Communities Committee

Report title:	Performance management
Date of meeting:	7 September 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 third 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 26 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 26 vital signs indicators that fall within the remit of this committee, the following 6 indicators have met the exception criteria:

- % of older people who are active library users against population
- Performance against our Emergency Response Standards
- On call (retained) fire station availability
- Quality of Looked After Child Review Health Assessments (Under 5 years)
- Successful completion of drug treatment - % of adult substance misuse users (opiate and non-opiate) that left drug treatment successfully who do not re-present to treatment within 6 months
- HIV late diagnosis performance - % of adults newly diagnosed late with HIV

Of these, the 3 public health measures were previously considered at the last committee meeting on 29 June 2016 and their respective report cards were provided then. As these measures are quarterly or annual and there have been no data updates since the last committee meeting, only report cards for the first 3 measures listed above have been included and so only these will be discussed in depth as part of the presentation of this report.

On 19 July 2016 a Communities Committee workshop on Risk and Performance was held. All the Vital Signs reported to this Committee were considered and some were identified for possible removal from ongoing reporting to this Committee. Full notes from the workshop can be found at Appendix 3. Those vital signs for consideration are detailed within the body of this report.

Recommendations:
1. Agree which vital signs identified at the Communities Committee workshop on 19 July 2016 and detailed in section 4.1 can be removed from the list reported to this committee
2. 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 third 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 26 vital signs indicators.

1.2. This report contains:

- A Red/Amber/Green rated dashboard overview of performance across all 26 vital signs indicators
- Report cards for 3 of the 6 vital signs that have met the exception reporting criteria. Of the 6 vital signs meeting the exception reporting criteria the 3 public health measures were previously considered at the last committee meeting on 29 June 2016 and their respective report cards were provided then. As these measures are quarterly or annual and there have been no data updates since the last committee meeting, only report cards for the first 3 measures listed above have been included.

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 26 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, the Community and Environmental Services departmental management team and the Director of Public Health. As anticipated, the implementation of the new performance management system has tested the suitability of some of the vital signs indicators.

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.
- (Additional criteria added following agreement at previous meeting): 'Performance is off-target (Amber RAG rating) and has remained at an Amber RAG rating for three periods (months/quarters/years)'.

Norfolk County Council

NOTES:
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.
'White' spaces denote that data will become available; 'grey' spaces denote that no data is currently expected, typically because the indicator is being finalised.
The target value is that which relates to the latest measure period result in order to allow comparison against the RAG colours. A target may also exist for the current and/or future periods.

Monthly	Bigger or Smaller is better	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Target
{CES} Income and external funding successfully achieved as a % of overall revenue budget	Bigger	36.8%	34.8%	35.8%	37.2%	36.9%	36.7%	37.1%	37.0%	29.3%	25.0%	25.0%	31.9%	28.1%	**25.5%**
{Culture} Library Visits - physical and virtual *Cumulative Target*	Bigger	3.37m	4.18m	4.99m	5.85m	6.61m	7.38m	8.45m	9.56m	10.57m	0.99m	1.84m	2.73m	3.66m	**3.35m**
{Culture} % of active children and young people library users against population	Bigger							33.6%		33.6%	33.7%	33.6%	33.4%	34.5%	
{Culture} % of older people who are active library users against population	Bigger							19.3%		19.3%	19.3%	19.3%	18.9%	18.9%	
{Culture} NCLS - Attendance Rate – The % 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%	86.40%	86.40%	**85.0%**
{Culture} Norfolk Record Office Visits – physical and virtual including learning groups *Cumulative Target*	Bigger	42.6k	52.9k	64.0k	76.2k	87.3k	95.7k	106.9k	119.0k	130.0k	11.3k	21.4k	31.9k	42.7k	**42.6k**
{Culture} Museums visits – total visitors and school visits *Cumulative Target*	Bigger	40.9k	49.7k	35.6k	38.9k	21.9k	17.7k	22.8k	32.8k	33.3k	33.1k	35.8k	34.0k	33.9k	**35.4k**
{Public Safety} Performance against our Emergency Response Standards	Bigger	73.8%	73.1%	76.2%	78.0%	77.6%	79.3%	78.2%	78.1%	79.4%	78.6%	79.4%	80.5%	72.3%	**80.0%**
{Public Safety} On call (retained) fire station availability	Bigger	85.9%	81.5%	85.3%	86.4%	87.5%	87.3%	89.0%	86.6%	86.8%	85.7%	83.9%	82.6%	74.9%	**90.0%**
{Public Safety} % of businesses that are compliant	Bigger	93.5%	93.1%	94.9%	94.3%	93.6%	93.5%	96.8%	96.3%	96.4%	95.6%	95.3%	95.6%	95.5%	**95.0%**
{Public Safety} Status of Norfolk Resilience Forum plans to which NCC contributes	Bigger	60.0%	60.0%	60.0%	60.0%	75.0%	75.0%	75.0%	81.0%	71.4%	68.2%	85.7%	83.0%	87.0%	**85%**
{Customer Access} TBD - The percentage of contacts using electronic access	Bigger														
{Customer Access} Customer satisfaction with access channels	Bigger	94.0%	95.0%	95.0%	95.0%	96.0%	95.0%	95.0%	95.0%	96.0%	96.0%	95.4%	96.1%	data availa	**90.0%**

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

Indicator	Bigger or Smaller is better	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Target
{PH} % 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														
{PH} Quality of Looked After Children Review Health Assessments (0-4 years) - % 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%
{PH} Teenage pregnancy - Rate of conceptions per 1,000 females aged 15-17	Smaller				23.1	22.2	21.9	20.3	19.8						20.0
{PH} Successful completion of drug treatment - % of adult substance misuse users (opiate and non-opiate) 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%				11.0%
{PH} 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%
{PH} 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%			

Annual (calendar)	Bigger or Smaller is better	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Target
{PH} 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
{CES} Individuals, communities and public service working better together - TBD	Bigger														
{PH} Health and Wellbeing: Domain 1 - adult risk exposure / lifestyle (in development)	Bigger													61	
{PH} Health and Wellbeing: Domain 2 - health care amenable factors / secondary prevention (in development)	Bigger													96	
{PH} Health and Wellbeing: Domain 3 - social and financial conditions (in development)	Bigger													89	

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Measure	Polarity															
{PH} Health and Wellbeing: Domain 4 - children and young people (in development)	Bigger													64	
{PH} Health and Wellbeing: Domain 5 - older people outcomes (in development)	Bigger													123	
{Culture} Regular participation in sport	Bigger		32.50%		35.80%	34.90%	33.00%	31.00%	33.70%	32.50%	34.70%	33.00%			
{Culture} The number of inactive people who are supported to access sport and physical activity by Active Norfolk	Bigger														
{Culture} Investment in sport & physical activity levered in by Active Norfolk	Bigger														
{Culture} Strategic investment by Arts Council England in cultural organisations and initiatives in Norfolk	Bigger											£4.07m	£5.62m	£7.0m	*Cumulative Measure*

2.5.   Notes to accompany the Communities Committee performance dashboard.

Where cells have been greyed out this indicates: that data is not available due either to the frequency of reporting or the vital sign being under development. In this case, under development can mean that the vital sign has yet to be fully defined (e.g. Individuals, communities and public service working better together) or that baseline data is being gathered (eg. Active People participation data).

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.

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. There are 6 measures that have met the exceptions criteria. Of these, 3 public health measures meeting the exceptions criteria were previously considered at the last committee meeting on 29 June 2016 and their respective report cards provided. As these measures are quarterly or annual and there have been no data updates since the last committee meeting, only report cards for the first 3 measures meeting the exceptions criteria have been included.

3.4.   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

3.5.   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.

% of older people who are active users against population

Performance	What is the background to current performance?
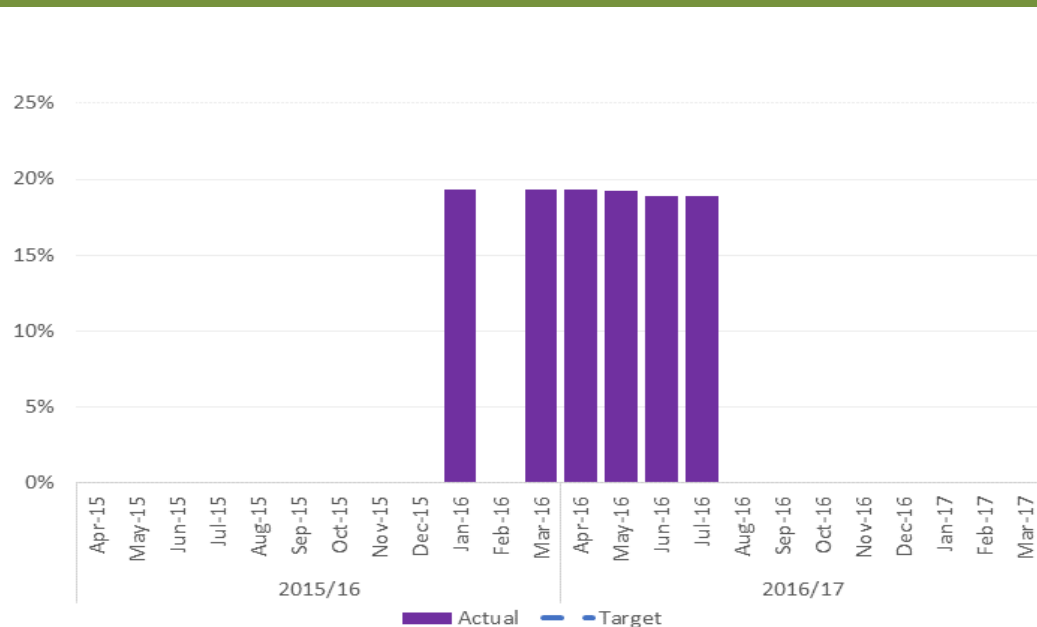
What is the background to current performance?

- Active Library Membership aligns with the 'Healthy Lives, Healthy People' strategy for public health, the Five Ways to Wellbeing and the 2011 cross government strategy, 'No Health Without Mental Health' to: Improve health and keep people well through early intervention and prevention strategies that tackling underlying causes: chronic loneliness, isolation and inactivity.
- The % of older people that are active users of the service has declined since 2010. Activity to encourage new users tends to focus on supporting vulnerable older people through shared reading, ICT skills support, and reading and activities to develop individual and group resilience.
- The specific and often person-centred work that the service now works on often leads to successful individual outcomes that meet corporate priorities, rather than significant numbers of book borrowers with no evidence of impact.
- From Jun-16 the population has been updated to reflect the mid-2015 population estimate (for this indication this is an increase of 1.9%)

What will success look like?

- This is a new measure and so limited data is available at this time
- % of active older customers increases

Action required

- Increased links with Social care colleagues in localities, volunteers and Friends of libraries to promote opportunities and develop libraries as hubs in communities, including planning person centred activities.
- Work with partners to increase range of activities that address the needs of older people through consultation with older people.
- Work with partners, volunteers and Friends of libraries to develop grant applications and grant aided projects that help to prevent social isolation and to increase literacy and learning.
- Increase volunteering opportunities for older people
- Develop an evaluation methodology that evidences the qualitative impact of library provision.

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

Emergency Response Standards (ERS) for Norfolk Fire and Rescue Service

Why is this important?

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.

Performance
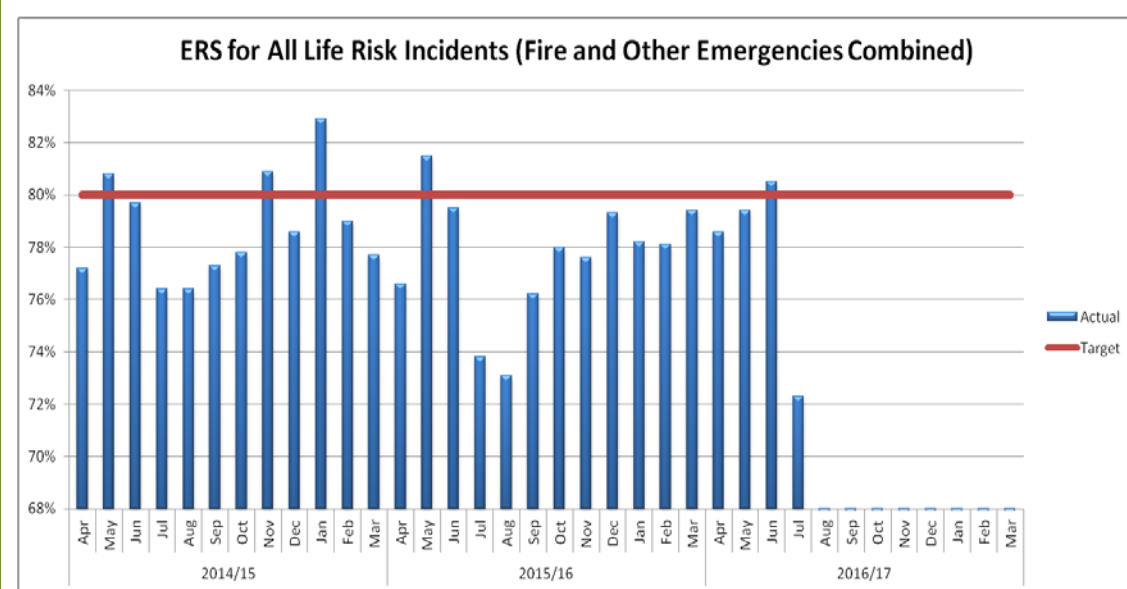
What is the background to current performance?

- ERS has been in steady decline as shown by the annual average data:
  - 2012/13   81.8%
  - 2013/14   78.8%
  - 2014/15   78.7%
  - 2015/16   77.5%
- The nature and location of calls we attend is changing. We have successfully reduced the number of false fire alarms we attend meaning our resources are ready to respond to genuine emergencies. This means we get fewer calls in urban areas which are quicker to get to.

What will success look like?

- We will consistently reach life risk calls within our emergency response standards (above the 80% of life risk calls) across Norfolk
- The economic cost of fire in Norfolk will reduce as we will get to emergencies quickly, reducing the impact of the fire/emergency in terms of damage caused and fewer casualties and fatalities.

Action required

- We are currently reviewing the calls we classify as "life may be a risk" to make sure we are recording the right information.
- We are working to improve the availability of our retained firefighter resources to ensure we are available to respond quickly when needed.

Responsible Officers

Lead: David Ashworth, Brigade Manager: Operations   Data: Mark Wilson-North

On Call (Retained) Fire Station Availability

Why is this important?
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.

Performance	What is the background to current performance?
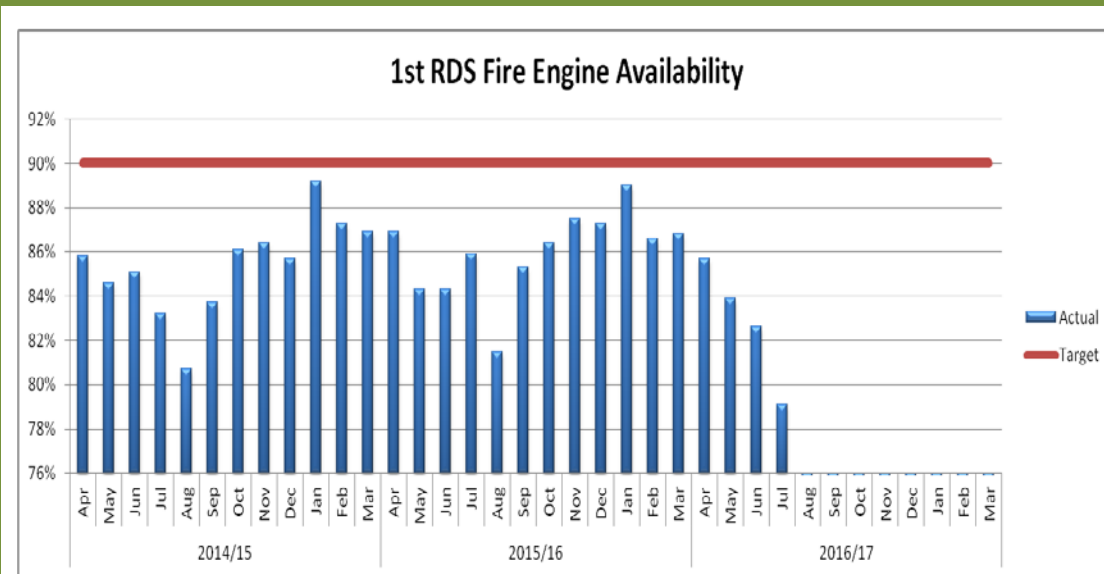
What is the background to current performance?

- On call (retained) firefighters are employed on a contract to provide a set number of hours "availability". They must be located within 5 mins of their station and are paid to respond to emergencies. They often have alterative primary employment.
- Retained availability has been in decline so the service has been taking action to improve this. Current performance is showing an improvement (see annual average data below).
  - 2012/13   90.4%
  - 2013/14   88%
  - 2014/15   85.4%
  - 2015/16   86.1%
- Challenges for RDS availability include recruitment and retention (finding people who are prepared to be firefighters and stay within 5 minutes of station and primary employment pressures) e.g. If Outwell station was excluded from these figures performance would be 2.4% higher.

What will success look like?	Action required

What will success look like?

- Consistent performance above the 90% target
- The first fire engine responds to an emergency when they are needed (avoiding the need to send the next closest available fire engine).
- Wholetime (full-time) firefighting resources are almost always available so they have not been included in this data.

Action required

- Currently recruiting on call firefighters at a number of stations
- Outwell has had significant issues with recruitment following firefighter resignations. There is a recruitment campaign and development ongoing. Improvements expected in Dec 16.
- At Dereham the Urban Search and Rescue Team are providing emergency response cover during the day, therefore the availability of this fire engine is excluded from the first RDS fire engine availability figures. (action from IRMP 2016-20)
- Managers regularly review the availability provided by on call firefighters to ensure they comply with their contracted arrangements and performance manage this where required.

Responsible Officers	Lead: David Ashworth, Assistant Chief Fire Officer: Operations Data: Mark Wilson-North

4. Communities Committee Workshop on Performance & Risk

4.1. A workshop was held on 19 July 2016 with Members of this Committee to review the risks and vital signs that they have oversight of. The outcome of which is summarised in Appendix 3.

A total of 6 vital signs indicators were identified and recommended for possible removal from the Communities Committee dashboard. These were:

Vital Sign indicator	Reasons for proposed removal	Any additional risks to removing the indicator
Norfolk Community Learning Services - % of positive attendance instances versus the total number of available instances	This is already being managed at a Steering Group and service level	Given previous performance issues, and the NCLS improvement journey, it may be deemed important that Committee can evidence to Ofsted that they continue to oversee performance levels.
Active Norfolk - Number of people involved in physical exercise and sport	These indicators are being 'decommissioned' by Sport England and are due to be replaced. In the meantime they are being managed at Board and Service Level.	Without these indicators this service is not monitored by members.
Active Norfolk – Inactive populations engaged across all programmes (<30 minutes per week at baseline) (%)		
Active Norfolk - Investment in sport and Physical Activity levered in by Active Norfolk (£)		
Public Health - Health and wellbeing measure – an overarching rank sum comprised of domains	This is not strictly a performance indicator, and is better suited to inclusion in the Director of Public Health Report	This is monitored by the Policy & Resources Committee, and removal here would mean CES Committee members would not get to comment upon changes ahead of P&R discussions.
Public Health - % of adults newly diagnosed late with HIV	This is already being managed at a Steering Group and Service level.	This measures a service that prevents the need for higher levels of spending in Adult Social Care.

Members are asked to formally agree the removal of all or some of these vital signs from inclusion on future versions of the Communities Committee dashboard.

4.2. Members present at the workshop also discussed the different ways in which customer satisfaction could be measured, specifically the 'Customer satisfaction with access channels' vital sign. It was agreed to include in this report a detailed outline of how customer satisfaction currently is measured and reference to how it could be measured in the future.

4.3.   Currently, the "Customer Satisfaction with Access Channels" vital sign is measured using Govmetric, a customer feedback facility which automatically provides a satisfaction score based on customer responses. NCC have operated Govmetric since the 1st October 2014 - initially just for email in the Customer Service Centre – the telephone feedback module has been operational since the 13 October 2014, with web and complaints coming online post October 2014.

4.4.   We know that due to the nature of a complaints service, it is unlikely that customers rate their service as good. From July 2015 the question sets were changed to ensure that we picked up feedback about complaints service, as opposed to the poor service that the customer had complained about in the first place. It was expected that this change would improve the overall feedback rating going forward, and provide useful feedback for complaints service improvements.

4.5   Govmetric facilitates the monitoring of this vital sign, measuring the organisations ability to attract the right calls and deal with them effectively. Where people are phoning to chase an earlier contact / request it is a signal of inefficiency in the organisation – it also adds unnecessary cost in dealing with a second customer contact.

4.6   The method and calculation employed is based on the number of customers leaving positive feedback, as a % of all customers leaving feedback across Telephone, Web and email access channels. The reporting frequency is quarterly, monthly, on the 5th working day of the month. High values are good. Benchmarking is sourced from Govmetric who release a monthly net promoter leaderboard for all councils that use the system (so effectively rating is consistent with other councils). Currently the target is 90%.

4.7   Customers are asked to rate the service they have received from both the department they were trying to access and the customer service centre staff assisting. All question response options are "Good", "Average" and "Poor". When a customer is asked about the service they have received from the customer service centre staff member, where they respond with "Average" or "Poor" they are then prompted to answer additional questions about the staff member's service provision. The full process map is available to view at Appendix 4.

4.8   Additionally, there is a specific "Web Channel Question Set" that asks customers to rate satisfaction with their website experience. This question set is particularly focused on areas around ease of use, clarity of information, user-friendly layout, whether links worked or information was out-of-date etc. A more detailed explanation of the questions can be found at Appendix 5.

4.9   Officers are currently evaluating what alternative measurements the new CRM system offers.

5. Recommendations

5.1. Committee Members are asked to:

1. Agree which of the six vital signs identified in section 4.1 can be removed from the list for this committee
2. 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.

6. Financial Implications

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

7. Issues, risks and innovation

7.1. 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 :** Austin Goreham **Tel No. :** 01603 223138
Email address : austin.goreham@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.

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 26 vital signs indicators for the Communities Committee, seven of which relate to Public Health. Those in bold, 5 out of a total of 26, 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
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- NMAS – Norfolk Museums and Arts Service
- NRO – Norfolk Record Office
- PH – Public Health
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- 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**
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
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'.

Communities Committee workshop on risk and performance
2.00pm on 19 July 2016 in the Edwards Room

NOTES

Attending (members)
Cllr Bearman
Cllr Brociek-Coulton
Cllr Dewsbury
Cllr Humphrey
Cllr Shaw
Cllr Ward
Cllr Northam.

Attending (officers): Austin Goreham; Daniel Harry; Tom McCabe; Thomas Osborne; Sarah Rhoden; Adrian Thompson.

What follows is a summary of some of the key points raised in the group discussions.

Risk
- Risks are regularly considered at departmental management team meetings and independently reviewed by the Risk Management Officer (RMO), who attends for that item. They are also reviewed by Risk Owners, lead officers at a service level and by Members at Committee (service committee, Policy and Resources and Audit). The management of risk is kept lean but is sufficient to meet the relevant regulations
- Current Risk Tolerance scores are not static but change according to mitigating actions put in place and changing circumstances
- Risks across all services provided by the Council are reviewed by the RMO as a whole to ensure that connections are made between them
- Risks are monitored at different levels, according to what the severity of the risk is and what mitigating actions are required: service level; departmental/committee level; corporate level (Audit Committee)
- The interaction between risk, performance and finance measures is reviewed by officers
- The risks that have been identified for the Communities Committee were reviewed and agreed as being appropriate
- Members were encouraged to engage in an ongoing discussion about risk both at committee and with officers.

Performance
- Performance reports are produced at a service and departmental level on a monthly basis. Exception based performance reports are presented to Committee on a quarterly basis
- The key exception criteria are: red RAG in the current period; and/or three consecutive periods of deteriorating performance
- As with risk, the focus is upon what we do in response to poor performance and how we drive performance improvement. This is outlined in the 'reports cards'

- The Committee has direct oversight of 26 vital signs performance indicators. A vital sign "Measures things core to the success of the organisation – providing significant insight into what is driving good or bad performance AND warns of, or accompanies, changes in performance at population or outcome level."
- Whilst the performance of the 26 vital signs is reported to committee, there are a large number of other performance indicators that are regularly reported at a service and departmental level. Should the performance of any of these indicators deteriorate, then they will be escalated to the departmental or committee level
- The existing 26 vital signs indicators were reviewed and it was suggested that the following no longer be reported to the committee, subject to formal agreement at the next meeting of the Communities Committee:

Vital Sign Indicator	Rationale for removal from committee list
Norfolk Community Learning Services - % of positive attendance instances versus the total number of available instances	This is already being managed at a Steering Group and Service level
Active Norfolk - Number of people involved in physical exercise and sport	This is already being managed at a Board and Service level. A new set of performance indicators is expected from Sport England
Active Norfolk - Inactive populations engaged across all programmes (<30 minutes per week at baseline) (%)	This is already being managed at a Board and Service level. A new set of performance indicators is expected from Sport England
Active Norfolk - Investment in sport and Physical Activity levered in by Active Norfolk (£)	This is already being managed at a Board and Service level. A new set of performance indicators is expected from Sport England
Public Health - Health and wellbeing measure - an overarching rank sum comprised of domains	This is not a performance indicator and is better suited to inclusion in an annual report, such as the Director of Public Health Report
Public Health - % of adults newly diagnosed late with HIV	This is already being managed at a Steering Group and Service level.

- Members also discussed the different ways in which customer satisfaction could be measured, specifically the 'Customer satisfaction with access channels' vital sign. It was agreed to include in the next performance management report to the September Communities Committee meeting a detailed outline of how customer satisfaction currently is measured and how it could be measured in the future.

END

Daniel Harry
Business Intelligence and Performance Service
Norfolk County Council   20 July 2016

Appendix 4: GovMetric Survey – CSC – Process Map

Please rate the service from the department you received today (**excluding the staff member who responded from the Customer Service Centre**)

| Good | Average | Poor |

(Mandatory) Please provide any comments regarding the service you

Now thinking about the staff member who responded to you today from **the Customer Service Centre**, please rate the response you received

| Good | Average | Poor |

Did the staff member understand your query and answer it fully?

| Good | Average | Poor |

Was the staff member polite and friendly?

| Good | Average | Poor |

Was the reply easy to understand?

| Good | Average | Poor |

Did the reply contain online links to the information you were given or any further advice regarding your query?

| Yes | No |

(Mandatory) Please provide your postcode or reference

(Mandatory) Please provide your postcode or reference number

Thank you, we take all feedback seriously and will use this to further improve our services. ← Any further comments?

Norfolk CC - Web Channel Question Set

Overall how do you rate your visit to this website today?

Q1. Is your feedback about

     A. This web page – *route customer to question 2*

     B. The website as a whole – *route customer to extra comments Q2*

     C. A council service, policy or decision - *route customer to extra comments Q3*

Q2. Please Rate this webpage / website

(remove current second smileys as this may frustrate customer).

What was good about this page / the website? (Please select the main reason why…)

     A. It was easy to find what I was looking for

     B. It was easy to carry out the task I needed to do (fill out form etc.)

     C. The information was explained clearly

     D. It answered my question / gave me the information I needed

     E. The page was well laid out, in a way that helped me find what I wanted

     F. Other

     Please type here

Why did you rate this page / the website as average? (Please selection the main reason why…)

     A. I found what I was looking for, but it wasn't easy

     B. It wasn't easy to carry out task I needed to do (fill out form etc.)

     C. The information was not fully explained

     D. The information I found did not fully answer my question.

E. The page layout made it harder to find what I wanted

F. Other

```
Please type here
```

Why did you rate this page/ the website as poor? (Please select the main reason why…)

A. I could not find what I was looking for

B. I couldn't carry out task I needed to do (fill out form etc.)

C. The information did not answer my question

D. The information was incorrect or out of date

E. A link or download did not work

F. The page layout prevented me from finding what I wanted

H. Other

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Please type here
```

Q3. Comments/Suggestions…

If you would like to leave additional comments or suggestions please use the box below:

Q4. Postcode Entry…

To help us understand our customers better, it would be useful if you could also tell us your postcode. This information will not be shared with anyone else, or used for contacting you:

Q5. Contact details - Optional

If you would like us to contact you regarding your comment, please leave your preferred contact details below.

We will make every effort to respond to your comment should you provide your details, however this may not always be possible due to the level of responses received.

Please note your contact details and the information you provide will be shared with other council employees to help improve services and to improve the design and operation of our website. The information will be used in accordance with the website's accessibility policy and will not be used for marketing purposes.

Name

Telephone

Email

Q6. Thank you

The information in this survey will not be shared or used for contacting you.

Thank you for taking the time to complete this survey.