

CORPORATE PLAN PERFORMANCE REPORT, QUARTER TWO 2019/20

Health and Adults Social Care Scrutiny



The Corporate Plan

The Plymouth City Council Corporate Plan 2018-2022 sets out our mission of 'making Plymouth a fairer city, where everyone does their bit'. It was approved by Full Council in June 2018.

The Corporate Plan priorities are delivered through specific programmes and projects, which are coordinated and resourced through cross-cutting strategic delivery plans, capital investment and directorate business plans.

The key performance indicators (KPIs) and their associated targets detailed in this report for the first two quarters of 2019/20 (April to September 2019) tell us how we are doing in delivering what we have set out to achieve in the Corporate Plan.

OUR PLAN A CITY TO BE PROUD OF



CITYVISION Britain's Ocean City

One of Europe's most vibrant waterfront cities, where an outstanding quality of life is enjoyed by everyone.

OUR MISSION

Making Plymouth a fairer city, where everyone does their bit.

OUR PRIORITIES

OUR VALUES

WE ARE DEMOCRATIC

We will provide strong community leadership and work together to deliver our common ambition.

WE ARE RESPONSIBLE

We take responsibility for our actions, care about our impact on others and expect others will do the same.

WE ARE FAIR

We are honest and open in how we act, treat everyone with respect, champion fairness and create opportunities.

WE ARE CO-OPERATIVE

We will work together with partners to serve the best interests of our city and its communities.

A GROWING CITY

- A clean and tidy city
- An efficient transport network
- A broad range of homes
- Economic growth that benefits as many people as possible
- Quality jobs and valuable skills
- A vibrant cultural offer
- A green, sustainable city that cares about the environment.

A CARING COUNCIL

- Improved schools where pupils achieve better outcomes
- Keep children, young people and adults protected
- Focus on prevention and early intervention
- People feel safe in Plymouth
- Reduced health inequalities
- A welcoming city.

HOW WE WILL DELIVER

Listening to our customers and communities.

Providing quality public services.

Motivated, skilled and engaged staff.

Spending money wisely.

A strong voice for Plymouth regionally and nationally.

Plymouth
Britain's Ocean City

www.plymouth.gov.uk/ourplan

Structure of this Report

The purpose of this report is to provide a risk-informed analysis of performance against the priorities of the Corporate Plan 2018-2022. The priorities are grouped under 'A Growing City' and 'A Caring Council', and the outcomes for 'How We Will Deliver' – the enablers of the Corporate Plan – are also reported on.

Trend (RAG) colour scheme

A red-amber-green (RAG) trend rating is provided to give an indication of whether the figure is improving or declining based on the two latest comparable periods for which information is available. For example, number of dwellings inspected is compared to the previous quarter in the same year; household waste sent for reuse, recycling or composting is compared to the same period in the previous year (due to seasonality); and annual measures, such as carbon emissions, are compared to the previous year.

- Indicators highlighted **green**: improved on the previous value or is on an expected trend
- Indicators highlighted **amber**: within 15% of the previous value (slight decline)
- Indicators highlighted **red**: declined by more than 15% on the previous value
- Indicators not highlighted or 'N/A' have stayed the same, have no trend, or the most recent value is not comparable with previous values.

Target (RAG) colour scheme

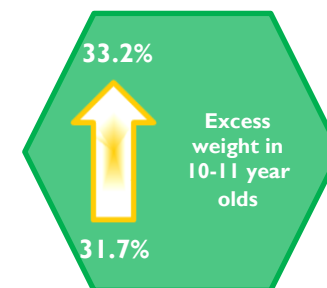
A RAG target rating is applied for indicators that have a target. For these indicators, the bar for the latest reporting period is coloured either red, amber or green in the chart to visually display how we are performing compared with the target.

- Indicators highlighted **green** show where Plymouth is better than target
- Indicators highlighted **amber** show where Plymouth is within 15% of target
- Indicators highlighted **red** show where Plymouth is more than 15% worse than target
- Indicators not highlighted or 'N/A' show where no in year data is available to compare against target, or no target has been set.

Performance summary page

An overall summary page is presented for the KPIs that relate to the Performance, Finance and Customer Focus Scrutiny to visually display how we have performed against our priorities. Our RAG-rating on these pages is used to show whether we have done better, worse or had a slight decline from the previous quarter or year (coloured arrows), and whether we have done better, worse or got close to the target (coloured hexagons). Some indicators do not have a target (for example, due to being a new indicator) and will therefore have no target RAG-rating (blue hexagons). Similarly, some of our indicators are new and we do not have any previous data to compare our performance to; these will have no trend RAG-rating in the summary pages.

For example, the hexagon for excess weight in 10-11 year olds is green because at 33.2% in 2017/18 (latest available data) it is above the target (34.2%), whilst the arrow within the hexagon is amber because there was an increase from 2016/17 (31.7%; a reduction indicates positive performance).



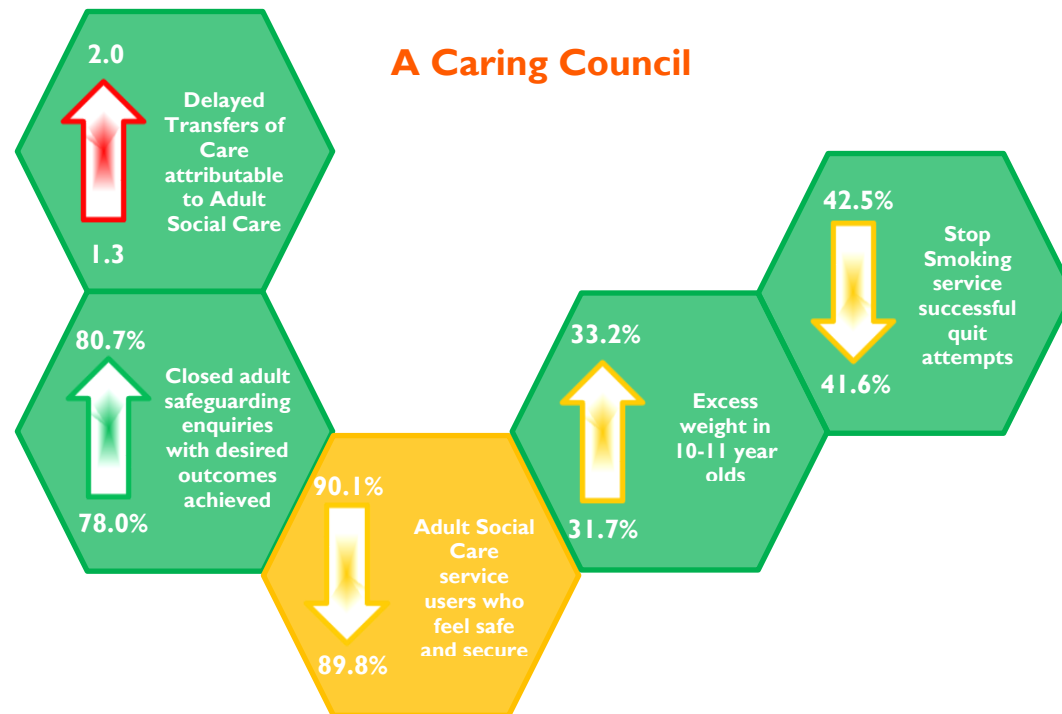
Health and Adults Social Care Quarter Two Executive Summary

Good performance continues in the areas relating to health and adult social care in quarters one and two. As shown in the performance summary below, four of the six key performance indicators exceeded their targets in the latest reporting period, while the one indicator that was red against target improved by 20 percentage points from the last round. Highlights from the quarter two report include:

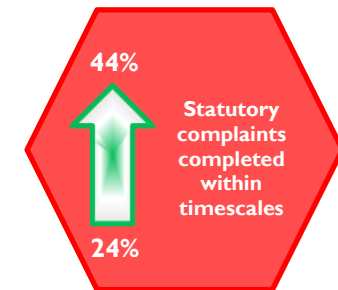
- Despite an increase in numbers and pressure at the acute hospital performance continues to be good in relation to Delayed Transfers of Care. In quarter two the national expectations set of us are being achieved with both the total rate of delays and the rate of delays attributable to ASC exceeding targets.
- The percentage of safeguarding enquiries in which, at the point of completion, the individual affected or individual's representative's desired outcomes had been fully achieved increased to 80.7% in quarter two, which is the highest percentage seen for more than a year. Performance had been declining in quarters two and three of 2018/19, which had been raised as a concern with Livewell Southwest, and subsequent practice guidance has had a positive impact.

The individual pages within this report reflect on what is working well, what we are worried about and what needs to happen for all of the key performance indicators relating to health and adult social care. In particular, we acknowledge areas in which performance is not meeting the targets that we have agreed and set out how we are working to address concerns and improve performance in these areas.

Health and Adult Social Care Quarter Two Performance Summary



How We Will Deliver



A Caring Council

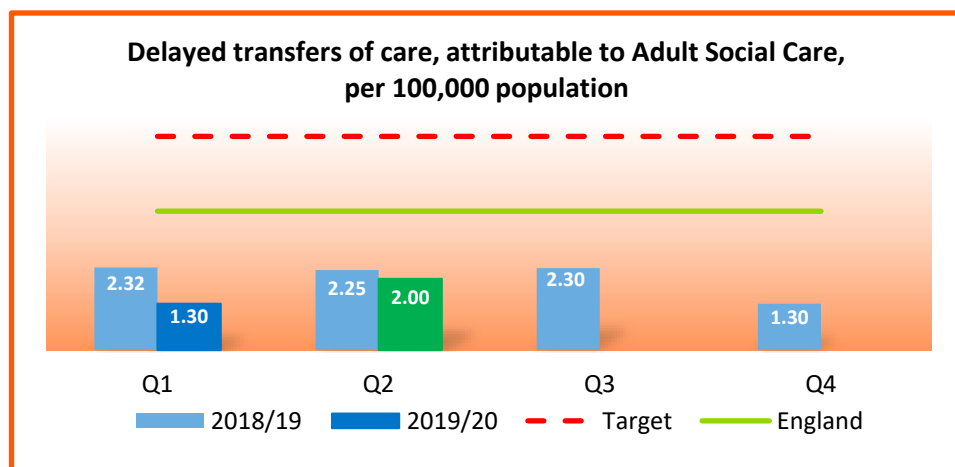
Corporate Plan priorities	Key performance indicators	Page number
Keep children, young people and adults protected	Delayed Transfers of Care (DTOC) attributable to Adult Social Care	7
	Adult safeguarding enquiries	8
People feel safe in Plymouth	Proportion of Adult Social Care service users who feel safe	9
Reduce health inequalities	Excess weight in 10-11 year olds	10
	Stop Smoking Service successful quit attempts	11

Keep children, young people and adults protected

Delayed transfers of care (DTOC) attributable to Adult Social Care

What we measure: The average daily number of delayed discharges within an acute or community hospital, presented as a rate per 100,000 population. This tells us the number of people who are still in hospital after they have been identified as fit for discharge, with the delay attributable to Adult Social Care (ASC).

Why we measure it: It is a marker of the effective joint working of local partners, and a measure of the effectiveness of the interface between health and social care services. Reduced delayed transfers of care (DTOC) and enabling people to live independently at home are desired outcomes of social care.



How have we done? 2.00 delays (per 100,000 population)

The average daily number of delays increased by 0.7 from the previous quarter, which is an increase of 53.8%.

Trend rating: **Red**

Target for 2019/20: 6.0 delays (per 100,000 population)

The increase in quarter two now puts performance at 4.30 delays per day per 100,000 population (71.7%) below the target.

Target rating: **Green**

What's working well? Work continues to improve hospital flow and discharge and thus reduce delayed transfers of care and length of stay. Actions include the now established escalation of care arrangements across health and social care systems and the daily review of long stay patients by integrated discharge teams. The management of patients with complex needs is working well at the hospital and the process to discharge people from hospital has remained stable despite pressure at the front door of the hospital.

What are we worried about? Good performance continued in quarters one and two. Although the rate of delays increased, performance remains significantly improved on the last two years. Quarter two saw an increase in the rate of delays in the non-acute part of the system, which will be a focus for improvement. There are concerns about performance sustainability as front door pressure continues at the hospital due to high demand and complexity.

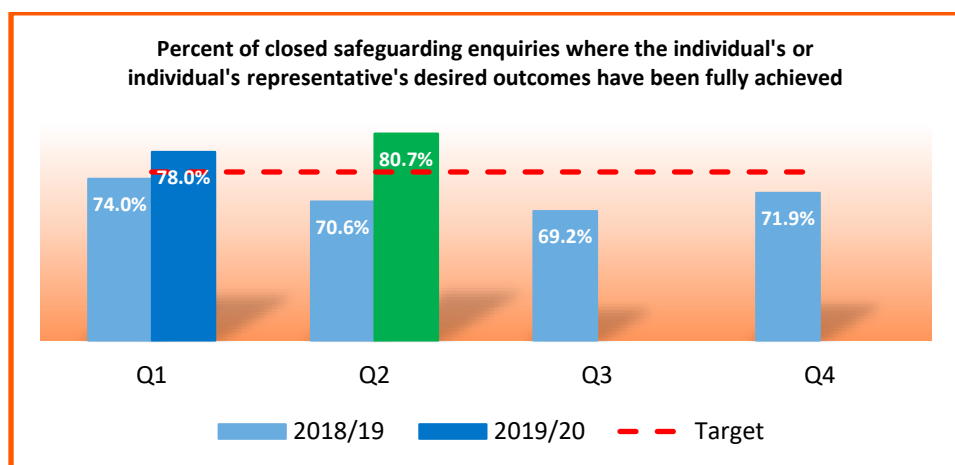
What needs to happen? The Western A & E Delivery Board will continue to monitor system performance, including key system indicators on Accident and Emergency, length of stay and DTOC. We will continue to work with the Clinical Commissioning Group, Livewell Southwest and University Hospitals Plymouth on the delivery of five key demand led projects aimed at reducing admission rates, providing better preventative care for people with respiratory disease, supporting primary care capacity, and increasing the ability to provide same day emergency care services.

Keep children, young people and adults protected

Adult safeguarding enquiries

What we measure: The percentage of safeguarding enquiries in which, at the point of completion, the individual affected or individual's representative's desired outcomes have been fully achieved.

Why we measure it: Making Safeguarding Personal (MSP) is a sector-led initiative that aims to develop an outcome focus to safeguarding work and a range of responses to support people to improve or resolve their circumstances. This is an indication of how well we are achieving this outcome.



How have we done? **80.7%**

Increase of 2.7 percentage points from the previous quarter, which is an increase of 3.5%.

Trend rating: **Green**

Target for 2019/20: **75%**

The increase in quarter two puts performance at 5.7 percentage points (7.6%) above the target.

Target rating: **Green**

What's working well? Over the past six months performance has shown considerable improvement, with improved outcomes for victims of abuse. Between 1 April and 30 September 2019, 391 individuals were the subject of a completed safeguarding enquiry; 279 (71.4%) expressed a desired outcome at the start of the enquiry and in 220 (78.9%) of these cases, the desired outcome was fully achieved. In 45 cases, the outcome was partially achieved (16.1%). Performance had been declining in quarters two and three of 2018/19, which had been raised as a concern with Livewell Southwest, and subsequent practice guidance has had a positive impact.

What are we worried about? It is the responsibility of the local authority to make statutory enquires, or cause others to do so, where it has reasonable cause to suspect that an adult with care and support needs is experiencing, or is at risk of, abuse or neglect. Therefore, we will continue to ensure that our improved performance position is maintained.

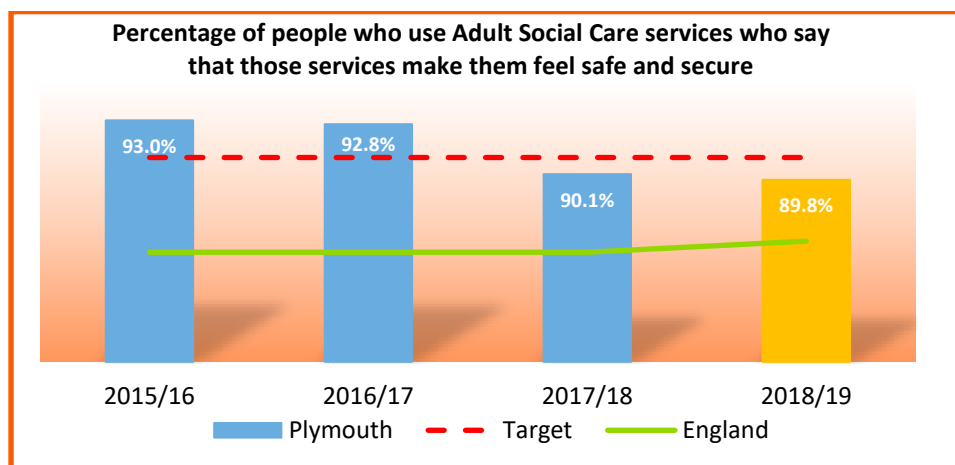
What needs to happen? The effectiveness of safeguarding interventions, and related recording, is part of the work for the Plymouth Safeguarding Adults Board Quality and Performance sub group; performance against this indicator though improving will continue to be reviewed and inform specific practice guidance for frontline staff. We will revisit, via contract performance meetings and the strategic leads network, the importance of consistency of interpretation and accurate recording of information.

People feel safe in Plymouth

Proportion of Adult Social Care service users who feel safe

What we measure: The proportion of people who use Adult Social Care (ASC) services who say that those services make them feel safe and secure, as measured using the annual Statutory ASC Survey.

Why we measure it: Safety is fundamental to the wellbeing and independence of people using social care, and the wider population. Feeling safe is a vital part of users' experience of their care and support.



How have we done? 89.8%

Decrease of 0.3 of a percentage point from the previous year.

Trend rating: **Amber**

Target for 2018/19: 91.0%

The decrease in 2018/19 put performance at 1.2 percentage points below the target.

Target rating: **Amber**

What's working well? Between 1 April and 30 September 2019, 3,445 Health and Social Care assessments and plans were completed by either Livewell Southwest (as part of the social care contract) or by the Plymouth Guild (as part of the carers contract). We monitor activity and timeliness of assessments through regular contract performance meetings with our providers. Throughout the past five years, the proportion of Plymouth's ASC service users who feel safe or feel that services they receive help them to feel safe has been consistently higher than the England average (86.5% in 2018/19).

What are we worried about? Performance has declined for the past two years. In response to the 2018/19 survey results, we have put in place an ASC performance action plan aimed at improving outcomes, with actions focused on how the Community Safety Partnership, contract management and provider forums can improve performance. We are concerned that the cohort of social care users that feel least safe are those aged 18 to 64 without a learning disability and actions taken will look to improve feelings of safety for this particular cohort, as well as all other users.

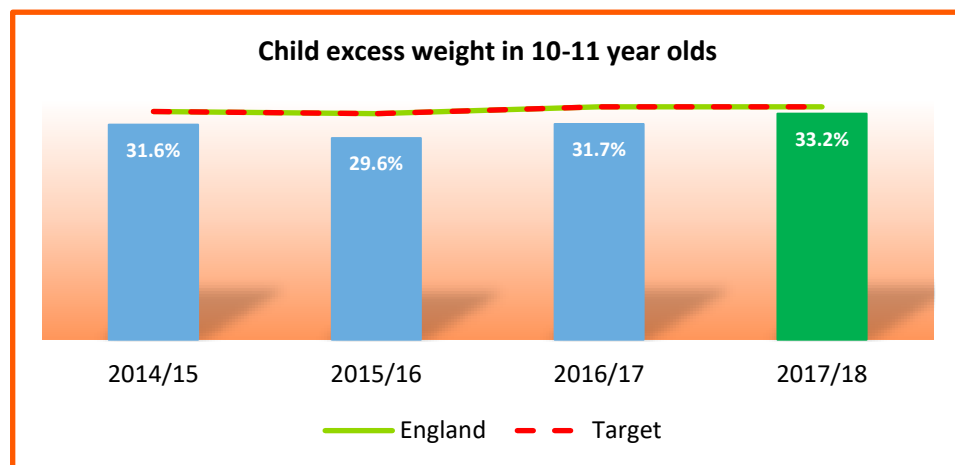
What needs to happen? We will continue to monitor social care and safeguarding activity via provider performance and assurance meetings. We will ensure that all actions identified within the ASC performance action plan are delivered against. Actions cover activity to be undertaken by the Community Safety Partnership and commissioners via contract management and provider forums.

Reduce health inequalities

Excess weight in 10-11 year olds

What we measure: The prevalence of excess weight (including obesity) among children in Year 6 (aged 10 to 11 years old). The latest available data is for 2017/18, with the next national data release due in quarter three.

Why we measure it: Excess weight in childhood is a key risk factor for obesity and its associated illnesses in adulthood, as well as potentially having a negative impact on children's physical and mental health.



How have we done? **33.2%**

Increase of 1.5 percentage points from the previous year, which is an increase of 4.7%.

Trend rating: **Amber**

Target for 2017/18: **34.2%**

The increase in 2017/18 puts performance at 1 percentage point (2.9%) below the target.

Target rating: **Green**

What's working well? We continue to focus on giving children the best start in life, making schools health-promoting environments, managing the area around schools through fast food planning policy, and working with partners to raise awareness of the complexities associated with individual behaviour change where weight is an issue. In April 2019, we renewed our Bronze Sustainable Food Cities award as part of our journey towards Silver. This includes promoting healthy eating and healthy weight through a range of initiatives, such as Sugar Smart, Healthy Start and working with our community and voluntary sector to tackle food poverty in the city.

What are we worried about? Though levels are lower than England for Year 6, these levels are too high. Childhood obesity is closely linked to deprivation and therefore is a strong indicator of inequality. Being overweight and obese in childhood is a risk factor for overweight and obesity in adulthood and increased risk of diseases, such as Type II Diabetes, cancers, and cardiovascular diseases. Healthy weight can only be addressed through a whole system approach, where everyone works together to have an impact.

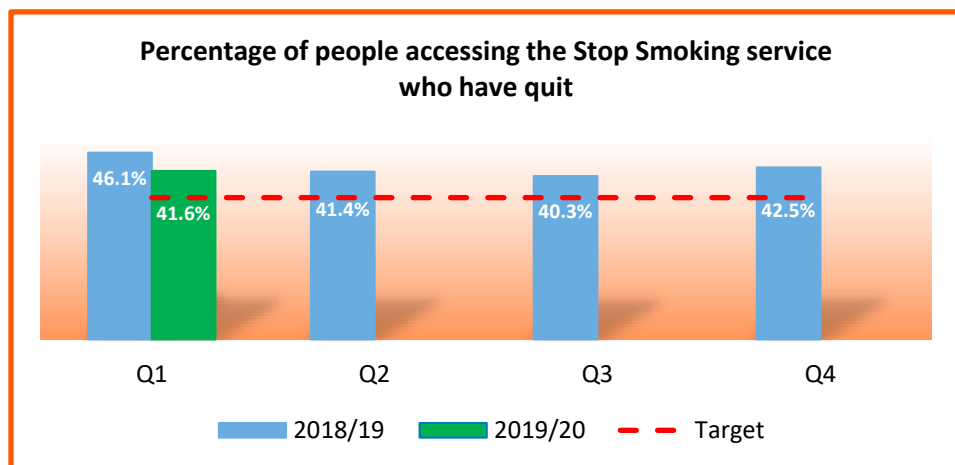
What needs to happen? There is a lack of a firm evidence base on the most effective interventions to reduce excess weight in children. We are therefore working on developing the current system offer to improve outcomes for children, young people and their families. We know that provision of prevention and early intervention measures are key in making a difference for families, along with an environment that supports healthy behaviour, and we will continue to work with our partners to create change.

Reduce health inequalities

Stop Smoking Service successful quit attempts

What we measure: The number of people who engage with the Stop Smoking Service and set a quit date, with successful quit attempts measured at four weeks. This reports on quarter one 2019/20 as the latest available data.

Why we measure it: Smoking is the leading cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease.



How have we done? 41.6%

Decrease of 0.9 of a percentage point from the previous quarter, which is a decrease of 2.1%.

Trend rating: **Amber**

Target for 2019/20: 35.0%

The decrease in quarter one puts performance at 6.6 percentage points (18.9%) above the target.

Target rating: **Green**

What's working well? Numbers seen by the service each year are dropping. However, we are maintaining a good successful quit rate, which was 42.5% overall in 2018/19. This is particularly pleasing as we continue to work with longer standing smokers and those with complex support needs. In quarter one 2019/20, 375 people accessed services and 156 successfully quit smoking (41.6%). We provide smoking cessation interventions through GPs, pharmacies and specialist services and train staff in 'making every contact count' (MECC), helping them to signpost people into services.

What are we worried about? People who smoke tend to be those with complex issues and are 'hard to reach', which presents a challenge and we are working to change our approaches to ensure that we engage with people and work with them in a way that works for them. National Institute for Health and Care Excellence guidance for stop smoking services sets performance guidelines, which states that good services should treat at least 5% of current smokers each year; we are currently not achieving this target.

What needs to happen? We will continue to invest in the services and roll out MECC to ensure that as many brief interventions take place as possible that encourage people to stop smoking and support them in doing so. We will continue to focus our resources on those with the most complex support needs and work with University Hospitals Plymouth to embed tobacco treatment in all of their pathways and MECC training within their organisation. We will also continue to take a system approach to tobacco control so that action takes place to disrupt and minimise the supply of illegal and illicit tobacco in the city, and to ensure that tobacco sales are appropriately restricted by age and advertising restrictions are adhered to. This approach led to the seizure of £100,000 of illicit tobacco in the city in October 2019.

How We Will Deliver – Progress against Plans

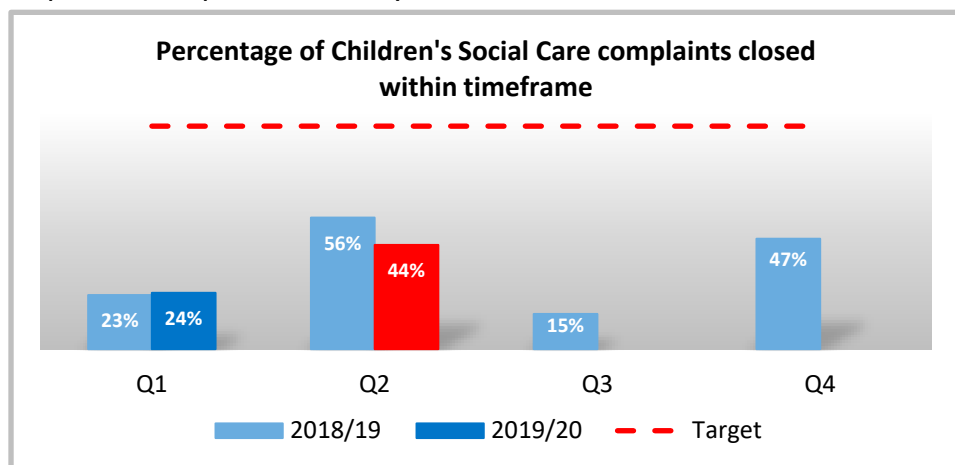
Corporate Plan priorities	Key performance indicators	Page number
Providing quality public services	Statutory complaints completed within timescales	13

Providing quality public services

Statutory complaints completed within timescales

What we measure: The percentage of Children's Social Care (CSC) complaints that are responded to within expected timescales (20 working days) and the percentage of Adult Social Care (ASC) complaints responded to within a timescale agreed with the complainant. Responses to CSC complaints are dealt with solely by Plymouth City Council whilst Livewell Southwest (LWSW) respond to ASC complaints.

Why we measure it: People accessing CSC and ASC services are some of the most vulnerable people in the city. For this reason it is extremely important that we respond to complaints in a timely manner. This indicator allows us to assess how well we are performing in this area.



How have we done? **44%**

Increase of 20 percentage points from quarter one 2019/20, which is an increase of 83.3%.

Trend rating: **Green**

Target for 2019/20: **95%**

The increase in quarter two now puts performance at 51 percentage points below the target.

Target rating: **Red**

What's working well? Between 1 April and 30 September 2019, 32 CSC complaints were received; this is on track to be considerably less than the 92 complaints that were received for the whole of 2018/19. ASC complaints are administered by LWSW and we now have an established process for receiving the information within the Council. Between 1 April and 30 September, 42 ASC complaints were received and of those resolved during the period, 91.7% were resolved within the timescale agreed with the complainant.

What are we worried about? Between 1 April and 30 September 2019, 26 CSC complaints were closed, five (19.2%) of which were fully upheld and 10 (38.5%) were partially upheld; this represents a fault with the service response that we delivered in these cases. In the same period, 21 ASC complaints were closed, two (9.5%) of which were upheld and 10 (47.6%) were partially upheld; 42.9% (9) were unjustified.

What needs to happen? In order to address the timeliness performance, weekly complaints clinics are being held. This allows CSC team managers to review open complaints and receive support on tackling the investigation and/or help with drafting responses. With regard to ASC complaints, regular monitoring meetings have been established to ensure that a robust process to deal with statutory complaints is in place and where patterns emerge, LWSW is asked to provide the Council with additional detail. The Customer Liaison Manager will continue to focus on improving the management of the statutory complaints process and will work with both ASC and CSC services to ensure that lessons learned from customer feedback are used to support service improvements.

Further Information

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