

Adult Social Care Scrutiny Commission

ASC Integrated Performance Report

2017/18 - Quarter 3

Date: 20th March 2018

Lead Director: Steven Forbes



Useful information

- Ward(s) affected: All
- Report author: Adam Archer
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- Report version: 1

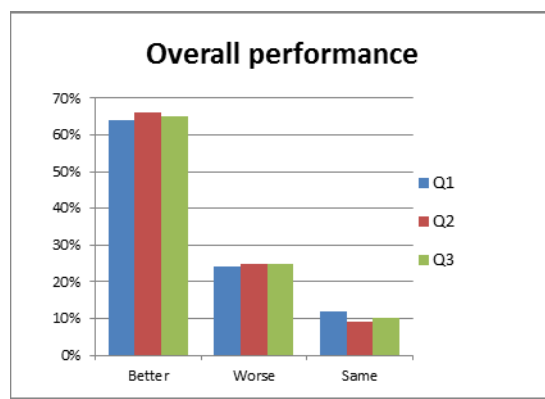
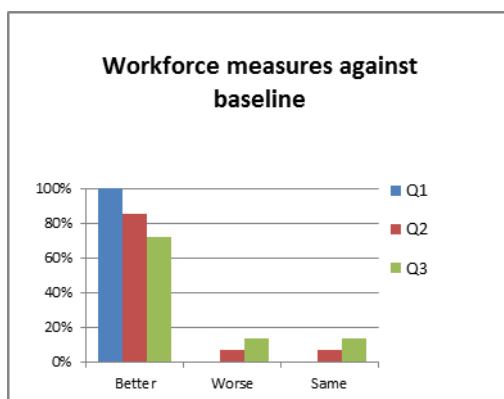
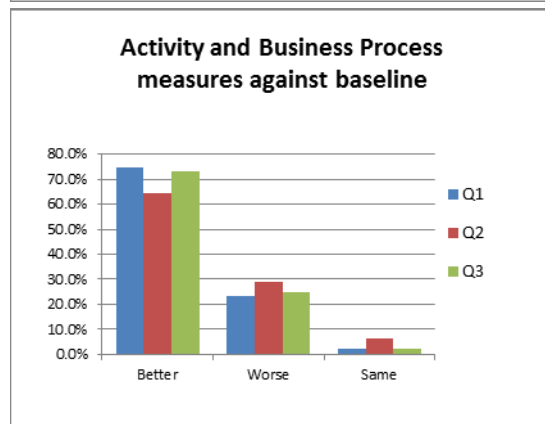
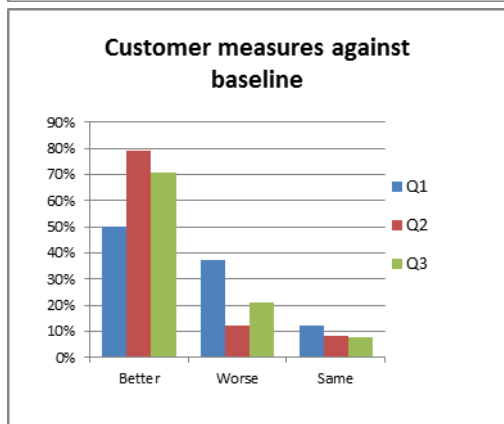
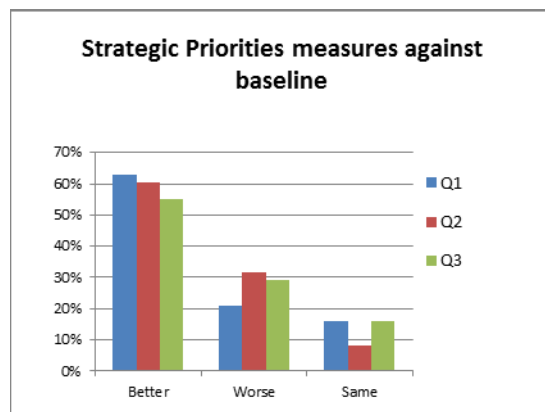
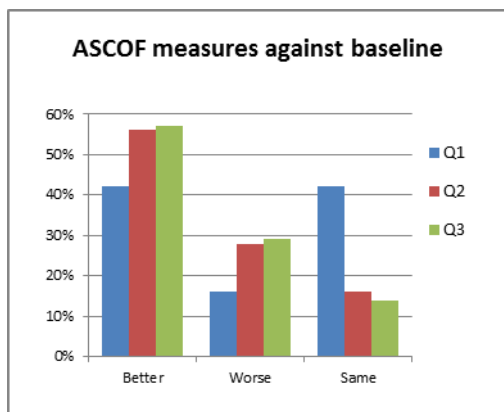
1. Summary

1.1 This report brings together information on various dimensions of adult social care (ASC) performance in the third quarter (first nine 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, second and third 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 29th 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. An overview of performance 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 has been effective. Overall, 21 of our measures have shown improvement from our 2016/17 baseline, with 11 showing deterioration. This is a slightly poorer position to that reported at the end of the previous two quarters, but similar to the 2016/17 out-turn. Performance is generally strongest for measures linked to priorities two and six. 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. We are now able to report some data for the measures in 'priority five' (Transitions) which have been under development. However, further work on data quality assurance is required.

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 priorities three and four (promoting independence in the working age and older populations), while showing some improvement from Q2, continues to be a cause of some concern, particularly in respect of admissions to residential and nursing care.

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 Quarter 3 2017/18, 92 individuals were involved in a safeguarding enquiry started in that period. Of these 40 were aged 18 to 64, with 52 aged 65 years or over. 53 of those involved were female and 39 were male. 68 were 'White', 9 'Asian' and 8 were 'Black.'

3.2.3 50 individuals who were involved in an enquiry have a recorded Primary Support Reason. 32% of these individuals (21 people out of 50) have 'physical support' as their Primary Support Reason, with 'learning disabilities' and 'mental health support' the next most common reasons.

3.2.4 Using figures for all completed enquiries in Quarter 3, the most commonly recorded category of abuse for concluded enquiries was "neglect" (59 instances), then physical abuse" (31) and "psychological/emotional abuse" (17). The most common location of risk was in care homes, with a total of 37, of these, 24 were residential homes and 13 nursing homes. The next most common abuse location recorded was the person's own home, 20 instances.

3.2.5 Quarter 3 performance:

Measure	Quarter3 2017/18
Number of alerts progressing to a Safeguarding enquiry (threshold met)	Alerts received in the quarter = 578 Threshold met in 102 cases
Percentage of cases where action to make safe took place within 24 hours following the decision that the threshold has been met	72% of enquiries begun within 24 hours of threshold decision being made
Completion of safeguarding enquiries – within 28 days target	59.3% of safeguarding enquiries were completed within 28 days.
Percentage of people who had their safeguarding outcomes partially or fully met.	90.6% of individual who were asked for and gave desired safeguarding outcomes had these outcomes fully or partially met (fully met 42.2% and partially met 48.4%)

3.3 Managing our Resources: Budget

- 3.3.1 The department is forecasting to spend £5.7m less than the budget of £105.7m. £5m of this is required to meet budget pressures elsewhere in the Council and to protect the authority's position in 2018/19.
- 3.3.2 The current forecast under-spend (which has increased since the half year forecast) is one off in nature and as a result of successfully managing to make planned savings ahead of the original budget plan. Staffing savings contribute £2.7m to the overall underspend and of this, £1.2m is permanent staffing savings made ahead of schedule in Care Management and Enablement. There are further staffing savings of £1.5m either where vacancies are being held in advance of having to make further permanent savings next year (in Care Management) or where posts have not been filled for the full year following previous service reviews (in Commissioning and Contracts and Enablement).
- 3.3.3 Care management and related staffing costs are targeted to reduce by £2.3m from 2019/20 and we have now identified £1.3m in 2017/18 from voluntary redundancies and deletion of vacant posts against a target this year of £0.85m.
- 3.3.4 The remaining one off forecast underspends of £3m (being £5.7m less the £2.7m staffing savings highlighted above) includes £1.3m from closing the Kingfisher intermediate care centre (and replaced with a contract let for 12 beds with two independent sector providers), a year ahead of schedule. The balance of £1.7m arises mainly from other one off budget savings from additional income from the CCG for health funded service users at Hastings Road, a slower take up than anticipated of the newly let floating support contract, savings from non-statutory preventative contracts which have ended (in advance of the planned reductions in 2018-20).
- 3.3.5 In the year to date there has been no growth in net new service users apart from adult mental health cases which has seen a 6.8% increase (5.2% for the full year in 2016/17). We are still forecasting that overall annual growth across all service user types will be 1%, slightly less than the 1.2% seen in 2016/17.
- 3.3.6 The major issue for the service for this year and in subsequent years remains the increasing levels of need of our existing service users. This is still 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. It is encouraging that the forecast rate of increase in 2017/18 at period 9 has not changed since the half year forecast was prepared.
- 3.3.7 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.
- 3.3.8 The additional cost of the increasing needs has been mitigated to a significant extent for this year as a result of the impact of savings from planned reviews of care packages, a reduction in the provision for backdated package costs 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. As a result overall net package costs for this year are broadly in line with budget.

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. Having said that, HR are transferring to a new case management meaning complete data for grievances and capabilities is not yet available for Q3. Overall performance at the end of Q3 remains strong, with 10 of the 14 measures where we have data showing improvement. An overview of performance is shown at **Appendix 2**.

3.4.2 Achievements:

For the second time running since reporting on our workforce commenced, we are able to report an improvement in sickness levels, both short and long term across both divisions. Overall staff costs for the department have reduced by over £3m since the corresponding period in 2016/17. This equates to a reduction of almost 15%.

3.4.3 Concerns:

The only area of concern from the data available is that spend on agency staff has increased from the corresponding period in 2016/17. Spend on casual staff has also increased, but not by a significant amount.

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 previously reported, there continue to be some 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 however had formal notification of the revised definition for the Delayed Transfers of Care measure (2C). This is now a three-part measure that reflects both the overall number of delayed transfers of care (part 1) and, as a subset, the number of these delays which are attributable, to social care services (part 2 - new) and jointly attributable to health and social care services (part 3). The measure uses "DTC Beds" data taken from monthly 'SitRep' reports.

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 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 and Q2, but are still 20% better than the same period in 2016/17 and forecast to meet our

target. The new element of the measure for delayed transfers of care counting delays attributable to ASC (part 2) shows very positive performance with just 0.9 bed delays per 100,000 population.

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 there is a risk to meeting 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 Q3 last year when compared on like for basis (although a revised method of calculating admissions means we are just on track to meet our 2017/18 targets). The proportion of older people at home 91 days after hospital discharge (2Bi) has worsened in Q3 and remains well below the 2016/17 baseline. Performance against the learning disability measure for employment (1E) is unchanged from the Q2 position and remains well below target. The percentage of mental health service users in employment (1F) and living independently (1H) have both fallen from Q2 and remain 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 and slightly better than Q2 with 73% of measures where a judgement can be made showing improvement, almost three times as many as showing deterioration. Where appropriate, targets have now been set for 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:

While not impacting on the improved demand management described above, it is worth noting that in Q3 the number of "new clients" as defined for SALT purposes exceeded the number recorded at the same point last year. This is the first time in reporting during 2017/18 that this is the case. We are now forecasting that the number of "new clients" for 2017/18 will exceed the total for 2016/17. 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 82% 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. See **appendix 5** for a snapshot of customer performance.

3.7.2 Summary:

Performance on 17 of our customer measures is showing improvement from our 2016/17 baseline, with two showing no significant change and 5 showing a slight decline.

3.7.3 Achievements:

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 Q3 continue to be positive with 73.9% of service users saying that their needs were very much or completely met and 70% said that their quality of life had improved very much or completely as a consequence. Both measures dipped slightly after particularly strong performance in Q2, but remain higher than Q1. We continue to see a marked decrease in the number of complaints received. Our current position is significantly improved from 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 has reduced, with 159 received by the end of Q3 compared to 176 at the same point in 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?)

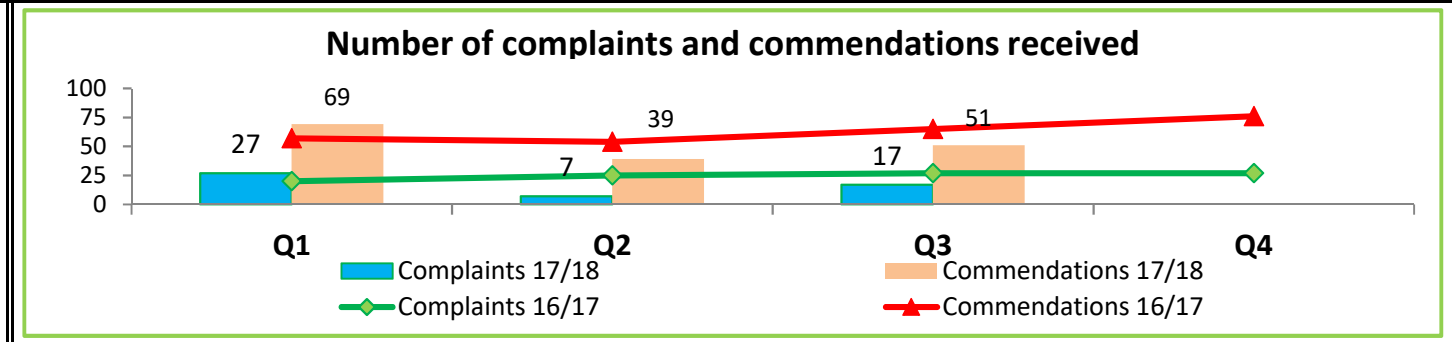
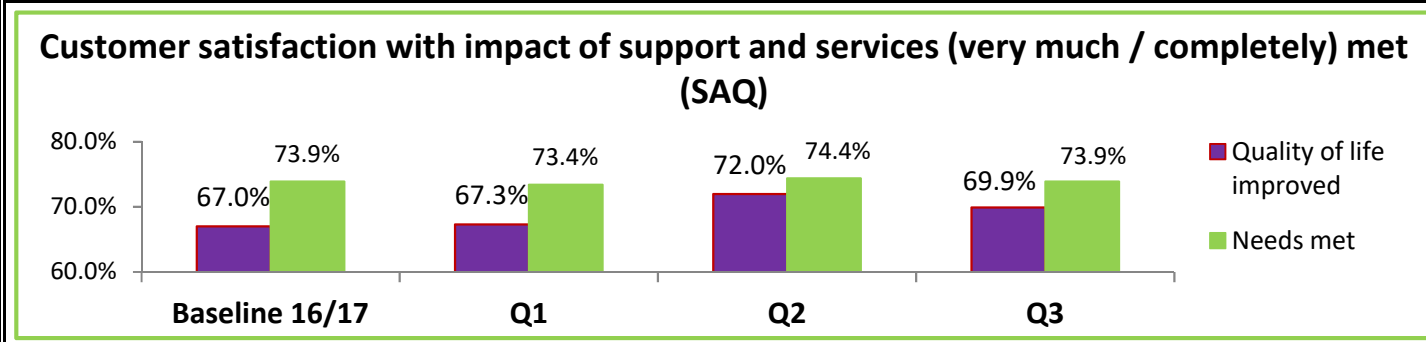
None

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

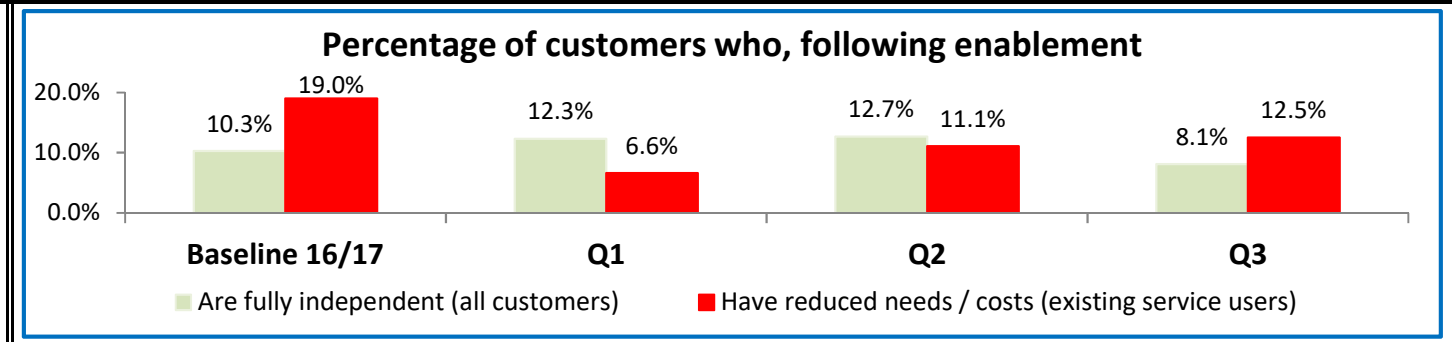
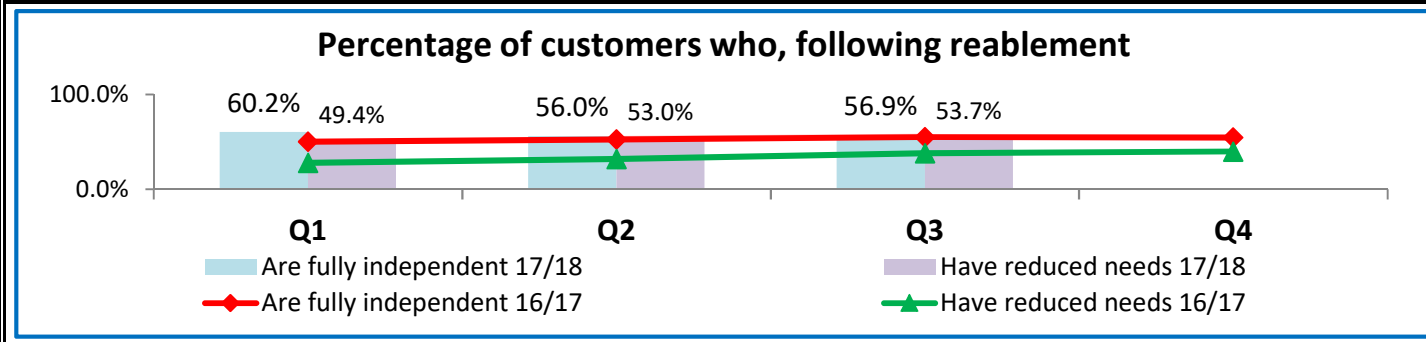
6. **Summary of appendices:**

- Appendix 1: Strategic Priorities
- Appendix 2: Workforce
- Appendix 3: ASCOF
- Appendix 4: Business Processes
- Appendix 5: Customer Service

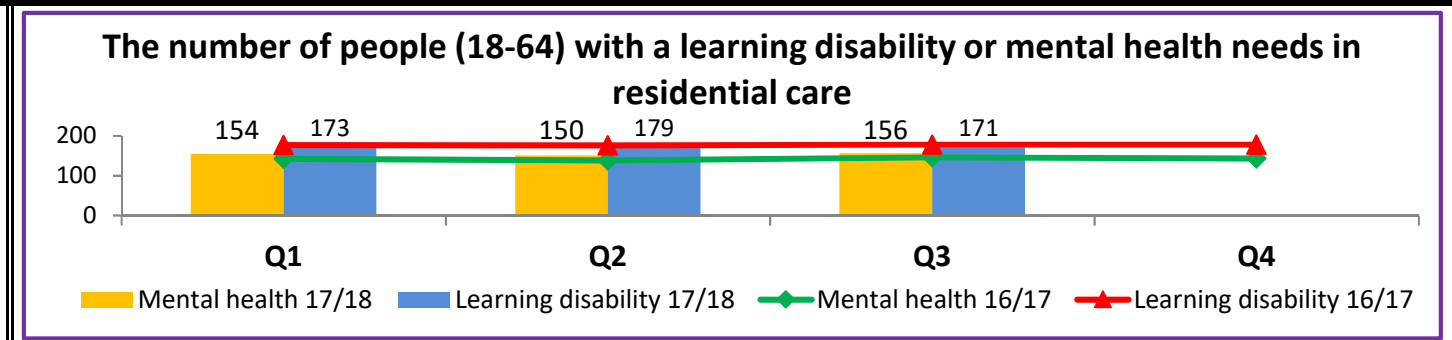
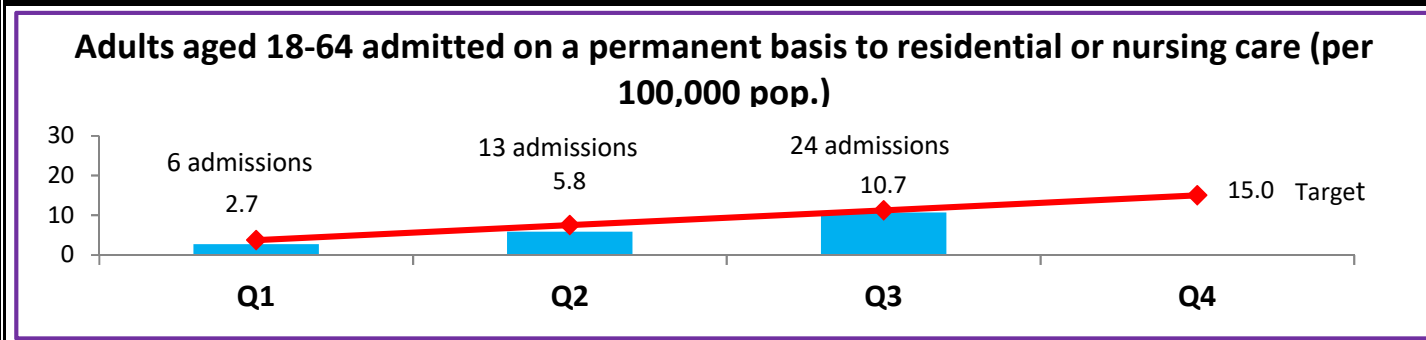
1) We will improve the customer experience by increasing our understanding of the impact and benefit of what we do. We will use this knowledge to innovate and improve the way we work and commission services



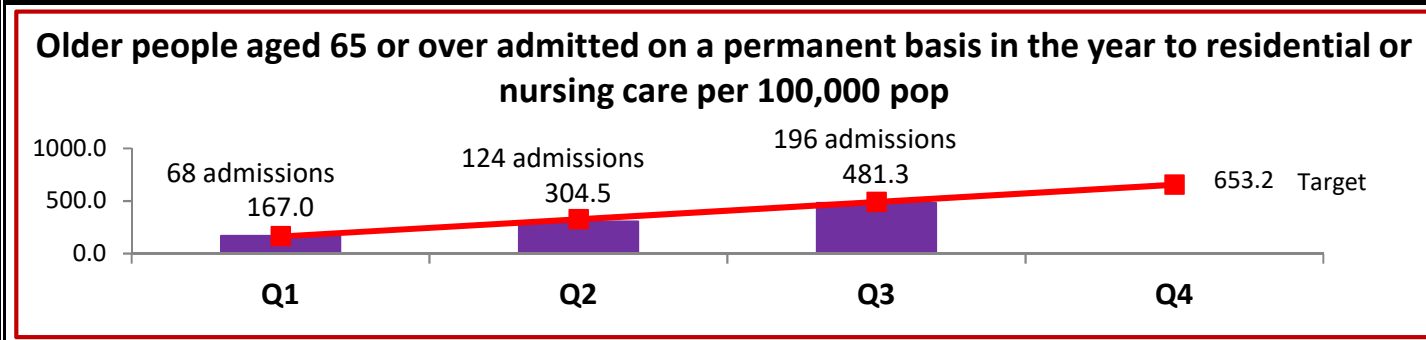
2) We will embed a strength-based, preventative model of support, to promote wellbeing, self-care and independence



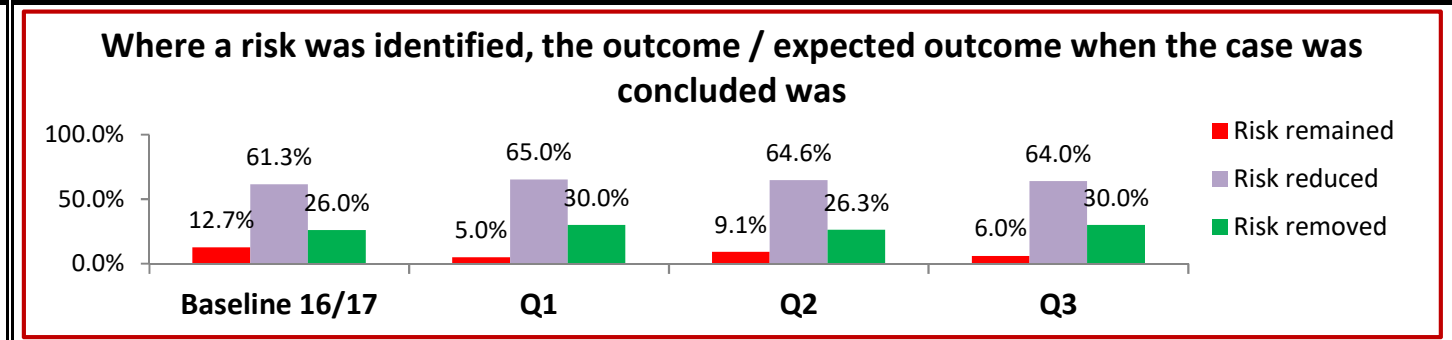
3) We will improve the opportunities for those of working age to live independently in a home of their own and continue to reduce our reliance on the use of residential care



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

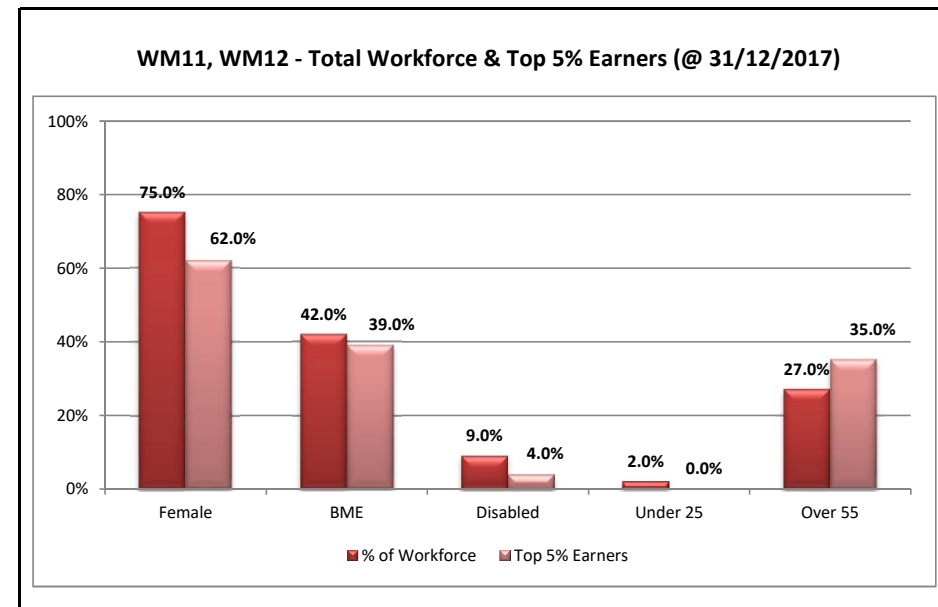
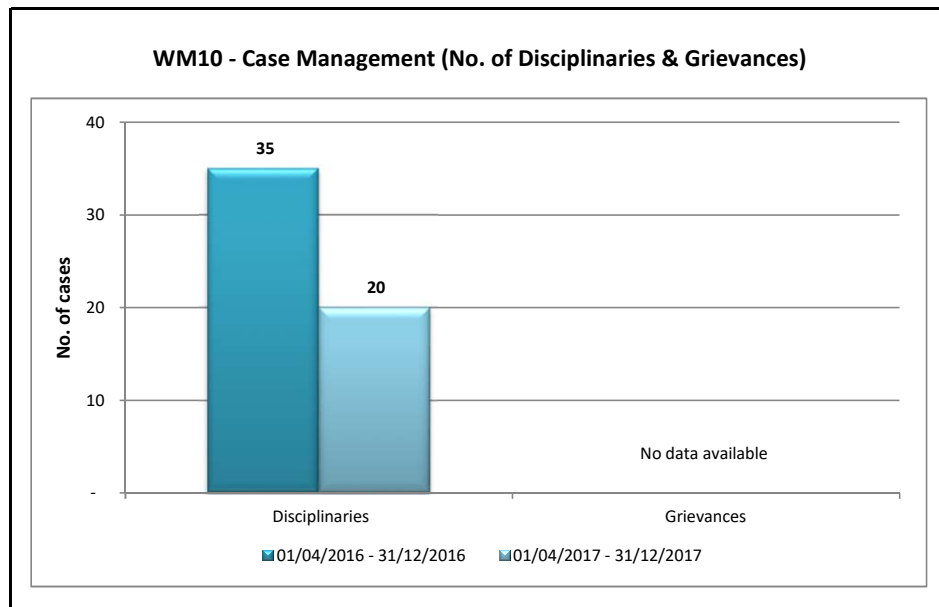
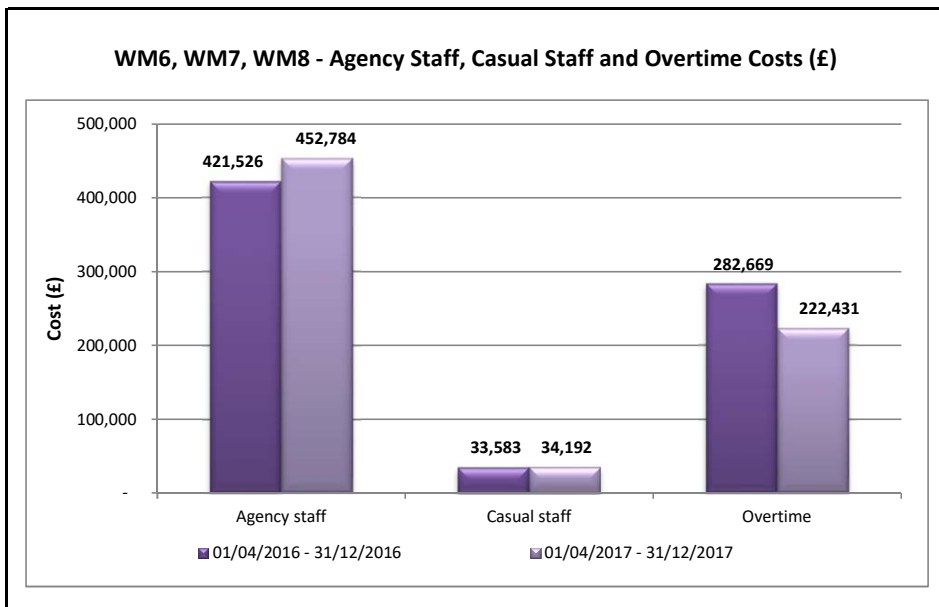
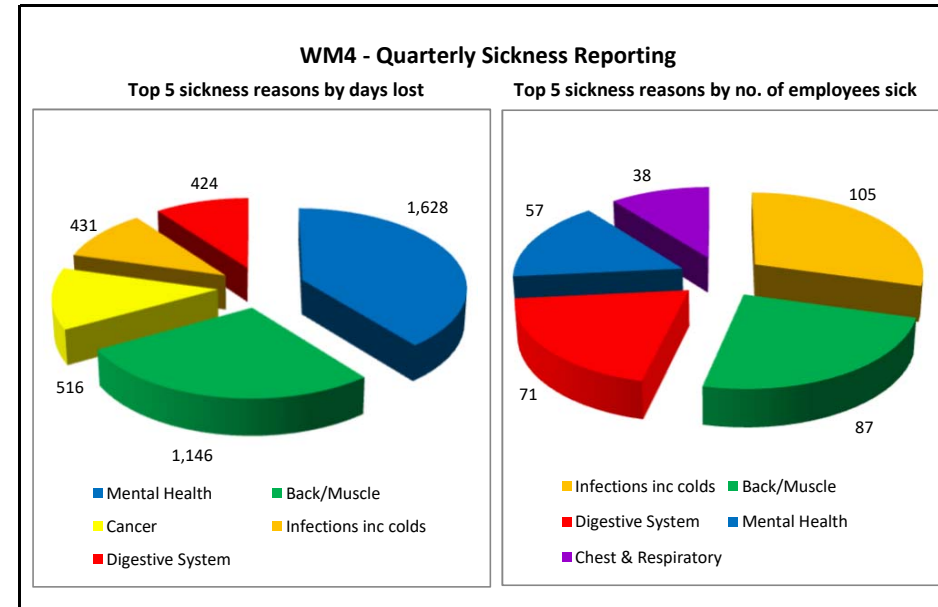
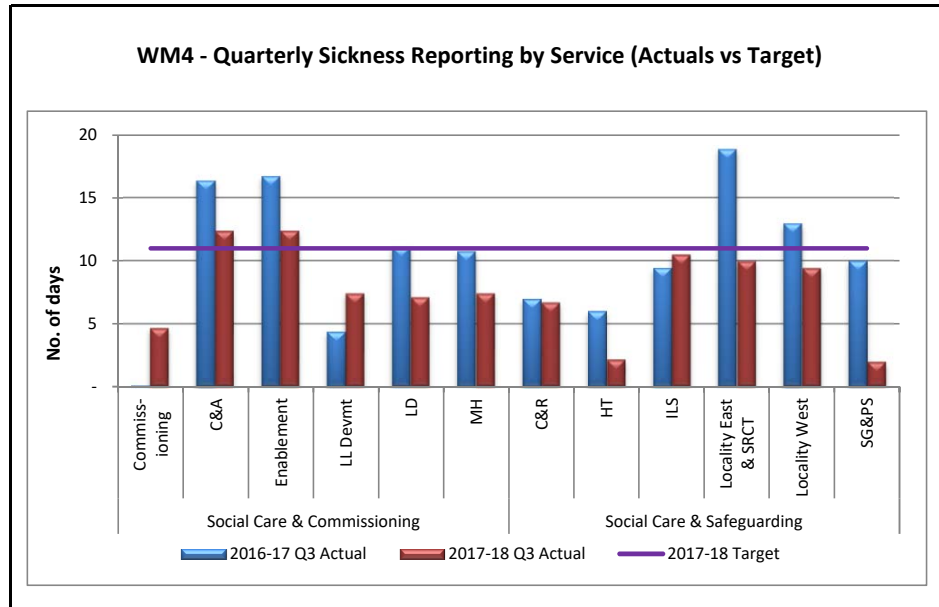
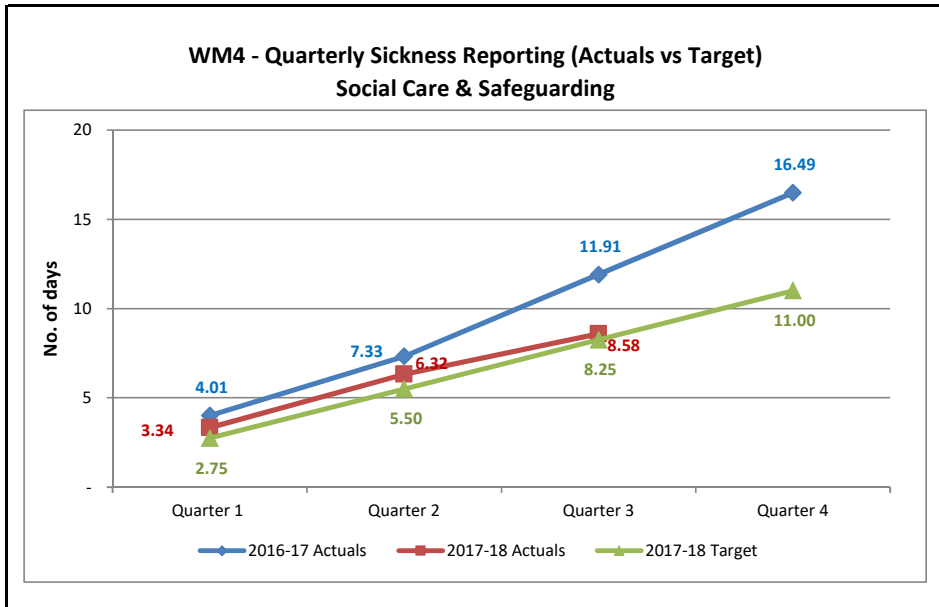
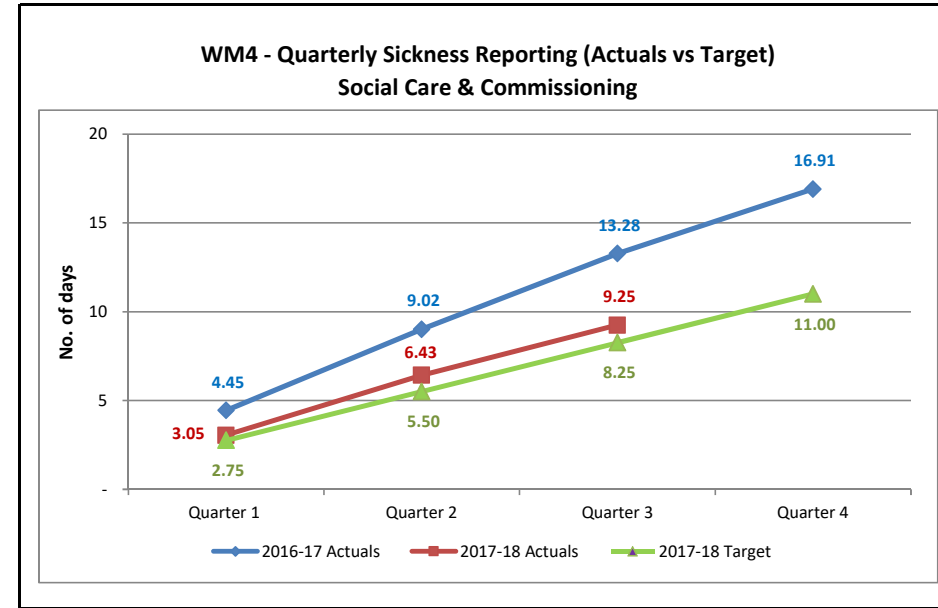
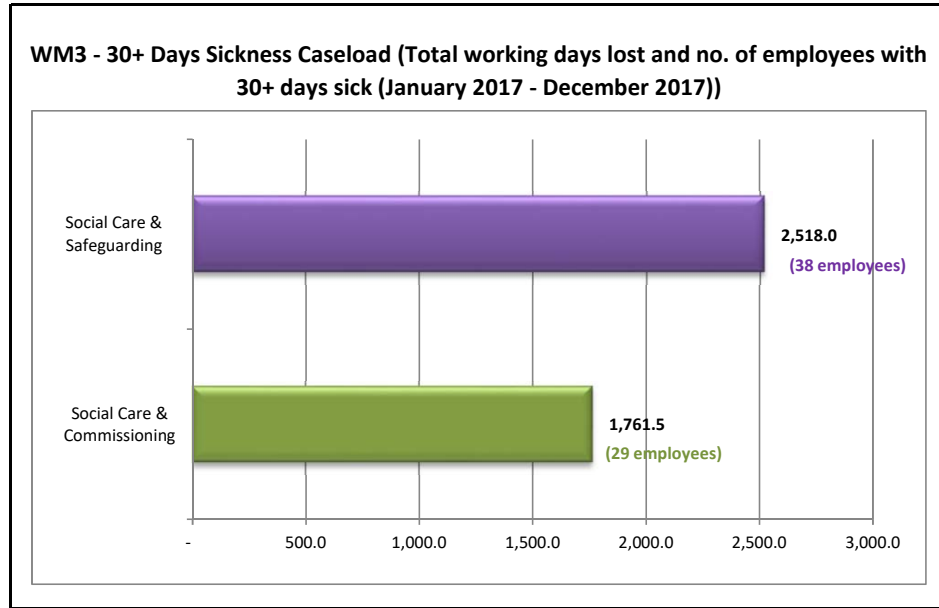
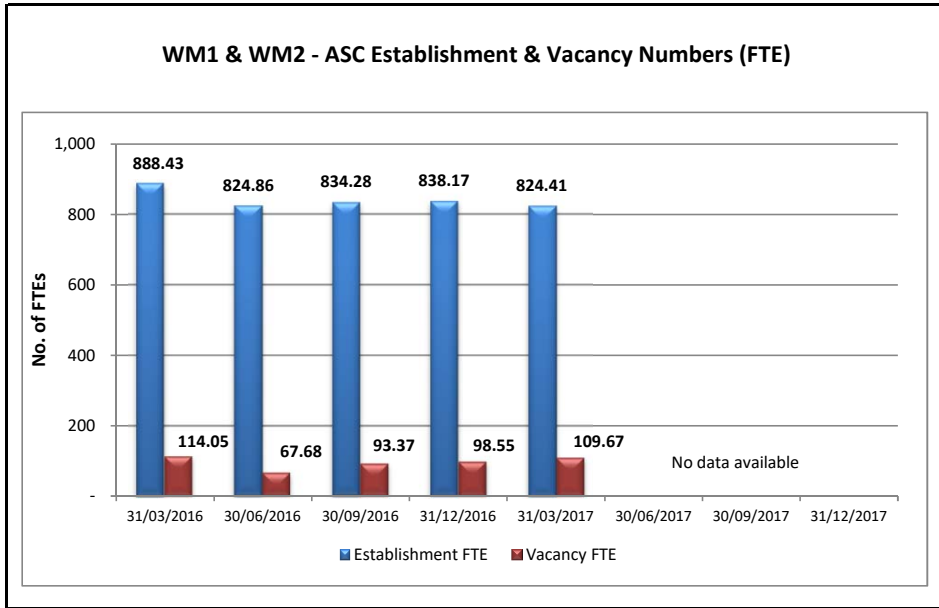


5) We will work with partners to protect adults who need care and support from harm and abuse















ASC Workforce Measures 2017/18 Quarter 3















Appendix 2.















Adult Social Care Performance: 2017/18 – Q3









Adult Social Care Outcome Framework





Indicator	2016/17	2016/17 Benchmarking			2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Target	Rating / DoT	Comments
		England Average	England Ranking	England Rank DoT						
1A: Social care-related quality of life.	18.5	19.1	126/150 (=)	 From 147/150	N/A	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.	76.2%	77.7%	100/150	 From 138/150	N/A	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.	99.7% (3,689/3,698)	89.4%	28/152 (=)	 From 31/152	99.7% (3,682/3,694)	99.8% (3,683/3,689)	100% (3,622/3,622)	99.0%	 G	Position at Q3 2016/17: 99.6% (3,789/3,805)
1Cib: Carers receiving self-directed support in the year.	100%	83.1%	1/150 (=)		100% (86/86)	100% (96/96)	100% (106/106)	100%	 G	Position at Q3 2016/17: 100% (153/153)
1Cia: Service Users aged 18 or over receiving direct payments as at snapshot date.	46.8% (1,733/3,698)	28.3%	7/152	 From 8/152	47.3% (1,746/3,694)	49.7% (1,834/3,689)	50.7% (1,836/3,622)	46.1%	 G	Position at Q3 2016/17: 45.3% (1,724/3,805)
1Cib: Carers receiving direct payments for support direct to carer.	100%	74.3%	1/150 (=)		100% (86/86)	100% (96/96)	100% (106/106)	100%	 G	Position at Q3 2016/17: 100% (153/153)

Indicator	2016/17	2016/17 Benchmarking			2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Target	Rating / DoT	Comments	
		England Average	England Ranking	England Rank DoT							
1D: Carer reported quality of life.	7.2	7.7	127/151 (=)	 From 145/151	N/A	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.	4.7% (37/785)	5.7%	85/152		4.6% (33/721)	4.4% (33/754)	4.4% (34/767)	6.6%	 R	Position at Q3 2016/17: 4.8% (37/769)	
1F: Proportion of adults in contact with secondary mental health services in paid employment.	2.4% (19.5/820)	No national data published			2.9%	2.5%	2.0%	5.2%	 R	Latest data – October 2017 Position at Q3 2016/17 – 2.6%	
1G: Proportion of adults with a learning disability who live in their own home or with their family.	74.4% (584/785)	76.2%	97/152	 From 98/152	72.0% (519/721)	71.5% (539/754)	73.8% (566/767)	73.8%	 G	Position at Q3 2016/17: 73.6% (566/769)	
1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support.	36.6% (300/820)	No national data published			41.4%	35.3%	28.0%	68%	 R	Data quality issues Latest data – October 2017 Position at Q3 2016/17 42.3%	
1I: Proportion of people who use services and their carers who reported that they had as much social contact as they would like.	Users	35.9%	45.4%	148/150	 From 142/150	N/A	N/A	N/A	42.6%	From 2015/16 	17/18 user survey results available May '18
	Carers	31.0%	35.5%	105/151	 From 123/151	N/A	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.	0.372	0.403	131/150	 From 123/150	N/A	N/A	N/A	N/A	From 2015/16 	New measure for 2016/17 (with retrospective scores). Derived from user survey.	

Indicator	2016/17	2016/17 Benchmarking			2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Target	Rating / DoT	Comments
		England Average	England Ranking	England Rank DoT						
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)	17.8* 40 admissions	12.8	121/152 (=)	 From 111/152	2.7 6 admissions	5.8 13 admissions	10.7 24 admissions	15.0	 G	Cumulative measure: Position at Q3 2016/17: 11.78 (26 admissions)* Forecast based on Q3 = 32 admissions (14.3/100,000) *2016/17 over counted
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).	692.4* 282 admissions	610.7	99/152	 From 82/152	167.0 68 admissions	304.5 124 admissions	481.3 196 admissions	653.2 266 admissions	 G	Cumulative measure: Position at Q3 2016/17: 476.85 (191 admissions)* Forecast based on Q3 = 261 admissions (641/100,000) *2016/17 over counted
2Bi: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.	Statutory	91.3%	82.5%	22/152 (=)  From 19/152	N/A	N/A	N/A	90.0%	From 2015/16 	Statutory measure counts Oct – Dec discharges
	Local	92.3%	N/A	N/A	N/A	85.8% (200/233)	86.0% (370/430)	85.0% (370/430)	90.0%	 R
2Bii: Proportion of older people (65 and over) offered reablement services following discharge from hospital.	Statutory	3.1%	2.7%	64/152  From 72/152	N/A	N/A	N/A	3.3%	From 2015/16 	Statutory measure counts Oct – Dec discharges
	Local	2.7%	N/A	N/A	N/A	3.4% (233 in reablement)	3.5% (430 in reablement)	3.4% (648 in reablement)	3.6%	 A
2Ci: Delayed transfers of care from hospital per 100,000 pop. (Low is good)	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)	9.7 (per 100,000 pop - total (All) DTOC bed delays)	16/17 target in BCF plan		See below for revised definition. Data up to December 2017

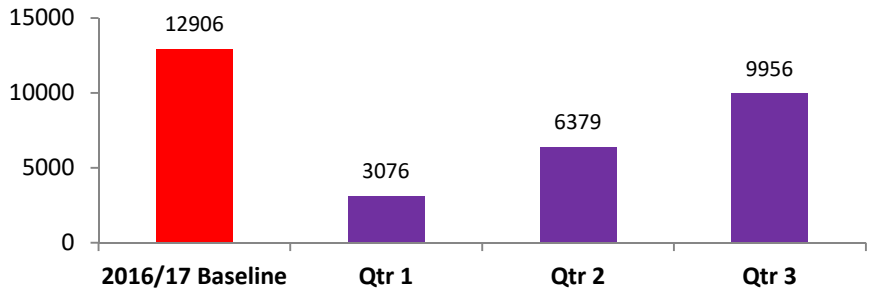
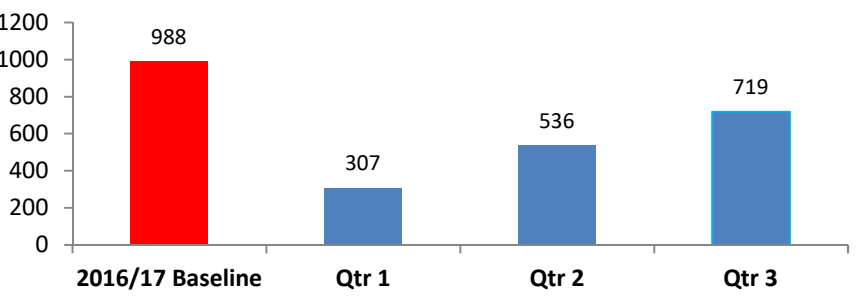
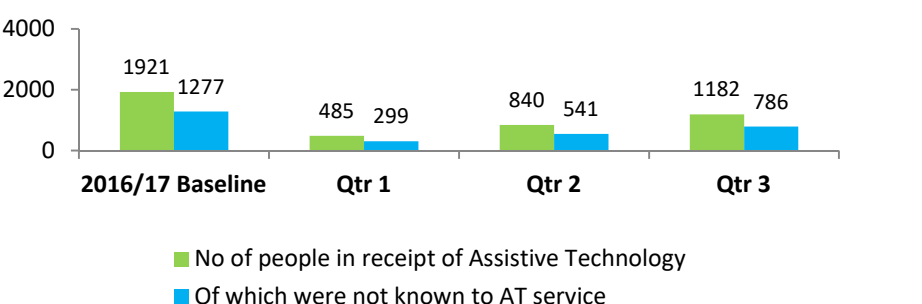
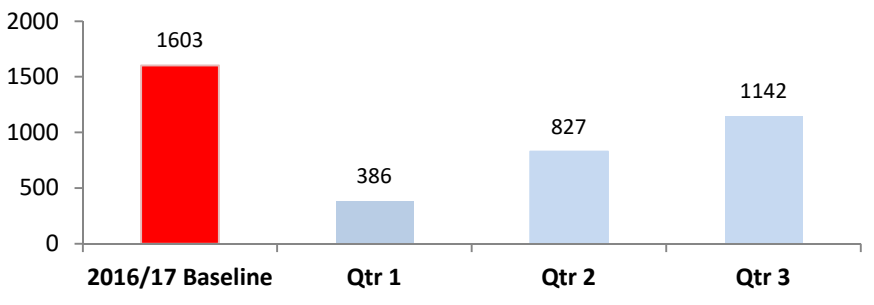
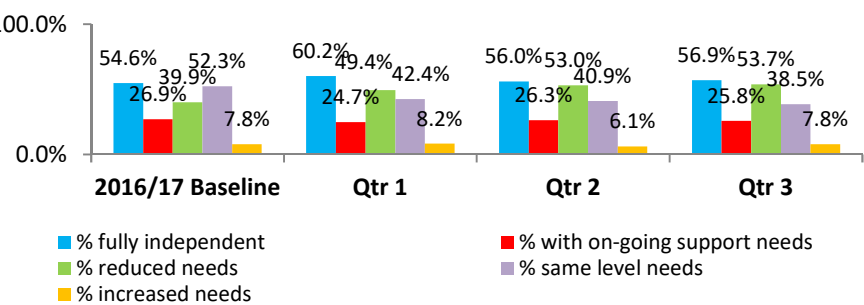
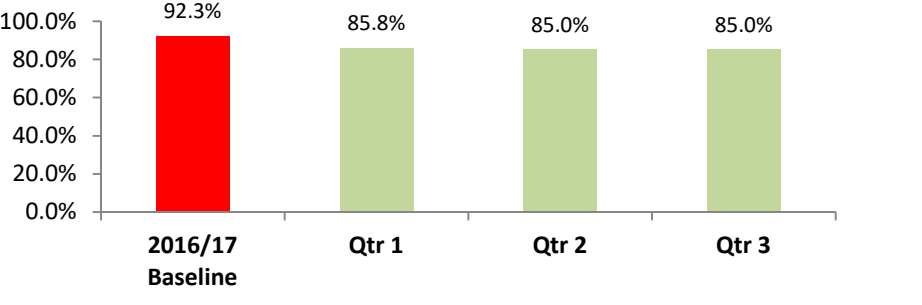
Indicator	2016/17	2016/17 Benchmarking			2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Target	Rating / DoT	Comments
		England Average	England Ranking	England Rank DoT						
2Cii: Delayed transfers of care from hospital attributable to ASC per 100,000 pop. (Low is good)	N/A	N/A	N/A	N/A	N/A	N/A	0.8 <small>(per 100,000 pop - Social care DTOC bed delays)</small>	N/A		A new definition for this measure has been released which is based on the average no of DTOC beds delayed per 100,000 pop. to date. This takes effect from April 17. The measure now has three parts, with delays attributable solely to ASC added (2Cii).
2Ciii: Delayed transfers of care from hospital attributable jointly to NHS and ASC per 100,000 pop. (Low is good)	2.9 <small>(92 delays)</small>	6.3	47/152	 From 37/153	2.5 <small>(per 100,000 pop - Social care and both NHS and Social care DTOC bed delays)</small>	3.4 <small>(per 100,000 pop - Social care and both NHS and Social care DTOC bed delays)</small>	2.3 <small>(per 100,000 pop - Social care and both NHS and Social care DTOC bed delays)</small>	1.4		Data relates to position for the year to date up to the end Dec 17.
2D: The outcomes of short-term services (reablement) – sequel to service	61.9%	77.8%	127/152	 From 129/152	71.4%	69.4%	68.3%	68.0%	 G	Position at Q3 2016/17: 60.9%
3A: Overall satisfaction of people who use services with their care and support.	65.4%	64.7%	64/150	 From 104/150	N/A	N/A	N/A	63.7%	From 2015/16 	17/18 user survey results available May '18
3B: Overall satisfaction of carers with social services.	43.5%	39%	24/151	 From 116/151	N/A	N/A	N/A	N/A	From 2014/15 	No carers survey in 2017/18
3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for.	70.7%	70.6%	70/151	 From 105/151	N/A	N/A	N/A	N/A	From 2014/15 	No carers survey in 2017/18

Indicator	2016/17	2016/17 Benchmarking			2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Target	Rating / DoT	Comments
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3D: The proportion of service users and carers who find it easy to find information about services.	Users	67.4%	73.5%	142/150	 From 150/150	N/A	N/A	N/A	69.0%	From 2015/16  17/18 user survey results available May '18
	Carers	57.3%	64.2%	134/151	 From 144/151	N/A	N/A	N/A	N/A	From 2014/15  No carers survey in 2017/18
4A: The proportion of service users who feel safe.	65.4%	70.1%	125/150	 From 144/155	N/A	N/A	N/A	66.0%	From 2015/16  17/18 user survey results available May '18	
4B: The proportion of people who use services who say that those services have made them feel safe and secure.	77.6%	86.4%	139/150	 From 117/150	N/A	N/A	N/A	85.0%	From 2015/16  17/18 user survey results available May '18	

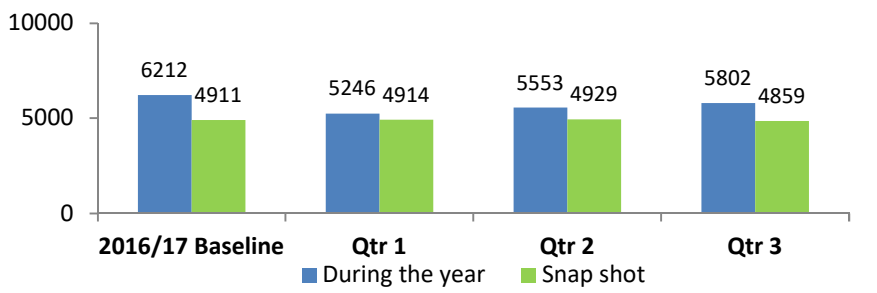
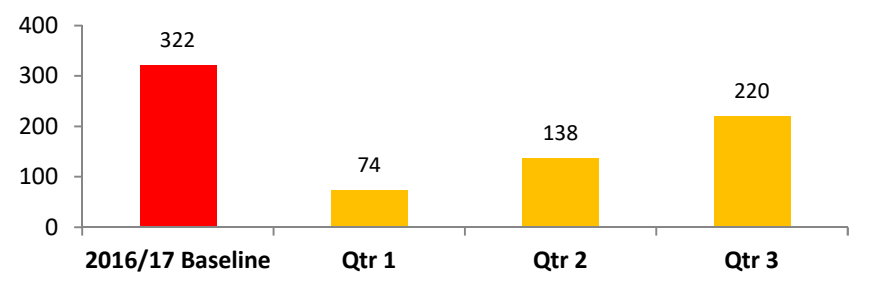
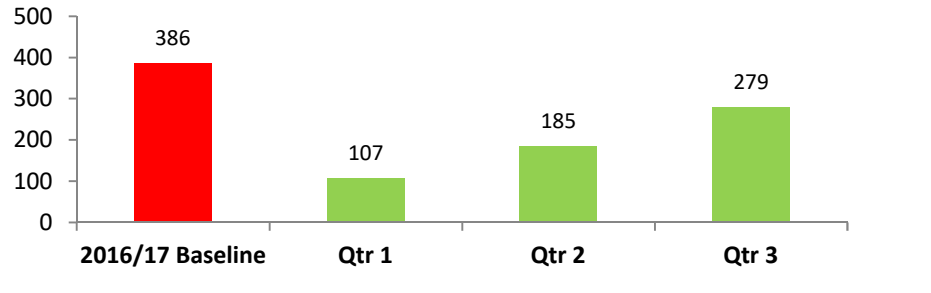
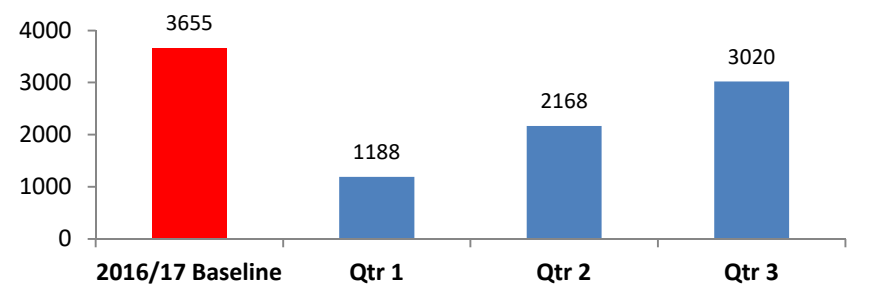
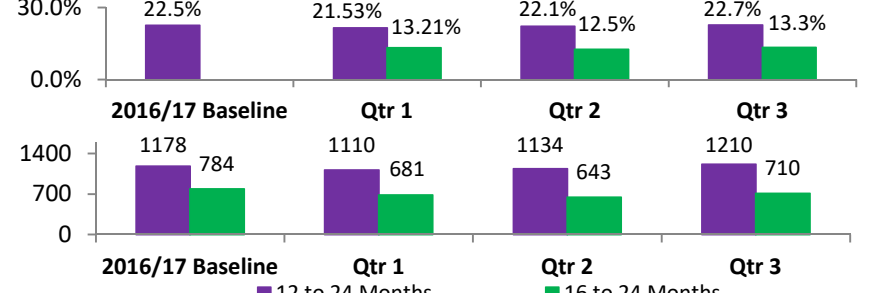
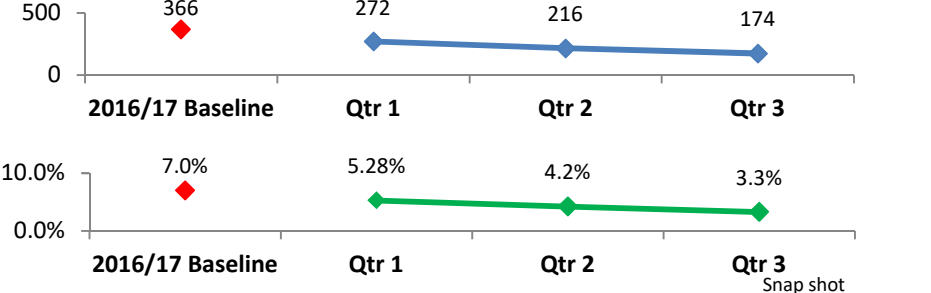
Forecast to meet or exceed target - 8	Performance within 0.5% of target - 1	Forecast to miss target - 4	N/A - No data on which to make a judgement - 18
Improvement from baseline - 16 	No significant change from baseline - 4 	Deterioration from baseline - 8 	N/A - No data on which to make a judgement - 3 

APB1a - ASC Portal (JM)	APB1b - Total number of ASC contacts received (HM)	ABP1c - Effectiveness of call handling: (HM)																																													
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<p>DATA - visitors to the portal continues to increase, but difficulties remain with constraints on analytics to demonstrate full customer journey and "drop off" points. A new version of the portal is being released by the supplier (V3) which will also mean an increase in "visitors" as testing continues to skew detail once moved to Live.</p> <p>REVIEW - The portal is live for referrals into C&R from the Prison service, channel shifting another professional service referral route to the portal. Work in progress to also shift MHA Tribunal Hearing referrals to the portal (and then working through all professional referrers). This will enhance traffic to the portal, although deviating from the original intention of what the portal was intended for (i.e. direct contact from Service Users), but demonstrating innovation from the portal enhancement project work. Two-way comms (making the portal accessible for current SU as well as new ones) continues to be challenging for a variety of reasons, and again LCC is looking like being the forerunner with this aspect of portal technology</p> <p>ACTION - Continue to develop 2-way comms; continue to channel shift referring agencies (from C&R "other routes" to the portal). Continue to simplify customer journeys.</p>	<p>DATA - General indication that total numbers of contacts continues to reduce - if trend continues (though it rarely does over winter period) likely to be approx. 20% reduction on last years rate. Due in part to changes in recording practice more sophisticated and effective call management but also due to moving some activity from the front door.</p> <p>REVIEW -</p> <p>ACTION -</p>	<p>DATA - Call handling has reduced though still within target - reduced number of call handlers from 5 to 4 during this period. Led to slightly higher abandonment rates and longer call waits. Data is reported to C&R management team daily. Also in this period the telephony provider changed which resolved some technical issues and created others. Did not resolve "ghosting" issue as anticipated.</p> <p>REVIEW -</p> <p>ACTION -</p>																																													
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<p>DATA - Brief exploration of data indicates higher rate of re-presentation than last year. HoS to do data analysis to see why this might be e.g. - via community or hospital contacts and understand themes if any to develop action plan. However r repeat data for IAG/deflection shows fewer repeat contacts when IAG or HFA outcomes were chosen.</p> <p>REVIEW -</p> <p>ACTION -</p>	<p>DATA - Changes in rates of different outcomes probably now more accurate as better coding by staff following use of Initial Contact and Contact records rather than Contact Assessment</p> <p>REVIEW -</p> <p>ACTION -</p>	<p>DATA - Similar to previous this is probably better data as a result of coding changes and better coding practice by staff</p> <p>REVIEW -</p> <p>ACTION -</p>																																													

<p>ABP1g - Percentage of contacts acted upon with 24 hours (HM)</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>59.90%</td> </tr> <tr> <td>Qtr 3</td> <td>58.01%</td> </tr> </tbody> </table>	Period	Percentage	2016/17 Baseline	68.70%	Qtr 1	65.8%	Qtr 2	59.90%	Qtr 3	58.01%	<p>ABP1h - Preventative POCs - enablement, reablement, ILS Short-term/preventative services (HM)</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Number of POCs</th> </tr> </thead> <tbody> <tr> <td>Qtr 2</td> <td>396</td> </tr> <tr> <td>Qtr 3</td> <td>361</td> </tr> </tbody> </table>	Quarter	Number of POCs	Qtr 2	396	Qtr 3	361	<p>APB2a - Other services- POC via a private agency, placements. Short term/preventative service- commissioned home care (HM)</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Number of Services</th> </tr> </thead> <tbody> <tr> <td>Qtr 2</td> <td>81</td> </tr> <tr> <td>Qtr 3</td> <td>90</td> </tr> </tbody> </table>	Quarter	Number of Services	Qtr 2	81	Qtr 3	90																							
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<p>DATA - Likely to relate to staffing pressures in C&R rather than hospital related activity. Comprehensive analysis of response timescales in relation to safeguarding contacts is completed and will be reported through the Managing Demand delivery Group.. On going work to streamline business processes that add no value at front door.</p> <p>REVIEW -</p> <p>ACTION -</p>	<p>DATA - Not looked at this in any depth. Reduction may be due to capacity issues in each service. HoS to look at before next performance report</p> <p>REVIEW -</p> <p>ACTION -</p>	<p>DATA - Needs further analysis by HoS. Small correlation with reduction in use of preventive. Group has been set up to look at support arrangements that bypass preventive support - e.g. which cases are deemed to be inappropriate for preventive services. Needs further work by HoS</p> <p>REVIEW -</p> <p>ACTION -</p>																																													
<p>APB2b - Number of assessments completed by type (MW)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Number of assessments completed</th> <th>SAQ /Supported SA</th> <th>OT</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>6878</td> <td>1991</td> <td>1209</td> </tr> <tr> <td>Qtr 1</td> <td>1521</td> <td>566</td> <td>177</td> </tr> <tr> <td>Qtr 2</td> <td>618</td> <td>428</td> <td>165</td> </tr> <tr> <td>Qtr 3</td> <td>587</td> <td>364</td> <td>223</td> </tr> </tbody> </table>	Period	Number of assessments completed	SAQ /Supported SA	OT	2016/17 Baseline	6878	1991	1209	Qtr 1	1521	566	177	Qtr 2	618	428	165	Qtr 3	587	364	223	<p>ABP2c - Outcomes following assessment - numbers found to be: (MW)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>i) Eligible needs</th> <th>ii) No eligible needs</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>4844</td> <td>1151</td> </tr> <tr> <td>Qtr 1</td> <td>1077</td> <td>230</td> </tr> <tr> <td>Qtr 2</td> <td>517</td> <td>72</td> </tr> <tr> <td>Qtr 3</td> <td>490</td> <td>53</td> </tr> </tbody> </table>	Period	i) Eligible needs	ii) No eligible needs	2016/17 Baseline	4844	1151	Qtr 1	1077	230	Qtr 2	517	72	Qtr 3	490	53	<p>APB2d - Percentage of assessments completed with 28 days / agreed timescales. (AO)</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> <tr> <td>Qtr 3</td> <td>88.8%</td> </tr> </tbody> </table>	Period	Percentage	2016/17 Baseline	84.1%	Qtr 1	87.7%	Qtr 2	85.5%	Qtr 3	88.8%
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<p>DATA - Contact Assessments were replaced with Initial Contacts (pre-eligibility) at the beginning of Q2 - this accounts for the overall fall in numbers, as Initial Contacts no longer 'count' as assessments.</p> <p>REVIEW - Slight drop in SAQ/SSA from Q2 to Q3 - likely to be accounted for by reduced staffing numbers over the festive period. Conversely, there was an increase in the number of OT Assessments completed. After discussing with OT Team Leaders, this may be a recording issues with staff 'catching up' on paperwork prior to the start of the New Year.</p> <p>ACTION - No action required.</p>	<p>DATA - As the number of assessments has fallen (APB2b) , so the total number of people being found eligible has also fallen. However, the numbers found eligible have fallen by a smaller percentage.</p> <p>REVIEW - The number of people with eligible needs following assessment continues to fall, as do the number of assessments completed overall and the number of people going into long-term services (APB2g). Figures continue to trend in the right direction, suggesting that we are improving at signposting and looking at informal sources of support before going straight to determining someone as eligible.</p> <p>ACTION - No action required.</p>	<p>DATA - Number of assessments completed within timescales continues to improve with a rise to almost 89% in Q3.</p> <p>REVIEW - If number of assessments requested are falling, it stands to reason that the existing assessments should be completed in a more timely fashion - and this is borne out by the figures. Year end target is 80% and we are well on the way to achieving this.</p> <p>ACTION - No action required.</p>																																													

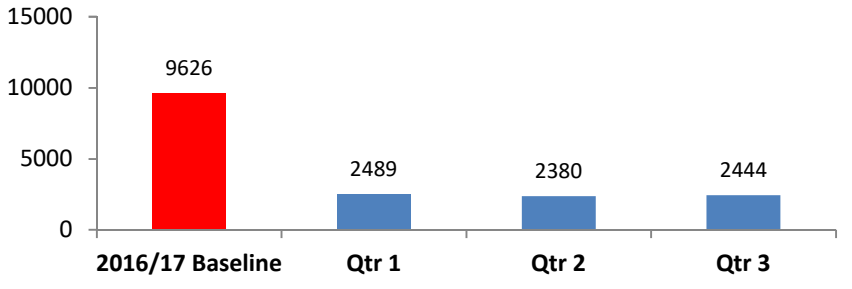
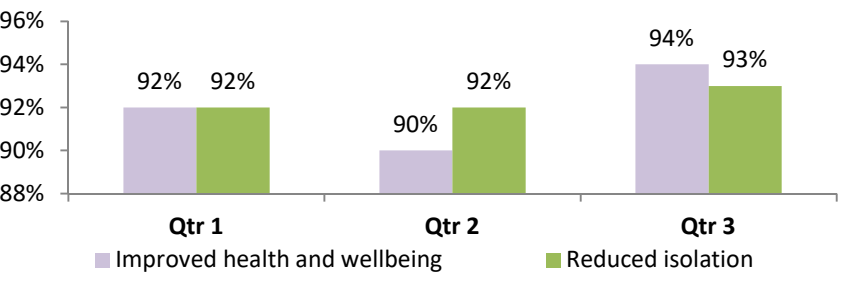
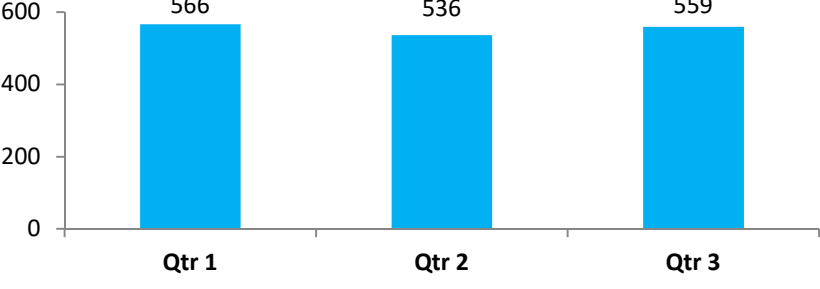
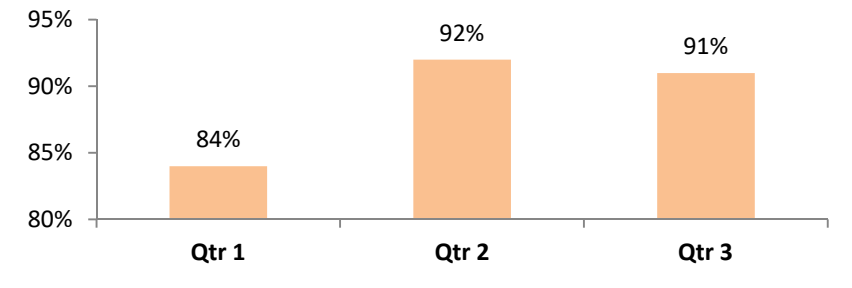
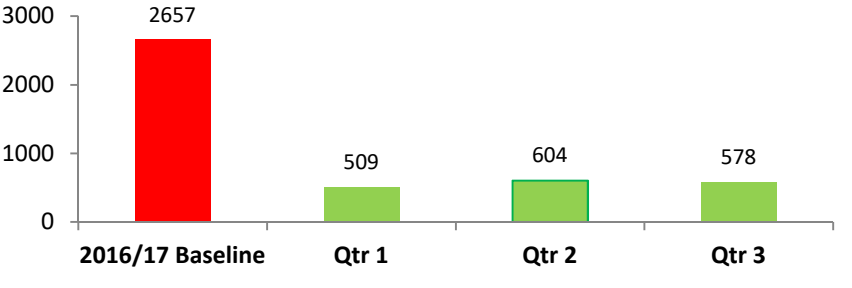
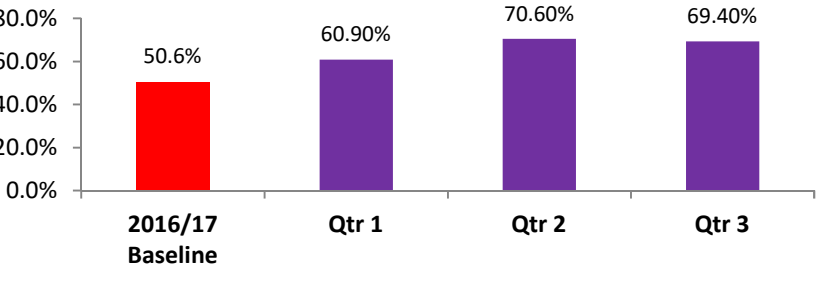
<p>ABP2f - Number of requests for new clients broken by route of access (RoA) and Outcome to that request for support (AO)</p>  <p>2016/17 Baseline Qtr 1 Qtr 2 Qtr 3</p>	<p>ABP2g - Number of people entering ASC to receive a long term-support (LTS) package of care – new starters (AO)</p>  <p>2016/17 Baseline Qtr 1 Qtr 2 Qtr 3</p>	<p>ABP2h - Number of people in receipt of Assistive Technology (JS-B)</p>  <p>2016/17 Baseline Qtr 1 Qtr 2 Qtr 3</p> <p>■ No of people in receipt of Assistive Technology ■ Of which were not known to AT service</p>
<p>DATA - Apr - Dec 17 = No of completed contacts where a sequel has been determined = 9956 - By Route of Access: - Transition: 32 (0.3%), Discharge from Hospital: 1767 (17.7%), Diversion from Hospital: 8 (0.1%), Community/Other Route: 8149 (81.9%) Outcomes following request for support: - Reablement/Enablement: 1142 (11.5%), LTS support: 719 (7.2%), Ongoing low level support: 1213 (12.2%), ST other: 439 (4.4%), Universal / Signposted: 3137 (31.5%), No services Provided: 2971 (29.8%), No services provided deceased: 140 (1.4%), 100% NHS funded: 157 (1.6%)</p> <p>REVIEW - Improvement from Q2 to Q3 in that there was a decrease in those new clients progressing to long term community support and increases in those being signposted and/or closed with no service provision.</p> <p>ACTION - Reablement providers need to look at relaxing criteria - there was a fall from Q2 to Q3 in the number of people receiving short term support to maximise their independence.</p>	<p>DATA - Please note the residential/nursing entrants (as per below) may be over inflated in this report. Further work will be undertaken at the end of the year to reconcile numbers for the SALT return - 719 LTS starts on entry to ASC: - Residential: 144 (20.0%), Nursing: 45 (6.3%), Community: 530 (73.7%), Prison: 1 (0.1%)</p> <p>REVIEW - Based on the end of year forecast, there should be fewer people receiving long term support than at the end of last year. However, this reduction is unlikely to be sufficient to meet the end of year target figure.</p> <p>ACTION - Reablement Care Management to continue efforts to screen out and divert after period of Reablement.</p>	<p>DATA - The overall number of service users supported via AT has increased for Q3. However, growth has not been as high as intended due to unanticipated long term staff sickness and delays in recruitment.</p> <p>REVIEW - 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 re-recruiting into a vacancy and training staff with the intention to streamline processes and enhance capacity to deliver AT.</p> <p>ACTION - Continue to progress the OR/Recruitment for the AT Service, with the intent to have a stabilised staffing situation as from April 2018. A multi team AT Implementation Group, established during Q2, is progressing to raise the branding and awareness of AT within ASC.</p>
<p>APB3a Number of contacts that go on to receive reablement (short term support to maximise independence) - SALT (JS-B)</p>  <p>2016/17 Baseline Qtr 1 Qtr 2 Qtr 3</p>	<p>APB3b - Reablement - Outcomes post reablement: (JS-B)</p>  <p>2016/17 Baseline Qtr 1 Qtr 2 Qtr 3</p> <p>■ % fully independent ■ % reduced needs ■ % with on-going support needs ■ % increased needs</p>	<p>ABP3c - Proportion of people (65+) who are still at home 91 days after discharge from hospital into reablement /rehabilitation services (JS-B)</p>  <p>2016/17 Baseline Qtr 1 Qtr 2 Qtr 3</p>
<p>DATA - From Apr-Dec 17 there have been 1,142 people went on to receive reablement services as compared to 1,163 for same period last year.</p> <p>REVIEW - Data shows similar patterns to data from last year. There seems to be a slight drop in the numbers receiving reablement for the year. However, quarter 4 is usually the busiest period so numbers should be similar to target numbers for previous years. Equally, it needs to be noted that this is despite financial cuts in the region of 400k which took place this year</p> <p>ACTION - To ensure working to maximum capacity in line with the staffing resources that are available.</p>	<p>DATA - From Apr - Dec 17 - 56.9% are fully independent post completing reablement. This is a significant increase from the same period last year which equated to 50.3%. Those requiring ongoing support has seen a considerable drop throughout the months from April 16 being 40.3% to 15.9% in April 17 even though May 17 and Jun 17 has seen a increase to 29.2% and 28% respectively. In Dec 17 it was 28.1%</p> <p>REVIEW - All data shows that the service is going in the right direction and is going to meet its targets for this year. Those users that are fully independent have increased by 6% for same period last year and those that need on going services are similar in numbers but there is an increase in the % of reduced needs.</p> <p>ACTION - To continue to meet targets and ensure that these standards are maintained</p>	<p>DATA - • In the period 1/4/17 to 31/12/17 follow-ups, out of 648 people aged 65+, who entered rehab following hospital discharge, 551 (85.0%) are at home 91 days later. • The year-end target for 17/18 is 90% which is based on Oct – Dec 17 discharges with follow-ups in Jan- Mar 18. Looking at year to date performance we are very unlikely to meet this. • For about the same period last year there were 672 people aged 65+ who entered rehab following a hospital discharge out of which 622 (91.6%) were at home. • Outturn for 2017/18 to date has been consistently lower than previous two years. • The 97 (15.0%) not at home are: 75 (11.6%) deceased, 22 (3.4%) in residential care homes.</p> <p>REVIEW - This data is rather concerning and so the service has been looking at the data being collated and have found some errors that may account for the drop in numbers still at home after 91 days. Equally, work is taking place in the department to remind everyone of Reablement criteria to ensure EoL cases are not referred in.</p> <p>ACTION - To double-check systems of collation and liaise with the Performance Team.</p>

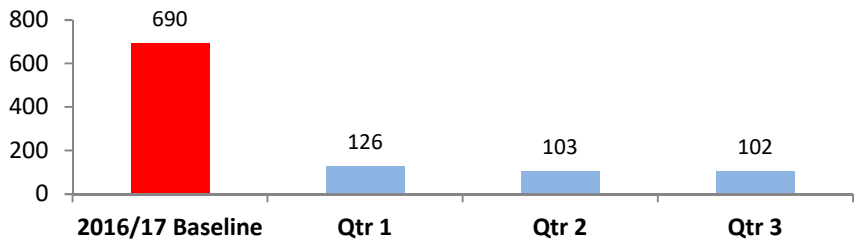
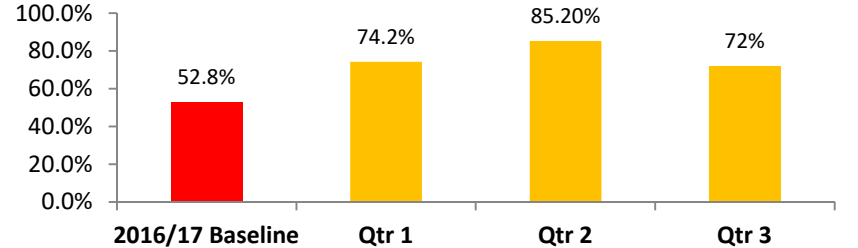
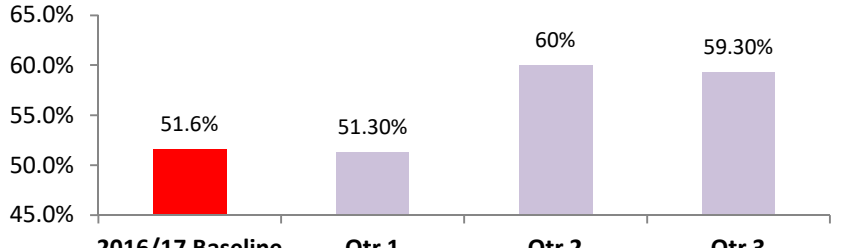
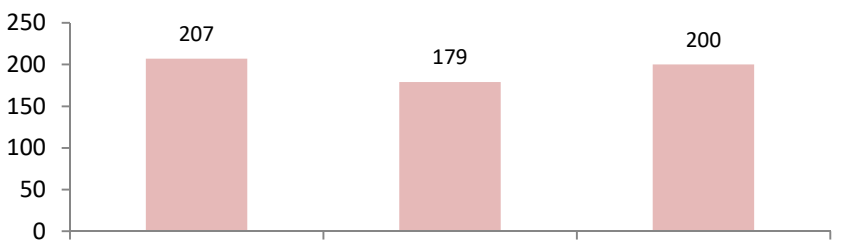
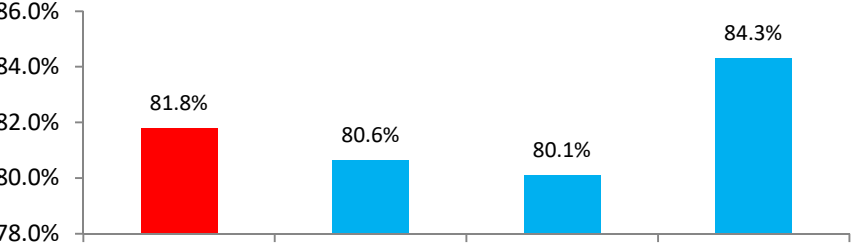
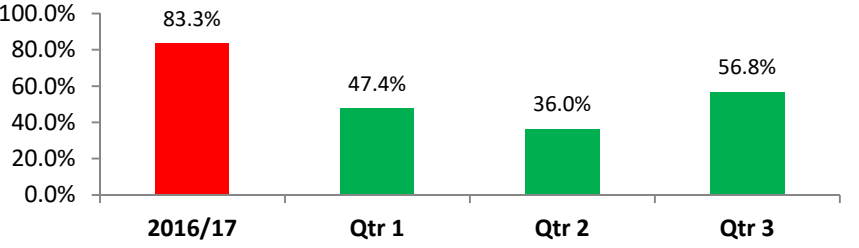
<p>ABP3d - Proportion of older people (65 and over) offered reablement services following discharge from hospital. (JS-B)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Proportion (%)</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>2.8%</td> </tr> <tr> <td>Qtr 1</td> <td>3.8%</td> </tr> <tr> <td>Qtr 2</td> <td>3.4%</td> </tr> <tr> <td>Qtr 3</td> <td>3.4%</td> </tr> </tbody> </table>	Period	Proportion (%)	2016/17 Baseline	2.8%	Qtr 1	3.8%	Qtr 2	3.4%	Qtr 3	3.4%	<p>ABP3e - Percentage of new enablement cases allocated with 48 hrs (MM)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>86.2%</td> </tr> <tr> <td>Qtr 1</td> <td>91.6%</td> </tr> <tr> <td>Qtr 2</td> <td>89.3%</td> </tr> <tr> <td>Qtr 3</td> <td>88.8%</td> </tr> </tbody> </table>	Period	Percentage (%)	2016/17 Baseline	86.2%	Qtr 1	91.6%	Qtr 2	89.3%	Qtr 3	88.8%	<p>ABP3g - Reablement / intermediate care outcomes; result from intervention: Sequel to ST Max as per SALT (JS-B / MM)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Number of Cases</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>1478</td> </tr> <tr> <td>Qtr 1</td> <td>410</td> </tr> <tr> <td>Qtr 2</td> <td>793</td> </tr> <tr> <td>Qtr 3</td> <td>1133</td> </tr> </tbody> </table>	Period	Number of Cases	2016/17 Baseline	1478	Qtr 1	410	Qtr 2	793	Qtr 3	1133					
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<p>DATA - 2015 live hospital discharges has been used as a proxy measure. Number of people entering reablement/enablement Apr - Dec 17: 648 No of live hospital discharges (based on 2015 figures): 18800 Proportion 65+ receiving reablement services following hospital discharges: 3.4%</p> <p>REVIEW - Data indicates that we will be above our targets for this year and that the service is offering more reablement services following discharge from hospital.</p> <p>ACTION - To ensure continued increases in support of hospital discharge vis the new Home first pathway.</p>	<p>DATA - The performance indicator is to ensure the user does not fall between services and is seen within a reasonable timescale. Enablement is not a crisis service so an 80% target for 17/18 is good.</p> <p>REVIEW - Quarter 3 has seen a decrease of 7.8% which was due to high demand and capacity to allocate. Cases were allocated according to need.</p> <p>ACTION - Capacity has increased towards end of Quarter 3 which will see Quarter 4 improve.</p>	<p>DATA - En/MM - overall Quarter 3 has increased by 340. The baseline of 1478, means that Quarter 3 is 345 below. Significant percentage to numbers for previous years in all categories, however an increase by over 100 for same period from previous years.</p> <p>REVIEW - These outcomes are a measure of effectiveness. All data seems to show all trends in right direction and all targets being met</p> <p>ACTION - Continue to review the successful cases and prioritise accordingly. Also to continue and ensure maximum output with excellent outcomes.</p>																																			
<p>ABP4a - Delayed transfers of care (attributable to ASC) per 100,000 pop. (AO)</p>	<p>ABP4b - Percentage of discharges completed without a discharge notice. (AO)</p>	<p>APB5a - Allocations by team: (I) Number of cases allocated to each team (SD)</p>																																			
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<p>DATA - New definitions for this measure have just been released which is based on the average no of DToC beds delayed to date. This definition is to be used from April 17 onwards. Data relates to position as at end Dec 17. Average no of DToC beds per 100,000 pop from April 17 - Dec 17 is: 2C part 1 - All DToC delays = 9.7 per 100,000 pop 2C part 2 - Social Care Delays = 0.8 per 100,000 pop 2C part 3 - Joint Delays = 2.3 per 100,000 pop</p> <p>REVIEW - ASC continue to be responsible for a very small minority of delays. Even discounting the joint delays (which are largely the responsibility of Health) Health only DToCS make up by far the largest percentage delays.</p> <p>ACTION - Continue to work with Health colleagues to look at ways they can reduce delays attributable solely to them.</p>	<p>DATA - SU's discharged: 385 Discharge Notices received: 121 Increase in number of discharges without a discharge notice from Q2 to Q3 with the average to date being above the target set for year end.</p> <p>REVIEW - Improvement in figures from Q2. This may be as result of the IDT moving back to ward attached workers, which appears to facilitate a less formal (and as such, more integrated) approach to discharge.</p> <p>ACTION - Continue to monitor as figures back to moving in the right direction but with an eye on any changes implemented by IDT.</p>	<p>DATA - The number of cases waiting to be allocated has decreased from Q2 in East, WEST, LD and AMH</p> <p>ACTION - Cases are prioritised in terms of</p> <ul style="list-style-type: none"> • Safeguarding concerns< VARM,CoP • need to establish capacity/Court of Protection work required • level of risk, including health and safety risks, i.e. moving and handling • Service user's situation with informal support network balanced with risk of carer strain • Outstanding debt/contribution or mismanagement of DP/inappropriate use of services • whether adequate services are in place or not, • Whether preventative services will delay the need for statutory involvement, i.e., enablement – establishing baseline/levels of independence/strengths etc. before assessing 																																			

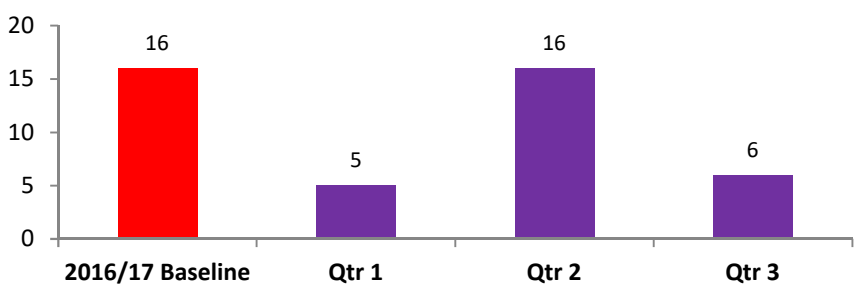
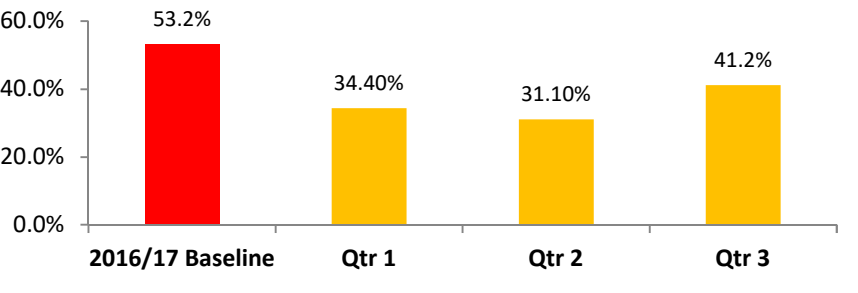
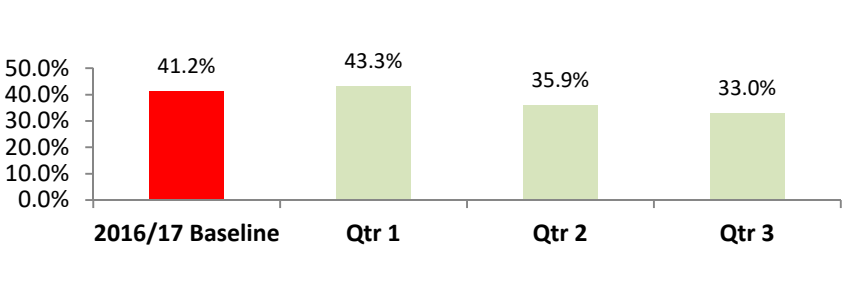
<p>ABP5d - Number of people in receipt of a long-term support (LTS) package of care by support setting and delivery mechanism (RR)</p> 	<p>ABP5e - Number of permanent admissions into Residential / Nursing Care by narrow age-band and Primary Support Reason (BP)</p> 	<p>ABP5f - Number of Leavers from residential / nursing care by narrow age-band and Primary Support Reason (BP)</p> 
<p>DATA - During the period 1/4/16 to 31/12/16 there were 5898 people in receipt of long term support (LTS). During the period 1/4/17 to 31/12/17 there were 5802 people in receipt of LTS. 96 (1.6%) less people receiving LTS as compared to same period last year. We have had 45 more people in Res care as compared to last year and 153 less people receiving a CBS. Snapshot as at 31/12/17 - As at 31/12/16, 4970 people were receiving LTS. As at 31/12/17, 4859 people were receiving LTS. 111 (2.2%) less people receiving LTS as compared to same period last year. 1237 people receiving res/nurse care rather than 1207 for the same period last year. No in receipt of LTS for 12m or more at 31/12/17 - As at 31/12/16, 3712 people were receiving LTS for 12m or more. 111 (3%) in nursing, 866 (23%) in residential, 2735 (74%) in the community REVIEW - The direction of travel in terms of people receiving support is positive with figures dropping. Number of people moved out of residential care into supported living is projected to be on target (32) which suggests that figures for residential care are slightly increased due primarily to short term emergency placements as a pose to long term permanent placements.</p>	<p>DATA - In total 18+ there have been 220 permanent admissions made in 1/4/17 to 31/12/17. Same period last year (16/17) were 232 admissions To date: 24 admissions relate to 18-64 and 196 for those aged 65 and over • Please note last year's data cannot be compared directly with this year's, as the definitions as to who is counted, has been revised locally. • Data previously counted, has been checked and revised hence does not match performance as per previous reports. • BCF year-end target for 17/18 is no more than 266 admissions in the year for those aged 65+. 18-64 year end forecast = 32 Y/e 17/18 target = 34 admissions - RAG - Green 65+ year end forecast = 261 Y/E 17/18 target = 266 admissions - RAG - Green REVIEW - Over 85 year old admissions is 106 compared to 85 this time last year which demonstrates that we are placing people in their older age. Also when we look at the numbers of placement 40% are previous self funders, a high percentage die soon after being placed and many come on the deferred payment scheme. ACTION - HOS to continue to monitor and approve permanent placements.</p>	<p>DATA - Apr 17- Dec 17 there has been 279 leavers from residential/nursing care Leavers by age-band (at the time of leaving): 18-64 - 29, 65-74 - 28, 75-84 - 73, 85-94 - 120, 95+ - 29 The main reasons were:- Deceased: 200 (71.7%), Self funding: 29 (10.4%), moved to PoC: 14 (5.0%), Moved to supported living: 14 (5.0%), 100% CHC: 13 (4.7%) REVIEW - Demonstrates that we are placing people in their very older age which accounts for the high percentage who have died and those who are on deferred payments and then become self funding. ACTION - HOS to continue to monitor placements.</p>
<p>ABP5g - Number of people who have had a review in a period by age-band and PSR (SM)</p> 	<p>ABP5h - Number and Percentage of people in receipt of a service who has not been reviewed for: (SM)</p> 	<p>ABP5i - Number and percentage of people in receipt of a service who has not been reviewed for 24 months or more (SM)</p> 
<p>DATA - From Apr 17 - Dec 17 there are 3020 people had been reviewed as compared to 2730 in the same period last year Age-Band - 18-64: 1172 (39%), 65-74: 469 (16%), 75-84: 649 (21%), 85-94: 621 (21%), 95+ : 109 (4%) PSR - Physical Support: 1,651 (55%), Sensory Support: 56 (2%), Mental Health: 615 (20%), Mem & Cognition: 206 (7%), Learning Dis: 374 (12%), Social Support: 118 (4%) REVIEW - The numbers continue to increase and we are ahead of the position at this time last year. We are forecast to meet our target. The risks to this are around the reduction of staffing and need to support risks across Care Management, prioritising other work ACTION - Programme Board continues to monitor this and Tls use LL reports to identify the cases requiring reviews. Long term teams are now using proportionate reviews - this should increase the numbers of reviews they are able to complete.</p>	<p>DATA - As at 31/12/17 there are 1210 (22.7%) people who have not been reviewed for 12-24m. Of those, 710 (13.3%) have not been reviewed for 16-24 months. Please note the SQL Overdue reviews report has been amended as it was missing about 200 cases. Accurate figures are reflected in Dec 17. REVIEW - Generally our position is better than it was at this point last year (slightly worse for 12 -15 month cases). There has been a 'flattening out' of performance but this appears to be holding steady despite the reductions in numbers of staff over the last months. ACTION - Programme Board monitors this and Tls use LL reports to check and prioritise cases for review. OoD review data is be included 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. Long term teams are now using proportionate reviews - this should increase the numbers of up to date reviews they are able to complete (the more out of date ones will require a visit and full review).</p>	<p>DATA - As at 31/12/17 there are 174 (3.3%) people who have not been reviewed for 24m or more. A gradual decline is seen month on month. REVIEW - 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. ACTION - Tls to continue to use LL reports to ensure that reviews are prioritised. Programme Board to continue to review progress and OoD review data to be included 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>2016/17 Baseline: 2081 (Total), 740 (DPSS), 646 (Pre-paid) Qtr 1: 1832 (Total), 740 (DPSS), 646 (Pre-paid) Qtr 2: 2002 (Total), 908 (DPSS), 672 (Pre-paid) Qtr 3: 2101 (Total), 822 (DPSS), 835 (Pre-paid)</p> <p>■ The number of service users receiving DPs ■ The number of services users receiving DPs with only set-up support from DPSS. ■ The number of users issued with pre-paid cards (new and existing service users)</p>	<p><i>for the period</i></p> <p>2016/17 Baseline: 7700 Qtr 1: 1855 Qtr 2: 1810 Qtr 3: 1802</p>	<p>2016/17 Baseline: 909236 Qtr 1: 225286 Qtr 2: 218593 Qtr 3: 231279</p>
<p>DATA - i) The number of service users receiving DPs - 2101 ii) PPC cases 835. This number was 531 by end of January 2017.</p> <p>REVIEW - Ongoing monitoring and discussions with PPC Team and contiously promote DP hence the number of PPCs are increasing. This is due to the reprovisioning of dom and day care and the DP is used as an alternative</p> <p>ACTION - PPC CMOs are going to be managed in the Locality East/West and assisting Locality Teams to raise the number of PPCs</p>	<p>DATA - Within the period, we have seen a slight continuation of the overall trend in directly commissioned Dom care, that manifests as a consistant decrease in terms of overall numbers accessing the service. However, we can also see a concurrent increase in terms of the total number of service users accessing Dom care support through a direct payment; this is expected to some extent as part of the independence agenda. In addition, a factor accounting for some of the increases in Q2/Q3 2017-18 is that at the commencement of the new framework, some service users were transferred to new providers and encouraged were possible to take a DP</p> <p>ACTION - Please note that there may be a small number of service users that access a combination of directly commissioned and self managed (DP) Dom care. There may therefore be a small number of clients represented in both datasets (CA 8.1 and CA 8.2).</p>	<p>DATA - In Q3, there was a slight increase in terms of the total number of directly commissioned hours provided in the period. This is despite overall net decreases (albeit slight) in terms of numbers of service users accessing support. Overall however, the general direction of travel here since Q1 2016-17 is slightly downward, similar to that seen with service user numbers. Please note that this does not reflect those receiving a service through a direct payment</p> <p>REVIEW - 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>2016/17 Baseline: 14 Qtr 1: 10 Qtr 2: 0 Qtr 3: 11</p>	<p>2016/17 Baseline: 147 Qtr 1: 154 Qtr 2: 150 Qtr 3: 156 (Snap shot)</p>	<p>2016/17 Baseline: 180 Qtr 1: 173 Qtr 2: 179 Qtr 3: 171 (Snap shot)</p>
<p>DATA - Whilst there no moves in Quarter 2 , the figures have shown a positive moves towards the target in Q3</p> <p>REVIEW - The work of the Res2SI delivery group continues to support and monitor this work and activity. Delays by providers not being ready (e.g. Sycamore) and preparatory work e.g. COP has contributed to the slow and steady pace of this work. The challenge continues in not only being able to identify appropriate potential movers, however scoping to ensure that any proposed moves are likely to achieve savings.</p> <p>ACTION - We have continued to work through the identified cohort of people scoped into this target and continue to add new people which can be quick wins. At least 1 new provider has indicated intention to convert their existing res care to SI, however not all existing SU will be suitable. This types of conversation nee to be appropriately managed by commissioning.</p>	<p>DATA - The numbers have increased again in this quarter. The increase from last year to this is not surprising as a number of people previously fully health funded have now become ASC's responsibility.</p> <p>REVIEW - It is disappointing that there has not been a reduction of the numbers of people in residential care. There have been some successes in moving people out of residential care but there continues to be a lack of options for some people coming out of hospital or whose community package breaks down.</p> <p>ACTION - AMH TLs are meeting monthly with colleagues in the SL and Enablement services to improve joint planning and working with people who've been identified to move out of res care. This will also identify gaps in accommodation and support.</p>	<p>DATA - This shows a steady downward trend in the right direction</p> <p>REVIEW - The work to consider and move people of working age out of residential care continues and new service users are added as identified through reviews.</p> <p>ACTION - All new placements , short tern and permanent are to be approved by the HOS</p>

<p>ABP5p - The number of people in interim residential care placements (BP)</p> <table border="1"> <caption>ABP5p Data</caption> <thead> <tr> <th>Period</th> <th>Interim (All)</th> <th>Interim (>4 weeks)</th> <th>Short term (All)</th> <th>Short term (>12 weeks) excl Substance Misuse</th> <th>Respite</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>11</td> <td>53</td> <td>5</td> <td>12</td> <td>3</td> </tr> <tr> <td>Qtr 1</td> <td>3</td> <td>48</td> <td>20</td> <td>9</td> <td>10</td> </tr> <tr> <td>Qtr 2</td> <td>3</td> <td>40</td> <td>16</td> <td>14</td> <td>6</td> </tr> <tr> <td>Qtr 3</td> <td>3</td> <td>43</td> <td>13</td> <td>16</td> <td>6</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	53	5	12	3	Qtr 1	3	48	20	9	10	Qtr 2	3	40	16	14	6	Qtr 3	3	43	13	16	6	<p>ABP5q - Case management – Cases allocated to worker for more than 100 days (BP)</p> <table border="1"> <caption>ABP5q Data</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> <tr> <td>Qtr 3</td> <td>604</td> <td>483</td> <td>121</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	Qtr 3	604	483	121	<p>ABP5r - Number of Section 117 cases – with and without an open care package (SM)</p> <table border="1"> <caption>ABP5r Data</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> <tr> <td>Qtr 3</td> <td>865</td> <td>455</td> <td>410</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	Qtr 3	865	455	410
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<p>DATA - As at 2/1/18 there were 6 interim placements and 43 short term placements. 16 people were in respite care.</p> <p>REVIEW - Figures seem to remain static and the direction of travel seems to be going downwards compared to previous year.</p> <p>ACTION - HOS to continue to monitor.</p>	<p>DATA -</p> <p>REVIEW - Figures remain static over the 3 quarters this year and perhaps the targets need to be relooked at.</p> <p>ACTION - HOS are monitoring their teams lists.</p>	<p>DATA - The recording of this information continues to improve.</p> <p>REVIEW - The number 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>ACTION - Health have been asked to consider on-going eligibility at the point of discharge. Workshop to be held with AMH to consider barriers to discharge and solutions. Legal to be invited to this.</p>																																																																						
<p>ABP5t - Number of current non-planned services (SM)</p> <table border="1"> <caption>ABP5t Data</caption> <thead> <tr> <th>Category</th> <th>Qtr 2</th> <th>Qtr 3</th> </tr> </thead> <tbody> <tr> <td>AMH</td> <td>2</td> <td>3</td> </tr> <tr> <td>ASC HT</td> <td>7</td> <td>7</td> </tr> <tr> <td>ASC East</td> <td>62</td> <td>71</td> </tr> <tr> <td>ASC West</td> <td>25</td> <td>31</td> </tr> <tr> <td>ASC LD</td> <td>2</td> <td>13</td> </tr> <tr> <td>ICRS</td> <td>1</td> <td>1</td> </tr> <tr> <td>OT</td> <td>14</td> <td>19</td> </tr> <tr> <td>C.S.B</td> <td>0</td> <td>32</td> </tr> </tbody> </table>	Category	Qtr 2	Qtr 3	AMH	2	3	ASC HT	7	7	ASC East	62	71	ASC West	25	31	ASC LD	2	13	ICRS	1	1	OT	14	19	C.S.B	0	32	<p>ABP6a - Number of Carers receiving needs assessment (SD)</p> <table border="1"> <caption>ABP6a Data</caption> <thead> <tr> <th>Period</th> <th>Number of Carers</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> <tr> <td>Qtr 3</td> <td>914</td> </tr> </tbody> </table>	Period	Number of Carers	2016/17 Baseline	1475	Qtr 1	426	Qtr 2	692	Qtr 3	914	<p>ABP6b - Number of separate assessments /Joint assessments (SD)</p> <table border="1"> <caption>ABP6b Data</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> <tr> <td>Qtr 3</td> <td>252</td> <td>77</td> </tr> </tbody> </table>	Period	Joint	Separate	Qtr 1	345	149	Qtr 2	259	78	Qtr 3	252	77																					
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<p>DATA - The increase in numbers is primarily due to the fact that CSB is now, correctly, entering Health packages as non-planned services. In addition, there is a duplication as the 19 OT cases also show up within the SW Teams' numbers.</p> <p>REVIEW - The new version of Liquid Logic will reduce this problem as the data will be more obvious on the screen and it will be much simpler to pull through non-planned services into support plans.</p> <p>ACTION - An up to date list has been sent out to SW teams, asking them to tidy up this data.</p>	<p>DATA - There is steady increase in the number of carers assessment completed since the last quarter. The number of carers received needs assessment is 914. The figure for last year Q2 was 1081.</p> <p>REVIEW - 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>ACTION - 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. 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 takes and finish carers group to look at the ways of improving the data capturing.</p>	<p>DATA- The number of separate and joint assessments remain the same since last quarter, and in comparison to the last year's figures they are decreasing.</p> <p>REVIEW- 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>ACTION - 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 takes and finish carers group to look at the ways of improving the data capturing.</p>																																																																						

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<p>DATA - This indicator is a measure to demonstrate the total take up within Carers Services within the quarter, showing a total of all engagement activity. To be clear, this is not the total number of individuals supported.</p> <p>REVIEW - We can see that Q3 2017-18 has remained relatively consistent with Q1 and Q2 reported total activity. Using Q1-Q3 to forecast the remainder of 2017-18, we anticipate an approximate total of 9751. This would represent a slight increase from last year (1.3%), but this is not a statistically significant change.</p>	<p>DATA - In relation to the following providers: Ansaar, Clasp, and Age UK Lot 3 + Lot 4, there was a slight decrease in terms of the overall Number of Carers Assisted by IAG. However, all of these providers have still achieved their Quarterly targets in this this area; continued performance will be monitored, but is not necessarily a concern at this stage.</p> <p>Age UK for Lot 2 recorded a net increase (72%) in terms of the Number of Carers Assisted by IAG in Q3, compared to Q2.</p> <p>CLASP were the only provider who reported to have not met one or more outcome targets in the period. Specifically, CLASP reported that 86% of service users increased ability to make choices and decisions about their support and how to access additional support if they needed, against a 90% target. All other providers met or surpassed their outcome target of 90 % in Quarter 3.</p>	<p>DATA - In relation to the following providers: Ansaar, Clasp, and Age UK Lot 3 + Lot 4, there was a slight decrease in terms of the overall Number of Carers Assisted by IAG. However, all of these providers have still achieved their Quarterly targets in this this area; continued performance will be monitored, but is not necessarily a concern at this stage.</p> <p>Age UK for Lot 2 recorded a net increase (72%) in terms of the Number of Carers Assisted by IAG in Q3, compared to Q2.</p> <p>CLASP were the only provider who reported to have not met one or more outcome targets in the period. Specifically, CLASP reported that 86% of service users increased ability to make choices and decisions about their support and how to access additional support if they needed, against a 90% target. All other providers met or surpassed their outcome target of 90 % in Quarter 3.</p>																														
ABP6f - Increased ability to make choices and decisions about their support and how to access additional support if they need to (KG)	ABP7a - Number of Alerts received (RL)	ABP7b - Percentage of threshold decisions made within seven days of receipt of alert (RL)																														
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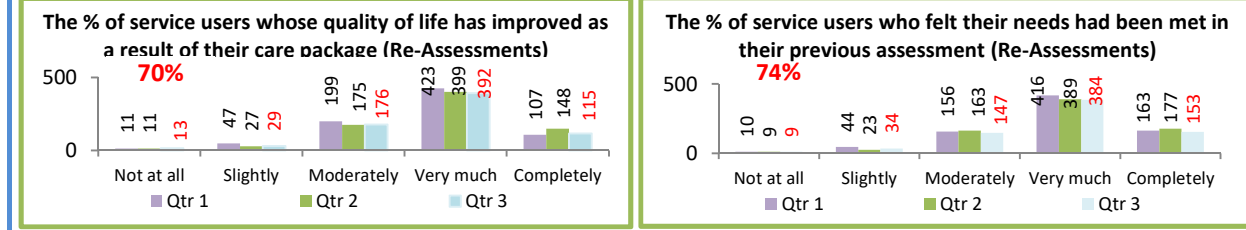
<p>ABP7c - Number of alerts where threshold is met (RL)</p>  <table border="1"> <thead> <tr> <th>Period</th> <th>Number of Alerts</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>690</td> </tr> <tr> <td>Qtr 1</td> <td>126</td> </tr> <tr> <td>Qtr 2</td> <td>103</td> </tr> <tr> <td>Qtr 3</td> <td>102</td> </tr> </tbody> </table>	Period	Number of Alerts	2016/17 Baseline	690	Qtr 1	126	Qtr 2	103	Qtr 3	102	<p>ABP7d - % of cases where action to make safe took place within 24 hrs following the decision that the threshold has been met (RL)</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> <tr> <td>Qtr 3</td> <td>72%</td> </tr> </tbody> </table>	Period	Percentage	2016/17 Baseline	52.8%	Qtr 1	74.2%	Qtr 2	85.20%	Qtr 3	72%	<p>ABP7e - Percentage of enquiries completed within 28 days of the threshold decision (RL)</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> <tr> <td>Qtr 3</td> <td>59.30%</td> </tr> </tbody> </table>	Period	Percentage	2016/17 Baseline	51.6%	Qtr 1	51.30%	Qtr 2	60%	Qtr 3	59.30%
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<p>DATA - The overall number of alerts is down slightly this quarter. The number meeting the threshold is almost identical to Q2 and shows a decrease compared to 2016.17</p> <p>REVIEW - After a drop in the numbers meeting the threshold compared to Q1 this measure has remained steady. The anticipated volatility has not shown up so far. Activity appears to be lower than for 0</p> <p>ACTION - Further drill down may be required, in particular to look at those alerts where the threshold is met but not progressed, which is currently being looked at.</p>	<p>DATA - 72% action to make safe in 24 hours in Q3, a drop of 13.2% compared to Q2. This is a significant drop in performance</p> <p>REVIEW - Performance has dropped back to below the level seen in Q1. While still well ahead of the baseline, this is a concern. The PSW will continue to focus on this issue as part of a suite of LL improvements and practice awareness.</p> <p>ACTION - Monitor performance closely in future monthly and quarterly report to identify a sustained change in performance level and the impact of practice and process changes. Further drill down investigation if required, should performance not improve again quickly.</p>	<p>DATA - 59.3% in Q3, improved performance level since Q2 has been sustained in Q3</p> <p>REVIEW - As noted last quarter, findings from 3 months of monitoring for cases open for longer than 28 days have been analysed and evaluated. It was felt there was no need to change processes as the analysis identified other reasons why enquiries remained open. As a result no a processes changes have been required and the monitoring has now ended.</p> <p>ACTION - Keep track of performance in future monthly and quarterly reports, to see if performance improvement continues to be sustained. Retain the option to restart ad hoc 28 days monitoring if required should performance deteriorate.</p>																														
<p>ABP7f - Number of repeat alerts relating to unallocated cases in a 12 month rolling period (RL)</p>  <table border="1"> <thead> <tr> <th>Quarter</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> <tr> <td>Qtr 3</td> <td>200</td> </tr> </tbody> </table>	Quarter	Number of Alerts	Qtr 1	207	Qtr 2	179	Qtr 3	200	<p>ABP8a - Proportion of contracted providers to be compliant at the point of assessment, of those eligible to receive a QAF assessment (TS)</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> <tr> <td>Qtr 3</td> <td>84.3%</td> </tr> </tbody> </table>	Period	Proportion	2016/17 Baseline	81.8%	Qtr 1	80.6%	Qtr 2	80.1%	Qtr 3	84.3%	<p>ABP8b - Proportion of contracted providers to be compliant with Quality Assurance Framework within 12 weeks of initial QAF evaluation (TS)</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> <tr> <td>Qtr 3</td> <td>56.8%</td> </tr> </tbody> </table>	Period	Proportion	2016/17 Baseline	83.3%	Qtr 1	47.4%	Qtr 2	36.0%	Qtr 3	56.8%		
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<p>DATA - 200 in Q3, up 11 against Q2 total. While this has shown an increase, the Q3 figure is not exceptionally high.</p> <p>REVIEW - Current performance level is not an outlier. Some volatility in this measure is to be expected since, as with the simpler "alerts" measure it is, in part, a measure of the volume of activity. Monitor next quarter to check if the level of repeat alerts rises further.</p> <p>ACTION - If higher recorded levels of repeat alerts persist then further investigation as to the reasons for repeat alerts, the sources of them and routes of access into adult social care may be required in future.</p>	<p>DATA - As at Q3 2017-18, 84.30% of providers have been compliant at the point of their initial assessment. This compares favourably to outcomes recorded last year, and following the data clean up we can be confident that this is an accurate reflection of actual performance. We must however await a refresh of Q1-Q2 in order to ascertain how this compares to previous quarters. Overall, this does also represent that the majority of contracted providers are delivering a service of good quality service</p> <p>REVIEW - 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>ACTION - We are currently reviewing the way we record and monitor contracted services 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>DATA - 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. Performance in Q3 2017-18 seems to be positive in the context of a 12 week measure, indicative of a good rate of working with providers to achieve compliance within the target period. Again however, a review of Q1-Q2 data will be required to ascertain the extent to this upturn</p> <p>ACTION - 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>ABP8c Data</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> <tr> <td>Qtr 3</td> <td>6</td> </tr> </tbody> </table>	Period	Number of Providers	2016/17 Baseline	16	Qtr 1	5	Qtr 2	16	Qtr 3	6	 <table border="1"> <caption>ABP8d Data</caption> <thead> <tr> <th>Period</th> <th>Proportion (%)</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> <tr> <td>Qtr 3</td> <td>41.2%</td> </tr> </tbody> </table>	Period	Proportion (%)	2016/17 Baseline	53.2%	Qtr 1	34.40%	Qtr 2	31.10%	Qtr 3	41.2%	 <table border="1"> <caption>ABP8f Data</caption> <thead> <tr> <th>Period</th> <th>Proportion (%)</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> <tr> <td>Qtr 3</td> <td>33.0%</td> </tr> </tbody> </table>	Period	Proportion (%)	2016/17 Baseline	41.2%	Qtr 1	43.3%	Qtr 2	35.9%	Qtr 3	33.0%
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<p>DATA - Following the significant increase in contractual breaches served in Q2, the 6 breaches seen this quarter are more in-line with the baseline (4 pq). The net increase of total number of contractual breaches this year is deemed to be due to a more structured and consistent application of contractual levers, rather than any changes in the provider market</p> <p>ACTION - During the period, 4 residential/nursing care providers were imposed with a contractual breach notice. Reasons for these breaches were: 2x failure to meet agreed actions identified as part of QAF, 2x Health and Safety concerns. In addition, one Dom Care provider was served with two contractual breaches in the period; one of these breaches was due to sub contracting work outside of the contract, and another for a DPA breach in regards to this issue</p>	<p>DATA - In Q3, 41.20% of QAF were completed within 13 weeks. From our QAF audit, it is clear that there are many factors that contribute to this delay, including staff capacity, provider adherence to timelines etc.</p> <p>ACTION - CaAS staff will record reasons for delays within the QAF tracking process to document barriers to their work. Issues will then be flagged with their managers as part of supervision</p>	<p>DATA - Reporting issues currently make it difficult to measure the overall compliance rate of IMRs completed to target. We did see previously a decrease in this rate (Q2), caused largely by a mass data clean up that took place within the unit.</p> <p>ACTION - 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 historical cases.</p>																														

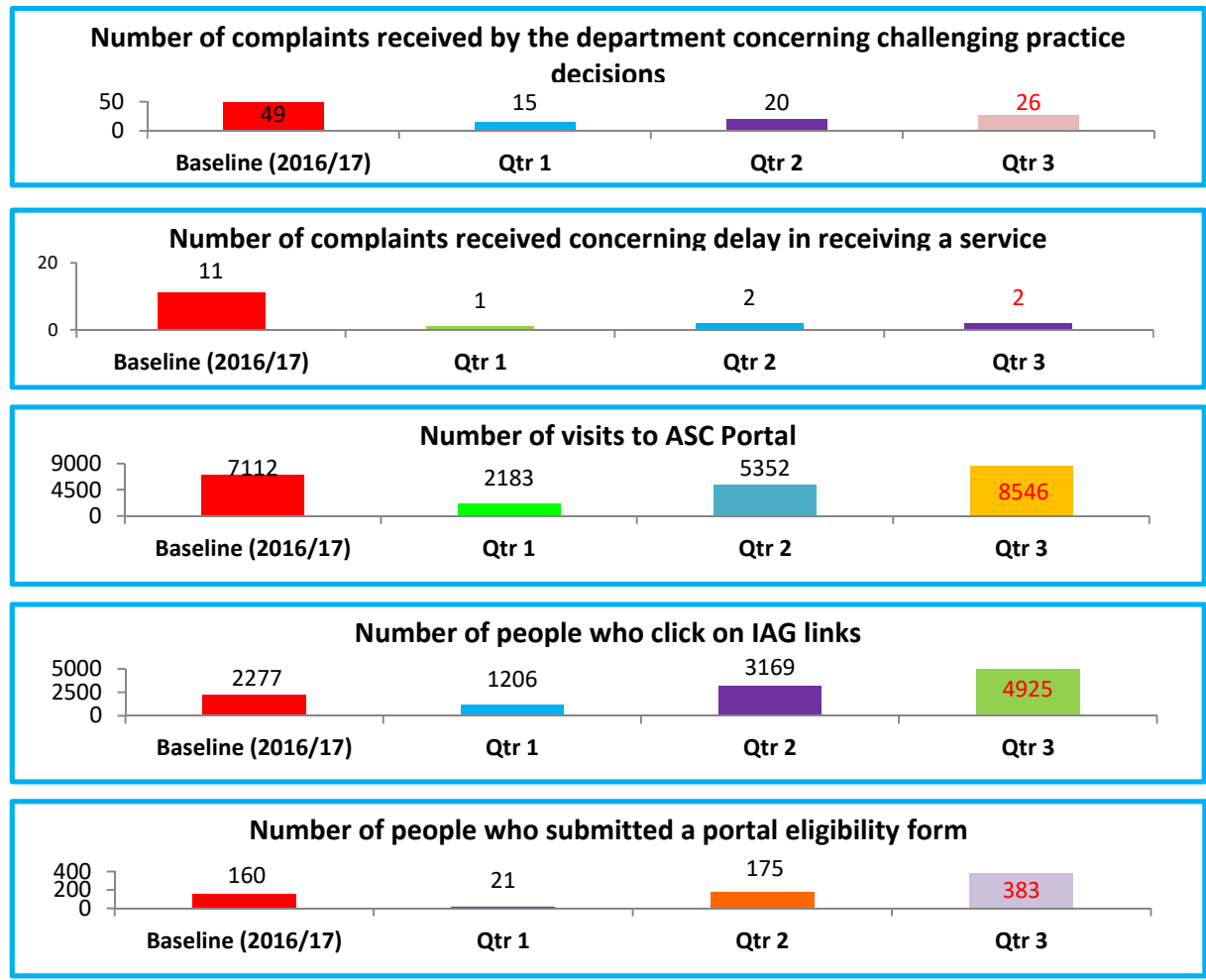
ASC Customer Measures Dashboard 2017/18 Quarter 3

Appendix 5.

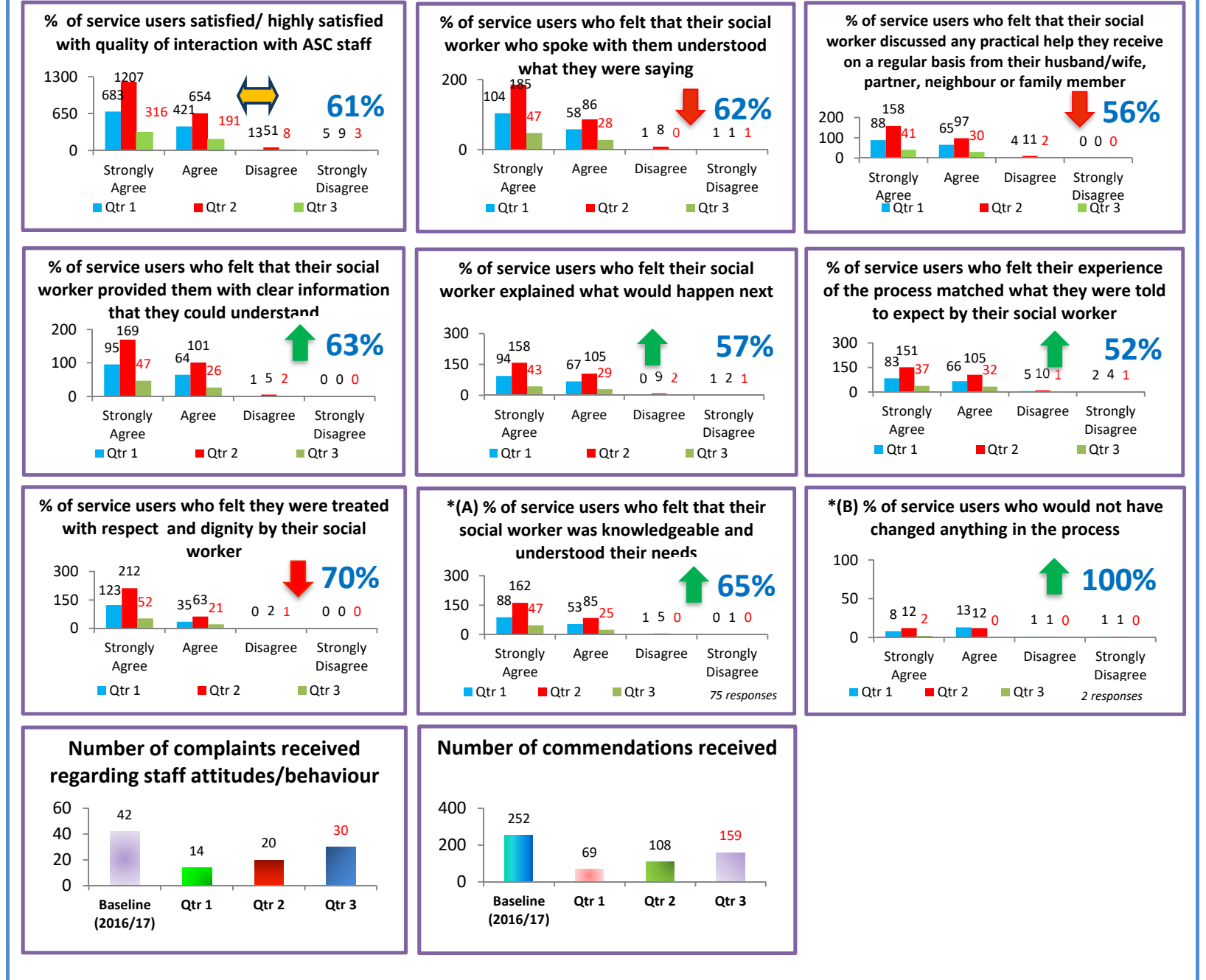
Quality of Life Outcomes



Help and support from ASC Services



Quality of interaction with ASC Services and staff



*(A) User experience of ASC services
*(B) User experience of ASC via contact & response team
Direction of travel compared to Qtr 2