oct - Dec	Jan - Mar
2011/12				
2012/13	138	137	146	79
2013/14	83	0	97	134
2014/15	79	80	85	85
2015/16	97	52	105	NA till Mid May

What is the story the data telling us?

The housing market was significantly impacted by the recession that commenced in 2008. It is still suffering from uncertainty.

There are planning permissions in-place for over 3,200 new dwellings (2,300 New Build and 866 Conversions – Dec 2015), which is an increase from 3,022 at the same time for 2014. Of these permissions 808 were under construction at the end of 2015. Final delivery however is still slow.

Given the numbers of permissions the Council cannot demonstrate a five-year supply of housing as the latest published requirement is 946 dwellings per year, or 4,730 over a 5 year period.

What are we doing to improve?

There are three strands being followed:

1. The preparation of the Local Plan – identifying deliverable housing sites which developers have agreed will come forward. The Publication draft of the Local Plan is expected to be released for public comment in November 2016. The Local Plan will allocate land to meet the housing requirement, and given the changes that the Housing & Planning Bill is introducing grant “permission on principle” for new housing on allocated sites.
2. Using Council owned land to promote development. The new North Halifax housing delivery partnership is expecting to bring forward over 500 new homes over the next few years. These will help boost housing supply by using land that the Council owns.
3. Brownfield Register: a new requirement from Government will be the establishment of a formal brownfield register that will grant “permission in principle” for housing development on sites within the register after viability/suitability has been determined.

All these stands should boost the availability of viable, deliverable land and sites for new housing

What evidence is there that actions are having an impact?

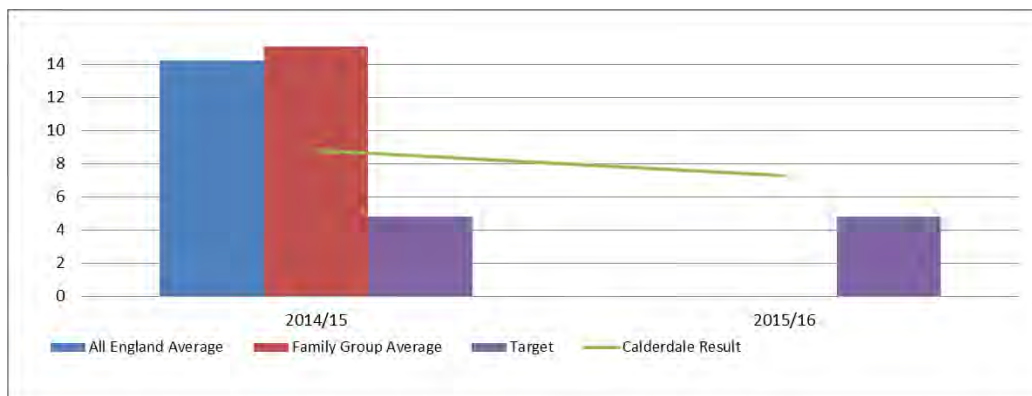
The new north Halifax partnership is moving forward, but it is too early overall to assess whether the market is improving as a result of these actions.

What more needs to happen?

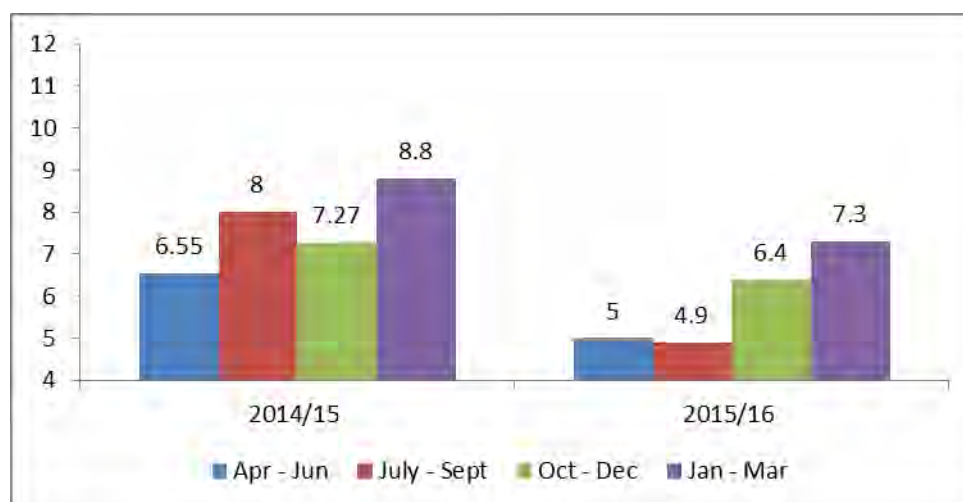
Part of the problem in Calderdale is the lack of finance for small developers who deal with small sites (which generally have been the vast majority of housing completions).

This aspect has been discussed at the LCR level and there may be a case for further support for small developers and sites, as well as ensuring the large developers get appropriate sites that they are wanting to develop.

13 Permanent admissions to residential care homes, per 100,000 of the population (18-64)



Reporting Year	All England Average	Family Group Average	Calderdale Result	Target
2014/15	14.2	16.4	8.8	4.8
2015/16			7.3	4.8



Reporting Year	Apr - Jun	July - Sept	Oct - Dec	Jan - Mar
2014/15	6.55	8	7.27	8.8
2015/16	5	4.9	6.4	7.3

What is the story the data is telling us?

Performance has declined on this measure for the second quarter in a row, rising from 4.9 in Q2 to 7.3 in Q4. The current performance, whilst declining, is better than the Q4 score in 2014/15. Calderdale was a good performer in 14/15 on this measure, ranking 5/16 within the CIPFA comparator group. It is envisaged that when 15/16 data is benchmarked later this year that this ranking will improve.

What are we doing to improve?

We believe the decline in performance to be temporary. The cohort included in this measure is small, 7.3 new placements per 100k population represents a figure of just 9. Across Quarters 3 and 4 there were 5 new placements made that are included within this measure. Of these 5, there are 3 placements which were for people already known to the council and in receipt of long term care whose circumstances have changed for example;

1 person was previously funded by Bradford CCG, the client changed placements which Calderdale MBC had to fund. At the beginning of April an agreement was reached with Calderdale CCG that the CCG would meet the full cost of this placement.

1 person existing placement was previously funded by Calderdale CCG, an improvement in this person's health and behaviour has seen funding of the placement transfer to the council.

1 person was previously living in shared care, in a placement half the week and the remainder in the community with family. The client is now living full time in a residential placement.

All three of the above placements meet the definition to be included in this measure, the change in performance caused by natural fluctuations rather than poor working practice.

Work continues to take place to ensure that people are placed in permanent residential/nursing care only as a last resort, performance compared to our neighbours is good, and we expect performance to improve further. We are working with existing care providers to decommission residential/nursing placements and replace these with community based alternatives.

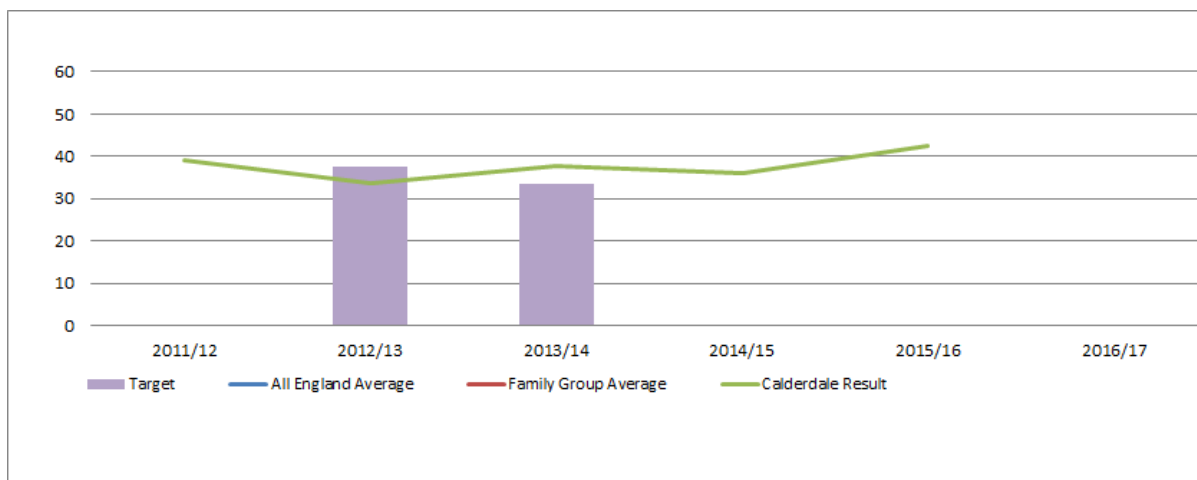
What evidence is there that actions are having an impact?

Performance on this measure is good compared to comparators based on 14/15 data, we expect our position to improve for 15/16 against our comparator group. Performance has improved significantly in the last few years. The current position of 7.9 much improved from 14.5 in 2011/12. Due to the small numbers within the cohort the performance can be impacted greatly by cases which move from CCG funding to the council, as described above.

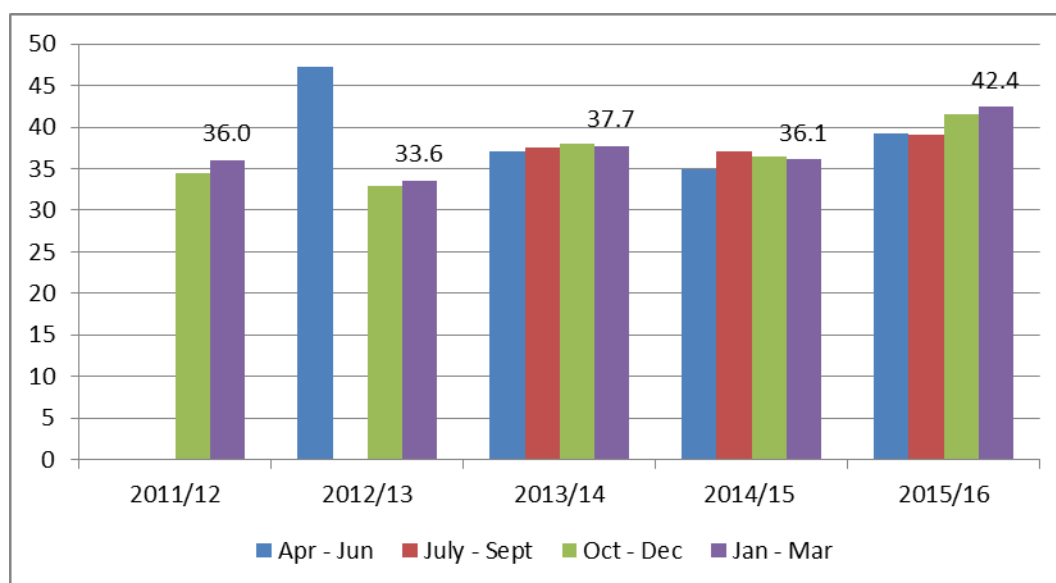
What more needs to happen?

We need to continue our efforts on decommission care home based provision and replace with newly commissioned community settings. We are currently working with one of our larger care providers on this. The process can be slow as appropriate accommodation needs to be sourced. Clients need adapted homes and level access bungalows.

14 Repeat Incidents of domestic violence



Reporting Year	Calderdale Result	Target	Q4
2011/12	39.2		
2012/13	33.6	37.7	
2013/14	37.7	33.6	
2014/15	36.1		
2015/16	42.4		42.4
2016/17			



Reporting Year	Apr - Jun	July - Sept	Oct - Dec	Jan - Mar
2011/12			34.4	36.0
2012/13	47.2		32.9	33.6
2013/14	37.1	37.5	38.0	37.7
2014/15	34.9	37.1	36.5	36.1

2015/16	39.2	39.1	41.6	42.4
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What is the data telling us?

Repeat victimisation has increased since the last quarter. The data shows that for the year to date at the end of March 2016, 42.4% of domestic abuse incidents were a repeat. A repeat incident is where a victim has been subject to a previous incident in the last 12 months. The rate for Calderdale was higher than the four other West Yorkshire districts at the end of March 2016. However this has reduced slightly to 41.2% in April 2016.

There are a number of factors contributing the high rate of repeat victimisation in Calderdale:

- The Domestic Abuse Hub has been established and the Hub is improving co-ordination and engagement for those referrals that are high and medium risk (where there is a crime). The DA Hub does not deal with standard risk incidents, which account for over 50% of domestic abuse incidents in Calderdale in the year to March 2016. A proportion of incidents that result in a repeat will not be referred into the Hub.
- Partners are now looking to focus attention on the standard risk incidents (including verbal disputes) that will not be referred to the Domestic Abuse (DA) Hub. The repeat rate has also been linked to the need for more Independent Domestic Violence Advisor (IDVA) provision in order to ensure every victim in need of support through the court process is offered it, so that perpetrators are more likely to be held to account. There will be increased provision for this under the new DA support service, with contract start date on 1st July.

What are we doing to improve?

An action plan is being developed for standard risk victims to reduce the likelihood of them becoming a repeat victim. This includes the use of restorative justice officers who can train volunteers to carry out joint visits with the Police to recognise support needs early on and increase engagement with victims (where cases do not reach the Hub). The Choices perpetrators programme are proactively working to engage perpetrators of standard risk incidents to reduce the likelihood of further offending. Greater co-ordination of these resources is needed and analysis of the impact on preventing a repeat after an initial report.

A new service specification has been designed based on early engagement with victims, out of hours support and more IDVA support (see above). The new service will be in place from July 2016.

The Police are taking the following steps within their service to reduce domestic abuse repeat victimisation:

- Training of PCs for dealing with standard incidents
- Training for Police in dealing with victimless prosecutions
- Increase number of Domestic Violence Protection Orders (DVPO'S) where there is not enough evidence to charge
- All Inspectors are held to account for DA performance

Both perpetrators programmes are seeing an increase in referrals. The longer term programme for males aged 18+ is now working at capacity with 28 referrals into the service.

The Choices programme for those aged 16+ is not yet at capacity. In order to make best use of the resource, it has been agreed that this project will work with the YOT to deliver some targeted sessions to groups in residential settings.

Strands of partnership work being led by the DA Strategic Board are:

- Development of a healthy relationships package in schools
- Development of multi-agency training programme to be launched in Oct 2016 so that all those coming into contact with victims have the confidence to give the right support
- Communications plan to get consistent key messages out to the public (about the nature of DA and the support available), front line staff and strategic partners.

What evidence is there that actions are having an impact?

The performance monitoring of the new service will include KPIs on repeat victimisation and attrition. The review of the initial 3 months of the DA Hub shows that the number of repeat cases discussed has increased from 5% in Jan 16 to 30% of cases in March. This increase in repeat cases referred into the Hub is expected as the Hub gets established.

The number of referrals to the DA Support Service increased to 159 in Q4 2015/16 compared to 142 in the previous quarter (before the Hub). Feedback from partners generally is that victims are engaged earlier and partner discussions are more robust and thorough. Better co-ordination means that where a victim may have been called by a number of agencies following an incident, it is now one key worker making contact and increasing the likelihood of engagement.

Feedback from the CMBC Early Intervention (EI) team indicates that children are being supported earlier. Where notifications went to EI Team and then onto EI Panel for discussion there was a delay. Often this would not result in discussion due to lack of consent. The daily meeting means that cases go to a named FIT team officer for a triage visit which often takes place the day after an incident.

What more needs to happen?

Some of the the Partnership work referred to above (training, communications) is in it's early stages and an impact will be seen from 2017.

A resource for a video link has been allocated to Calderdale Womencentre via the Police and Crime Commissioner. The Court in Calderdale is due to close in October. The video link needs to be up and running by the time the court closes in order to support those victims who would not otherwise attend court.

The Police are undertaking an assessment of reasons for victim withdrawal in DA cases in order to share with partners and inform action.

Greater co-ordination of partnership resources to support standard risk victims is needed. This includes Restorative Justice, Perpetrators programmes and DA Support workers. Lead responsibility for this will be agreed at the DA Board in June.

Further analytical work is needed to monitor the impact of intervention with victims and perpetrators at all risk levels.