Notice of Health and Adult Social Care Overview and Scrutiny Panel meeting

Thursday 22 June 2017 at 6.00pm

HMS Phoebe Committee Room, Town Hall, Bournemouth

Panel Members:
Councillor David d’Orton-Gibson – Chairman
Councillor Jackie Edwards – Vice-Chairman
Councillor Mark Battistini
Councillor Laurence Fear
Councillor Susan Phillips
Councillor Gill Seymour
Councillor Philip Stanley-Watts
Councillor Rae Stollard
Councillor Michael Weinhonig

All Members of the Panel are summoned to attend this meeting to consider the items of business set out on the agenda at pages 3 and 4 below.

The Public, press and any Councillor are welcome to attend this meeting.

All Members of the Panel are summoned to attend an information session on Mental Health Services, at 5.00 pm before the meeting.

For further information please contact: Matthew Wisdom, Deputy Head of Democracy, Legal and Democratic, Town Hall, Bourne Avenue, Bournemouth BH2 6DY.
Tel: 01202 451107 E-Mail: matthew.wisdom@bournemouth.gov.uk
Public involvement

The Council welcomes members of the public to contribute to the meeting:

1. by asking to speak on an agenda item or a community issue as a ‘Deputation’; or

2. by asking a public question - any member of the public whose name appears on the Electoral Roll for Bournemouth - which includes a person under the age of 16 years living in Bournemouth and who is escorted by a qualifying adult; or

3. by presenting a petition in relation to items on the agenda.

A request to speak as a deputation, ask a question or present a petition must be sent in writing or email to Matthew Wisdom at the address shown on page 1 by no later than 6.00pm on Wednesday 21 June 2017.

Further information is available on the Council’s web site: http://www.bournemouth.gov.uk/CouncilDemocratic/GetInvolvedHaveyoursay/PetitionsDeputations.aspx

A hearing loop system is provided in the meeting room. There is disabled access to the building. Councillors and visitors with particular needs are advised to inform the Council before arriving at the meeting.

This agenda together with records of decisions and reports are available on the Council’s web site at http://www.bournemouth.gov.uk/CouncilDemocratic/CouncilMeetings/CommitteesPanels/HealthandAdultSocialCareOverviewScrutinyPanel.aspx

Audio recording and filming

This meeting may be audio recorded by the Council for subsequent publication on the Council’s Website. Anyone may audio record, film, take photographs and/or use social media such as tweeting and blogging when this meeting is open to the public. Anyone wishing to record this meeting in anyway must do so in accordance with Council Procedure Rule 108 and the Council’s protocol for filming and audio recording at public meetings and the Public Notice on Filming and Recording Meetings which can be found using the following link: http://www.bournemouth.gov.uk/CouncilDemocratic/CouncilMeetings/FilmingCouncilMeetings.aspx
Agenda

Items to be considered while the meeting is open to the public

1  Apologies

2  Substitute Members

   The Deputy Head of Democracy will report on any changes in the membership of the Panel under Procedure Rule 89.

3  Declarations of interest

   Members are asked to declare in accordance with Procedure Rule 5:

   a. any disclosable pecuniary interests in any item under consideration at the meeting as required by the Localism Act 2011;
   b. any memberships of outside bodies where such membership involves a position of control or significant influence on the organisation concerned;

   Members are also asked to state fully the nature of the interest(s). If any member has a query on any particular matter, please contact the Democratic and Overview and Scrutiny Officer in advance of the meeting.

4  Confirmation of Minutes

   a. To confirm the minutes of the Health and Adult Social Care Overview and Scrutiny Panel meeting held on 26 April 2017, available to view on the Council’s website at the following link:-
   
   b. To consider the Panel’s action sheet, circulated at 4b.

5  Public items

   a  Public Questions

       The Democratic and Overview and Scrutiny Officer will report on any public questions received by the notice deadline.
b **Deputations**

The Democratic and Overview and Scrutiny Officer will report on any deputation requests received by the notice deadline.

c **Petitions**

The Democratic and Overview and Scrutiny Officer will report on any petitions received by the notice deadline.

6 **Cabinet Member Updates and Questions**

Portfolio Holders will provide the Panel with an overview of current priorities, pressures and Cabinet Forward Plan items.

7 **Care Direct – Role and Function with Adult Social Care** – circulated at ‘7’.

8 **Adult Social Care Performance – Quarter 3 2016/17** - circulated at 8.

9 **Quality Accounts 2016/17**

To receive a verbal update from the Chairman on NHS Quality Accounts for 2016/17. Finalised Quality Accounts for the following NHS Trusts will be made available to Members when they are published:-

- Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
- Poole Hospital NHS Foundation Trust
- Dorset Healthcare University NHS Foundation Trust
- South Western Ambulance Service NHS Foundation Trust

10 **Training Plan 2017/18**

To consider the Panel’s training plan as at June 2017 – circulated at 10.

11 **Forward Plan 2017/18**

To consider the Panel’s forward plan as at June 2017 – circulated at 11.
12 **Any other business** – of which notice has been received before the meeting and by reason of special circumstances, which shall be specified in the record of decisions, the Chair is of the opinion that the items should be considered as a matter of urgency.
Recommendation:

1. That the Panel consider and update the action plan as appropriate

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### Actions arising from Panel meeting: 24 November 2016

**97. AOB - Safe Haven Café**

That the Panel supports the concept of the Safe Haven café and agrees that the Cabinet Portfolio Holder, Mental Health Champion and Councillor Fear should meet to discuss how this can be progressed in Bournemouth.

Meeting arranged for 30 March 2017 took place and Councillor Fear advised that further updates would be provided as required.

### Actions arising from Panel meeting: 24 January 2017

**14. Questions from Councillor Phillips**

That the Service Director, Community Learning and Commissioning provide answers to the questions outlined at minute 14 in due course.

Awaiting confirmation from Service Director.
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<th>Minute number</th>
<th>Item</th>
<th>Action*</th>
<th>Outcome and Benefit</th>
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<td><strong>Actions arising from Panel meeting: 26 April 2017</strong></td>
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<td>33.</td>
<td><strong>Statutory Roles of Director of Children’s Services and Director of Adult Social Services</strong></td>
<td>That a report be brought back to the Panel in six months from when the above decision takes effect to update and inform the Panel on how the arrangement is progressing.</td>
<td>Included on the Forward plan for the Panel meeting on 22 November 2017. ✓</td>
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<td>35.</td>
<td><strong>Transforming Primary Care</strong></td>
<td>That the Panel receive a further report back on progress and developments on Transforming Primary Care and the Commissioning Strategy at an appropriate point within the next year.</td>
<td>Item added to the forward work programme with a date to be confirmed as advised by the CCG. For the Panel to assess ongoing developments and make appropriate contributions to the development of planning engagement.</td>
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<td>36.</td>
<td><strong>Adult Social Care – Safeguarding – Impact of Self Neglect</strong></td>
<td>That the Panel agree that Members help promote Safeguarding in the community through the use of leaflets provided by the Local Safeguarding Adults Board.</td>
<td>Leaflets were provided from the Local Safeguarding Adults Board and distributed to all Members for information including details of who to contact in suspected cases of abuse. Members have knowledge of appropriate contacts to use and promote in the community. ✓</td>
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<tr>
<td>Minute number</td>
<td>Item</td>
<td>Action*</td>
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That the Panel consider the topic further with the Chair of the Safeguarding Adults Board when the annual report is considered by the Panel.

The Annual Report of the Independent Chair of the Local Safeguarding Adults Board is scheduled for the meeting on 27 September 2017. This action will be explored further at this meeting.

37. **Delayed Transfer of Care (DTOC) Performance Update**

That further information be provided in a future report on early intervention and prevention for both Bournemouth and comparative Local Authorities.

Item added to the forward work programme with a date to be confirmed. ✅
### Executive summary

Increasing referrals from Care Direct to Bournemouth Enablement Team had resulted in a growing waiting list, approaching 200 cases. Giving appropriate priority to high risk cases and referrals for people with urgent/high levels of need inevitably resulted in people with lower level need waiting too long for a response. Opportunities were identified that suggested moving experienced staff resource closer to the ‘front door’ would better manage long-term demand for services, either by diverting to more appropriate solutions or by providing services/equipment in a more time efficient manner. A pilot was therefore approved which moved 1.5 FTE staffing resource to focus on additional support to referrals received at Care Direct, together with additional professional management support. A six-month evaluation report has recommended that the model should be adopted on a long-term basis.

### Recommendations

- Scrutinise the pilot evaluation report
- Approve the recommendations of the report
| Reasons for recommendations | Benefits of the approach adopted during the pilot have been reported by Care Direct staff, clients and carers, and Bournemouth Enablement Team.  
Clients and carers have commented favourably on the speed with which their enquiries were handled and resolved.  
Providing a timelier response to low level need and risk has evidenced the potential to prevent subsequent higher levels of demand and avoid admission/readmission to hospital.  
The pilot has enabled more effective and efficient use of resources to improve customer experience and satisfaction. |

The background and rationale for the pilot, together with information about the implementation and findings are contained in the accompanying evaluation report.

**Consultation**

Informal discussions have begun with senior Care Direct staff, and data has been collected to allow an analysis of calls etc. At the same time, Bournemouth Enablement Services is analysing its current waiting list to determine how this could be reduced, which in turn will inform how our ‘front door’ response can be further developed and enhanced.

**Options**

The ASCLT is in the process of analysing the data and other sources of evidence which will inform future options for service delivery, including consideration of ASC staff working more directly with the ‘front door’ to support our Care Direct colleagues and improve the customer experience.

**Summary of financial/resource implications**

It is unclear at this stage whether additional resources will be required to deliver the necessary enhancements to the service, but this information will be available once the options have been identified and evaluated.

**Summary of legal implications**

None

**Summary of human resources implications**

Due to other operational initiatives introduced within Bournemouth Enablement Team it is anticipated that the pilot approach could be adopted on a longer-term basis without the need for additional staff resource.
Summary of environmental impact

None

Summary of equalities and diversity impact

An Equality Impact Needs Assessment would be carried out prior to making any permanent changes

Summary of risk assessment

No risks identified

Background papers

Report and Evaluation of Care Direct Pilot June 2017
Report and Evaluation of the Care Direct Pilot

June 2017

1. Background:

1.1. Bournemouth Adult Social Care principally has two ‘front doors’ leading to potential demand on its services. Bournemouth Care Direct (BCD) is the front door for members of the public wishing to know more about, or apply for, adult social care services. It also receives contact from other community based services, e.g. GPs and nurses, concerned relatives, friends and neighbours. The other main front door is from the acute hospitals in Bournemouth and Poole, although alternative pathways also exist where Adult Social Care is integrated with community NHS services, e.g. learning disability and community mental health teams. The focus of this paper is on Bournemouth Care Direct.

1.2. Operating and managed within the corporate contact centre – ‘Customer’ – Bournemouth Care Direct is staffed by six Client Reception Officers and one Client Reception Manager, with a Practice Manager from Adult Social Care providing part-time support. Most enquiries are made by third parties and not by the people seeking help themselves. 72% of contacts are received by telephone (see Fig. 1), but also come from email, letters and faxes, the Council website and, occasionally, visits to the Customer Contact Centre in St Stephen’s Road.

1.3. 

![Figure 1: Care Direct Contact Types 2016-17](image)
1.4. Most requests through BCD will not require an immediate social work assessment, and need not necessarily involve an adult social care response at all (see Fig.2). Requests can include asking for general financial advice (including pension and benefits advice), housing, advice on community activities, Blue Badge enquiries, and help for people who do not know they are being referred. BCD also acts as the front door for adult safeguarding alerts and Mental Health Act assessment requests.

1.5. Where it is believed that a social work or occupational therapy assessment is necessary, staff at BCD will forward the enquiry to the appropriate Adult Social Care Team. BCD staff can also support clients who have difficulty completing an online social care assessment to do so over the telephone. They are not, however, able to make decisions about eligibility for council-funded adult social care services.

Figure 2: New Requests for Support during year (all client groups), showing sequels to requests
(Source: Annual SALT return)
2. **Reason for the Pilot**

2.1. There has been a steadily increasing demand for Adult Social Care assessments, in both social work/care management and occupational therapy disciplines, which has been challenging to manage within existing resources. This necessitated the introduction of a second-tier triaging system to enable risk to be assessed and outstanding referrals to be prioritised. The introduction of online self-assessment facilities is thought to have further increased demand, with the brevity of self-assessments submitted online contributing to an increase in the number of referrals to Bournemouth Enablement Team.

2.2. The Local Government Association and the Institute of Public Care, among others, have highlighted the need for Councils to better manage demand at the front door which will prevent or reduce the need for longer-term publicly funded support. Whilst recognising the wealth of knowledge and skill of BCD advisors, research in to similar models in other Local Authorities suggests that locating additional ASC resources at the front door could provide a quicker, more efficient response for customers. Whilst BCD advisors are very skilled at signposting people who are not eligible for adult social care support, they were found to be less effective at diverting people who would otherwise be eligible for council-funded services.

2.3. The rising number of referrals to the Bournemouth Enablement Team (BET) had resulted in a steadily increasing waiting list for assessment. It was necessary and appropriate to ensure that referrals for those people in greatest need and at highest risk were seen and assessed as a priority. Consequently, those with lesser need and at lower risk were waiting longer to be seen. It subsequently became apparent that a proportion of those people waiting the longest were not even eligible for adult social care support, or they could have had their needs addressed by alternative means that would have been more immediately available to them.

2.4. The Care Direct pilot therefore sought to identify and divert appropriate staffing resources from Social Work and Occupational Therapy disciplines, along with enhanced Management support, and move these from BET to Care Direct. The premise was that doing so would provide a more appropriate and timely response, prevent customers from needing longer-term interventions, reduce cost and lead to an overall increase in customer satisfaction.
3. Methodology

3.1. Temporary funding for 1.5 FTE staff was agreed to backfill a mix of experienced Occupational Therapy Assistant and Care Manager staff released from Bournemouth Enablement Team (BET) to focus on ‘front door’ enquiries.

3.2. Current pathways to Adult Social Care were mapped to identify opportunities for alternative ways of working that would:
   a) Reduce referrals to BET
   b) Reduce BET waiting list
   c) Increase the number of non-ASC calls that BCD staff handle
   d) Reduce burdens of paperwork
   e) Increase timeliness of response to ASC customers/clients
   f) Enhance management support to BCD and thereby reduce inappropriate onward referral to ASC
   g) Improve customer satisfaction
   h) Make more efficient use of officer time

3.3. This resulted in:
   a) Greater consideration of the use of telephone assessments
   b) Agreement to dispense with certain paperwork, particularly where preventative services were to be provided, whilst remaining Care Act compliant.
   c) Establishment of a bathing assessment clinic
   d) Increased use of clinics for carer assessment
   e) Streamlined process for equipment provision

4. Evaluation and challenges

4.1. The pilot commenced October 2016, and due to a small underspend is currently ongoing. For the purposes of this report, however, evaluation covers the period October 2016 to April 2017.

4.2. Initially, the pilot was focused on a single locality ‘patch’, representing a specific cluster of GP practices. It was quickly determined that the volume of referrals from this GP cluster was too small, with low demand from this area resulting in the pilot being extended to all GP clusters across Bournemouth very soon after the launch.

4.3. Regrettably, although the outcomes of the pilot can generally be viewed as very positive (see below) the evaluation of the pilot has been hampered by limitations in current IT record systems. This made it difficult to establish baseline data with a
sufficient degree of detail; for example, ‘signposting’ outcomes were too high-level making it difficult to distinguish between redirection to non-adult social care support and services that were a genuine alternative to adult social care.

4.4. Similarly, it was difficult to evidence the cost implications of low risk cases waiting longer for a response, however anecdotally there were cases that we became aware of where circumstances had escalated and individuals had been admitted to hospital. It is reasonable to conclude that the level of services received after discharge from hospital are likely to have been higher than would have been the case if the admission had been avoided.

5. Findings

5.1. BCD staff reported benefits from being able to access professional management support more readily. Prior to the pilot, professional support had been provided part-time by the Statutory Services Team (12 hours across three days per week). For the pilot this was enhanced by additional support from Bournemouth Enablement Team (8 hours across the remaining two days of the week). This has reduced the number of calls that BCD staff previously made to fieldwork teams’ Practice or Operational Managers, and means that customer enquiries are managed quickly and correctly first time. Also, urgent referrals can be responded to more effectively, and mostly on the same day they are received.

5.2. A reported secondary benefit resulting from this additional support has been a reduction in the number of Public Protection Notices (PPNs) that are inappropriately passed to the Statutory Services Team. PPNs are notifications of potential adult safeguarding concerns from other agencies such as the Police. Many of these do not require a section 42 enquiry, with a more appropriate response being the provision of other services or advice and support. BCD Staff are confident that further benefits would accrue if management support could be provided on a full-time basis.

5.3. The model adopted by this pilot ensured that lower risk cases were no longer waiting the longest amount of time for a response. By responding immediately to low-risk referrals, services or equipment were provided quickly (often within 2-3 working days) to prevent situations becoming urgent/high-risk. By implication, this will have avoided subsequent higher cost interventions.

5.4. At the same time, this approach will have prevented crisis interventions that typically have a detrimental effect on individuals and those who care for them.
5.5. A further benefit of this approach has been the reduction in failure demand at BCD because staff receive fewer phone calls from customers, previously assigned to a waiting list, asking what has happened to their referral. This has increased capacity for BCD staff to spend more time on calls where they can add real value, undertake facilitated online assessments, etc.

5.6. Figure 3 (below) shows the outcomes for 237 referrals handled by BET staff involved in the pilot by being moved to the ‘front door’ for the period October 2016 to April 2017. These referrals would otherwise have been assigned as low-risk cases to the Bournemouth Enablement Team, and would have waited longer for a response; typically, 2-3 months. Instead, they were managed within 2-3 days.

5.7. The reduction in paperwork and opportunities to conduct, where appropriate, telephone assessments on these referrals resulted in a significant number of people receiving items of low-level equipment that will have provided immediate benefit and enhanced quality of life within a matter of days rather than months.

5.8. Despite there being a proportion of referrals that ultimately transferred to BET for a more detailed assessment by a social worker or occupational therapist, it was still possible to partially meet peoples’ presenting needs quickly by providing interim support; for example, delivery of a commode, pending the fuller assessment.
5.9. Although smaller in number, rapid access to preventative services such as Home from Hospital and Tricuro Reablement avoided unnecessary admission (or readmission) to hospital.

5.10. More effective use was made of Carer Clinics. The pilot has demonstrated how improvements to the process of arranging access to the clinics has resulted in most carer assessments being completed within two weeks whereas they previously took up to two months. By having more experienced staff available to have initial telephone conversations, carers have could book clinic appointments to suit their circumstances and felt better prepared for the assessment itself because they had been briefed to consider the impact that their caring role was having in advance of their clinic appointment.

5.11. One type of assessment introduced as part of the pilot that proved to be less successful was bathing assessment clinics. These provided an opportunity for clients presenting with difficulty in bathing to attend the Nottingham Rehab Supplies (NRS) depot in Wallisdown where a variety of bathing aids and equipment could be demonstrated and tried. The take-up of this facility was low, principally because people expressed difficulty in parking and public transport links were inadequate.

5.12. Whilst not a direct finding of the pilot, the high level of staff retention at BCD is worth noting, as this has allowed the officers within the service to develop a breadth and depth of knowledge and skill that enables them to respond to a wide range of call types effectively, and BCD staff are highly skilled in signposting people who are not eligible for adult social care services from the Council. A secondary impact of the pilot, however, is that these staff have improved their understanding of alternative non-publicly-funded options for people who are eligible for adult social care services. For example, eligible needs can potentially be met by existing voluntary community services, and diversion to such solutions reduce the demand on Council-funded services.

5.13. The impact of the pilot on the waiting list of cases assigned to the Bournemouth Enablement Team has been significant, reducing from in the region of 200 cases in September 2016 to approximately 65 cases in April 2017.
6. **Recommendations**

6.1. Adopt the pilot model on an ongoing basis.

6.2. Review data capture resource/function to improve reporting of outcomes for clients and carers contacting Bournemouth Care Direct.

6.3. Cease bathing clinics at NRS and consider more accessible options for bathing assessments.

7. **Testimonials from clients and carers**

Below is just a small sample of the feedback which was typically received from clients and/or carers who had received input from the staff involved in the pilot:

- Mrs S (telephone assessment) – “I’m very pleased with my replacement shower chair, it is exactly what I needed and I don’t need help with anything else now”.

- Mrs G (telephone assessment) – “the trolley and shower bench have been extremely helpful and I feel much more confident, thank you”.

- Mr M (carer clinic) – “it was ideal to be able to speak to someone away from the house and being able to choose a time to suit me was really helpful”.

- Mrs W (telephone assessment) – “I was amazed how quickly the toilet frame and bed lever arrived. I only spoke to you on Tuesday and everything arrived on Friday”.
## Executive summary

The purpose of this report is to provide members with an update on Adult Social Care (ASC) performance for the fourth quarter of the year 2016/17.

## Recommendations

**The Panel are requested to:**

1) Comment on current performance in ASC

## Reasons for recommendations

The Panel’s input is essential in assessing our core activity – successfully managing demand through the Adult Social Care Client Journey.
Background detail

1 The performance reporting framework is currently being transferred to a new online performance monitoring tool which enables managers to monitor and analyse all aspects of client activity on a daily basis.

2 Adult Social Care have now revised the performance measures for 2017/18 which have been aligned to our Strategic Service Plan, the client journey and the monitoring targets have been set to enable a more accurate overview of ASC performance on core/statutory services to be provided.

3 As requested at previous Overview & Scrutiny meetings, this and future quarterly reports will contain a more in-depth analysis of the performance against each measure with a summary contained in the covering report.

4 A Service Improvement Group, led by the Service Development & Client Finance Manager, meets on a monthly basis to discuss improvement against all indicators. This group has developed an action plan to improve indicators which show a concerning trend which is monitored at each Service Improvement Group meeting to ensure indicators improve by year end.

Performance Data Summary

5 A copy of the data from April to March 2017 is attached at appendix A, where the RAG status shows whether we are near to our target, whilst the colour-coded “direction of travel” status shows whether performance is improving or deteriorating compared to the last quarter.

6 Full details on each measure are provided within the appendix against the relevant indicator including a detailed methodology at the top of each page outlining how the figures are calculated.

7 **Measures PI002/3 Safeguarding** – these are demand-driven so when we set targets it is more in relation to judging demand than measuring performance; for example, a rise in enquiries is just as likely to relate to levels of demand (which are seasonal) as to any action by the service. However, in Qtr3 and Qtr4 we have been within our target. Due to the exceptionally high amount of enquiries recorded in Qtr1 & Qtr2, PI003 Safeguarding Enquires Outturn was 13% over the set target.

8 **Measure PI004 Client Assessments** – The outturn for 2016/17 is currently showing as 52% of client assessments that are being
completed within the target of 28 days. This indicator has a time lag between the assessment completed and entry onto the system which is shown in March’s data of 13% compared to the average of the previous months being 55%.

We have recruited to a number of vacant posts within the Locality Team, Learning Disability Team and the Community Mental Health Teams and this will enable us to improve responsiveness. All clients are assessed for urgent care needs and if necessary services provided prior to the full assessment being completed.

This indicator will not be reported as an 'indicator' in 2017/18, although the data will be made available on the online reporting portal for management information activity purposes only. The Care Act (2014) introduced personalised principles of care, and so the length of time an assessment takes to complete has become more dependent on the service user. Complex cases, particularly those for people with a learning disability, dementia or those people who may be self-neglecting, can take many months to complete as a full picture of the individual and their needs is built up. In light of this, treating a swiftly completed assessment as a positive performance indicator may not be the right thing to do. This indicator is being replaced by a measure which records how swiftly adult social care responds from the point of first contact to helping someone to resolve their enquiry. This test of responsiveness is considered to me a more important measure of customer service.

Measures PI006 Client Reviews – his indicator will not be reported as an 'indicator' in 2017/18, although it will be available on the online reporting portal for management information activity purposes. This measure looks at the proportion of our long-term clients who have had a review within 12 months. Performance against this measure has been consistent across the year to date and is in line with the target set for 2016/17. It is important to note that this is a significant improvement on the position in previous years and is a direct result of positive work within teams to give priority to the completion of reviews.

Measure PI008 Referrals closed without an assessment or review – this measure is intended to assess our ability to appropriately divert clients to advice and prevention services that means that they do not need a formal service from us. This indicator methodology will not be continuing into the 2017/18 reporting year. A new indicator is under production that will accurately identify the percentage of clients where their outcome
of contact/assessment did not result in Long Term support being provided. However, we continue to be performing above target and have shown improvements against the indicator throughout the year.

11 **Measure PI010/11 Learning Disability and Mental Health clients in paid employment** – our performance for LD clients is showing above target and a significant improvement on the 2015/16 outturn.

12 **Measures PI014 Delayed Transfers of Care** – performance against the indicator is highlighting the seasonal pressures felt by the acute hospitals and the increase in acuity of patients, resulting in more complex homecare package discharge requirements. To put the presented performance statistics into context the target rate equated to less than 4 client delays each month, therefore every 1 additional client delay over target had a cumulative 33% increase impact on the rate outcome. Bournemouth experienced 11 more client delays compared to last year, which is just under 1 additional client delay per month. Bournemouth's 2016/17 outcome was ranked 58th nationally (out of 150 LAs), 6th out of 16 within our Comparative Group and 3rd out of 15 within the South West Region.

**Consultation**

13 The production of this report has entailed consultation with the Adult Social Care Performance Team, the Adult Social Care Principal Social Worker, the Service Development Team and the Service Director of Adult Social Care.

14 The report has also been considered by the Executive Director of Adults & Children’s Directorate, the Service Director of Community Learning & Commissioning, the Cabinet Portfolio Holder for Adult Social Care and the Chair of Overview & Scrutiny Panel at their regular meetings.

**Options**

15 We would request that Overview & Scrutiny Panel consider the current performance of Adult Social Care and the measures put in place to effectively report performance data in the future.

**Summary of finance and resourcing implications**

16 Not applicable.
Summary of legal implications

17 Not applicable.

Summary of human resources implications

18 Not applicable.

Summary of environmental impact

19 There is no environmental impact as a result of the information contained in this report.

Summary of equalities and diversity impact

20 There is currently no impact on equality and diversity and the leads for this project are also the equality & diversity leads for Adult Social Care. Therefore if any issues arise out of this work in the future they will be reported to Overview & Scrutiny and included in the Adult Social Care equality & diversity plan.

Summary of risk assessment

21 The key risks that relate to this report from the Adult Social Care Risk Register relate to budgetary pressures, Care Management System change from RAISE to Mosaic, loss of staff and loss of IT systems not only in the Adult Social Care service unit but also within the Adult Social Care Performance Team within Community Learning & Commissioning. These risks would greatly impact on our ability to maintain performance against our indicators, in addition to impacting on our ability to monitor, maintain and produce the reports for Overview & Scrutiny.

Appendices

A - Performance update report for April 2016 to March 2017
## ADULT SOCIAL CARE PERFORMANCE PROFILE

### AS AT END QUARTER 4

#### - PERFORMANCE INDICATOR SUMMARY -

### Report Name and monthly outcomes...

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<thead>
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<th>Indicator</th>
<th>Qtrly Performance</th>
<th>2016/17 YTD</th>
<th>2016/17 Target</th>
<th>RAG Status</th>
<th>Direction of Travel</th>
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<td>Community Care Assessments completed within 28 days.</td>
<td></td>
<td>52</td>
<td>117</td>
<td>&gt;65%</td>
<td>Down</td>
</tr>
<tr>
<td>Long term client reviews completed within one year.</td>
<td></td>
<td>72%</td>
<td>70%</td>
<td>70%</td>
<td>Down</td>
</tr>
<tr>
<td>Percentage of referrals closed without review or assessment.</td>
<td></td>
<td>66%</td>
<td>55%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Disability clients in paid employment.</td>
<td></td>
<td>3.4%</td>
<td>2.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health clients in paid employment.</td>
<td></td>
<td>6.6%</td>
<td>5.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DToc - Snapshot instances(Adult Social Care only)</td>
<td></td>
<td>2.9</td>
<td>2.3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Direction of Travel coding (latest quarters performance compared to previous quarters performance):**

- **Significant decrease** (above standard deviation)
- **Slight decrease** (below standard deviation)
- **No change** (same as previous month)
- **Slight increase** (below standard deviation)
- **Significant increase** (above standard deviation)
ADULT SOCIAL CARE PERFORMANCE PROFILE

AS AT END QUARTER 4

- PERFORMANCE INDICATOR DETAILS -

PI002  Safeguarding Concerns.

<table>
<thead>
<tr>
<th>Measure Type:</th>
<th>Local</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Frequency:</td>
<td>Monthly</td>
</tr>
<tr>
<td>Unit of Measure:</td>
<td>Numeric</td>
</tr>
<tr>
<td>Good Performance is:</td>
<td>Low</td>
</tr>
<tr>
<td>Data Source:</td>
<td>RAISE</td>
</tr>
<tr>
<td>ASC Service Manager:</td>
<td>Sarah Webb</td>
</tr>
</tbody>
</table>

This measure looks at the number of safeguarding concerns raised each month. A safeguarding Concern is raised when suspected abuse or neglect is either reported to the council or identified by the council. A Safeguarding Concern has 3 potential outcomes: No Further Action (concern closed), Section 42 Enquiry (concern meets all three Section 42 criteria and therefore a full investigation is required) or Other Enquiry (concern does not meet all three Section 42 criteria but the LA deems a full investigation is required).

In order for the Safeguarding Concern to be counted, the relevant Safeguarding Form on RAISE must be completed and closed. Therefore due to the report month being collated by the date of the Concern (RAISE document start date), there is a data time lag and retrospective months data can change as forms are completed and closed after all the relevant data gathering/investigations have taken place.

- PERFORMANCE DATA -

CURRENT 2016/17 PERFORMANCE IS: WITHIN / ON TARGET

<table>
<thead>
<tr>
<th>2016/17 REPORTING MONTH</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>YTD Total</th>
<th>Monthly Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1</td>
<td>112</td>
<td>169</td>
<td>195</td>
<td>166</td>
<td>244</td>
<td>166</td>
<td>104</td>
<td>137</td>
<td>147</td>
<td>159</td>
<td>122</td>
<td>143</td>
<td>1864</td>
<td>155</td>
</tr>
<tr>
<td>Quarter 2</td>
<td>158</td>
<td>158</td>
<td>158</td>
<td>158</td>
<td>158</td>
<td>158</td>
<td>158</td>
<td>158</td>
<td>158</td>
<td>158</td>
<td>158</td>
<td>158</td>
<td>1900</td>
<td></td>
</tr>
<tr>
<td>Quarter 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarter 4</td>
<td>476</td>
<td>576</td>
<td>388</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>424</td>
<td></td>
</tr>
</tbody>
</table>

2016/17 Bournemouth Performance

- PERFORMANCE COMMENTS -

Performance has been within target for 6 consecutive months and we have hit the annual target. For 2017/18 this performance indicator is not going to be viewed with a target, but as an indication of demand and outcomes - it will also include the Safeguarding Concerns that were screened and closed without the need for a form being completed.
**PI003 Safeguarding Enquiries.**

A Safeguarding Enquiry is the number of Safeguarding Concerns where the outcome was either 'Section 42 Enquiry' or 'Other Enquiry', and therefore this indicator is a subset of PI002.

In order for the Safeguarding Enquiry to be counted the relevant Safeguarding Form on RAISE must be completed and closed. Due to the report month being collated by the date of the Concern (RAISE document start date), there is a data time lag and retrospective months data can change as forms are completed and closed after all the relevant data gathering/investigations have taken place.

**- PERFORMANCE DATA -**

**CURRENT 2016/17 PERFORMANCE IS: MORE THAN 10% OFF TARGET**

<table>
<thead>
<tr>
<th>2015/16 Outturn</th>
<th>Monthly Avg</th>
<th>2016/17 REPORTING MONTH</th>
<th>YTD Total</th>
<th>Monthly Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOURNEMOUTH TOTAL</td>
<td>316</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TARGET</td>
<td>750</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr</td>
<td>52</td>
<td>70</td>
<td>266</td>
</tr>
<tr>
<td>May</td>
<td>97</td>
<td>70</td>
<td>300</td>
</tr>
<tr>
<td>Jun</td>
<td>117</td>
<td>70</td>
<td>210</td>
</tr>
<tr>
<td>Jul</td>
<td>95</td>
<td>70</td>
<td>176</td>
</tr>
<tr>
<td>Aug</td>
<td>133</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>Sep</td>
<td>72</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td>69</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td>60</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td>81</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>Jan</td>
<td>65</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>Feb</td>
<td>55</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>Mar</td>
<td>56</td>
<td>840</td>
<td></td>
</tr>
</tbody>
</table>

**2016/17 Bournemouth Performance**

[Bar chart showing performance data]

**- PERFORMANCE COMMENTS -**

For the last 2 quarters performance has been within target, but due to the exceptionally high amount of enquiries recorded in Qtr1 & Qtr2 this indicator was 13% over target. For 2017/18 this performance indicator is not going to be viewed with a target, but as an indication of demand and outcomes.
- PERFORMANCE INDICATOR DETAILS -

**PI004** Community Care Assessments completed within 28 days.

This indicator takes a base count of all the referrals that require a Community Care Assessment. The ‘Reporting Month’ of assessments is assigned by the RAISE Referral Start Date + 28 days. Data is based on a CM Assessment or OT Assessment being completed against the referral number.

Referrals that have been closed without an assessment form, have a referral reason of “Duplicate Referral” or “Inappropriate Referral” are excluded from the calculations.

The referrals that either do not have a assessment form fully completed and closed (Document End Date entered) or where this is no assessment form and the 28 day deadline has already passed are counted as fails.

- PERFORMANCE DATA -

**CURRENT 2016/17 PERFORMANCE IS: MORE THAN 10% OFF TARGET**

<table>
<thead>
<tr>
<th>% Completed in 28 Days</th>
<th>2016/17 REPORTING MONTH</th>
<th>YTD Total</th>
<th>Monthly Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>59.2%</td>
<td>[Table with data]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**- 2015/16 OUTTURN -**

BORNEHAMOUTH: 59.2%

Monthly Average: -

**- PERFORMANCE COMMENTS -**

We have recruited to a number of vacant posts within the Locality Team, Learning Disability Team and the Community Mental Health Teams have been filled and this will enable us to improve performance. All clients are assessed for their urgent care needs and if necessary services provided prior to the full assessment being completed.

This indicator will not be reported as an ‘indicator’ in 2017/18, the data will be made available on the online reporting portal for management information activity purposes only.
**ADULT SOCIAL CARE PERFORMANCE PROFILE**

**AS AT END QUARTER 4**

**- PERFORMANCE INDICATOR DETAILS -**

**PI006 Long term client reviews completed within one year.**

This indicator looks at the percentage of long term clients who received a review within one year of assessment being completed.

The denominator for this indicator is the number of long term clients.

The numerator for this indicator is the number of long term clients with an assessment or review in last 12 months.

- **Measure Type:** Local
- **Reporting Frequency:** Monthly
- **Unit of Measure:** Percentage
- **Good Performance is:** High
- **Data Source:** RAISE
- **ASC Service Manager:** Tim Branson & Hayley Verrico

**- 2015/16 PERFORMANCE -**

**BOURNEMOUTH:** <New measure for 2016/17>

**Monthly Average:** <New measure for 2016/17>

**- PERFORMANCE DATA -**

**CURRENT 2016/17 PERFORMANCE IS: WITHIN / ON TARGET**

**2016/17 Bournemouth Performance**

Target has been achieved

This indicator will not be reported as an ‘indicator’ in 2017/18, the data of reviews completed and those outstanding will be made available on the online reporting portal for management information activity purposes only.
- PERFORMANCE INDICATOR DETAILS -

**PI008** Percentage of referrals closed without review or assessment.

Percentage of RAISE Referrals to Adult Social Care / Care Direct closed without an assessment or review form entered. The referrals requiring assessment are the same types as counted in the Assessments Completed within 28 days indicator (PI004, PI005 and PI006.)

**Methodology:** \( \frac{(X \times 100)}{Y} \)

- **X** = The number of referrals closed without Assessment or Review.
- **Y** = Total number of referrals.

**Measure Type:** Local
**Reporting Frequency:** Monthly
**Unit of Measure:** Percentage
**Good Performance is:** High
**Data Source:** RAISE
**ASC Service Manager:** Tim Branson & Hayley Verrico

- **2015/16 PERFORMANCE** -

**BOURNEMOUTH:** 51.2%

**Monthly Average:** 357 referrals p/m closed without Ass/Rev.

- PERFORMANCE DATA -

**CURRENT 2016/17 PERFORMANCE IS: WITHIN / ON TARGET**

<table>
<thead>
<tr>
<th>- 2015/16 -</th>
<th>- 2016/17 REPORTING MONTH</th>
<th>YTD Monthly Average</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BOURNEMOUTH TOTAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Referrals Closed</strong></td>
<td>8370</td>
<td>2016/17 Outcome</td>
</tr>
<tr>
<td><strong>Closed with Signpost reason</strong></td>
<td>4288</td>
<td>2016/17 Target</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 63%</td>
<td>May 62%</td>
<td>Jun 63%</td>
<td>Jul 67%</td>
</tr>
<tr>
<td>Aug 66%</td>
<td>Sep 68%</td>
<td>Oct 61%</td>
<td>Nov 63%</td>
</tr>
<tr>
<td>Dec 71%</td>
<td>Jan 55%</td>
<td>Feb 55%</td>
<td>Mar 55%</td>
</tr>
<tr>
<td>Apr 55%</td>
<td>May 55%</td>
<td>Jun 55%</td>
<td>Jul 55%</td>
</tr>
<tr>
<td>Aug 65%</td>
<td>Sep 55%</td>
<td>Oct 55%</td>
<td>Nov 55%</td>
</tr>
<tr>
<td>Dec 70%</td>
<td>Jan 55%</td>
<td>Feb 55%</td>
<td>Mar 55%</td>
</tr>
<tr>
<td>Apr 64%</td>
<td>May 64%</td>
<td>Jun 61%</td>
<td>Jul 64%</td>
</tr>
<tr>
<td>Aug 66%</td>
<td>Sep 68%</td>
<td>Oct 61%</td>
<td>Nov 63%</td>
</tr>
<tr>
<td>Dec 71%</td>
<td>Jan 63%</td>
<td>Feb 63%</td>
<td>Mar 74%</td>
</tr>
</tbody>
</table>

- 2016/17 Bournemouch Performance

<table>
<thead>
<tr>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>64%</td>
<td>66%</td>
<td>62%</td>
<td>63%</td>
<td>67%</td>
<td>66%</td>
<td>68%</td>
<td>67%</td>
<td>68%</td>
<td>61%</td>
<td>71%</td>
<td>63%</td>
</tr>
</tbody>
</table>

- PERFORMANCE COMMENTS -

Target achieved and performance has been consistently above target all year.

This indicator methodology will not be continuing into the 2017/18 Reporting Year, a new indicator is under production that will accurately identify the clients where their outcome of contact/assessment did not result in Long Term support being provided.
PI010  Learning Disability clients in paid employment.

Enhancing quality of life for people with care and support needs. People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation. The measure is intended to improve the employment outcomes for adults with a learning disability, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life. 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.

Methodology: \((X/Y)\times 100\)

- **X** = Number of learning-disabled clients receiving long term support who are in paid employment (excluding voluntary work).
- **Y** = Number of working-age learning-disabled clients known to the local authority (receiving long term support) during the reporting period.

**Measure Type:** ASCOF  
**Reporting Frequency:** Monthly  
**Unit of Measure:** Percentage (1 decimal place)  
**Good Performance is:** High  
**Data Source:** RAISE  
**ASC Service Manager:** Jenni Collis-Heavens

<table>
<thead>
<tr>
<th>BOURNEMOUTH TOTAL</th>
<th>2016/17 Outcome</th>
<th>2016/17 Target</th>
<th>2015/16 Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr</td>
<td>2.7%</td>
<td>2.7%</td>
<td>2.5%</td>
</tr>
<tr>
<td>May</td>
<td>2.7%</td>
<td>2.7%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Jun</td>
<td>2.7%</td>
<td>2.7%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Jul</td>
<td>2.7%</td>
<td>2.7%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Aug</td>
<td>3.4%</td>
<td>3.4%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Sep</td>
<td>3.4%</td>
<td>3.4%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Oct</td>
<td>3.4%</td>
<td>3.4%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Nov</td>
<td>3.1%</td>
<td>3.1%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Dec</td>
<td>3.1%</td>
<td>3.1%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Jan</td>
<td>2.1%</td>
<td>2.1%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Feb</td>
<td>2.1%</td>
<td>2.1%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Mar</td>
<td>2.1%</td>
<td>2.1%</td>
<td>2.7%</td>
</tr>
<tr>
<td>YTD</td>
<td>2.1%</td>
<td>2.1%</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

**2015/16 Outcome by Area/Region**

- **Bournemouth:** 2.5%
- **Unitary LAs:** 7.0%
- **England:** 5.8%
- **East:** 7.1%
- **East Midlands:** 3.3%
- **London:** 7.5%
- **North East:** 5.6%
- **North West:** 4.1%
- **South East:** 6.2%
- **South West:** 7.0%
- **West Midlands:** 4.5%
- **Yorkshire & The Humber:** 6.3%

**2016/17 Bournemouth Performance**

```
2016/17 Outcome        | 2016/17 Target | 2015/16 Outcome |
-----------------------|----------------|-----------------|
Qtr 1                  | 2.7%           | 2.7%            |
Qtr 2                  | 2.7%           | 2.7%            |
Qtr 3                  | 3.4%           | 3.4%            |
Qtr 4                  | 3.1%           | 3.1%            |
```

- **PERFORMANCE DATA**

**CURRENT 2016/17 PERFORMANCE IS: WITHIN / ON TARGET**

- Target achieved and performance has been consistently above target all year. Review is currently underway to ensure there is consistant data accuracy within RAISE and Business processes.
ADULT SOCIAL CARE PERFORMANCE PROFILE

AS AT END QUARTER 4

- PERFORMANCE INDICATOR DETAILS -

PI011 Mental Health clients in paid employment.

The measure shows the percentage of adults receiving secondary mental health services in paid employment. The measure is of improved employment outcomes for adults with mental health problems, reducing their risk of social exclusion and discrimination. Adults ‘in contact with secondary mental health services’ is defined as those aged 18 to 69 who are receiving secondary mental health services and who are on the Care Programme Approach (CPA).

The measure is focused on ‘paid’ employment - voluntary work is excluded.

Methodology: \((\frac{X}{Y})\times 100\)

- **\(X\)** = Number of working age adults (18-69 years) who are receiving secondary mental health services and who are on the CPA.
- **\(Y\)** = Number of working age adults (18-69 years) who have received secondary mental health services and who were on the CPA at the end of the month.

- PERFORMANCE DATA -

CURRENT 2016/17 PERFORMANCE IS: WITHIN / ON TARGET

2015/16 OUTTURN -

BOURNEMOUTH: 4.2%

2016/17 REPORTING MONTH

Quarter 1: 6.3%
Quarter 2: 6.4%
Quarter 3: 7.3%
Quarter 4: 6.2%

YTD: 6.6%
Monthly Average: -

- PERFORMANCE COMMENTS -

Target achieved and performance has been consistently above target all year.
**ADULT SOCIAL CARE PERFORMANCE PROFILE**

**AS AT END QUARTER 4**

### PERFORMANCE INDICATOR DETAILS -

**PI014 DTOC - Snapshot instances (Adult Social Care only)**

This indicator is a subset of ASCOF 2C Delayed Transfers of Care, but only looks at the delays (snapshot client count at midnight on last Thursday of the month) where the reason for the delay is solely attributable to Adult Social Care. This measures the impact of hospital services and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. It is an important marker of the effective joint working of local partners.

A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed.

**Methodology: \((X/Y)\times100\)**

- **X** = Total snapshot instances (aged 18 and over) solely attributable to ASC (excludes NHS + Both) from the monthly Situation Report (SitRep).
- **Y** = Size of 18+ population in area (ONS mid-year population estimates).

---

### PERFORMANCE DATA -

**CURRENT 2016/17 PERFORMANCE IS: MORE THAN 10% OFF TARGET**

<table>
<thead>
<tr>
<th>BOURNEMOUTH TOTAL</th>
<th>ENGLAND</th>
<th>CIPFA Comparative Grp</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/17 Outturn</td>
<td>2.3</td>
<td>3.9</td>
</tr>
<tr>
<td>Monthly Avg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>2.5</td>
<td>2.3</td>
</tr>
<tr>
<td>May</td>
<td>6.3</td>
<td>2.3</td>
</tr>
<tr>
<td>Jun</td>
<td>1.9</td>
<td>2.3</td>
</tr>
<tr>
<td>Jul</td>
<td>1.3</td>
<td>2.3</td>
</tr>
<tr>
<td>Aug</td>
<td>0.0</td>
<td>2.3</td>
</tr>
<tr>
<td>Sep</td>
<td>2.0</td>
<td>2.3</td>
</tr>
<tr>
<td>Oct</td>
<td>3.1</td>
<td>2.3</td>
</tr>
<tr>
<td>Nov</td>
<td>4.4</td>
<td>2.3</td>
</tr>
<tr>
<td>Dec</td>
<td>4.4</td>
<td>2.3</td>
</tr>
<tr>
<td>Jan</td>
<td>1.9</td>
<td>2.3</td>
</tr>
<tr>
<td>Feb</td>
<td>1.9</td>
<td>2.3</td>
</tr>
<tr>
<td>Mar</td>
<td>5.6</td>
<td>2.3</td>
</tr>
<tr>
<td>YTD Total</td>
<td>2.9</td>
<td>55</td>
</tr>
<tr>
<td>Monthly Average</td>
<td>-</td>
<td>4.6</td>
</tr>
</tbody>
</table>

**BOURNEMOUTH:** 2.3

**ENGLAND:** 3.9

**CIPFA Comparative Grp:** 3.9

---

**- PERFORMANCE COMMENTS -**

Caution: Statistically small numbers - The target rate equated to less than 4 client delays each month, therefore every 1 additional client delay over target had a cumulative 33% increase impact on the rate outcome. Bournemouth experienced 11 more client delays compared to last year, which is just under 1 additional client delay per month. Bournemouth's 2016/17 outcome was ranked 58th nationally (out of 150 LAs), 6th out of 16 within our Comparative Group and 3rd out of 15 within the South West Region.
Annual Programme 2017/18

To be delivered either immediately before Panel meetings, or as a first item on the agenda, at the discretion of the Chair.

Eight sessions, each of 45 minutes.

**Schedule & Theme**  
June 2017 – Mental Health Services  
July 2017 – Healthwatch Dorset  
September 2017 – Dorset Police  
(Safeguarding)  

**Lead Officer**  
David Vitty  
Joyce Guest  
Kevin Connolly

**Themes to be scheduled**  
Quality in the Care Market  
New iCMS system (RAISE replacement)  

**Lead Officer**  
Ivor Cawthorn  
Neil Goddard

This training programme will be reviewed in September 2017.
Recommendation:

1. That the Panel approve the Forward Plan and recommend any amendments to the Chair and Vice-Chair’s agenda group as necessary

<table>
<thead>
<tr>
<th>Subject</th>
<th>Reason for Review</th>
<th>Benefits</th>
<th>Responsible Officer, Cabinet Portfolio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled for Panel Meeting: 22 June 2017</td>
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<tr>
<td>Pre-Panel session – Mental Health Services</td>
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<tr>
<td>Pilot for Care Direct – Evaluation Report</td>
<td>To consider a report on the evaluation and recommendations for longer term improvements following the pilot for Care Direct.</td>
<td>TBC.</td>
<td>David Vitty, Adult Social Care. Cabinet Member for Adult Social Care.</td>
</tr>
</tbody>
</table>

Scheduled for Panel Meeting: 27 July 2017

| Pre-Panel session – Dorset Healthwatch |                                                                                  |                                                                          |                                                               |

Pre-Panel session – Mental Health Services

- Pilot for Care Direct – Evaluation Report
- Performance Suite
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<tr>
<td>Healthwatch Annual Report</td>
<td>To consider the annual report of Healthwatch Dorset.</td>
<td>TBC.</td>
<td>External scrutiny in partnership with Director for Adults and Children. Cabinet Member for Adult Social Care.</td>
</tr>
<tr>
<td>Mid Year Financial Report – Adult Social Care Budget 2017/18</td>
<td>To consider a mid-year financial report in respect of the Adult Social Care budget 2017/18.</td>
<td>To monitor progress in conjunction with the significant pressures and need for savings and efficiencies.</td>
<td>Managing Director and Director for Adults and Children. Cabinet Member for Adult Social Care.</td>
</tr>
</tbody>
</table>

**Scheduled for Panel Meeting: 20 September 2017**

Pre-Panel session – Dorset Police role in Safeguarding

<table>
<thead>
<tr>
<th>Annual Report of the Independent Chair of the Local Safeguarding Adults Board</th>
<th>The Panel considers the annual report of the Bournemouth and Poole Safeguarding Adults Board.</th>
<th>TBC.</th>
<th>External scrutiny in partnership with David Vitty, Adult Social Care. Cabinet Member for Adult Social Care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Social Care Safeguarding Peer Review Improvement Plan</td>
<td>To consider a report back once work to implement the Plan has been completed.</td>
<td>To monitor progress.</td>
<td>David Vitty, Adult Social Care. Cabinet Member for Adult Social Care.</td>
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<tr>
<td>Use of Resources – Adult Social Care</td>
<td>To consider the first in a series of reports on the areas of Prevention, Demand Management, Business Processes, Reablement and Cost of Care.</td>
<td>To scrutinise actions taken and to be taken to address areas of priority in respect of resources for Adult Social Care.</td>
<td>David Vitty, Adult Social Care. Cabinet Member for Adult Social Care.</td>
</tr>
</tbody>
</table>

**Scheduled for Panel Meeting: 26 October 2017**

<table>
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<tbody>
<tr>
<td>Statutory Roles of Adults and Children</td>
<td>Following the consideration of a report in April 2017, to receive an update on progress and monitor the effectiveness of these arrangements.</td>
<td>That sufficient scrutiny and review of the decision to move responsibility of these roles has taken place.</td>
<td>Managing Director and Director for Adults and Children. Cabinet Members for Adult Social Care and Education and Children’s Services.</td>
</tr>
<tr>
<td>The Big Plan 2017-2020</td>
<td>Following public consultation on the Bournemouth and Poole Adults Learning Disability Commissioning Strategy, to consider responses and</td>
<td>To ensure that the Big Plan 2017-2020 reflects public feedback and Members’ input.</td>
<td>Neil Goddard, Community Learning and Commissioning. Cabinet Member for Adult Social Care.</td>
</tr>
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<tr>
<td>Carers Strategy</td>
<td>Service Director, Community Learning and Commissioning to advise.</td>
<td>TBC.</td>
<td>Neil Goddard, Community Learning and Commissioning.</td>
</tr>
</tbody>
</table>

**Scheduled for Panel Meeting: 22 November 2017**

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<thead>
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<tbody>
<tr>
<td>Adult Social Care: Compliments and Complaints Annual Report</td>
<td>To consider the annual report of compliments and complaints for Adult Social Care.</td>
<td>TBC.</td>
<td>David Vitty, Adult Social Care. Cabinet Member for Adult Social Care.</td>
</tr>
<tr>
<td>Dorset Care Record</td>
<td>To provide a demonstration of the system prior to its implementation in 2018.</td>
<td></td>
<td>Neil Goddard, Community Learning and Commissioning.</td>
</tr>
</tbody>
</table>

**Joint Health Scrutiny**

<table>
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<tr>
<td>Clinical Services Review (Bournemouth, Dorset and Poole)</td>
<td>To review the consultation process and options for service reconfiguration arising from the review. Lead Authority – Dorset.</td>
<td>That sufficient scrutiny has taken place in the interest of high quality services provided to Bournemouth residents.</td>
<td>NHS Dorset Clinical Commissioning Group.</td>
</tr>
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<tr>
<td><strong>NHS 111 Service (Bournemouth, Dorset and Poole)</strong></td>
<td>To monitor improvements at the Trust following recent inspections. Lead Authority – Poole.</td>
<td>That sufficient scrutiny has taken place in the interest of high quality services provided to Bournemouth residents.</td>
<td>South Western Ambulance Service NHS Foundation Trust.</td>
</tr>
<tr>
<td><strong>Working Party on Older People’s Care Home Market (Bournemouth and Poole)</strong></td>
<td>To establish the capacity, demand for and quality of care homes for older people across Bournemouth and Poole. Lead Authority – Poole.</td>
<td>To make recommendations on how to strengthen the market to meet local needs.</td>
<td>Neil Goddard, Community Learning and Commissioning. Cabinet Member for Adult Social Care.</td>
</tr>
</tbody>
</table>

**Items to be scheduled**

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<thead>
<tr>
<th>Transforming Primary Care</th>
<th>To receive an update from the CCG on the Dorset Primary Care Commissioning Strategy and Delivery Plan.</th>
<th>TBC.</th>
<th>External scrutiny.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Account 2016/17</td>
<td>Although no longer a statutory requirement, the Council intends to produce a Local Account. When the necessary resource is in place, this will come forward for scrutiny.</td>
<td>TBC.</td>
<td>Neil Goddard, Community Learning and Commissioning. Cabinet Member for Adult Social Care.</td>
</tr>
<tr>
<td>Integrated Community Services</td>
<td>To scrutinise community services developments through the</td>
<td>TBC.</td>
<td>Sam Crowe, Public Health.</td>
</tr>
<tr>
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<tr>
<td>Sustainability and Transformation Plan,</td>
<td>Sustainability and Transformation Plan, including local authority integration with</td>
<td>Cabinet Member for Regeneration and Public Health.</td>
<td>Cabinet Member for Regeneration and Public Health.</td>
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<td>including local authority integration with</td>
<td>community health services.</td>
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<td>Air Quality</td>
<td>TBC.</td>
<td>TBC.</td>
<td>Sam Crowe, Public Health. Cabinet Member for Regeneration and</td>
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<td></td>
<td>Public Health.</td>
</tr>
<tr>
<td>Adult Social Care – Financial Assessments</td>
<td>To consider a report on the Ordinary Residency element of the internal audit</td>
<td>TBC.</td>
<td>David Vitty, Adult Social Care.</td>
</tr>
<tr>
<td>and Deferred Payments Internal Audit</td>
<td>when completed.</td>
<td></td>
<td>Cabinet Member for Adult Social Care.</td>
</tr>
<tr>
<td>Delayed Transfer of Care – Early Intervention</td>
<td>To consider what comparator Local Authorities are doing.</td>
<td>TBC.</td>
<td>David Vitty, Adult Social Care.</td>
</tr>
<tr>
<td>and Prevention</td>
<td></td>
<td></td>
<td>Cabinet Member for Adult Social Care.</td>
</tr>
<tr>
<td>Review of Protocol for Scrutinising External</td>
<td>To prepare a set of ‘principles’ reflecting the Panel’s current engagement in</td>
<td>To provide clarity on relationships, process and accountability.</td>
<td>Director for Adults and Children.</td>
</tr>
<tr>
<td>Health Agencies</td>
<td>external scrutiny</td>
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