

Quarter 1 2023/24

Purpose of the report

To provide a strategic overview of the Council's performance for Quarter 1 2023/24.






The following scorecards are enclosed:

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Prepared by the Performance and Improvement Team




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	Impact/Consequence				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Critical
Highly Likely (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Remote (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

Transforming Adult Social Care Delivery

Contact Activity

	Good Performance High/Low	Reporting Basis	Jun-22	Sep-22	Dec-22	Mar-23	Actual Jun-23	Target Jun-23	Comments	Comparator Group
% of all ASC Contacts with a decision within 1 working day	Bigger is Better	Latest Quarter	92.0%	92.4%	94.0%	89.9%	94.7%	95.0%	● There were 22,395 contacts in the Quarter of which 94.7% had a decision within one working day, broken down as follows: 96.7% of contacts within the CSC had a decision within 1 working day 88.9% of other contacts had a decision in 1 working day Data currently unavailable due to ongoing ICT/Power BI issues.	n/a
% of ASC contacts signposted or closed	Bigger is Better	Latest Quarter	37.4%	37.0%	36.1%	35.0%	36.6%	33.0%	★ Of all completed Contacts 36.6% resulted in NFA, Information/Advice or Signposting Data currently unavailable due to ongoing ICT/Power BI issues.	n/a

Assessments

	Good Performance High/Low	Reporting Basis	Jun-22	Sep-22	Dec-22	Mar-23	Actual Jun-23	Target Jun-23	Comments	Comparator Group
% of Service Users having had a review of their needs in the last 12months	Bigger is Better	Snapshot	42.4%	44.8%	48.6%	57.9%	52.7%	60.0%	▲ At the end of June 2023 there were 2,380 individuals overdue a Care Act Review which equates to 52.7% of the total long-term Social Care clients with an up-to-date review. The proportions in-date by cohort is follows: ● 65+ and Physical Disabilities 50.7% ● Learning Disabilities 59.2% ● Mental Health 47.3%	n/a
% of Proceedable FAB Assessments where the visit is completed within one working month	Bigger is Better	Quarterly							No data available. Test data indicates that over 20% of referrals to the FAB team are 'Unproceedable' due to deviation from the standard process or incomplete information being submitted.	n/a
No. of new FAB Requests received within the quarter	Plan is Best	Quarterly					627		New Indicator for 2023/24. Requests are currently averaging 48 per week during the quarter	n/a
	Good Performance High/Low	Reporting Basis	Jun-22	Sep-22	Dec-22	Mar-23	Actual Jun-23	Target Jun-23	Comments	Comparator Group
Average number of weeks people have been awaiting Brokerage	Smaller is Better	Snapshot	4.8	4.0	3.1	5.6		4.1	At the end of June 2023 there were 222 people awaiting Brokerage down by more than half from 468 at the end of March 2023.	n/a

Hospital Discharge and Reablement

	Good Performance High/Low	Reporting Basis	Jun-22	Sep-22	Dec-22	Mar-23	Actual Jun-23	Target Jun-23	Comments	Comparator Group
% of clients who need no long term care after their period of reablement	Bigger is Better	Latest Quarter	90.0%	90.2%	85.8%			85.0%	No figures available for Quarter 1	81.0%

Adult Safeguarding

	Good Performance High/Low	Reporting Basis	Jun-22	Sep-22	Dec-22	Mar-23	Actual Jun-23	Target Jun-23	Comments	Comparator Group
% of Section 42 enquiries this quarter where the risk was reduced or removed	Bigger is Better	Latest Quarter	81.7%	82.6%	83.1%	90.1%	81.5%	85.0%	● There were 130 Section 42 closures during the Quarter, of which 14 (10.8%) were closed where the risk remained, and 10 (7.7%) which were 'Inconclusive'.	90.3%
% of S42 Enquiries open for more than 26 weeks	Smaller is Better	Latest Quarter	17.7%	20.1%	16.9%	22.2%	17.9%	20.0%	★ At the end of June 2023 there were 195 open Section 42 Enquiries of which 35 (17.9%) had been open for more than 26 weeks.	n/a

Transforming Adult Social Care Commissioning



Quality Assurance

	Good Performance High/Low	Reporting Basis	Jun-22	Sep-22	Dec-22	Mar-23	Actual Jun-23	Target Jun-23	Comments	Comparator Group
% of Gloucestershire Adult Social Care Providers judged to be Good or Outstanding by CQC	Bigger is Better	Latest Quarter	91.3%	90.2%	88.1%	90.8%	87.3%	90.0%	<ul style="list-style-type: none"> The latest published data from CQC (in relation to the Overall rating of 237 Adult Social Care Providers) indicates: <ul style="list-style-type: none"> 207 providers are rated as either Good or Outstanding. Of these 18 are rated as Outstanding, and the remaining 189 are Good. There are 27 providers rated as Requires Improvement. There are 3 providers who remain rated as Inadequate. 	n/a

Assessments

	Good Performance High/Low	Reporting Basis	Jun-22	Sep-22	Dec-22	Mar-23	Actual Jun-23	Target Jun-23	Comments	Comparator Group
Average waiting time for a Carers Care Act Compliant Assessment (in working days)	Smaller is Better	Snapshot	6.0	6.0	18.0	18.0	16.0	30.0	★	n/a

Long Term Care

	Good Performance High/Low	Reporting Basis	Jun-22	Sep-22	Dec-22	Mar-23	Actual Jun-23	Target Jun-23	Comments	Comparator Group	
Permanent admissions 18-64 to residential & nursing care homes per 100,000 population	Smaller is Better	Rolling Year	8.2	8.7	9.2	9.2	9.0	13.0	★	There were 34 permanent admissions in the year to 30 June 2023. Admission rates for the previous 4 quarters have been refreshed to reflect delays in data entry.	13.0
Permanent admissions aged 65+ to residential & nursing care homes per 100,000 population	Smaller is Better	Rolling Year	316.8	313.9	308.3	326.0	328.9	496.1	★	There were 463 permanent admissions in the year to 30 June 2023. Admission rates for the previous 4 quarters have been refreshed to reflect delays in data entry.	496.1

Mental Health

	Good Performance High/Low	Reporting Basis	Jun-22	Sep-22	Dec-22	Mar-23	Actual Jun-23	Comments	Comparator Group
% of AMHP assessments that led to detention under MH Act, Other Support or Informal Admission	Plan is Best	Latest Quarter	55.9%	56.0%	65.0%	57.5%	56.3%	<ul style="list-style-type: none"> There were 321 Assessments completed in the Quarter (up by just 1.6% from Quarter 1 2022/23), resulting in 330 Outcomes as follows: <ul style="list-style-type: none"> 94 detentions under S2 (28.5%) 71 detentions under S3 (21.5%) 15 resulting in Community Treatment Order under S17A (4.5%) 6 resulted in Informal Admission under S131 (1.8%) 119 were NFA (36.1%) 25 'other' or Not Recorded (7.6%) Note that there are a small number of assessments where more than one outcome is recorded. 	n/a

Learning Disability

	Good Performance High/Low	Reporting Basis	Jun-22	Sep-22	Dec-22	Mar-23	Actual Jun-23	Target Jun-23	Comments	Comparator Group	
% of Adults with Learning Disabilities in settled accommodation	Bigger is Better	Snapshot	59.4%	59.6%	60.5%	63.2%	64.4%	72.0%	▲	Out of a total cohort of 539, 347 are recorded as being in Settled accommodation, with 192 recorded as Unsettled (188 in Care Homes and 4 Unknown). NOTE That figures EXCLUDE LD individuals who are in Supported Living (in line with the National Definition).	72.0%
Total number of people in Employment with a Disability (or work limiting health condition) supported by GCC Forward Services	Bigger is Better	Latest Quarter	547	558	632	734	772	750	★	38 people added in the Quarter including 17 known to Social Services, of which 2 were Care Leavers.	n/a

Levelling Up Our Communities

Addressing Public Health Inequalities

	Good Performance High/Low	Reporting Basis	Mar-22	Jun-22	Sep-22	Dec-22	Actual Mar-23	Target Mar-23		Comments	Comparator Group
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	4.3%	4.3%	5.0%	5.1%	4.6%	6.3%	▲	The Q4 performance is 4.6 % (61/1,318), a reduction in performance. Projecting forward by 6 months the service are anticipating that this performance will increase to around 5.3%.	5.7%
Proportion of all Non-Opiate Users in treatment, not representing 6 months after completion	Bigger is Better	Quarter in Arrears	23.7%	26.4%	28.4%	29.4%	29.3%	33.2%	▲	The Q4 performance is 29.3% (198/675), this is static performance over last 3 quarters. Projecting forward 6 months from this point the service are anticipating that the performance will remain at around 29%.	36.9%
Proportion of adult alcohol misusers who successfully completed treatment and did not represent within 6 months of completion	Bigger is Better	Quarter in Arrears	29.5%	35.6%	37.6%	38.9%	37.3%	35.0%	★	The Q4 performance is 37.3% (301/806), this is static performance over last 3 quarters. Projecting forward 6 months the Service are anticipating that the performance will drop slightly below target, to around 34%.	36.6%
% of pregnant smokers achieving a 4 week quit	Bigger is Better	Quarter in Arrears	80.0%	66.0%	90.0%	80.0%	88.0%	70.0%	★	The target for this indicator is 70%. The service continues to perform well with 88% (42/58) of pregnant women achieving a 4-week quit in Q4. This is higher than the Q3 figure of 80% (41/51) and significantly higher than the latest national data (April 2022 to December 2022) of 45.4%.	n/a
% of HLS customers that achieve a significant risk factor improvement	Bigger is Better	Quarter in Arrears	68.4%	71.0%	71.4%	70.5%	68.7%	65.0%	★	The performance for this indicator remains steady with the percentage achieving improvement in Q4 being 69% (662/964) in Q4 compared to 70% (923/1310) in Q3 against a target of 65%.	n/a

	Good Performance High/Low	Reporting Basis	Sep-18	Sep-19	Sep-20	Sep-21	Actual Sep-22	Comments	Comparator Group
% Reception Children with obesity (including severe obesity)	Smaller is Better	Academic Year	9.8%	9.1%	10.0%	13.6%	8.7%	The 2021/22 school year NCMP data was the first full year of data collection since the start of the Covid-19 pandemic. We previously reported a significant increase in levels of obesity and severe obesity in 2020/21 compared to pre-pandemic levels. The 2021/22 data indicate that rates have now decreased, compared to last year. Obesity levels among Reception age children in Gloucestershire have reverted to pre-pandemic levels according to the 2021/22 data (8.7%)	10.1%
% Year 6 Children with obesity (including severe obesity)	Smaller is Better	Academic Year	16.3%	18.3%	18.4%	21.6%	20.7%	The 2021/22 school year NCMP data was the first full year of data collection since the start of the Covid-19 pandemic. We previously reported a significant increase in levels of obesity and severe obesity in 2020/21 compared to pre-pandemic levels. The 2021/22 data indicate that rates have now decreased, compared to last year. Obesity levels among Year 6 children in Gloucestershire remain significantly above pre-pandemic levels in 2021/22 data (20.7%)	23.4%
Reception: Inequality in the prevalence of obesity (including severe obesity)	Smaller is Better	Academic Year	7.4%	6.8%	5.3%	8.5%	5.5%	In Gloucestershire there are differences in being very overweight in childhood depending on your gender, level of deprivation, ethnicity and rurality in both Reception and Year 6. From reception to year 6 the gaps appear to widen with rates becoming markedly higher in more deprived areas. We use the Slope Index of Inequality (SII) as a measure of how much being very overweight in Childhood varies with deprivation. The latest data is showing a decreasing trend similar to pre-covid SII levels. In Reception Year the gap in obesity rates between most deprived and least deprived in the last 5 years of recording (2016-21) stands at 5.5%, down from 8.5% (2015-2020) however at Year 6 this gap is 15.5% (2016-21) down from 16.3% (2015-2020). SII data is not currently released at a national or a regional level.	n/a
Year 6: Inequality in the prevalence of obesity (including severe obesity)	Smaller is Better	Academic Year	12.2%	16.7%	18.0%	16.3%	15.5%	In Gloucestershire there are differences in being very overweight in childhood depending on your gender, level of deprivation, ethnicity and rurality in both Reception and Year 6. From reception to year 6 the gaps appear to widen with rates becoming markedly higher in more deprived areas. We use the Slope Index of Inequality (SII) as a measure of how much being very overweight in Childhood varies with deprivation. The latest data is showing a decreasing trend similar to pre-covid SII levels. In Reception Year the gap in obesity rates between most deprived and least deprived in the last 5 years of recording (2016-21) stands at 5.5%, down from 8.5% (2015-2020) however at Year 6 this gap is 15.5% (2016-21) down from 16.3% (2015-2020). SII data is not currently released at a national or a regional level.	n/a

	Good Performance High/Low	Reporting Basis	Dec-18	Dec-19	Dec-20	Dec-21	Actual Dec-22	Target Dec-22	Comments	Comparator Group
Suicide rate per 100,000 Population	Smaller is Better	3-Year Average	10.4	10.2	11.0	11.3	11.3	11.3	★ The suicide rate in Gloucestershire for the three year period 2019-2021 is 11.3 per 100,000 of the population. This is a very slight increase from the rate in the previous three year period (11.0 in 2018-20); however the Gloucestershire rate remains in line with the national and regional rate for suicide deaths. The number of suicide deaths in 2021 registered also remains in line with the average number of deaths per year from suicide over the last 10 years in Gloucestershire. The Gloucestershire Suicide Prevention Partnership continues to monitor deaths from suicide in the county as part of the ongoing delivery of the countywide suicide prevention strategy and action plan.	11.3