



Adult Social Care Provision and Care Management

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| Service: | Adult Social Care Provision and Care Management |
| Directorate: | Health, Housing and Adult Social Care |
| Service Plan Holder: | Assistant Director Adults and Social Care |
| Director: | Corporate Director Health, Housing and Adult Social Care |
| Cabinet Member: | Executive Member for Adult Social Care & Health |
| Date Last Updated: | 11th July 2018 |



Adult Social Care Provision and Care Management

Section 1 – About the Service

1.a – Description

The description of the service should include the vision and a summary of the overall service objectives. Please also identify the key customers and other stakeholders of the service

Adult Social Care is part of the Health, Housing and Adult Social Care directorate at City of York Council. We support adults who have care and support needs to be as safe and as independent as possible. Some of the ways in which we do this are:

- Managing future demand for services by supporting schemes that prevent ill health, and reduce and delay the impact of long term health conditions.
- Supporting carers through direct payments, services and offering information and advice to continue to support their loved ones in the community.
- Helping people to direct their own care by offering personal budgets to people who want them.
- Commissioning high quality community support services such as home care and reablement services to help people return to health after illness or injury.
- Offering choices in how people want to live through adapting homes, using technology and the development of sheltered accommodation and extra care schemes and high quality residential and nursing care.
- Safeguarding people whose circumstances make them vulnerable to abuse or neglect.

This plan is designed to meet the significant challenges facing both the provision and care management parts of the adult social care directorate. It is informed by customer expectation and the plans and practice of the front-line staff. Our customers expect high quality support at home when it is needed. They want to exercise choice and control over the nature of support and expect that support across the community, adult social and the NHS is well co-ordinated. Customers want to retain their independence and choose how they manage the risks and opportunities they encounter across the course of their life in the communities they choose to live in.

The emergence of the Adult Social Care Operating Model is part of our response to ensuring that this customer expectation is met and that the ASC staff continue to have rewarding roles, making a positive difference in peoples lives. Activity this year is focused on finding innovative ways to shift the focus of all our activities towards preventing, reducing, delaying and only where this has failed, managing care and support needs. Our activities will need to be much more focused on behavioural change and harnessing the skills of local people and communities rather than traditional interventions. Local Area Co-ordination and improved advice and information will help us be able to shift the focus on helping people stay out of the care system.

We need similar thinking in relation to those already in the care system to re-able people and help them regain their independence. This will require new ways of operating within communities, empowering people and facilitating solutions rather than 'cash based' services.



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Section 1 – About the Service

1.b – Operating Context and Baseline Resources

Please describe the environment in which your services operate, the key strategies and challenges. Use this section to outline the service resources such as workforce, budget and associated risks.

Staff FTEs: 329.27

Net Revenue Budget: £44.53m

- General Fund: £50.17m

Demographic changes:

- Almost 9,500 older people in York have a long-term health problem and by 2020 this number is expected to rise to more than 10,000
- 14,000 older people live alone. In the next 10 years this is expected to increase to around 16,000 people
- There are 2,700 older people in the city with dementia, a number set to grow to around 3,500 in the next 10 years

Key strategies / overarching aims:

- As our population grows and ages, so too does the demand for social care services. We know that if we are not thinking and working differently, then the demand for traditional care services will soon overtake the money available to deliver them.
- We will continue to work to prevent poor health in our communities, to reduce the impact of disabilities and long term conditions, to delay the need for services by keeping people well and independent and, when necessary, to offer services which meet the needs of those requiring care to the highest possible standards

Challenging areas of performance:

- We will continue to work in partnership with our partners in health and the independent and voluntary sectors to address some of the key issues that have been identified. This has included raising the profile of careers in Adult Social Care and promoting different models of support which are driven by the needs and wishes of customers, their families and carers.
- Ensure our workforce can support people to access information, advice and support delivered in their community.
- Delayed transfer of care in our acute hospitals, where people need specialist short term medical care, is improving. However in non acute hospitals, and in particular in mental health services, the numbers are growing.
- The proportion of people who get a direct payment to manage their care, whilst growing, is lower than in other areas of the country.
- The overall satisfaction level, where people have said they are either “very” or “extremely satisfied” with their care and support has dropped slightly below the national and regional average.



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Section 2 – Service Improvement Priorities

2 – Service Improvement Priorities

Provide a headline overview and analysis of key challenges and summarise the key priorities for the service

This year will see significant planned investment to reshape adult care management to work within this operating model, using both the internal expertise, community and specialist external support. This approach reflects the directorates need to strengthen our programme, project management improve public involvement and roll out lessons from pilots into mainstream practice.

This CYC operating model sits within an integrated approach which will need to achieve better outcomes in a very difficult financial context locally, government targets to achieve integration of health and social care by 2020 and a desire from local system leaders to adopt new operating models means that the provision of social care needs to be delivered in an integrated way, responding to the emerging joint commissioning approaches.

The emerging joint forums in York provides the potential vehicle to the better alignment of organisations to work towards common goals and outcomes and where it makes sense to the customer integrate service delivery around the customer.



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Section 3 – Actions, Risks and Performance

Table 3.1 – Actions

These should be monitored regularly with ADs and Quarterly via DMT

| Reference ID | Priority Theme | Action | Business As Usual (state if statutory) or Major Project | Accountable officer | Completed by date | Milestones / Deliverables |
|--------------|-------------------|---|---|--|-------------------|---|
| ASCP01 | Safeguarding | Safeguarding Board is supported to ensure strategic plan is developed and put into effect, focussing on key 6 principles in the care act. | BAU | Head of Adult Safeguarding and Mental Health | Ongoing | Strategic Plan in place, reviewed quarterly |
| ASCP02 | Safeguarding | Work alongside CYC commissioners to ensure the quality of EDT provision and review the provision. | BAU | Head of Adult Safeguarding and Mental Health | Ongoing | Review report completed. Recommendations under consideration- March 2018 |
| ASCP03 | Safeguarding | Contribute to the work with commissioners in delivering Winterbourne and transforming community services plan | BAU | Head of Adult Safeguarding and Mental Health | Ongoing | TC plan in place |
| ASCP04 | Service Re-design | Implementation of this within provided and commissioned services. | BAU | Head of Adult Safeguarding and Mental Health | Ongoing | TC Plan in place |

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| ASCP05 | Critical Issues | <p>Improved personalisation of services, meeting audit requirements. Including:</p> <ul style="list-style-type: none"> • increase the number of personal budgets • progress integrated personal commissioning • develop the effective use by social work of the framework for direct payments • the development of external support for self funders | BAU | Commissioning Manager | Ongoing | Direct payments proposals in development |
| ASCP06 | Service Re-design | Develop integrated pathways and the integration of reablement pathways to reduce incidents of delayed transfers of care and facilitate early safe discharge. | BAU | Head of Service for Adult Social Care | Ongoing | integrated reablement and discharge teams at Archways from July |
| ASCP08 | Service Re-design | Improve S117 pathway to meet audit requirements, improve customer experience and reduce risk to L.A | BAU | Head of Adult Safeguarding and Mental Health | Ongoing | S117 policy in draft To be agreed with partners July 2017 |
| ASCP09 | Service Improvement | <p>Ensure care management contribution to reducing financial pressure through:</p> <ul style="list-style-type: none"> • Reducing demand for reablement and reducing level of the care packages provided following reablement. • Review of lower cost packages of care • Review of DP values in higher | BAU | Head of Service for Adult Social Care / Head of Adult Safeguarding and Mental Health | Ongoing | <p>Ongoing BAU. Future Focus programme developing approach to low level needs.</p> <p>New DP proposals being developed.</p> <p>Additional panel in</p> |

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| | | <p>cost packages which are consistently underspent</p> <ul style="list-style-type: none"> • Consistent application of top-up approach and reduction in waivers | | | | place around high cost MH and LD packages |
| ASCP10 | Review of Policies | Continue to work with Incomes Services to review of charging policies and maximise income | BAU | Head of Service for Adult Social Care | Complete | Proposals to DMT February 2017 on income recovery changes. Self funder charge recommendations have been made through the FF programme. Implemented from June 2018 |
| ASCP11 | Service Re-design | <p>Work with CYC commissioners in the identification of activities that can contribute towards the directorates financial efficiency programme including undertaking re-design activities in provider services e.g.</p> <ul style="list-style-type: none"> • Learning disability and mental health provider services • Personal support services | BAU | Head of Service for Operations and Dementia Lead | Ongoing | Re-design activities in provider services- updated proposals paper agreed by DMT May 2018 |
| ASCP12 | Working with Partners | Reduce the use of residential care and support the older peoples accommodation programme through | BAU | Head of Service for Adult Social | Ongoing | Increased independent living schemes delivered. |

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| | | increased use of lower levels of support including SHEC | | Care | | Work ongoing to reduce admissions to residential care |
| ASCP13 | Working with Partners | Improve our reablement offer and outcomes through work with the partners to deliver the 'one team' integrated approach to alongside NHS, voluntary and independent sector provision to support people at home, | BAU | Head of Service for Adult Social Care | Complete | One Team Reablement service in place March 2018 |
| ASCP14 | Service Re-design | Reduce the use of commissioned home care services and improve the use of preventative approaches, including Assistive technology, and community assets | BAU | Head of Service for Adult Social Care | Ongoing | Innovation site for Community Led Support established in April 2018. Now being rolled out across the city to all areas by March 2019 |
| ASCP15 | Working with Partners | Contribute business knowledge to the commissioning support for voluntary action and community based solutions as part of our approach to Local Area Co-ordination | BAU | Head of Service for Adult Social Care | Ongoing | Links established between care management and LAC and CVS.. Innovation site planned on LAC footprint |
| ASCP16 | Working with Partners | Ensure Hospital Social Work Team works from suitable location | BAU | Assistant Director Adults and Social Care | Complete | All moves of SW staff into integrated bases with NHS completed by March 2018 |
| ASCP17 | Operating Model | Redesign of care management services to embed structure and culture that supports, prevent reduce | Major | Assistant Director Adults and | March 2019 | Workshops (April), Design phase (June) and Delivery phase |

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| | | delay manage, and placed based, person centred, asset based approaches. | | Social Care / Future Focus Lead | | (October) Redesign of care management services Mar 2018. Restructure and roll out in progress from June 2018. |
| ASCP18 | Workforce and Cultural Change | Principal Social Worker to deliver a workforce plan based on strength and asset based approaches and a personalised approach to risk. Improve Social Work knowledge and skill community, knowledge of community assets. Implement plans for social care organisational learning | BAU | Head of Service for Adult Social Care | March 2019 | PSW plan in place- Front Line staff trained in Asset Based CLS approach June 2018. |
| ASCP19 | Service Re-design | Embed Re-modeled DoLS service delivering an internal risk based model. | BAU | Head of Adult Safeguarding and Mental Health | March 2019 | New model developed and being implemented through 2018/2019 |
| ASCP20 | Service Re-design | Re-model offer of mental health support for housing and employment | BAU | Head of Service for Operations and Dementia Lead/ Head of Adult Safeguarding and Mental Health | Ongoing | draft strategy at health and wellbeing board (June) Re-model offer of mental health support for housing and employment Mar 2018 |

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| | | | | | | Papers agreed through DMT June 2018 |
| ASCP21 | Workforce and Cultural Change | To actively use the PDR process to equip people to deal with the challenges posed through an integrated, person centred care system and to aid succession planning. | BAU | Assistant Director Adults and Social Care | Ongoing | |
| ASCP22 | Workforce and Cultural Change | Embed CYC values as a central means of delivering the directorate and council vision | BAU | Assistant Director Adults and Social Care | Ongoing | |
| ASCP23 | Workforce and Cultural Change | Reduce sickness absence and use of agency across services | BAU | Assistant Director Adults and Social Care | Ongoing | Sickness reducing. Further planned activities for 2018 with HR and business |



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Section 3 – Actions, Risks and Performance

Table 3.2 – Risk Management

These should be monitored regularly with ADs and Quarterly via DMT

| Reference ID | Risk | Rating (RAG) | Actions to Mitigate and Correct | Responsible Officer |
|--------------|---|--------------|---|--|
| 0544 | Delayed transfers of care | A | Delayed discharge agreement with CCG to invest grant and avoid fines Work to manage the market DTOC action plan Additional step down and discharge to assess Escalation policy in place Daily reports | Head of Service for Adult Social Care |
| 2002 | Insufficient budget to meet increased service demand | R | Improving efficiency through performance management clinics Monitor BCF Plan Whole system transformational approach through ITB | Corporate Director Health, Housing and Adult Social Care |
| 2004 | Failure to deliver the statutory requirements of the Care Act | A | Care Act embedded in service plans Government Programme in place Network with Regional Delivery Board Overview within Health & Wellbeing Board | Assistant Director Adults and Social Care |
| 2005 | Failure to deliver a skilled and sustainable workforce | A | Joint workforce strategy with independent, voluntary & statutory partners developed by York Adult Care Workforce Strategy Group Performance management of sickness absence by improving metrics available to managers. Increased training opportunities for CYC staff in line with nationally recognised Regulated Qualifications Framework | Corporate Director Health, Housing and Adult Social Care |

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| | | | <p>One of 4 Sub groups set up to look specifically at Recruitment, Retention & Career Development across the sector</p> <p>Reduced reliance on interim-acting appointments by recruiting to permanent rather than temporary contracts</p> <p>Greater scrutiny of use of agency staff across the Directorate</p> | |
| 2006 | Risk of judicial review or legal challenge in adult social care | A | <p>New dedicated resources in Legal for Adult Social Care</p> <p>Consultation and engagement with residents</p> <p>Professional supervision, service plans and regular team meetings</p> <p>Regular reporting to members</p> | Corporate Director Health, Housing and Adult Social Care |
| 2008 | Provider failure | A | <p>Market development statement and strategy</p> <p>Working with Independent Care Group</p> <p>Commissioning Team Quality Assessment Management</p> <p>HOSC Scrutiny Overview</p> <p>Actual Cost of Care Exercise undertaken</p> <p>Statutory Duty under Care Act (Provider Failure)</p> <p>Care Act places a duty on CQC to assess the financial sustainability of those providers that LAs would find difficult to replace</p> <p>Older People's Accommodation Project</p> <p>Use of Market Sustainability toolkit to evaluate risk if concerns occur</p> | Head of Commissioning and Contracts |
| 2076 | Serious abuse or death of a customer in our care | A | <p>Safeguarding adults board</p> <p>Safeguarding sub groups</p> <p>Multi-agency policies and procedures</p> <p>Multi-agency safeguarding hub (MASH)</p> <p>Specialist safeguarding cross-sector training</p> <p>Quality assurance and contract monitoring of care providers</p> <p>Safeguarding adults board carried out self assessment and developed an action plan</p> | Corporate Director Health, Housing and Adult Social Care |



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Section 3 – Actions, Risks and Performance

Table 3.3 – Performance Indicators

These should form the basis for the indicators that appear on your directorate scorecard available on the KPI Machine and should be monitored regularly with ADs and Quarterly via DMT

| Reference ID | Indicator Description | 2015/16 Result | 2016/17 Result | 2017/18 Result | Polarity | Latest Direction of Travel | Responsible Officer | Include |
|-------------------------|---|----------------|----------------|----------------|------------|----------------------------|---|---------|
| Service Delivery | | | | | | | | |
| PVP01 | People supported through personal budgets or direct payments receiving community-based services (%) | 93.88% | NC | - | Up is Good | Neutral | Assistant Director Adults and Social Care | Y |
| PVP02 | Number of permanent admissions to residential & nursing care homes for older people (65+) | 260 | 248 | 236 | Up is Bad | Neutral | Assistant Director Adults and Social Care | Y |
| PVP04 | Total number of Acute delayed discharges (YDH only) - (Snapshot) | 189 | 124 | - | Up is Bad | Good | Assistant Director Adults and Social Care | Y |
| PVP05 | Total number of reimbursable CYC delays (attributable to CYC) (YDH Only) - (Snapshot) | 137 | 89 | - | Up is Bad | Good | Assistant Director Adults and Social Care | Y |
| PVP06 | Reablement - assessments to be completed within 6 weeks of referral | 21.63% | NC | - | Up is Good | Neutral | Assistant Director Adults and Social Care | Y |
| PVP07 | OT/OTA assessments - to be completed within 28 days | 96.97% | NC | - | Up is Good | Neutral | Assistant Director Adults and Social Care | Y |

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|---------|--|--------|--------|--------|------------|---------|---|---|
| PVP08 | People supported to live independently through social services PACKAGES OF CARE | 1,762 | 1,882 | 1,814 | Neutral | Neutral | Assistant Director Adults and Social Care | Y |
| PVP09 | People supported to live independently through social services PREVENTION | 2,435 | 931 | 978 | Neutral | Neutral | Assistant Director Adults and Social Care | Y |
| PVP11 | Proportion of completed safeguarding S42 enquiries where people report that they feel safe | 94.57% | 93.38% | 96.85% | Up is Good | Neutral | Assistant Director Adults and Social Care | Y |
| PVP12 | Delayed Transfers of Care: Raw number of bed days (All providers) | 8,377 | 10,535 | 8,551 | Up is Bad | Bad | Assistant Director Adults and Social Care | Y |
| PVP14 | Delayed transfers of care from hospital (Acute Care), per 100,000 population - (YTD Average) | - | 6.07 | - | Up is Bad | Neutral | Assistant Director Adults and Social Care | Y |
| PVP15 | Delayed transfers of care from hospital (Acute Care) which are attributable to adult social care, per 100,000 population - (YTD Average) | - | 2.11 | - | Up is Bad | Neutral | Assistant Director Adults and Social Care | Y |
| PVP16 | Delayed transfers of care from hospital (Non-Acute Care), per 100,000 population - (YTD Average) | - | 10.77 | - | Up is Bad | Neutral | Assistant Director Adults and Social Care | Y |
| PVP17 | Delayed transfers of care from hospital (Non-Acute Care) which are attributable to adult social care, per 100,000 population - (YTD Average) | - | 5.39 | - | Up is Bad | Neutral | Assistant Director Adults and Social Care | Y |
| TAP09 | % of panel confident they could find information on support available to help people live independently | NC | 65.46% | 64.81% | Up is Good | Neutral | Assistant Director Adults and Social Care | Y |
| ASCOF1A | Social care-related quality of life score | 19.2 | 19.4 | - | Up is Good | Good | Assistant Director Adults and | Y |

| | | | | | | | Social Care | |
|------------|--|--------|--------|----|------------|---------|---|---|
| ASCOF1B | Proportion of people who use services who have control over their daily life | 77.30% | 78.20% | - | Up is Good | Neutral | Assistant Director Adults and Social Care | Y |
| ASCOF1C 1a | Proportion of people using social care who receive self-directed support - Adults aged over 18 | 97.60% | 99.93% | - | Up is Good | Good | Assistant Director Adults and Social Care | Y |
| ASCOF1C 1b | Proportion of people using social care who receive self-directed support - Carers | 94.50% | 92.54% | - | Up is Good | Neutral | Assistant Director Adults and Social Care | Y |
| ASCOF1C 2a | Proportion of people using social care who receive direct payments - Adults aged over 18 | 22.40% | 20.49% | - | Up is Good | Neutral | Assistant Director Adults and Social Care | Y |
| ASCOF1C 2b | Proportion of people using social care who receive direct payments - Carers | 94.50% | 92.54% | - | Up is Good | Neutral | Assistant Director Adults and Social Care | Y |
| ASCOF1D | Carer-reported quality of life score | NC | 8.4 | NC | Up is Good | Neutral | Assistant Director Adults and Social Care | Y |
| ASCOF1E | Proportion of adults with a learning disability in paid employment | 9.70% | 8.33% | - | Up is Good | Neutral | Assistant Director Adults and Social Care | Y |
| ASCOF1F | Proportion of adults in contact with secondary mental health services in paid employment | 6.70% | 8.79% | - | Up is Good | Neutral | Assistant Director Adults and Social Care | Y |
| ASCOF1G | Proportion of adults with a learning disability who live in their own home or with family | 82.60% | 82.26% | - | Up is Good | Neutral | Assistant Director Adults and Social Care | Y |
| ASCOF1H | Proportion of adults in contact with secondary mental health services living independently, | 28.50% | 39.21% | - | Up is Good | Neutral | Assistant Director | Y |

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|----------|---|--------|--------|----|------------|---------|---|---|
| | with or without support | | | | | | Adults and Social Care | |
| ASCOF1I1 | Proportion of people who use services who reported that they had as much social contact as they would like | 45.80% | 49.50% | - | Up is Good | Neutral | Assistant Director Adults and Social Care | Y |
| ASCOF1I2 | Proportion of carers who reported that they had as much social contact as they would like | NC | 45.10% | NC | Up is Good | Neutral | Assistant Director Adults and Social Care | Y |
| ASCOF2A1 | Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (younger adults) (YTD Cumulative) (New definition for 2015/16) | 11.3 | 11.18 | - | Up is Bad | Neutral | Assistant Director Adults and Social Care | Y |
| ASCOF2A1 | Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (younger adults) (Monthly Snapshot) (New definition for 2015/16) | 11.3 | 11.18 | - | Up is Bad | Neutral | Assistant Director Adults and Social Care | Y |
| ASCOF2A2 | Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (older people) (YTD Cumulative) (New definition for 2015/16) | 683.1 | 647.8 | - | Up is Bad | Neutral | Assistant Director Adults and Social Care | Y |
| ASCOF2A2 | Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (older people) (Monthly Snapshot) (New definition for 2015/16) | 683.1 | 647.8 | - | Up is Bad | Neutral | Assistant Director Adults and Social Care | Y |
| ASCOF2B1 | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services | 75.70% | 79.25% | - | Up is Good | Neutral | Assistant Director Adults and Social Care | Y |
| ASCOF2B2 | Proportion of older people (65 and over) who were offered reablement services following discharge from hospital | 2.20% | 0.78% | - | Up is Good | Neutral | Assistant Director Adults and Social Care | Y |
| ASCOF2C1 | Delayed transfers of care from hospital, per 100,000 population - (YTD Average) | 13.2 | 16.85 | - | Up is Bad | Bad | Assistant Director Adults and Social Care | Y |
| ASCOF2C | Delayed transfers of care from hospital, per | 13.2 | 16.85 | - | Up is Bad | Bad | Assistant | Y |

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| 1 | 100,000 population - (Monthly Snapshot) | | | | | | Director Adults and Social Care | |
| ASCOF2C 2 | Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population - (YTD Average) | 6.9 | 7.49 | - | Up is Bad | Bad | Assistant Director Adults and Social Care | Y |
| ASCOF2C 2 | Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population - (Monthly Snapshot) | 6.9 | 7.49 | - | Up is Bad | Bad | Assistant Director Adults and Social Care | Y |
| ASCOF2D | The outcome of short term services: sequel to service | 34.10% | 71.14% | - | Up is Good | Good | Assistant Director Adults and Social Care | Y |
| ASCOF3A | Overall satisfaction of people who use services with their care and support | 64.00% | 62.40% | - | Up is Good | Bad | Assistant Director Adults and Social Care | Y |
| ASCOF3B | Overall satisfaction of carers with social services | NC | 41.90% | NC | Up is Good | Neutral | Assistant Director Adults and Social Care | Y |
| ASCOF3C | Proportion of carers who report that they have been included or consulted in discussion about the person they care for | NC | 75.80% | NC | Up is Good | Good | Assistant Director Adults and Social Care | Y |
| ASCOF3D 1 | Proportion of people who use services who find it easy to find information about support | 77.00% | 76.10% | - | Up is Good | Neutral | Assistant Director Adults and Social Care | Y |
| ASCOF3D 2 | Proportion of carers who find it easy to find information about support | NC | 73.20% | NC | Up is Good | Good | Assistant Director Adults and Social Care | Y |
| ASCOF4A | Proportion of people who use services who feel safe | 66.90% | 71.00% | - | Up is Good | Good | Assistant Director Adults and Social Care | Y |

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| ASCOF4B | Proportion of people who use services who say that those services have made them feel safe and secure | 91.40% | 93.80% | - | Up is Good | Good | Assistant Director Adults and Social Care | Y |
| Performance | | | | | | | | |
| Employees (Excluding Schools) | | | | | | | | |
| STF08 | Staff FTE Total (Excluding Schools) - (Snapshot) | N/A | 617.8 | 594.2 | Neutral | Neutral | Organisational Health Check | Y |
| STF100 | Average sickness days lost per FTE (Excluding Schools) - (Rolling 12 Month) | N/A | 13.9 | 13.5 | Up is Bad | Neutral | | Y |
| STF107 | Voluntary Turnover (%) Total (Excluding Schools) - (Rolling 12 Month) | N/A | 6.90% | 6.70% | Up is Bad | Neutral | | Y |
| STF90 | PDR Completion (%) - (YTD) | N/A | 90.20% | 93.80% | Up is Bad | Neutral | | Y |
| Finance | | | | | | | | |
| BPI108 | Forecast Budget Outturn (£000s Overspent / - Underspent) | £-201 | £191 | - | Up is Bad | Bad | Organisational Health Check | Y |
| COR01 | Key Corporate Risks | - | 3 | 4 | Up is Bad | Neutral | | Y |
| CORP01L | Active Large Projects | N/A | 1 | 3 | Neutral | Neutral | | Y |
| CORP02La | Red rated Large Projects | N/A | 0 | 0 | Up is Bad | Neutral | | Y |
| CORP02Ma | Red rated Medium Projects | N/A | - | N/a | Up is Bad | Neutral | | Y |
| Customers | | | | | | | | |
| CFD03a | % of external calls answered within 20 seconds | N/A | N/A | N/A | Up is Good | Neutral | Organisational Health Check | Y |
| CFS01 | Overall Customer Centre Satisfaction (%) | N/A | N/A | N/A | Up is Good | Neutral | | Y |
| COMP01 | % of complaints responded to within 10 days | N/A | N/A | N/A | Up is Good | Neutral | | Y |
| COMP02 | % of complaints referred to the Ombudsman which have been upheld | N/A | N/A | N/A | Up is Bad | Neutral | | Y |
| YCC121 | YCC Average speed of answer - TOTAL | N/A | N/A | N/A | Up is Bad | Neutral | | Y |
| YCC201 | Digital Services Transactions / Channel Shift (%) | N/A | N/A | N/A | Up is Good | Neutral | | Y |