# People Scrutiny Commission



Report of: Performance team, on behalf of People Executive Director

**Title: Quarterly Performance Progress Report (Quarter 4 2021/22)** 

Ward: All wards

Officer Presenting Report: Pete Franklin - Strategic Intelligence & Performance Advisor

**Contact Telephone Number:** N/A

#### Recommendation

That Scrutiny note the progress made against the relevant Key Performance Indicators (Appendix A1) and that Scrutiny members and Directors discuss measures to address any performance issues.

#### The significant issues in the report are:

Highlighted in section 2 below, and noted within the suite of KPIs set out in appendix A1.

Of all People Scrutiny portfolio measures reported this quarter:

40% are on or better than target

55% are performing the same or better than at the same time last year

#### 1. Background context

This performance progress report and appendix is part of the standard reporting arrangements around the Bristol City Council (BCC) <u>Business Plan 2021/22</u>. The <u>Performance Framework</u> and reporting arrangements for 2021/22 were approved by CLB and noted by Cabinet and OSMB in Feb-March 2021.

The Key Performance Indicators (KPIs) included here are the relevant indicators for the People Scrutiny Commission, as listed in detail in Appendix A1; this includes Business Plan measures (coded as BP) and others agreed with Directorate leadership teams, adjusted to reflect Scrutiny areas of responsibility. A list of short definitions for each measure is in Appendix A2.

**Please note:** Each KPI is only reported to one Scrutiny Commission. Following a Council restructure in 2018 there is no standard management report for Communities, so the suite of KPIs for each Scrutiny Commission is based on the agreed areas of Scrutiny oversight, not on management lines of reporting.

**BCC** measures and City-wide measures - This year we continue to differentiate between indicators wholly owned by BCC, so are direct measures of our performance, and those where BCC is a key player but performance is dependent on other partners or factors. Indicators are listed accordingly.

Impact of Covid-19 – Covid-19 renewal and recovery has been embedded into the commitments that underpin our Business Plan and is being delivered across all areas of the council. Adjusted targets are set to take account of this, including some which appear counter-intuitive compared to last year's outturn due to Covid-19 impact (see <a href="BCC 2021/22 Performance Targets">BCC 2021/22 Performance Targets</a>). Details for individual indicators are in the management comments (see Appendix A1).

#### 2. Summary

In terms of performance in Q4 for People Scrutiny, progress is as follows:

#### **Performance summary**

Taking the available KPI results for those performance measures within the People Scrutiny portfolio this quarter, and noting the BCC / City-wide differentiation:

- 40% of all People Scrutiny measures (with established targets) are performing on or better than target (16 of 340)
  - o 21% of BCC-only measures (3 of 14)
  - 50% of city-wide measures (13 of 26)
- 55% of all People Scrutiny measures (with a comparison from 12 months ago) have remained the same or improved (21 of 38)
  - o 43% of BCC-only measures (6 of 14)
  - 63% of city-wide measures (15 of 24)

\*NOTE: These summary figures are not for the full spectrum of the People Directorate and therefore reports only those specific indicators reported to this Scrutiny Commission (listed in the detailed Appendix below). For the People Directorate just over 20% the performance indicators are reported to Communities Scrutiny so do not appear in the detailed Appendix for this report.

#### **Adult Social Care**

- 3 x PIs (shaded in grey) are included, even though they are not the direct responsibility of this division; this is to clearly show how performance and outcomes are impacted through the work of more than one division. All three of these KPIs are performing better than target.
- Last year the service acknowledged that there had to be a better way to see how 'long-term care' performance is managed and created 6 x new KPIs DPEB001a 003b. Whilst most are presently performing worse than target, the service is continuing to try and maximise people's independence and reduce overreliance on permanent care.
- The percentage of BCC regulated CQC Care Service providers where provision is rated 'Good or Better' is presently at 95.5%, this is the highest percentage recorded in the last 4 years.

#### Children, Families & Safer Communities

- 74% of 17 18 year-old care leavers in were in Employment, Education or Training as at 31 December '21. This is impressive performance when considered against the national average of 65%.
- The percentage of Missing Children offered a return interview (81.2%) falls short of the annual target of 90%. Part of the issue relates to recording issues, which is being addressed; This, along with further staff training should see improve performance next year.
- Percentage of Children in Need cases open for more than 2 years has steadily reduced over the last 5 years, which is largely due to consistent approach to ensuring good outcomes for children.

#### Educational, & Skills

- The percentage of Educational Health Care Plans that are issued within timescales has improved slightly
  on the previous quarter and better than the 2020/21 outturn. However, performance remains
  significantly worse than target. Over the year, there has been increased demands for service and
  capacity issues, the latter is being addressed and future improvements are anticipated in 2022/23 once
  appointments and training have been completed.
- The amount of Bristol City Council Apprenticeship Levy spent is now significantly ahead of schedule and has exceeded expectations, especially following a global pandemic. The programme has been a success to-date and the expectation is to increase the spend next year.
- Work in the area to increase the work opportunities for priority groups is also a success story. The numbers of people benefitting from this service is heartening (6,192).

#### Communities & Public Health

- The level of alcohol related admissions to hospital is a concern, there are initiatives underway to reduce and/or prevent harm caused by alcohol, including encouragement of no/low alcohol options.
- The number of people taking part in community development work continued to thrive throughout the year and has achieved the highest figure recorded in 7 years.
- Breastfeeding at 6-8 weeks as a percentage of all children with a known feeding status (71.1%) is better
  than target and better than any reporting period since 2015/16. The plan is to achieve a Gold UNICEF
  Baby Friendly Accreditation.

#### 3. Policy

Performance is reported as part of quarterly governance process as soon as possible after gathering all the necessary data. All Business Plan KPIs contained within Appendix A1 are designed to demonstrate our progress towards the Corporate Strategy 2018-23.

#### 4. Consultation

#### a) Internal

Performance progress has been presented to relevant Divisional Management Teams (DMT), Executive Director Meetings (EDM) and Cabinet Member briefings prior to the production of this report.

#### b) External

Not applicable.

#### 5. Public Sector Equality Duties

- Before making a decision, section 149 Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following "protected characteristics": age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:
  - Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.
  - ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to:
    - remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;
    - take steps to meet the needs of persons who share a relevant protected characteristic
      that are different from the needs of people who do not share it (in relation to disabled
      people, this includes, in particular, steps to take account of disabled persons'
      disabilities);
    - encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
  - iii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to
    - tackle prejudice; and
    - promote understanding.

#### 5b) Not applicable

#### **Appendices:**

Appendix A1: Performance Progress Update

Appendix A2: A list of short definitions for each measure shown in Appendix A1

#### **LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985**

**Background Papers:** None

## People Directorate [Scrutiny Portfolio] – Qtr 4 2021/22 Performance Summary

ADULT SOCIAL CARE		
Title	Target status	DoT
BPB280: Increase the % of people who contact Adult Social Care and then receive Tiers 1 & 2 services	47.7%	<b>→</b>
DPEB001b: Number of service users (aged 65+) in Tier 3 (long term care) [Snapshot]	2,593	<b>^</b>
DPEB002b: Of service users (aged 65+) who receive Tier 3 (long term care), increase the percentage receiving care at home or tenancy	60.7%	<b>→</b>
DPEB003b: Reduce the average weekly cost of service users (aged 65+) in Tier 3 (long term care) [SNAPSHOT]	£548	Ψ

CHILDREN & FAMILIES SERVICES		
Title	Target status	DoT
BPC216: Percentage children becoming the subject of a child protection plan for a second/subsequent time	23.9%	<b>→</b>
BPC217: Improve the % of 17 - 18 year old care leavers in EET (statutory return - recorded around birthday)*	74%	<b>^</b>
DPEC007: Percentage of Pathway Plans are reviewed on a six monthly basis or less	88%	<b>^</b>
DPEB014: Percentage of Missing Children offered a return interview	82.1%	•

### **OVERALL SUMMARY:**

40% (16) Pls are On or better than target 55% (21) Pls are the same or better than Q4 last year

EDUCATION & SKILLS		
Title	Target status	DoT
BPB225e: Increase the percentage of Final EHCPs issued within 20 weeks excluding exception cases *	33.9%	<b>^</b>
BPB265a: Increase the amount of Bristol City Council Apprenticeship Levy spent	£1,077,821	<b>^</b>
BPC266: Increase % of adults with learning difficulties known to social care who are in paid employment	6.4%	<b>^</b>
BPC270: Increase experience of work opportunities for priority groups	6,192	<b>^</b>
BCP263a: Reduce the % of young people of academic age 16 to 17 years who are NEET & destination unknown	5.9%	<b>^</b>

COMMUNITIES & PUBLIC HEALTH									
Title	Target status	DoT							
BPC251: Reduce the rate of alcohol-related hospital admissions per 100,000 population	886	<b>→</b>							
BPC311: Maintain the levels of engagement with community development work	10,149	<b>^</b>							
DPEC123: Breastfeeding at 6-8 weeks as a percentage of all children with a known feeding status	71.1%	<b>^</b>							
DPEC128: Increase the number of food outlets holding a 'Bristol Eating Better Award' in priority wards	40	<b>1</b>							

DoT = 'Direction of Travel' compared to this time last year



## People EDM - Quarter 4 (1st April - 31 March '22) Performance Progress Report

Corp Plan KC ref	Code	Title	+/-	2020/21 Outturn	2021/22 Target	Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comparison over last 12 months	Management Notes
	Social	CC) owned performance indicators:									
EC3	BPB280	Increase the % of people who contact Adult Social Care and then receive Tier 1 and 2 services	+	55.9%	56.0%	55.9%	47.0%	47.8%	47.7%	<b>•</b>	We have worked with our Voluntary Community and Social Enterprise (VCSE) providers a lot to promote their services and so now mainly people contact their local VCSE services directly without needing to be signposted by the council at all. This is actually a good outcome for the person and us in terms of the cost of redirecting to the VCSE and this KPI doesn't take that work into account. As outlined in the Q3 comments we are trying to develop a better measure to capture how we manage contacts effectively. We are looking at the amount of contacts that we address effectively without the need for a long term state funded care services through finding alternative strength based solutions. The new KPI being developed for 2022/23 would be something like 'The % of contacts each quarter that results in a Tier 3 (long term) care service'. We think this is a better measure of how we are managing demand and addresses contacts as they come into our front door.
EC3	BPB281	Reduce the number of service users aged 65+ in permanent Residential & Nursing Care [Snapshot]	-	New KPI 2021/22	Establish Baseline	1,039	1,032	1,041	1,020	n/a	In order to reduce service user placements made to residential and nursing homes, community alternatives need to both developed and put in place. We have focused our efforts on gaining a better understanding of where the opportunities are within our existing community commissioned offer to provide a community and asset based alternative to bedded placements.  We have recently co-produced a framework for tighter governance as part of the assessment and support planning process, to ensure that all alternatives (new and emerging) are considered before bedded placements are considered (as early as possible and during the options appraisal phase) and that when placements are made in exceptional cases, we adhere to our costing parameters and quality controls.  When the staff vacancy issues are resolved, we can progress our aim to reduce bedded placements and develop our community alterative offer, still further.
EC3	BPB285	Increase the number of people receiving home care	+	New KPI 2021/22	Establish Baseline	1,349	1,295	1,256	1,290	n/a	As part of our work underway to transform our community offer home care is central. Currently the following developments are underway;  •Work alongside voluntary and community sector enterprises to support care act eligible citizens whom do not require care quality commissioned support.  •Work with in-house provision leads, health colleagues and local citizens to co-design an integrated offer that offers a preventative, enabling, person centred and health and social care offer for those requiring short to medium term support to remain well and supported at home and to prevent hospital or a care home admission.  The transformation of home care is expected to increase the number of citizens receiving home care and to extend to citizens, who would have traditionally been offered a care home placement, support at home.
EC3	IBPB307	Increase the number of people enabled to live independently through home adaptations	+	3,120	3,400	842	1,632	2,399	3,302	<b>↑</b>	Performance slightly behind target as a result of the backlog of cases and limited contractor capacity for the first three quarters of the year. A performance improvement plan is in place, additional procured contractors are now working. Performance will improve going forward over the coming months.
WC2		Increase number of people able to access care & support through the use of Technology Enabled Care	+	511	753	166	284	445	657	<b>↑</b>	Performance behind target, even though there has been an increase in the installation of TEC products by 28% since 2020-21, through targeted work. Additional TEC installers being recruited to increase pace of delivery in 2022-23 to meet an 80% increase in installations in 2022-23
	IDPERDOTA	Reduce the number of service users (aged 18-64) in Tier 3 (long term care) [Snapshot]	-	2,465	2,395	2,447	2,538	2,540	2,541	•	After significant growth in previous financial years and earlier this year the last 3 quarters have seen a stabilisation of service users aged 18-64. As we come out of Covid there seems to be stabilisation of this age group although its too early in the cycle to confirm that as a trend. New authorisation processes within operations have also taken every opportunity to to explore Tier 1 and Tier 2 alternatives (short term preventative care as opposed to long term 'Tier 3' care packages and placements).

Corp Plan KC ref	Code	Title	+/-	2020/21 Outturn	2021/22 Target	Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comparison over last 12 months	
	DPEB001b	Reduce the number of service users (aged 65+) in Tier 3 (long term care)	-	2,679	2,675	2,757	2,664	2,619	2,593	<b>^</b>	The over 65s age group continues a long established trend of reduction in long term packages and placements of care. There was an initial spike at the start of the year coming out of COVID but that has since stabilised and now numbers are comfortably below the end of the previous year. New authorisation processes additional Discharge to assess capacity and rebalement have had an impact on being able to continue the long term trend.
	DPEB002a	Of service users (aged 18-64) who receive Tier 3 (long term care), increase the percentage receiving care at home or tenancy	+	82.1%	83.2%	82.7%	82.8%	83.0%	83.2%	<b>^</b>	This remains very stable and on track. However this means that 17% of 18-64 are still supported in residential and nursing care and the ambition is to continue to reduce this in the coming years. Work is underway with the LD commercial modelling work but this shift will require a different commissioning support for supply which will be a 2-5 year programme of work. The ambition is to reduce the use of residential care overtime. Top councils are achieving 90% and that remains the long term ambition.
	DPEB002b	Of service users (aged 65+) who receive Tier 3 (long term care), increase the percentage receiving care at home or tenancy	+	62.3%	65.3%	62.8%	61.3%	60.5%	60.7%	•	It is worth noting on this although the % supported in their own home has moved slightly in the wrong direction this year by 1.6% the actual numbers of service users has fallen by about 200 over the past 4 years. The percentage split to some extent demonstrates the level of complexity as social care supports older people later in their care journey with tier 3 services having first exhausted preventative and short term support options such as tech in the home rebalement and respite. That said the ambition is still to stabilise this trend line and to continue to target closer to 65% supported in their own home.
	DPEB003a	Reduce the average weekly cost of service users (aged 18-64) in Tier 3 (long term care) [SNAPSHOT]	-	£705	£686	£707	£710	£726	£731	•	This year prices rose by £26 or 3.69% this remains comfortably within existing inflationary pressures and most of these uplifts are within contractual agreements. Pressures will heighten in this area as central government implements its policy of care accounts and looks to "enable local authorities to begin preparing local markets for reform" it will change the current market fundamentals between private and state funded care being purchased from our local provider market and this will have an impact on unit costs. However this along with inflationary pressures mean it is unlikely this averages will reduce in the short to medium term on unit cost alone more likely is to shift how service users are supported across the care ladder to control cost pressures
	DPEB003b	Reduce the average weekly cost of service users (aged 65+) in Tier 3 (long term care) [SNAPSHOT]	-	£527	£523	£533	£541	£550	£548	•	This year prices rose by £21 or 3.98% this remains comfortably within existing inflationary pressures and most of these uplifts are within contractual agreements. Pressures will heighten in this area as central government implements its policy of care accounts and looks to "enable local authorities to begin preparing local markets for reform" it will change the current market fundamentals between private and state funded care being purchased from our local provider market and this will have an impact on unit costs. However this along with inflationary pressures mean it is unlikely this averages will reduce in the short to medium term on unit cost alone more likely is to shift how service users are supported across the care ladder to control cost pressures.
	DPEB005a	Increase the percentage of adults receiving direct payments	+	22.4%	25.0%	22.2%	22.1%	22.2%	22.2%	•	We recognised that the percentage of individuals receiving care and support via a Direct Payment continues to decline which is concerning. One of the main contributory factors has been shortage of available care workforce as a result of Covid-19 pandemic and Brexit limiting our ability to recruit suitable Personal Assistants (PA's).  We have drafted a new DP and personalisation strategic plan with a specific focus on simplifying the DP process, stimulating the PA market and developing alternative DP delivery methods such as using VCSE orgs to act as Introductory agencies for self-employed PA's. We have also been able to give 4% uplift of our DP rates this year.  There is continued joint work between care management, commissioning and finance in our DP / Personalisation steering group to enact our strategic priorities in relation to improving DP take-up. We have also rolled out further training to care management staff to improve practitioner confidence in setting up and reviewing DP's.

Corp Plan KC ref	Code	Title	+/-	2020/21 Outturn	2021/22 Target	Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comparison over last 12 months			
City Wide	Performanc	e Indicators that BCC contributes to:				<u>I</u>							
WC3		Increase % of adults with learning difficulties known to social care who are in paid employment	+	5.3%	6.0%	6.3%	6.1%	6.8%	6.4%	<b>^</b>	The impact of our WE WORK for Everyone employment support programme is slowly having an impact upon this KPI. The inability to see our client base face to face during the pandemic severely effected our progress. We currently have a strong pipeline of participants who are about to enter employment and this will begin to filter through in the first quarter. The most important thing is to make sure that the movement into employment is captured in the right place within the Adult Social Care CRM system to ensure that the into work trend is reported upon. We have discussed this with the Adult Social Care Teams before but need to ensure that frontline teams are constantly reminded about the importance of accurate reporting.		
	DPEC004	Increase % of BCC regulated CQC Care Service providers where provision is rated 'Good or Better'	+	91.3%	91.0%	92.1%	94.7%	95.5%	95.5%	<b>↑</b>	The Bristol CQC ratings have maintained at above target		
		Percentage of adult social care service users who feel that they have control over their daily life	+	Suspended C-19	78.0%	n/a	n/a	n/a	77.2%	n/a	The annual survey where we get this information was cancelled in 2020/21 due to COVID. It has since been reinstated and is being issued in January 2022 for 2021/22. The Survey findings: I have as much control over my daily life as I want = 33.0% I have adequate control over my daily life = 44.1%		
	DPEC006	Increase the percentage of young people who have received transitional planning from Pathway to Independence.	+	n/a	Establish Baseline	28.2%	31.4%	31.8%	30.0%	n/a	The Pathway to Independence team are working with 30% of 14-18 year olds who have been identified as requiring a Transition plan. Some work is needed to understand how the team are prioritising young people and how long young people are waiting for an assessment. This will be picked up as part of the planning for Transformation of Transitions to adulthood.		
Child	ildren, Families & Safer Communities												
	stol City Council (BCC) owned performance indicators:												
	DPEB009	Percentage of Children in Need cases open for more than 2 years (snapshot figure)	-	7%	8%	5%	7%	6%	6%	<b>^</b>	1,096 children in need aged under 18 were open to teams other than Through Care on 31/03/2022. Of these 64 had been open for 2 years or more.  The data is reflective of the ongoing scrutiny applied to this area of planning for our children of Bristol.  The consistency of application form a strategic to a practice level indicates a consistency of practice and of good outcomes for children.  The methodology of the scrutiny will continue over the forthcoming year.		
	DPEB012	Increase the percentage of children referred who are seen promptly by children & family services	+	55.7%	70.0%	59.1%	62.2%	62.6%	64.5%	<b>^</b>	2,538 referrals where the child progressed to CIN or CP started between 01/04/2021 and 31/03/2022.  Of these 1,638 were seen in their two or five day time period. as previously noted this is a new performance target and we have seen an increase in the percentage attainment against target over the last 3 quarters. However this activity remains below target and does not reflect the practice standards/expectations of the Service.  An increased focused on performance management in this area of practice is required with the application of enquiry from a senior and operational management perspective.		
	DPEB013	Child protection plans lasting 2 years or more	-	0.3%	1.0%	4.9%	3.1%	3.2%	2.3%	•	301 Child Protection Plans ended between 01/04/2021 and 31/03/2022. Of these, 7 had lasted for two years or more. All these children were subject to concurrent court proceedings and maintaining the multi-agency child protection plan was appropriate decision while court processes determined permanency for the children.		
	DPEB014	Percentage of Missing Children offered a return interview	+	90.8%	90.0%	70.0%	82.0%	82.9%	81.2%	•	187 children were eligible for a Return Home Interview at 31/03/2022. Of these 152 were offered an interview. This is a reduction in performance. In reviewing this there is evidence of significant improvement in children in care being offered RHI following investment in another missing engagement worker in Safer Options however there is a worsening position for children living at home. Auditing this has identified issues with recording quality by staff and there are therefore a group of children who have been offered and received a return home interview which are not reflected in this data. This has been addressed by weekly manual reports being run and sent to the service to enable them to address concerns where a child is not being shown as having been offered a return home interview. There are also issues in low understanding of RHI requirements with high turnover of staff in First Response and Area teams. Training sessions are being put in place for staff and a review of our missing services is being undertaken by commissioning to develop a new structure for responding to children missing from home.		

Corp Plan	Code	Title	+/-	2020/21	2021/22	Q1	Q2	Q3	Q4 Progress	Comparison over last 12	
KC ref			Ĺ	Outturn	Target	Progress	Progress	Progress	<b>4 6</b>	months	
City Wide	Performanc	e Indicators that BCC contributes to:									
EC1	BPC200	Increase the number of in-house Foster Care placements (not including Kinship) [snapshot]	+	New KPI 2021/22	Establish Baseline	526	560	526	579	n/a	Total Number of Current numbers of places = 445 + 134 (kinship) = 579 Children in placement = 335 Actual vacancies are 12. The other places are staying put alternative carers carers currently on hold. We continue to have a reduction of vacancies as a result of COVID. However having increased our fees for our foster carers we have launched a campaign across the city to invite new applicants to foster. We will continue to work with our carers on hold to support them to return to fostering at the earliest possibility.
EC1	BPC216	Percentage children becoming the subject of a child protection plan for a second/subsequent time	-	20.4%	22.0%	22.6%	25.6%	25.2%	24.5%	Ψ	347 Child Protection Plans started between 01/04/2021 and 31/03/2022. Of these, 85 had a previous plan at any time. There has been a decrease in the number of children with a repeat child protection plan compared to the previous three quarters. There has been focus on improving the quality of work with families affected by domestic abuse in the CP process supported through Safe and Together in this period which may be contributing to improvements.
FI3	BPC217	Improve the % of 17 - 18 year old care leavers in EET (statutory return - recorded around birthday)*	+	71.0%	72%	76%	74%	74%	See Qtr 3	<b>^</b>	Of the 57 Care Leavers aged 17 and 18 whose birthdays fell in the report period 1 Apr 2021 to 31 Dec 2021 42 were ETE at the time of the 'Birthday Contact'. This measure does not include 8 young people who are recorded as being Returned Home or Deceased. This represents very good performance and is in the top quartile nationally and significantly better than the national average (65%)
FI4	BPC248	Number of hate crimes	OFF	1,940	1,950	614	1,315	1818	2,353	n/a	535 hate crimes reported in this period bringing the total figure for the year to 2353. This data shows reporting trends and an increase of 32 reports from previous quarter. Bristol North and Central LPA accounted for 39.9% of all reports, followed by Bristol East (31%) and Bristol South (29.1%). The most common offence type was Public Order (53.8%), followed by Violence Against the Person (37%). The most common type of hate crime reported was Racial (64.1%), followed by Sexual Orientation (13.5%) and Disability (12.4%).  Drawing analysis from this data remains challenging and changes in patterns of reporting can be reflective of shifts in present community tensions. The Strategic Partnership Against Hate Crime continues to analyse the data and address themes at a partnership level.
	DPEC007	Percentage of Pathway Plans are reviewed on a six monthly basis or less	+	87%	88.0%	87%	81%	79%	88%	<b>1</b>	There were 297 care leavers aged under 21 with open referrals on 31 March 2022 of these 261 have a pathway plan completed in the previous 6 months. Following the remodelling of the teams and an improved focus on care leavers the performance has improved in this area
	DPEC010	Percentage of Repeat Referrals to children's social work	-	21.5%	23.0%	26.5%	25.4%	26.6%	25.4%	•	935 referrals were received between 01/01/2022 and 31/03/2022. Of these 237 had a previous referral in the preceding 12 months.  The data indicates a slight reduction in the percentage rate of re-referral activity over the last quarter nonetheless above the target level of 23%.  The audit activity and subsequent practice response informing of the quarter 3 outcome continues to have a positive impact on the trajectory of this target figure.  A recent overview of this activity was initiated in April 2022 that culminated in an action for our operational managers to apply rigorous oversight and analysis of risk upon intended case closures. This practice requirement will ensure that the understanding of stability and projection for a continued safe environment for children is understood.

Corp Plan KC ref	Code	Title	+/-	2020/21 Outturn	2021/22 Target	Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comparison over last 12 months	Management Notes			
	ation &													
FI2	RPR225e	Increase the percentage of Final EHCPs issued within 20 weeks excluding exception cases *	+	20.8%	60.0%	42.1%	42.7%	33.6%	33.9%	<b>^</b>	During the period January to December (year to date) 2021 546 EHC plans were finalised of which 185 were within time scales which is 33.9%.  164 new EHC plans were finalised in Q4 (October to December) of which 58 were within the 20-week timescale (35.4%). This is the DfE cohort excluding plans with a mediation and/or tribunal before the final plan is issued and excludes exception cases (those cases when a decision is made not to issue a plan/reconsidered/changes and subsequently a plan is issued.  The number of EHCPs produced in the 20-week period has increased in comparison to Q3. Whilst we are reporting a slight increase, this is against the back drop of an increase in requests experienced, coinciding with recruitment and retention issues in the SEND and EP teams, the subsequent time needed to invest in training and development for new starters, and the ongoing effects of the pandemic. A further growth bid for the team has been successful and recruiting new staff is underway. This new recruitment will be reflected in improved performance as the year progresses.			
FI3	BPB265a	Increase the amount of Bristol City Council Apprenticeship Levy spent	+	£647,299	£1,000,000	£227,285	£485,776	£774,270	£1,077,821	<b>^</b>	Council staff take up of apprenticeship opportunities have escalated with Departments and Teams developing their understanding and reliance on the scope and benefit of the offer 272 apprenticeships are active this is an increase of 93% on same period 2021. In addition the Council is supporting apprenticeships for other employers including Health & Social Care Police Force and SME through apprenticeship levy share which creates social value from our intervention. It is expected levy spend will increase to £1.25m in 2022/23 so that all funds invested are fully spent during £ year			
City Wide	ty Wide Performance Indicators that BCC contributes to:													
EC1	BPC222	Increase the take-up of free early educational entitlement by eligible 2 year olds	+	62.0%	66.0%	57.0%	n/a	n/a	n/a	•	The January 2022 headcount data showed that 71% of eligible 2 year olds were taking up a place. This was made up of 1046 (69%) of children living in Bristol and a further 37 children (2%) who attend a Bristol setting but live in another LA. The financial sustainability of 2 year old provision remains an issue and affects sufficiency of places in some parts of the city. Alongside Covid absence and increasing recruitment and retention issues, sufficiency pressures are increasing. Currently there are 97 eligible children who are on a waiting list.			
FI2	BPC246	Increase percentage of schools and settings rated 'Good' or better by Ofsted (all phases)	+	79%	86%	79%	79%	81%	81%	<b>↑</b>	The proportion of schools judged good or better remained at 81% at the end of Quarter 4. Inspections have continued and the vast majority of schools have been judged good with a continued acknowledgement of the development of curriculum and leadership. However, many schools were already judged good prior to their most recent inspection so has not affected the overall percentage. There are still a number of requires improvement schools awaiting inspection that we anticipate will be good on re-inspection.			
FI3		Reduce the % of young people of academic age 16 to 17 years who are NEET & destination unknown	-	6.9%	4.9%	7.4%	9.6%	7.8%	5.9%	<b>^</b>	No data quality issues - figures remain steady reflecting activities in the Participation team to track and improve EET figures. Throughout the year we have seen an increase in the number of year 13's who have dropped out of education and the team are working hard to get them re-engaged back into EET. Those that are year 12 and NEET we are making contact now to ensure that they have a place secured for Sept or if they need additional help and support. The percentage of CSNK has been the lowest it has been due to the data clean work the teams have done. Currently this rests at 1.33%.			
WC3	BPC266	Increase % of adults with learning difficulties known to social care who are in paid employment	+	5.3%	6.0%	6.3%	6.1%	6.8%	6.4%	<b>^</b>	The impact of our WE WORK for Everyone employment support programme is slowly having an impact upon this KPI. The inability to see our client base face to face during the pandemic severely effected our progress. We currently have a strong pipeline of participants who are about to enter employment and this will begin to filter through in the first quarter. The most important thing is to make sure that the movement into employment is captured in the right place within the Adult Social Care CRM system to ensure that the into work trend is reported upon. We have discussed this with the Adult Social Care Teams before but need to ensure that frontline teams are constantly reminded about the importance of accurate reporting.			

Corp Plan KC ref	Code	Title	+/-	2020/21 Outturn	2021/22 Target	Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comparison over last 12 months	Management Notes
WC3	BPC268	Increase the number of adults in low pay work & receiving benefits accessing in-work support	+ $+$	845	850	203	315	512	881	<b>↑</b>	Our Future Bright in work support programme has continued to grow over the year and after being effected by the pandemic has now returned to profile. The impact of the current economic crisis is having a profound impact upon many people and families across the City. It is key that we work across the Council Teams to deliver programmes of support. By connecting with Housing, Welfare rights and money advice service, Community Development Revenues and Benefits etc we can make Bristol Citizens aware of our services.
EC3	BPC270	Increase experience of work opportunities for priority groups	+	2,570	2,800	1,672	2,098	2,997	6,192	<b>*</b>	We have exceeded our target this quarter and this academic year. The number we have exceeded it by is slightly unexpected but reflects the demand from schools and provisions to provide opportunities for those most in need and to access meaningful experiences of work. Part of the exceed in target is due to the expansion of the WORKS project and also the increase of delivery officers in the team. This term was exceptionally high due to a coordinated and planned for National Careers Week in March which accounted for over 1800 experiences of work. Similarly all projects have expanded and typically this is a busy period of delivery each year. For our core WORKS sessions this quarter has included workshops work experience tasters dream big project and a range of roadshow and curriculum masterclasses. As part of the numbers this quarter this reflects: 2921 experiences of work in schools 112 of these supporting young people with an education and health care plan 138 experiences of work through our delivery partner Sixteen who have delivered workshops weekly and created a sensory discovery box for learners 108 young people have been supported through our curriculum work (22 of these are pre 16 with an EHCP) 37 young people being supported as part of career coach and we offered 2 work experience placements.
	DPEC119a	Increase the take-up of free early educational entitlement for 3 & 4 year olds	+	91.0%	93.0%	88.0%	n/a	n/a	n/a	•	The headcount and census data from January 2022 shows that 84% of eligible 3&4 year old children are taking up a place. This is a reduction from the previous term of 87.2% which is a surprise. The Early Years Team are currently undertaking some analysis to identify explanations and agree any actions required.
	DPEC120	Increase digital skills development of those 19+ with no or few qualifications	+	88.0%	90.0%	93.0%	93.0%	92.0%	90%	<b>↑</b>	This represents the percentage of courses that include basic digital support for learners. This support facilitates the development of digital skills to improve independent living learning and basic employability. The support also includes: distribution of laptops tablets and data bundles to ensure learners can continue to attend courses and learn either face to face or digitally.
	DPEC121	No of adults aged 19+ who progress from all employment support activities into employment or better	+	503	550	120	351	615	701	<b>^</b>	A strong end of year performance that exceed target driven by our growth in employment support programmes and activities including One Front Door Kickstart WE WORK for Everyone Move On Move In Move Up and our jobs fairs / pop up events . In 22-23 we expect this to increase as two new programmes in Health & Social Care / Parks and Green Spaces come on stream at the end of Q1.
Comr	nunitie	es & Public Health									
City Wide	Performanc	e Indicators that BCC contributes to:									
W1	BPC250	Reduce the percentage of people in Bristol who report below national average Mental Wellbeing (QoL)	-	19.7%	20.0%	n/a	n/a	20.5%	n/a	•	We continue to work with high risk communities and groups to support mental health, working with partners such as schools, universities, workplaces and VCSE.
W1	RPC251	Reduce the rate of alcohol-related hospital admissions per 100,000 population	-	845	839	833	859	n/a	886	•	The rate of hospital admissions due to alcohol has risen in the last 5 years, with fluctuations over this period. It is known that the harms from alcohol have been rising nationally and Bristol is no exception. the harms from alcohol increased significantly during the pandemic. There are a number of pieces of work ongoing including reviewing the alcohol liver disease pathway and working with the night time economy in encouraging no/low alcohol options. We need clear ownership within the ICS and to address this target.
W3		Reduce the percentage of households which have experienced moderate or worse food insecurity (QoL)	-	4.2%	7.2%	n/a	n/a	4.6%	n/a	•	This measure is updated annually through the Quality of Life survey. Challenges remain in ensuring food security for the residents of Bristol due to ongoing impacts of COVID-19 and there has been significant work across the city to support those worst affected. Headline results for 2021/22 show little change over the past 2 years in this figure. A Food Equality Strategy has been developed and currently work is underway on the action plan to achieve the goals set out in this strategy. Food Equality Champions are also being recruited to encourage co-design and community ownership of this work.

Corp Plan KC ref	Code	Title	+/-	2020/21 Outturn	2021/22 Target	Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comparison over last 12 months	Management Notes
W3	BPC259	% of households in the most deprived areas using a food bank or charity in the last year (QoL)	-	8.4%	6.0%	n/a	n/a	4.8%	n/a	<b>↑</b>	This measure is updated annually through the Quality of Life survey. [Note - target was previously published incorrectly at the City-wide level of 2% this has been corrected to 6% target for the most deprived areas]. Challenges remain in ensuring food security for the residents of Bristol due to ongoing impacts of COVID-19 and there has been significant work across the city to support those worst affected. Headline results for 2021/22 (2%) show little change over the past 2 years in the City-wide average figure but do show a significant reduction in use of food banks in the most deprived areas (4.8%) compared to last year (8.4%).  A Food Equality Strategy has been developed and currently work is underway on the action plan to achieve the goals set out in this strategy. Food Equality Champions are also being recruited to encourage co-design and community ownership of this work.
EC4	1826377	Maintain the levels of engagement with community development work	+	4,394	5,000	2,038	4,410	7,117	10,149	<b>↑</b>	This records engagement by the City Councils Community Community Development Team. The team have been at the heart of the COVID 19 response: reaching out to communities experiencing the greatest inequity to build confidence lateral flow test and vaccination take up. As emergency volunteer support was coming to an end the team worked one to one with hundreds of people to connect them from emergency volunteers to more sustainable community connections. The team has grown a highly successful network of community champions. In the latter part of the year the team has been able to resume face to face community building work. This outturn is exceptional made possible by a deeply committed team going above and beyond and additional temporary staffing to support the COVID response.
W3	BPC334	Reduce the percentage of the population living in Fuel Poverty	-	9.8%	9.0%	n/a	n/a	n/a	13.8%	n/a	13.8% refers to 2019 and is the latest data available. This a changed method of calculating the performance, as it now records (low income, low energy efficiency) as opposed to the low income, high cost methodology. Therefore trend data is not comparable. [National average was 13.4%]
	ロコレトにコフィ	Breastfeeding at 6-8 weeks as a percentage of all children with a known feeding status	+	70.3%	70.0%	70.3%	70.6%	70.6%	71.1%	<b>^</b>	Q3 is the latest data available the rates have improved again since Q2 reflecting enhanced provision within our commissioned Health Visiting and Breastfeeding Support Services in addition to ongoing efforts across the system including public health input to work towards Gold UNICEF Baby Friendly Accreditation.
	DPEC126	Increase the percentage of target schools who have achieved one or more healthy schools awards	+	Suspended C-19	35.0%	29.7%	20.2%	23.0%	15.0%	n/a	Engagement in the Healthy Schools programme continues to be low due to ongoing pressures schools are experiencing with staff and pupil absence during the covid19 recovery phase. Healthy schools awards are valid for 3 years and a number of awards are now expiring throughout 2021/22. 11 out of 74 target schools (15%) now currently hold an award. This is a reduction from Q3 as 6 additional awards have since now expired. 5 target schools (7%) are however registered as actively working towards achieving a current award. Ongoing support is being offered to schools that are in a position to work towards an award, and we are planning a further relaunch in September 2022, working with the education team'
	IDPEC127	Prevalence of child excess weight in 10-11 year olds	-	33.9%	33.0%	n/a	n/a	n/a	n/a	n/a	The NHS National Child Measurement Programme (NCMP) is carried out annually and has fully restarted for 2021/22 following a pause to the programme during 2020/21. Bristol level data for 2020/21 NCMP is not available as only a 10% sample was taken for 2020/21 which does not meet the 75% or more threshold required for the data to be reliable and comparable to previous years. Data for 2021/22 will be available in Dec 2022.
	DPEC128	Increase the number of food outlets holding a 'Bristol Eating Better Award' in priority wards	+	35	40	n/a	37	n/a	40	<b>^</b>	Annual target has been met and 3 of the new Early Years Bristol Eating Better Awards (BEBA) are in priority postcode areas. There will be more exploration of how to access businesses in priority postcodes such as diversifying into food retail so we can support improvement to food offers in more deprived areas of the city. The BEBA scheme is currently being updated with a re-launch and associated promotion planned for 2022.
		Reduce the percentage of people aged 15 and over presenting with HIV at a late stage of infection	-	39.6%	39.0%	n/a	n/a	n/a	40.7%	<b>↑</b>	Bristol has an active Fast Track Cities programme which aims to accelerate work towards ending HIV by 2030. We have 3 workstreams to improve testing reduce stigma and to provide system leadership. Late diagnosis appears to be reducing slightly however data is a 3 year average of the proceeding 3 years and the effect of our additional work and internal and external investment (from successful bids) will not yet be fully realised. We have a strong focus on people of African and Caribbean heritage through our Common ambition Bristol project.

Corp Plan KC ref	Code	Title	+/-	2020/21 Outturn	2021/22 Target	Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comparison over last 12 months	
	11)PF( 135	Increase the percentage coverage of MMR2 vaccination coverage in 5 year olds	+	87.3%	88.0%	n/a	n/a	82.9%	n/a	•	This is an annual performance measure reported in Qtr 3. The latest data available there has been a decrease in the coverage rates since the last year. The pandemic has affected MMR vaccination uptake rates. The WHO safe coverage level for MMR vaccination is 95% and accelerated efforts are being made to work towards this target. Public health are now taking a system wide leadership role to increase vaccination uptake of all immunisations identified as a concern including MMR. A multiagency steering group has been established and an action plan building on the work to increase covid-19 vaccination rates is being developed.
	IDPEC140	Reduce the Suicide Rate per 100,000 population	-	11.4	11	n/a	n/a	12	n/a	•	In the period 2018-2020 the rate of suicide in Bristol is 12.3 per 100,000 similar to the England average. There is currently no evidence that rates have risen as a result of Covid (the rates were already rising pre covid – at a national level also). We continue to work with partners on our suicide prevention plans including schools universities workplaces and communities. Zero Suicide training continues to be promoted widely across the city to help reduce the stigma of talking about mental health and suicide. Over 10 families are being supported by the new suicide bereavement service.



<b>Progress Key</b>
Significantly better than
target
Better than target
On Target
Worse than target
Significantly worse than target

	Improvement Key					
	Direction of travel <b>IMPROVED</b> compared to same period in the previous year					
SAME as previous same period in the previous year  Direction of travel WORSENED compared to same period in previous year		SAME as previous same period in the previous year				
		Direction of travel <b>WORSENED</b> compared to same period in the previous year				

#### Corporate Strategy - Key Commitments

Empowering &	Empowering & Caring					
EC1	Give our children the best start in life by protecting and developing children's centre services, being great corporate parents and protecting children from exploitation or harm.					
EC2	Reduce the overall level of homelessness and rough sleeping, with no-one needing to spend a 'second night out'.					
EC3	Provide 'help to help yourself' and 'help when you need it' through a sustainable, safe and diverse system of social care and safeguarding provision, with a focus on early help and intervention.					
EC4	Prioritise community development and enable people to support their community.					
Fair & Inclusive	Fair & Inclusive					
FI1	Make sure that 2,000 new homes (800 affordable) are built in Bristol each year by 2020.					
FI2	Improve educational outcomes and reduce educational inequality, whilst ensuring there are enough school places to meet demand and with a transparent admissions process.					
FI3	Develop a diverse economy that offers opportunity to all and makes quality work experience and apprenticeships available to every young person.					
FI4	Help develop balanced communities which are inclusive and avoid negative impacts from gentrification.					
Wellbeing	Wellbeing					
W1	Embed health in all our policies to improve physical and mental health and wellbeing, reducing inequalities and the demand for acute services.					
W2	Keep Bristol on course to be run entirely on clean energy by 2050 whilst improving our environment to ensure people enjoy cleaner air, cleaner streets and access to parks and green spaces.					
W3	Tackle food and fuel poverty.					
W4	Keep Bristol a leading cultural city, helping make culture, sport and play accessible to all.					
Well-Connected	Well-Connected					
WC1	Improve physical and geographical connectivity; tackling congestion and progressing towards a mass transit system.					
WC2	Make progress towards being the UK's best digitally connected city.					
WC3	Reduce social and economic isolation and help connect people to people to jobs and people to opportunity.					
WC4	WC4 Work with cultural partners to involve citizens in the 'Bristol' story, giving everyone in the city a stake in our long-term strategies and sense of connection.					
<b>Workplace Orga</b>	/orkplace Organisational Priorities					
WOP1	Redesign the council to work effectively as a smaller organisation.					
WOP2	Equip our colleagues to be as productive and efficient as possible.					
WOP3	Make sure we have an inclusive, high-performing, healthy and motivated workforce.					
WOP4	Be responsible financial managers and explore new commercial ideas.					

### **Defintions and reporting timescales for Performance Indicators**

2021/22	2021/22 People: Adult Social Care					
PI ref	Measure	Frequency/period reported	Method of calculation			
Bristol City	Bristol City Council (BCC) owned performance indicators:					
BPB280	Increase the percentage of people who contact Adult Social Care and then receive Tiers 1 & 2 services	Quarterly (Snapshot)	There is a count of count of requests for Adult Social Care support requests and also a record of how many were either signposted to alternate support or provided with lower level support. The inverse percentage being the percentage of requests for support that went onto recieve the higher levels of support. Performance is reported on a quarter by quarter basis e.g. Q1 - 55%, Q2 58% etc			
BPB281	Reduce the number of service users aged 65+ in permanent Residential & Nursing Care (Snap-shot)	Quarterly (Snapshot)	This records the total number of service users who are in a permanent Residential or Nursing setting who are 65 years or older at the end of the quarter, as a snapshot figure.  The formula is: N = X - Y  Where x = Number of service users at the end of the quarter who were 65 years and older who are receiving a care home service of either Nursing or Residential Care  Where y = Number of service users at the end of the quarter who were 65 years and older who are receiving a care home service of either Nursing or Residential Care who are a carer or receives long-term inhouse service			
BPB285	Increase the number of people receiving home care	Quarterly (Snapshot)	This indicator is being measured to demonstrate how BCC commission and utilise alternative Tier 3 (long term care) provision to continue to maximise people's independence at home. This ultimately will reduce the reliance on more traditional Tier 3 care home service which have the highest unit cost. It records the total number of service users who receive externally commissioned home care at the end of the quarter (Excluding carers & in house services) and is reported as a snapshot figure.			
DPEB001a	Total number of service users (aged 18-64) in Tier 3 (long term care) [Snapshot]	Monthly (Snapshot)	This indicator is being measured to demonstrate how BCC is managing it's use of Tier 3 (long term care). It is a count of the number of Service users (aged 18-64) receiving "Long Term Care" as defined above on last day of the month. Excludes carers. Includes Longterm Inhouse Care. "Long Term Care is defined here as any of Nursing, Residential, Homecare, ECH, Day Services, Supported Accom, Supported Living, Shared Lives, Direct Payments (Not one off)" excludes Longterm Inhouse Care.			
DPEB001b	Total number of service users (aged 18-64) in Tier 3 (long term care) [Snapshot]	Monthly (Snapshot)	This indicator is being measured to demonstrate how BCC is managing it's use of Tier 3 (long term care). It is a count of the number of Service users (aged 65+) receiving "Long Term Care" as defined above on last day of the month. Excludes carers. Includes Longterm Inhouse Care. "Long Term Care is defined here as any of Nursing, Residential, Homecare, ECH, Day Services, Supported Accom, Supported Living, Shared Lives, Direct Payments (Not one off)" excludes Longterm Inhouse Care.			
DPEB002a	% of service users aged 18-64 receiving Tier 3 (long term care) at home or tenancy [snapshot]	Monthly (Snapshot)	This indicator is being measured to demonstrate how BCC is commissioning and utilising alternative Tier 3 (long term care) provision to continue to maximise people's independence. Excludes carers and inhouse care.  The formula is: $N = (x / y)100 = \%$ where the numerator $x = N$ number of 18-64 Service Users at end of period receiving long term care at in their own home or tenancy and denominator $y = N$ number of 18-64 Service Users at end of period receiving long term care.			
DPEB002b	% of service users aged 65+ receiving Tier 3 (long term care) at home or tenancy [snapshot]	Monthly (Snapshot)	This indicator is being measured to demonstrate how BCC is commissioning and utilising alternative Tier 3 (long term care) provision to continue to maximise people's independence. Excludes carers and inhouse care.  The formula is: $N = (x / y)100 = \%$ where the numerator $x = 0$ Number of 65+ Service Users at end of period receiving long term care at in their own home or tenancy and denominator $y = 0$ Number of 65+ Service Users at end of period receiving long term care.			
DPEB003a	Average weekly cost of all service users in Tier 3 (long term care) (18 - 64) [SNAPSHOT]	Monthly (Snapshot)	Average Weekly Cost of 18-64 Service users receiving "Long Term Care" as defined above on last day of the month. Excludes carers & In-house Care Includes Inhouse Longterm Services.  This is reported as a MONTHLY snap-shot to show the average weekly cost (eg Q2 will report the last weekly avg at the end of September only)			
DPEB003b	Average weekly cost of all service users in Tier 3 (long term care) (65+) [SNAPSHOT]	Monthly (Snapshot)	Average Weekly Cost of 65+ Service users receiving "Long Term Care" as defined above on last day of the month. Excludes carers & In-house Care Includes Inhouse Longterm Services.  This is reported as a MONTHLY snap-shot to show the average weekly cost (eg Q2 will report the last weekly avg at the end of September only)			
DPEB005a	Increase the percentage of adults receiving direct payments	Quarterly (Snapshot)	This measures the proportion of service users who receive a direct payment either through a personal budget			
City Wide P	erformance Indicators that BCC contributes to:					
BPC277	Increase the percentage of adult social care service users, who feel that they have control over their daily life	Annual (Survey)	Performance is recorded as a result of service users survey questionnaires, compiled throughout the year and reported at year end.			
DPEC004	Increase % of BCC regulated CQC Care Service providers, where provision is rated 'Good or Better'	Quarterly (Snapshot)	This monitors on a quarterly snap-shot basis thise Adult Care Services regulated by CQC, in Bristoleg:  Care Homes  Home Care  Home Care  Some Supported Living  The formula is: (X/Y)x100  Where x = Number of registered Care Service providers whose CQC rating is good or better  Where y = Total number of registered Care Service providers			
DPEC006	Increase the number of young people who have transition input into plans at year nine review.	Quarterly (Cumulative)	This indicator is being measured to demonstrate how BCC prepare young people to move into the most appropriate adult service at the right time: The formula is $(x/y)^{\mu}100$ x = Number of young people who are $14 - 18$ that have been worked with by to P2I team for transition planning at the end of each quarter. y = Total number of young people who are $14 - 18$ at the end of each quarter that have been identified via the P2I dashboard as requiring transition planning			
2021/22	People: Children & Families Services					
PI ref	Measure	Frequency/period reported	Method of calculation			
Bristol City	Council (BCC) owned performance indicators:					
DPEB009	Percentage of Children in Need cases open for more than 2 years (snapshot figure)	Quarterly (Snapshot)	Thismeasures the percentage of Bristol Children in Need at a given time, open for more than 2 years. The formula is (x/y)*100 Where X = Open CIN that are over 2 years old at x date Where Y = All open CIN at x date			

PI ref	Measure	Frequency/period reported	Method of calculation
DPEB012	Increase the percentage of children referred who are seen promptly, by children & family services	Quarterly (Cumulative)	This measures The number of working days between the date that a decision is made in the referral to either go to s47 or to go to statutory assessment. If the decision is made to go to S47 the first visit must be within 2 working days, for statutory assessment a visit is required within 5 working days. Transfer in ICPCs (initial child protection conferences) will be excluded The formula is: N = (IA+B) / Y)100 = %  Where A = Number of referrals where the decision is made to go to S47 who are visited within 2 working days  Where B = the number of referrals where the decision is made to go to Statutory assessment who have a visit within 5 working days  Where Y = total number of referrals received with the decision to go to S47 or statutory assessment (excluding transfer in initial child protection conferences)
DPEB013	Child protection plans lasting 2 years or more	Quarterly (Cumulative)	The percentage of children ceasing to be the subject of a Child Protection Plan during the year ending 31 March, who had been the subject of a Child Protection Plan continuously for two years or longer. The formula is: (x/y) * 100 Where: X = Of the children in the denominator, the number who had been the subject of a Child Protection Plan continuously for two years or longer (i.e. for more than 729 calendar days including days of cessation). Where y = The number of children ceasing to be the subject of a Child Protection Plan during the year ending 31 March. This may count a child more than once if they ceased to be the subject of a child protection plan more than once a year
DPEB014	Percentage of Missing Children, offered a return interview	Monthly (Snapshot)	The percentage of all children who went missing and were entitled to a Return Interview were offered a return interview and recorded accurately on the LCS database.
City Wide P	erformance Indicators that BCC contributes to:		
BPC200	Increase the number of in-house Foster Care placements (not including Kinship)	Quarterly (Snapshot)	This records he total number of foster care placements that can potentially be available at maximum capacity in-house excluding any that are approved for kinship placements. This number is larger than the number of foster households as it records 'placements' on any given date, as a snapshot.
BPC216	Percentage children becoming the subject of a child protection plan for a second/subsequent time	Quarterly (Cumulative)	The percentage of children who became subject to a Child Protection Plan at any time during the year, who had previously been the subject of a Child Protection Plan, or on the Child Protection Register of that council regardless of how long ago that was.
BPC217	Improve the % of 17 - 18 year old care leavers in EET (statutory return - recorded around birthday)*	Quarterly (Cumulative & 3 months in arrears)	Performance is reported with a 3 month data lag owing to the way the statutory measure is recorded. The percentage of former care leavers aged 17 - 18 who were looked after under any legal status (excl V3 or V41) on 1 April in their 17th year, who were in education, employment or training. These figures also include those care leavers who we are not in contact with.
BPC248	Number of hate crimes	Quarterly (Cumulative)	Hate Crime data recorded by Avon & Somerset Police
DPEC007	Percentage of Pathway Plans are reviewed on a six monthly basis or less	Quarterly (Cumulative)	Percentage of open pathway plans that are reviewed within 6 months of previous review of all open pathway plans.
DPEC010	Percentage of Repeat Referrals to children's social work	Quarterly (Snapshot)	The percentage is calculated as the number of referrals that were repeat referrals (within 12 months) for the last year / Number of referrals to children's social care for the last year.
2021/22 PI ref	People: Education & Skills  Measure	Frequency/period reported	Method of calculation
Bristol City	Council (BCC) owned performance indicators:	Пориши	
BPB225e	Increase the percentage of Final EHCPs issued within 20 weeks excluding exception cases *	Quarterly (Cumulative & 3 months in arrears)	Number of Education Health Care Plans in the last quarter that were issued within 20 weeks, excluding exception cases, as a percentage of all such statements issued throghout the calendar year. The reported data aligns with the SEN Census reporting (ie a Calendar year) This means that this KPI is reporting cumulatively and 3 months in areas:  Q1 reports Jan – Mar / Q2 reports Jan – June / Q3 reports Jan – Sept / Q4 reports Jan - Dec
City Wide P	erformance Indicators that BCC contributes to:		
BPC222	Increase the take-up of free early educational entitlement by eligible 2 year olds	Annual (Previous Financial Year)	This measure reports on the percentage of take-up of free early educational entitlement by eligible 2 year olds. Performance is reported annually in July; owing to Department for Education (DFE) publication dates and it is for the previous financial year outturn i.e. the figure reported in 21/22 will be for the financial year 20/21.
BPC246	Increase percentage of schools and settings rated 'Good' or better by Ofsted (all phases)	Quarterly (Snapshot)	This records the present percentage of schools, across all phases, where the Ofsted inspection rating is Good' or better. The DfE published this information at: https://www.gov.uk/government/statistical-data-sets/monthly-management-information-ofsteds-school-inspections-outcomes#history
BPC263a	Reduce the percentage of young people of academic age 16 to 17 years who are NEET & destination unknown	Quarterly (Snapshot)	This measures the percentage of 16 to 17 year olds who are not in education, employment or training (NEET). AND Destination Unknown. Whilst this records data quarter by quarter, unusually the DfE return (and therefore the Q4 figure) is the snapshot for the 3 month period 1st December - last day of February.
BPB265a	Increase the amount of Bristol City Council Apprenticeship Levy spent	Quarterly (Cumulative)	This measure the amount of budgeted levy money spent on apprenticships by Bristol City Council as an organisation.
BPC266	Increase the percentage of adults with learning difficulties known to social care, who are in paid employment	Quarterly (Cumulative)	The measure shows the proportion of adults with a learning disability who are "known to the council", who are recorded as being in paid employment. The information would have to be captured or confirmed within the reporting period 1 April to 31 March.  The definition of individuals 'known to the council' is restricted to those adults of working age with a primary support reason of learning disability support who received long term support during the year.  The measure is focused on 'paid' employment. Voluntary work is excluded from the measure. Paid employment is measured using the following two categories:  Working as a paid employee or self-employed (16 or more hours per week); and,  Working as a paid employee or self-employed (up to 16 hours per week).
BPC268	Increase the number of adults in low pay work & receiving benefits accessing in- work support	Quarterly (Cumulative)	This is a cumulative count to show the growth of the Future Bright in work support programme and the new Get Well - Get On programme which focusses on supporting people in work who have mental health of muscle, joint or bone conditions.
BCPC270	Increase experience of work opportunities for priority groups	Quarterly (Cumulative)	This measures the number of people who gain experiences of work for identified priority groups - Young people at risk of and currently not engaging in education, employment and training, Children in care or Care leavers (CIC/CL), people with a Learning difficulty and/or disability, people with a disability, Black, Asian and other non-white minority back grounds (BAME), Returning to work, living in the 25% most deprived lower super output areas, over 55'.
DPEC119	Increase the take-up of free early educational entitlement for 3 & 4 year olds	Annual (Previous Financial Year)	This measure reports on the percentage of take-up of free early educational entitlement by eligible 3 & 4 year olds. Performance is reported annually in July; owing to Department for Education (DFE) publication dates and it for the previous financial year outturn i.e. the figure reported in 21/22 will be for the financial year 20/21.
DPEC120	Increase digital skills development of those 19+ with no or few qualifications	Quarterly (Snapshot)	This measures the percentage of learners taking part in Community Learning courses where digital skills and online learning are course outcomes throughout the academic year August - July. The formula is: $N=(x/y)^4 \cdot 100$ Where $x=Total$ learners on courses Where $y=Total$ learners with digital skills outcomes

PI ref	Measure	Frequency/period reported	Method of calculation
DPEC121	No of adults aged 19+ who progress from all employment support activities into employment or better employment	Quarterly (Cumulative)	This performance indicator monitors the number of adults who progress from all employment support activities into employment or better employment. It is a cumulative count, throughout the year of people entering employment or improving employment through activities of work programme / care-leavers programme and other commissioned services
2021/22	People: Public Health		
PI ref	Measure	Frequency/period reported	Method of calculation
City Wide P	erformance Indicators that BCC contributes to:		
BPC250	Reduce the percentage of people in Bristol who report below national average Mental Wellbeing (QoL)	Annual (Survey)	The Quality of Life (QoL) survey is carried out annually and asks Bristol residents about a wide range of topics such as health, lifestyles, community, local services and living in Bristol.
BPC251	Reduce the rate of alcohol-related hospital admissions per 100,000 population	Quarterly (Rolling year 3 months in arrears)	This indicator measures the rate of alcohol related admissions per 100,000 population using Hospital Episode Statistics. The rate is calculated using data on those finished in-year admissions that are classified as ordinary or day cases and that have a primary or subsidiary diagnosis code.  Q1 covers April to March, Q2 = July to June, Q3 = October to September, Q4 = January to December.
BPC258	Reduce the percentage of households which have experienced moderate or worse food insecurity (QoL)	Annual (Survey)	The Quality of Life (QoL) survey is carried out annually and asks Bristol residents about a wide range of topics such as health, lifestyles, community, local services and living in Bristol.
BPC259	Percentage of households in the most deprived areas who have used a food bank or charity in the last year (QoL)	Annual (Survey)	The Quality of Life (QoL) survey is carried out annually and asks Bristol residents about a wide range of topics such as health, lifestyles, community, local services and living in Bristol.
BPC334	Reduce the percentage of the population living in Fuel Poverty	Annual (2 year lag)	Fuel poverty in England is measured using the Low Income High Costs (LIHC) indicator where a household is considered to be fuel poor if:  - They have required fuel costs that are above average (the national median level) and were they to spend that amount, they would be left with a residual income below the official poverty line.  The data for this measure is supplied by the Department of Business, Energy and Industrial Strategy The data is reported with a 2 year data lag eg 219/20 reports the year 2017 2020/21 report the year 2018 2021/22 reprts the year 2019
DPEC123	Breastfeeding at 6-8 weeks as a percentage of all children with a known feeding status	Annual (Previous Financial Year)	This is the percentage of infants that are totally or partially breastfed at age 6-8 weeks. Totally breastfed is defined as infants who are exclusively receiving breast milk at 6-8 weeks of age - that is, they are not receiving formula milk, any other liquids or food. Partially breastfed is defined as infants who are currently receiving breast milk at 6-8 weeks of age and who are also receiving formula milk or any other liquids or food. Not at all breastfed is defined as infants who are not currently receiving any breast milk at 6-8 weeks of age. The numerator is the count of the number of infants recorded as being totally breastfed at 6-8 weeks and the number of infants recorded as being partially breastfed. The denominator is the total number of infants due a 6-8 weeks check.  Source:Public Health England National Child and Maternal Health Intelligence Network
DPEC126	Increase the percentage of target schools who have achieved one or more healthy schools awards	Quarterly (Snapshot)	This measures the number of target schools "engaged" as a percentage of all target schools. Engagement is defined as actively working towards a HSP badge. Definition of target schools = PRUs, special schools and secondary schools and 4th and 5th quintile primaries. Only schools that are holding one or more "in-date" wavrds are counted. "in-date" is defined as those schools that have achieved an award in the last 3 years (HS awards are only valid for 3 years).
DPEC127	Prevalence of child excess weight in 10-11 year-olds	Annual (1 year lag)	This performance data is measured by NHS Digital, National Child Measurement Programme and records 10- 11 year olds Proportion of children aged 10-11 classified as overweight or obese. Children are classified as overweight (including obese) if their Body Mass index (BMI) is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.
DPEC128	Increase the number of 'Bristol Eating Better Awards' issued to food outlets in priority wards	Bi-annual cumulative	This is a count of the number of food outlets with a Bristol Eating Better Award in 10 priority wards (with high levels of deprivation and obesity)  The Bristol Eating Better (BEB) award is a tool used to reward and support food businesses across the city to offer healthier food options and promote sustainability. The BEB award is awarded at Bronze, Silver or Gold level. There are 30 'core actions' to be met in order to achieve the Bronze Level. Progress is reported twice a year (Q2 & Q4)
DPEC130	Reduce percentage of people, aged 15 and over, presenting with HIV at a late stage of infection	Annual (3 year lag)	This performance indicator reports the percentage of people presenting with HIV at a late stage of infection; it records the percentage of adults (aged 15 years or more) diagnosed with a CD4 cell count less than 350 cells per mm3 among all newly diagnosed adults with CD4 cell count available within 91 days of diagnosis. (Source: HIV and AIDS Reporting System (HARS), Public Health England, via Public Health)  The period reported is over 3 years and starts 3 years prior to the start of the financial year (ie 2021/22 will record 2018 - 2020 data)
DPEC135	Increase the percentage coverage of MMR vaccination coverage in 5 year olds	Annual	Percentage coverage of MMR vaccination coverage in 5 year olds  X = 5 Year olds with MMR vaccination  Y - All 5 year olds  (X / Y)*100
DPEC140	Reduce the Suicide Rate, per 100,000 population	Annual	Number of Suicides (Persons) / 100,000 population