

Communities Committee

Item No.....

Report title:	Performance management report
Date of meeting:	29 June 2016
Responsible Chief Officer:	Tom McCabe (Executive Director of Community and Environmental Services)
Strategic impact Robust performance management is key to ensuring that the organisation works both efficiently and effectively to develop and deliver services that represent good value for money and which meet identified need.	

Executive summary

This is the second performance management report to this committee that is based upon the revised Performance Management System, which was implemented as of 1 April 2016, and the committee's 27 vital signs indicators.

Details of the revised Performance Management System are available in the 16 March 2016 Communities Committee 'Performance monitoring and risk report' on the Norfolk County Council web site

at <http://norfolkcc.cmis.uk.com/norfolkcc/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/471/Committee/12/Default.aspx>

Performance is reported on an exception basis, meaning that only those vital signs that are performing poorly or where performance is deteriorating are presented to committee. The report cards for those vital signs that do not meet the exception criteria on this occasion, and so are not formally reported, are available on the Members' Insight intranet pages as follows
- <http://inet.norfolk.gov.uk/services/Democratic-Services/Members-insight/index.htm>

Of the 27 vital signs indicators that fall within the remit of this committee, the following 6 indicators have met the exception criteria and so will be discussed in depth as part of the presentation of this report:

- Status of Norfolk Resilience Forum plans where Norfolk County Council is the lead agency
- Library visits – physical and virtual
- % of positive attendance instances versus the total number of available instances
- Quality of Looked After Child Review Health Assessments (Under 5 years)
- HIV late diagnosis
- Successful completion of drug treatment.

The implementation of the new performance management system has tested the suitability of some of the vital signs indicators. As such, it is proposed that the 'Apprenticeships Funding Utilisation' vital signs indicator is removed from the Communities Committee list.

Recommendations:

1. Agree that the 'Apprenticeships Funding Utilisation' vital sign identified in section 2.2 can be removed from the list for this committee
2. Consider whether it is appropriate to extend the exception reporting criteria, as suggested in section 2.3
3. Review and comment on the performance data, information and analysis presented in the vital sign report cards and determine whether the recommended actions identified are appropriate or whether another course of action is required.

1. Introduction

- 1.1. This is the second performance management report to this committee that is based upon the revised Performance Management System, which was implemented as of 1 April 2016, and the committee's 27 vital signs indicators.
- 1.2. This report contains:
 - A Red/Amber/Green rated dashboard overview of performance across all 27 vital signs indicators
 - Report cards for those 6 vital signs that have met the exception reporting criteria.
- 1.3. The full list of vital signs indicators is in Appendix 2.
- 1.4. The lead officers for those areas of performance that have been highlighted through the exception reporting process are available at this committee meeting to answer any specific questions Members may have about the services concerned. The report author is available to answer any questions that Members may have about the performance management framework and how it operates.

2. Performance dashboard

- 2.1. The performance dashboard provides a quick overview of Red/Amber/Green rated performance across all 27 vital signs. This then complements the exception reporting process and enables committee members to check that key performance issues are not being missed.
- 2.2. The full list of vital signs indicators was presented to committee at the 16 March 2016 meeting. Since then, the indicators have been subject to ongoing review, by the Chairman and Vice-Chairman and the Community and Environmental Services departmental management team. As anticipated, the implementation of the new performance management system has tested the suitability of some of the vital signs indicators. As such, it is proposed that the 'Apprenticeships Funding Utilisation' vital sign is removed from the Communities Committee list. The rationale being that it provides service level, operational management information that is already reviewed at the Norfolk Community Learning Services steering group.
- 2.3. The current exception reporting criteria are as below:
 - Performance is off-target (Red RAG rating or variance of 5% or more)
 - Performance has deteriorated for three consecutive periods (months/quarters/years)
 - Performance is adversely affecting the council's ability to achieve its budget
 - Performance is adversely affecting one of the council's corporate risks.

In the course of monthly performance reporting to the CES departmental management team, these exception reporting criteria have not identified some known performance issue. As such, it is proposed that an additional criteria is added: 'Performance is off-target (Amber RAG rating) and has remained at an Amber RAG rating for three periods (months/quarters/years)'.

If this criteria were to be added and based upon current performance data, it would mean that the following vital signs would have been also have been reported to this Committee:

- % of older people who are active library users against population
- Performance against our Emergency Response Standards
- Retained fire station availability.

NOTES:

Indicators are usually reported on a monthly, calendar year or financial year basis, the colour of the different headings below corresponds with the colour of the indicator title.
In most cases the RAG colours are set as: Green being equal to or better than the target; Amber being within 5% (not percentage points) worse than the target; Red being more than 5% worse than target.
The target displays the latest target from the latest period shown. That target may be different from the target for the latest actual value shown due to profiling.

Monthly	Bigger or Smaller is better	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Target
Income and external funding successfully achieved as a % of overall revenue budget	Bigger	4.0%	6.0%	8.0%	10.0%	12.0%	14.0%	16.0%	20.0%	22.1%	18.0%	19.0%			17.8%
Library visits – physical and virtual	Bigger	0.78m	0.84m	0.95m	0.81m	0.81m	0.86m	0.76m	0.77m	1.07m	1.11m	1.08m	0.97m	0.84m	
% of active children and young people library users against population	Bigger									33.6%		33.6%	33.7%		
% of older people who are active library users against population	Bigger									19.3%		19.3%	19.3%		
NCLS - % of positive attendance instances versus the total number of available instances	Bigger				96.83%	92.81%	89.36%	87.66%	87.75%	87.68%	87.35%	86.88%	86.66%	86.27%	85.00%
NCLS - % of people supported into employment	Bigger														
Norfolk Records Office Visits – physical and virtual including learning groups	Bigger	10.2k	10.3k	11.1k	10.3k	11.0k	12.2k	11.1k	8.4k	11.2k	12.1k	11.1k	11.6k	9.9k	10.2k
Museums visits – total visitors and school visits	Bigger	36.6k	29.6k	40.9k	49.7k	35.6k	38.9k	21.9k	17.7k	22.8k	32.8k	33.3k	33.0k		31.8k
Performance against our Emergency Response Standards	Bigger	81.5%	79.5%	73.8%	73.1%	76.2%	78.0%	77.6%	79.3%	78.2%	78.1%	79.4%	78.6%		80%
Retained fire station availability	Bigger	84.3%	84.3%	85.9%	81.5%	85.3%	86.4%	87.5%	87.3%	89.0%	86.6%	86.8%	85.2%		90%
% of businesses that are compliant	Bigger	94.4%	94.1%	93.5%	93.1%	94.9%	94.3%	93.6%	93.5%	96.8%	96.3%	96.4%	95.6%		95%
Status of Norfolk Resilience Forum plans to where NCC is lead agency	Bigger	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	75.0%	75.0%	75.0%	81.0%	71.4%	68.2%	85.7%	100%
TBD - The percentage of contacts using electronic access - or similar	Bigger														
Customer satisfaction with access channels	Bigger	92%	91%	94%	95%	95%	95%	96%	95%	95%	95%	96%	96%	95%	90%
Quarterly	Bigger or Smaller is better	Jun 13	Sep 13	Dec 13	Mar 14	Jun 14	Sep 14	Dec 14	Mar 15	Jun 15	Sep 15	Dec 15	Mar 16	Jun 16	Target

% of Integrated Developmental Reviews at age 2 – 2½ delivered as part of the single integrated review of the Health Developmental Reviews and the Early Years Progress Checks	Bigger														
% of Looked After Children Review Health Assessments (0-4) that were fully completed within timescales, with all previously identified actions completed	Bigger											35.0%			100%
Teenage pregnancy - Rate of conceptions per 1,000 females aged 15-17	Smaller				23.1	22.2	21.9	20.3	19.8						17.7
Successful completion of drug treatment - % of adult substance misuse users that left drug treatment successfully who do not re-present to treatment within 6 months	Bigger	13.2%	12.3%	11.4%	11.7%	12.0%	12.4%	12.7%	11.8%	11.0%	10.7%				11.6%
Reducing inequity in smoking prevalence - % of 4 week quits coming from the 20% most deprived areas in Norfolk	Bigger					32.9%	32.8%	31.3%	34.7%	36.0%	30.6%	33.7%			29%
Smoking status at time of delivery - % of women who smoke at time of delivery	Smaller					13.2%	13.5%	13.8%	14.1%	13.4%	14.0%	13.0%			12.4%
Annual (calendar)	Bigger or Smaller is better	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Target
HIV late diagnosis performance - % of adults newly diagnosed late with HIV	Smaller									43.6%	47.3%	50.4%	54.6%		<25%
Annual (financial / academic)	Bigger or Smaller is better	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	Target
Individuals, communities and public service working better together	Bigger														
Provisional overarching Health and Wellbeing Index for Norfolk (in development)	Bigger														
Active People participation data	Bigger			32.50%		35.80%	34.90%	33.00%	31.00%	33.70%	32.50%	34.70%	33.00%		
The number of inactive people who are supported to access sport and physical activity by Active Norfolk	Bigger														
Investment in sport & physical activity levered in by Active Norfolk	Bigger														



- AN – Active Norfolk
- CS – Customer Services
- CES – Community and Environmental Services Department
- HW - Highways
- NCLS – Norfolk Community Learning Service
- NFRS – Norfolk Fire and Rescue Service
- NLIS – Norfolk Library and Information Service
- NMAS – Norfolk Museums and Arts Service
- NRO – Norfolk Record Office
- PH – Public Health
- RES - Resilience
- TS – Trading Standards.

3. Report cards

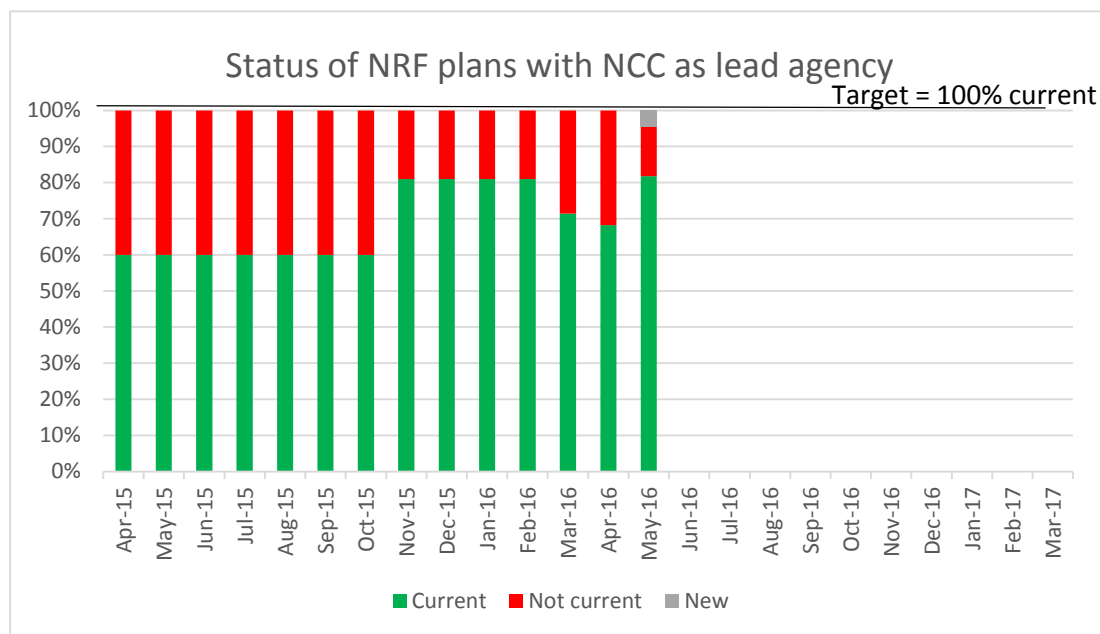
- 3.1. A report card has been produced for each vital sign, as introduced in March's performance report. It provides a succinct overview of performance and outlines what actions are being taken to maintain or improvement performance. The report card follows a standard format that is common to all committees and it is updated on a monthly basis.
- 3.2. Each vital sign has a lead officer, who is directly accountable for performance, and a data owner, who is responsible for collating and analysing the data on a monthly basis. The names and positions of these people are clearly specified on the report cards.
- 3.3. Vital signs are reported to committee on an exceptions basis. The report cards for those vital signs that do not meet the exception criteria on this occasion, and so are not formally reported, are available on the Members' Insight intranet pages as follows
- <http://inet.norfolk.gov.uk/services/Democratic-Services/Members-insight/index.htm>
- 3.4. Provided in Appendix 1 is a set of prompts for performance discussions that Members may wish to refer to as they review the report cards. There is also a list of suggested options for further actions where the committee requires additional information or work to be undertaken.

Status of Norfolk Resilience Forum (NRF) plans where NCC is the lead agency

Why is this important?

Norfolk needs to be prepared to respond effectively on a multi-agency basis to emergencies when they occur by having developed, up-to-date and tested plans in place.

Performance



What is the background to current performance?

- The number and type of NRF emergency plans is based on a risk assessment summarised in the Norfolk Community Risk Register (NCRR).
- The NCRR takes into account the national risk register and central government, Cabinet office, planning assumptions and local situations.
- The NCRR is regularly reviewed and NRF plans updated accordingly.
- In the last two years there has been a substantial review of NRF plans and plan review periods to take account of changes in the risk environment. New COMAH regulations were issued in 2015 which impact on the content of such plans.
- NRF Plans have been updated based on the changing risk environment and regulations.
- NCC is the lead agency for 22 of the NRF plans. The figures suggest an improvement in performance. This is due to 3 plans being signed off this period.

What will success look like?

- Compliance with the Civil Contingencies Act 2004 requires these plans to be up-to-date.
- Norfolk's confidence in a multi-agency ability to prepare for, respond to and recover from emergencies.
- The degree of public confidence in the ability of responders to manage and recover from emergencies in a timely and effective manner.

Action required

- Regular monitoring of the status and progression of emergency plans with multi-agency input.
- Regular review of the NCRR.
- Review and updating of plans based on the NCRR, central government planning assumptions and regulations.
- Debrief, review and updating of plans following major emergencies/incidents.

Responsible Officers

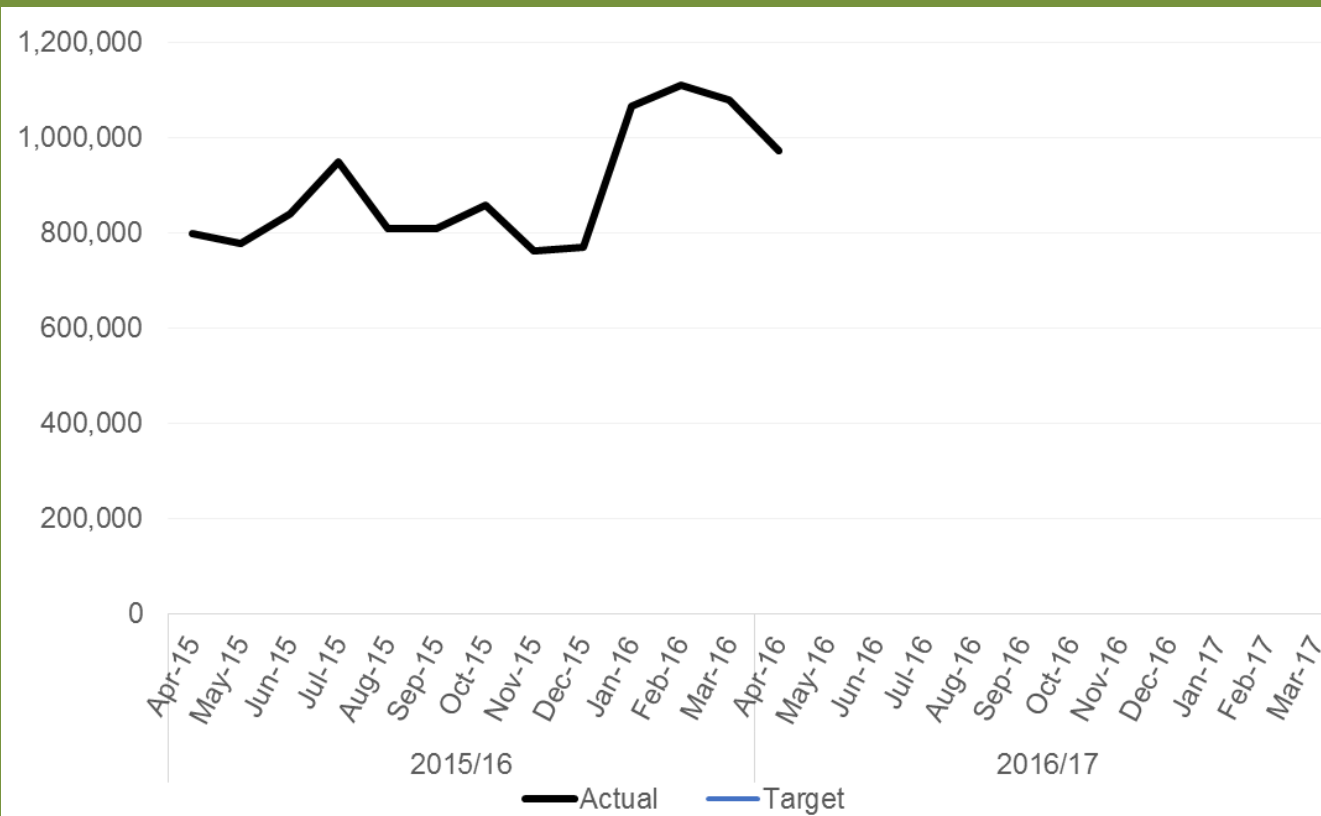
Lead: Jan Davis Data: David Rimmer, Emma Tipple, Jayde Robinson (Principal Resilience Officers)

NLIS Visits physical and virtual

Why is this important?

To demonstrate ongoing relevance and delivery of NCC priorities and to meet income targets.

Performance



What is the background to current performance?

- Active library use includes all aspects of library use including use of library computers.
- Physical visits have been declining from a high of 5.4million in 2009/10 as more services become available on line and most library functions can be carried out on line.
- Library opening hours reduced by 10% in October 2011 and this had a further negative impact on physical visits
- In 2013/14 more transactions and contacts were carried out by customers remotely and on-line than were carried out by people physically visiting libraries.
- An increase in activities for older and vulnerable people is helping the service to deliver outcomes that contribute directly to the NCC priorities. However, these are high impact low volume in terms of visitor numbers.

What will success look like?

- Visitor numbers are maintained or increased despite reduction in stock, and staffing
- Effective outcome measures show the impact of the library visit on individual children, young people and vulnerable people

Action required

- Re-instate virtual visitor count.
- Continue to develop role of libraries as hubs in communities and as access points for learning and literacy in all its forms.

Responsible Officers

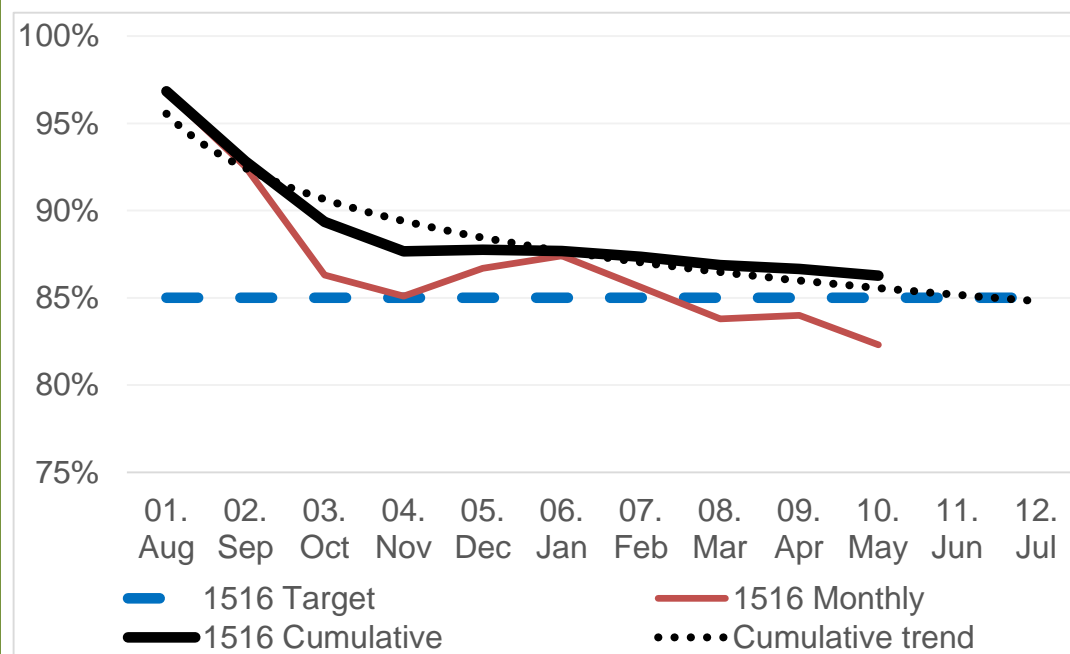
Lead: Jennifer Holland – Assistant Director Community and Environmental Services (Cultural Services)
Data: Marlene Peachey – Analyst (BIPS, Resources)

NCLS – Attendance Rate

Why is this important?

Retention, achievement and success rates are one of the key ways how the service's performance is measured by OFSTED and the Funding Agencies.

Performance



What is the story behind current performance?

- The formal OFSTED measurement rates are only published annually after the end of the academic year. A proxy to this success can be measured through a learner's attendance patterns in class as there is an intrinsic link between good attendance and good levels of success.
- As this is the first year of collecting this data there are no trends to compare against. The target of 85% has been set by comparing our service with that of other comparable providers.

What will success look like?

- Cumulative attendance rate over 85% at a service level

Action required

- Survey Students to find out reasons behind attendance patterns
- Use information collected to inform course design and planning
- Use information collected to inform student services policies and procedures

Responsible Officers

Lead: Helen Wetherall

Data: John Morgan

Quality of Looked After Child Review Health Assessments (Under 5 years)

Why is this important?

Looked After Children (LAC) are one of the most vulnerable groups in society. Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences. Every LAC must have an up-to-date individual health plan, the development of which should be based on the written report of the health assessment.

By law, every child who becomes Looked After must have an Initial Health Assessment (IHA) by a registered medical practitioner within 28 days of becoming Looked After. LAC under five years require six-monthly LAC Review Health Assessments (RHA), these may be carried out by a registered nurse or midwife. The content of the RHA should be age-sensitive and developmentally appropriate. The LAC RHA is undertaken using a national framework and guidance; it is a holistic assessment, identifying any health needs and actions required by health or social care practitioners. RHA must be high quality, timely and comprehensive to support the best interests of the child and ensure optimum outcomes.

Performance

Indicator is: *% of Looked After Children Review Health Assessments (0-4) that were fully completed within timescales, with all previously identified actions completed.*

	2015/16 Q4	
<ul style="list-style-type: none"> 2015/16 Q4 (first audit) represents the old delivery model. 	Total with timescales met	17 85%
	Total with all fields complete	7 35%
	Total - Percentage with actions that are completed	8 40%
<ul style="list-style-type: none"> 2016/17 Q1 expected improvement with the new delivery model. 	Total where all conditions met	7 35%

What is the story behind current performance?

- The Norfolk Integrated 0-19yrs Healthy Child Programme (HCP) is provided by Cambridgeshire Community Services NHS Trust (CCS).
- Norfolk LAC RHA for under-fives are delivered by Health Visitors.
- CCS are not commissioned to deliver the RHA for children over 5yrs
- CCS will audit the quality of under 5yrs LAC RHA every quarter.
- 20 RHA are sampled from different localities using a specifically designed tool, reporting to the HCP Performance Board
- A new model of delivery was implemented in early 2016; data lag reflects the historical legacy of the old model of delivery.
- Quality is expected to improve dramatically in 2016/17 Q1 with the new delivery model.

What will success look like?

- 100% of under 5yrs LAC RHA are undertaken within statutory timeframes; they are of high quality and identify child-focused health related actions which are completed in a timely fashion to deliver the optimum health outcomes for the child.

Action required

- Support CCS to implement the new model of delivery. This is underway and will begin to be reflected in the data from Q1 2016/17.
- Partnership working to ensure that the under 5yrs RHA process is clear, timely and high quality with the best outcomes for the child – not hampered by confusion, conflicting priorities or historical legacy

Responsible Officers

Lead: Suzanne Meredith - Consultant in Public Health Data: Claire Gummerson - Public Health Officer

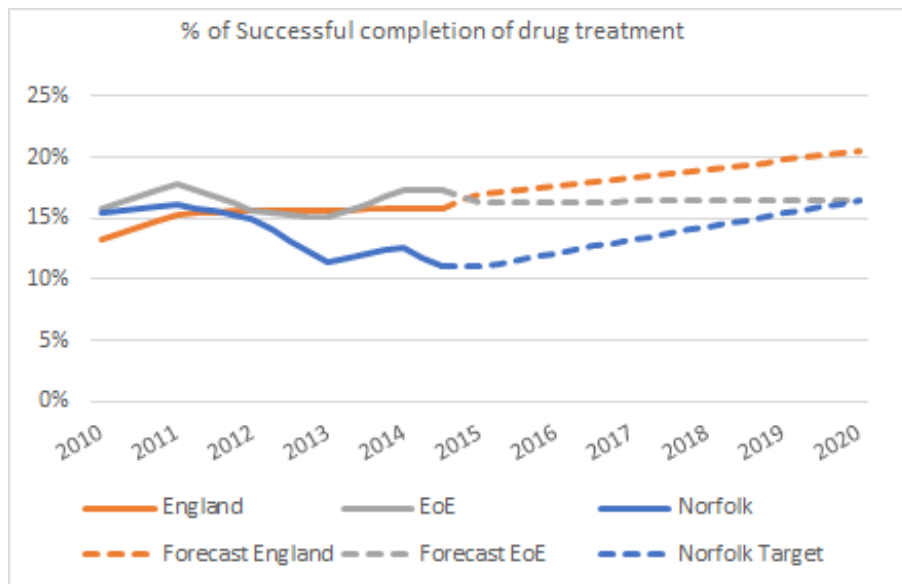
Successful completion of drug treatment

Why is this important?

Individuals successfully completing drug treatment demonstrate significant improvements to their physical and mental health. Treatment also supports their wider well-being by helping them to address issues of housing, employment and family life. As well as benefitting the individual, drug-treatment benefits the wider community by reducing offending and anti-social behaviour and the transmission of blood-borne viruses.

Performance

What is the background to current performance?



- 303 adult substance misuse users left the drug treatment in July 2014 - June 2015 and did not re-present to treatment within 6 months, out of a total of 2,753 users (11% successful completion).
- Prior to 2012 drug treatment in Norfolk was provided by multiple organisations, leading to a complex and inequitable system. The service was re-commissioned and a single integrated service commenced in October 2012.
- The new service experienced an expected dip in performance during the transition period, but continued to decline prompting a Contract Query and followed by a Performance Notice in 27/03/14 to drive improvement.
- Performance improved following the Performance Notice but started to decline again after the Performance Notice was lifted 27/11/14.
- The provider has again been advised of performance issues and an action plan is now in place.
- Each data point requires 18 months' worth of data (12 months of completions and 6 months of re-presentations), this means it takes a long time for service changes to show in the data.

What will success look like?

Action required

- Closing the gap between England and Norfolk.
- Increase the percentage of successful completion of drug treatment to greater than 16.5% by 2020.

- An action plan has been implemented with objectives set to improve successful completions by focusing on aspects of service entry and assessment, prison discharges and the services offered to clients.
- Shared accountability by each of the partner agencies.

Responsible Officers

Lead: Dr Martin Hawking - Consultant in Public Health

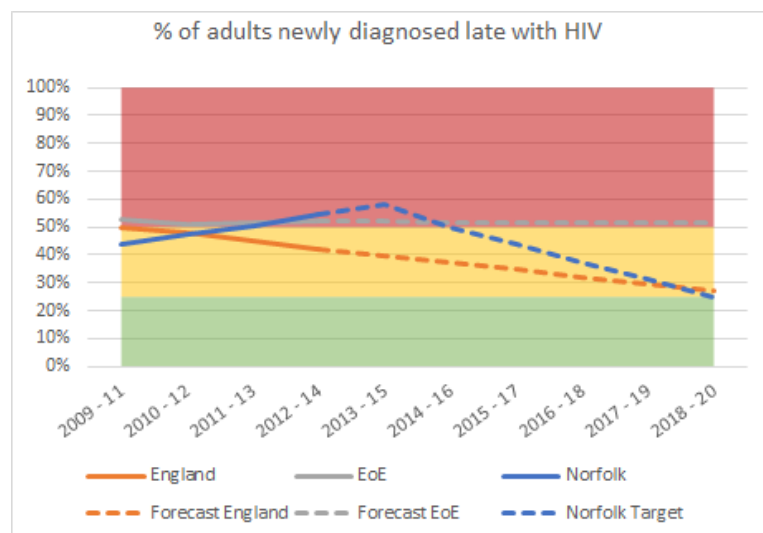
Data: Sandra Davies - Public Health Officer

HIV late diagnosis

Why is this important?

Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection and is essential to evaluate the success of expanded HIV testing. This indicator directly measures late diagnoses; over time it will show whether there is a trend towards earlier diagnosis. This indicator, as a measure of the time between infection and diagnosis, also indirectly informs our understanding of the proportion of HIV infections undiagnosed.

Performance



What is the background to current performance?

- In 2012-14, in Norfolk there were 71 people with HIV late diagnosis, out of 130 new cases (54.6%).
- Norfolk's percentage of adults newly diagnosed with late HIV has increased, whilst England's has decreased.
- The chart shows Public Health England's (PHE) RAG rating: Green <25%, Amber 25% to 50% and ≥50%. New Sexual Health provider started in 2015/16 and we would expect improvements in the results from 2014-16.
- In 2014 Norfolk's HIV prevalence is 1.11 per 1000, whilst Norwich's prevalence is 1.99 per 1000 (having dropped to from being a high prevalence area during the last two years). A prevalence of 2 is considered a high prevalence and BHIVA guide lines suggest expanding HIV testing.

What will success look like?

- Reduction in % of HIV late diagnosis
- Reduce the gap between England and Norfolk in % HIV late diagnosis.
- Reduce the rate of HIV late diagnosis to 50% in 2014-16 (PHE RAG rate amber) and reduce to <25% by 2018-20 (PHE RAG rate green).
- Reduction in prevalence of HIV.

Action required

- Extend HIV testing services to pharmacies, GPs and internet.
- Procurement of 3rd sector organisations that will target vulnerable, hard to reach groups who are at high risk.
- Marketing campaign, aimed to high risk groups, promoting STI testing.
- Our sexual health provider will be extending services to universities, gay venues, educational institutions and public places with high numbers of people.
- Provider is changing the process to improve communication of diagnosis results.

Responsible Officers

Lead: Dr Augustine Pereira - Consultant in Public Health

Data: Sandra Davies - Public Health Officer

4. Recommendations

4.1. Committee Members are asked to:

1. Agree that the two vital signs identified in section 2.2 can be removed from the list for this committee
2. Consider whether it is appropriate to extend the exception reporting criteria, as suggested in section 2.3
3. Review and comment on the performance data, information and analysis presented in the vital sign report cards and determine whether the recommended actions identified are appropriate or whether another course of action is required.

In support of this last recommendation, Appendix 1 provides:

- A set of prompts for performance discussions
- Suggested options for further actions where the committee requires additional information or work to be undertaken.

5. Financial Implications

- 5.1. There are no significant financial implications arising from the development of the revised performance management system or the performance management report.

6. Issues, risks and innovation

- 6.1. There are no significant issues, risks and innovations arising from the development of the revised performance management system or the performance management report.

Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, e.g. equality impact assessment, please get in touch with:

Performance: **Officer name :** Daniel Harry **Tel No. :** 01603 222568
Email address : daniel.harry@norfolk.gov.uk



If you need this report in large print, audio, braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

Performance discussions and actions

Reflecting good performance management practice, there are some helpful prompts that can help scrutinise performance, and guide future actions. These are set out below.

Suggested prompts for performance improvement discussion

In reviewing the vital signs that have met the exception reporting criteria and so included in this report, there are a number of performance improvement questions that can be worked through to aid the performance discussion, as below:

1. Why are we not meeting our target?
2. What is the impact of not meeting our target?
3. What performance is predicted?
4. How can performance be improved?
5. When will performance be back on track?
6. What can we learn for the future?

In doing so, committee members are asked to consider the actions that have been identified by the vital sign lead officer.

Performance improvement – suggested actions

A standard list of suggested actions have been developed. This provides members with options for next steps where reported performance levels require follow-up and additional work.

All actions, whether from this list or not, will be followed up and reported back to the committee.

Suggested follow-up actions

The suggested 'follow up actions' have been amended, following on from discussions at the Communities Committee meeting on 11 May 2016, to better reflect the roles and responsibilities in the Committee System of governance.

	Action	Description
1	Approve actions	Approve actions identified in the report card and set a date for reporting back to the committee
2	Identify alternative/additional actions	Identify alternative/additional actions to those in the report card and set a date for reporting back to the committee
3	Refer to Departmental Management Team	DMT to work through the performance issues identified at the committee meeting and develop an action plan for improvement and report back to committee
4	Refer to committee task and finish group	Member-led task and finish group to work through the performance issues identified at the committee meeting and develop an action plan for improvement and report back to committee
5	Refer to County Leadership Team	Identify key actions for performance improvement and refer to CLT for action
6	Refer to Policy and Resources Committee	Identify key actions for performance improvement that have 'whole Council' performance implications and refer them to the Policy and Resources committee for action.

Appendix 2 – Communities Committee Vital Signs indicators

A vital sign is a key indicator from one of the Council's services which provides members, officers and the public with a clear measure to assure that the service is performing as it should and contributing to the Council's priorities. It is, therefore, focused on the results experienced by the community. It is important to choose enough vital signs to enable a good picture of performance to be deduced, but not so many that strategic discussions are distracted by detail.

There are 27 vital signs indicators for the Communities Committee, seven of which relate to Public Health. Those in bold, 5 out of a total of 27, are vital signs indicators deemed to have a corporate significance and so will be reported at both the Communities Committee and the Policy and Resources Committee. All of the vital signs indicators will be reported to the CES Departmental Management Team and the Public Health Management Team.

Key to services:

- AN – Active Norfolk
- CS – Customer Services
- CES – Community and Environmental Services Department
- HW - Highways
- NCLS – Norfolk Community Learning Service
- NFRS – Norfolk Fire and Rescue Service
- NLIS – Norfolk Library and Information Service
- NMAS – Norfolk Museums and Arts Service
- NRO – Norfolk Record Office
- PH – Public Health
- RES - Resilience
- TS – Trading Standards

Service	Vital Signs Indicators	What it measures	Why it is important	Data
CES	Norfolk's communities are resilient, confident and safe	Individuals, communities and public service working better together	Having an integrated approach to demand management and asset based community development, which targets agencies' investment at the most vulnerable localities, is critical to the Council and the delivery of the Re-Imagining Norfolk strategy.	TBD

Service	Vital Signs Indicators	What it measures	Why it is important	Data
NLIS	Library service use	Library visits – physical and virtual	To demonstrate ongoing relevance and delivery of NCC priorities and to meet income targets.	Monthly.
NLIS	Active use of library resources	% of active children and young people library users against population	Contributes to the sub outcome that ‘all vulnerable people who live, work learn and are cared for will be safe and are more resilient and independent’.	Monthly.
NLIS	Active use of library resources	% of older people who are active library users against population		Monthly.
NCLS	Attendance Rate	% of positive attendance instances versus the total number of available instances	To meet funder and Ofsted requirements (improvement curve: All schools and education establishments are judged good or better by Ofsted). To contribute to excellence in education sub outcomes.	TBD
NCLS	Transition to employment	Number of learners supported into employment	Contributes to specific target to increase the number of people with Learning disabilities in work. Real jobs sub outcome – everyone who is able to work has the opportunity to.	TBD
NRO	Norfolk Record Office use	Norfolk Records Office Visits – physical and virtual including learning groups	Ensures that NRO collection is being utilised to deliver NCC priorities.	Cumulative monthly.
NMAS	Museum use	Museums visits – total visitors and school visits	Demonstrates contribution to Excellence sub outcomes and improvement curve.	Cumulative monthly.
TS	Business compliance with trading standards	% of businesses that are broadly compliant with trading standards	Helps ensure that poor business practice is corrected and consumers and legitimate businesses are protected.	Monthly.

Service	Vital Signs Indicators	What it measures	Why it is important	Data
NFRS	Response to emergencies	Emergency Response Standards	Responding quickly to an emergency can reduce the impact of the incident and save lives. We aim to get to a fire engine to 80% of 'Fires where life may be at risk' within 10 minutes and for 'Other emergencies where life may be at risk' within 13 minutes.	Monthly.
NFRS	Response to emergencies	On call fire station viability	Responding quickly to an emergency can reduce the impact of the incident. To do this the service needs its response resources to be available. This measure records the combined availability of the first on call fire engine from each station. The aim is to have these available 90% of the time.	Monthly.
RES	Response to emergencies	Status of Norfolk Resilience Forum plans to which NCC contributes	Ensure that plans and procedures are in place to prepare, respond and recover from emergencies.	Monthly.
CS	Customer satisfaction	Customer satisfaction with access channels	This measures the organisation's ability to respond efficiently and effectively to customer contact that are made.	Monthly.
CS	Channel shift	The percentage of Norfolk Households with an online account	This measures the percentage of our customer contacts that are made using electronic access as opposed to contact in person or by phone.	
AN	Active People participation data	Number of people involved in physical exercise and sport	Main measure for Sport England, the service's primary funder. Links with: health & well-being, academic attainment, jobs, good infrastructure.	TBD
AN	Physical inactivity	Inactive populations engaged across all programmes (<30 minutes per week at baseline) (%)	Key health & well-being measure as reducing inactivity is associated with significant savings to NHS and social care bill.	TBD
AN	Investment in Norfolk sport	Investment in sport & P.A. levered in by AN (£)	Demonstrates value Sport and physical activity brings to Norfolk economy, the role in employment, tourism and as a sector in its own right. Measure shows value added by service.	TBD

Service	Vital Signs Indicators	What it measures	Why it is important	Data
CES	External funding achievement	Income and external funding successfully achieved as a % of overall revenue budget	High quality organisations are successful in being able to attract and generate alternative sources of funding.	Cumulative monthly.
NMAS	Leverage of arts funding	Strategic investment by Arts Council England in cultural organisations and initiatives in Norfolk	Supports a diverse range of arts and cultural activity and events using minimal NCC direct investment.	TBD
PH	2.5 years integrated developmental review	% of Health and Developmental Reviews at age 2 – 2½ years that are delivered as part of the single integrated review with Early Years' Foundation Stage two year old summary.	Early intervention works best when the support systems operate in a co-ordinated manner.	Quarterly.
PH	Proportion of LAC aged 0-5yrs for whom health plan actions are complete at subsequent review	% of Looked After Children (LAC) aged 0-5yrs receiving a Review Healthcare Assessment in the last 12 months for whom all the actions due on their current Health Plan have been completed.	Looked after children have higher health needs due to their previous experiences with higher rates of mental health issues, emotional disorders such as anxiety and depression, hyperactivity and autistic spectrum disorder conditions.	Quarterly sample.
PH	Health and wellbeing measure	An overarching rank sum comprised of domains	This measure enables the overall health and wellbeing of people in different parts of Norfolk to be measured over time.	TBD
PH	Smoking Status at Time of Delivery / Smoking in pregnancy	The percentage of mothers smoking during pregnancy	Smoking in pregnancy can cause serious pregnancy-related health problems. Smoking in pregnancy is five times more likely in deprived areas so disproportionately impacts on deprived communities.	Quarterly.
PH	Engagement and retention of adult substance misuse clients	% of adult substance misuse users that left drug treatment successfully who do not re-present to treatment within 6 months	Poor parental mental health, exposure to domestic abuse and alcohol/drug abuse by parents strongly affect children's outcomes.	Quarterly.

Service	Vital Signs Indicators	What it measures	Why it is important	Data
PH	HIV late diagnosis performance	% of adults newly diagnosed late with HIV	Late diagnosis is associated with poorer outcomes, infection transmission and higher NHS and social care costs.	Annual.
PH	Reducing inequity in smoking prevalence	% of 4 week quits coming from the 20% most deprived areas in Norfolk.	Smoking is the most important cause of preventable ill health and premature mortality in the UK.	Quarterly.
PH	Teenage pregnancy	The rate of teenage pregnancies per 1,000 girls aged 15-17 years	Unplanned early parenthood can have devastating impacts on young parents' educational outcomes and aspirations, and on their future employment.	Quarterly, but significantly in arrears.

One of the vital signs indicators listed above also appear on the EDT Committee list:

- 'Income and external funding successfully achieved as a % of overall revenue budget'.