Report to:	Executive Cabinet Member – The Deputy Leader	
Date:	10 November 2014	
Report of:	Margaret Asquith, Director of Children's and Adult Services	**Report No:**
Contact Officer:	John Livesey, Assistant Director, Performance, Planning and Resources	**Tele No:** 332130

Report Title: **Children's and Adult Services and Public Health Performance Management Report Quarter Two 2014/15**

Confidential / Non Confidential: *(delete as approp)*

(***Non-Confidential***) This report does **not** contain information which warrants its consideration in the absence of the press or members of the public

Purpose:

To provide the Executive Cabinet Member with an update on the latest available 2013/14 performance information for Children's and Adult Services and Public Health.

Recommendations:

The Executive Cabinet Member – Deputy Leader is recommended to

- Note the content of the report

Decision:

Background Doc(s):

Appendix A – Spine Charts
Appendix B – Spine Chart Definitions

1. Executive Summary

This report provides a summary of the performance of the Children's and Adult Services and Public Health Department during Quarter 2 of 2014/15. The report outlines the Department's performance against the priorities of Bolton's Community Strategy and the Public Health Outcomes Framework, sets out the main strategic priorities facing the Council in the areas of Children's and Adult Services and Public Health and provides information on the day to day operational effectiveness of the Department.

Overall, the Department's performance against its priorities is good.

As reported last quarter, pupils make very good progress at primary schools. Provisional national data published during the quarter shows that 80% of Bolton's pupils achieved the expected level in reading, writing and maths; this was 2 percentage points higher than the national and statistical neighbour averages. The progression that Bolton pupils make through the primary stage also exceeds the national average and the average of our statistical neighbours.

In 2013-14 35% of children who left care were adopted. This was the highest percentage in the country and more than double the England average. In addition, 100% of local authority, charitable and private residential children's homes are now judged by Ofsted to be good or better.

Life Expectancy for both sexes continues to increase year on year in Bolton. However, there persists a significant gap between life expectancy in Bolton and England; the gap narrowed to just 1.5 years for men and 1.0 year for women around the turn of the millennium, but since then the gap has tended to widen - yet the last two years show promising reductions.

Bolton's infant mortality rate has decreased gradually over time, but the latest release of national statistics shows a small increase when nationally there has been a decrease. There are a number of specific initiatives in Bolton which focus on key risk factors including the continued delivery of the safe sleeping campaign and development of an enhanced pathway for pregnant smokers; the Children's Trust Board have requested further work to be carried out to assess what more could be done across the range of Trust partners to improve the rate.

Bolton's under 18 alcohol admission rate has seen major and significant reductions over recent years and is now below our statistical neighbour average. This has been an important improvement locally as well as comparatively to the national picture, where this reduction can be considered as wholly positive.

The Health and Care integration programme in Bolton is progressing with three of the five operational work streams now in the implementation phase (Intermediate Tier, Complex Lifestyles and Integrated Neighbourhood teams). One of the five operational workstreams, the Complex Lifestyles programme, has recently started in the Borough. Urban Outreach was successful in a tender to support the development of the service and work has commenced with one of the early adopter practices who are participating in the phased implementation of integrated care.

A positive recent development in integrated services for older people is a new Home from Hospital service to be launched this winter by Age UK Bolton in partnership with Senior Solutions. The service will help older people make a safe discharge from Royal Bolton Hospital by providing them with the practical and emotional support they need to recover at home.

The Care Quality Commission has confirmed its new methodology for the regulation, inspection and rating of care homes and adult social care. Specialist teams, including trained members of the public (called Experts by Experience) will inspect services, unannounced, against what matters most to those who use them: are they safe, caring, effective, responsive to their needs, and well-led? Services will then be rated as Outstanding, Good, Requires Improvement or Inadequate. Where CQC has concerns and they decide it is necessary, they will take enforcement action against the service. By March 2016, CQC expects to have rated every Adult Social Care service in England.

2. Introduction

This Departmental performance report is designed to provide the Executive Cabinet Member with an overview of the performance of the Children's and Adult Services and Public Health Department. The report provides details of the performance of the Department against priorities identified for Bolton in the Community Strategy.

The Children's and Adult Services and Public Health Department is the largest Council department and is responsible for safeguarding children and adults who may be at risk of abuse or neglect, promoting the wellbeing of the local population, delivering and commissioning services to provide care and support for vulnerable people of all ages and supporting the education of children and young people in Bolton's schools.

In all of these areas, the Department works with many partners and providers, from NHS commissioners and providers to local schools and voluntary and community groups of all sizes. Its services are vital to many aspects of the Council and the Bolton Vision Partnership's priorities and ambitions for the Town.

The Department delivers a range of highly visible front-line services, including Children's Centres and Play/Youth Services, and carries the responsibility for the education standards, ensuring the needs of local children are met, planning school places, improving standards and accounting to government for overall provision.

The Department discharges many specific legal duties of the Council in respect of children and families, and its staff work in partnership with other agencies to deliver support for them in many ways including:

- Families where children are assessed as being in need (including disabled children).
- Children who may be suffering 'significant harm', needing protection or extra care.
- Children who may need looking after by the local authority (through fostering or residential care).
- Children who are placed for adoption within families.

Adult Social Care within the Department is responsible for ensuring the most vulnerable adults in our community and their informal carers are safeguarded and provided with support to meet their needs. The Council has a duty to provide for the care of adults aged 18 or above who may require support due to frailty or infirmity relating to age, disability, or mental illness. Adult Social Care services have traditionally met care and support needs through residential and non-residential services, for example community meals, home and day centres. Over the next two years, adult social care law will be placed on a fresh footing through the Care Act, which will strengthen more diverse 'enabling' approaches via a wider range of choices designed to support people to maintain their independence, enable them to play a fuller part in society, protect them and support their carers. The Care Act emphasises the importance of preventing or delaying people's needs for support.

The Department is responsible for planning and commissioning support for adults, working with the NHS, increasingly integrating local care and health services, and with providers. Working with partners, it is responsible for the overall provision of a range of services to meet local needs, including specialist care needs, for example, dementia, learning disabilities, or drug or alcohol misuse. The Department is responsible for the provision of information about care and support options, the assessment of individuals' needs and charging for eligible services, according to national rules.

Since April 2013, Public Health is part of the Council, with the Department now including in its responsibilities the requirement to improve public health, with services including:

- information and advice e.g. about healthy eating and exercise (for example)
- prevention of illness (e.g. smoking cessation)
- helping individuals minimise risks to health arising from their accommodation or environment (e.g. promoting housing improvement)
- weighing and measuring of children at school
- sexual health services
- health protection

3. Community Strategy Priorities and Performance

This section of the report outlines the priorities for the Department set out in Bolton's Community Strategy and the Public Health and goes on to summarise the Department's performance against key national performance measures. This section should be read in conjunction with Appendix A which provides further analysis of key performance indicators, including trends over time and comparisons with national and regional averages.

3.1 Children's Services

Bolton's Community Strategy (2012-2015) includes the following priorities for children and young people:

- Raising attainment.
- Improving children's health.
- Keeping children safe.
- Improving outcomes for looked after children.
- Reducing the number of children living in poverty.

3.1.1 Raising Attainment

The recently published Early Years Foundation Stage Profile results for 2013-14 show that the proportion of children in Bolton that achieved a good level of development at Foundation Stage increased by 6 percentage points on last year. However this increase was not as marked as the national or SN increase of 8 percentage points and so the attainment gap between Bolton and other areas is widening. In addition, the inequality gap that measures the difference between the lowest attaining 20% of children and the mean average is widening, whilst the national and SN gaps are narrowing. It is likely that the increasing numbers of children for whom English is an additional language will have impacted on these results but the work now ongoing as part of the GM Public Service Reforms and the further roll out of the free early education entitlement is directed at improving performance in this area in future years.

As reported last quarter, pupils make very good progress at primary schools. Provisional national data published during the quarter shows that 80% of Bolton's pupils achieved the expected level in reading, writing and maths; this was 2 percentage points higher than the national and statistical neighbour averages. The progression that Bolton pupils make through the primary stage also exceeds the national average and the average of our statistical neighbours.

DfE have published data on 2014 admission offers that show that Bolton's first preference rates for primary school admissions increased by more than 5% on the previous year, placing us in the top quartile of all local authorities for applicants receiving a preferred offer for a primary school. The proportion of secondary school applicants that received a preferred offer also improved on the previous year with 97.8% of applicants receiving one of their top 3 preferences.

At the time of writing, this year's provisional results for Key Stage 4 have not yet been released; an analysis of the results will be included in the Quarter Three report.

3.1.2 Improving Children's and Young People's Health

The Children's Trust Board have noted that Bolton's infant mortality rate has proved a very stubborn rate to reduce and have requested an examination of the causes of death to see what more could be done across the range of Trust partners to improve the rate. This issue and current and future plans aimed at reducing the rate are discussed in more detail in Para.4.2.3.

Other outcomes for children and young people's health and wellbeing are discussed in detail in the Public Health section of the report (Para. 3.3). These include breastfeeding initiation and prevalence rates and Bolton's hospital admission rate for under 18s due to alcohol (Para 3.3.3), child immunisations and vaccinations (Para. 3.3.4) and child dental health (Para. 3.3.5). In the case of the latter, Bolton Children's

Trust received a report at its last meeting which outlined the current local offer to promote oral health, explored examples of good practice and innovation from other areas and proposed an improvement plan for further development and implementation. The Trust Board have requested regular updates on the implementation of the improvement plan and the impact it is having.

3.1.3 Keeping Children Safe

Local monitoring of the number of children becoming the subject of a Child Protection Plan shows that the large increase experienced during 2013-14 has started to subside as a result of implementation of a reduction plan. Levels remain higher than in 2012-13, but considerably less than last year. Informal regional benchmarking points to the increase being more widespread than Bolton, but we await the publication of national data for 2013-14 at the end of October to confirm that this is national trend.

The new Public Law Outline which requires that all care and supervision proceedings must be completed within 26 weeks is placing an increased emphasis on pre-proceedings work and the quality of assessments.

3.1.4 Improving Outcomes for Looked After Children (LAC)

In 2013-14 35% of children who left care were adopted. This was the highest percentage in the country and more than double the England average. It will be a challenge to sustain this exceptional level of performance because of significant changes in legal case law which have hugely reduced the progress of adoption cases nationally since April 2014. We are, however, on track for upper quartile performance.

100% of local authority, charitable and private residential children's homes are now judged by Ofsted to be good or better.

3.1.5 Reducing the Number of Children Living in Poverty

Data published by HMRC this quarter shows that child poverty in Bolton had reduced between 2011 and 2012. The Government's 'Children in Low-Income Families Local Measure' shows the proportion of children living in families in receipt of out-of-work (means-tested) benefits or in receipt of tax credits where their reported income is less than 60 per cent of UK median income. Between 2011 and 2012 Bolton's percentage fell by 1.1% to 21.6% representing a reduction of more than 600 children. The reduction is not as great as the national reduction of 1.5%, but Bolton's Community Strategy target of less than 22.5% for this period has been met.

During the quarter DfE have published national data relating to the percentage of 16-18 year olds not in employment, education or training (NEET). There are a number of different ways of measuring NEETs and this specific measure is the former national indicator of NEETs which we continue to monitor as it provides us with a longitudinal trend. It provides an annual estimate for each local authority based on average figures for November to January in each year. The data show that 5.3% of young people in Bolton aged 16-18 are NEET which is in line with the England average but considerably lower than the average of our statistical neighbours. It is worth noting that the local authority and its partners have effectively halved the level of NEETs over the last 5 years. The new national data shows that the level has not changed in the last 12 months, but, given the current economic climate this represents good performance.

The proportion of childminder and non-domestic childcare settings in Bolton judged by Ofsted to be good or better continues to increase.

3.2 Adult Services

Bolton's Community Strategy (2012-2015) includes the following priorities for adults who require care and support:

- Encourage people to take responsibility for their own health and wellbeing.
- Intervene early to prevent or defer people from needing care and support.
- Make sure it is quick and easy for people to get the care, support and treatment they need.
- Make sure that the care, support and treatment is of high quality/reasonable cost.
- Make sure that we safeguard the vulnerable and that people in Bolton live and die with dignity.

The reporting framework for Adult Services has been refreshed to extend the range of indicators reported across five new outcome areas, complementing the existing set of measures from the Department of Health's ASCOF (Adult Social Care Outcomes Framework). This allows additional key service activity to be analysed, including information around safeguarding adults, services for carers, statutory complaints and social care reviews, all of which is not currently featured in the current ASCOF framework. The five outcomes, reflected in this year's adults Service Plans, are:

- Ensure Adults and Older People are Safe.
- Increase Choice and Control.
- Improve Service Quality.
- Improve People's Ability to Stay Well.
- Maximise People's Independence.

There are strong links between services delivered by Adult Services and partners and Bolton's Health and Wellbeing Strategy, specifically in terms of the 'Living Well', 'Ageing Well' and 'End of Life' chapters of the life-course. Key goals in the strategy are around identifying and dealing with problems early, taking care of those with health and social care needs and addressing the needs of the vulnerable and complex.

3.2.1 Ensure Adults and Older People are Safe

As reported last quarter, an issue with previous systems for recording local safeguarding activity has resulted in Bolton having a low rate of completed safeguarding referrals per 100,000 of the population. Action is being taken to address these data quality issues, and early indications are that improvements will become apparent during this year. Comparing Bolton with neighbouring authorities in the North West at year-end 2013-14 shows that we had a lower level of referrals than the majority of other areas, although there is no specified standard for good or poor performance.

3.2.2 Increase Choice and Control

Self-directed support continues to be an important priority for adult social care as an indicator of users of services receiving care in a way that is more personalised to their individual needs. The key indicator which measures the proportion of people receiving self-directed support has changed this year, taking a snapshot rather than counting the number of users cumulatively during the year. The impact of this change will be closely monitored, with a commitment to make sure that everyone who can benefit from a personal budget has the opportunity to do so and have more control over the planning and provision of their support.

One method of self-directed support is for users to receive direct payments to allow them to arrange their own care, and this is now also calculated via snapshot rather than a cumulative measure. Bolton has been a particularly high performer on direct payments under the old definition, and this continues to be a key indicator which helps the Council ensure that using direct payments is a choice available to a greater number of service users.

3.2.3 Improve Service Quality

The rate of delayed transfers of care from hospital features in the Better Care Fund and also in Bolton's Health and Wellbeing Strategy. The latest data shows that there were less delays during 2013-14 compared to the previous year. It is also important to monitor the second part of this indicator, which analyses the rate of transfers of care from hospital which are attributable to adult social care. If a patient is ready to leave a hospital bed but is delayed waiting for social care services they will be counted in to this measure. In integrating health and social care and promoting rehabilitation, we will be seeking to lower this figure. The latest benchmarking places Bolton 16th in the North West.

3.2.4 Improve People's Ability to Stay Well

Keeping carers well and able to maintain the support they give is vital to keeping those they care for as well as possible. Bolton performs strongly on the measure which reports how carer's view their quality of life, where we are ranked 5th in the North West. This is a measure taken from the biennial Carers Survey, which combines responses to questions about occupation, control, personal care, safety, social participation, encouragement and support.

The national Survey of Adult Carers 2014-15 is being undertaken at present and the findings from this will update our performance next year. As reported last quarter, also included in the performance framework is a regional measure which records the number of carers receiving a carers-specific service. Bolton is performing very strongly on this measure as 3rd highest position in the region, where it is interesting to note that there is wide variation in performance between areas.

Also now included in the performance framework under this heading are two measures assessing the rate of older people readmitted to hospital, within 30 and 90 days. This is not collected by the Council but benchmarked by the Advancing Quality Alliance (AQuA); clearly these are important indicators of how successful services are in keeping older people well once they are receiving support in the community following discharge from hospital. Bolton's performance is satisfactory in this area but there is room for improvement and regularly monitoring this data will be helpful.

The proportion of service users with a completed review in the year is another indicator now monitored as part of the new framework. Service users' needs change and frequent reviews ensure that they receive services which are suitable for their needs. This indicator highlights that Bolton is performing better than most other North West authorities, at 87.5%.

3.2.5 Maximise People's Independence

Bolton has 6th highest proportion of service users in receipt of a community based service in the North West. This measure takes a snapshot on the last day of each quarter of the number of all service users receiving a community based service compared with those permanently in residential or nursing care.

Bolton is close to the average level for the number of episodes of reablement or intermediate care intervention for clients aged 65 and over, ranking 13th in the region.

3.3 Public Health

This section of the report summarises performance across the four main domains of Public Health:

- The wider determinants of health
- Health improvement
- Health protection
- Healthcare and premature mortality

Indicators in the Public Health Profile are taken from the Public Health Outcomes Framework (PHOF) and have been chosen to give a balanced coverage of performance across the four main domains. The profile also includes overarching PHOF indicators relevant to life expectancy, considered a crucial measure of local Public Health work. The wider determinants section contains fewer indicators as this domain is focused in considerable part on behaviours and attainment in early years, thus many indicators already feature in the Children's Profile.

3.3.1 Overarching indicators

Life Expectancy for both sexes continues to increase year on year in Bolton. However, there persists a significant gap between life expectancy in Bolton and England; the gap narrowed to just 1.5 years for men and 1.0 year for women around the turn of the millennium, but since then the gap has tended to widen - yet the last two years show promising reductions. The internal gap between the most and least deprived parts of our population has consistently increased but has fallen in the latest release - but the new figure is based on a shorter pooled period and so future releases will be important to see if this can maintained.

3.3.2 Wider determinants

The number of people being killed and seriously injured (KSI) on Bolton's roads shows a consistent reduction and along with the majority of our statistical neighbours our KSI rate is significantly lower than England. The latest data release (2010-12) records an average of 66 casualties on Bolton's roads per year.

The DECC fuel poverty indicator is the revised "Low Income, High Cost" measure and so the trend is limited. The latest release calculates that 13,106 Bolton households are current; defined as fuel poor under the new methodology.

Many of the key wider determinants for Public Health concern childhood attainment and development and as such are included in the Children's Profile.

3.3.3 Health Improvement

Latest data shows 36.2% of Bolton women are breastfeeding at 6-8 weeks which is around average for our statistical neighbours but the trend has struggled to improve historically. This follows the national picture where over recent years breastfeeding initiation has been increasing but prevalence at 6-8 weeks is more static locally, regionally, and nationally. Initial analysis, though results will require more time to be conclusive, suggests that the infant feeding workers based in the maternity ward and the antenatal work carried out by the local breastfeeding support worker pilot has particularly improved initiation – this effect will not yet influence the official rate as included in the Strategy. Simply comparing the quarter before and after the introduction of the pilot (not as robust as annual or longer time periods), initiation has increased and this increase has been statistically significant. A similar significant improvement is evident for prevalence at primary visit. While 6-8 weeks has improved, so far the change is not statistically significant. Though initiation and primary visit are higher, the proportion still breastfeeding at 6-8 weeks from those who were doing so at initiation (drop off rate) has unfortunately increased slightly (from 39.6% before to 42.2%

after), although not significantly. This suggests that the services have improved the overall 6-8 weeks breastfeeding prevalence by making a significant increase in those initiating and pushing up those still doing so at primary visit. As the drop-off rate by 6-8 weeks has also increased however, there is undoubtedly room for more to be done at this difficult stage of the process and as the breastfeeding support worker pilot develops this will continue to have an impact.

Bolton's under 18 alcohol admission rate has seen major and significant reductions over recent years; from a baseline of 93.7 per 100,000 we are now below our statistical neighbour average (59.8) with the most recent figure being 54.6 per 100,000. This has been an important improvement locally as well as comparatively to the national picture, where we must consider this reduction as wholly positive.

Recorded diabetes continues to increase linearly towards our estimated prevalence. This is a positive outcome as we are finding previously undiagnosed and so unmanaged Type 2 diabetes in our population. However, looking ahead diabetes will further increase in tandem with the increasing levels of obesity seen in Bolton. Analysis clearly demonstrates that people in the most deprived quintile of Bolton are significantly more likely to suffer from diabetes as people from the other end of the local deprivation scale. There are socio-economical variations in the frequency of diabetic complications. The complications of diabetes, especially retinopathy and CVD, are more prevalent in areas of high socioeconomic deprivation in Bolton. Furthermore, the use of insulin in such areas has been shown to be less than elsewhere.

3.3.4 Health protection

Bolton typically performs better for chlamydia diagnoses than our statistical neighbours. Better performance here is a higher diagnosis rate, meaning more cases are being identified and treated in the 15-24 population and that the diagnosis rate is high enough to effect a reduction in prevalence over time (over 2,400 per 100,000 population). In 2012, several changes were made to the collection and reporting of chlamydia activity data, to deliver a simpler and more representative national surveillance system. It is important to note that as a result of the revisions, chlamydia data for 2012 onwards are not directly comparable with data reported in earlier years and so we have a limited trend. Between 2008 and 2011, community (non-GUM) chlamydia tests and diagnoses were reported using two systems; the NCSP core data return recorded all those tests carried out in NCSP registered settings, and an aggregate laboratory reporting system recorded all tests carried out in non NCSP, non-GUM settings. In January 2012 these two data sources were replaced by a single laboratory reporting system, the Chlamydia Testing Activity Dataset (CTAD). CTAD now collects data on all chlamydia tests carried out in NHS and local authority commissioned laboratories in England. Quarterly data tables for 2012 that were based on NCSP and non-NCSP/non-GUM reporting systems have been superseded and archived, and should not be used. The new data tables based on CTAD should be used instead. Under the new methodology, Bolton retains its higher performance than our statistical neighbours, as well as staying above the rate expected to effect a reduction in prevalence, with a diagnosis rate of 2603.0 compared to 2379.2.

Historically, Bolton performs notably better than both England and the North West across the majority of immunisations and vaccinations, especially those in childhood. The previous data release revealed an unusual difference in performance between us and our statistical neighbour group for MMR immunisations and Dtap/IPV/Hib, but this has now been rectified in the new data release, putting us back on track.

3.3.5 Healthcare and premature mortality

In general, children aged both 5 and 12 years old in Bolton have worse dental health than is average for England but we seem to perform considerably worse for 5 year olds and are one of the worst areas across Greater Manchester. The latest release shows a typical Bolton 5 year old will have 1.9 obviously decayed, missing (due to decay) and filled teeth, significantly worse than the 0.9 seen across England (our SN worst is 2.1).

Premature mortality is death before the age of 75. Bolton's mortality rate for respiratory disease and liver disease is average for our statistical neighbours but higher than England; this is to be expected. Bolton has the lowest cancer mortality rate of our statistical neighbours and one of the highest for CVD; however CVD

is much more strongly associated with deprivation than cancers (with the exception of lung cancer, due to smoking). Locally, our CVD mortality rate reduces each year but not as fast as reductions seen for England as a whole or at the pace seen in many of our statistical neighbours – this causes our both our gap to widen with England and steady movement toward the SN worst over recent releases. Liver disease is one of the few mortality rates that is generally increasing (though erratic due to relatively small numbers) and this follows the national pattern.

The latest 3-year pooled suicide and injury undetermined rate (the official suicide rate definition) for England is 8.5 (per 100,000). Since 2004-2006 Bolton's suicide rate has increased considerably from several years at a similar rate, peaking in 2007-2009. Latest data (2010-2012) shows that our suicide rate has fallen for the second consecutive period (now 11.7 per 100,000) but it remains extremely high both compared to England (8.5) and our statistical neighbours (8.9); currently Bolton has the 5th highest suicide rate in the country (after Manchester, Blackburn with Darwen, Wigan, and North Tyneside). The historic increase coincides with the recession of 2008 and the areas with the highest suicide rates are North West and North East, all having significantly higher social economic deprivation than average for England. The latest annual report of suicide and self-harm, following updates to our local suicide audit, is due December 2014.

Latest data shows that in Bolton 60.0% of those expected to have dementia are now on the dementia register. Since monitoring began, Bolton - along with many areas - has consistently increased its dementia register and our latest position pushes us above our peer group average. Looking ahead, we can expect a 14% increase in the total number of people aged 65+ with dementia (3,394 people by 2018 including 1,493 people aged 85+).

4. Strategic Issues

This section outlines the key strategic issues being faced by the Department and outlines the work that is underway to ensure that our performance in meeting the priorities in Bolton's Community Strategy continues to improve. This section also sets out the Department's response to the recent Ofsted inspection of children's services and outlines work to support wider Public Service reform across Greater Manchester.

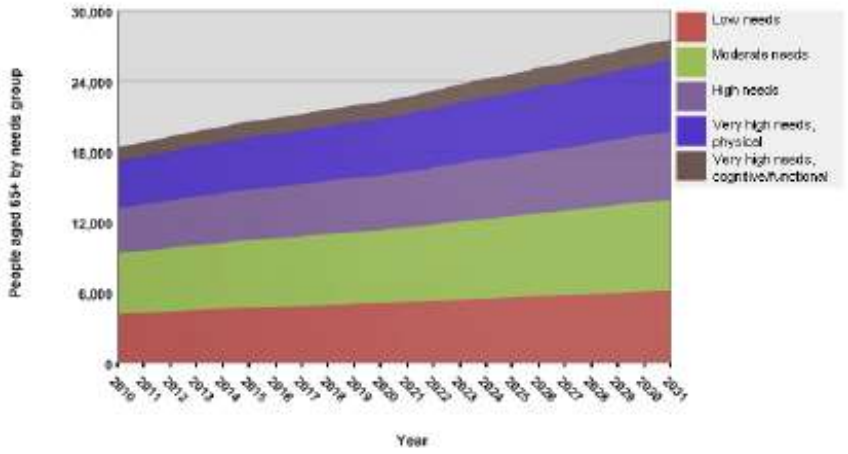
4.1 Budget and Rising Demand for Services

The Children's and Adult Services Department has made significant reduction in its budget over the last four years and whilst the required savings have been delivered this has, and will continue to be challenging over the next few years as Government funding for the public sector reduces.

In Children's Services, the Council has protected services that keep children and young people safe and those that support the most vulnerable children and young people in the Borough. Savings have been made by integration and by reducing the offer of universal services.

In Adult services, the Council has again protected services to the most vulnerable, i.e. those whose needs are assessed as 'Substantial' and 'Critical' but this has been at the cost of universal services and those with lower levels of need, i.e. those with 'low' to 'moderate' needs.

The situation in Adult Services is made starker when the likely future demand for services is considered. The diagram below shows the projection of people aged over 65 who are expected to require some level of additional support. The number increase from just over 18,000 in 2010 to over 27,500 in 2030, an increase of 47%. The percentage of adults with 'very high' levels of social care need, which are the most costly to meet, is expected to rise by 48% over the same period.



Source: Planning4care 2010

The combination of reducing budgets, increasing demand and the need to protect high risk services presents a significant challenge to the Department and the Council as a whole.

To a significant degree, the forecast increase in demand is a challenge shared with our local NHS partners in the context of Public Service Reform: recent public consultation on the Greater Manchester-wide Healthier Together proposals has given a high profile to the pressures on in-hospital care to meet future demand and sustain and improve quality care. Health leaders have been engaging with local people and organisations about how expertise and resources should be allocated to provide the best available care locally and ensure specialist care is available, seeking to understand the potential impact of various options. This is an important element of reform, to bring about one co-ordinated system of care that aims to achieve reduction in demand by helping people to self- care and stay healthier and independent for longer.

4.2 Children's Services

4.2.1 Early Years Reforms

Helping children get the best start in life is a key priority for the Department and its partners and a significant amount of work is currently underway in this area, in response to national policy developments and as part of the Greater Manchester Public Service Reform agenda.

The Department has been successfully supporting the roll out of the new, national entitlement to free nursery places for two year olds from deprived backgrounds. In September, 2014, the estimated number of children eligible for a funded 2 year old place had increased to 1942. 53% of these children took up a free 2 year old nursery place in the Autumn Term.

Termly sufficiency maps are generated to monitor the uptake and sufficiency of places. This information is used to support targeted creation and marketing of places. Opportunities to apply for Small Grants have been offered to those early years providers in shortage areas, which have been judged to be Good or Outstanding by Ofsted. 168 new places have so far been created in this way. A range of activities have been undertaken to market the offer to parents and Bolton is taking part in the DfE National marketing strategy. Local marketing includes posters, banners outside settings, leaflets, bus shelter posters, and plans for inclusion in Winter Wonderland event.

Providers are given regular electronic updates on the programme and are now able to support parents to check their child's eligibility for funding. In order to improve learning outcomes and enhance quality of provision for 2 year olds, all providers of 2 year old funded places are asked to commit to appointing a Communication Champion within the setting and attending 5 day SENCO training. All new providers are offered an intensive package of CPD, focusing on the specific learning needs of 2 year olds.

4.2.2 Family First

In Bolton, the National Troubled Families Programme has been operational since March 2012. Locally, the programme has been re-branded and it is known as Family First.

The target Family First families are those that have multiple problems and cause problems to the community around them, putting high costs on the public sector and the aims of the programme are to:

- Get children back into school.
- Reduce youth crime and anti-social behavior.
- Put adults on a path back to work.
- Reduce the high costs these families place on the public sector each year.

We have adopted a lead professional approach utilising existing staff to deliver the programme. This is supported by commissioning the third sector to provide support to our families (Child Action North West and Urban Out Reach).

Initially the government set the Council a target of turning round 830 families. In Bolton we have increased this number to 860.

The initial project is based on a payment by results model (PBR) and payments are claimed each quarter. To qualify for family first the family must be positive on three indicators for the list shown below. In order to make a claim, significant improvements in the families situation must take place.

Education	Absence/Truancy/Exclusion
Worklessness	Be in receipt of an out of work benefit
Crime/ASB	Be involved in crime or ASB
Local discretion	Children involved in social care

To date we have claimed for turning round 536 families, over 60% of our troubled family cohort. The breakdown of claims is shown below. We are particularly proud of our success in getting people back into work.

440	Successful turnaround relating to education and crime & anti-social behaviour.
63	Successful move off benefit into employment.
33	Referred onto the ESF Programme

In April this year, Greater Manchester collectively submitted an expression of interest to become an Early Starter for phase 2 of the national Troubled Families programme (TF2). By June, Greater Manchester met the target set for Early Starters by the Troubled Families Team, 50% of phase 1 families turned around.

Around 500k of funding will be paid to GM to support the coordination and analytical requirements of TF2 in 14/15. A payment of £1,800 per family will also be available; £1,000 attachment fee for each family we commit to working with and £800 Payment by Results for achievement of positive outcomes. The first opportunity for claiming PbR will be in Jan/Feb 2015. This is a total of £7,344,000 for the 4,080 early starter families.

The criteria for a family to be included in the expanded programme will be broader and less rigid than phase 1, allowing for more local discretion and flexibility. It is expected that every family will have at least 2 of the six headline problems:

1). Parents or children involved in crime or anti-social behavior.
2). Children who have not been attending school regularly.
3). Children who need help.
4). Adults out of work or at risk of financial exclusion and young people at risk of worklessness.
5). Families affected by domestic violence and abuse.
6). Parents and children with a range of health problems.

Bolton has committed to work with 400 new families under the new TF2 cohort from September 2014. The programme will be run in tandem with the final year of the initial troubled families programme which still has over 300 families on programme.

Funding and delivery options are currently being worked up to deal with the increase in numbers, and the programmes new focus on domestic violence and health related issues.

4.2.3 Children's Health

As referenced in Para 3.1.2, Bolton's infant mortality rate has decreased gradually over time, but the latest release of national statistics shows a small increase when nationally there has been a decrease. Factors which contribute to neonatal and infant deaths are generally recognised as poverty, infant nutrition, smoking in pregnancy, maternal and infant infections, obesity in mothers and early access to high quality, culturally sensitive maternity care. There are well recognised variations in IM rate by ethnic groups and explanations for these variations are complex, involving the interplay of deprivation, physiological, behavioural and cultural factors. Local actions to reduce infant mortality rates include:

- Key risk factors being addressed through the maternity care pathway at an individual level (i.e. nutrition, smoking in pregnancy, maternal and infant infections).
- Wider strategies to improve maternal and child health include public health programmes to promote healthy nutrition and healthy weight, breastfeeding, and prevent or reduce smoking. Financial inclusion, child poverty and food poverty programmes and strategies promote maternal and child health.
- Commissioning offers opportunities to improve maternal and infant health through maternity commissioning (CCG), co-commissioning between the LA and CCG to support early years health and wellbeing, and commissioning of the 0-5 healthy child programme i.e. Health Visiting and Family Nurse Partnership (LA).

Specific initiatives in Bolton include:

Safe sleeping campaign:

- Continued delivery and evaluation of the Safe Sleeping Campaign (Public Health Team): Public Health capacity agreed.
- Evaluation of Cot Scheme (Public Health Team) by end October 2014
- Update Safe Sleeping Guidance (Bolton Salford & Wigan Project Team): by end October 2014

Smoking in pregnancy:

- Commissioning of effective preventative and smoking cessation services, including 5-19 health and wellbeing, smoking cessation and maternity pathways (LA and CCG): ongoing development of commissioning intentions in 2014-15
- Development of an enhanced pathway for pregnant smokers (LA Public Health Team, CCG and Bolton FT): development of proposals for an enhanced pathway during 2014-2015

In addition, the annual Child Death Overview Panel report considers all infant deaths and makes recommendations to the Bolton Safeguarding Children's Board (BSCB). The latest annual report is to be considered at the November Board meeting, and again highlights the complex influences on infant death and need for action across a range of pathways, services and programmes.

An in-depth infant deaths audit for Bolton is planned which will enable us to understand the local trends by a range of socio-demographic factors including ethnicity, deprivation, age of mother etc.

4.2.4 New Children's Services Statistical Neighbours

On 3rd October 2014, the Department for Education announced without notice that the Statistical Neighbour benchmarking model originally developed by NFER in 2007 is being updated. DfE have updated the background variables used to define each local authority's statistical neighbours by using 2011 census data in place of the 2001 census data used in the original model. On average this has resulted in authorities having 2 new statistical neighbours. Bolton is one of fifteen authorities that has 4 new statistical neighbours as shown below.

'Old' Statistical Neighbours	'New' Statistical Neighbours
Calderdale	Calderdale
Kirklees	Kirklees
Derby	Derby
Dudley	Dudley
Tameside	Tameside
Telford & Wrekin	Telford & Wrekin
Coventry	Walsall
Leeds	Sheffield
St Helens	Medway
Stockton-on-Tees	Rotherham

What is not yet clear is the date from which these new neighbour arrangements will become effective. It is important that we and those making judgements about us using published data have the same view of the world. We shall, therefore, be watching these national developments closely and will make any necessary adjustments once the national position on effective date has been resolved. All statistical neighbour performance given in this report is based on the 'old' statistical neighbours and an update will be provided at Quarter 3.

4.3 Adult Services

4.3.1 Care Act

From April 2015, the implementation of The Care Act 2014 will issue in a number of significant changes to the way in which local Council's commission and deliver care for vulnerable adults and the way in which those adults and their families pay for their care.

The Act brings together the law relating to adult social care into one statute for the first time and the key changes include:

- The introduction of national minimum eligibility criteria for care and support. Currently, eligibility criteria differ across the Country.
- A duty on local authorities to assess the needs of carers and to meet any identified eligible needs.
- The right to personal budgets for all service users.
- Arrangements for adult safeguarding placed on a statutory footing, similar to those already in place for safeguarding children.
- A duty on local authorities to provide information and advice to service services.
- A duty on social care and health organisations to corporate and integrate services.
- A focus on the provision of preventative services.
- A cap on the total amount any individual will be expected to pay for their care during their lifetime.

The changes brought about by the Act are significant and in response we will need to change our business processes and case management systems, train and develop the workforce, strengthen multi-agency, partnership arrangements and introduce new financial systems. To ensure that we are well prepared, a project board has been established, led by the Assistant Director for Care Management and Provider Services, and a number of task and finish groups are working on the delivery of the various elements of the programme. In our second Department of Health RAG progress assessment, Bolton was again rated as Amber in its preparation for Care Act implementation, this is to be expected at this point in time and is the position of most Local Authorities. The final statutory guidance has now been released and this will enable the Council to further develop the action plan including actions and milestones required to progress implementation.

4.3.2 Health and Social Care Integration

Bolton Council, Bolton Clinical Commissioning Group, Bolton NHS Foundation Trust and Greater Manchester West Mental Health Foundation Trust are working together to develop and Integrated Care model across the borough to help to keep people well and out of hospital and care homes wherever possible. This integration is being facilitated by the introduction of the Better Care Fund, which forces the pooling of CCG health budgets with Council social care budgets and the development of innovative new services. Regionally, the development of new models of health and social care integrated services is a key strand of the Public Sector Reform programme.

The Health and Care integration programme in Bolton has reached a new phase - progressing from the planning stage to the implementation stage. Three of the five operational work streams are now in the implementation phase (Intermediate Tier, Complex Lifestyles and Integrated Neighbourhood teams) and one is in planning phase (Care Coordination Centre) The Staying Well project is currently finalising their project plan to support implementation and are recruiting to posts. The enabling work streams (finance, performance, IT, workforce, communications/engagement and estates) are all established and will develop further as the requirements emerge from the design and refinement of the operational work streams.

One of the five operational workstreams, the Complex Lifestyles programme, has recently started in the Borough. Urban Outreach was successful in a tender to support the development of the service and work has commenced with one of the early adopter practices who are participating in the phased implementation of integrated care.

The aim of the Complex Lifestyles programme is to facilitate behaviour change so that clients with complex lifestyles reduce their presentations to inappropriate services. Additionally the programme seeks to provide intensive support to assist clients in navigating health and social care systems with the aim of enabling access to appropriate services. The Complex Lifestyles model will take a holistic approach to understanding and responding to individual client need whilst fostering increased self-care and reduced dependence on services that are currently unable to respond effectively.

Currently there is no single agency or service with responsibility for co-ordinating care and facilitating access to services for people with complex lifestyles. A new team of Engagement and Support workers is envisaged across the borough to link with the Integrated Neighbourhood Teams. The proposed model will focus on those clients defined, within the overall complex needs cohort, as having complex lifestyles. These clients are expected to have a combination of issues/conditions, particularly in relation to: misuse of drugs and/or alcohol, risk of self-harm or further self-harm, risk of harming others, depression and/or anxiety, social deprivation and housing/homelessness.

The Communications workstream is now established. As a complex transformational programme working across organisational boundaries, the integration of health and social care necessitates a coordinated and multi-layered approach to communications and engagement a highly diverse range of stakeholders with varying levels of awareness, interest and influence. This will involve:

- Increasing awareness and visibility of the integrating health and social care programme
- Informing and reassure partners, stakeholders and the public by giving them a picture of what services will look like for Bolton residents in the future
- Articulating the rationale and evidence informing the changes
- Highlight the benefits of the changes

Key messages will include:

- People living longer with multiple health conditions is placing financial strain on existing services
- Too many people go to hospital who could be treated in the community or at home (where most patients and service users would rather remain)
- Joining up health and social care services will improve patients' and service users' experience of services while helping to avoid expensive hospital stays
- An extra £2.5m is being invested in services based in the community
- Patients most at risk of being admitted to hospital will be offered support to manage their condition and keep them at home

A positive recent development in integrated services for older people is a new Home from Hospital service to be launched this winter by Age UK Bolton in partnership with Senior Solutions. The service will help older people make a safe discharge from Royal Bolton Hospital by providing them with the practical and emotional support they need to recover at home. The service will be co-ordinated by a team of Age UK Home from Hospital co-ordinators and volunteers based at the Hospital. The Home from Hospital Service is currently paid for by NHS winter monies to March 2015; further funding beyond this has not been secured yet.

4.3.3 Quality Assurance

The Department aims to deliver outstanding quality services. The newly established Quality Assurance and Improvement Team is developing mechanisms and processes to assure the Department of the quality of the care the Council delivers and commissions and working to promote activity which improves the quality of services. The activity is centred around seven objectives:

- Having the right governance in place to provide accountability, identify risk, learn and improve;
- Developing our systems and information to provide assurance, identify risk, make good decisions and help us learn;
- Ensuring our policies and procedures are up to date and services are compliant;
- Having a workforce who are skilled, knowledgeable, motivated and who believe continuous improvement and safety is their culture;
- Developing standards so that we and customers know how good the services we provide and commission are;

- Establishing mechanisms to help staff continuously learn and improve;
- Communicating with customers and staff about what we are doing and how we are performing.

Governance

To ensure consistency across Adult services, some managers have been trialling a standard agenda for management meetings. The standard agenda ensures management teams are covering areas which are important for the purposes of quality assurance such as complaints, incidents, safeguarding, sickness levels etc. Following a standard agenda ensures that a minimum level of discussion and activity is taking place at that level.

A multi-agency Safeguarding Intelligence Forum (SIF) has been established to share information about safeguarding concerns with partner organisations. The SIF includes representatives from Bolton Council, Clinical Commissioning Group, Bolton Foundation Trust and Greater Manchester West Mental Health Trust. The SIF ensures there is joined-up action to intervene early with providers when concerns are identified.

Systems and Information

An incident management system is being trialled so that information can be gathered about incidents and accidents and what has been done to rectify the issue. The information is being used to reduce the future risk of harm to service users by ensuring all incidents are graded and then, where appropriate, investigated and action taken to make improvements. Since the system was launched in May, there have been 315 incidents recorded on the system, 56 of which were levels 3, 4 or 5 which means a full investigation has been carried out with recommendations for improvement. In some cases services are using techniques such as root cause analysis to understand underlying causes and what action needs to be taken to prevent a recurrence. A new electronic system will be procured in November with a new policy launched in the new year.

In November, a project begins which aims to collect outcome information from service users who are going through an adults safeguarding process. The Making Safeguarding Personal Project, aims to shift the emphasis of investigations and interventions to achieving the service users desired outcomes rather than simply looking at reducing or removing the risk. The project will run for three months and test a method for collecting outcome information whilst also assessing what additional skills and competencies social workers need to fulfil this way of working. If successful, the project will be rolled out more widely.

Standards

Local quality standards are being developed for Home Care. Consultation with service users and families earlier in the year found that people most value having care workers who genuinely care and are friendly. The standards will focus on the quality of the workforce, the consistency of carers, the timing of visits and the quality of care. Providers have also been consulted and welcome the introduction of standards and are keen to be involved in the testing of our assessment process. The new standards will be ready to be included in the retender of the Home Care contract.

The quality of the Council's adult care services will be audited using a new audit tool which is currently in development. The new tool is based on the Care Quality Commission's (CQC) fundamental standards of care and is structured around the CQC's five key questions – is the service Safe, Caring, Responsive, Effective and Well Led?. The information from this will help managers identify areas for improvement particularly where this impacts on the safety and experience of service users. The audit will include talking to service users and staff to find out their experience as well as looking at case files, policies, procedures and the environment. Following each audit, an action plan will be put in place which will be followed up by the QA Team. The audit will also help services prepare for CQC inspection. The audit tool is currently being tested with the aim of auditing all services by the end of March 2015.

In addition to the internal audit tool, a package of support is being put in place to assist services to prepare for the new CQC inspection framework which comes into force on 1st October. The support will include briefings and guidance for staff, a lessons learned 'hub' and tools to help staff evidence 'good' and 'outstanding' care.

Learn and Improve

New methods to help the Department improve the quality of services are being trialled. 'Quality circles' have been used in Extra Care and Home Support Reablement. A 'quality circle' brings operational staff together to discuss issues which they think impinge on the quality of care and then to come up with solutions. These have so far proved to be very popular with staff and have led to some real improvement. Making customer experience count is central to the learning ethos. A range of methods for customers to leave feedback is being explored. One such method is a standardised survey for adult social care customers. The survey incorporates the NHS's 'Friends and Family Test' question which simply asks if they would recommend the service to their friends or family. The survey has recently been trialled in one of the intermediate care facilities. A range of other tools are also being developed which include comment cards, customer experience groups, links with Healthwatch.

As part of making experience count, the complaints policy is being reviewed to align children's and adult services processes and to make it a more effective process by emphasising learning and improvement and customer satisfaction. The number of complaints received is relatively small but the learning that can be gleaned can be incredibly rich. Under the new process, all complaint responses will need to demonstrate learning and improvement activity before being signed-off. To help with this, children's complaints, like Adults, are now being dealt with through the Lagan system which means complaints can be managed in a more secure and efficient way.

Communicate

Staff are being kept up to date with developments in our approach to quality improvement through a monthly email update called Qmail. The update gives staff a summary of recent activity and performance information whilst also reiterating key messages about their roles and responsibilities to deliver high quality services.

A quarterly newsletter called Customer Voice is going out to all staff so that they are aware of what customers and service users are saying about our services. The newsletter includes a summary of the compliments received by staff followed by learning identified through complaints received.

4.3.4 New CQC inspection framework

The Care Quality Commission has confirmed its new methodology for the regulation, inspection and rating of care homes and adult social care. The CQC has issued documents called 'handbooks' to help care providers to understand how they will be assessed and rated from now on. One handbook covers the regulation of residential adult social care (care homes, with and without nursing) and another covers community adult social care (including services that care for people in their own homes). Specialist teams, including trained members of the public (called Experts by Experience) will inspect services, unannounced, against what matters most to those who use them: are they safe, caring, effective, responsive to their needs, and well-led? Services will then be rated as Outstanding, Good, Requires Improvement or Inadequate. Where CQC has concerns and they decide it is necessary, they will take enforcement action against the service.

Figure 1: CQC's overall operating model

Examples of how CQC has described what good and outstanding care would look like across the ratings and in relation to the five key 'domains' include:

Safe: A good service will protect people from bullying, harassment, avoidable harm and potential abuse and its staff will have a comprehensive awareness and understanding to recognise such cases consistently. An outstanding service will have additional characteristics that make it exceptional and distinctive, with people's feedback describing it in these terms. Also, the service will use imaginative and innovative ways to manage risk and keep people safe, while making sure they have full and meaningful lives.

Effective: A good service will make sure that the needs of people are met consistently by staff who have the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours, with the needs and preferences of people being identified and met. Also, people will always be asked to give their consent to their care, treatment and support. If the service requires improvement, it will monitor people's needs but it will not consistently act on issues identified and Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 may not be fully understood despite staff attending training.

Caring: In a good service, people will receive care and support from staff who know and understand their history, likes, preferences, needs, hopes and goals. Staff will know, understand and respond to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. A service that is inadequate will have widespread and significant shortfalls in the caring attitude of its staff and some regulations will not be met. The service will not be listening to people or understanding how to support them to express their views.

Responsive: In a good service, people will receive consistent, personalised care, treatment and support and they will be involved in identifying their needs, choices, preferences and how they are met. Care planning will be focused on the person's whole life, including their goals, skills, abilities and how they prefer to manage their health. In an outstanding service, people will report that staff have an excellent understanding of their social and cultural diversity, values and beliefs that may influence their decisions on how they want to receive care, and staff will be innovative in meeting them. Ongoing improvement will be seen as essential.

Well led: A good service will have a clear vision and set of values that includes honesty, involvement, compassion, dignity, independence, respect, equality and safety, which will be understood and consistently put into practice. Staff will have confidence to question practice and report concerns and when this happens, they will be supported and their concerns will be investigated. In an inadequate service, leadership will be weak or inconsistent, with support and resources not always made available. Staff will not be adequately supervised and staff turnover may be high.

CQC will begin its new way of inspecting adult social care right away (from October). By March 2016, CQC expects to have rated every Adult Social Care service in England.

4.3.5 Permanent Admissions to Residential Care

Improving our performance on reducing permanent admissions of older people to residential or nursing care continues to be a challenge, with an ageing population. It has been difficult to improve local performance on this ASCOF measure over the last three years, and our position has declined slightly further in 2013/14, so our performance is now dipped more than 5% below the North West average.

Local analysis shows that the average age of older people admitted to residential care is 86 and has not changed significantly in the last four years. The average length of stay in residential care has gone down as it did last year. However, the average age of older people admitted to nursing care has gone down this year and the average length of stay has gone up. A reduction in the average length of stay would be a positive sign that admissions are being delayed for longer.

This measure is a key Better Care Fund performance indicator and Bolton is committed to decreasing permanent admissions for older people. Overall performance in the North West is worse than across the country in general but some neighbouring authorities have gradually improved their position to where they are performing similarly or slightly better than we are in Bolton.

This long standing indicator, formerly part of the Commission for Social Care Inspection's Performance Assessment Framework (PAF), is an important part of the Adult Social Care Outcomes Framework (ASCOF). The rationale is that, where possible, people prefer to stay in their own home maintaining their independence rather than move into residential care, and this measure supports local health and social care services to work together to reduce avoidable admissions. Admissions counted are those financially supported by the council, self-funders are not included. People counted as a permanent admission include residents where the local authority makes any contribution to the costs of care, no matter how trivial the amount and irrespective of how the balance of these costs are met.

Permanent Admissions is the overarching measure for this ASCOF domain, although the domain's overall focus is much broader, spanning the breadth of care delivered between the home, residential and hospital settings. New measures are being developed to examine the effectiveness of services such as reablement and rehabilitation, and there is an intention to add an indicator that measures the effectiveness of support for people after they have been diagnosed with dementia.

The Care Act emphasises the importance of prevention and wellbeing, and reducing the avoidable use of permanent residential care will remain a key challenge for councils and partners. This has been recognised regionally and improving performance on this indicator has been made a priority for sharing good practice. NW councils have met to share ideas and good practice on how to prevent unnecessary admissions and to examine together what the complex factors can be in making decisions to admit older people to residential care. Factors identified as triggers for older people moving from their own home to residential care included breakdown of carer support, lack of night time support and continence and mobility difficulties. Performance across the region and nationally varies quite considerably and more needs to be known about the effects of factors such as different local conditions, availability and definition of community-based services, and expectations of practitioners, older people and carers.

5. Operational Management of the Department

This section of the report contains a range of key management information which will allow the Executive Cabinet Member to look at the day-to-day operational effectiveness of the Department.

5.1 Risk

At the time of writing, the Department has 10 risks on the Corporate Risk Register. Those divisional heads responsible for managing the risks on the register are given the opportunity to provide updates on the action plans associated with them as part of the quarterly monitoring process.

No changes to risk scores have been requested by risk leads for this quarter. However, the Department has carried out a further risk identification exercise and new risks are currently being considered for inclusion on the Corporate Risk Register. The Department's contribution to the Corporate Risk Register has now been refreshed.

5.2 Departmental Sickness Absence

Figures from the former Adults Services and former Children's Services Departments are now combined to produce single Departmental totals for sickness absence. The combined sickness figure for whole Department for Quarter One of this year was 6.4%, and has increased slightly at Quarter Two of 2014/15, currently to 6.7%.

The Department has undertaken significant training for managers in the handling of staff sickness; this has led to a more focused management of staff sickness in line with the Council's policy and procedures and a greater awareness of the support that is available to staff from the Council's Occupational Health Service.

Reasons for absence are varied with the number of working days lost to stress, depression and mental health having increased. Support for these cases is in place. The other highest reasons for absence are Musculoskeletal / Neck or Back problems, Stomach/Liver/Kidney, Post-operative and viral which is consistent with previous years.

The Department has undertaken significant management action on attendance during the quarter and all current cases, both long and short term are being managed in line with the managing sickness absence framework.

5.3 Customer Care

Across the whole department there have been a total of 70 new complaints during the quarter which represents a 20% decrease on the previous quarter. Of these 70 complaints, 46 related to services for children and 24 to adult services.

A proportion of these complaints relate to social care services (6 children's social care and 15 adult social care) and have been dealt with or are being dealt with under the statutory complaints procedures.

A further proportion of the total number of new complaints were complaints about schools which, although they are received and recorded by the council, are the responsibility of the schools concerned. During the quarter there have been 23 school complaints and all complainants have been signposted to the correct procedures.

The remaining 26 complaints and queries were about other services and have been responded to in accordance with Council's customer care procedures

During quarter 2, two complaints have been received via the Local Government Ombudsman and a further one by Ofsted as regulator. Also during the quarter 16 queries have been received from MPs; 8 relating to adult services and 8 to children's.

46 compliments have been received by the Department during the quarter.

The number of complaints made about adult services has remained relatively static over the last year although quarter 2 has seen a reduction in statutory social care complaints and an increase in other complaints

The majority of complaints are categorised as being at Levels 1 and 2. The average response time for Level 1 and 2 responses increased to 17 days during quarter 2 from 13 days at quarter 1 and 78% of responses at these levels were sent within the target timescale of 20 working days during the quarter.

The number of children's social care complaints during the quarter has decreased significantly compared to the previous quarter. Complaints about other children's services remain relatively stable.

All complaints are analysed by reason to look for emerging themes that can be addressed by the department. Service failure was the reason for the highest number of complaints in both children's and adult services accounting for 59% of all complaints about children's services and 34% of all complaints about adult services.

From the beginning of Quarter 3 children's complaints are being recorded on the Lagan system which will provide more detailed intelligence on the nature of complaints and the timeliness of our responses in line with adult complaints handling procedures.

Although the number of complaints received is always very low in comparison to the number of people that receive care and support (approximately 1% of our customer base), they are still a very important part of improving the quality of the services we deliver. They also help us to challenge providers that we contract with on areas of concern.

Learning continues to be an important element of the complaints process. Each complaint received by the department is analysed for learning points with a view to agreeing service improvement actions with the relevant service area. The Quality Assurance Team also analyses complaints for themes, patterns and trends so that service improvements can be made.

This quarter we have received a good example of learning from a complaint from a service user who had been visited by two different social workers during a hospital stay and had received conflicting information about access to reablement from each. This example provided valuable learning material about the importance of consistent messages but also indicated a need to examine operational processes.

6. Equality Impact Assessment

This report is for information purposes only and therefore does not require an Equality Impact Assessment.

7. Recommendations

The Executive Cabinet Member – Deputy Leader is recommended to

- Note the content of the report

Appendix A - Spine Charts

The Children's Services, Adult Services and Public Health Profiles show how Bolton is performing on a range of key indicators across the department. For the Children's and Public Health profiles, the data used to draw up the profile is based on the latest available verified national data, showing Bolton's latest performance mapped against that of our Statistical Neighbours. For the Adults profile the data is based on North West region Adult Social Care Benchmarking data, reflecting 2013-14 year end. This is a new framework based on the five new outcomes for Adult Services and includes measures from the Adult Social Care Outcomes Framework (ASCOF) along with a group of wider indicators across the five outcomes.

The range of indicators included has been chosen to give balanced coverage of different areas of the Department's operation and the priorities for adults, children and young people as detailed in the Community Strategy.

Further information on the technical composition of the profiles has been included within the 'Spine Chart Definitions' section at Appendix B.

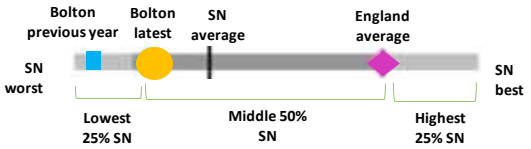
Children's Services Profile

Bolton's latest published performance at 30th September 2014
Comparison with Statistical Neighbours

Bolton Vision

Bolton's latest performance is:

- More than 5% better than the average of Bolton's statistical neighbours
- Within 5% of the average of Bolton's statistical neithbours
- More than 5% worse than the average of Bolton's statistical neighbours
- Significantly better than best performing statistical neighbour
- Significantly worse than worst statistical neighbour



		Indicator	Bolton's Data	England Average	SN Average	SN Worst	Stastical Neighbour Range	SN Best	Bolton's Direction of travel	How many CYP does this refer to?	For further info see note
Improving Children's and Young People's Health	1	Obesity at Reception (%)	**7.80**	9.30	9.10	10.30		8.20		3699 children measured	
	2	Obesity at Y6 (%)	**20.00**	18.90	19.95	22.70		17.50		3187 children measured	
	3	Infant Mortality (Rate per 1,000 births)	**5.50**	4.30	4.68	5.40		4.00		21 children	
	4	Low Birth Weight (% of live and still births)	**7.90**	7.30	7.76	9.20		6.50		314 children	
	5	Teenage Conceptions (Rate per 1,000)	**30.30**	27.70	35.59	40.00		30.10		163 young women	
Improving Outcomes for LAC	6	% of LAC achieving 5 A*-C grades at GCSE including English and Maths	**18.80**	15.30	10.96	5.00		30.00		30 pupils	
	7	Time taken to move in with adopters (ave. no. of days from entering care)	**612**	647	662	884		360		115 children	
	8	% of LAC adopted	**35.00**	17.00	20.10	12.00		29.00		59 children	
	9	% of children moving in with adopters in timescale	**63.00**	55.00	54.00	41.00		80.00		115 children	
Keeping Children Safe	10	Rate becoming subject to CPP in year (rate per 10,000)	**34.80**	46.20	59.71	95.00		42.90		226 children	
	11	Children who ceased to be subject to a CPP during year on a plan for 2 years or longer	**6.90**	5.20	6.02	10.70		2.40		17 plans	
	12	% of CPP 2nd or subsequent time	**11.10**	14.90	16.50	23.90		14.00		25 children	
Raising Attainment	13	% achieving a good level of development at EYFS	**54.00**	60.00	56.40	50.00		62.00		2141 children	
	14	% making expected progression in Reading KS1 -KS2	**90.00**	88.00	90.90	88.00		93.00		3319 pupils	
	15	% making expected progression in Writing KS1 -KS2	**96.00**	93.00	92.90	89.00		95.00		3179 pupils	
	16	% making expected progression in Maths KS1 - KS2	**93.00**	89.00	90.10	88.00		92.00		3175 pupils	
	17	Percentage achieving level 4 or above in reading test, writing TA and mathematics	**80.00**	78.00	78.00	75.00		84.00		3319 pupils	
	18	% in state-funded schools making expected progress in English KS2 - KS4	**67.70**	70.50	67.33	60.60		72.60		3418 pupils	
	19	% in state-fundedschools making expected progress in Maths KS2 - KS4	**71.70**	70.70	67.33	62.30		71.70		3428 pupils	
	20	% achieving KS4 - 5+ A* - C inc. English and Maths	**60.70**	60.60	58.82	55.50		65.70		3534 pupils	
	21	% achieving Level 2 by 19	**87.10**	86.20	83.14	80.50		86.40		3085 young people	
	22	% achieving Level 3 by 19	**59.70**	59.10	53.63	47.40		59.10		2290 young people	
	23	% Secondary school persistent absence	**6.20**	6.40	6.42	7.70		5.30		1068 pupils PA	
	24	% SEN achievement gap at KS2	**54.00**	53.00	55.22	60.00		52.00		670 with SEN 2541without	
	25	% SEN achievement gap at KS4	**48.70**	47.20	47.49	52.90		42.60		601 with SEN 2921 without	
	26	% Children in Need achieving standard at KS2	**56.80**	42.30	44.38	32.80		54.50		81 children	
	27	% Children in Need achieving standard at KS4	**20.00**	16.10	16.70	8.00		28.80		80 children	
Reducing the number of children living in poverty	28	% of Children 'in Poverty' (HMRC measure)	**21.60**	18.60	21.43	23.70		18.20		14250 children	
	29	% of 16-18 year olds NEET (based on former NI definition)	**5.30**	5.30	6.80	8.80		4.40		570 young people	
	30	% FSM achievement gap at KS2	**19.00**	19.00	21.50	26.00		16.00		665 FSM pupils 2556 non-FSM pupils	
	31	% FSM achievement gap at KS4	**25.50**	26.70	30.06	35.20		23.10		652 FSM pupils 2870 non-FSM pupils	
	32	% FSM achievement gap - Level 3 at 19	**24.00**	24.00	26.70	36.00		20.00		295 young people formerly eligible for FSM in 2013	
	33	% of former 6th form students in sustained HE	**56.00**	62.00	53.60	43.00		60.00		1240 YP	

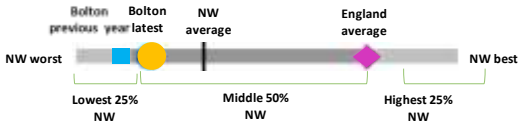
Adult Services Profile

Bolton's latest performance at 30th June 2014
Comparison with North West local authorities

Bolton Vision

Key:

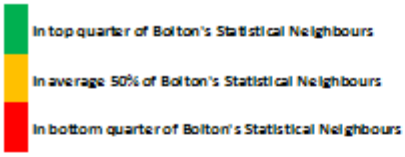
- More than 5% better than the NW average
- Within 5% of the NW average
- More than 5% worse than the NW average
- England Average

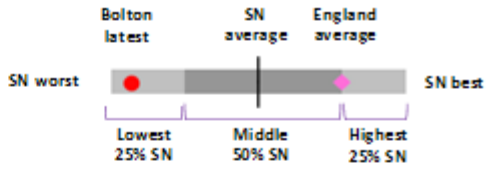


Outcome		Indicator	Bolton	England Average	NW Average	NW Worst	← North West Range →	NW Best	Bolton Rank (out of 23)	Direction of Travel	How many adults does this relate to?	For further info see note
Ensure adults and older people are safe	ASCOF 4A	Proportion of people who use services who feel safe	**60.6**	66.0	66.2	55.0		82.7	20		N/A	
	ASCOF 4B	Proportion of people who use services who say that those services have made them feel safe and secure	**75.5**	79.2	77.0	61.3		91.3	14		N/A	
	NW4	Number of completed safeguarding referrals in the year	**58.9**	n/a	344.3	55.1		1025.4	21		126 referrals	
Increase choice and control	ASCOF 1B	Proportion of people who use services who have control over their daily life	**75.8**	76.7	76.6	69.2		86.8	14		N/A	
	ASCOF 1C (1)	Proportion of people using social care who receive self-directed support	**71.7**	62.1	67.6	34.7		91.2	12		4399	
	ASCOF 1C (2)	Proportion of people using social care who receive direct payments	**28.9**	19.1	18.9	8.5		45.3	3		1774	
	NW 2	Number of service users and carers receiving self-directed support as a proportion of people who would benefit from self-directed support	**91.0**	n/a	88.1	63.2		100.0	13		4399	
Improve service quality	ASCOF 2B (1)	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement services	**78.5**	81.9	83.8	63.6		91.0	17		328	
	ASCOF 2B (2)	Proportion of older people (65 and over) who were offered reablement services following discharge from hospital	**6.2**	3.3	3.4	1.4		9.9	4		N/A	
	ASCOF 2C (1)	Delayed transfers of care from hospital per 100,000 population	**6.6**	9.7	7.3	11.9		2.3	11		14	
	ASCOF 2C (2)	Delayed transfers of care from hospital attributable to adult social care per 100,000 population	**2.0**	3.1	1.6	4.9		0.0	16		4	
	ASCOF 3A	Overall satisfaction of people who use services with their care and support	**65.6**	64.9	65.8	60.7		82.3	11		N/A	
	ASCOF 3B	Overall satisfaction of Carers with Social Services	**44.9**	42.7	45.4	33.7		59.5	12	N/A	N/A	
	NW 7	Number of social care complaints per 100,000 population	**33**	n/a	49	7		187.7	6		70 complaints	
Improve people's ability to stay well	ASCOF 1A	Social Care-related Quality of Life	**18.5**	19.0	19.0	18.2		20.0	20		0	
	ASCOF 1D	Carer Reported Quality of Life	**8.5**	8.1	8.2	6.9		8.7	5	N/A	N/A	
	ASCOF 1E	Proportion of adults with learning disabilities in paid employment	**1.4**	6.8	5.2	0.3		12.4	22		10	
	ASCOF 1F	Proportion of adults in contact with secondary mental health services in paid employment	**8.8**	7.1	7.4	2.9		14.2	7		671	
	ASCOF 3C	The proportion of carers who report that they have been included or consulted in discussions about the person they care for	**76.0**	72.9	73.8	59.2		81.4	11	N/A	N/A	
	NW 3	Number of carers receiving a carers specific service (per 100,000 population)	**104.4**	n/a	60.1	3.3		156.0	3		2236	
	AQuA (C)	Non-elective re-admission rate within 30 days aged 65 and over	**17.8**	n/a	17.5	15.7		20.3	11		N/A	
	AQuA (D)	Non-elective re-admission rate within 90 days aged 65 and over	**28.0**	n/a	27.3	24.0		32.0	12		N/A	
	NW 6	Proportion of service users with a completed review in the year	**87.5**	n/a	66.8	39.5		92.1	3		5733	
Maximise people's independence	ASCOF 2A (1)	Permanent admissions of younger people to residential and nursing care homes per 100,000 population	**13.0**	14.4	14.5	23.4		5.9	8		22	
	ASCOF 2A (2)	Permanent admissions of older people to residential and nursing care homes per 100,000 population	**856.2**	697.2	778.4	1185.7		609.9	18		381	
	AQuA (H)	Proportion of local authority ASC spend on aged 65+ on res/nursing care	**49.1**	n/a	55.0	49.1		66.3	1		N/A	
	ASCOF 1G	Proportion of adults with learning disabilities who live in their own home or with their family	**94.5**	74.8	87.9	77.9		94.5	1		671	
	ASCOF 1H	Proportion of adults in contact with secondary mental health services who live independently, with or without support	**96.6**	60.9	70.7	65.9		96.6	1		595	
	ASCOF 3D	Proportion of people who use services and carers who find it easy to find information about services	**75.6**	74.7	75.0	66.3		83.0	9		N/A	
	NW 1	Number of episodes of reablement or intermediate care intervention for clients aged 65+	**383.1**	n/a	441.0	120.4		1332.7	13		1705	
	NW 5	Proportion of service users in receipt of a community based service	**82.4**	n/a	77.7	65.6		86.6	6		3962	

Public Health Profile

Bolton's latest published performance at 21st October 2014
Comparison with Statistical Neighbours





Domain		INDICATOR	BOLTON	ENGLAND AVERAGE	SN AVERAGE	SN WORST	STATISTICAL NEIGHBOUR RANGE	SN BEST	BOLTON'S DIRECTION OF TRAVEL
Overarching Indicators	1	LE MEN	77.4	79.2	77.5	76.1		78.9	
	2	LE WOMEN	81.4	83.0	81.4	80.5		83.0	
	3	SII MEN	12.1	9.2	10.3	12.1		7.9	
	4	SII WOMEN	9.2	6.8	8.0	9.4		6.6	
Wider determinants	5	Killed and seriously injured casualties on roads	29.0	40.5	31.5	47.8		22.8	
	6	Fuel poverty	11.4	10.4	12.2	18.0		9.3	
Health Improvement	7	Breastfeeding prevalence 6-8 weeks	36.2	47.2	34.9	22.1		45.8	
	8	Smoking at time of delivery	17.1	12.7	16.8	22.8		13.1	
	9	Hospital admissions due to injury aged 0-14	137.1	103.8	128.6	173.0		83.0	
	10	Children admissions aged 10-24: Self-harm	368.7	346.3	416.8	626.3		224.6	
	11	Under 18 alcohol admissions	54.6	42.7	59.8	98.4		29.8	
	12	Unplanned admission rate for children: ast. dia. epi.	304.7	307.4	387.2	534.4		293.3	
	13	Emergency admission rates for children: LRTIs	561.0	401.9	545.4	699.2		292.7	
	14	Recorded diabetes	7.5	6.0	6.8	5.9		8.3	
	15	NHS Health Check uptake	81.3	49.0	62.6	38.2		100.0	
Health protection	16	Chlamydia diagnosis rate aged 15-24 (CTAD)	2603.0	2016.0	2379.2	1516.0		3311.0	
	17	Completed MMR immunisation by 5th birthday	91.6	87.7	92.3	87.5		97.0	
	18	Completed Dtap/IPV/Hib by 2nd birthday	98.0	96.3	97.5	95.2		99.0	
	19	Flu vaccinations - over 65s	73.3	73.4	73.9	69.1		77.1	
	20	Flu vaccinations - at risk individuals	55.0	51.3	53.5	47.8		60.0	
	21	Incidence of TB	21.0	15.1	17.3	35.1		2.3	
	22	Treatment completion of TB	81.7	82.8	79.5	63.6		91.7	
Healthcare and premature mortality	23	Tooth decay in children under 5 years	1.9	0.9	1.4	2.1		0.6	
	24	Premature mortality: CVD	107.8	81.1	101.6	123.0		80.0	
	25	Premature mortality: Cancer	148.1	146.5	165.8	182.0		148.0	
	26	Premature mortality: Liver disease	22.3	18.0	24.6	31.0		18.0	
	27	Premature mortality: Respiratory	44.0	33.5	45.4	65.0		35.0	
	28	Suicide and injury undetermined rate	11.7	8.5	8.9	11.7		5.8	
	29	Excess winter deaths	16.3	16.5	15.7	20.3		6.4	
	30	Rate of stroke admissions (65+)	1002.7	791.3	774.0	1002.7		598.3	
	31	Reported vs. expected Dementia Registers	60.0	48.7	53.2	22.1		71.4	

Appendix B – Spine Chart Definitions

Children's Services Profile

1. **Child Obesity at Reception** AY *2012-13 NCMP data from the Information Centre, based on LA by postcode of school*
2. **Child Obesity at Year 6** AY *2012-13 NCMP data from the Information Centre based on LA by postcode of school*
3. **Infant Mortality Rate** *2010-2012 figure published by Chimat in Child Health Profile for Bolton, March 2014*
4. **Low Birth Weight** CY *2012 % live and still births weighing less than 2500g published by Chimat in Child Health Profile for Bolton, March 2014*
5. **Teenage Conception Rate (under 18)** *Data for 2012 Calendar Year as published by ONS 2014*
6. **% LAC who achieved 5 A*-C grades at GCSE** *2012-13 outcomes for LAC data published by DfE*
7. **Average time between a child entering care and moving in with its adoptive family, for children who have been adopted** *2010-13 adoption scorecard published by DfE*
8. **% of children who ceased to be looked after who were adopted** *Children looked after by local authorities in England, including adoption 2014 published by DfE*
9. **The proportion of children adopted moving in with their adopted family within 21 months** *2010-13 adoption scorecard published by DfE*
10. **Rate of children becoming subject to a Child Protection Plan during year ending 31st March 2013** *2012-13 CiN data published by DfE*
11. **% of Child Protection Plans lasting two years or more (for children who ceased to be the subject of a CPP during YE 31st Mar 2013)** *2012-13 CiN data published by DfE.*
12. **% of cases where children becoming the subject of a child protection plan during the year were subject to a CPP for a second or subsequent time** *2012-13 CiN data published by DfE*
13. **The number and percentage of children achieving at least the expected level in the prime areas of learning** *2014 data published by DfE October 2014*
14. **Progression by 2 levels in Reading between KS1 and KS2** Provisional 2014 *data published by DfE*
15. **Progression by 2 levels in Writing between KS1 and KS2** Provisional 2014 *data published by DfE*
16. **Progression by 2 levels in Maths between KS1 and KS2** Provisional 2014 *data published by DfE*
17. **% achieving level 4 or above in reading test, writing TA and mathematics test in key stage** Provisional 2014 *data published by DfE*
18. **% of pupils in state funded schools making expected progress in English between Key Stage 2 and Key Stage 4** *Final 2013 data from DfE published 27/3/2014 Table 20 of SFR*
19. **% of pupils in state funded schools making expected progress in mathematics between Key Stage 2 and Key Stage 4** *Final 2013 data from DfE published 27/3//2014*
20. **% achieving 5 or more A* - C grades including both English and Maths 2013** *Final 2013 data from DfE published 27/3//2014*
21. **% Achieving Level 2 by 19** *data from DfE relates to YP aged 19 at end of 2012/13 AY*
22. **% Achieving Level 3 by 19** *data from DfE relates to YP aged 19 at end of 2012/13 AY*
23. **Secondary School Persistent Absence** *Rate data from DfE - (Based on full academic year 2012-13, published March 2014)*
24. **SEN/Non SEN gap – achieving Level 4 in English and Maths at KS2 2013** *data from DfE subsequent analysis in Policy and Strategy*
25. **SEN/Non SEN gap – achieving 5 A*-C GCSEs including English and Maths at KS4 2013** *data from DfE subsequent analysis in Policy and Strategy*
26. **% of Children in Need achieving expected level in reading, writing and Maths at KS2** *2012-13 Children in Need tables*
27. **% of Children in Need achieving 5 or more A* - C GCSE grades including both English and Maths** *2012-13 Children in Need tables*
28. **Rate of children living in families in receipt of CTC whose reported income is less than 60 per cent of the median income or in receipt of IS or (Income-Based) JSA** *2012 data from HMRC*
29. **16 – 18 year olds NEET** *DfE data as at Jan 2014, published in July 2014 based on former NI definition*
30. **Achievement gap between pupils eligible for Free School Meals and their peers achieving the expected level at KS2** *2013 data from DfE subsequent analysis in Policy and Strategy*
31. **Achievement gap between pupils eligible for Free School Meals and their peers achieving the expected level at KS4** *2013 data from DfE subsequent analysis in Policy and Strategy*
32. **Inequality gap in the achievement of a Level 3 qualification by age 19** *DfE data measuring gap for students aged 19 in 2013*
33. **Young People progressing to Higher Education** *DfE data measuring students, in 2010-11, who entered an A Level or equivalent qualification, going to, or remaining in, an education destination in 2011-12*

Bolton's statistical neighbours are:

Calderdale
Coventry
Derby
Dudley
Kirklees
Leeds
St Helens
Stockton-on-Tees
Tameside
Telford and Wrekin

The Statistical Neighbour authorities used to populate this profile is based on a model used by the Department of Education to benchmark both educational attainment and children's social care, which is also used by Ofsted. Further information on the model is available here.

It is important to remember that, in accordance with standard practice, Bolton has not been included in the calculations of average performance of its statistical neighbours. This means that if Bolton's performance is better or worse than that of all its statistical neighbours, the marker showing Bolton's performance will appear outside the grey bar showing the range of statistical neighbour performance. Bolton is excluded from the calculation because the purpose of calculating the Statistical Neighbour average is to provide a benchmark figure for comparable local authorities which Bolton's performance can be compared against.

In total, 7 of the indicators included in the Children's Services profile have been updated for this report.

Definitions: Adult Services Profile

Measures taken from the Adult Social Care Outcomes Framework - England, 2013-14 (Provisional release)

1A. Social Care-related Quality of Life

1B. Proportion of people who use services who have control over their daily life

1C(1). Proportion of people using social care who receive self-directed support

1C(2). Proportion of people using social care who receive direct payment

ID. Carer reported quality of life

1E. Proportion of adults with learning disabilities in paid employment

1F. Proportion of adults in contact with secondary mental health services in paid employment

1G. Proportion of adults with learning disabilities who live in their own home or with their family

1H. Proportion of adults in contact with secondary mental health services who live independently, with or without support

2A(1). Permanent admissions of younger people to residential and nursing care homes per 100,000 population

2A(2). Permanent admissions of older people to residential and nursing care homes per 100,000 population

2B(1). Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement services

2B(2). Proportion of older people (65 and over) who were offered reablement services following discharge from hospital

2C(1). Delayed transfers of care from hospital per 100,000 population

2C(2). Delayed transfers of care from hospital attributable to adult social care per 100,000 population

3A. Overall satisfaction of people who use services with their care and support

3B. Overall satisfaction of carers with social services

3C. The proportion of carers who report that they have been included or consulted in discussions about the person they care for

3D. Proportion of people who use services and carers who find it easy to find information about services

4A. Proportion of people who use services who feel safe

4B. Proportion of people who use services who say that those services have made them feel safe and secure

The newly refreshed Adult Services Profile contains the latest available regional benchmarking data available from the Adult Social Care Outcomes Framework (ASCOF), selected NW regional indicators and relevant measures from the AQuA Quality and Efficiency Scorecard for Frail Elderly. All of these measures, except for the three derived from the Carers Survey (ASCOF ID, 3B, and 3C), reflect data for year end 2013-14.

Measures taken from the North West Performance Leads Benchmarking Suite (Quarter 4, 2013-14)

NW 1. Number of episodes of reablement or intermediate care intervention for clients aged 65+

NW 2. Number of service users and carers receiving self-directed support as a proportion of people who would benefit from self-directed support

NW 3. Number of carers receiving a carers specific service

NW 4. Number of completed safeguarding referrals in the year

NW 5. Proportion of service users in receipt of a community based service

NW 6. Proportion of service users with a completed review in the year

NW 7. Number of social care complaints per 100,000 population

Measures taken from the AQuA Quality and Efficiency Scorecard for Frail Elderly (Quarter 4, 2013-14)

AQuA (C). Non-elective re-admission rate within 30 days aged 65 and over

AQuA (D). Non-elective re-admission rate within 90 days aged 65 and over

AQuA (H). Proportion of local authority ASC spend on aged 65+ on res/nursing care

Bolton's North West neighbours are:

Blackburn	Lancashire	Stockport
Blackpool	Liverpool	Tameside
Bury	Manchester	Trafford
Cheshire East	Oldham	Warrington
Cheshire West & Central	Rochdale	Wigan
Cumbria	Salford	Wirral
Halton	Sefton	
Knowsley	St Helens	

Public Health Profile – Metadata

Domain		INDICATOR	DEFINITION
Overarching indicators	**1**	LE MEN	The average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life, 2010-12.
	2	LE WOMEN	
	3	SII MEN	Slope index of inequality in life expectancy at birth based on national deprivation deciles within England: the range in years of life expectancy across the social gradient, from most to least deprived, 2009-11.
	4	SII WOMEN	
Wider determinants	**5**	Killed and seriously injured causalities on roads	Number of people reported killed or seriously injured (KSI) on the roads, all ages, per 100,000 resident population, 2010-12.
	6	Fuel poverty	The percentage of households in an area that experience fuel poverty based on the "Low income, high cost" methodology, 2012.
Health improvement	**7**	Breastfeeding prevalence 6-8 weeks	The percentage of infants that are totally or partially breastfed at age 6-8 weeks, 2012/13.
	8	Smoking at time of delivery	Number of women who currently smoke at time of delivery per 100 maternities, 2012/13.
	9	Hospital admissions due to injury aged 0-14	Crude rate of hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years), per 10,000 resident population, 2012/13.
	10	Children admissions aged 10-24: Self-harm	Directly standardised rate per 100,000 (age 10-24 years) for hospital admissions for self-harm, 2012/13.
	11	Under 18 alcohol admissions	Crude rate per 100,000 under 18 year olds for alcohol specific hospital admissions, 2010/11-2012/13.
	12	Unplanned admission rate for children: ast. dia. epi.	Age-sex standardised emergency admission episodes for people under 19 where asthma, diabetes, or epilepsy was the primary diagnosis, per 100,000 population, 2012/13.
	13	Emergency admission rates for children: LRTIs	Age-sex standardised emergency admission episodes for people under 19 where lower respiratory tract infection was the primary diagnosis, per 100,000 population, 2012/13.
	14	Recorded diabetes	The prevalence of Quality and Outcomes Framework (QOF) recorded diabetes in the population registered with GP practices aged 17 and over, 2012/13.
	15	NHS Health Check uptake	The 5 year cumulative percent of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check, 2013/14.
Health protection	**16**	Chlamydia diagnosis rate aged 15-24 (CTAD)	Crude rate of chlamydia screening detection per 100,000 young adults aged 15-24 using CTAD data, 2013.
	17	Completed MMR immunisation by 5th birthday	All children for whom the LA/CCG is responsible who received two doses of MMR on or after their first birthday and at any time up to their fifth birthday as a percentage of all children whose fifth birthday falls within the time period, 2012/13.
	18	Completed Dtap/IPV/Hib by 2nd birthday	Children for whom the LA/CCG is responsible who received 3 doses of DTaP/IPV/Hib vaccine at any time by their second birthday as a percentage of children whose second birthday falls within the time period, 2012/13.
	19	Flu vaccinations - over 65s	Flu vaccine uptake (%) in adults aged 65 and over, who received the flu vaccination between 1st September 2012 to 31st January 2013.
	20	Flu vaccinations - at risk individuals	Flu vaccine uptake (%) in at risk individuals aged over 6 months to under 65 years (excluding pregnant women), who received the flu vaccination, 2012/13.
	21	Incidence of TB	The three-year average number of reported new cases per year (based on case notification) per 100,000 population, 2012.
	22	Treatment completion of TB	The percentage of drug susceptible people completing treatment for tuberculosis within 12 months prior to 31st December, of all those who were notified the previous year, 2012.
Healthcare and premature mortality	**23**	Tooth decay in children under 5 years	Mean severity of tooth decay in children aged five years based on the mean number of teeth per child sampled which were either actively decayed or had been filled or extracted decayed/missing/filled teeth (d3mft); 2012.

	24	Premature mortality: CVD	Age-standardised rate of mortality from all cardiovascular diseases (including heart disease and stroke) in persons less than 75 years per 100,000 population, 2010-12.
	25	Premature mortality: Cancer	Age-standardised rate of mortality from all cancers in persons less than 75 years per 100,000 population, 2010-12.
	26	Premature mortality: Liver disease	Age-standardised rate of mortality from liver disease in persons less than 75 years per 100,000 population, 2010-12.
	27	Premature mortality: Respiratory	Age-standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population, 2010-12.
	28	Suicide and injury undetermined rate	Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2010-12.
	29	Excess winter deaths	Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths, 2012
	30	Rate of stroke admissions (65+)	Directly standardised rate of hospital admissions for stroke in the elderly per 100,000 population aged 65 and over, 2012/13.
	31	Reported vs. expected Dementia Registers	The number of people diagnosed with dementia as a percentage of estimated dementia prevalence, 2013.