

**BRISTOL CITY COUNCIL**  
**Health, Wellbeing & Adult Care Scrutiny Commission**  
**4<sup>th</sup> March 2014**

**Report of:** Service Director: Policy, Strategy & Communications

**Title:** 2013/14 – Quarter 3 Performance Progress Report

**Ward:** Citywide

**Officer Presenting Report:** Michele Farmer, Service Director: Policy,  
Strategy & Communications

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### **RECOMMENDATION**

That the Scrutiny Commission review the attached measures of success and associated risks, and identify any on which they require reports to be brought back for consideration at a later meeting.

### **Summary**

This report gives an overview of progress against the council's strategic priorities at the end of quarter 3 (1<sup>st</sup> April 2013 - 31<sup>st</sup> December 2013), based on the information provided by directorates, at 28<sup>th</sup> January 2014.

The key objectives of the this report is to:

- Provide a corporate and strategic focus on our agreed outcomes;
- Target performance improvement at core priorities;
- Improve transparency for the public with meaningful and accessible information on performance.

Members are assured that that day-to-day performance is still monitored and reported, appropriately, to service managers and that these progress reports will published on-line.

### **Policy**

1. The adopted approach to monitoring and performance management complies with our Local Code of Corporate Governance.

### **Consultation**

## **Internal**

2. Strategic Directors submitted measures of success that best showed progress against the Corporate Themes. The Corporate Performance & Improvement Team co-ordinated this input and submitted proposals for consideration and agreement by the Strategic Leadership Team (SLT) on 15<sup>th</sup> October 2013.
3. A report on the proposed reporting arrangements was subsequently submitted to, and approved by the Overview & Scrutiny Committee on the 21<sup>st</sup> November 2013.
4. This list of performance indicators, projects and risks were presented to this commission on 18 December 2013. The attached progress report showing the suite of measures of success, Appendix A, has been updated to reflect those comments. The design of the appendix has also been tweaked following comments from other scrutiny commissions, specifically the font and headings.

## **External**

5. Not applicable

## **Context**

6. The information presented is for the third quarter of 2013/14 (April – December). Although some of the data (Health / Schools / Economic) relates to previous years, it is the most up-to-date information available.
7. There are a number of entries in the reports where core data is not currently available, indicated by the status 'Data not due'. For each measure, so noted, there are valid reasons for this including:
  - data is only produced at the end of each year,
  - data is not owned by the Council, and data is released at the discretion of Central Government, BCC partner organisations or other outside bodies.
8. However, managers are monitoring these situations, despite there being no 'actual' data available to be reported. Much of the contextual information explains this and further information can be provided upon request.
9. The risks are monitored quarterly and appropriate mitigations are in place; for further details see the corporate and directorate risk register.

10. Attached as Appendix A to this report are the measures of success that apply to this commission, sorted by the Corporate Themes to which they relate.

## **Proposal**

11. That the Scrutiny Commission review the attached measures of success and associated risks, and identify any on which they require reports to be brought back for consideration at a later meeting.

## **Other Options Considered**

12. Not applicable.

## **Risk Assessment**

13. Not applicable.

## **Public Sector Equality Duties**

14. None for the purpose of this report.

## **Legal and Resource Implications**

15. None sought.

## **Appendices:**

Appendix A: Quarter 3 (April 13 – December 13) Progress against Corporate Priorities, by theme for the Health, Wellbeing & Adult Care Scrutiny Commission

## **LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985 Background Papers:**

None

## Health, Wellbeing & Adult Care - Scrutiny Commission

### Caring & Protecting

#### Performance Indicators

Measures of success	Code	Frequency of measure	2012/13 Outturn	2013/14 Target	Qtr3 Target	Qtr 3 progress (1 Apr - 31 Dec)	Qtr 3 comments about progress of the measure
Percentage of adult social care service users who receive direct payments	OPI202	Quarterly	16.5%	19.5%	18.8%	22.5%	Adult Social Care have been prioritising this method of service delivery for a number of years, as it maximises the choice and control that service users have over their care. Across all client types the numbers are increasing, but especially in relation to supporting carers in receipt of direct payments.  Current performance indicates that we will exceed our target for this year.
Percentage of adult social care service users living in the community as opposed to residential/nursing care	KPI170	Quarterly	74.3%	77.0%	76.0%	74.6%	BCC continues to prioritise encouraging people to live independently where possible. We have decommissioned a number of Elderly Persons Homes, and have projects underway to increase capacity and promote care in other settings. These include extra care housing, shared lives and community supported accommodation.
Percentage of older people at home 91 days after discharge from hospital into reablement/rehabilitation	OPI291	Quarterly	n/a	85.0%	83.5%	83.7%	This measurement of the effectiveness of reablement services shows that Bristol is continuing to improve on its year end performance. The full year 12/13 performance was already ahead of the core cities and south west average.
Percentage of adult social care service users who say that services have made them feel safe & secure	OPI292	Annual	n/a	83.5%	n/a	Data Not Due	This is an annual measure taken from a Department of Health Survey (conducted locally). It is well known that feeling safe is one of the most important factors in delivering an effective care plan at the point of crisis. BCCs current performance on this is ahead of both the core cities average and the England average.
Average move-on time in high support accommodation services	NH481	Quarterly	154 days*	120 days	120 days	130 days	Performance reflects continued improvement on Q2 despite challenging circumstances for providers. There are six contracts involved and average move on time ranges across contracts from less than 100 days (well below target) to over 250 days. Action plans are now in place to improve performance in those services with poor move on times, and we now expect to be on target by year end. <i>*The shown 2012/13 out-turn is based on Q3 performance. Due to a number of contracts beginning mid year (Dec '12), and data being re-set, the year-end out-turn was skewed. It is therefore more appropriate to show the Q3 figure as a comparison instead.</i>
Number of disabled people enabled to live more independently	KPI114	Quarterly	3,012	2,200	1,650	1,552	Target comfortably being exceeded as the number of backlog cases are cleared.

#### Projects

Title	Code	Frequency of measure	Qtr 3 comments about progress of the project
Develop 650 retirement living flats by 2022	Project	Ongoing	New Project manager appointed from December 2013. Supplier event for New Fosseway site (200 units) took place in December, however start of OJEU PQQ process delayed to April. Coldharbour Road site contracts due to be signed by Taylor Wimpey/ECHT with Trust in Q4 2014/15.

#### Risks

Title	Code	Frequency of measure	Date last reviewed	Qtr 3 comments about progress of the risk
An adult older or vulnerable person suffers avoidable death, serious injury or abuse whilst under the care of the council.	Risk CRR025	Quarterly	Last reviewed 27/11/13	Safeguarding responsibilities are well developed in Care Management and the new structure has strengthened this element of the service. The statutory CQC regime is augmented by a quality assurance service within health & social care carrying out our own visits to providers from whom we contract service provision.
Inadequate response to an emergency or continuity challenge Inadequate response to an emergency or continuity challenge leading to unacceptable disruptions to the delivery of critical services	Risk DRR HS010	Quarterly	Last reviewed 29/11/13	Critical services have been identified. Service managers attend regular meetings to review and assure the validity of response plans, including direct service responses. Well established process for "Snow Meetings" for example.

Title	Code	Frequency of measure	Date last reviewed	Qtr 3 comments about progress of the risk
Insufficient care to meet needs of community e.g. lack of choice and availability of personalised care, home care, care home placements.	Risk DRR HS004	Quarterly	Last reviewed 27/11/13	Close working with Acute trusts on winter pressures planning. Use of enabling commissioning framework to ensure commissioning is needs led.

## Greener & Healthier

### Performance Indicators

Measures of success	Code	Frequency of measure	2012/13 Outturn	2013/14 Target	Qtr3 Target	Qtr 3 progress (1 Apr - 31 Dec)	Qtr 3 comments about progress of the measure
Reduce the life expectancy gap between <b>men</b> living in deprived areas of the city and <b>men</b> living in the wealthy areas of the city	0PI223a	Annual	8.4 years	8.2 years	n/a	Data Not Due	<p>The latest available data for the life expectancy gap is for the combined period of 2009 to 2011 and is released by Public Health England. This is a new national indicator introduced by Public Health England measuring health inequalities within local authorities. The first set of data was released in November 2013. 2010 to 2012 data was due to be released on 4th February 2014, but now delayed by Public Health England.</p> <p>Currently men in more deprived areas of Bristol die, on average, 8.4 years earlier than men in more affluent areas. However, the gap in life expectancy between the most deprived 10% and the least deprived 10% in Bristol does continue to narrow - for men it has reduced from 9.9 years in 2001 to 8.4 years currently.</p>
Reduce the life expectancy gap between <b>women</b> living in deprived areas of the city and <b>women</b> living in the wealthy areas of the city	0PI223b	Annual	4.9 years	4.7 years	n/a	Data Not Due	<p>Currently women in more deprived areas of Bristol die, on average, 4.9 years earlier than men in more affluent areas. However, the gap in life expectancy between the most deprived 10% and the least deprived 10% in Bristol does continue to narrow - for women it has reduced from 6.8 years in 2001 to 4.9 years currently.</p> <p>Public Health Bristol continue to address the life expectancy gap by targeting interventions in the most appropriate areas for example stop smoking service and alcohol interventions. Bristol's Joint Strategic Needs Assessment (JSNA) highlights the areas in Bristol with the highest levels of inequality.</p>
Reduce the rate of alcohol-attributable hospital admissions per 100,000 population	0PI201	Quarterly	2,387	2,689	1,345	Data has not yet been released by Public Health England.	<p>The 2012/3 figure of 2,387 admissions per 100,000 population is a provisional estimate produced by Public Health England. 2013/14 quarterly data has not yet been released by Public Health England therefore Q3 actual is not yet available. Public Health data flows have been disrupted due to the reorganisation of the NHS and creation of Public Health England. It is hoped that Public Health England will be able to start releasing more timely data in the near future.</p> <p>Bristol is successfully following it's long term plan of slowing down and then reversing the long term rise in alcohol related admissions to hospital. Public Health Bristol are working with the frequent alcohol admitters through the wet clinic. Work is also ongoing with primary care in targetting patients with alcohol related illnesses. Work with local hospitals around brief interventions continues.</p>
Reduce the prevalence of smoking amongst people aged 18 and over	0PI222	Annual	21.0%	20.0%	n/a	Data Not Due	<p>The latest available data is for 2011/12 and is released by Public Health England as part of the Public Health Outcomes Framework.</p> <p>Bristol continues to bring down the levels of smoking. Since July 2009, the smoking prevalence has reduced from 23% to 21% currently.</p> <p>Smokefree Bristol continues to target areas and groups with high levels of smoking and work widely with pharmacies and GPs to offer smoking cessation advice.</p>
Percentage of the population vaccinated with the five key immunisations	0PI221	Annual	92.3%	95%	n/a	92.7% (Q2 actual)	<p>Immunisation data is provided by NHS England and Public Health England and is released approximately 3 months after quarter end. As such currently Q2 data is the latest available data.</p> <p>Immunisation coverage is steadily increasing in Bristol, year on year. MMR coverage for 5 year olds still requires considerable improvement but is steadily improving. Work is underway to improve MMR levels by indentifying and targetting hard to reach groups.</p>

Measures of success	Code	Frequency of measure	2012/13 Outturn	2013/14 Target	Qtr3 Target	Qtr 3 progress (1 Apr - 31 Dec)	Qtr 3 comments about progress of the measure
Reduce the preventable Mortality Rate from preventable causes, per 100,000 population	0PI220	Annual	162.6	160.3	n/a	Data Not Due	<p>The latest available data is for the time period of 2009-2011. This data is part of the Public Health Outcomes Framework released by Public Health England. More up to date information is due to be released on 4th November 2014.</p> <p>This indicator is a measure of all the deaths that could theoretically be prevented by implementing current best practice in public health interventions.</p> <p>Public Health Bristol continues to target their work in those areas with the most need, identified through the Joint Strategic Needs Assessment.</p>
Percentage of people who take moderate exercise five times a week (QoL)	0PI310	Annual	34.00%	35.00%	n/a	Data Not Due	<p>Taken from the QoL Survey, 2013/14 results not available at time of report. However, actions to address activity levels are being addressed as part of Mayoral Sports Commission, the report of which is due to be released March 2014.</p>