

# Performance for Adult Social Care Commissioning

## Adults Care, Adults Health and Housing Overview & Scrutiny Committee

21 June 2018

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Author: Corporate Director of Adult Social Services and Health

Wards: All

Parishes Affected: All

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### 1. Purpose and Reasons

- 1.1 This report provides the Adults Care, Adults Health and Housing Overview and Scrutiny Committee with an update of performance and key issues relating to Adult Social Care and public health commissioning and performance.
- 1.2 A key purpose of the Adults Care, Adults Health and Housing Overview and Scrutiny Committee is to hold commissioners and providers of Health and Social Care Services to account.
- 1.3 Any commissioner or provider of Health and Social Care Services in Swindon is required to provide information on the planning and provision of health and social care services within the Borough and consult with the Committee on any planned substantial changes or developments to service provision.

### 2. Recommendations

The Committee is recommended to:

- 2.1 Note the report
- 2.2 Identify any areas of concern or interest that require further investigation.

### 3. Detail

#### Priorities and pledges

- 3.1 This report informs Scrutiny Committee Members on the progress we are making in delivering the priorities and pledges set out in Swindon's vision for 2016-2020 around supporting vulnerable adults to live as independently as possible and enjoy safe and fulfilling lives (priority 4). The three pledges we are committed to in delivering this priority include:
  - 3.1.1 Working with the Clinical Commissioning Group (CCG) and GP surgeries to help people with long term health and social care needs to manage their health effectively with support from community groups and multidisciplinary teams (Pledge 26)

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Further information on the subject of this report can be obtained from Phillipa Lamb, Direct Dial Telephone Number: 07818510484, [plamb@swindon.gov.uk](mailto:plamb@swindon.gov.uk)

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- 3.1.2 Ensuring that more people and their carers are supported to live as independently as possible and reducing the length of time people need to spend in residential care. (Pledge 27)
- 3.1.3 Reducing smoking prevalence to less than England average (Pledge 30)
- 3.2 This report provides an overview of performance at the end of March 2018. Background details on performance and activity are provided in Appendix 1 and 2. We have highlighted those performance areas which we jointly deliver with the Clinical Commissioning Group as part of the Better Care Fund (BCF)

What are the challenges that your organisation is facing?

Top Four Priorities	Progress to date & Next Steps
Learning disability Services	See paragraphs 3.3 to 3.5
Adult Safeguarding	See paragraph 3.6
Quality of Care Homes	See paragraph 3.7
Achieving a Healthy Weight and an Active Lifestyle to Prevent Ill Health	See paragraphs 3.8 to 3.10

### Learning Disability Services

- 3.3 Work is ongoing to reduce spend on Learning Disability services as spend per service user in Swindon remains high compared to other authorities. At year end the service exceeded the savings target set for 2017/18 of £1.1m and achieved a saving of £1.124m. The service has a savings target of £500k for 2018/19 which has already been achieved and work is ongoing to continue to identify and secure further savings during 2018/19. The service re-design programme is making good progress in enabling individuals to progress and become more independent.
- 3.4 Supporting people with a disability into paid employment is a national policy priority as well as a local pledge. At the end of the year there are 36 adults in receipt of support who are in employment equating to 5.76% (against a target of 5%) which is an improvement on last year's performance of 4.6%. An additional 40 adults have an unpaid voluntary job. There are also eight learning disability support clients who are no longer receiving long term support services who are in

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meaningful employment of 16 hours or more per week. We are currently consulting on our strategy for supporting more people with health and care needs, particularly people with a learning disability, to gain and retain paid employment in the open market or another meaningful employment related activity.

3. 5 We continue to strive to undertake timely reviews within learning disability services but performance has been impacted by capacity, a focus on delivering savings, and the timely processing of data which has led to under reporting. This will be a key priority for improvement over the coming year.

### **Adult Safeguarding (BCF scheme)**

- 3.6 As previously reported at this Committee, we have identified improvements in the safeguarding services around adult services having a better understanding of Domestic Abuse; the impact of coercive and controlling behaviour (especially on older people); application of Mental Capacity when there are safeguarding concerns; quality assurance processes; and personalisation in safeguarding. An action plan has been development to drive improvements in these areas over the coming months.

### **Quality of Care Homes**

- 3.7 There is one residential care home that has recently been judged as inadequate by CQC in Swindon and an action plan is in place to support improvement. There is work underway to proactively risk assess all providers to reduce the likelihood of poor judgements going forward. Swindon has one outstanding care home. The Commissioning Team undertakes annual quality assurance visits and supports providers make improvements. The Care Home Forum meets throughout the year. Commissioners also meet with CQC bi-monthly to triangulate information regarding particular providers who may be of concern. The Care Home framework tendering process has been delayed to allow for more robust market engagement and to review baseline quality and outcome expectations for residential and nursing home providers.

### **Achieving a Healthy Weight and an Active Lifestyle to Prevent Ill Health**

- 3.8 Excess weight (overweight and obesity) is a major public health problem which can cause long term illnesses, reduces quality of life and increases costs to health and social care as well as having a negative impact on the local economy. Excess weight affects children and adults; in Swindon two in ten 4-5 year olds, three in ten 10-11 year olds and six in ten adults are overweight or obese. Tackling excess weight is not solely a public health function; it requires a societal, whole systems approach. Swindon Borough Council, working with a range of

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partners, has a Healthy Weight strategy (2017-2022) which promotes a whole system approach.

- 3.9 The most recent statistics for adult excess weight show that in 2015/16 Swindon's prevalence (69%) was higher than that for England (61%). The prevalence of child excess weight in reception year has stayed steady over the last year (2017/18), at 23.2% (data not yet validated). The trend in excess weight in Swindon is slightly downward in Reception year (an average of 0.13% each year), almost double the rate compared to England. In Year 6, there has been a reduction in excess weight of one percentage point to 34%. However the long term trend in excess weight, over the previous 10 years, in Swindon year 6 is a 0.2% increase on average each year, the same as for England.
- 3.10 There are a range of initiatives underway in Swindon to tackle obesity and promote physical activity. These include Football Fans in Training, Health Walks, Park runs, weight management programmes for adults and families and falls prevention. Planning and public health work together to support the development of an active environment, with health impact assessments taking place on major developments. We have recently created signage at our local Outdoor Gym areas across Swindon to help encourage residents to make use of the outdoor spaces. Locally our transport policies support active travel (e.g. cycling and walking) in any new and updated developments. Swindon Borough Council, British Cycling and other stakeholders, including Wiltshire and Swindon Sports Partnership have a Swindon Cycling agreement which provides supported cycling rides, particularly for those new to or returning to cycling. We are also implementing a number of behaviour change programmes including early intervention programmes (e.g. in pregnancy, breastfeeding, early years) to support a healthy lifestyle. We provide a range of physical activity programmes with trained and qualified instructors to support people who can't access mainstream programmes (e.g. through disabilities or medical conditions). The aim is to provide individuals with exciting experiences and support them in gaining confidence to access mainstream provision.

### What have you done well?

Top Nine Achievements	Progress to date & Next Steps
Managing demand and financial pressures	See paragraph 3.11
Delayed transfers of care - DTOC	See paragraphs 3.12 to 3.14
Prevention and Wellbeing	See paragraphs 3.15 to 3.24

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Older People/Physical Disability Transformation Programme	See paragraphs 3.25 to 3.27
Permanent admissions to Residential Care and Nursing Homes	See paragraphs 3.28 to 3.29
Carers	See paragraph 3.30
Smoking	See paragraph 3.31
Voluntary Sector Commissioning	See paragraph 3.32
Complaints	See paragraphs 3.33 to 3.34

### Managing demand and financial pressures

- 3.11 The outturn position for 2017/18 across Adults was £69.570m against the budget of £69.876m providing an under-spend of £612k. Adult Services achieved £2.859m savings which was above the 17/18 savings target of £2.617m. The savings target for 2018/19 is £3.146m, of which £1.230m has already been achieved.

### Delayed transfers of care - DTOC (BCF indicator)

- 3.12 During the year, DTOC performance has vastly improved and is now significantly better than the challenging target we set at the start of the year. The latest published DTOC performance as at end of March 2018 is 0.87 bed days lost due to discharge delays attributable to social care against a target of 6 per day. This is significantly better than the averages for the South West (14.42). Our cumulative end of year performance (April 2017 to March 2018) for delayed discharge attributable to social care is 7.8 days which is below the average for the South West (20.7). There have been no joint attributable delays (i.e. attributable to both NHS and social care) since December 2017. The main areas of reduction in delays attributable to social care have been due to more timely completion of social work assessment, speedier transfers to residential and nursing care, and less delays in waiting for a care package at home. Latest local data as at April 2018 indicates performance remains strong with 1.67 bed days lost due to discharge delays attributable to social care against a target of 6. Total delayed bed days for 2017/18 attributable to NHS, Social Care or Both is 22.34 which is better than the average for the South West (47.3).
- 3.13 Delays attributable to NHS only, as at end of March 2018, is 8.26 bed days. The published cumulative performance (yearend total) for delayed bed days

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attributable to NHS has been steadily improving since January 2018 (which was 15.72) and is 14.53 which is better than the South West average (26.58). The main reasons for these delays are due to waiting for further non acute NHS care (including intermediate care, rehabilitation) and transfers to nursing home placements. Latest local data as at April 2018 indicates performance remains stable with 8.5 bed days lost due to discharge delays attributable to NHS. The main reason for the delays relates to further non acute NHS care including intermediate care and rehabilitation.

- 3.14 In March 2018 a new DToC measure was introduced which calculates the DTOC bed rate per calendar month per 100,000 of the population. This measure will be monitored and reported nationally and locally going forward. The Swindon position at the end of the year is a total of 13.26 bed day delays per 100,000 people attributable to the NHS and Social Care. This is lower than the South West average of 16.0 and higher than the England average which was 12.4. Total social care delays for the end of the year is 4.63 days which is significantly better than the South West total of 7.1 days and is also lower than the England average which stands at 5.3.

### Prevention and Wellbeing

- 3.15 Prevention and wellbeing are key to managing demand and cost pressures across social care and health. Working with external partners and services across the council, we continue to identify opportunities to improve resilience and prevent long term conditions by promoting health and wellbeing amongst Swindon residents.

### Community Navigators (BCF scheme)

- 3.16 The Community Navigators Scheme provides community based coaching to help residents who have long-term health conditions to manage their care. The navigators encourage self-care and help increase the resident's confidence in living with their condition. Navigators work with clients for up to 8 sessions. Between April 2017 and March 2018, 367 people have been recruited to the community Navigator scheme through GP referral. 296 of these referrals came from the 10 surgeries we work most closely with. In addition 247 people were referred but either declined the service or weren't ready for change. Since January, the Social Care Navigator has received 28 referrals and is currently working with 19 clients. Work is focussed on supporting individuals to make positive changes to maintain greater self-care and independence for longer.



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### Swindon Circles (BCF scheme)

- 3.17 Swindon Circles aims to support any age person who is identified as lonely and isolated through a volunteer befriending scheme. Referrals come from GPs, Social Workers and families, focused on those who have less than 5 hours of contact per week or those who are in caring responsibilities. The team receive high numbers of referrals (180 between April 17 and March 18) and the biggest challenge is to recruit and retain enough volunteers to meet this demand. Not all clients are eligible, able or interested in being matched and the important thing for the team is to ensure they get the match right so it is long lasting and suits both the client and the volunteer. The 2 Circles Link Workers have visited and assessed 200 clients this year. During 2017/18 we have recruited and trained 80 new volunteer Befrienders who are working alongside our 40 existing volunteers. This year we have successfully managed to support an additional 58 isolated and lonely people; making a total of 98 clients. The aim is to support people in becoming more mobile and confidence to enable them to access local community activities expanding their networks and improving their quality of life.

### Community Involvement and Volunteering

- 3.18 We have a variety of short-term intervention projects which aim to improve the emotional wellbeing of local people, increase their connections and peer support and ultimately reduce isolation. The team have recently completed a successful project coordinating a number of different local organisations to manage a pop up mental health shop – “Head space” to strengthen our collaborative relationships with the voluntary and community sector and also to launch the year of mental health. The shop provided a space for people to come together and learn more about services in Swindon, reduce the stigma attached to poor mental health and also to encourage the community to be proactive in looking after personal wellbeing. We have initiated a Pen Pal project linking older isolated people to school children through letters of friendship. Sixteen Y6 pupils at Goddard Park Primary School have started writing letters to our Swindon Circles Clients and this will be rolled out to support older people attending day centres or living in sheltered housing schemes. .

### Live Well Swindon Hub

- 3.19 The Live Well Hub is the first point of contact offering advice, information and support through a triage service. The Hub processes on average 30-50 referrals per day. The majority of referrals come from GP's, Physiotherapy Department at GWH, Adult Social Care, Lift and self-referrals. Self-referrals has increased from 2 per day in January to averaging 7 per day in April 2018. Since our launch in 2016, we have received over 5000 referrals and continue to track clients to

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monitor progress and evaluate the impact of support offered. 93% of all contacts have led to people engaging with one or more services. 150 of these contacts are now volunteering. We continue to work with colleagues across the health and social care sector to make referrals as easy as possible and to provide advice and signpost on for those individuals interested in making a behaviour change.

### Making Every Contact Count (MECC)

- 3.20 Swindon continue to rollout out the MECC initiative which supports staff to maximise the opportunity they have with the public and colleagues in promoting health and wellbeing in everyday interactions. Within SBC, six staff have now been trained to deliver MECC training, including 2 Super Trainers who are able to deliver the Train the Trainer programme supporting the sustainable growth of MECC. A total of 147 people have been trained in Swindon to date, including 109 within SBC and a further 38 across partners. Evaluation work is ongoing to look at the impact of the training. MECC is also an integral part of the Accountable Care system development work.

### Dementia

- 3.21 Excellent work continues to promote Swindon as a dementia friendly town. Based on views of people living with dementia, we are promoting a range of activities including weekly walks around the Outlet Centre, gardening and swimming opportunities and vintage films at the Wyvern Theatre. Showings of Summer Holiday and Carry on Camping (both chosen by people with dementia) have attracted audiences of around 50 people each. Work is ongoing with Parish Councils, schools, businesses and church groups. Within SBC Public Health are attending over 30 team meetings to promote dementia friends and sessions at the Council are very well attended. Across Swindon there are now around 5000 dementia friends. The 21-25 May was Dementia Action Week with activities promoting dementia going on and interest from the Swindon Advertiser.

### Mental Health and wellbeing

- 3.22 In March 2018 the Health and Wellbeing Board agreed to sign up to the Prevention Concordat for Better Mental Health. This is now being taken to the CCG Board. In addition the Health and Wellbeing Board agreed to 2018/19 being the Year of Mental Health in Swindon which will include involving other agencies and partners in the prevention concordat. During 2017/18 we ran a series of free ASIST Suicide Prevention courses and trained 130 front line workers from a variety of organisations in Swindon. We are about to launch Connect 5 training which will raise awareness and enable all those who work with the public or manage staff to have more confident and effective conversations



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with people they come into contact with. Work for 2018/19 will focus on children and young people, housing and homelessness, promoting the five ways to wellbeing, workplace mental health and dual diagnosis (Mental Health and Substance Misuse).

### NHS Health Checks

- 3.23 More individuals were invited and more NHS Health Checks were delivered this year than last year. 12,509 individuals were invited in 2017/18 compared to 10,874 in 2016/17, and 5515 checks were delivered compared to 5381 in 2016/17. However, our uptake rate (numbers invited compared to those accepting the offer) went down from 49% in 2016/17 to 44% in 2018/19. This was in part due to gaining permission to invite patients from one particular GP practice during quarter 4 which did not give enough time to deliver the checks by year end

### Health Impact Assessments

- 3.24 Public health continues to work with the planning department to review planning applications which meet a certain criteria to conduct a rapid health impact assessment (HIA). During the year 2017/18 Public Health have submitted 15 responses and commented on 12 planning applications. Many of these public health comments have been used in meetings and conversations with developers to improve the proposed developments. Public health also provide input to strategic policies such as the Local Plan and Supplementary Planning Documents (SPD). Public health have supported the development of a revised Inclusive Design, Access for All SPD and a Specialist Housing SPD and are continuing to work with Planning Policy officers on the new Local Plan.

### **Older People/Physical Disability Transformation Programme**

- 3.25 The Adult Social Care transformation programme and strength based approach to assessment and reviews is positively impacting on Swindon's health and social care system. There are fewer older people being admitted to permanent care, more timely assessments continue to reduced delay in hospital discharge, the reablement service is more effective and efficient, and improved management oversight at the front door has led to more timely and appropriate information and advice for initial contacts, and supporting social workers to have more direct contact time with service users.

### Front Door

- 3.26 We continue to focus on helping people to maintain and prolong their independence through improving our first point of contact /front door. Our aim is

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to divert people into community based solutions where that is the right thing to do, and for those who do need help, we need to make sure they get it quickly. So far this year we have received 13860 contacts, and it is pleasing to see that a higher proportion of these are now being dealt with more effectively at the front door compared to the same period last year. 46% of these contacts (6398) progressed to an assessment of need, compared with 50% last year. From April 2017 to the end of March 2018, 51.1% of people progressed to a service following an assessment compared with 48.3% last year. As the front door becomes more effective in dealing with people with lower level needs through the provision of better information, advice and signposting, we are starting to see the right people (i.e. those with higher levels of need) progressing to assessment and service.

### Re-ablement (BCF Scheme and indicator)

- 3.27 During the year there have been significant improvements in the Reablement Service. From April 2017 to March 2018, 516 episodes of homecare reablement have been completed. The average number of days to re-able an individual has reduced from 30 to 18 days, with 63.2% gaining independence following the service and not requiring ongoing support. We have also improved the number of people receiving reablement at any one time from an average of 34 people to 56 people per month. This has been achieved through changing staff rostering and working more efficiently.

### **Permanent admissions to Residential Care and Nursing Homes (BCF scheme and indicator)**

- 3.28 Admissions to residential and nursing care are being effectively managed and remain below target for older adults (aged 65 and over). From April 2017 to March 2018, 165 older people have been admitted to permanent care: 64 to a nursing home placement and 101 to residential care. Amongst these first time permanent admission to care, 36 people were admitted with mental health needs and 127 people were admitted with personal care/physical support needs (older people) and 2 people with learning disability needs. Permanent Residential and Nursing Admissions 65 years per 100,000 of the population is 489.14 at year end which is below the target of 661.07 (lower is better).
- 3.29 Admissions for younger adults (18-64 years) from April 2017 to March 2018 is above target with four additional people being admitted than forecasted. In total, 18 younger adults have been admitted to permanent care, 12 to residential and 6 to nursing care. Of those, 8 had a learning disability, 4 had mental health needs and 6 had personal care/physical support needs. Permanent Residential and Nursing Admissions 18-64 year olds per 100,000 of the population is 13.36 as at

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March 2018 which is above the target of 10.37 (lower is better). Where possible, we place people in Care Homes and Extra Care Housing that are owned by Swindon Borough Council to reduce budget pressures.

### **Carers (BCF Scheme)**

- 3.30 Carers provide regular and substantial support for service users so it is encouraging that we are on track to meet our year-end target for 70% of carers to have had an assessment or review of their needs. During 2017/18, 72.3% (1161) carers have received an assessment or review, and 70 carers (caring for someone over the age of 18) have received a direct payment from the Carer Support Scheme to give them a break from their caring responsibilities. Since April 2017, 156 carers have received a direct payment.

### **Smoking**

- 3.31 Smoking is the biggest preventable cause of ill health and early death as well as the leading cause of health inequality. In Swindon our smoking prevalence rate for our adult population is 14.9% which is below the England average of 15.5%. Helping service users who smoke to quit is the single most important factor in improving their physical health. Many smokers are now turning to electronic cigarettes (e-cigarettes) as a means of quitting smoking and Public Health and Trading Standards officers have visited several dedicated e-cigarette shops in Swindon to advise them of the Buy with Confidence Scheme. We are hoping to recruit e-cigarette retailers to the scheme so that going forward stop smoking advisors will be able to signpost clients who wish to quit smoking using an e-cigarette to those retailers. Two Illegal Tobacco Community Engagement events were held in March to inform the public of the harms of illegal tobacco, associated organised criminality and raise awareness of the Crimestoppers number. Over a hundred questionnaires were completed with members of the public and advice and support was offered from the Stop Smoking Service.

### **Voluntary Sector Commissioning (BCF scheme)**

- 3.32 Our voluntary sector providers continue to perform well and we have no significant concerns regarding performance. In that last quarter, the contract for Direct Payment Support was awarded to the Enham Trust, the contract for supporting people with a head injury was awarded to Headway Swindon, the contract for Dementia support was awarded to the Alzheimer's Society and the contract for stroke support was awarded to the Stroke Association. The Direct Payments, dementia and stroke support contracts were all re-shaped prior to appointing contractors. We are in the process of re-commissioning Voluntary Sector Infrastructure Support. This year voluntary sector commissioned providers have delivered 46,332 hours of volunteer time, equating to a value of

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£353,437 (based on minimum wage). In addition, our funding has enabled commissioned providers to secure a further £729,073 from external sources. The total added value secured through adult voluntary sector therefore equates to over £1m, which is significant on a £2.5m budget.

### Complaints

- 3.33 Although overall satisfaction with services is reasonable high, we recognise we are always going to receive complaints. We endeavour to resolve complaints at an early stage and use them positively to change processes or practice where appropriate. Our complaints policy is Care Act compliant.
- 3.34 From 1 April 2017 to 31 March 2018, the service received 52 complaints of which 15 were upheld and 13 partially upheld. The complaints mainly relate to communication (delayed response, lack of information) and financial concerns. More detail will be provided in the 2017/18 Adult's Annual Complaints & Compliments Report which will be published in July 2018. We have improved our arrangements to ensure the allocation and recording of assessments and reviews are timelier which should reduce complaints relating to delays in the future.

### 4. Supporting Information

- 4.1 None

### 5. Alternative Options

- 5.1 None

### 6. Implications, Diversity Impact Assessment and Risk Management

#### Financial and Procurement Implications

- 6.1 There are no direct financial implications arising from this report. Any financial pressures resulting from changes in demand for social care services will be identified and included within the Council's Medium Term Resourcing Plan.

#### Legal and Human Rights Implications

- 6.2 None

#### All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 6.3 None

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### Diversity Impact Assessment

6.4 None

### Risk Management

6.5 None

## **7. Consultees**

7.1 Director of Adult Social Care, Deputy Director of Adult Social Care, Cabinet Member for Adults' Health and Social Care, Director of Public Health, Adult Social Care Managers, Public Health Managers.

7.2 The Director of Finance (Section 151 Officer) and the Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

## **8. Background Papers**

8.1 None.

## **9. Appendices**

9.1 Appendix 1 - Performance Data as at 31<sup>st</sup> March 2018

9.2 Appendix 2 – Activity Data as at 31<sup>st</sup> March 2018