Goal	Objective	Sponsor	Lead official	Key Performance Indicators	New Indicator	2016 Baseline	2017	2018	2019	2020	2021 Target	When data becomes available for reporting purposes	Description	Amends and decisions taken on indicator
1. Opportunity for All	1A. All children in Thurrock making good educational progress	Corporate Director for Corporate Services (Rory Patterson)	Roger Edwardson	EYFS Attainment - % of children achieving a Good Level of Development (GLD) at the end of Early Years Foundation Stage		72.5% (2015)	73% (Achieved 76% - National average 71%)	73.50%	74%	74.50%	75%	TBC	This indicator quantifies the proportion of children who achieve a Good Level of Development by the end of Reception Year / Early Years Foundation Stage. Children are defined as having reached a Good Level of Development if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and in the specific areas of mathematics and literacy. This is also an indicator on the Public Health Outcomes Framework.	Report on progress
				EYFS Attainment - Percentage point gap between pupil premium children achieving GLD and others at end of Early Years Foundation Stage		12.20%	11.76% (Achieved 17PP and national is 18%)	11.32%	10.88%	10.44%	10%	TBC	This indicator quantifies the gap between those eligible for pupil premium and all others in achievement of GLD by the end of Reception Year / Early Years Foundation Stage. Children from poorer backgrounds are more at risk of poorer development, and the evidence shows that differences by social background emerge early in life.	Gap widening so trajectory to be revised - Roger Edwardson to advise
				KS2 Attainment – % Achieving the National Standard in Reading, Writing & Maths		51%	57% (Achieved 61%, national is 61%)	67%	73%	79%	85% National Target	TBC	Primary accountability measures have changed for 2016. Levels no longer exist and have been replaced by a scaled score outcome. The new headline measure for attainment is the percentage of pupils achieving the 'expected standard' in English reading, English writing and mathematics at the end of Key Stage 2.	Report progress
				% of children achieving 5 good GCSEs at A*-C including English and Maths									Progress 8 will replace 5+ A*-C including English and Maths (GCSE) in the 2016 Department for Education performance tables. This is a value added measure that aims to capture the progress a pupil makes from the end of primary school to the end of secondary school. As such, it is not possible to quantify a target for this indicator until it is changed.	Indicator to be deleted and replaced by (i) % of children achieving combined level 4 in English and Maths at GCSE (ii) New progress 8 scores. Targets to be established
				% of children achieving combined level 4 in English and Maths at GCSE	YES		60% achieved (national 63.5%)	TBC	TBC	TBC	TBC	TBC		Targets and Trajectories to be set if HWB approve new indicator
				New progress 8 scores	YES		Current data - 0.03 aligned with national progress of -0.03	TBC	TBC	TBC	TBC	TBC		Targets and Trajectories to be set if HWB approve new indicator

Goal	Objective	Sponsor	Lead official	Key Performance Indicators	New Indicator	2016 Baseline	2017	2018	2019	2020	2021 Target	When data becomes available for reporting purposes	Description	Amends and decisions taken on indicator
	1B. More Thurrock residents in employment, education and training	Corporate Director for Corporate Services (Rory Patterson)	Michele Lucas / Tim Rignall	% of working age population who are economically active		78.30%	78.64%	78.98%	79.32%	79.66%	80% (Draft target)		This indicator quantifies the proportion of working aged people (16-64 years currently) who are economically active – that is to say, they are either employed or unemployed.	Remove as indicator will be duplicating the evidence provided by universal credit rplacement 1B2
				% of the population of working age claiming Employment Support Allowance and incapacity benefits – will be replaced by indicator regarding Universal Credit.		5.0% (August 2015)					Unable to produce target as indicator will change		This indicator quantifies the proportion of working aged people (16-64 years currently) who are claiming Employment Support Allowance and incapacity benefits. The age at which women reach State Pension age is gradually increasing from 60 to 65 between April 2010 and April 2020. Throughout this period, only women below State Pension age are counted as working age benefit claimants. However, the national roll out of Universal Credit means that claimants will be required to move onto that, so this indicator will require revising in the near future.	Indicator to be amended to % of population claiming Universal Credit
				% of the population of working age claiming JSA – will be replaced by indicator regarding Universal Credit.		1.6% (August 2015)					Unable to produce target as indicator will change		This indicator quantifies the proportion of working aged people (16-64 years currently) who are claiming Job Seekers Allowance. The age at which women reach State Pension age is gradually increasing from 60 to 65 between April 2010 and April 2020. Throughout this period, only women below State Pension age are counted as working age benefit claimants. However, the national roll out of Universal Credit means that claimants will be required to move onto that, so this indicator will require revising in the near future.	Remove indicator as will measure the same thing as new indicator proposed to replace 1B2
				% of people claiming universal credit	YES	N/A indicator developed in 2017	Baseline to be confirmed	TBC	TBC	TBC	TBC	TBC		Targets and Trajectories to be set if HWB approve new indicator
				% of 16 – 19 year olds not in Employment, Education or Training (See column T for suggested amendments)		5.2% (2014)	5% (Target exceeded latest data shows 3.8%)	2%	2%	2%	2%	March each year	This indicator quantifies the proportion of those **aged 16-19 years** who are not in employment, education or training (NEET). There is national legislation in place known as Raising the Participation Age which requires all young people to remain in education or training until their 18th birthday, so this is likely to result in a decrease in this figure. The impact this will have on 18-24 year olds who are not in employment or training is unknown.	Amend age of target group within indicator from 16-19 to 16/17 year olds to national changes made by Government on the reporting framework

Goal	Objective	Sponsor	Lead official	Key Performance Indicators	New Indicator	2016 Baseline	2017	2018	2019	2020	2021 Target	When data becomes available for reporting purposes	Description	Amends and decisions taken on indicator
	1C. Fewer Teenage Pregnancies in Thurrock	Corporate Director for Corporate Services (Rory Patterson)	Tim Elwell-Sutton /Sareena Gill	Under 18 conception crude rate per 1,000		25.5 (2014)	24.5 (24.5 target achieved)	23.3	22.2	21.1	20	March each year	This indicator quantifies the rate per 1,000 females aged 15-17 years who have had a conception. Most teenage pregnancies are unplanned and approximately half end in an abortion. Research evidence shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children. This is also an indicator on the Public Health Outcomes Framework.	
				Possible creation of new KPI that measures the number of teenage parents that are supported through a multi-agency approach. This will reflect a new service being developed by NELFT as part of Brighter Futures.	YES	N/A indicator developed in 2017	Baseline to be confirmed	TBC	TBC	TBC	TBC	TBC		Targets and Trajectories to be set if HWB approve new indicator (Ian Wake)
	1D. Fewer children and adults in poverty	Corporate Director for Corporate Services (Rory Patterson)	Dave Petrie / Michele Lucas (Copy in Tim Rignal)	% of children in poverty (all dependent children).		19.6% (2013)	19.28%	18.96%	18.64%	18.32%	18.0% (Draft Target)	TBC	This indicator quantifies the percentage of all dependent children under 20 years of age in "relative poverty" – where the household income is less than 60% of median household income before housing costs. There is a large body of evidence to suggest that poverty in childhood leads to a number of poor health outcomes in both children and adults. Reducing the numbers of children who experience poverty should improve health outcomes and increase healthy life expectancy. This is also an indicator on the Public Health Outcomes Framework.	
				Number of homeless households supported by Thurrock Council.		472 (2015)	TBC	TBC	TBC	TBC	TBC	TBC	This quantifies the number of homeless households supported by Thurrock Council Housing service – i.e. those where a homeless application was processed for them because homelessness could not be prevented. There is a large amount of evidence to show that those who are homeless are at risk of experiencing poorer outcomes than those who live in stable accommodation – these include worse physical and mental health, unhealthier lifestyles and increased hospital use.	
				Increase in number of HMOs available for young people across Thurrock		0	2	TBC	TBC	TBC	TBC	TBC		New indicator proposed re increasing the number of houses of multiple occupation across Thurrock for young people. Increasing HMOs will help to reduce poverty and ensure that young people can be housed . **Subject to HOSC Decisions**
				Number of places given out for the 2 year old offer - Definition to be agreed	Not in existence yet								Definition and data to be agreed	Indicator to be deleted as free places offerred to 2 year olds do not necessary help to identify children and adults in poverty

Goal	Objective	Sponsor	Lead official	Key Performance Indicators	New Indicator	2016 Baseline	2017	2018	2019	2020	2021 Target	When data becomes available for reporting purposes	Description	Amends and decisions taken on indicator
2. Healthy Environments	2A. Create Outdoor Spaces that make is easier to exercise and be active	Corporate Director for Environment and Place (Steve Cox)	Grant Greatrex and Andy Millard	% Physical Active adults 16+ (150 mins per week)			52.00%	52.50%	53.00%	53.50%	54%	Annually	This indicator quantifies the proportion of adults aged 16+ achieving at least 150 minutes a week of physical activity in accordance with the Chief Medical Officer's recommended guidelines. This is also an indicator on the Public Health Outcomes Framework.	
				% of physically active children		TBC	TBC	TBC	TBC	TBC	TBC	TBC		
				% of new developments that conform to the minimum Design Standards as produced by the Council's Planning Team.	Standards not in place yet								The Planning Team have produced draft Design Standards guidance to be referred to by all developers submitting future planning applications. These will contain guidance on criteria for 'best-practice' developments, which include recommendations on developing spaces to encourage exercise and activity. The full suite of standards documents are currently under development.	It is proposed that this indicator is deleted. This is because there is not currently a mechanism in place to record or evaluate the % of new developments that conform to the minimum design standards as produced by the Council's Planning Team indicator. To establish and report against this indicator a way to record and assess it would need to be determined and would be several months in the making. Following this, a 6 or 12-month recording and assessment period would be required to enable accurate statistical reporting.
				Residents very or fairly satisfied with council owned sports and leisure facilities.		39%	NA	45%	NA	50%		Bi Yearly	It is proposed that a future indicator might come from the forthcoming Thurrock Residents Survey that launch in the summer of 2016 and that gives an understanding of residents' views. This still needs to be fine tuned for appropriate and relevant use.	**Targets and Trajectories to be set if HWB approve new indicator**
				Residents who think that the Council make it easy to exercise in parks and open spaces (Bi yearly survey)		69%	NA	71%	NA	73%		Bi Yearly		New indicator proposed by Grant Greatrex.
				Based on needs assesment, the number of Parks and Play sites improvement projects to encourage greater use			3	3	3	3	14	TBC		**Targets and Trajectories to be set if HWB approve new indicator**

Goal	Objective	Sponsor	Lead official	Key Performance Indicators	New Indicator	2016 Baseline	2017	2018	2019	2020	2021 Target	When data becomes available for reporting purposes	Description	Amends and decisions taken on indicator
	2B. Develop homes that keep people well and independent	Corporate Director for Environment and Place (Steve Cox)	Sean Nethercoat, Keith Andrews, Les Billingham and Andy Millard	% of all major housing developments that have an approved Health Impact Assessment.		TBC	TBC	TBC	TBC	TBC	TBC	July	This indicator quantifies the proportion of all major (in this instance, defined as those with more than 25 dwellings) planned housing developments that have an approved Health Impact Assessment completed. A Health Impact Assessment is a means of assessing the health impacts of policies, plans and projects using a range of techniques. These should be conducted in line with the Department of Health guidance (2010). Including this as an indicator will ensure developers are mindful of the positive and negative impacts their schemes can have to population health, meaning more proposals that are received will be able to evidence positive benefits to health	Sean Nethercoat, Helen Horrocks and Robert Cotter will need a further discussion. Sean made the valid point that major schemes will be subject to an EIA that will already have a HIA as part of it, so truly major schemes will already be covered. That then leaves the range between 25 units and EIA-triggering major schemes. We need to discuss whether it is prudent to ask developers to supply a HIA that the Council would then have to assess but ONLY by way of understanding the scheme i.e. a full assessment. In my view it makes sense that we undertake this work (and eliminate having to assess their HIA) and based on our own suggest changes to the proposal to meet and HIA requirements. In short, the indicator will stay there in some form, but we have to determine what that form resolve in advance of Sep 14.
				% of all major planning applications that have been assessed by the Health and Wellbeing Housing and Planning Advisory Group			100%	100%	100%	100%	100%		This indicator quantifies the proportion of major (in this instance, defined as those with more than 25 dwellings) planning applications and pre applications that have been provided to the Thurrock Health and Wellbeing Housing and Planning Advisory Group for review and assessment. The Health and Wellbeing Housing and Planning Advisory Group is a multi-agency group which considers the health and well-being implications of major planning applications, and provides advice and guidance on the health, social care and community impacts of proposed new developments.	We can easily achieve 100% of majors going to this group, but what does that achieve? I would suggest that there needs to be some kind of monitoring of percentage of schemes going to HPAG and percentage of those schemes that have been recommended for alteration to address health issues. Further detail could then be recorded on what these changes were and perhaps even costed to indicate an uplift in quality and/or usability of certain aspects of a scheme. Otherwise we are just acknowledging that schemes are regularly going to a group that is neither minuted nor has any kind of follow up. There are is validity in asking what's the point of this indicator and **potentially removing it**?
				Number of Right Size Schemes developed in Thurrock (Dawn Shepherd)			0	5	5	5	20	September each year. Scheme being launched Sept 17	Right Size Schemes enable older occupiers to downsize into sheltered housing accomodation while leasing their property to the council for use for homeless households	New indicator to reflect action being taken on establishing right size scheme in Thurrock
				Number of people who are supported by the Housing First Scheme (Dawn Shepherd)			0	5	5	5	20	November of each year	The project is funded, as a pilot, jointly between Housing, Adult Social care and health. One year's funding was initially provided but the report will obviously recommend that this continues, and possibly even increases based on the success of the scheme. The Housing first concept is to provide housing first and then start supporting the person – unlike the usual model of expecting a client to engage with support before being housed. So 5 spaces would involve 5 separate flats – unlike most schemes we offer full secure tenancies. Clients will be the most difficult and complex cases – often described as those for whom nothing else has worked – therefore success would probably be measured in terms of how long they are keeping their accommodation, engaging with services etc. We have managed to set up a graph system which shows the level of needs of the individual and how they go up and down but for the long term, decreasing. Happy to share as anonymous info.	New indicator to reflect pilot housing first scheme

Goal	Objective	Sponsor	Lead official	Key Performance Indicators	New Indicator	2016 Baseline	2017	2018	2019	2020	2021 Target	When data becomes available for reporting purposes	Description	Amends and decisions taken on indicator
	2C. Build strong, well connected communities	Corporate Director for Environment and Place (Steve Cox)	Les Billingham / Kristina Jackson	Number of weekly hours of volunteering time.		19069 (Annual) (2014/15) = 366.71 hours per week	40,000 annual = 769 hours per week (Target exceeded currently achieved 131,500 hours (Annual) = 6,838 per week	10% increase	10% increase	10% increase		TBC	This indicator quantifies the total number of hours that volunteers working in Thurrock's voluntary sector workforce give per week. Volunteering can yield benefits both for the person volunteering and the people/organisations they support. These include benefits to mental health and wellbeing, improved relationships and better social opportunities, as well as reduced burdens to carers and other formal services. The source for this indicator is the State of the Sector Survey produced by CVS.	It is recommended that this indicator is amended so that the source is transferred to VSDF reporting. This is because the State of the Sector Survey does not collect data consistently. The indicator should be amended from number of weekly hours to numbres of annual hours of volunteering time provided
				Number of micro-enterprises operating in the area.		0	25 (30 achieved)	Programme scheduled to conclude March 18				TBC	Micro-services or enterprises provide support or care to people in their community. To be a micro -service provider they must have eight or fewer paid or unpaid workers and be totally independent of any larger organisation. This is a new initiative being rolled out in Adult Social Care and as such there is no baseline yet.	Report against trajectory
				Estimated Dementia Diagnosis Rate for people aged 65+		66.40%	66.52%	66.64%	66.76%	66.88%	67%	TBC	This indicator quantifies the proportion of those aged 65+ estimated to have dementia who have been formally diagnosed by their GP. This indicator is included as it provides a guide to the effective recognition and diagnosis of dementia patients in Thurrock. The national target has been set at 67%.	It is proposed that the indicator is removed as they do not measure 'build strong, well connected communities' and are not an effective measure of impact or outcome.
				% of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months.	Proposed amendments following HWB Exec Committee meeting	70.70%	71.96%	73.22%	74.48%	75.74%	77.00% (was national average in 2014/15)	TBC	This indicator quantifies the proportion of those diagnosed with dementia who have a care plan that has been reviewed in the last 12 months. This review should address four key issues: an appropriate physical and mental health review for the patient if applicable, the carer's needs for information commensurate with the stage of the illness and his or her and the patient's health and social care needs if applicable, the impact of caring on the care-giver communication and co-ordination arrangements with secondary care (if applicable). This indicator is measured as part of the Quality Outcomes Framework for Mental Health (DEM002) and is also a measure on the CCG Outcomes Framework.	It is proposed that the indicator is removed as they do not measure 'build strong, well connected communities' and are not an effective measure of impact or outcome.
				Corporate Volunteering. Number of businesses across Thurrock that facilitate volunteering for staff		TBC	TBC	TBC	TBC	TBC	TBC	TBC		New indicator proposed (Kristina Jackson)
	2D. Improve air quality in Thurrock	Corporate Director for Environment and Place (Steve Cox)	Ann Osola / Fred Raphael	Number of AQMAs declared in Thurrock.		18 (2016)	TBC	TBC	TBC	TBC	8	TBC	The Local Air Quality Management regime (Part IV of the Environment Act, 1995) requires all local authorities to review and assess the quality of their local air quality. Should this confirm that an objective will not be met within the required timescale, the local authority must designate Air Quality Management Areas (AQMAs). Thurrock currently (2016/17) has 18 declared AQMAs for exceeding threshold annual average limit values for nitrogen dioxide (NO2).

Evidence associating NO2 with health effects has strengthened substantially in recent years; it is estimated that the effects of NO2 on mortality are equivalent to 23,500 deaths annually in the UK | **Targets and Trajectories to be set if HWB approve new indicator** |

Goal	Objective	Sponsor	Lead official	Key Performance Indicators	New Indicator	2016 Baseline	2017	2018	2019	2020	2021 Target	When data becomes available for reporting purposes	Description	Amends and decisions taken on indicator
3. Better Emotional Health and Wellbeing	3A. Give parents the support they need	Corporate Director of Adults, Housing and Health (Roger Harris)	Sue Green	% of parents achieving successful outcomes from early intervention prevention parenting programmes.		72% (2015/16)	61.6% **(next update due March 2018)**	73.20%	73.80%	74.40%	75%	Annually	This indicator quantifies the proportion of parents who successfully complete 10 or more out of 12 sessions of the 'Strengthening Families' targeted parenting programme and evidence improvements in 3 or more of the 8 outcome areas. In general, there is evidence to indicate that certain parenting programs can reduce problem behaviour in children and improve parental mental health and wellbeing. It should be noted that the indicator definition may be subject to change if the commissioned offer changes between 2016 and 2021	
				Number of families known to Troubled Families Service		370 (2016/17)	567 **(Data of Oct 17 shows 613, exceeding the trajectory target)**	686	844	1002	1160 (by May 2020, Nationally Set Target)	quarterly	This quantifies the number of families that the Troubled Families team have provided support to. The headline criteria, underpinned by the DCLG Financial Framework 2015 for identifying families is as follows: • Parents and children involved in crime or anti-social behaviour / Children who have not been attending school regularly / Children who need help: children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan/ Adults out of work or at risk of financial exclusion or young people at risk of worklessness/ Families affected by domestic violence and abuse / Parents and children with a range of health problems	
				Increasing the proportion of children who achieve a 'Good Level of Development'1 (GLD is at 75% in 2016) and reducing the gap between the most and least deprived groups by supporting child development and school readiness		75%	76% **(Sept 17 data shows trajectory target achieved)**	77%	78%	79%	80%	Annually September	This indicator supports a child's ongoing development and is one of the key outcomes being supported through the development of the 0-19 Wellbeing Programme. It also provides a good indication of work to reduce inequalities across the Borough, this is a key indicator for children's centres. The baseline performance is above the national level of 69% (2016) and the target performance aims to remain at least 2% above national levels	
	3B. Improve children's emotional health and wellbeing	Corporate Director of Adults, Housing and Health (Roger Harris)	Malcolm Taylor / Helen Farmer	% of children and young people reporting that they are able to cope with the emotional difficulties they experience.	Yes		TBC	TBC	TBC	TBC		TBC	This is a new indicator and no baseline data exists for this as yet. However plans are in place to obtain this.	A school survey has been undertaken which captures data about children's mental health. The survey is currently being finalised. Public Health will use the results of the survey to inform the development of baselines, annual trajectory targets and an overall target for 2021 for this KPI.
				% of children and young people reporting that they know how to seek help when experiencing difficulties with emotional health and wellbeing.	Yes		TBC	TBC	TBC	TBC		TBC	% of children reporting being bullied in the last 12 months. This is a new indicator and no baseline data exists for this as yet. However plans are in place to obtain this.	A school survey has been undertaken which captures data about children's mental health. The survey is currently being finalised. Public Health will use the results of the survey to inform the development of baselines, annual trajectory targets and an overall target for 2021 for this KPI.
				% of children reporting being bullied in the last 12 months.	Yes		TBC	TBC	TBC	TBC		TBC	% of children reporting being bullied in the last 12 months. This is a new indicator and no baseline data exists for this as yet. However plans are in place to obtain this.	A school survey has been undertaken which captures data about children's mental health. The survey is currently being finalised. Public Health will use the results of the survey to inform the development of baselines, annual trajectory targets and an overall target for 2021 for this KPI.

Goal	Objective	Sponsor	Lead official	Key Performance Indicators	New Indicator	2016 Baseline	2017	2018	2019	2020	2021 Target	When data becomes available for reporting purposes	Description	Amends and decisions taken on indicator
	3C. Reduce isolation and loneliness	Corporate Director of Adults, Housing and Health (Roger Harris)	Les Billingham	Number of people who are supported by a Local Area Coordinator.		558 (Jan-Dec 15)	576 - achieved 841	595	613	632	650	Jan - Dec of previous year. So 2016 baseline informed by data of Jan - Dec 15	This is the number of people recorded by Thurrock Council as being in receipt of support from a Local Area Coordinator. Local Area Coordinators are based in their communities and their role is to help people, who may be isolated or excluded due to disability, mental health needs, age/frailty, to re-connect with their communities. They focus on helping to reduce isolation and offering earlier support to those who otherwise may end up requiring statutory support.	
				% of people whose self-reported wellbeing happiness score is low		10.7% (2014/15)	10.16% (Latest data 9.3%)	9.62%	9.08%	8.54%	8.00%	TBC	This indicator quantifies the proportion of adults who rated their happiness as of the preceding day to have a score of 4 or below (maximum = 10) in the Annual Population Survey. Perceived poor wellbeing has been linked to depression and suicide risk. This is also an indicator on the Public Health Outcomes Framework	
				The directly standardised average health status (EQ-5D) for individuals reporting that they are carers		0.798 (2014/15)	0.799 (For 2015/16 the figure for Thurrock is 0.78. The England mean average is 0.80)	0.8	0.0802	8.03	0.804 (was the national average in 2014/15)	TBC	This indicator quantifies the directly standardised average health status score for those who report that they are carers from their responses to the annual GP Patient Survey. The health status is derived from the responses to question 34 of the GP Patient Survey, which asks respondents to describe their health status using the five dimensions of the EuroQol 5D (EQ-5D™) survey instrument: Mobility, Self-care, Usual activities, Pain/discomfort, Anxiety/depression. People who are carers may have a lower quality of life than those who are not, and those that care for more hours may have a lower quality of life than those who care for fewer hours. This is also an indicator on the CCG Outcomes Framework	It is proposed that the indicator 'the directly standardised average health status (EQ-5D) for individuals reporting that they are carers' is removed as it does not help to monitor the objective 'reduce social isolation and loneliness'
				Proportion of caers who reported that they had as much social connection as they would like			29.67% (16/17 survey results) - Baseline	TBC	TBC	TBC	TBC	TBC	Indicator reflects national survey outcomes 'The personal social services survey of adult carers (SAC).	Targets and Trajectories to be set if HWB approve new indicator
				Officials are currently considering the development of a new key performance indicator that measures on the amount of people living in sheltered accommodation that are supported through assistive technology. This indicator would measure the number of people who are being supported to remain in their own home.				TBC	TBC	TBC	TBC		Subject to HWB Approval in Principle	Targets and Trajectories to be set if HWB approve new indicator (Tina Mitchell)
	3D. Improve the identification and treatment of depression, particularly in high risk groups **AMENDED TO** improve the identification and treatment of mental ill-health, particularly in high-risk groups. Approved by Board at July 17 Health and Wellbeing Board meeting	Corporate Director of Adults, Housing and Health (Roger Harris)	Ian Wake/ Les Billingham	People entering IAPT as a % of those estimated to have anxiety / depression.		15% (Sept 15)	17% Latest Data 16.6%	19.00%	21.00%	23.00%	25%	January of each year	This indicator captures the number of people entering Improving Access to Psychological Therapy (IAPT) services as a proportion of all those estimated to have anxiety and/or depression. The ambition for increasing IAPT access for those with a common mental health disorder was set out in the Five Year Forward View for Mental Health report in February 2016, setting a national target of 25% by 2020/21.	
				% of people who have completed IAPT treatment who are "moving to recovery".		39.00%	41% Latest data 50.8%	44.00%	46.00%	48.00%	50.0% (Current national target)	Jan each year	This indicator is a measure of IAPT patient outcome, as it shows the proportion of people that were above the clinical threshold for anxiety/depression before treatment but below following treatment.	
				% of patients on community LTCs caseloads without a diagnosis of depression, screened for depression in the last 24 months using a standardised tool.	TBC	TBC	TBC	TBC	TBC	TBC	95%	TBC	The indicator looks to quantify the proportion of patients known to long term conditions services who have been screened for depression using a validated tool (PHQ9) within the last 24 months. This has been included as there is evidence to indicate that those with an existing long term condition are at high risk of depression. This has only recently been added into the service contract as a requirement and as a result, baseline data is difficult to obtain at this stage.	
				% of ASC clients over 65 screened for depression by frontline Thurrock Council SC staff	50%	52%	54%	56%	58%	60%		TBC	This is a new indicator aiming to quantify the proportion of clients known to adult social care services who have been screened for depression. Work is in progress to start this as a pilot programme from 1st July 2016.	

Goal	Objective	Sponsor	Lead official	Key Performance Indicators	New Indicator	2016 Baseline	2017	2018	2019	2020	2021 Target	When data becomes available for reporting purposes	Description	Amends and decisions taken on indicator
				With the development of the Southend, Essex and Thurrock Mental Health Strategy and the Mental Health JSNA, some time is spent reviewing what indicators are used to measure the impact of the strategy in improving the identification and treatment of mental ill-health. This will be reported back to the Board when the Mental Health Strategy and JSNA are reported.		66.40%	66.52%	66.64%	66.76%	66.88%	67%	TBC	This indicator quantifies the proportion of those aged 65+ estimated to have dementia who have been formally diagnosed by their GP. This indicator is included as it provides a guide to the effective recognition and diagnosis of dementia patients in Thurrock. The national target has been set at 67%.	Possible new indicator to capture action and outcomes on wider mental health

Goal	Objective	Sponsor	Lead official	Key Performance Indicators	New Indicator	2016 Baseline	2017	2018	2019	2020	2021 Target	When data becomes available for reporting purposes	Description	Amends and decisions taken on indicator
4. Quality Care Centred Around the Person	4A. Create four integrated healthy living centres	Accountable Officer Thurrock CCG (Mandy Ansell)	Rahul Chaudhari	Identify localities for IMCs	N/A	N/A	4	N/A	N/A	N/A	N/A	TBC		Targets and Trajectories to be set if HWB approve new indicator. New indicator proposed that reflects stage of establising IMC. Can report that target has been achieved of identifying all 4 localities in 2017
				Develop business case for IMCs	N/A	N/A	N/A	4	N/A	N/A	N/A	TBC		New indicator proposed that reflects stage of establising IMC
				Number of IMCs that are operational		0	0		2	2	4	TBC	The future vision for Thurrock is that there will be four "integrated healthy living centres", one in each of the four locality areas. Work to detail the requirements for two of the centres (Tilbury and Purfleet) has already begun, with the other two to follow in the near future. It is the intention that these centres will incorporate a range of different health, social care and wider community services which will enable some of the root causes of ill-health to be addressed alongside treatment of more serious conditions via primary care and some secondary care services.	Yes can report final ambitions
				% of A&E attendances that are coded as no investigation with no significant treatment.		40.93%	Progress on target will partly depend on other system changes happening later (i.e. IMCs). IMCs will be being developed during this period				38.8% (draft target)	TBC	This quantifies the proportion of A&E attendances by Thurrock patients that are given the HRG code of VB11Z – defined as 'no investigation with no significant treatment'. Attendances with this HRG code are generally considered to be those that could have had their needs met elsewhere. Attending A&E for clinical conditions that are could have been treated in a more local clinical setting are both inconvenient for patients and put additional unsustainable pressure and cost on the Thurrock health economy. It is the intention that establishment of the IHLCs will result in a reduction of these patients attending A&E.	

Goal	Objective	Sponsor	Lead official	Key Performance Indicators	New Indicator	2016 Baseline	2017	2018	2019	2020	2021 Target	When data becomes available for reporting purposes	Description	Amends and decisions taken on indicator
	4B. When services are required they are organised around the individual	Accountable Officer Thurrock CCG (Mandy Ansell)	Mark Tebbs	% of the 2% highest risk frail elderly in Thurrock with a care plan and named accountable professional.	New Indicator	Baseline not available yet	TBC	TBC	TBC	TBC	95%	TBC	This quantifies the proportion of people registered with identified GP practices, which have been classified as living with 'moderate' or 'severe' frailty, following screening using the Electronic Frailty Index (eFI), to have a Comprehensive Care Plan (CCP) and a Named Accountable Community Professional identified. We are aiming to identify the most vulnerable frail elderly in Thurrock through a standardised tool (currently the electronic frailty index). This will enable us to ensure that each patient has a CCP, a comprehensive escalation plan to manage worsening conditions and a named accountable community professional. Our aim is that we will be able to reduce non elective attendances by better managing people in the community. This is a new indicator.	
				Establish a data system linking records from primary, secondary, community, mental health and adult social care		System in place	TBC	TBC	TBC	TBC		TBC	Currently, there are a number of different information systems that hold patient-level health and social care data, but there is no easy way to link records, meaning it is difficult and often impossible to see who is accessing multiple services. This means it is difficult to identify residents who are at risk of becoming future users of expensive services, and therefore makes future service planning very complex. Approval has been given for the procurement of a solution that will enable Thurrock to maintain a Population Health solution, enabling population segmentation (i.e. being able to identify sub-populations who share similar characteristics to better target interventions), risk stratification across services, and predictive/scenario modelling to be carried out (enabling forecasting of future service use in line with population projection information to aid future planning).	
				% of Early Offer of Help episodes completed within 6 months.		76.5% 2015/16	95% (2016/17) Can we report against trajectory target?				Target to be confirmed	TBC	This indicator quantifies the proportion of all Early Offer of Help episodes that were completed within 180 days. Services provided under the Early Offer of Help aim to support families and children at the edge of statutory intervention or, where statutory intervention is already in place, to prevent this escalating to care proceedings. Reducing the risk of poorer outcomes by providing support at an earlier stage prevents more costly later intervention from both a health and social care perspective.	
	4C. Put people in control of their own care	Acting Interim Accountable Officer Thurrock CCG (Mandy Ansell)	Catherine Wilson	% of people who have control over their daily life.		74.2% (2014/15)	76.36%	78.52%	80.68%	82.84%	85%	TBC	This indicator shows the proportion of adult social care service users aged 18+ who feel that they have control over their daily life, and is calculated from data collected in the Adult Social Care Survey. Part of the intention of personalised services is to design and deliver services more closely matching the needs and wishes of the individual, putting them in control of their care and support. This measure is one means of determining whether the desired outcome is being achieved. This is also an indicator on the Adult Social Care Outcomes Framework	
				% of people receiving self-directed support.		70.3% (2014/15)	76.24% (Year to date in Sept 17: 74%)	82.18%	88.12%	94.06%	100%	2017 outcomes available on 31 March 18	This indicator shows the proportion of adult social care users aged 18+ who are receiving self-directed support. Self-directed support allows people to choose how their support is provided, and gives them control of their individual budget. This measure supports the drive towards personalisation of care, and is also an indicator on the Adult Social Care Outcomes Framework.	

Goal	Objective	Sponsor	Lead official	Key Performance Indicators	New Indicator	2016 Baseline	2017	2018	2019	2020	2021 Target	When data becomes available for reporting purposes	Description	Amends and decisions taken on indicator
	4D. Provide high quality GP and hospital care to Thurrock	Acting Interim Accountable Officer Thurrock CCG (Mandy Ansell)	Rahul Chaudhari	The number of GPs per 1,000 patients.		0.47 (2015)		1 locality	1 locality	2 localities	0.27 (National Average in 2015) in all 4 localities	TBC	This indicator quantifies the number of full time equivalent GPs including GP Providers, Salaried/Other GPs, Registrars, Retainers and Locums per 1,000 weighted patients. Under-doctoring is a significant factor in provision of high quality care. NHS England is expected to ensure everyone has easier and more convenient access to GP services, including appointments at evenings and weekends where this is more convenient for them, and effective access to urgent care 24 hours a day, seven days a week. This is also an indicator in the CCG Outcomes Framework.	Indicator to be expanded to become The number of GPs per 1,000 patients **to reach national average in all four localities** Indicators contained in years 2018 - 2021 relate to localities
				The number of nurses per 1,000 patients.		0.22		1 locality	1 locality	2 localities	England average was 0.27 in 2015 to be achieved in all 4 localities	TBC	This indicator quantifies the number of full time equivalent nurses including Practice Nurses, Advanced Nurse Practitioners, Nurse Specialists, Trainee and district Nurses per 1,000 weighted patients. Under-nursing is a significant factor in provision of high quality care. NHS England is expected to ensure everyone has easier and more convenient access to GP services, including appointments at evenings and weekends where this is more convenient for them, and effective access to urgent care 24 hours a day, seven days a week. This is also an indicator in the CCG Outcomes Framework	Indicator to be expanded to become The number of nursies per 1,000 patients **to reach national average in all four localities** Indicators contained in years 2018 - 2021 relate to localities
				% of GP practices with a CQC rating of at least "requires improvement".							100%	TBC	The Care Quality Commission (CQC) inspects and regulates health and social care services under 5 domains: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led? Providers can receive one of four ratings for each domain: outstanding, good, requires improvement and inadequate. This measure quantifies the proportion of GP practices that achieved an overall CQC rating of "requires improvement" or above across all domains	Indicator to be removed as supersueded by indicator 4D4
				% of GP practices with a CQC rating of at least "good".		2 practice rated as good from 32 practices	40% (Latest data)	90%	100%	All practices rated as good and 2 practices rated as outstanding	50%	TBC	This measure quantifies the proportion of GP practices that achieved an overall CQC rating of "good" or above across all domains.	Can report that we have exceed 2017 target of 40%. Have now achieved 71% of practices being rated as good in 2017
				% of patients who had a good experience of GP services.	Proposed amendment following HWB Exec Committee meeting of July	80% (2015/16)	81% Latest data 77%	82%	83%	84%	England average was 85% in 2015/16	TBC	This indicator quantifies the weighted proportion of patients who reported that their overall experience of GP services was 'fairly good' or 'very good', when asked as part of the GP Patient Survey. A high proportion would indicate high levels of satisfaction with the care being provided by Thurrock GPs, and can be used as one indicator for quality of care	Report progress
				% of all A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge.	Description indicates there is another agreed trajectory	91.11% (2015/16)	91.88% Can we report progress? If not when will we expect to be in a position to do so?	92.67%	93.44%	94.22%	95%	TBC	The NHS Constitution sets out that a minimum of 95 per cent of patients attending an A&E department in England must be seen, treated and then admitted or discharged in under four hours. This is commonly known as the four-hour standard. The clock starts from the time that the patient arrives in A&E and stops when the patient leaves the department on admission, transfer from the hospital or discharge. Thurrock has an agreed recovery plan and trajectory for sustained recovery from May 2016.	Data not available to report progress
				Overall CQC Rating – BTUH		Good (Maternity Dept rated as outstanding)	Will not be subject to inspection	Will not be subject to inspection	Will not be subject to inspection	Retain good overall rating	Retain good overall rating	TBC	This measure quantifies the overall CQC rating across all domains for Basildon and Thurrock University Hospital.	Waiting for steer from Rahul following advice that after an inspection rating of good BTUH would not be inspected again for four years is there merit in suggesting removing this indicator as I am not sure what added value it provides. **Rahul suggested removal**
				Overall CQC Rating - NELFT		Formal result expected Sept 16	Requires Improvement				Good or be working towards good	TBC	This measure quantifies the overall CQC rating across all domains for North East London Foundation Trust.	Report progress
				Overall CQC Rating - SEPT		Good (Nov 15)	Will not be subject to inspection	Will not be subject to inspection	Will not be subject to inspection	Retain good overall rating	Retain good overall rating	TBC	This measure quantifies the overall CQC rating across all domains for South Essex Partnership Trust.	
				Overall CQC Rating - East of England Ambulance Service		Formal result expected Sept 16	Requires Improvement				Good or be working towards good	TBC	This measure quantifies the overall CQC rating across all domains for the East of England Ambulance Service.	Waiting for steer from Rahul who suggested removing but agreed to consider further - do we have the result of the inspection? Did we achieve the rating?

Goal	Objective	Sponsor	Lead official	Key Performance Indicators	New Indicator	2016 Baseline	2017	2018	2019	2020	2021 Target	When data becomes available for reporting purposes	Description	Amends and decisions taken on indicator
5. Healthier for Longer	5A. Reduce Obesity / Increase the number of people in Thurrock who are a healthy weight	Director of Public Health - Ian Wake	Helen Horrocks	% of children overweight or obese in year 6		36.7% 2014/15 37.8% 2015/16	37% Latest data will be available in December 2017	36.50%	36%	35.50%	35% of statistically similar to national average	December each year	This indicator quantifies the proportion of children aged 10-11 years classified as overweight or obese in the National Child Measurement Programme. There is concern about the rise of childhood obesity and the implications of obesity continuing into adulthood. Evidence has shown that children who are overweight or obese have higher risks of developing long term conditions such as diabetes and hypertension, exacerbation of conditions such as asthma, and poor mental health and wellbeing. This is also an indicator on the Public Health Outcomes Framework.	
				% of physically inactive adults		N/A	31% or 37,890 adults	30% or 37,174 adults	29% or 36,313 adults	28% ir 35,455 adults	27% or 34,548 adults	PHOF Active lives survey - proposed reporting every six months Most recent data Jan 17. Sept data not available	The number of respondents aged 19 and over, with valid responses to questions on physical activity, doing less than 30 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 16 and over. This is also an indicator on the Public Health Outcomes Framework.	Targets and Trajectories to be set if HWB approve new indicator
				% of adults overweight or obese		70.4% (2012/14) 70.3% (2013-2015)	70.30%	70%	69.50%	69%	68%	Latest data in column 1	This indicator quantifies the percentage of adults classified as overweight or obese calculated from self-reported height and weight data in the Active People Survey. Reducing the levels of obesity is a key priority for both national and local organisations, as it is known that excess weight and obesity are a major determinant of premature mortality and avoidable ill-health. This is also an indicator on the Public Health Outcomes Framework.	
	5B. Reduce the proportion of people who smoke	Director of Public Health - Ian Wake	Kevin Malone	Smoking prevalence in those aged 18+.		20.3% Integrated Household Survey 21.3% Annual Population Survey	19.3% Actual Data result: 20.8% (Annual Population Survey)	18.30%	17.30%	16.30%	Below 16%	Every June	This indicator quantifies the percentage of adults aged 18+ who smoke. Smoking is the most important cause of preventable ill-health and premature mortality in the UK, and is a risk factor for a number of other diseases. This is also an indicator on the Public Health Outcomes Framework.	Trajectory for 2017 not achieved as latest data shows 20.8%
				Smoking prevalence in those aged 15-17 years. (Beth Capps)		4.70%	4.50%	4.30%	4.10%	3.90%	3.70%			It is proposed that this key performance indicator is removed. Smoking prevalence among young people cannot be updated because the What About Youth Survey 2014 was a one off survey and the Smoking, Drinking and Drug (SDD) Survey 2014 has not been repeated since 2014. The young people's health survey undertaken in Thurrock across some schools and canvassed young people up to the age of 15. Public Health are currently considering the merits of developing an indicator based on the young people's survey.
				% of mothers smoking at time of delivery.	Proposed amendment following HWB Exec Committee meeting of July	9.9% (2015)	9.45% Data shows trajectory exceeded as 9.0% achieved	9.00%	8.54%	8.09%	Trajectory suggests 7.64% should be achievable	TBC	This indicator quantifies the percentage of women who were smokers at the time of delivery, out of the number of maternities. Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. This is also an indicator on the CCG Outcomes Framework.	Trajectory for 2017 Exceeded as latest data shows 9.0%

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	5C. Significantly improve the idenification and management of long term conditions	Director of Public Health - Ian Wake	Emma Sanford / Mark Tebbs	Mean score on an agreed GP practice-based LTC management scorecard.	New Indicator								This is a new indicator and no baseline data exists for this as yet. However plans are in place to produce this scorecard on a monthly basis from December 2016. It is proposed that two indicators on the scorecard will become future indicators for this objective: 1) % of diabetes patients that have achieved all three of the NICE recommended treatment targets [Adults: HbA1C<=55mmol/mol (7.5%), Cholesterol <5mmol/L and BP <=140/80mmHg. Children: HbA1c <=58mmol/mol (7.5%)] 2) Absolute gradient of the relationship at LSOA level between unplanned hospitalisation for chronic ambulatory care sensitive conditions per 100,000 population and deprivation measured by the IMD 2015 score.	Indicator replaced by 5C2 due to development of progile card not having a final mean score
				Outcome Framework Indicator 1 New recommended indicators: a) The percentage of GP practices that meet the recommended parameters for diagnosis and treatment of Hypertension. b) The percentage of GP practices that meet the recommended parameters for diagnosis and treatment of Stroke. c) The percentage of GP practices that meet the recommended parameters for diagnosis and treatment of Coronary Heart Disease. d) The percentage of GP practices that meet the recommended parameters for diagnosis and treatment of Peripheral Arterial Disease. e) The percentage of GP practices that meet the recommended parameters for diagnosis and treatment of Depression. f) The percentage of GP practices that meet the recommended parameters for diagnosis and treatment of COPD.		A) 25% B)26% C) 26% D)26% E)25% F) 26%	A) 28% B) 27% C) 29% D) 29% E)25% F) 39%	A) 31% B) 29% C) 33% D) 33% E) 25% F) 48%	A) 35% B) 31% C) 36% D) 36% E) 28% F) 56%	A) 40% B) 35% C) 40% D) 40% E) 30% F) 65%		Autumn 2018 to report against 2017 targets	The new LTC profile card contains indicators on progress of case-finding and treating patients with a number of long term conditions. It is hoped that the use of these practice-level profile cards will increase both detection and management of long term conditions. The above indicators are recommended to replace the previously suggested ones which were suggested before the development of the profile card. If accepted, work will be done to calculate the baseline and targets for these. Each indicator includes a combination of diagnosis rates and treatment levels as per the QOF indicator . i.e. increasing the green portion of the bars in the "LTC Management" portion of the profile card. QOF payment thresholds may be used as either the 2021 target or a target for one of the preceding years.	New indicator which will better reflect quality of care and management of long term conditions. The 2017 target will be measured against in autumn 2018
				Unplanned care admission rate for conditions amenable to healthcare		1940.6 (2015)	1931.7	1922.76	1913.84	1904.92	1896 (Draft target)		This quantifies the rate of emergency admissions for conditions that could have been avoided if good quality healthcare had been in place. These are defined using a standard list of ICD-10 codes provided by the ONS. Rates are shown by 100,000 population.	Indicator to be replaced by 5C4

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	5D. Prevent and treat cancer better	Director of Public Health - Ian Wake	Funmi Worrell / Mark Tebbs	% of cancer admissions diagnosed for the first time via emergency presentation.		25%	24% Can we report progress?	23%	22%	21%	20%	TBC	About a quarter of people with cancer are diagnosed via emergency routes. Survival rates for people diagnosed via emergency routes are considerably lower than for people diagnosed via other routes. Identifying the proportion of people who first present as an emergency is likely to prompt investigation into how to increase earlier presentation, leading to improved outcomes.	
				Cancer diagnosis at stage 1 and 2									This quantifies the proportion of all new cancer diagnoses that were diagnosed at stages 1 and 2, as a proportion of all new cases of cancer diagnosed (specific cancer sites, morphologies and behaviour: invasive malignancies of the breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphomas, and invasive melanomas of the skin). Diagnosis at an early stage of the cancer's development leads to dramatically improved survival chances. Specific interventions, such as screening programmes, information/education campaigns and greater GP access to diagnostic services all aim to improve rates of early diagnosis. This is also an indicator on the Public Health Outcomes Framework and the CCG Outcomes Framework.	Indicator to be deleted as by achieving indicator 5D1 will mean that we are also achieving this indicator
				% of patients treated within 62 days of receipt of urgent GP referral for suspected cancer to first treatment		56% (February 2016)	62% **Target not achieved)**	68.00%	73.00%	79.00%	Working toward national standard of 85%	TBC	This measures the proportion of people with an urgent GP referral for suspected cancer that began their first definitive treatment within 62 days. This indicator is one of the national cancer waiting times standards. Achievement of these standards is considered to be an indicator of the quality of cancer diagnosis, treatment and care. The operational standard specifies that 85% of patients should be treated within this time. This is also an indicator on the CCG Outcomes Framework.	Target missed in Trajectory for 2017. Board to be given option to amend Trajectory - at the moment it is ambitious and not necessarily achieveble
				1 year survivorship after breast cancer.		95% (2013)	96% (Value for 2014 = 95.7%)	96.25%	96.50%	96.75%	Working towards 97%	TBC	This indicator quantifies the one year net survival rate for people diagnosed with breast cancer (after adjustment for other causes of death). Survival rates give an indication of successful service provision and can help identify differing practice requiring further investigation	
				Bowel cancer screening coverage		54% (2015)	55.00%	56.00%	57.00%	58.00%	60% (Current national target)	TBC	This indicator quantifies the percentage of people aged 60-69 years who were eligible for bowel screening who had a screening test result recorded in the last 2.5 years. The bowel cancer screening programme plays an important part in supporting early detection of cancer, and increasing screening coverage would mean more cancers are detected at earlier, more treatable stages. This is also included as an indicator on the Public Health Outcomes Framework.	