

## Quarter 2 2021/22

### Purpose of the report







To provide a strategic overview of the Council's performance for Quarter 2 2021/22.

### The following scorecards are enclosed:

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# Key to Symbols

| Reporting Basis |  |
|-----------------|--|
| Year to Date    | Performance accumulated over the year      |
| Rolling Year    | Average performance over a 12 month period |
| Annual          | Performance measured once a year           |
| Latest Quarter  | Performance this quarter                   |
| Snapshot        | Performance at a particular point in time  |
| Forecast        | Predicted position at the end of the year  |

| Measure Symbols   |   |
|---|---|
|  | Performance Better than Target  |
|  | Performance Worse than Target   |
|  | Performance significantly worse than Target                                   |
|  | No information  |
|  | Missing Target  |
|  | No Value  |
| Bigger is Better  | A bigger value for this measure is good                                       |
| Smaller is Better   | A smaller value for this measure is good                                      |
| Plan is best  | Where it is better for performance to be on target rather than above or below |

| Risk Likelihood    | Impact/Consequence |         |            |         |            |
|--------------------|--------------------|---------|------------|---------|------------|
|                    | 1 Insignificant    | 2 Minor | 3 Moderate | 4 Major | 5 Critical |
| Almost certain (5) | 5                  | 10      | 15         | 20      | 25         |
| Likely (4)         | 4                  | 8       | 12         | 16      | 20         |
| Probable (3)       | 3                  | 6       | 9          | 12      | 15         |
| Possible (2)       | 2                  | 4       | 6          | 8       | 10         |
| Rare (1)           | 1                  | 2       | 3          | 4       | 5          |

**Risk Rating**  
(calculated by multiplying the Impact with the Likelihood of each risk)

| Risk Symbols  |                       |
|---|-----------------------|
|  | Risk Value Increasing |
|  | Risk Value Decreasing |
|  | No Change             |

| Level of Risk | Score   |
|---------------|---------|
| Low           | 1 - 6   |
| Moderate      | 7 - 12  |
| High          | 13 - 25 |

# Commissioning - Adult Social Care

## CLr Kathy Williams

### Mental Health

|  | Good Performance High/Low | Reporting Basis | Sep-20 | Dec-20 | Mar-21 | Jun-21 | Actual Sep-21 | Target Sep-21 |   | Comments   | Comparator Group |
|--|---------------------------|-----------------|--------|--------|--------|--------|---------------|---------------|---|--|------------------|
| % of referrals for an AMHP assessment that led to support or protection being put in place | Bigger is Better          | Latest Quarter  |        |        |        | 58.5%  | 60.9%         | 60.0%         | ★ | Of the 340 AMHP Assessments completed in the quarter, 207 resulted in detention or other support being put in place. | n/a              |
| % of Individuals with a second or subsequent AMHP assessment with 12 months                | Smaller is Better         | Latest Quarter  |        |        |        | 25.1%  | 27.1%         | 40.0%         | ★ |  | n/a              |
| % of Adults receiving secondary Mental Health services in settled accommodation            | Bigger is Better          | Snapshot        | 87.0%  | 88.0%  | 89.0%  | 89.0%  | 88.0%         | 85.0%         | ★ |  | 55.2%            |

### Learning Disability

|   | Good Performance High/Low | Reporting Basis | Sep-20 | Dec-20 | Mar-21 | Jun-21 | Actual Sep-21 | Target Sep-21 |   | Comments                     | Comparator Group |
|---|---------------------------|-----------------|--------|--------|--------|--------|---------------|---------------|---|------------------------------|------------------|
| % of Adults with Learning Disabilities in settled accommodation | Bigger is Better          | Snapshot        | 79.4%  | 79.2%  | 79.1%  | 79.1%  | 79.1%         | 78.0%         | ★ |                              | 73.1%            |
|   | Good Performance High/Low | Reporting Basis | Mar-16 | Mar-17 | Mar-18 | Mar-19 | Actual Mar-20 |               |   | Comments                     | Comparator Group |
| % of Adults with Learning Disabilities in Employment            | Bigger is Better          | Annual          | 8.7%   | 6.8%   | 6.4%   | 3.1%   |               | 0.8%          |   | Relates to March 2020 figure | 4.3%             |

### Adult Social Care Transformation

|  | Good Performance High/Low | Reporting Basis | Sep-20 | Dec-20 | Mar-21 | Jun-21 | Actual Sep-21 | Target Sep-21 |   | Comments  | Comparator Group |
|--|---------------------------|-----------------|--------|--------|--------|--------|---------------|---------------|---|---|------------------|
| % of GCC Commissioned Providers judged to be Good or Outstanding by CQC                  | Bigger is Better          | Latest Quarter  |        |        |        | 94.1%  | 92.3%         | 90.0%         | ★ | There is one provider judged as Inadequate with a further 34 providers judged as Requires Improvement.  | n/a              |
| Permanent admissions 18-64 to residential & nursing care homes per 100,000 population    | Smaller is Better         | Rolling Year    | 8.9    | 10.8   | 9.7    | 19.4   | 19.1          | 13.8          | ▲ | There were 71 permanent admissions in the rolling year to the end of September 2021, slightly down on the 72 permanent admissions in the year to June 2021. Of these 71 individuals, 34 were Physical Disabilities (18-64), 32 were Learning Disabilities and 5 were Mental Health. There remain some inconsistencies on the way that admissions are coded (relating to Short Breaks) which may be inflating the overall rate slightly, however the rate is similar to that over the same period to June 2019 (pre-COVID) and has historically been off target. | 13.8             |
| Permanent admissions aged 65+ to residential & nursing care homes per 100,000 population | Smaller is Better         | Rolling Year    | 439.2  | 472.7  | 433.4  | 555.9  | 543.7         | 579.2         | ★ | Note that June 2021 has been refreshed (from 472.7 to 555.9) to reflect retrospective cases added since the last reporting period.  | 579.2            |

### Carers

|  | Good Performance High/Low | Reporting Basis | Sep-20 | Dec-20 | Mar-21 | Jun-21 | Actual Sep-21 | Target Sep-21 |   | Comments | Comparator Group |
|--|---------------------------|-----------------|--------|--------|--------|--------|---------------|---------------|---|----------|------------------|
| Average waiting time for a Care Act Compliant Assessment (in working days) | Smaller is Better         | Snapshot        | 19.0   | 17.0   | 14.0   | 15.0   | 17.0          | 30.0          | ★ |          | n/a              |

# Delivery - Adult Social Care

## Cllr Carole Allaway-Martin

### Adult Safeguarding

|  | Good Performance High/Low | Reporting Basis | Sep-20 | Dec-20 | Mar-21 | Jun-21 | Actual Sep-21 | Target Sep-21 |   | Comments   | Comparator Group |
|--|---------------------------|-----------------|--------|--------|--------|--------|---------------|---------------|---|--|------------------|
| % of Section 42 enquiries this quarter where the risk was reduced or removed | Bigger is Better          | Latest Quarter  | 88.0%  | 87.3%  | 93.1%  | 83.3%  | 85.3%         | 85.0%         | ★ | There were 150 closures during the Quarter. Of these only 5 were closed where the Risk Remained, however there were 17 closures where there was no impact recorded.                                    | 84.5%            |
| % of S42 Enquiries open for more than 26 weeks                               | Smaller is Better         | Latest Quarter  | 32.5%  | 22.6%  | 32.4%  | 48.3%  | 39.1%         | 30.0%         | ▲ | This is an improving picture, however numbers may still be adversely affected by LAS processes. New processes for opening/closing of Safeguarding cases were implemented at the start of October 2021. | n/a              |

### Adult Social Care

|  | Good Performance High/Low | Reporting Basis | Sep-20 | Dec-20 | Mar-21 | Jun-21 | Actual Sep-21 | Target Sep-21 |   | Comments  | Comparator Group |
|--|---------------------------|-----------------|--------|--------|--------|--------|---------------|---------------|---|---|------------------|
| % of Service Users who have had a review/ re-assessment of their needs within the last 12 months | Bigger is Better          | Snapshot        | 48.0%  | 52.0%  | 53.0%  | 43.6%  | 52.1%         | 50.0%         | ★ |   | n/a              |
| % of all ASC Contacts with a decision within 1 working day                                       | Bigger is Better          | Latest Quarter  |        |        | 94.2%  | 93.5%  | 93.7%         | 95.0%         | ● | This can be broken down as 95.4% of all contacts received via the CSC and 88.9% of all other contacts | n/a              |
| % of ASC contacts signposted or closed   | Bigger is Better          | Latest Quarter  | 31.0%  | 33.0%  | 33.0%  | 39.4%  | 40.9%         | 33.0%         | ★ |   | n/a              |
| % of clients who need no long term care after their period of reablement                         | Bigger is Better          | Latest Quarter  | 91.1%  | 85.1%  | 85.6%  | 92.7%  | 93.8%         | 85.0%         | ★ |   | n/a              |

|   | Good Performance High/Low | Reporting Basis | Jun-20 | Sep-20 | Dec-20 | Mar-21 | Actual Jun-21 | Target Jun-21 |  | Comments  | Comparator Group |
|---|---------------------------|-----------------|--------|--------|--------|--------|---------------|---------------|--|---|------------------|
| Delayed transfers of care from hospital due to Adult Social Care per 100,000 population | Smaller is Better         | Rolling Year    |        |        |        |        |               | 3.50          |  | DTOC measures were suspended on 1st March 2020 There is no data available at present. | 3.50             |

|                                      | Good Performance High/Low | Reporting Basis | Mar-16 | Mar-17 | Mar-18 | Mar-19 | Actual Mar-20 |      | Comments  | Comparator Group |
|--------------------------------------|---------------------------|-----------------|--------|--------|--------|--------|---------------|------|---|------------------|
| Social care reported quality of life | Bigger is Better          | Annual          | 19.4   | 19.7   | 19.1   | 19.6   |               | 19.6 | Relates to March 2020 figure. Next update due in late 2022 as ASCOF Service User Survey did not go ahead in 2020/21 due to the COVID-19 pandemic. | 19.1             |
| Carer reported Quality of Life       | Bigger is Better          | Annual          | 7.4    | 7.4    | 7.4    | 7.4    |               | 7.4  | Relates to March 2019 figure  | 7.4              |

### FAB

|   | Good Performance High/Low | Reporting Basis | Sep-20 | Dec-20 | Mar-21 | Jun-21 | Actual Sep-21 |      | Comments  | Comparator Group |
|---|---------------------------|-----------------|--------|--------|--------|--------|---------------|------|---|------------------|
| Average number of working days to complete a FAB assessment | Smaller is Better         | Latest Quarter  |        |        |        | 16.2   |               | 16.1 | There were 588 FAB assessments completed in the Quarter taking an average of 16.14 working days to complete each assessment.<br>During the quarter the number of individuals pending a FAB assessment (where the assessment had not started) fell from 570 at the start of July to 367 at the end of September and improvement work is ongoing in respect of individuals who have had assessments open for a longer period of time. | n/a              |

# Prevention, Well-Being and Communities

## Cllr Tim Harman

### Public Health

|   | Good Performance High/Low | Reporting Basis    | Jun-20 | Sep-20 | Dec-20 | Mar-21 | Actual Jun-21 | Target Jun-21 |   | Comments  | Comparator Group |
|---|---------------------------|--------------------|--------|--------|--------|--------|---------------|---------------|---|---|------------------|
| Proportion of adult alcohol misusers who successfully completed treatment and did not represent within 6 months of completion         | Bigger is Better          | Quarter in Arrears | 37.4%  | 36.8%  | 31.2%  | 28.1%  | 25.9%         | 35.0%         | ▲ | The Q1 performance is 25.9%, this is a reduction from last quarter. Projecting forward 6 months we are anticipating that the performance drop further to Q2 and will begin to slowly recover toward the end of Q3, reflecting a change in measures taken by the service in response to the pandemic. There are multiple reasons for this drop including the halt on discharges as a safety measure in response to the pandemic. 96 further completions would be required to bring this into the LA family comparator top quartile.  | 36.9%            |
| Proportion of all Opiate Users in treatment, who successfully completed treatment and did not represent within 6 months of completion | Bigger is Better          | Quarter in Arrears | 5.9%   | 5.4%   | 4.6%   | 5.1%   | 4.4%          | 6.3%          | ▲ | The Q1 performance is 4.4%, which is a reduction from the previous quarter and it would require 24 further completions to bring this into the LA family comparator top quartile. Projecting forward 6 months we are anticipating that the performance will drop further at Q2, but will begin to slowly recover toward the end of Q3, reflecting a change in measures taken by the service in response to the pandemic. There are a number reasons for this anticipated drop, but it is primarily driven the halt on discharges as a safety measure in response to the pandemic.              | 5.7%             |
| Proportion of all Non-Opiate Users in treatment, not representing 6 months after completion   | Bigger is Better          | Quarter in Arrears | 32.2%  | 29.8%  | 25.7%  | 25.3%  | 21.3%         | 33.2%         | ▲ | The Q4 performance is 21.3%, this is a reduction from last quarter. Projecting forward 6 months we are anticipating that the performance will drop further at Q2, but will begin to slowly recover toward the end of Q3, reflecting a change in measures taken by the service in response to the pandemic. There are a number of reasons for this drop, but it is primarily driven the halt on discharges as a safety measure in response to the pandemic. 95 further completions would be required to bring this into the LA family comparator top quartile.                                 | 33.2%            |
| % of pregnant smokers achieving a 4 week quit   | Bigger is Better          | Quarter in Arrears | 88.0%  | 83.0%  | 80.0%  | 87.0%  | 82.0%         | 70.0%         | ★ |   | n/a              |
| Number of customers who achieve a significant risk factor improvement   | Bigger is Better          | Quarter in Arrears | 513    | 480    | 735    | 619    | 614           | 763           | ▲ | The numbers achieving a significant risk factor improvement remains steady compared to Q4. However, the target has still not been achieved and this is due to having no Slimming World outcomes as the programme has been halted due to C-19. The loss of this performance data significantly impacts on the performance of this indicator. The service was reinstated in June 2021 and therefore we would expect an improvement in this indicator in Q2. HLS performance remains strong with 478/619 (77%) of people accessing support from the service achieving a significant improvement. | n/a              |

|   | Good Performance High/Low | Reporting Basis | Sep-20 | Dec-20 | Mar-21 | Jun-21 | Actual Sep-21 |       | Comments | Comparator Group   |     |
|---|---------------------------|-----------------|--------|--------|--------|--------|---------------|-------|----------|--|-----|
| % of Covid-19 cases referred for Contact Tracing that have been completed | Bigger is Better          | Latest Quarter  |        | 86.4%  | 95.4%  | 88.7%  |               | 86.7% |          | For all confirmed cases which have been through contract tracing (either national track and trace or local contract tracing) with a test date between 01/07/2021 and 30/09/2021. 13.3% failed. | n/a |

|   | Good Performance High/Low | Reporting Basis | Sep-17 | Sep-18 | Sep-19 | Sep-20 | Actual Sep-21 | Comments  | Comparator Group |
|---|---------------------------|-----------------|--------|--------|--------|--------|---------------|---|------------------|
| % Reception Children overweight including obesity | Smaller is Better         | Academic Year   | 24.3%  | 23.8%  | 22.0%  | 23.7%  | 23.7%         | This is the latest published data and relates to the academic year 2019/20. The NCMP programme was paused in response to Covid-19 and this data has been deemed sufficient for publication but unreliable for benchmarking purposes. The figures for the 2020/21 academic year are due to be published on 16 November 2021. |                  |
| % Year 6 Children overweight including obesity    | Smaller is Better         | Academic Year   | 31.1%  | 32.1%  | 31.9%  | 32.4%  | 32.4%         | This is the latest published data and relates to the academic year 2019/20. The NCMP programme was paused in response to Covid-19. The figures for the 2020/21 academic year are due to be published on 16 November 2021.   | 31.6%            |

|                                     | Good Performance High/Low | Reporting Basis | Dec-16 | Dec-17 | Dec-18 | Dec-19 | Actual Dec-20 | Target Dec-20 | Comments   | Comparator Group |
|-------------------------------------|---------------------------|-----------------|--------|--------|--------|--------|---------------|---------------|--|------------------|
| Suicide rate per 100,000 Population | Smaller is Better         | 3-Year Average  | 10.8   | 9.8    | 10.4   | 10.2   | 11.0          | 11.4          | ★ The figure reported covers the three year period (2018-2020) where there were an additional 15 suicides compared to 2017-2019 (from 170 to 185). The National, Regional, Comparator Group and Gloucestershire rates have all increased since 2017-2019. Gloucestershire's rate remains broadly in line with the National rate of 10.4 and our Comparator Group (11.4). The South West regional rate is 11.6. | 11.4             |

# Public Protection

## Cllr Dave Norman

### Libraries

|  | Good Performance High/Low | Reporting Basis | Sep-20 | Dec-20 | Mar-21 | Jun-21 | Actual Sep-21 | Target Sep-21 |   | Comments   | Comparator Group |
|--|---------------------------|-----------------|--------|--------|--------|--------|---------------|---------------|---|--|------------------|
| Number of light-touch business interactions supported by the Growth Hubs | Bigger is Better          | Year to Date    | 5      | 1      | 4      | 27     | 74            | 100           | ▲ | <p>The main reason for the actual being under target is due to the libraries and Growth Hubs reforming their core business as the restrictions ease. There has been tentative behaviour around customer confidence and using the space, and facilities again. We talk regularly with the Growth Hubs and shall re-engage in an active marketing plan to encourage footfall and usage.</p> <p>We are also in the process of opening four new innovation labs at Tewksbury, Chipping Campden, Cheltenham and Stroud. This partnership will work closely with the Growth Hubs to promote the services we have on offer.</p> | n/a              |

### Road Safety

|   | Good Performance High/Low | Reporting Basis       | Actual Apr - Jun 20 | Actual Jul - Sep 20 | Actual Oct - Dec 20 | Actual Jan - Mar 20 | Actual Apr - Jun 21 | Forecast Apr - Jun 21 |   | Comments Apr - Jun 21 | Comparator Group |
|---|---------------------------|-----------------------|---------------------|---------------------|---------------------|---------------------|---------------------|-----------------------|---|-----------------------|------------------|
| Number of killed and seriously injured people | Smaller is Better         | Calendar Year to Date | 133                 | 216                 | 277                 | 39                  | 129                 | 139                   | ★ |                       | n/a              |

# Strategic Risk

## Strategic Risk Register

| Strategic Risk 5: Organisational Change Programmes             |   |              |               |             |             |             |             |               |            |  |
|--|---|--------------|---------------|-------------|-------------|-------------|-------------|---------------|------------|--|
|  |   | Risk Owner   | Inherent Risk | Sep-20      | Dec-20      | Mar-21      | Jun-21      | Actual Sep-21 | DoT Sep-21 | Comments   |
| ⊕ SR5.3  | Provider failures result in the council being unable to achieve its strategic objectives  | Scott, Sarah | High 25       | High 15     | High 20     | High 20     | High 20     | High 20       | →          | ▲ Risk of provider failure is currently increased due to staffing recruitment and retention pressures. Staffing risks have increased due to a number of factors that have been exacerbated by the impact of the CV19 pandemic and the additional actions required to manage the spread of this, including but not limited to the potential of staff having to undertake a mandatory vaccination  |
| Strategic Risk 7: Safeguarding Children, Young People & Adults |   |              |               |             |             |             |             |               |            |  |
|  |   | Risk Owner   | Inherent Risk | Sep-20      | Dec-20      | Mar-21      | Jun-21      | Actual Sep-21 | DoT Sep-21 | Comments   |
| ⊕ SR7.1  | Failure to protect vulnerable adults in Gloucestershire from abuse neglect in situations that potentially could have been predicted and prevented.  | Scott, Sarah | High 20       | Moderate 10 | Moderate 10 | Moderate 10 | Moderate 10 | Moderate 10   | →          | ● The workload of the safeguarding team remains high. Work has been undertaken to reduce the backlog of concerns awaiting a decision. A new member of staff joined the team this week and this additional resource will assist in managing the workload.<br><br>The Independent Chair of the Safeguarding Adults Board and the Head of Safeguarding Adults are taking part in the consultation regarding support to people who use drugs and alcohol, with the aim of looking for creative ways in which to work more effectively with this group. |
| ⊕ SR7.6  | Unable to support all those who can, to live independently at home, because demand for home care services outstrips available capacity. Resulting in the reliance on temporary respite/alternative bed based care in lieu of home care  | Scott, Sarah | High 20       | Moderate 12 | Moderate 12 | Moderate 12 | High 16     | High 20       | ↗          | ▲ We are experiencing a significant number of providers handing back packages of care due to staffing shortages. Agencies are reporting additional pressures in recruiting and retention of staff. A number of agencies are reporting that carers are leaving to return to their country of origin and to take up alternative careers in areas such as hospitality and retail.   |
| ⊕ SR7.8  | Risk of legal action being taken against the Local Authority due to failure to complete a Deprivation of Liberty assessment within the stated time lines. Since a significant and sudden change in the law due to a Supreme Court Judgement in March 2014 there is an excessively high demand for best interest assessments to be carried out for Deprivation of Liberty (DoLS) authorisations. | Scott, Sarah | High 20       | Moderate 9  | Moderate 9  | Moderate 9  | Moderate 9  | Moderate 9    | →          | ● The DoLS service continues to prioritise all applications in line with ADASS guidance. This approach is reviewed regularly and discussed at DoLS team meetings. The Duty BIA role has been reduced from a full day, to half a day, to allow more time for the completion of assessments.   |