

# Adult Social Care Scrutiny Commission

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## ASC Integrated Performance Report

**2017/18 - Quarter 2**

Date: 12<sup>th</sup> December 2017

Lead Director: Steven Forbes

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### Useful information

- Ward(s) affected: All
- Report author: Adam Archer
- Author contact details: 454 4133
- Report version: 1

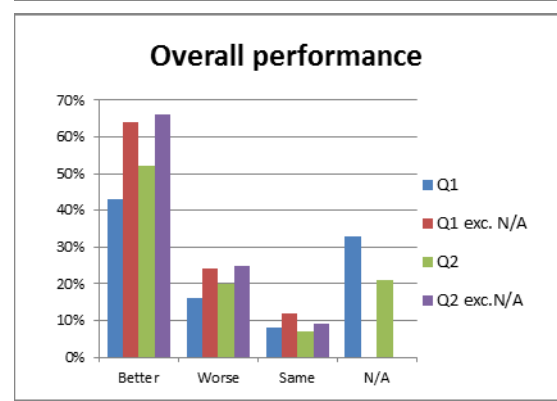
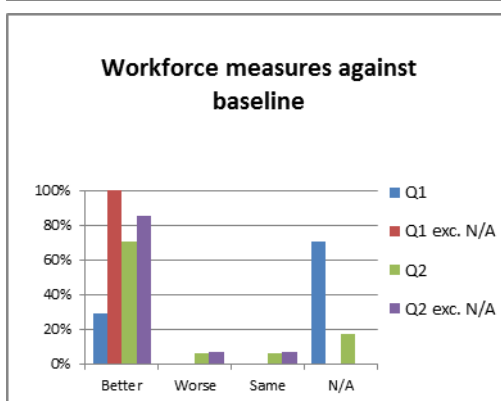
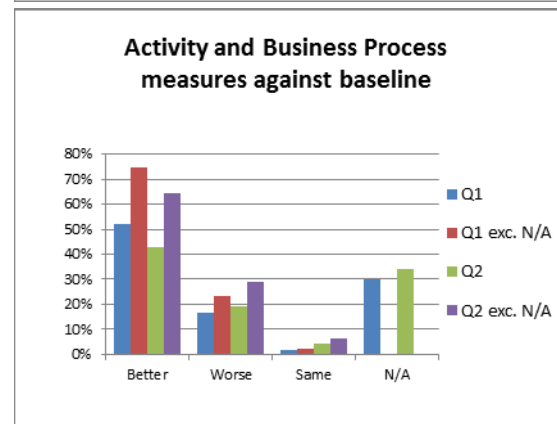
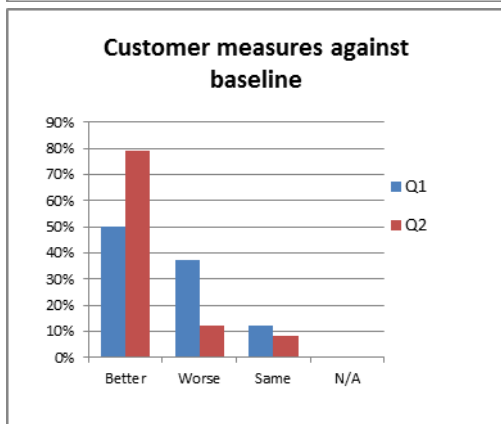
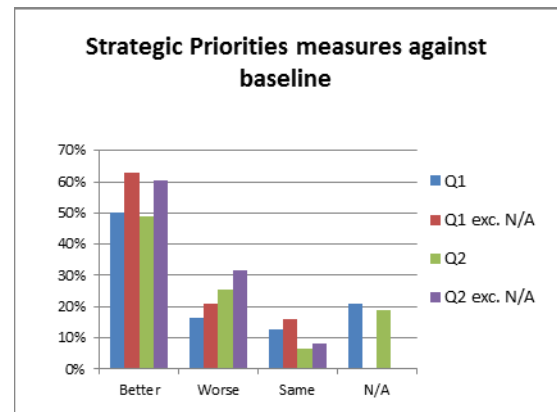
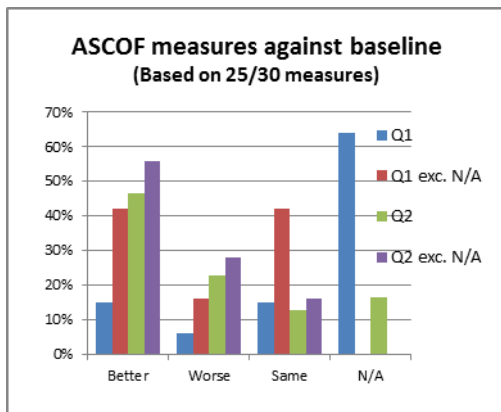
# 1. Summary

1.1 This report brings together information on various dimensions of adult social care (ASC) performance in the second quarter (first six months) of 2017/18.

1.2 The intention of this approach to reporting is to enable our performance to be seen ‘in the round’, providing a holistic view of our business. The report contains information on:

- our inputs (e.g. Finance and Workforce)
- the efficiency and effectiveness of our business processes
- the volume and quality of our outputs
- the outcomes we deliver for our service users and the wider community of Leicester

1.3 A summary of data based performance for the first and second quarters of 2017/18 is presented below:



## 2. Recommendations

- 2.1 The Scrutiny Commission is requested to note the areas of positive achievement and areas for improvement as highlighted in this report.

## 3. Report

### 3.1 Delivering ASC Strategic Priorities for 2017/18

- 3.1.1 Our six strategic Priorities for 2017/18 have been agreed and were reported to Scrutiny on 29<sup>th</sup> June 2017. These are mainly the priorities carried forward from 2016/17. A new priority has been introduced to make our commitment to keeping people safe explicit. We have also set out what we need to do to deliver on these priorities in our Annual Operating Plan and made some revisions to the KPIs designed to measure whether we have been effective in doing so. The following analysis includes ASCOF measures derived from the user survey based on the final data published in October 2017. A condensed overview of progress is shown at **Appendix 1**.

Our priorities for the year are:

- SP1. We will work with partners to protect adults who need care and support from harm and abuse.
- SP2. We will embed a strength-based, preventative model of support, to promote wellbeing, self-care and independence.
- SP3. We will improve the opportunities for those of working age to live independently in a home of their own and continue to reduce our reliance on the use of residential care.
- SP4. We will improve our offer to older people, supporting more of them to remain at home and to continue to reduce our reliance on the use of residential care.
- SP5. We will continue the work with children's social care, education (SEN) and health partners to improve our support for young people and their families in transition into adulthood.
- SP6. We will improve the customer experience by increasing our understanding of the impact and benefit of what we do. We will use this knowledge to innovate and improve the way we work and commission services.

#### 3.1.2 Summary:

Overall performance against those KPIs aligned to the department's strategic priorities suggest that significant progress on our priorities continues to be made, and that having a small number of clear and visible priorities (as advocated through our peer challenges) has been effective. Overall, 23 of our measures have shown improvement from our 2016/17 baseline, with 12 showing deterioration. This is a slightly poorer position to that reported at the end of Q1, but similar to the 2016/17 out-turn. Performance is consistently strong across all priorities except priority three (and priority five where we have no data. The inclusion of aggregated data from other sets of KPIs to reflect performance against priority six also provides evidence of strong overall performance across ASC so far this year.

#### 3.1.3 Achievements:

Performance against the new measures to reflect the new safeguarding priority is broadly positive. User satisfaction levels derived from the national ASC user survey, our local survey (at assessment)

and questions asked in the supported self-assessment (at re-assessment) are encouraging. Critically here, 72% of service users said that their quality of life had improved very much or completely as a consequence of our support and services. 5 of the 7 ASCOF measures derived from the national ASC user survey showed improvement from the 2015/16 baseline, with overall satisfaction with ASC improving by almost ten percentage points since 2014/15. Generally, there has been encouraging progress made in taking forward our preventative and enablement model of support, particularly with regard to the outcomes of short-term support to maximise independence.

#### 3.1.4 Concerns:

Performance in priority three (promoting independence in the working age population) has dipped this quarter, with no measures showing an improvement from our baseline position. Measures are still to be developed in support of our priority to improve young peoples' transition to adulthood (priority five), however this has been progressed and it is planned to commence reporting in Q3.

### 3.2 Keeping People Safe

3.2.1 The Care Act 2014 put adult safeguarding on a statutory footing for the first time. The Act set out our statutory duties and responsibilities including the requirement to undertake Enquiries under section 42 of the Act in order to safeguard people.

3.2.2 During Q2 2017/18, 87 individuals were involved in a safeguarding enquiry started in that period. Of these 42 were aged 18 to 64, with 45 aged 65 years or over. 60 of those involved were female and 27 were male. 62 were 'White', 9 'Asian' and 6 were 'Black.'

3.2.3 61 individuals who were involved in an enquiry have a recorded Primary Support Reason. 43% of these individuals (26 people out of 61) have 'physical support' as their Primary Support Reason, with 'mental health' and 'learning disabilities' the next most common reasons.

3.2.4 Using figures for all completed enquiries in Quarter 2, the most commonly recorded category of abuse for concluded enquiries was "neglect" (48), then "psychological/emotional abuse" (31) followed physical abuse" (30). The most common location of risk was in care homes, with a total of 35, of these, 23 were residential homes and 12 nursing homes. The next most common abuse location recorded was the person's own home, 26 instances.

#### 3.2.5 Quarter 2 performance:

Measure	Quarter2 2017/18
Number of alerts progressing to a Safeguarding enquiry (threshold met)	Alerts received in the quarter = <b>604</b> Threshold met in <b>103</b> cases
Percentage of cases where action to make safe took place within 24 hours following the decision that the threshold has been met	<b>85.2%</b> of enquiries begun within 24 hours of threshold decision being made
Completion of safeguarding enquiries – within 28 days target	<b>60%</b> of safeguarding enquiries were completed within 28 days.
Percentage of people who had their safeguarding outcomes partially or fully met.	<b>94.6%</b> of individual who were asked for and gave desired safeguarding outcomes had these outcomes fully or partially met (fully met <b>52.1%</b> and partially met <b>42.5%</b> )

### **3.3 Managing our Resources: Budget**

- 3.3.1 The department is forecasting to spend £3.6m less than the budget of £105.5m.
- 3.3.2 This underspend is one-off in nature as a result of making planned savings ahead of schedule. Care management and related staffing costs are targeted to reduce by £2.3m from 2019/20 and we have already identified £1.1m from voluntary redundancies and deletion of vacant posts against a target this year of £0.85m. Savings from the Enablement service of £0.7m have been identified from vacant posts a year ahead of schedule. The Kingfisher Intermediate Care Centre closed this year and a contract let for 12 beds with two independent sector providers giving savings a year ahead of schedule. There have also been a number of other staffing savings including in Contracts and Commissioning from posts which were not filled immediately following organisational reviews.
- 3.3.3 Following on from last year there has been no significant growth in net new service users. We are projecting that annual growth may be 1%, slightly less than the 1.2% seen in 2016/17.
- 3.3.4 The major issue for the service remains the increasing levels of need of our existing service users. This is forecast to add £5.3m to our gross package costs or 5.7% of the service user annual costs at the beginning of the year. The rate of increase has itself been increasing (in 2016/17 it was 3.4% and 2.5% in 2015/16). The increase in package costs is predominantly in the 75 year plus age group and also with older service users with a learning disability. We have conducted a number of case audits of package changes and are satisfied that any increases are justified and appropriate, as we would expect.
- 3.3.5 We have carried out projections of the likely increases in need over the next two years and are satisfied that they remain sustainable within the funding available, including the new improved Better Care Fund.
- 3.3.6 The additional cost of the increasing needs has been mitigated to a significant extent this year as a result of the impact of savings from planned reviews of care packages together with additional service user fees and income from the CCG for joint funded packages. The savings from targeted reviews carried out last year have been sustained into this year which gives us confidence that the changes were appropriate for the individual service users.

### **3.4 Managing Our Resources: Our Workforce**

- 3.4.1 The reporting functionality of the new HR system was not working at the end of Q1. This has largely been resolved, with only data for establishment and vacancy rates not available. Where available, Q1 data has been retrospectively included in this report. Overall performance at the end of Q2 is very strong, with 12 of the 14 measures where we have data showing improvement. A condensed overview of progress is shown at **Appendix 2**.
- 3.4.2 Achievements:  
For the first time since reporting on our workforce commenced, we are able to report an improvement in sickness levels, both short and long term across both divisions. Spend on agency and sessional staff and overtime is lower than the corresponding period in 2016/17 as indeed is the overall staff costs for the department.

### 3.4.3 Concerns:

There are no significant areas of concern from the data available.

## 3.5 National Comparators - ASCOF

3.5.1 The national performance framework for ASC focusses on user and carer outcomes (sometimes using proxy measures). Submission of data for the ASCOF is mandatory and allows for both benchmarking and local trend analysis. ASCOF compliments the national NHS and Public Health outcome frameworks. See **appendix 3** for a snapshot of our ASCOF performance.

### 3.5.2 Summary:

As reported in Q1, there continue to be data issues which impact on our ability to make a judgement on overall performance for the year to date. There is no carers survey this year and results of the 2017/18 users survey won't be available until May 2018. We have received no further guidance on the issues affecting data for: Delayed Transfers of Care (2Ci and ii); the proportion of older people provided with reablement following discharge from hospital (2Bii); and the measures based on the new Mental Health dataset (1F and 1H). ASCOF data for 2016/17 was published on 25th October and some minor changes from the provisional data are reflected in the data table (appendix 3). Our Q2 performance summary incorporates this final data for measures derived from the 2016/17 surveys to confirm the direction of travel from 2015/16.

### 3.5.3 Achievements:

The published ASCOF data for 2016/17 allows us to benchmark our performance against all other local authorities in England with social care responsibilities. The results show that we have improved our national ranking for 15 measures, with 3 unchanged and 8 declining. No data for the two mental health measures referred to above was published.

From the limited data available for 2017/18 there are some areas of strong performance. Performance against measures relating to self-directed support (1Cia, 1Cib, 1Ciia and 1Ciib) remains strong. The outcomes of short-term services (reablement and enablement) (2D) are marginally lower than in Q1, but are still 20% better than the same period in 2016/17 and forecast to meet our target. Final results for the ASCOF measures derived from the annual ASC user survey are broadly positive, with five out of seven measures showing improvement from the 2015/16 results. In particular, the overall satisfaction of people who use services with their care and support has increased by 14% since 2014/15.

### 3.5.4 Concerns:

Notwithstanding the data issues referred to in the summary, there are signs that performance against a number of key measures is worsening and appear unlikely to meet the targets we have set. Permanent admissions to residential care for 18-64 year olds (2Ai) and those over 65 (2Aii) are both markedly higher than in Q2 last year when compared on like for basis (although a revised method of calculating admissions means we are on track to meet our 2017/18 targets). The proportion of older people at home 91 days after hospital discharge (2Bi) has improved marginally since Q1, but remains well below the 2016/17 baseline. Both measures for delayed transfers of care (2Ci and 2Cii) are showing deterioration based on published data up to August.

Performance against both learning disability measures (1E and 1G) has dipped slightly from the Q1 position, a further decline from our baseline. The percentage of mental health service users living independently (1H) had improved from the baseline in Q1, but has now slipped back to below the baseline and remains well off-target.

### **3.6 Activity and Business Processes**

3.6.1 We have identified almost 60 indicators to help us understand the level of activity undertaken in the department and the effectiveness and efficiency of the business processes we use to manage that activity. The KPIs will also support the overall approach to managing workflow and workloads within services and teams. See **appendix 4** for a summary of activity and business process performance, with commentary provided by Heads of Service.

#### **3.6.2 Summary:**

Overall performance is very encouraging, if not quite as strong as Q1, with more than 64% of measures where a judgement can be made showing improvement, more than twice as many as showing deterioration. Where appropriate, targets have now been set activity and business process measures. These have been proposed by the relevant Heads of Service and signed-off by Leadership and relate to a 2017/18 year-end position.

#### **3.6.3 Achievements:**

We can be increasingly confident that we are getting better at managing demand. The total number of contacts at the 'front door' has decreased (potentially reflecting increased use of the ASC portal), fewer new contacts are progressing to a new case and fewer assessments are being undertaken with a reduction in those with eligible needs. Fewer people are in receipt of long-term support with more people being 'deflected' or provided with low level or short-term support. We have also made progress in addressing areas of previous poor performance such as the completion of re-assessments (73% reduction in the number of reviews not completed for over 24 months since the end of 2015/16).

#### **3.6.4 Concerns:**

The number of service users in residential and nursing care has remained stable over recent years with no evidence to suggest efforts to reduce admissions or move service users into alternative provision are proving effective. Although the number of re-assessments outstanding for more than two years has reduced by over 78% since the end of March 2016, the number outstanding for between one and two years has reduced at a much slower rate.

### **3.7 Customer Service**

3.7.1 We have identified 25 indicators to help us understand our customers' experience of dealing with us and the extent to which they are satisfied with our support and services. The following analysis includes ASCOF measures derived from the user survey based on the final data published in October 2017. See **appendix 5** for a snapshot of customer performance.

#### **3.7.2 Summary:**

Performance on 19 of our customer measures is showing improvement from our 2016/17 baseline, with two showing no significant change and 3 showing a decline. As reported last year, the method for calculating our local survey measures was to include all positive statements. This meant most measures were in the high 90%'s and showing little change over the year. From this quarter onwards we will calculate our scores by using only the most positive statements. By doing this we are seeing a greater divergence of scores between measures and we are being to see more change during the year.

### 3.7.3 Achievements:

The final published results from the 2016/17 national ASC user survey are broadly positive. The overall quality of life score climbed from 18.1 to 18.5, our highest score since the introduction of the survey. The proportion of people who use services who have control over their daily life increased from 70.5% to 76.2%, again our highest ever score. Overall satisfaction of people who use services with their care and support rose from 61.7% to 65.4% and the proportion of people who use services who find it easy to find information about services climbed from 61.7% to 67.4%.

The new assessment form, introduced in November 2016, includes two questions to be asked during all reviews / re-assessments. These enable us to measure whether services have met the needs identified in the initial assessment and whether the service user's quality of life has improved as a result of their care package. Results in Q2 continue to be extremely positive with 74.4% (up from 73.4% in Q1) of service users saying that their needs were very much or completely met and 72% (up from 67.3% in Q1) said that their quality of life had improved very much or completely as a consequence.

There was a marked decrease in the number of complaints received during Q2 compared to Q1. Our current position is now on a par with 2016/17.

### 3.7.4 Concerns:

The only minor concern about our performance relating to the customer experience and their satisfaction is that the number of staff commendations have dropped significantly in the second quarter, although the numbers for the year to date are similar to the mid-point of 2016/17.

## 4. **Financial, legal and other implications**

### 4.1 Financial implications

The financial implications of this report are covered specifically in section 3.3 of the report.

Martin Judson, Head of Finance, Ext 37 4101

### 4.2 Legal implications

There are no direct legal implications arising from the contents of this report at this stage.

Pretty Patel, Head of Law, Social Care & Safeguarding, Tel 0116 454 1457.

### 4.3 Climate Change and Carbon Reduction implications

There are no direct climate change implications associated with this report.

Mark Jeffcote, Environment Team (Ext. 372251)

### 4.4 Equalities Implications

From an equalities perspective, the six strategic priorities including the new priority on our commitment to keeping people safe are in keeping with our Public Sector Equality Duty, the second aim of which is to promote equality of opportunity, and the information related to the outcomes delivered for service users



and the wider community. The outcomes demonstrate that ASC does enhance individual quality of life that addresses health and socio-economic inequalities, experienced by many adults across the city. In terms of the PSED's first aim, elimination of discrimination, it would be useful for outcomes to be considered by protected characteristics as well, given the diversity of the city and how this translates into equalities (as set out in the adults JSNA)

Sukhi Biring, Equalities Officer (Ext. 374175)

4.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

None

5. **Background information and other papers: None**

6. **Summary of appendices:**

Appendix 1: Strategic Priorities

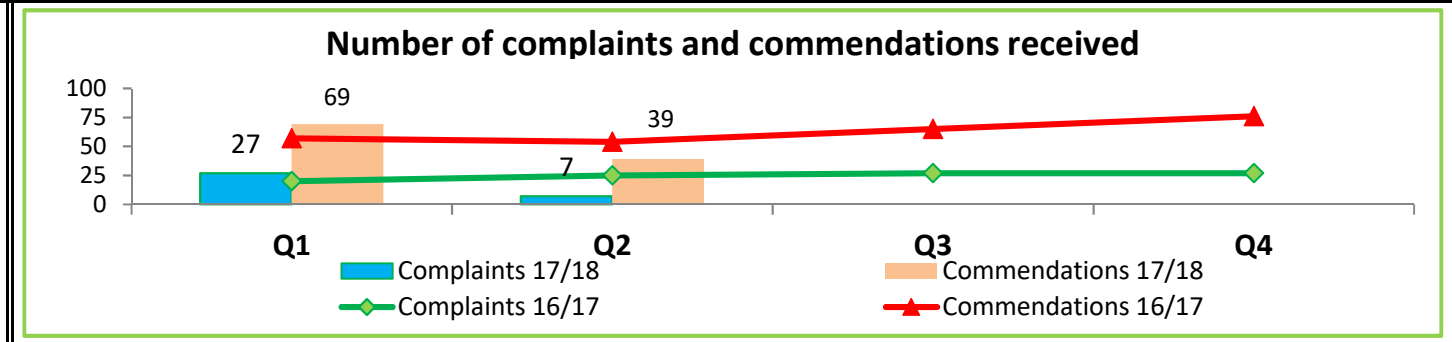
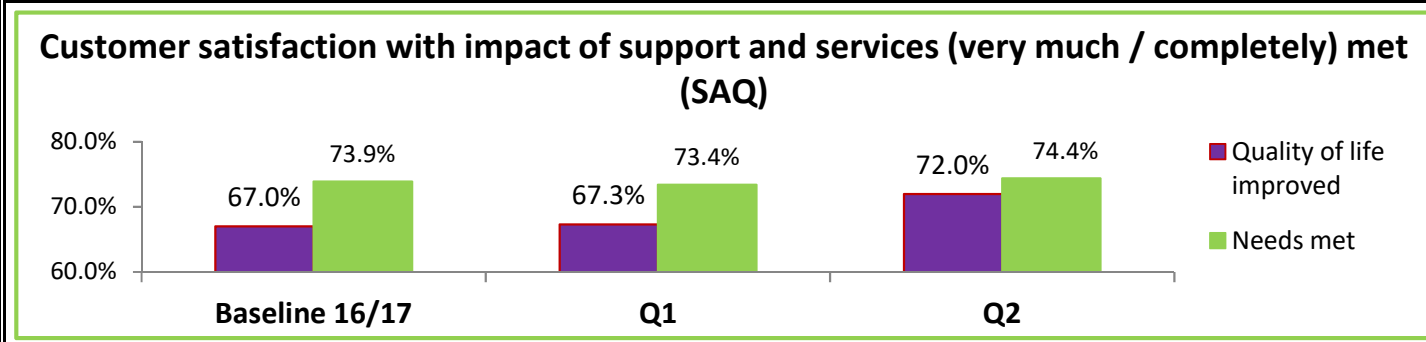
Appendix 2: Workforce

Appendix 3: ASCOF

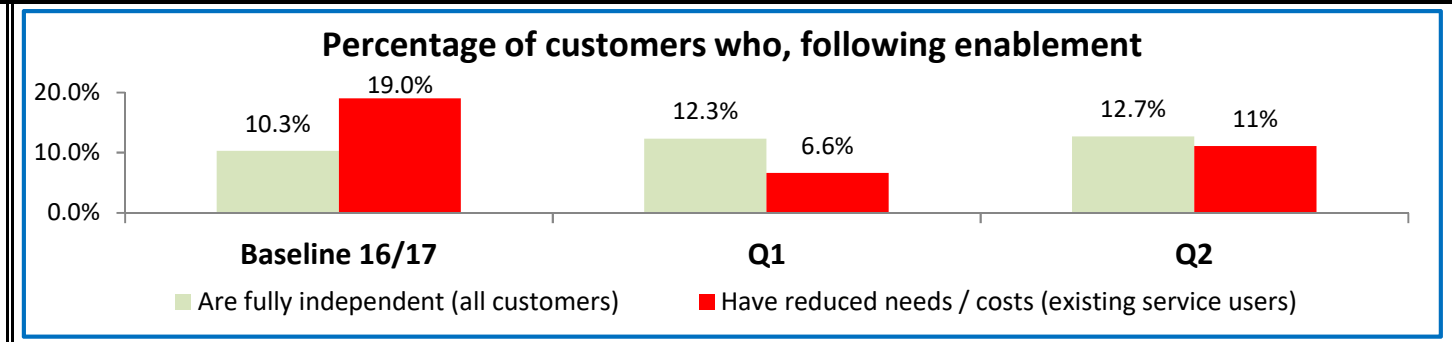
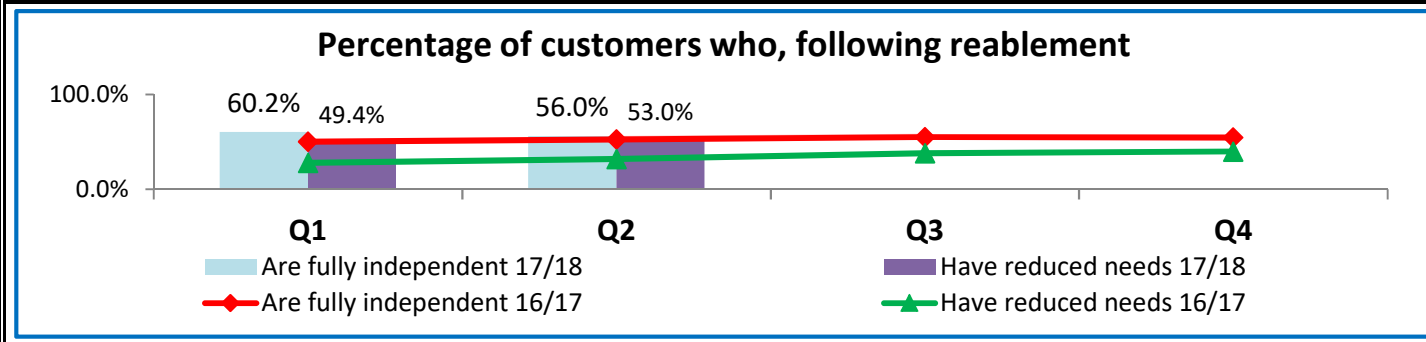
Appendix 4: Business Processes

Appendix 5: Customer Service

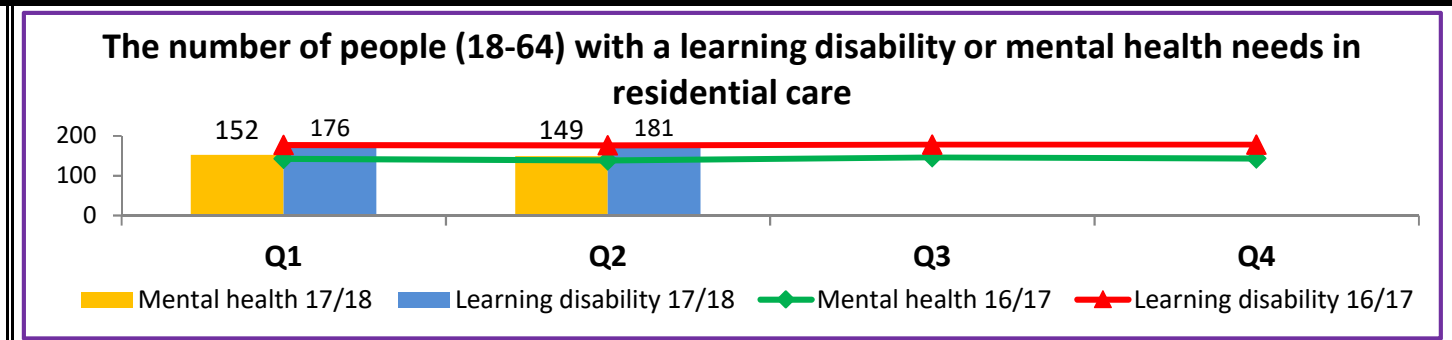
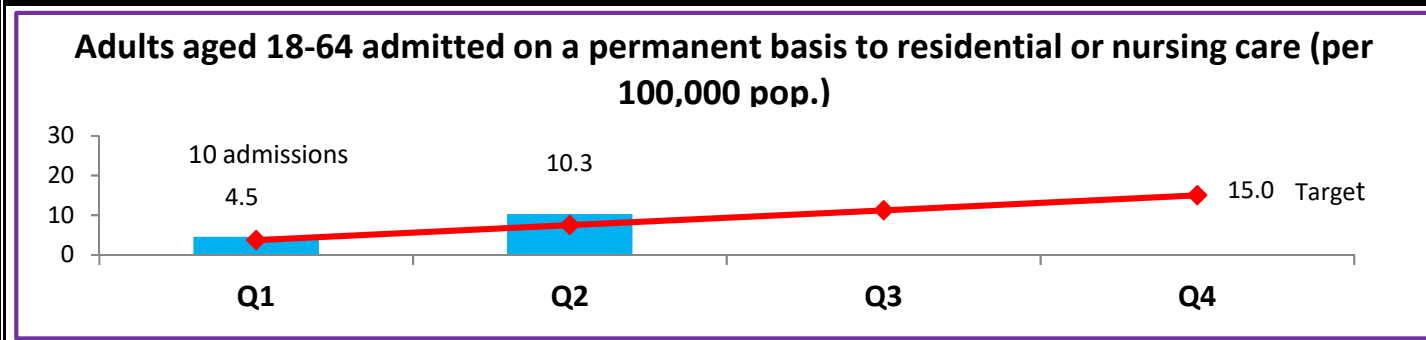
1) We will improve the customer experience by increasing our understanding of the impact and benefit of what we do. We will use this knowledge to innovate and improve the way we work and commission services



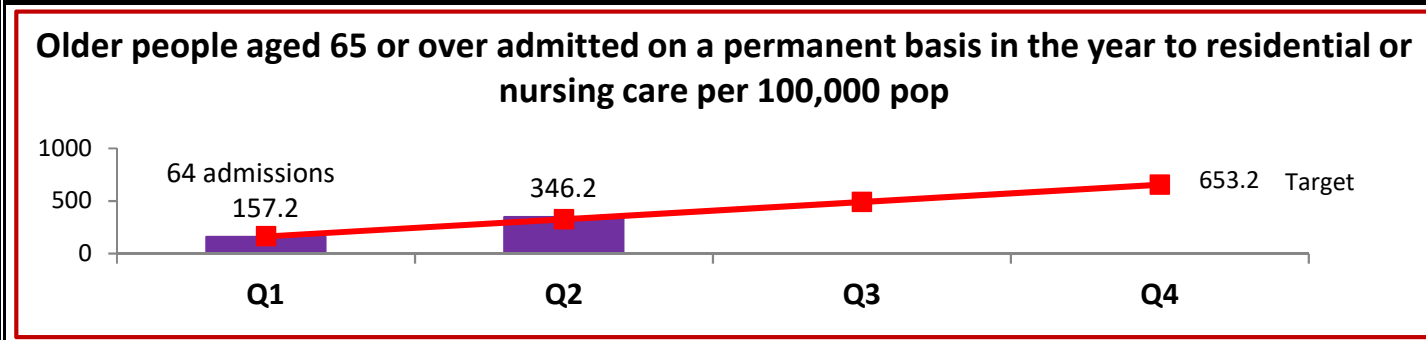
2) We will embed a strength-based, preventative model of support, to promote wellbeing, self-care and independence



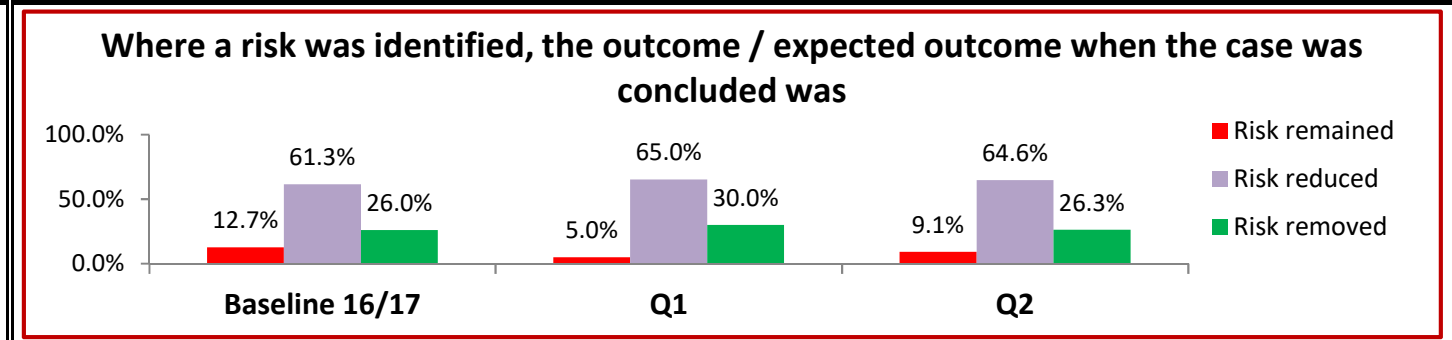
3) We will improve the opportunities for those of working age to live independently in a home of their own and continue to reduce our reliance on the use of residential care



4) Improve our offer to older people supporting more of them to remain at home and to continue to reduce our reliance on the use of residential care

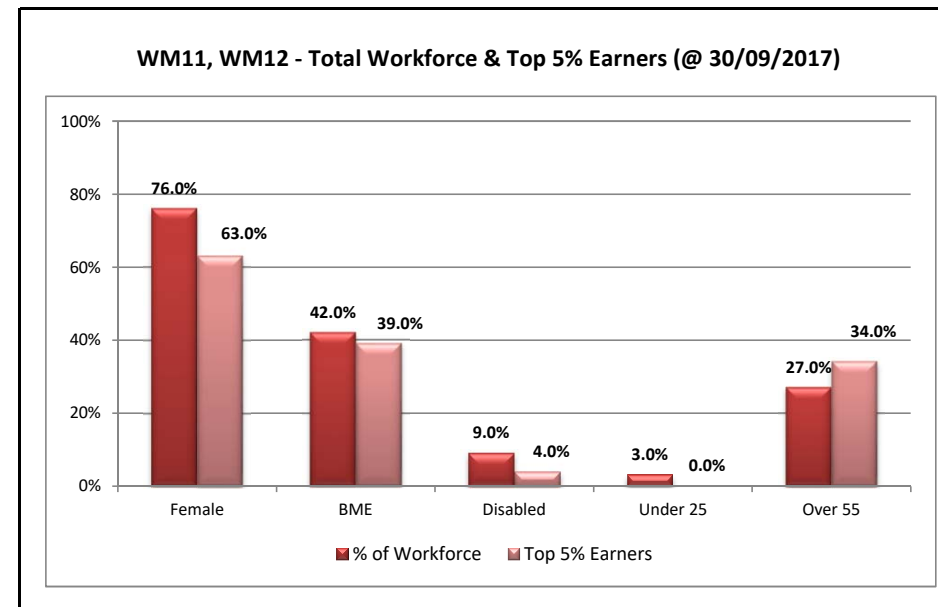
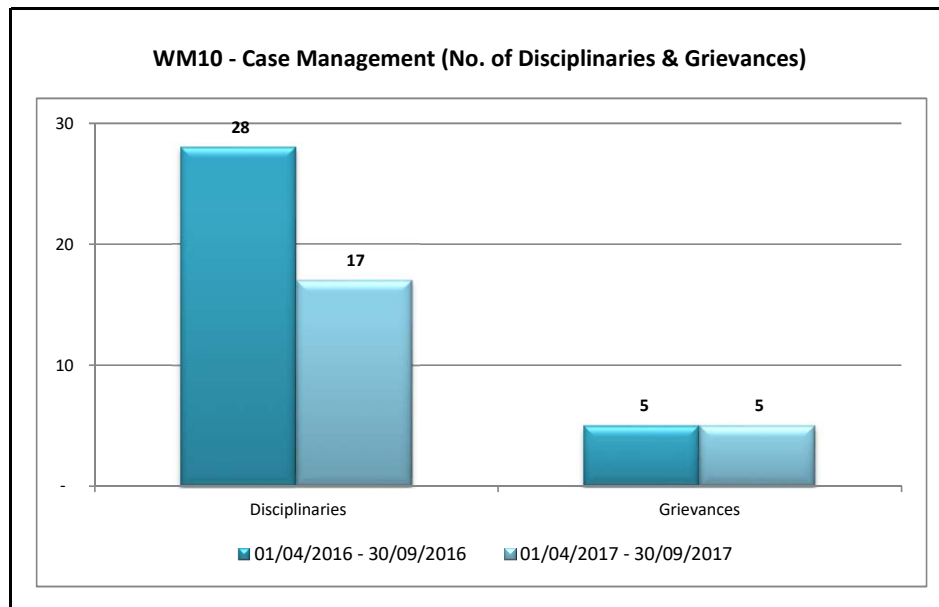
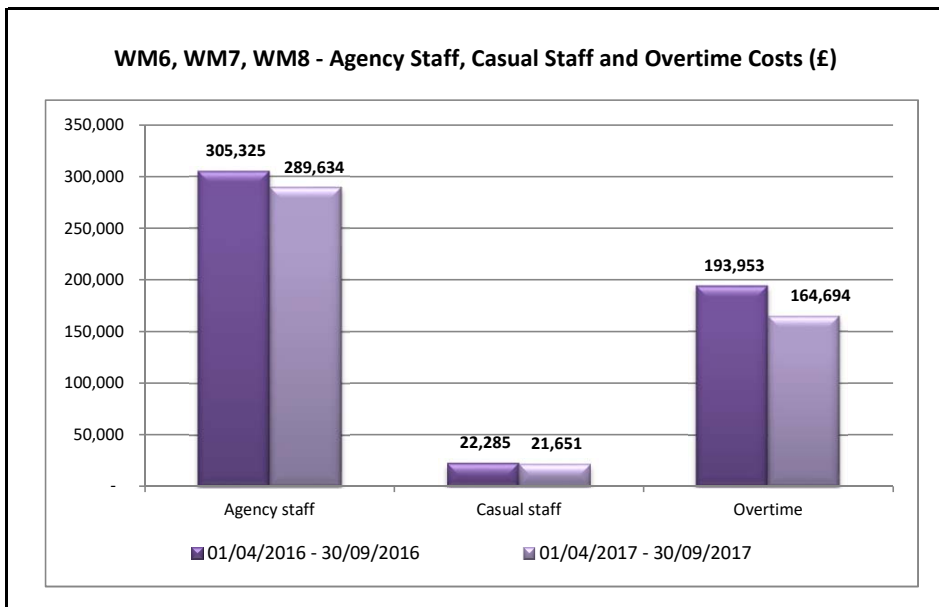
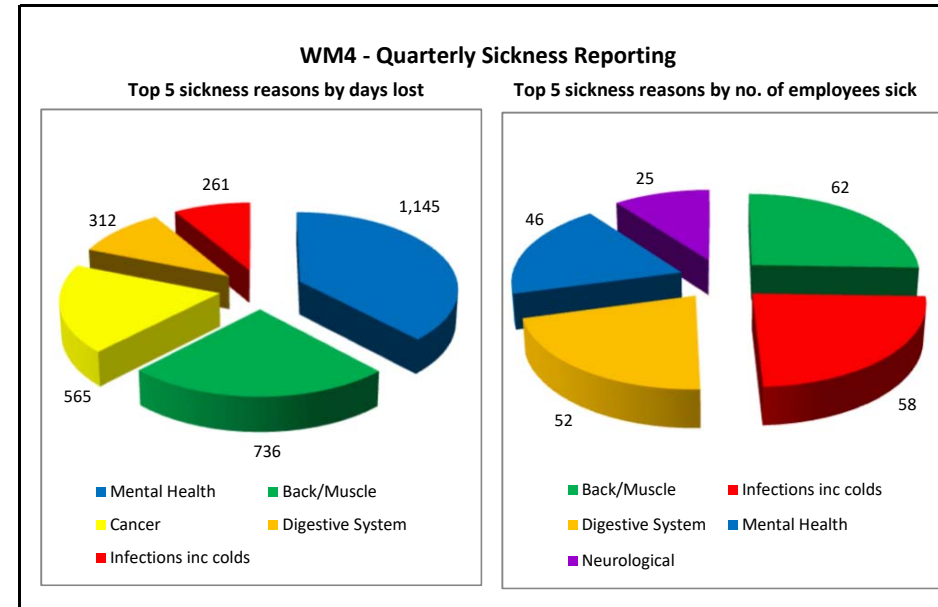
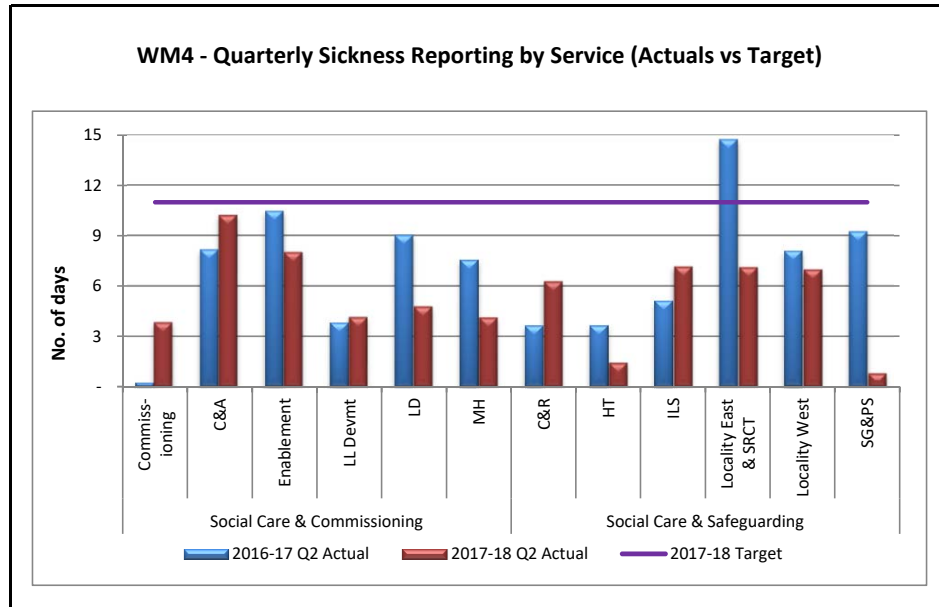
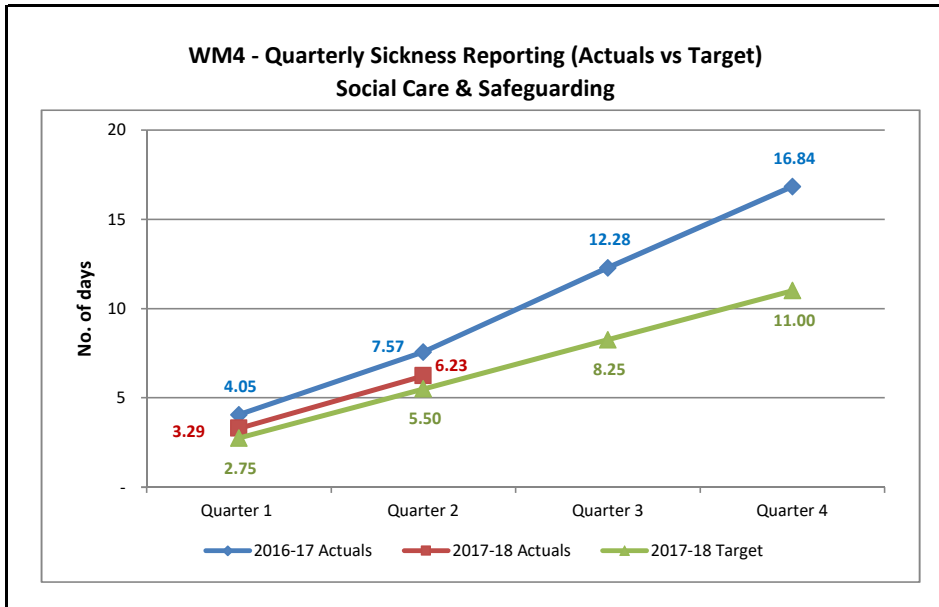
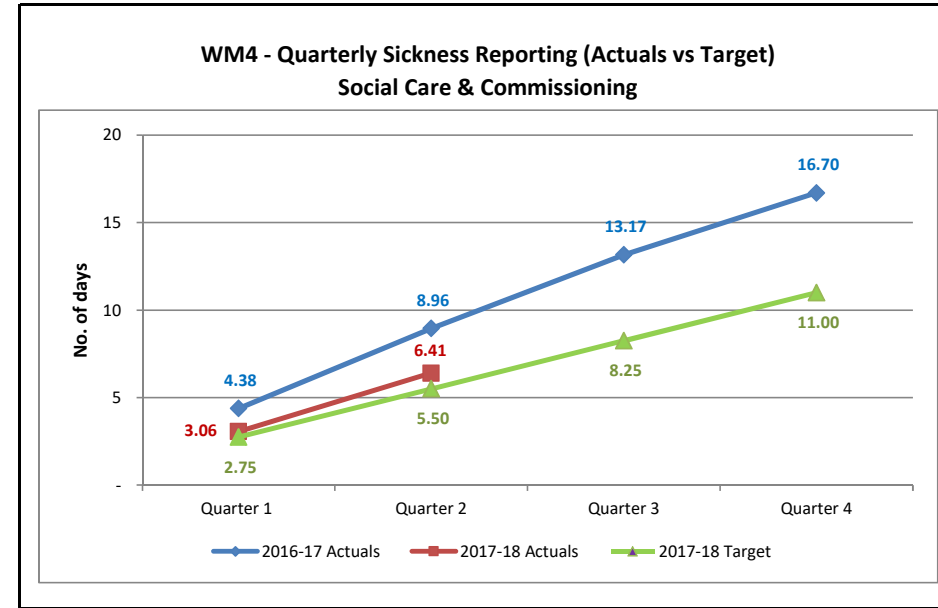
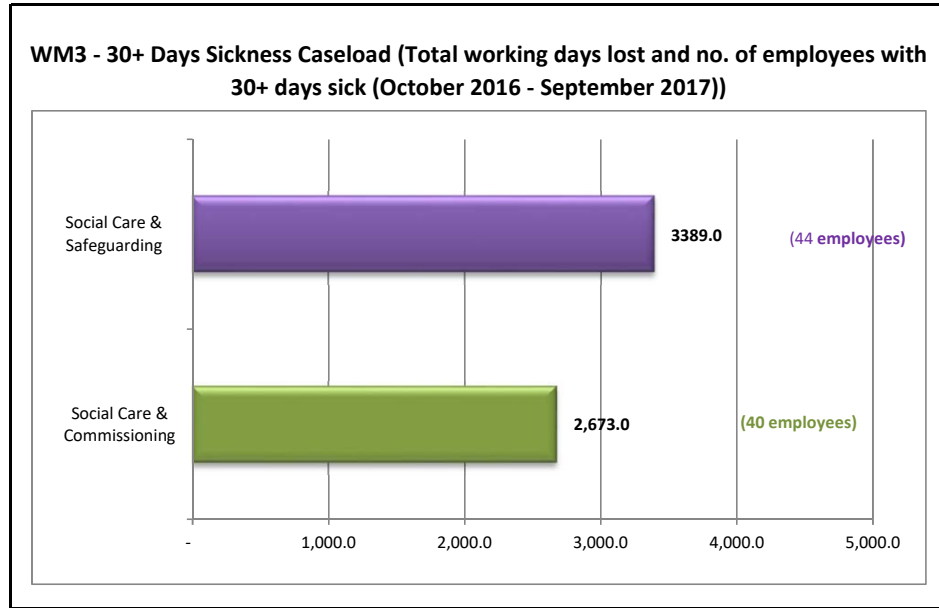
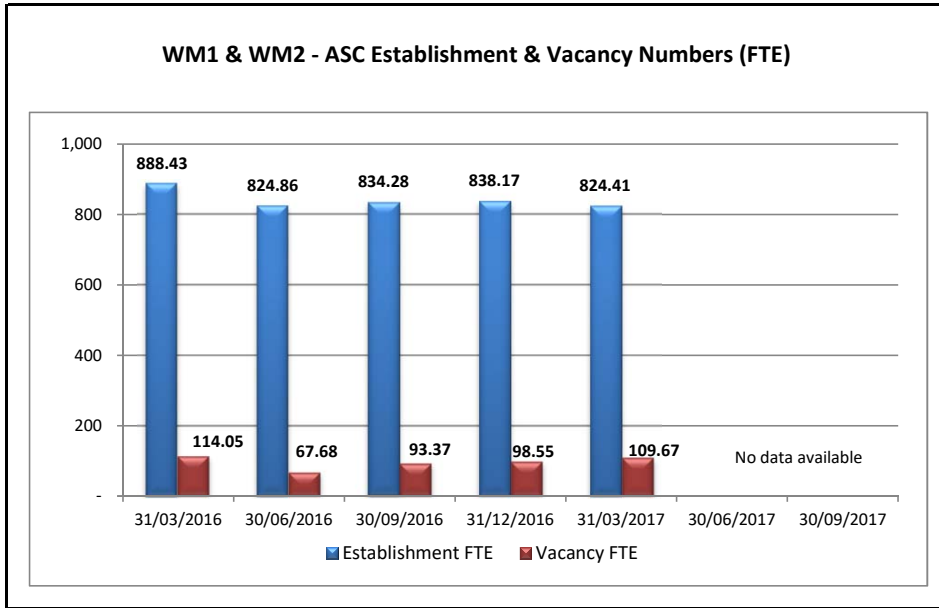


5) We will work with partners to protect adults who need care and support from harm and abuse















### ASC Workforce Measures 2017/18 Quarter 2















### Appendix 2































## Adult Social Care Performance: 2017/18 – Q2



## Adult Social Care Outcome Framework





Indicator	2015/16	2016/17	2016/17 Benchmarking			2017/18 Q1	2017/18 Q2	2017/18 Target	Rating	Comments
			England Average	England Ranking	England Rank DoT					
1A: Social care-related quality of life.	18.1	18.5	19.1	126/150 (=)	 From 147/150	N/A	N/A	18.8	From 2015/16 	17/18 user survey results available May '18
1B: Proportion of people who use services who have control over their daily life.	70.5%	76.2%	77.7%	100/150	 From 138/150	N/A	N/A	75.0%	From 2015/16 	17/18 user survey results available May '18
1Cia: Service Users aged 18 or over receiving self-directed support as at snapshot date.	98.7% (3763/3812)	99.7% (3,689/3698)	89.4%	28/152 (=)	 From 31/152	99.7% (3,682/3,694)	<b>99.8%</b> (3,683/3,689)	99.0%	 <b>G</b>	Position at Q2 2016/17: <b>99.6%</b> (3,828/3,844)
1Cib: Carers receiving self-directed support in the year.	100% (147/147)	100%	83.1%	1/150 (=)		100% (86/86)	<b>100%</b> (96/96)	100%	 <b>G</b>	Position at Q2 2016/17: <b>100%</b> (131/131)
1Cia: Service Users aged 18 or over receiving direct payments as at snapshot date.	44.4% (1693/3812)	46.8% (1,733/3,698)	28.3%	7/152	 From 8/152	47.3% (1,746/3,694)	<b>49.7%</b> (1,834/3,689)	46.1%	 <b>G</b>	Position at Q2 2016/17: <b>45.1%</b> (1,735/3,844)
1Cib: Carers receiving direct payments for support direct to carer.	100% (147/147)	100%	74.3%	1/150 (=)		100% (86/86)	<b>100%</b> (96/96)	100%	 <b>G</b>	Position at Q2 2016/17: <b>100%</b> (131/131)

Indicator	2015/16	2016/17	2016/17 Benchmarking			2017/18 Q1	2017/18 Q2	Target	Rating	Comments	
			England Average	England Ranking	England Rank DoT						
1D: Carer reported quality of life.	No carers survey	7.2	7.7	127/151 (=)	 From 145/151	N/A	N/A	N/A	From 2014/15 	No carers survey in 2017/18	
1E: Proportion of adults with a learning disability in paid employment.	5.2% (41/793)	4.7% (37/785)	5.7%	85/152		4.6% (33/721)	<b>4.4%</b> (33/754)	6.6%	 R	Position at Q2 2016/17: <b>4.8%</b> (37/764)	
1F: Proportion of adults in contact with secondary mental health services in paid employment.	2.9%	2.4% (19.5/820)	No national data published			2.9%	<b>2.5%</b>	5.2%	 R	April / Aug average data Position at Q2 2016/17 – <b>2.1%</b>	
1G: Proportion of adults with a learning disability who live in their own home or with their family.	71.8% (569/793)	74.4% (584/785)	76.2%	97/152	 From 98/152	72.0% (519/721)	<b>71.5%</b> (539/754)	73.8%	 R	Position at Q2 2016/17: <b>72.6%</b> (555/764)	
1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support.	62.3%	36.6% (300/820)	No national data published			41.4%	<b>35.3%</b>	68%	 R	April / Aug average data Position at Q2 2016/17 – <b>36.3%</b>	
1I: Proportion of people who use services and their carers who reported that they had as much social contact as they would like.	Users	37.2%	35.9%	45.4%	148/150	 From 142/150	N/A	N/A	42.6%	From 2015/16 	17/18 user survey results available May '18
	Carers	No carers survey	31.0%	35.5%	105/151	 From 123/151	N/A	N/A	N/A	From 2014/15 	No carers survey in 2017/18
1J: Adjusted Social care-related quality of life – impact of Adult Social Care services.	0.396 (Category C)	0.372	0.403	131/150	 From 123/150	TBC	N/A	N/A	From 2015/16 	New measure for 2016/17 (with retrospective scores). Derived from user survey.	

Indicator	2015/16	2016/17	2016/17 Benchmarking			2017/18 Q1	2017/18 Q2	Target	Rating	Comments
			England Average	England Ranking	England Rank DoT					
<b>2Ai: Adults aged 18-64 whose long-term support needs are met by admission to residential and nursing care homes, per 100,000 pop (Low is good)</b>	16.3* 36 admissions	17.8* 40 admissions	12.8	121/152 (=)	 From 111/152	2.7 6 admissions	5.8 13 admissions	15.0	 R	Cumulative measure: Position at Q2 2016/17: <b>5.89 (13 admissions)*</b> Forecast based on Q2 = 26 admissions  *2015/16 & 16/17 over counted
<b>2Aii: Older people aged 65+ whose long-term support needs are met by admission to residential / nursing care per 100,000 pop (Low is good).</b>	644.1* 258 admissions	692.4* 282 admissions	610.7	99/152	 From 82/152	167.0 68 admissions	304.5 124 admissions	653.2 266 admissions	 A	Cumulative measure: Position at Q2 2016/17: <b>289.9 (119 admissions)*</b> Forecast based on Q2 = 248 admissions  *2015/16 & 16/17 over counted
<b>2Bi: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.</b>	Statutory	91.5%	91.3%	82.5%	22/152 (=)  From 19/152	N/A	N/A	90.0%	From 2015/16 	Statutory measure counts Oct – Dec discharges
	Local	88.2%	92.3%	N/A	N/A	N/A	85.8% (200/233)	86.0% (370/430)	90.0%	 R
<b>2Bii: Proportion of older people (65 and over) offered reablement services following discharge from hospital.</b>	Statutory	3.1% (200 in reablement)	3.1%	2.7%	64/152  From 72/152	N/A	N/A	3.3%	From 2015/16 	Statutory measure counts Oct – Dec discharges
	Local	3.0% (939 in reablement)	2.7%	N/A	N/A	N/A	3.4% (233 in reablement)	3.5% (430 in reablement)	3.6%	
<b>2Ci: Delayed transfers of care from hospital per 100,000 pop. (Low is good)</b>	6.0	8.9 (282 delays)	14.9	46/152	 From 34/152	8.9 (per 100,000 pop - total (All) DTOC bed delays)	10.2 (per 100,000 pop - total (All) DTOC bed delays)	16/17 target in BCF plan		NHS no longer collect snapshot data which was the basis of the ASCOF definition. Now proposing that we use a monthly average for bed days. This data for Q1 will not be comparable with historic data. The ASCOF measure will be revised accordingly in the future. <b>Data up to August 2017</b>

Indicator	2015/16	2016/17	2016/17 Benchmarking			2017/18 Q1	2017/18 Q2	Target	Rating	Comments	
			England Average	England Ranking	England Rank DoT						
<b>2Cii: Delayed transfers of care from hospital attributable to NHS and/or ASC per 100,000 pop. (Low is good)</b>	1.7	Published data: 2.9 (92 delays)  Local data: 2.6 (82 delays)	6.3	Published data: 47/152  Local data: 42/152	 From 37/153	2.5 <small>(per 100,000 pop - Social care and both NHS and Social care DTOC bed delays)</small>	<b>3.4</b> <small>(per 100,000 pop - Social care and both NHS and Social care DTOC bed delays)</small>	1.4		NHS no longer collect snapshot data which was the basis of the ASCOF definition. Now proposing that we use a monthly average for bed days. This data for Q1 will not be comparable with historic data. The ASCOF measure will be revised accordingly in the future. <b>Data up to August 2017.</b>	
<b>2D: The outcomes of short-term services (reablement) – sequel to service</b>	60.5%	61.9%	77.8%	127/152	 From 129/152	71.4%	<b>69.4%</b>	68.0%	 <b>G</b>	Position at Q2 2016/17: <b>56.9%</b>	
<b>3A: Overall satisfaction of people who use services with their care and support.</b>	61.7%	65.4%	64.7%	64/150	 From 104/150	N/A	<b>N/A</b>	63.7%	From 2015/16 	17/18 user survey results available May '18	
<b>3B: Overall satisfaction of carers with social services.</b>	No carers survey	43.5%	39%	24/151	 From 116/151	N/A	<b>N/A</b>	N/A	From 2014/15 	No carers survey in 2017/18	
<b>3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for.</b>	No carers survey	70.7%	70.6%	70/151	 From 105/151	N/A	<b>N/A</b>	N/A	From 2014/15 	No carers survey in 2017/18	
<b>3D: The proportion of service users and carers who find it easy to find information about services.</b>	<b>Users</b>	61.7%	67.4%	73.5%	142/150	 From 150/150	N/A	<b>N/A</b>	69.0%	From 2015/16 	17/18 user survey results available May '18
	<b>Carers</b>	No carers survey	57.3%	64.2%	134/151	 From 144/151	N/A	<b>N/A</b>	N/A	From 2014/15 	No carers survey in 2017/18
<b>4A: The proportion of service users who feel safe.</b>	60.8%	65.4%	70.1%	125/150	 From 144/155	N/A	<b>N/A</b>	<b>66.0%</b>	From 2015/16 	17/18 user survey results available May '18	

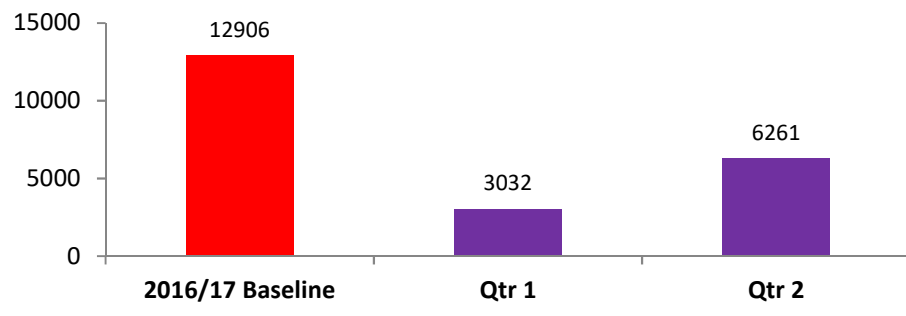
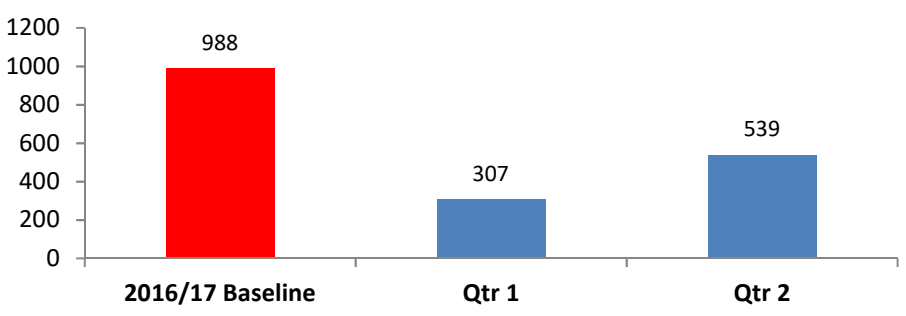
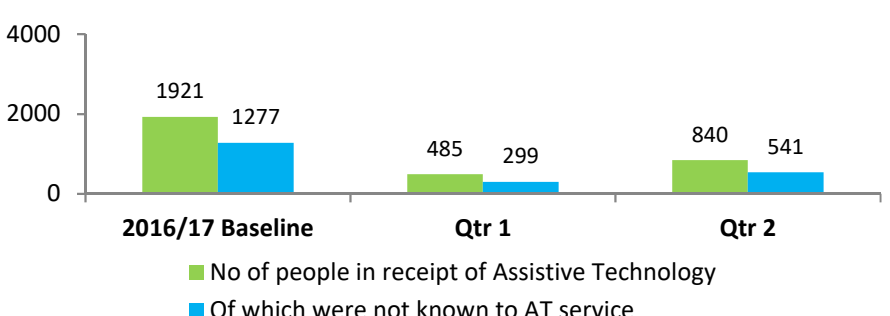
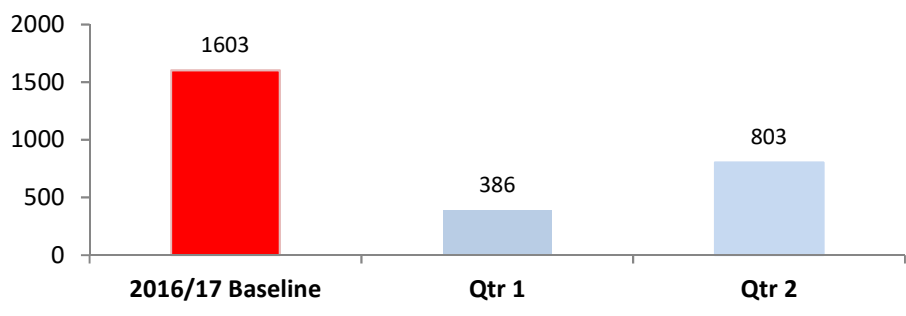
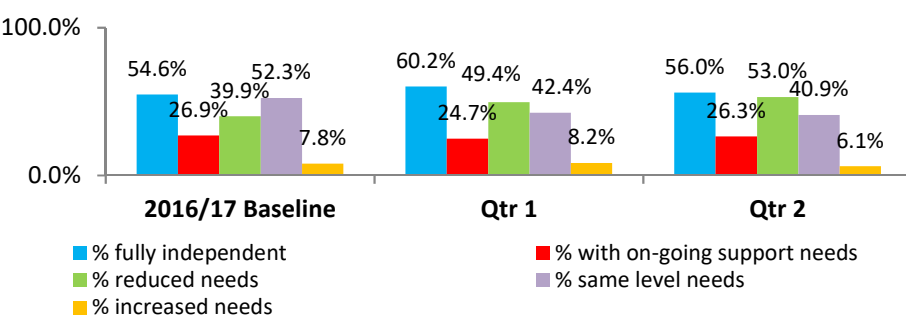
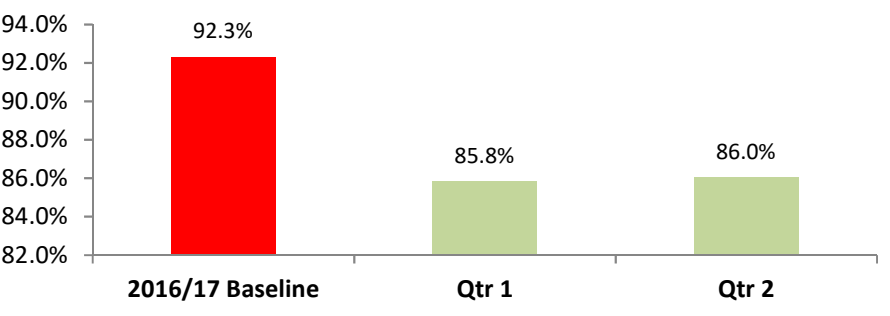
Indicator	2015/16	2016/17	2015/16 Benchmarking			2017/18 Q1	2017/18 Q2	Target	Rating	Comments
			England Average	England Ranking	England Rank DoT					
4B: The proportion of people who use services who say that those services have made them feel safe and secure.	80.7%	77.6%	86.4%	139/150	 From 117/150	N/A	N/A	85.0%	From 2015/16 	17/18 user survey results available May '18

Forecast to meet or exceed target - 7	Performance within 0.5% of target - 0	Forecast to miss target - 5	N/A - No data on which to make a judgement - 16
Improvement from baseline - 14 	No significant change from baseline - 4 	Deterioration from baseline - 7 	N/A - No data on which to make a judgement - 5 

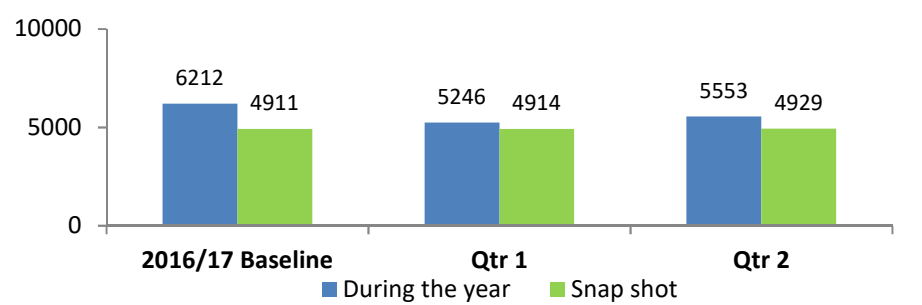
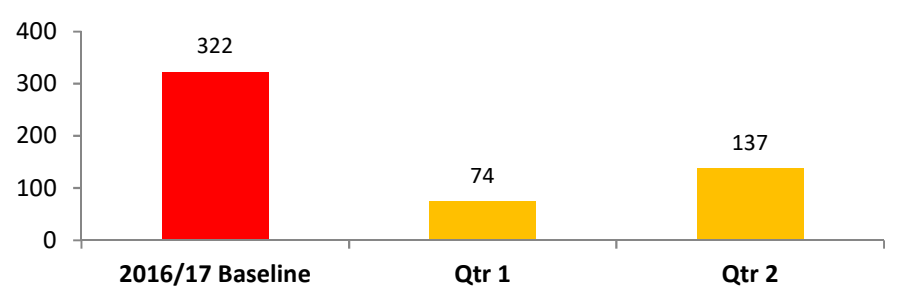
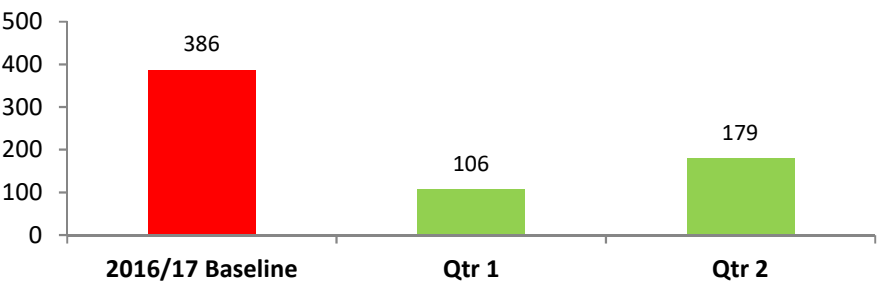
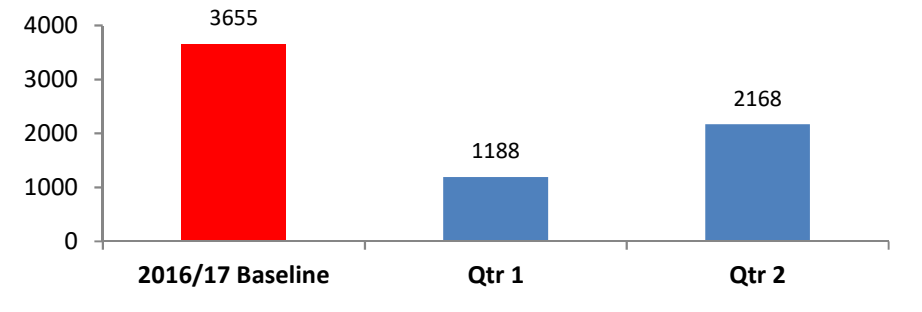
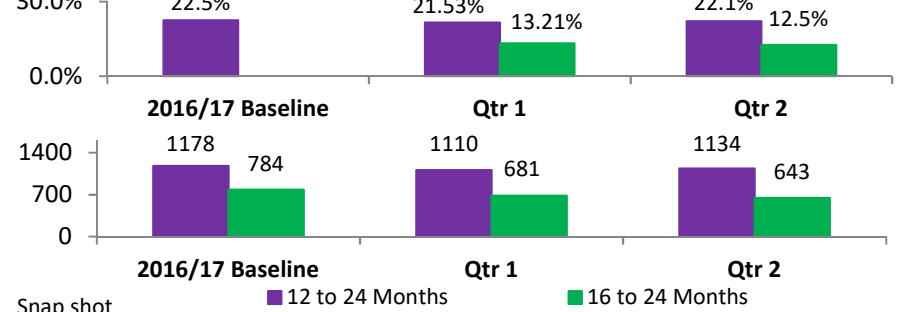
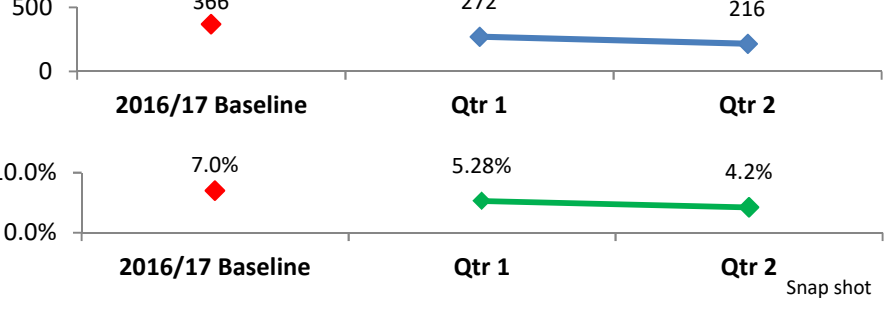


APB1a - ASC Portal (JM)	APB1b - Total number of ASC contacts received (HM)	ABP1c - Effectiveness of call handling: (HM)																																				
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<p><b>DATA</b> - Due to additional new on-line OT forms there is a marked increase as well as use of the IAG links. As always, the figures may be skewed due to vigorous testing required and it is not possible to distinguish between "real" users from testing.</p> <p><b>REVIEW</b> - The underlying figures show an increase in the use of the portal as well as use of the IAG links that provide information for the public. Since individuals should not be fully tracked on any websites it is not possible to determine if the individuals subsequently make personal contact to request an assessment or services.</p> <p>Since the recent addition of further forms, there has been an increase in on-line submissions from customers as well as professional referrals requesting OT services.</p> <p><b>ACTION</b> - In recognition of on-line OT submissions, work is now focused on referrals from other organisations, including providing information and links to more appropriate services / organisations, as well as requesting sufficient details.</p> <p>The work to use the ASC portal to communicate with established service users, for example to review a Support plan, will follow work in progress for core ASC system and portal enhancements due in Q4 from the ASC systems supplier before further work can be done locally, including establishing good practice and guidelines for social care staff for such on-line communications.</p>	<p><b>DATA</b> - Indicates a downward trend in contact volumes . In this period in 2016/17 the figure was 8695. This year's total so far (7003) is 1059 fewer. To continue to monitor and to request data split by the three front door services (C&amp;R, Hospital Discharge and ICRS) to understand where there are differences both up and downward. Some changes will be due to better coding of outcomes following changes to IC/Contact earlier this year. Growth in volume appears to be from hospital discharge and will monitor jointly with HT and ICRS Hs o S to understand if increase is genuine i.e. results in support or if the IDT pilot is generating inappropriate contacts.</p>	<p><b>DATA</b> - Indicates deterioration in call handling performance. Not necessarily related to staff performance but also effectiveness of ACD and call queueing which has been poor in last few months.</p> <p><b>ACTION</b> - Migration of first line call handling and simple queries to Corporate Customer Services delayed until end Feb 2018 which will impact on this dataset.</p>																																				
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<p><b>DATA</b> - Even taking into account the new parameters for this report there appears to be an increase in the volume of repeat referrals. HM to request report to check data to understand if this is a trend or reporting issue.</p>	<p><b>DATA</b> - Will be impacted by better guidance re coding of outcomes. Looks as if fewer people are deflected of the total cohort - potentially means that people are contacting at a point of crisis or need which cannot be immediately deflected. HM to obtain report to check data further</p>	<p><b>DATA</b> - Indicates a change in use of the contact form to end involvement rather than the need for a contact assessment to do the same. HM to obtain report to understand increased use of "NFA" outcome</p>																																				

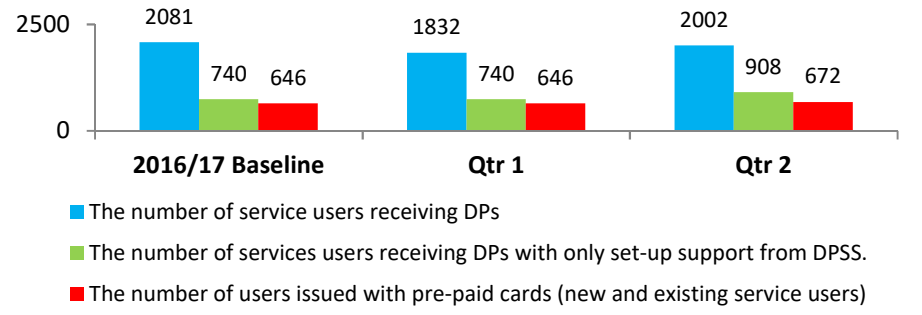
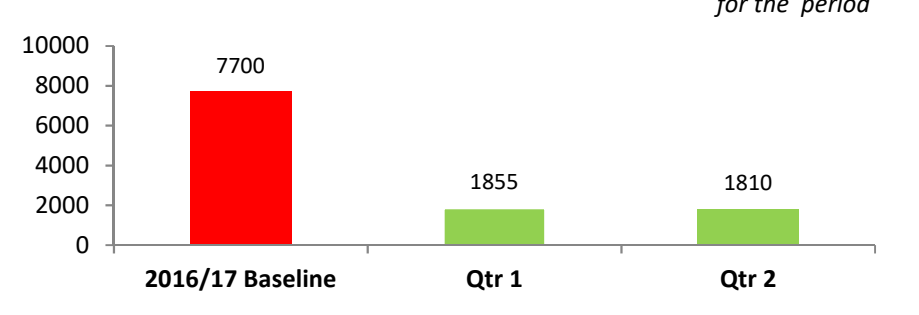
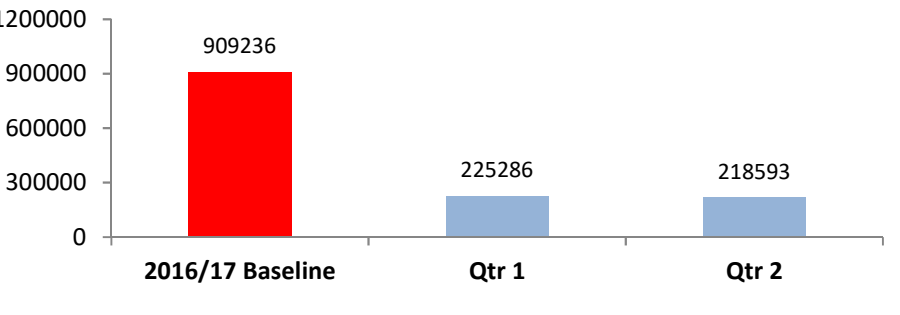
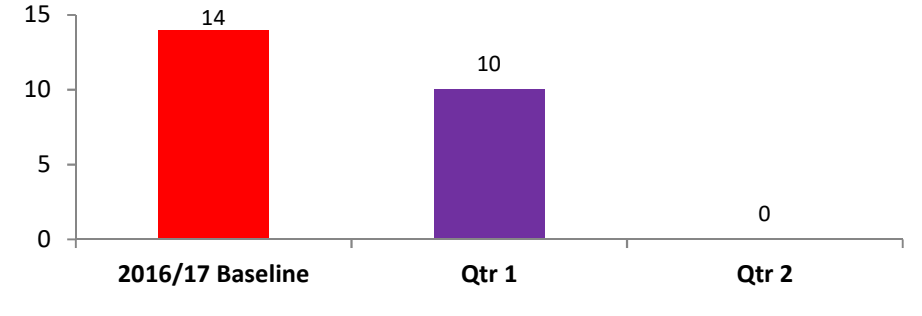
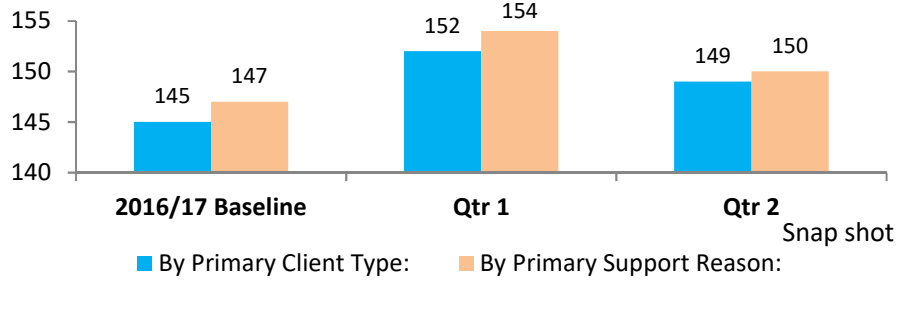
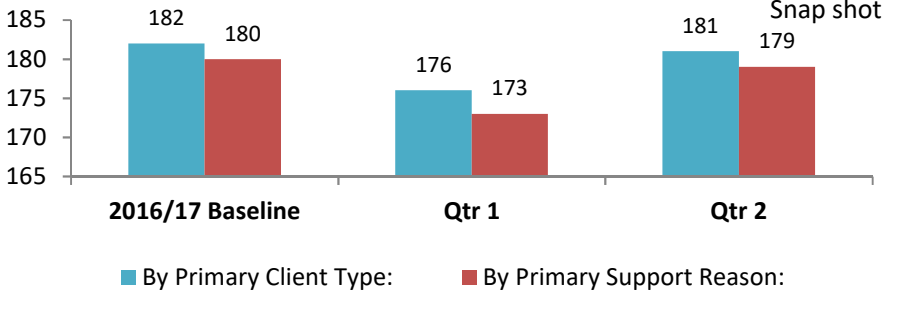
<p><b>ABP1g - Percentage of contacts acted upon with 24 hours (HM)</b></p> <table border="1"> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>68.70%</td> </tr> <tr> <td>Qtr 1</td> <td>65.8%</td> </tr> <tr> <td>Qtr 2</td> <td>59.9%</td> </tr> </tbody> </table>	Period	Percentage	2016/17 Baseline	68.70%	Qtr 1	65.8%	Qtr 2	59.9%	<p><b>ABP1h - Preventative POCs - enablement, reablement, ILS Short-term/preventative services (HM)</b></p> <table border="1"> <thead> <tr> <th>Period</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Qtr 2</td> <td>395</td> </tr> </tbody> </table>	Period	Count	Qtr 2	395	<p><b>APB1i - Other services- POC via a private agency, placements. Short term/preventative service- commissioned home care (HM)</b></p> <table border="1"> <thead> <tr> <th>Period</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Qtr 2</td> <td>81</td> </tr> </tbody> </table>	Period	Count	Qtr 2	81																												
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<p><b>DATA</b> - Indicates deterioration of performance with cases being held open for longer. In fact this now incorporates two formerly individual processes (contact + contact assessment) so is a more accurate measure of end to end timescale. Target needs to be revisited as no longer appropriate.</p>	<p><b>DATA</b> - This is a new measure and doesn't yet have a comparator</p>	<p><b>DATA</b> - This is a new measure and doesn't yet have a comparator</p>																																												
<p><b>APB2a - Number of assessments completed by type (MW)</b></p> <table border="1"> <thead> <tr> <th>Period</th> <th>Number of assessments completed</th> <th>Contact</th> <th>SAQ /Supported SA</th> <th>OT</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>6878</td> <td>3558</td> <td>1991</td> <td>1209</td> </tr> <tr> <td>Qtr 1</td> <td>1521</td> <td>631</td> <td>566</td> <td>177</td> </tr> <tr> <td>Qtr 2</td> <td>618</td> <td>25</td> <td>428</td> <td>165</td> </tr> </tbody> </table>	Period	Number of assessments completed	Contact	SAQ /Supported SA	OT	2016/17 Baseline	6878	3558	1991	1209	Qtr 1	1521	631	566	177	Qtr 2	618	25	428	165	<p><b>ABP2b - Outcomes following assessment - numbers found to be: (MW)</b></p> <table border="1"> <thead> <tr> <th>Period</th> <th>i) Eligible needs</th> <th>ii) No eligible needs</th> <th>iii) Screened</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>4844</td> <td>1151</td> <td>288</td> </tr> <tr> <td>Qtr 1</td> <td>1427</td> <td>230</td> <td>62</td> </tr> <tr> <td>Qtr 2</td> <td>1944</td> <td>72</td> <td>7</td> </tr> </tbody> </table>	Period	i) Eligible needs	ii) No eligible needs	iii) Screened	2016/17 Baseline	4844	1151	288	Qtr 1	1427	230	62	Qtr 2	1944	72	7	<p><b>ABP2c - Percentage of assessments completed with 28 days / agreed timescales. (AO)</b></p> <table border="1"> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>84.1%</td> </tr> <tr> <td>Qtr 1</td> <td>87.7%</td> </tr> <tr> <td>Qtr 2</td> <td>85.5%</td> </tr> </tbody> </table>	Period	Percentage	2016/17 Baseline	84.1%	Qtr 1	87.7%	Qtr 2	85.5%
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<p><b>DATA</b> - Contact Assessments were replaced with Initial Contacts at the beginning of Q2 - hence them almost disappearing completely from the figures. However, there has been no change to the OT assessment or the SAQ/SSA and figures for both of these have also fallen in Q2.</p> <p><b>REVIEW</b> - Cannot compare with baseline from 2016/17 as it stands given that that figure included Contact Assessments. However, it is unclear how the number of SAQ/SSA assessments can be falling when the number of Service Users going on to receive a long term service (for which an SAQ/SSA is required) is falling.</p> <p><b>ACTION</b> - To discuss with Performance Team and Managing Demand Project board to better understand this apparent anomaly.</p>	<p><b>DATA</b> - Since the number of assessments has fallen (as per ABP2b), the overall numbers of people being found eligible for services has also fallen from Q1 to Q2. However, as a proportion of total assessments completed, the percentage of people being assessed and found eligible has increased (from 71% to 84%).</p> <p><b>REVIEW</b> - The decrease in the total number of people found eligible from Q1 to Q2 is positive, as is the increase in the percentage of those we're assessing subsequently being found eligible. This indicates that the we are becoming more effective at screening out ineligible people pre-assessment and as such the process is becoming more efficient.</p> <p><b>ACTION</b> - Continue to refine the Initial Contact to ensure this trend is ongoing.</p>	<p><b>DATA</b> - 16/17 Q1 - 75.8%                  Q2 - 79.7%                  Q3 - 77.5%                  Q4 - 84.1%                  Avg - 79.3%</p> <p><b>REVIEW</b> - Despite a slight fall from the Q1 figure, Q2 for this year is still an improvement on last year's Q2 and the average for this year (86.7%) also remains higher than last year. As posts continue to be deleted, this will be an increasingly difficult level of performance to maintain. However, the increased throughput of cases seems to be becoming embedded in staff consciousness which may go some way to mitigating staffing reductions.</p> <p><b>ACTION</b> - Team Leaders to continue to maintain emphasis on throughput.</p>																																												

<p><b>ABP2e - Number of requests for new clients broken by route of access (RoA) and Outcome to that request for support (AO)</b></p>  <table border="1"> <thead> <tr> <th>Period</th> <th>Number of requests</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>12906</td> </tr> <tr> <td>Qtr 1</td> <td>3032</td> </tr> <tr> <td>Qtr 2</td> <td>6261</td> </tr> </tbody> </table>	Period	Number of requests	2016/17 Baseline	12906	Qtr 1	3032	Qtr 2	6261	<p><b>ABP2f- Number of people entering ASC to receive a long term-support (LTS) package of care – new starters (AO)</b></p>  <table border="1"> <thead> <tr> <th>Period</th> <th>Number of people</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>988</td> </tr> <tr> <td>Qtr 1</td> <td>307</td> </tr> <tr> <td>Qtr 2</td> <td>539</td> </tr> </tbody> </table>	Period	Number of people	2016/17 Baseline	988	Qtr 1	307	Qtr 2	539	<p><b>ABP2g - Number of people in receipt of Assistive Technology (JS-B)</b></p>  <table border="1"> <thead> <tr> <th>Period</th> <th>No of people in receipt of Assistive Technology</th> <th>Of which were not known to AT service</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>1921</td> <td>1277</td> </tr> <tr> <td>Qtr 1</td> <td>485</td> <td>299</td> </tr> <tr> <td>Qtr 2</td> <td>840</td> <td>541</td> </tr> </tbody> </table>	Period	No of people in receipt of Assistive Technology	Of which were not known to AT service	2016/17 Baseline	1921	1277	Qtr 1	485	299	Qtr 2	840	541												
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<p><b>DATA</b> - A more detailed analysis identified primarily an increase in Reablement referrals and hospital discharges, whilst the numbers of those being referred for ongoing services in the community, Nursing and Residential care are down.</p> <p><b>REVIEW</b> - Whilst there were slightly more referrals for new service users in Q2 than in Q1, the forecast for end of year based on the first two Qs is still less than that posted last year.</p> <p><b>ACTION</b> - Refocus Hospital Discharge Team on screening out and diverting people at the point of discharge - although this may lead to increased DToC figures if patients/families are not happy with this line.</p>	<p><b>DATA</b> - Q2 represents a slight increase in numbers from Q1 and has also caused the end of year forecast to come in at higher than last year's baseline. However, figures last year were likely undercounted due to data recording issues, whereas this year data capture has been amended and is now likely showing an over-estimate. This will be corrected manually at year end.</p> <p><b>REVIEW</b> - It is unclear exactly how significant the increase is due to the issues around data capture and reporting. However, front door services need to be alert to this as a potential issue.</p> <p><b>ACTION</b> - Refocus Reablement Care Management Team on screening out and diverting after period of Reablement/Assessment Bed stay.</p>	<p><b>DATA</b> - The overall number of service users supported via AT has been maintained for Q2 during a transition period further to an Organisational Review.</p> <p><b>REVIEW</b> - This year the Assistive Technology Service has undertaken an Organisation Review which is resulting in new methods for delivery of AT. The AT Service is currently recruiting and training staff with the intention to streamline processes and enhance capacity to deliver AT.</p> <p><b>ACTION</b> - Continue to progress the OR/Recruitment for the AT Service, with the intent to have a stabilised staffing situation as from early in the new year. A multi team AT Implementation Group has also been established during Q2 to raise the branding and awareness of AT.</p>																																								
<p><b>APB3a Number of contacts that go on to receive reablement (short term support to maximise independence) - SALT (JS-B)</b></p>  <table border="1"> <thead> <tr> <th>Period</th> <th>Number of contacts</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>1603</td> </tr> <tr> <td>Qtr 1</td> <td>386</td> </tr> <tr> <td>Qtr 2</td> <td>803</td> </tr> </tbody> </table>	Period	Number of contacts	2016/17 Baseline	1603	Qtr 1	386	Qtr 2	803	<p><b>APB3b - Reablement - Outcomes post reablement: (JS-B)</b></p>  <table border="1"> <thead> <tr> <th>Period</th> <th>% fully independent</th> <th>% reduced needs</th> <th>% with on-going support needs</th> <th>% same level needs</th> <th>% increased needs</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>54.6%</td> <td>39.9%</td> <td>26.9%</td> <td>52.3%</td> <td>7.8%</td> </tr> <tr> <td>Qtr 1</td> <td>60.2%</td> <td>49.4%</td> <td>24.7%</td> <td>42.4%</td> <td>8.2%</td> </tr> <tr> <td>Qtr 2</td> <td>56.0%</td> <td>53.0%</td> <td>26.3%</td> <td>40.9%</td> <td>6.1%</td> </tr> </tbody> </table>	Period	% fully independent	% reduced needs	% with on-going support needs	% same level needs	% increased needs	2016/17 Baseline	54.6%	39.9%	26.9%	52.3%	7.8%	Qtr 1	60.2%	49.4%	24.7%	42.4%	8.2%	Qtr 2	56.0%	53.0%	26.3%	40.9%	6.1%	<p><b>ABP3c - Proportion of people (65+) who are still at home 91 days after discharge from hospital into reablement /rehabilitation services (JS-B)</b></p>  <table border="1"> <thead> <tr> <th>Period</th> <th>Proportion (%)</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>92.3%</td> </tr> <tr> <td>Qtr 1</td> <td>85.8%</td> </tr> <tr> <td>Qtr 2</td> <td>86.0%</td> </tr> </tbody> </table>	Period	Proportion (%)	2016/17 Baseline	92.3%	Qtr 1	85.8%	Qtr 2	86.0%
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<p><b>DATA</b> - 417 increase from Q1, making it a very positive quarter.</p> <p><b>REVIEW</b> - Significant improvement from first quarter. Proactive work has been undertaken with Contact and Response to encourage those appropriate to come on to the Reablement pathway do so from the front door. Other referrals have also remained steady.</p> <p><b>ACTION</b> - To continue to ensure that the service runs to maximum capacity at all times.</p>	<p><b>DATA</b> - % Reductions compared to Q1 for fully independence.</p> <p><b>REVIEW</b> - In sync generally with the base line data. A better quarter in terms of the % of reduced needs.</p> <p><b>ACTION</b> - To continue to monitor the outcomes each month.</p>	<p><b>DATA</b> - Very small increase but falls short of the target.</p> <p><b>REVIEW</b> - Discussions with respective heads of service to help understand the adverse impact on this Metrix with the wrong type of service user being referred in. Other issue about re-admissions also being looked into with Health partners.</p> <p><b>ACTION</b> - Departmental guidance also being prepared to help get message across all teams in relation to the 91 day check.</p>																																								

<p><b>ABP3d - Proportion of older people (65 and over) offered reablement services following discharge from hospital. (JS-B)</b></p>	<p><b>ABP3e - Percentage of new enablement cases allocated with 48 hrs (MM)</b></p>	<p><b>ABP3g - Reablement / intermediate care outcomes; result from intervention: Sequel to ST Max as per SALT (JS-B / MM)</b></p>																												
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<p><b>DATA</b> - Compared to the base line the figure is positive but falls slightly short from Q1</p> <p><b>REVIEW</b> - At the same time we are trying to be more clear that only the right cohort of users come on to the Reablement pathway irrespective of age.</p> <p><b>ACTION</b> - To continue to closely monitor the target.</p>	<p><b>DATA</b> - Against the baseline at 86.2%, Qtr 1 of 90.3% shows a 4.1% increase, with Qtr 2 showing a 5.4% decrease from baseline.</p> <p><b>REVIEW</b> - Enablement is not a crisis/urgent service and as such allocation within 48 hours is not critical. However, it is important the target doesn't slip below 80%.</p> <p><b>ACTION</b> - To closely monitor within the next Qtr</p>	<p><b>DATA</b> - The baseline of 1478 is a total difference of 1065 to Qtr 1 and 690 in Qtr 2 which shows an improvement. The increase in Qtr 2 being a total of 375.</p> <p><b>REVIEW</b> - The data is collected on a number of outcomes with 2 services collated, one being E a significantly smaller cohort (MM). The need to separate the two service areas for a better understanding and more targeted approach (JSB).</p> <p><b>ACTION</b> - E continues to be scrutinised with data being verified which will alter the cohorts and outcomes going forward (MM). To continue to monitor the target (JSB)</p>																												
<p><b>ABP4a - Delayed transfers of care (attributable to ASC) per 100,000 pop. (AO)</b></p>	<p><b>ABP4b - Percentage of discharges completed without a discharge notice. (AO)</b></p>	<p><b>ABP5a - Allocations by team: (I) Number of cases allocated to each team (SD)</b></p>																												
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<p><b>DATA</b> - The figures are not like for like due to changes in counting methodology introduced by NHS England. The figures show an increase from Q1.</p> <p><b>REVIEW</b> - The figures, whilst agreed jointly with the NHS, are taken from UNIFY (NHS database) and we are currently challenging the veracity of these figures, as they do not tally with what had previously been agreed.</p> <p><b>ACTION</b> - All DToC figures to be, literally, signed off by representatives from LPT and UHL in future so that we are able to challenge subsequently published figures.</p>	<p><b>DATA</b> - Service Users discharged: 345 Discharge Notices received: 128 63% of SU's were discharged without a discharge notice We have discharged less service users in Q2 (345 as opposed to 398 in Q1) and received more Discharge Notices (128 as opposed to 100 in Q1)</p> <p><b>REVIEW</b> - The only significant change from Q1 to Q2 this year has been the implementation of the IDT. Perversely, this was hoped to cause an increase in discharges and a reduction in Discharge Notices.</p> <p><b>ACTION</b> - Although IDT continue to pilot different approaches to achieve their aims, should this trend continue into Q3, LCC commitment to IDT may need to be looked at again.</p>	<p><b>DATA</b> - Number of cases allocated to ASC is 7071 which is lower than the previous year. Total number of cases in allocation trays awaiting allocation is 406.</p> <p><b>REVIEW</b> - Cases are prioritised in terms of how urgently they need to be allocated</p> <ul style="list-style-type: none"> <li>• safeguarding concerns</li> <li>• need to establish capacity/Court of Protection work required</li> <li>• level of risk, including health and safety risks, i.e. moving and handling, MDT cases where the risks are identified by health colleagues and the planned review should be arranged</li> <li>• Service user's situation with informal support network balanced with risk of carer strain, carers breakdown or sudden hospitalisation, deteriorating health</li> <li>• Outstanding debt/contribution or mismanagement of DP/inappropriate use of services</li> <li>• adequate services are in place or not,</li> <li>• preventative services and the need for statutory involvement, i.e., enablement – establishing baseline/levels of independence/strengths etc. before assessing</li> </ul> <p><b>ACTION</b> - Team Leaders are checking the allocation trays regularly and prioritise the cases. This is also reported to the programme board once a month</p>																												

<p><b>ABP5d - Number of people in receipt of a long-term support (LTS) package of care by support setting and delivery mechanism (RR)</b></p>  <table border="1"> <thead> <tr> <th>Period</th> <th>During the year</th> <th>Snap shot</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>6212</td> <td>4911</td> </tr> <tr> <td>Qtr 1</td> <td>5246</td> <td>4914</td> </tr> <tr> <td>Qtr 2</td> <td>5553</td> <td>4929</td> </tr> </tbody> </table>	Period	During the year	Snap shot	2016/17 Baseline	6212	4911	Qtr 1	5246	4914	Qtr 2	5553	4929	<p><b>ABP5e - Number of permanent admissions into Residential / Nursing Care by narrow age-band and Primary Support Reason (BP)</b></p>  <table border="1"> <thead> <tr> <th>Period</th> <th>Admissions</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>322</td> </tr> <tr> <td>Qtr 1</td> <td>74</td> </tr> <tr> <td>Qtr 2</td> <td>137</td> </tr> </tbody> </table>	Period	Admissions	2016/17 Baseline	322	Qtr 1	74	Qtr 2	137	<p><b>ABP5f - Number of Leavers from residential / nursing care by narrow age-band and Primary Support Reason (BP)</b></p>  <table border="1"> <thead> <tr> <th>Period</th> <th>Leavers</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>386</td> </tr> <tr> <td>Qtr 1</td> <td>106</td> </tr> <tr> <td>Qtr 2</td> <td>179</td> </tr> </tbody> </table>	Period	Leavers	2016/17 Baseline	386	Qtr 1	106	Qtr 2	179				
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<p><b>DATA</b> - Overall, direction of travel is positive, with 84 LESS people receiving support in the first six months compared to last year. However the forecast for end of year based on the first 2 quarters indicates that we are likely to hit about 6167</p> <p><b>REVIEW</b> - Whilst we are endeavouring to achieve financial efficiencies through targeted review savings and support out of residential care, the above data indicates that the net number of people is not likely to reduce significantly</p> <p><b>ACTION</b> - To continue to divert away from the front door using sign posting and preventative services. To ensure that the enablement and reablement offer is maximised to reduce longer term dependency on ASC.</p>	<p><b>DATA</b> - We have acknowledged that we should no longer count certain placements as ASC placements as they were placed under fast track or 100% CHC. Once these have been discounted we are now going to hit our target Number of permanent admissions from 1/4/17 to 30/9/17 is 137. Based on this activity the year-end forecast would now be 274 for those 18+.</p> <p>This broken down by age band would be:          18-64 – No of permanent admissions for those aged 18-64 are 13 (5.79 per 100,000 population). Year-end forecast would be 26. Hence year-end target is on course to be met          65+ - No of permanent admissions for those aged 65+ is 124 (304.48 per 100,000 population). Year-end forecast would be 248. Hence year-end target is on course to be met.</p> <p><b>REVIEW</b> - The leavers in res/nurse care is also increasing demonstrating the demography of people who are placed.</p> <p><b>ACTION</b> - All HOS to monitor permanent placements and will also check the data that's reported on SALT.</p>	<p><b>DATA</b> - Q2 has seen an increase in numbers of leavers compared to this time last year.</p> <p><b>REVIEW</b> - Out of the 179 leavers 139 were deceased (76%) and 19 (26%) became self-funding or 100% CHC. The numbers have increased in comparison to the quarter this time last year which demonstrates that a large number of service users are placed with deteriorating health.</p> <p><b>ACTION</b> - HOS to continue to monitor.</p>																																
<p><b>ABP5g - Number of people who have had a review in a period by age-band and PSR (SM)</b></p>  <table border="1"> <thead> <tr> <th>Period</th> <th>Number of people</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>3655</td> </tr> <tr> <td>Qtr 1</td> <td>1188</td> </tr> <tr> <td>Qtr 2</td> <td>2168</td> </tr> </tbody> </table>	Period	Number of people	2016/17 Baseline	3655	Qtr 1	1188	Qtr 2	2168	<p><b>ABP5h - Number and Percentage of people in receipt of a service who has not been reviewed for: (SM)</b></p>  <table border="1"> <thead> <tr> <th>Period</th> <th>12 to 24 Months</th> <th>16 to 24 Months</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>1178 (22.5%)</td> <td>784 (13.21%)</td> </tr> <tr> <td>Qtr 1</td> <td>1110 (21.53%)</td> <td>681 (12.5%)</td> </tr> <tr> <td>Qtr 2</td> <td>1134 (22.1%)</td> <td>643 (12.5%)</td> </tr> </tbody> </table>	Period	12 to 24 Months	16 to 24 Months	2016/17 Baseline	1178 (22.5%)	784 (13.21%)	Qtr 1	1110 (21.53%)	681 (12.5%)	Qtr 2	1134 (22.1%)	643 (12.5%)	<p><b>ABP5i - Number and percentage of people in receipt of a service who has not been reviewed for 24 months or more (SM)</b></p>  <table border="1"> <thead> <tr> <th>Period</th> <th>Number of people</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>366</td> <td>7.0%</td> </tr> <tr> <td>Qtr 1</td> <td>272</td> <td>5.28%</td> </tr> <tr> <td>Qtr 2</td> <td>216</td> <td>4.2%</td> </tr> </tbody> </table>	Period	Number of people	Percentage	2016/17 Baseline	366	7.0%	Qtr 1	272	5.28%	Qtr 2	216	4.2%
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<p><b>DATA</b> - Slightly fewer people were reviewed during the second quarter than the first. However, we are on track to meet and improve on 2016/17s performance</p> <p><b>REVIEW</b> - There has been a slight fall off in the number of people receiving a review. This has been due to A/L over this Summer months and absences in some teams.</p> <p><b>ACTION</b> - Team leaders use Liquid Logic to identify cases requiring reviews. HoS report to Programme Board each month and the LL dashboard will be updated to include reviews information to give TLs even more information on cases requiring a review. Work is underway to consider the use of proportionate reviews to increase the numbers receiving reviews</p>	<p><b>DATA</b> - We continue to see a decrease in the numbers who have not had review for 16-24 months but there has been a slight increase in the numbers not having a review between 12 -24 months</p> <p><b>REVIEW</b> - At the Programme Board in October it was agreed to review the situation again at the end of the month as TLs are confident of their ability to get back on track.</p> <p><b>ACTION</b> - TLs to continue to use LL reports to ensure that reviews are prioritised. Programme Board to review progress at next meeting and work is underway to include review data within the LL dashboard which will make it easier for TLs to check on annual reviews that need to be allocated, and cases within workers' caseloads that haven't been reviewed.</p>	<p><b>DATA</b> - These numbers continue to come down and should be minimal by the end of the year.</p> <p><b>REVIEW</b> - These cases are being prioritised for reviews and monthly reports are provided to TLs to allow them to check cases and ensure that any data tidy up required is done.</p> <p><b>ACTION</b> - TLs to continue to use LL reports to ensure that reviews are prioritised. Programme Board to review progress at next meeting and work is underway to include review data within the LL dashboard which will make it easier for TLs to check on annual reviews that need to be allocated, and cases within workers' caseloads that haven't been reviewed.</p>																																



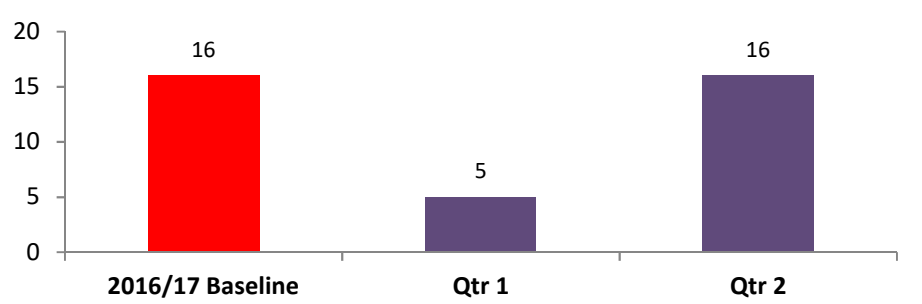
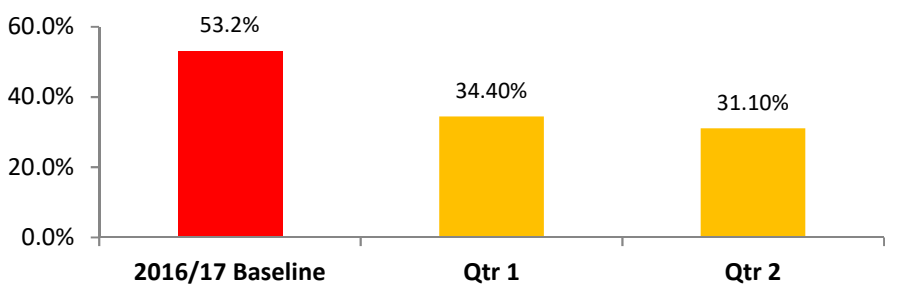
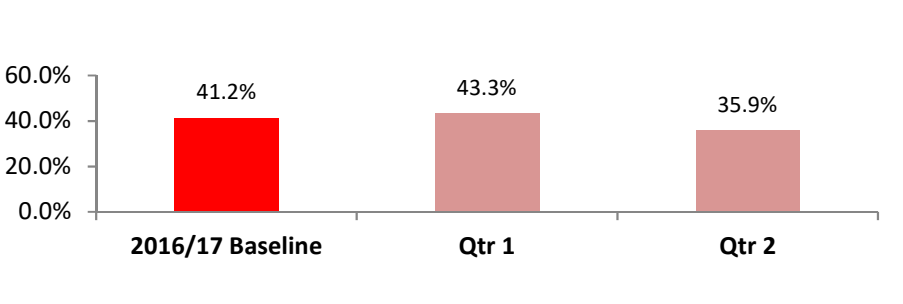
ABP5j - Direct Payments: (SD)	ABP5k - Number of people receiving domiciliary care (TS)	ABP5l - Number of domiciliary care hours delivered (TS)
 <p><b>2016/17 Baseline</b>: 2081 (Service users), 740 (DPSS support), 646 (Pre-paid cards)  <b>Qtr 1</b>: 1832 (Service users), 740 (DPSS support), 646 (Pre-paid cards)  <b>Qtr 2</b>: 2002 (Service users), 908 (DPSS support), 672 (Pre-paid cards)</p>	 <p><b>2016/17 Baseline</b>: 7700  <b>Qtr 1</b>: 1855  <b>Qtr 2</b>: 1810</p>	 <p><b>2016/17 Baseline</b>: 909236  <b>Qtr 1</b>: 225286  <b>Qtr 2</b>: 218593</p>
<p><b>DATA</b> - Total number of people receiving DP is 2002                  Although 840 cards have been issued, currently 672 are activated and being used. The increase on the DPSS managed account is due to the Support Plans being updated by the Care Management Teams. Previously the managed account supplement was paid by finance. The total number of DP cases increased steadily by 10% from the last quarter.</p> <p><b>REVIEW</b> - Current PFS PPC cards provider will be switched to ALLPAY (840 cards). Continued monitoring.</p> <p><b>ACTION</b> - DP working grouped will be revising the DP Guidance, Protocol for the Finance, DPSS, CaAS and Care Management .PPC CMOs secondment will end in March 2018 and the Care Management Teams will need to deal with activating the PPC cards.</p>	<p><b>DATA</b> - The consistent decrease across 2016-17 in terms of the number of individuals in receipt of directly commissioned Dom Care, has continued into Q2 2017/18. Whilst this may be representative of actual activity, there are many other factors that could potentially account for this. For example, it may be that a greater number of individuals are receiving Dom Care through a Direct Payment, which would therefore mask net activity as a seeming reduction.</p> <p><b>ACTION</b> - It is recommended that an additional indicator is added to measure the total number of individuals, and associated hours of Domiciliary Care provided through a Direct Payment. To be discussed at SMT</p>	<p><b>DATA</b> - The figure for Q1, is nearly an exact match for Q1 2016/17 - 224,909, which could have indicated that for the rest of 2017/18 will follow the same trend as 2016/17. However, Q2 2017/18 has seen a decrease, where as Q2 2016/17 increased.</p> <p><b>ACTION</b> - Data is based on individuals with an open care package and as such many cases will span multiple periods. This data relates to directly commissioned Dom Care only, and cannot attribute Dom Care provided through a Direct Payment.</p>
ABP5m - Number of working age customers moved out of residential care into supported accommodation (RR)	ABP5n - The number of people with mental health needs (including dementia) in residential care (SM)	ABP5o - The number of people with a learning disability in residential care (RR)
 <p><b>2016/17 Baseline</b>: 14  <b>Qtr 1</b>: 10  <b>Qtr 2</b>: 0</p>	 <p><b>2016/17 Baseline</b>: 145 (Client Type), 147 (Support Reason)  <b>Qtr 1</b>: 152 (Client Type), 154 (Support Reason)  <b>Qtr 2</b>: 149 (Client Type), 150 (Support Reason) - Snap shot</p>	 <p><b>2016/17 Baseline</b>: 182 (Client Type), 180 (Support Reason)  <b>Qtr 1</b>: 176 (Client Type), 173 (Support Reason)  <b>Qtr 2</b>: 181 (Client Type), 179 (Support Reason) - Snap shot</p>
<p><b>DATA</b> - A total of 32 people are targeted to move over the year. Q1 was positive following the momentum of last years activity. There was a lull in actual moves in Quarter 2 primarily due to a delays in 2 SL schism not being ready on schedule for service users to move into. This has not been resolved and we are anticipating a further 14 moves in Q3 which will bring us closer to the anticipated target..</p> <p><b>REVIEW</b> - We are also adding a further level of scrutiny to the cases that are selected for potential move stop SL from residential (this is to ensure that longer term costs do not increase as a result of this work)</p> <p><b>ACTION</b> - To ensure that the current cases that are being considered for SL are progressed in a timely way.</p>	<p><b>DATA</b> - There has been a slight reduction in these numbers over this quarter, although not back to the level at the start of the year.</p> <p><b>REVIEW</b> - It is pleasing to see this slight reduction. Admissions have been due to discharges from long stay hospitals, people moving from being fully health funded to joint funded, or older people with MH problems who have developed physical health conditions. Recently there have been a few successes in moving people out of res care into independent living.</p> <p><b>ACTION</b> - All admissions have to be agreed by the HoS, conversations happening in service meetings about the importance of prioritising moves into independent living. Discussions are happening with Supported Living and Commissioning colleagues to consider the gaps in accommodation and how these might be resolved.</p>	<p><b>DATA</b> - Whilst there was some improvement in Q1, figures seem to be rising again, which indicates a negative direction of travel.</p> <p><b>REVIEW</b> - Whilst the increases are not huge, there is a need to closely monitor all new placements including short term crisis placements. Further analysis is required to determine how many of these placements are attributable to a change in CHC funding.</p> <p><b>ACTION</b> - All new placements long term and short term are approved by a HOS to ensure that all other options are explored prior to making a placement. Also to ensure that the Res to SL cohort are actively progressed (as per ABP5m)</p>

<p><b>ABP5p - The number of people in interim residential care placements (BP)</b></p> <table border="1"> <caption>ABP5p - Interim residential care placements</caption> <thead> <tr> <th>Period</th> <th>Interim (All)</th> <th>Interim (&gt;4 weeks)</th> <th>Short term (All)</th> <th>Short term (&gt;12 weeks) excl Substance Misuse</th> <th>Respite</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>11</td> <td>0</td> <td>53</td> <td>0</td> <td>5</td> </tr> <tr> <td>Qtr 1</td> <td>12</td> <td>3</td> <td>48</td> <td>20</td> <td>9</td> </tr> <tr> <td>Qtr 2</td> <td>10</td> <td>0</td> <td>40</td> <td>0</td> <td>14</td> </tr> </tbody> </table>	Period	Interim (All)	Interim (>4 weeks)	Short term (All)	Short term (>12 weeks) excl Substance Misuse	Respite	2016/17 Baseline	11	0	53	0	5	Qtr 1	12	3	48	20	9	Qtr 2	10	0	40	0	14	<p><b>ABP5q - Case management – Cases allocated to worker for more than 100 days (BP)</b></p> <table border="1"> <caption>ABP5q - Cases allocated to worker for more than 100 days</caption> <thead> <tr> <th>Period</th> <th>Cases open for more than 100 days</th> <th>Of those had an open service</th> <th>Of those having no open service</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>742</td> <td>529</td> <td>213</td> </tr> <tr> <td>Qtr 1</td> <td>602</td> <td>465</td> <td>137</td> </tr> <tr> <td>Qtr 2</td> <td>648</td> <td>480</td> <td>168</td> </tr> </tbody> </table>	Period	Cases open for more than 100 days	Of those had an open service	Of those having no open service	2016/17 Baseline	742	529	213	Qtr 1	602	465	137	Qtr 2	648	480	168	<p><b>ABP5r - Number of Section 117 cases – with and without an open care package (SM)</b></p> <table border="1"> <caption>ABP5r - Section 117 cases with and without an open care package</caption> <thead> <tr> <th>Period</th> <th>Total</th> <th>Open package</th> <th>No open package</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>825</td> <td>412</td> <td>413</td> </tr> <tr> <td>Qtr 1</td> <td>838</td> <td>430</td> <td>408</td> </tr> <tr> <td>Qtr 2</td> <td>853</td> <td>444</td> <td>409</td> </tr> </tbody> </table>	Period	Total	Open package	No open package	2016/17 Baseline	825	412	413	Qtr 1	838	430	408	Qtr 2	853	444	409
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<p><b>DATA</b> - There has been good progress on this in Q2. There are now no interim over 4 weeks or short term over 12 weeks.</p> <p><b>REVIEW</b> - HOS to review their service areas figures.</p> <p><b>ACTION</b> - HOS monitoring their cases and information from Tls feed into an understanding of reasons.</p>	<p><b>DATA</b> - Q1 saw a dip however Q2 numbers have risen again. Regular list are coming to HOS to check with their Tls. This performance will stay around the 2016/17 baseline figure at around 10% of all open cases in ASC.</p> <p><b>REVIEW</b> - HOS to review their service areas figures.</p> <p><b>ACTION</b> - HOS still monitoring their cases and information from Tls feed into an understanding of reasons.</p>	<p><b>DATA</b> - The numbers continue to increase which is indicative of improved data recording.</p> <p><b>REVIEW</b> - The numbers of people subject to S117 is determined by the numbers admitted to hospital under specific sections. This is not something that can be influenced by Care Management. However, it is important that people no longer eligible are identified and discharged.</p> <p><b>ACTION</b> - There is close working with Legal to consider cases that could be discharged and advice and guidance provided to workers. Health have been asked to support in identifying those no longer eligible for S117</p>																																																								
<p><b>ABP5t - Number of current non-planned services (SM)</b></p>	<p><b>ABP6a - Number of Carers receiving needs assessment (SD)</b></p>	<p><b>ABP6b - Number of separate assessments /Joint assessments (SD)</b></p>																																																								
<table border="1"> <caption>ABP5t - Current non-planned services (Qtr 2)</caption> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>AMH</td> <td>2</td> </tr> <tr> <td>ASC HT</td> <td>7</td> </tr> <tr> <td>ASC East</td> <td>62</td> </tr> <tr> <td>ASC West</td> <td>25</td> </tr> <tr> <td>ASC LD</td> <td>2</td> </tr> <tr> <td>ICRS</td> <td>1</td> </tr> <tr> <td>OT</td> <td>14</td> </tr> </tbody> </table>	Category	Value	AMH	2	ASC HT	7	ASC East	62	ASC West	25	ASC LD	2	ICRS	1	OT	14	<table border="1"> <caption>ABP6a - Carers receiving needs assessment</caption> <thead> <tr> <th>Period</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>1475</td> </tr> <tr> <td>Qtr 1</td> <td>426</td> </tr> <tr> <td>Qtr 2</td> <td>692</td> </tr> </tbody> </table>	Period	Value	2016/17 Baseline	1475	Qtr 1	426	Qtr 2	692	<table border="1"> <caption>ABP6b - Separate and joint assessments</caption> <thead> <tr> <th>Period</th> <th>Joint</th> <th>Separate</th> </tr> </thead> <tbody> <tr> <td>Qtr 1</td> <td>345</td> <td>149</td> </tr> <tr> <td>Qtr 2</td> <td>259</td> <td>78</td> </tr> </tbody> </table>	Period	Joint	Separate	Qtr 1	345	149	Qtr 2	259	78																							
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<p><b>DATA</b> - A data today up exercise was undertaken over the Summer and the numbers have considerably reduced.</p> <p><b>REVIEW</b> - Work is still required to tidy up non-planned services that should be closed or pulled into service plans</p> <p><b>ACTION</b> - HoS has e-mailed all teams asking them to remember to check and tidy up these cases. The new version of Liquid Logic, which should go live in early 2018 will reduce this problem significantly as the data will be more obvious, on one screen and it will be much simpler to pull that non-planned service into a support plan.</p>	<p><b>DATA</b> - The number of carers received needs assessment is 692 which was 30% lower from 2016 Q2 (1081). The services provided for carers such as sitting service and respite care or any additional domiciliary care are recorded as part of a joint assessment.</p> <p><b>REVIEW</b> - Team Leaders check carers data to make sure that information has been correctly entered and that reviews and support plans completed have been accurately counted.</p> <p><b>ACTION</b> - Further enquiry and analysis needs to be undertaken in view of the services provided for carers which are not capturing the commissioning activities for carers. There is a task and finish carers group to look at the ways of improving the data capturing.</p>	<p><b>DATA</b> - The number of separate and joint assessments are decreasing in comparison to the last years figures</p> <p><b>REVIEW</b> - Team Leaders check carers data to make sure that information has been correctly entered and that reviews and support plans completed have been accurately counted.</p> <p><b>ACTION</b> - Further enquiry and analysis needs to be undertaken in view of the services provided for carers which are not capturing the commissioning activities for carers. There is a task and finish carers group to look at the ways of improving the data capturing.</p>																																																								

<p><b>ABP6c - Take up of targeted carers services delivered by commissioned voluntary sector activity (KG)</b></p> <table border="1"> <thead> <tr> <th>Period</th> <th>Value (KG)</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>9626</td> </tr> <tr> <td>Qtr 1</td> <td>2489</td> </tr> <tr> <td>Qtr 2</td> <td>2380</td> </tr> </tbody> </table>	Period	Value (KG)	2016/17 Baseline	9626	Qtr 1	2489	Qtr 2	2380	<p><b>ABP6d - Improved health and wellbeing and Reduced isolation (KG)</b></p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Improved health and wellbeing (%)</th> <th>Reduced isolation (%)</th> </tr> </thead> <tbody> <tr> <td>Qtr 1</td> <td>92%</td> <td>92%</td> </tr> <tr> <td>Qtr 2</td> <td>90%</td> <td>92%</td> </tr> </tbody> </table>	Quarter	Improved health and wellbeing (%)	Reduced isolation (%)	Qtr 1	92%	92%	Qtr 2	90%	92%	<p><b>ABP6e - Number of carers assisted by IAG (KG)</b></p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Value (KG)</th> </tr> </thead> <tbody> <tr> <td>Qtr 1</td> <td>566</td> </tr> <tr> <td>Qtr 2</td> <td>536</td> </tr> </tbody> </table>	Quarter	Value (KG)	Qtr 1	566	Qtr 2	536
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<p><b>DATA</b> - Please note that this is representative of the total number of instances where service users have accessed services within the quarter. This may therefore include individuals on multiple occasions, either where they accessed the same service more than once within the period, or where they accessed more than one service within the period.</p> <p><b>ACTION</b> - Overall, there has been a slight decline in terms of the total number of contacts within the quarter. However, this is not noted as an issue at this stage, given overall healthy levels of activity. This will continue to be monitored by CaAS.</p>	<p><b>DATA</b> - We measure 'Outcomes' to gauge how effective services are at meeting presenting needs. Within the Carers Support sector, our standard Outcome target stands at 90%. As we can see from the graph, performance overall has been positive.</p> <ul style="list-style-type: none"> <li>- Age UK have met or surpassed their targets across all areas in both Q1 and Q2. This is indicative of positive outcomes for service users.</li> <li>- CLASP have not met targets for 'Improved Health and wellbeing' or 'Increased ability to make choices' in either Q1 or Q2 2017-18. However, performance has improved in the latter 'choice' outcome measure, and also compliance was achieved in relation to 'reduced isolation'.</li> <li>- Ansaar have met all targets in Q2 2017-18. This is very positive, and shows significant improvement in relation to the 'Increased ability to make choices' indicator, as the provider didn't achieve the target outcome rate for this measure in Q1.</li> </ul> <p><b>ACTION</b> - Within CaAS, we will continue to monitor and work with providers to ensure that they comply with their contractual terms, including meeting expected performance. We will table a report focussing on Carers Support Services to the upcoming EIP group, and actions from that report will be progressed by officers within the team.</p>	<p><b>DATA</b> - There has been a slight decrease in terms of the 'Total Number of Carers Assisted by IAG' in Q2 2017-18. However, overall activity engagement here remains healthy, with 536 carers accessing IAG in the period. Of those providers that have targets attached to this indicator, all have surpassed target levels</p> <p><b>ACTION</b> - Within CaAS, we will continue to monitor and work with providers to ensure that they comply with their contractual terms, including meeting expected performance. We will table a report focussing on Carers Support Services to the upcoming EIP group, and actions from that report will be progressed by officers within the team.</p>																							
<p><b>ABP6f - Increased ability to make choices and decisions about their support and how to access additional support if they need to (KG)</b></p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr> <td>Qtr 1</td> <td>84%</td> </tr> <tr> <td>Qtr 2</td> <td>92%</td> </tr> </tbody> </table>	Quarter	Value (%)	Qtr 1	84%	Qtr 2	92%	<p><b>ABP7a - Number of Alerts received (JB)</b></p> <table border="1"> <thead> <tr> <th>Period</th> <th>Value (JB)</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>2657</td> </tr> <tr> <td>Qtr 1</td> <td>509</td> </tr> <tr> <td>Qtr 2</td> <td>604</td> </tr> </tbody> </table>	Period	Value (JB)	2016/17 Baseline	2657	Qtr 1	509	Qtr 2	604	<p><b>ABP7b - Percentage of threshold decisions made within seven days of receipt of alert (JB)</b></p> <table border="1"> <thead> <tr> <th>Period</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>50.6%</td> </tr> <tr> <td>Qtr 1</td> <td>60.90%</td> </tr> <tr> <td>Qtr 2</td> <td>70.60%</td> </tr> </tbody> </table>	Period	Value (%)	2016/17 Baseline	50.6%	Qtr 1	60.90%	Qtr 2	70.60%	
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<p><b>ABP7c - Number of alerts where threshold is met (JB)</b></p> <table border="1"> <thead> <tr> <th>Period</th> <th>Number of Alerts</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>690</td> </tr> <tr> <td>Qtr 1</td> <td>126</td> </tr> <tr> <td>Qtr 2</td> <td>103</td> </tr> </tbody> </table>	Period	Number of Alerts	2016/17 Baseline	690	Qtr 1	126	Qtr 2	103	<p><b>ABP7d - % of cases where action to make safe took place within 24 hrs following the decision that the threshold has been met (JB)</b></p> <table border="1"> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>52.8%</td> </tr> <tr> <td>Qtr 1</td> <td>74.2%</td> </tr> <tr> <td>Qtr 2</td> <td>85.20%</td> </tr> </tbody> </table>	Period	Percentage	2016/17 Baseline	52.8%	Qtr 1	74.2%	Qtr 2	85.20%	<p><b>ABP7e - Percentage of enquiries completed within 28 days of the threshold decision (JB)</b></p> <table border="1"> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>51.6%</td> </tr> <tr> <td>Qtr 1</td> <td>51.30%</td> </tr> <tr> <td>Qtr 2</td> <td>60%</td> </tr> </tbody> </table>	Period	Percentage	2016/17 Baseline	51.6%	Qtr 1	51.30%	Qtr 2	60%
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2016/17 Baseline	690																									
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Qtr 2	103																									
Period	Percentage																									
2016/17 Baseline	52.8%																									
Qtr 1	74.2%																									
Qtr 2	85.20%																									
Period	Percentage																									
2016/17 Baseline	51.6%																									
Qtr 1	51.30%																									
Qtr 2	60%																									
<p><b>DATA</b> - This is a simplified measure introduced for 17/18 and alongside this, the refreshed thresholds guidance has been circulated to staff, with several awareness raising sessions held in key areas.</p> <p><b>REVIEW</b> - A number of process and procedural changes have been introduced to ensure that safeguarding activity is appropriately captured and responded to. Further work is planned in this area with providers, and as a result, it is anticipated that this measure might be volatile during 17/18, requiring caution in reaching definitive conclusions around apparent variations in performance.</p> <p><b>ACTION</b> - Continue to monitor performance over next quarter. A further drill down into data might be required to establish causes of any fluctuations in performance.</p>	<p><b>DATA</b> - This is a newly introduced measure for 17/18</p> <p><b>REVIEW</b> - Although still short of the 95% target, significant improvement is noted and there is a high level of confidence that the figure is related to reporting rather than practice. The PSW is focussing on this issue as part of a suite of LL improvements and practice awareness and it is anticipated that reported performance in this area will continue to improve.</p> <p><b>ACTION</b> - Continue to monitor over next quarter, including audit sample. Investigate any specific issues identified.</p>	<p><b>DATA</b> - This is a new measure for 17/18 - introduced to measure timeliness of concluding a safeguarding enquiry.</p> <p><b>REVIEW</b> - Alongside the introduction of this measure, a process has been established to run a monthly report identifying S42 enquiries that have been open for longer than 28 days - aimed at identifying key causes. The findings from 3 months will be analysed and evaluated and if required, a process change considered. To date, however, there has been a marked improvement without the need for any change of process.</p> <p><b>ACTION</b> - Continue to monitor over next quarter. and evaluate results from 3 month report</p>																								
<p><b>ABP7f - Number of repeat alerts relating to unallocated cases in a 12 month rolling period (JB)</b></p> <table border="1"> <thead> <tr> <th>Period</th> <th>Number of Alerts</th> </tr> </thead> <tbody> <tr> <td>Qtr 1</td> <td>207</td> </tr> <tr> <td>Qtr 2</td> <td>179</td> </tr> </tbody> </table>	Period	Number of Alerts	Qtr 1	207	Qtr 2	179	<p><b>ABP8a - Proportion of contracted providers to be compliant at the point of assessment, of those eligible to receive a QAF assessment (TS)</b></p> <table border="1"> <thead> <tr> <th>Period</th> <th>Proportion</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>81.8%</td> </tr> <tr> <td>Qtr 1</td> <td>80.6%</td> </tr> <tr> <td>Qtr 2</td> <td>80.1%</td> </tr> </tbody> </table>	Period	Proportion	2016/17 Baseline	81.8%	Qtr 1	80.6%	Qtr 2	80.1%	<p><b>ABP8b - Proportion of contracted providers to be compliant with Quality Assurance Framework within 12 weeks of initial QAF evaluation (TS)</b></p> <table border="1"> <thead> <tr> <th>Period</th> <th>Proportion</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>83.3%</td> </tr> <tr> <td>Qtr 1</td> <td>47.4%</td> </tr> <tr> <td>Qtr 2</td> <td>36.0%</td> </tr> </tbody> </table>	Period	Proportion	2016/17 Baseline	83.3%	Qtr 1	47.4%	Qtr 2	36.0%		
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<p><b>DATA</b> - This measure considers data over a rolling 12 month period. As such, it is important to note that any changes in performance will only become apparent relatively slowly over the timeframe.</p> <p><b>REVIEW</b> - A desk top audit was undertaken by the PSW on those people who had 3 or more alerts. No specific issues of practice concern were identified, although a couple of process /recording amendments are under consideration and if agreed, will be implemented early in 2018.</p> <p><b>ACTION</b> - Continue to monitor, with the option for further desktop audit if indicated.</p>	<p><b>DATA</b> - In Q2 2017-18, we have seen a continuation of a slight decrease in terms of the total rate of QAF eligible QAF providers to be compliant with the QAF process (80.1% compliance). This trend continues a slight downturn we saw in the previous quarter, but at this time is insignificant.</p> <p><b>REVIEW</b> - We are currently reviewing the way we record and monitor contracted service on our QAF tracking database. An updated version of this is currently in development and will be used to add all Substance Misuse and Public Health contracts</p> <p><b>ACTION</b> - All providers deemed to be non-compliant with the Quality Assurance Framework (QAF) will be subject to a follow up process by CaAS, which will include action planning and subsequent QAF reviews. It is expected that following this intervention by CaAS, all providers should be compliant within 12 months of their initial QAF assessment.</p>	<p><b>DATA</b> - With the change in reporting (rather than expecting compliance within 12 months of the original QAF outcome, we expect a contracted provider to achieve compliance with the QAF within 12 weeks of their initial QAF evaluation), this process is still embedding and figures may fluctuate until settling down and a baseline can be established.</p> <p><b>ACTION</b> - As part of the Quality Assurance Framework (QAF), any provider that is assessed to be non-compliant will be subject to a remedial action plan. CaAS staff will work closely with the provider for them to improve standards. Following an agreed period for implementing any improvements, the provider will receive a reassessment. Those providers seen in the KPI return to still be non-compliant will have been subject to this process.</p>																								

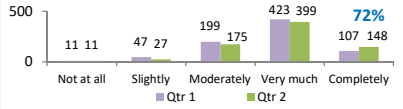
ABP8c - Proportion of contracted providers to be compliant with Quality Assurance Framework within 12 weeks of initial QAF evaluation (TS)	ABP8d - Proportion of all QAF evaluations completed within 13 weeks of the start date (TS)	ABP8f - The proportion of NOCs directly related to 'Contractual Concerns' to be completed and closed within the target period, based on complexity (TS)																								
 <table border="1"> <caption>Data for ABP8c</caption> <thead> <tr> <th>Period</th> <th>Number of Providers</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>16</td> </tr> <tr> <td>Qtr 1</td> <td>5</td> </tr> <tr> <td>Qtr 2</td> <td>16</td> </tr> </tbody> </table>	Period	Number of Providers	2016/17 Baseline	16	Qtr 1	5	Qtr 2	16	 <table border="1"> <caption>Data for ABP8d</caption> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>53.2%</td> </tr> <tr> <td>Qtr 1</td> <td>34.40%</td> </tr> <tr> <td>Qtr 2</td> <td>31.10%</td> </tr> </tbody> </table>	Period	Percentage	2016/17 Baseline	53.2%	Qtr 1	34.40%	Qtr 2	31.10%	 <table border="1"> <caption>Data for ABP8f</caption> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>41.2%</td> </tr> <tr> <td>Qtr 1</td> <td>43.3%</td> </tr> <tr> <td>Qtr 2</td> <td>35.9%</td> </tr> </tbody> </table>	Period	Percentage	2016/17 Baseline	41.2%	Qtr 1	43.3%	Qtr 2	35.9%
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Qtr 2	35.9%																									
<p><b>DATA</b> - Q2 has seen a large increase in contract breaches compared to Q1. With increases reported in Residential/Nursing Care (8 separate providers), Domiciliary Care (2) and VCS (2). This increase may be a 'one-off' in recorded breaches - the next quarter (Q3) should be able to confirm a trend or not.</p> <p><b>ACTION</b> - In Q2 (September), a Termination of contract was recorded and was issued with a fundamental breach informing them that the contract will be terminated (once the last City funded/self funded service user leaves). This provider was in residential/nursing care homes. In Addition, a reminder to all Officers has been issued reminding them of the correct procedure to follow when recording issues that may constitute a breach.</p>	<p><b>DATA</b> - After the decrease in Q1 2017-18 compared to the 2016-17 baseline, which coincided with the launch of the new CaAS structure following a recent Organisational Review. Q2 returns even lower percentage figures for the evaluation completion within 13 weeks, with the exception in Non-regulated, which increased to a 77.7% overall completion within the timeline.</p>	<p><b>DATA</b> - Overall, we have seen a decrease in terms of the overall proportion of IMR cases that have been closed within 28 days, which does not follow on from the good start to the year in Q1. The biggest fall is in Residential/Nursing care (please note that we will soon be amending our reporting against this indicator, in order to align reporting with the new categories for IMR)</p> <p><b>ACTION</b> - Data cleansing during Q1 and Q2 has been led by the MAIPP team, with the aim of closing historical cases. Therefore, there is a larger percentage of cases closed after 28 days due to be historical cases.</p>																								

# ASC Customer Measures Dashboard 2017/18 Quarter 2

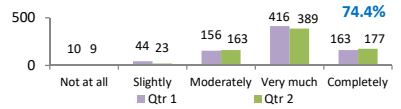
# Appendix 5

## Quality of Life Outcomes

The % of service users whose quality of life has improved as a result of their care package (Re-Assessments)

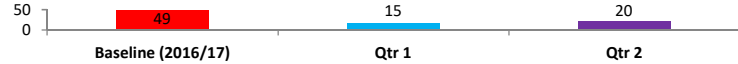


The % of service users who felt their needs had been met in their previous assessment (Re-Assessments)

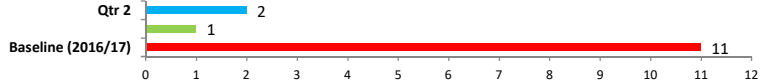


## Help and support from ASC Services

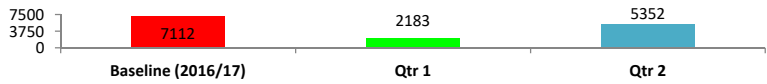
Number of complaints received by the department concerning challenging practice decisions



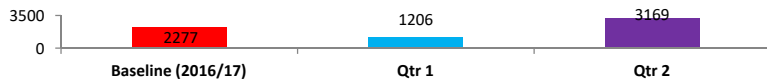
Number of complaints received concerning delay in receiving a service



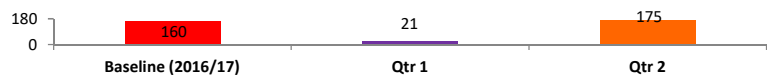
Number of visits to ASC Portal



Number of people who click on IAG links



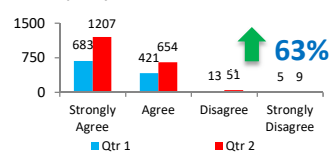
Number of people who submitted a portal eligibility form



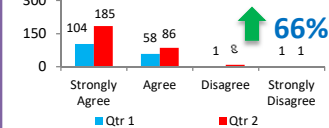
## Quality of interaction with ASC Services and staff

(285 Responses)

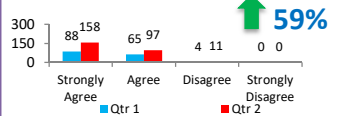
% of service users satisfied/ highly satisfied with quality of interaction with ASC staff



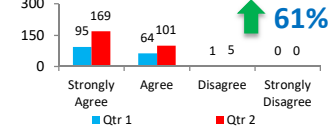
% of service users who felt that their social worker who spoke with them understood what they were saying



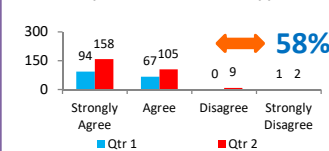
% of service users who felt that their social worker discussed any practical help they receive on a regular basis from their husband/wife, partner, neighbour or family member



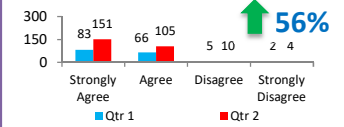
% of service users who felt that their social worker provided them with clear information that they could understand



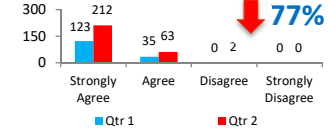
% of service users who felt their social worker explained what would happen next



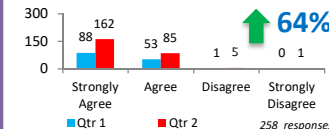
% of service users who felt their experience of the process matched what they were told to expect by their social worker



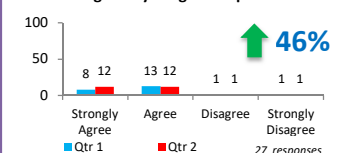
% of service users who felt they were treated with respect and dignity by their social worker



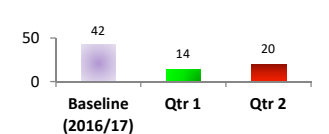
\*(A) % of service users who felt that their social worker was knowledgeable and understood their needs



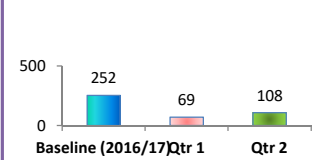
\*(B) % of service users who would not have changed anything in the process



Number of complaints received regarding staff attitudes/behaviour



Number of commendations received



\*(A) User experience of ASC services  
 \*(B) User experience of ASC via contact & response team  
 Direction of travel compared to Qtr 1