Communities Committee

Item No……

Report title:	**Performance management**
Date of meeting:	**17 January 2018**
Responsible Chief Officer:	**Tom McCabe - Executive Director, 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

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 collected and are available if requested.

Of the 18 vital signs indicators that currently fall within the remit of this committee, 7 indicators have met the exception criteria. Of those only 6 have met the exception criteria based on new data and so will be considered in this report:

- Number of people killed and seriously injured on Norfolk's roads
- % of active children and young people library users against population
- On call (retained) fire station availability
- Successful completion of substance misuse treatment - % of adult substance misuse users (opiate, non-opiate and alcohol) that left treatment successfully and did not re-present to treatment within 6 months
- Teenage pregnancy - Rate of conceptions per 1,000 females aged 15-17
- Smoking status at time of delivery - % of women who smoke at time of delivery

Recommendations:

1. **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 (refer to list of possible actions in Appendix 1).**

In support of this, 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

1. Introduction

1.1. This performance management report is based upon the revised Performance Management System, which was implemented as of 1 April 2016, and the committee's 18 vital signs indicators.

Measure "320 (CIL) The number of active 'My Norfolk' accounts" which was previously reported to this committee has been moved to report to the Digital Innovations and Efficiencies committee. A new measure "342 (PH) NHS Health checks received by the eligible population" has been added to those measures reported to this committee.

1.2. This report contains:

- A Red/Amber/Green rated dashboard overview of performance across all 18 vital signs indicators
- Report cards for those 6 vital signs that have met the exception reporting criteria.

1.3. 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 18 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.

The vital signs indicators are monitored during the year and are subject to review when processes are amended to improve performance, to ensure that the indicator correctly captures future performance. An annual review of all CES vital signs was undertaken through July and August to confirm the suitability of indicators, their targets and technical definitions and to ensure that all vs indicators continue to effectively monitor performance. A list of all existing and proposed vital signs indicators is available in Appendix 2.

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.
- Performance is off-target (Amber RAG rating) and has remained at an Amber RAG rating for three periods (months/quarters/years)'.

2.4. Communities Committee performance dashboard.

Norfolk County Council

Communities Committee - Vital Signs Dashboard

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	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Target
{PH} Number of people killed and seriously injured on Norfolk's roads	Smaller	402	414	415	418	415	404	406	406	419	423	417	412		354
{FBP} Income and external funding successfully achieved as a % of overall revenue budget	Bigger	30.6%	29.9%	30.3%	34.4%	35.2%	30.5%	25.1%	27.2%	31.6%	31.6%	32.2%	31.9%	32.5%	25.1%
										668779 / 290260	668779 / 290260	616456 / 290610	468833 / 289761	766311 / 291880	940
{CIL} Library Visits - physical and virtual	Bigger	7.59m	8.8m	10.0m	11.17m	12.27m	13.46m	1.08m	2.21m	3.37m	4.56m	5.77m	7.02m	8.39m	7.87m
{CIL} % of active children and young people library users against population	Bigger	34.0%	33.7%	33.4%	32.8%	32.9%	33.0%	32.7%	32.5%	32.2%	33.2%	33.0%	32.8%	32.8%	34.0%
		57069 / 167941	56672 / 167941	56153 / 167941	55110 / 167941	55290 / 167941	55406 / 167941	54896 / 167941	54572 / 167941	54449 / 169296	56183 / 169296	55913 / 169296	55572 / 169296	55598 / 169296	
{CH} Norfolk Record Office Visits – physical and virtual including learning groups	Bigger	74.4k	85.5k	94.3k	106.5k	119.3k	131.7k	11.1k	22.2k	33.8k	44.5k	56.7k	69.5k	81.2k	72.3k
{CH} Museums visits – total visitors and school visits	Bigger	39.2k	23.8k	18.2k	19.4k	27.6k	31.4k	38.0k	36.5k	35.3k	43.3k	64.5k	49.0k	39.8k	34.7k
{NFRS} Performance against our Emergency Response Standards	Bigger	76.1%	76.6%	81.5%	80.6%	77.7%	78.4%	81.9%	81.0%	81.3%	80.1%	80.3%	76.4%	77.7%	80.0%
								354 / 432	387 / 478	409 / 503	418 / 522	417 / 519	331 / 433	296 / 381	
{NFRS} On call (retained) fire station availability	Bigger	80.4%	82.3%	81.1%	85.3%	81.7%	81.8%	82.0%	81.8%	79.9%	79.9%	79.6%	82.7%	83.2%	90.0%
								693349 / 910655	102105 / 881279	318522 / 855359	588984 / 883871	355932 / 883871	70.8m / 85.5m	73.5m / 88.4m	
{PE} % of businesses that are compliant	Bigger	94.7%	96.1%	95.8%	95.9%	96.0%	95.3%	95.1%	95.5%	95.5%	94.8%	94.7%	94.9%	95.0%	95.0%
		788 / 832	797 / 829	817 / 853	809 / 844	782 / 815	771 / 809	833 / 876	834 / 873	900 / 942	907 / 957	894 / 944	888 / 936	861 / 906	
{PH} Status of Norfolk Resilience Forum plans to which NCC contributes	Bigger	91.7%	91.7%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	85%
		22 / 24	22 / 24	23 / 24	23 / 24	23 / 24	23 / 24	23 / 24	23 / 24	23 / 24	23 / 24	23 / 24	23 / 24	23 / 24	

{CIL} Customer satisfaction (with access channels)	Bigger							98.5%	98.5%	98.6%	99.2%	84.7%	86.4%	86.2%	**90.0%**
{PH} Looked After Children Review Health Assessments (0-4 years) - % of Looked After Children Review Health Assessments (0-4) that were fully completed within timescales	Bigger	94.6%	94.4%	94.4%	95.2%	88.9%	100.0%	96.4%	98.1%	100.0%	93.1%	92.1%	96.8%		**100%**
		35 / 37	34 / 36	34 / 36	40 / 42	40 / 45	53 / 53	53 / 55	53 / 54	55 / 55	54 / 58	58 / 63	61 / 63		
{PH} Successful completion of substance misuse treatment - % of adult substance misuse users (opiate, non-opiate and alcohol) that left treatment successfully and did not re-present to treatment within 6 months	Bigger	17.2%	17.8%	17.9%	18.0%	17.8%	17.8%	17.2%	17.7%	17.8%		18.9%			**22.3%**
		729 / 4234	753 / 4220	747 / 4173	745 / 4135	734 / 4117	722 / 4062	695 / 4045	706 / 4000	705 / 3962		733 / 3875			

Quarterly / Termly	**Bigger or Smaller is better**	**Sep 14**	**Dec 14**	**Mar 15**	**Jun 15**	**Sep 15**	**Dec 15**	**Mar 16**	**Jun 16**	**Sep 16**	**Dec 16**	**Mar 17**	**Jun 17**	**Sep 17**	**Target**
{PH} Teenage pregnancy - Rate of conceptions per 1,000 females aged 15-17	Smaller	21.9	20.3	19.8	18.8	20.0	21.3	21.3	22.4						**18.4**
{PH} Reducing inequity in smoking prevalence - % of 4 week quits coming from the 20% most deprived areas in Norfolk	Bigger	32.8%	31.3%	34.7%	36.0%	30.6%	33.3%	34.8%	35.5%	31.5%	45.2%	29.3%	41.3%		**32%**
		138 / 421	166 / 531	202 / 582	196 / 544	144 / 470	268 / 806	191 / 549	141 / 397	112 / 356	150 / 332	144 / 492	137 / 332		
{PH} Smoking status at time of delivery - % of women who smoke at time of delivery	Smaller	13.5%	13.8%	14.1%	13.4%	14.0%	13.0%	12.7%	12.1%	11.9%	12.3%	12.7%	13.3%		**11.9%**
		1109 / 8437	976 / 7103	959 / 6355	955 / 6335	970 / 6347	1101 / 7784	1105 / 8635	1059 / 8667	1034 / 8659	1050 / 8565	1074 / 8469	1121 / 8450		
{PH} NHS Health Checks received by the eligible population	Bigger				19.9%	22.4%	24.6%	27.3%	29.8%	31.8%	33.9%	36.2%	38.3%		**38%**
					52633 / 264133	59074 / 264133	64994 / 264133	72121 / 264133	78605 / 264133	83885 / 264133	89490 / 264133	95622 / 264133	101175 / 264133		

Annual (financial / academic)	**Bigger or Smaller is better**	**2004/05**	**2005/06**	**2006/07**	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**Target**
{CH} Strategic investment by Arts Council England in cultural organisations and initiatives in Norfolk	Bigger										£4.07m	£5.62m	£7.0m	£7.14m	**£7.52m**

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 (e.g. Active People participation data).

Key to services:

- CIL – Community, Information and Learning
- CH – Culture and Heritage
- FBP – Finance Business Partner
- HW – Highways
- NCLS – Norfolk Community Learning Service
- NFRS – Norfolk Fire and Rescue Service
- PE – Planning and Economy
- PH – Public Health

3. Report cards

3.1. A report card has been produced for each vital sign. These provide a succinct overview of performance and outlines what actions are being taken to maintain or improve performance. The report card follows a standard format that is common to all committees.

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 also collected and are available to view if requested.

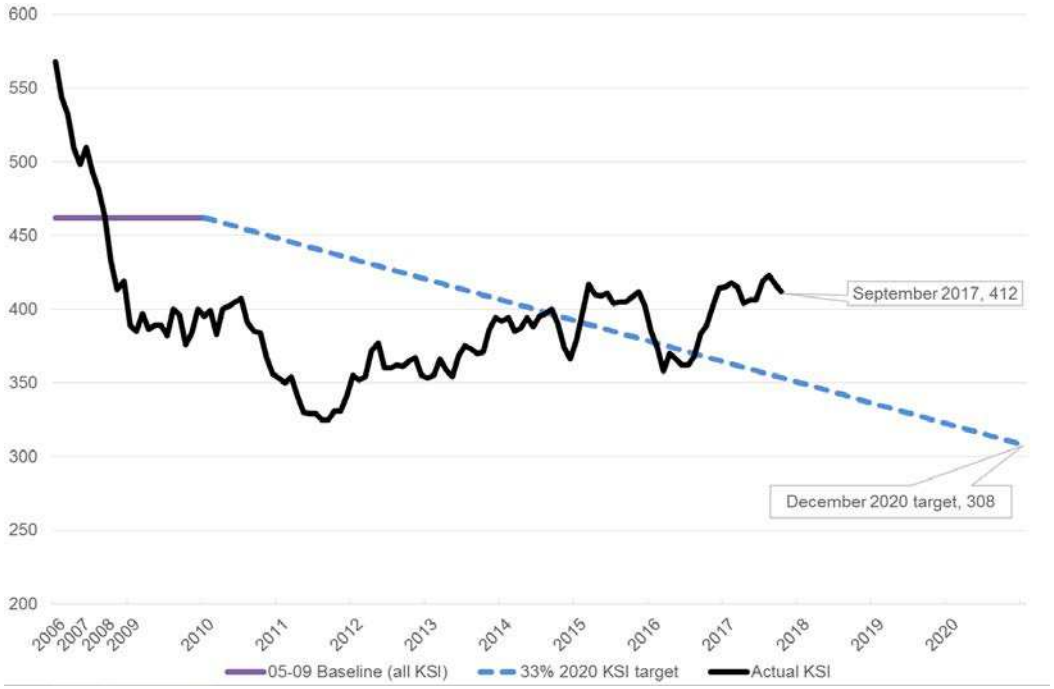
3.4. Provided in Appendix 1 is a set of prompts for performance discussions that Members may wish to refer to as they review the report cards. There is also a list of suggested options for further actions where the committee requires additional information or work to be undertaken.

People Killed or Seriously Injured (KSI) on Norfolk's Roads

Why is this important?

In 2016, 37 people were killed and 377 were seriously injured in road collisions in Norfolk, representing a significant emotional and financial burden to local people and services.

Performance



This graph represents the 12-month rolling figure for the number of KSI.

What is the background to current performance?

- The period of positive performance during the latter half of 2015 and start of 2016 has been reversed, with the 12-month rolling KSI figure standing at 412 to the end of September 2017. KSI numbers are above the trend line projected forward to our 2020 target figure.
- The sharp decline in the number of KSI from early 2006 to late 2010 can be attributed to improved in-car safety standards, greater compliance with speed limits, and the 2008-2013 recession which suppressed casualty numbers by limiting access to certain modes of transport;
- The general rise in the number of KSI from early 2011 is greater than national figures. Norfolk KSIs have risen 6.2% compared with 2.9% nationally (to September 2016)
- Norfolk has a lower KSI rate per 100,000 people, and per billion vehicle kilometres than its statistical neighbour authority Lincolnshire, but is outperformed in both measures by other neighbours Somerset and Suffolk;
- Future performance cannot be accurately predicted due to the number of factors which influence collisions on the road.
- Changes to police accident recording methodology may have had an effect and this is currently being investigated.

What will success look like?

- A downward trend in recorded KSI casualties against increases in vehicle kilometres and population increases;
- A saving to the local economy and local services of around £1.8 million per fatal casualty prevented, and around £206,000 for every serious casualty prevented.

Action required

- Continue with targeted local interventions and work with stakeholders
- Continue regular monitoring of sites which experience higher than expected collision numbers in order to identify remedial schemes
- Continue regular Safety appraisal of new highway improvement schemes

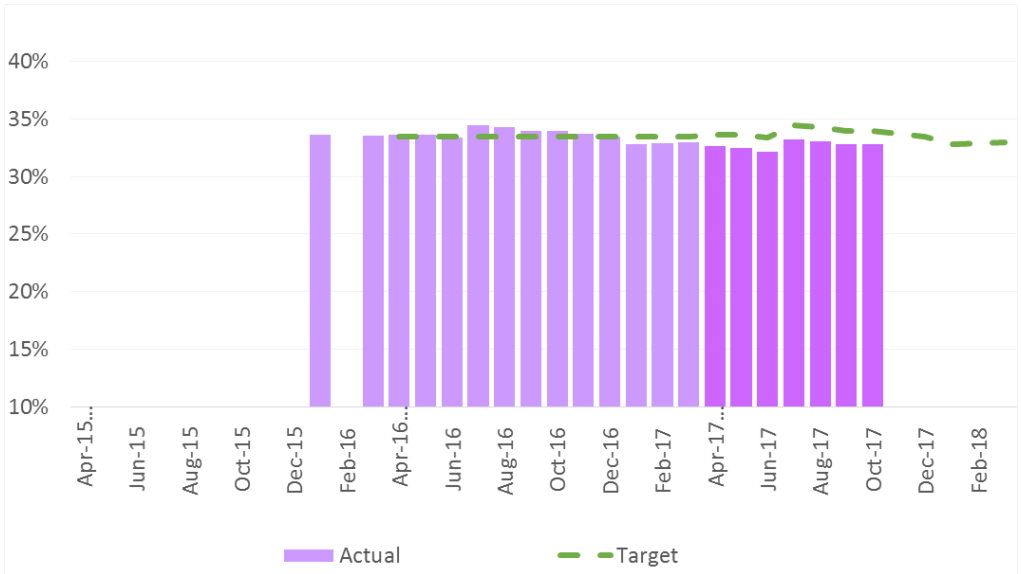
Responsible Officers	Lead: Dave Stephens, Team Manager Network Management (Analysis & Safety) Data: Nile Pennington, Analyst Road Casualty Reduction

% of active children and Young people users against population

Why is this important?

To demonstrate contribution to Excellence in Education sub outcomes and improvement curve targets.

Performance



What is the background to current performance?

- There is significant evidence of the difference visiting the library makes in terms of the impact on early learning outcomes and developing the building blocks for literacy and reading, including evidence in National Literacy Trust, Booktrust and The Reading Agency research.
- 1,655,932 children's books were borrowed in 2016-17. This means that 36.5% of total book issues and renewals were children's titles.
- 33% of all under 18's and 32% of Under 5's in Norfolk have used their library card in 2016-17, whilst for 8 year olds this rises to 47.8%.
- There has been a population increase applied from June 2017 to reflect the publication of the ONS mid-2016 population estimates.
- There are various documents outlining the difference that reading for pleasure makes and many are referenced in this document:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/284286/reading_for_pleasure.pdf

What will success look like?

- This is a new measure which means that limited data is available at this time
- A year on year 1% increase of children and young people regularly using their library card to borrow items and to use library resources.

Action required

- Review if any further resources or information is needed for Registrars to offer and promote library joining and use from birth.
- Annual review of partnership agreements between NLIS and Children's Centres
- Explore with Children's Services Early Help embedding promoting library membership and use into working practices for the Children's Workforce
- Continue to promote library joining and library use to Looked After Children
- Continue to promote library use to parents and families.

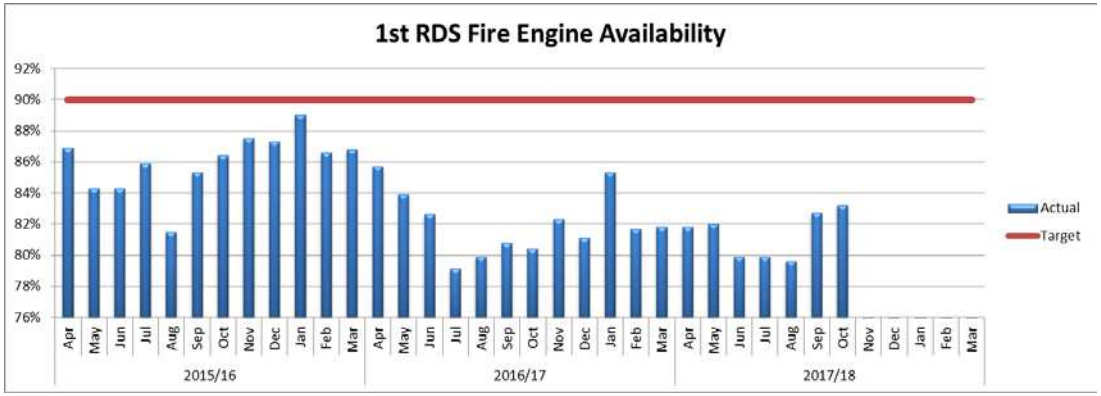
Responsible Officers	Lead: Jan Holden – Head of Libraries and Information	Data: Marlene Peachey – Analyst (I & A)

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?

- 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 is taking action to improve this.
  - 2013/14 88%
  - 2014/15 85.4%
  - 2015/16 86.1%
  - 2016/17 82.1%
  - 2017/18 81.3% (Financial Year to Date)
- 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 0.8% higher (October).

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, a media campaign has recently been run with significant interest
- Outwell has had significant issues with recruitment following firefighter resignations. Improvements are expected as new recruits complete their training.
- 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, Chief Fire Officer Data: Mark Wilson-North, Station Manager

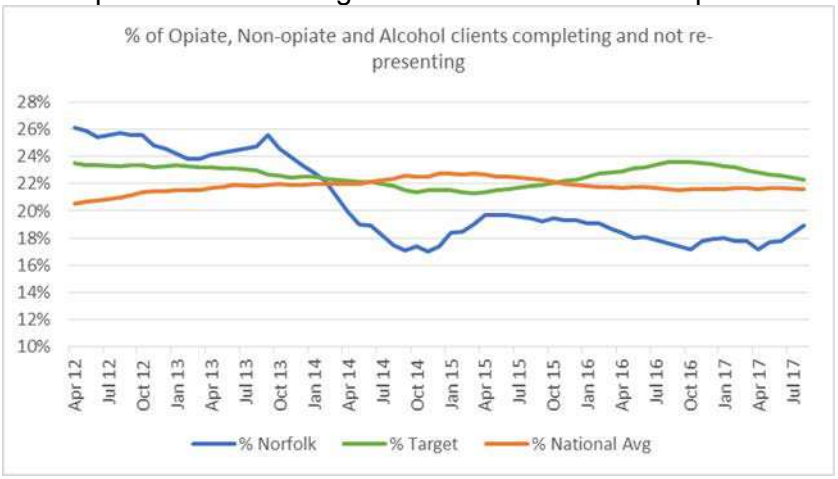
Successful completion of substance misuse treatment

Why is this important?

Substance misuse harms families and communities. Parental drug use is a risk factor in 29% of all serious case reviews and the annual cost of drug using parents' children taken into care is £42.5m nationally. A typical heroin user spends around £1,400 per month on drugs, and commits crime costing their communities an average £26,074 per year. Substance misuse treatment makes communities safer by reducing offending, anti-social behaviour and the transmission of blood-borne viruses. Recovery may include improvements in an individual's health, wellbeing, relationships, housing and quality of life, and increased engagement in training / education / employment and society in general. This national indicator reflects movement through treatment and into recovery and is used to performance manage the local drug and alcohol treatment contract. It is the number of substance misusers completing treatment and not re-presenting within six months divided by the total number in treatment in that period. Each data point requires 18 months' worth of data, which means there is a delay between service changes and subsequent impact showing in the data.

Performance

This report covers those that completed treatment in Mar16 – Feb17 and did not re-present by Aug17. The overall value for Norfolk is 18.9% compared to 22.3% target. The trend has moved upwards.

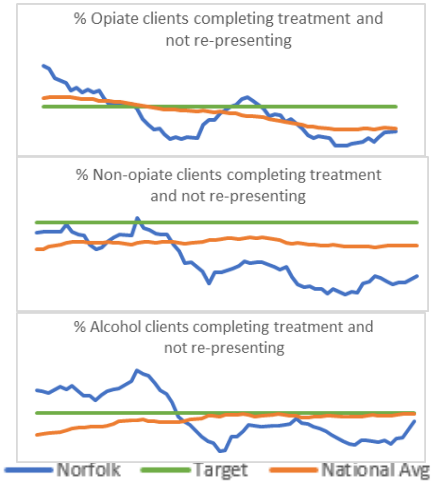


Source: National Drug Treatment Monitoring System (NDTMS)

What is the story behind current performance?

Performance can be broken down by substances misused:

- Opiates: From 2,162 service users in treatment, 140 completed and did not re-present, i.e. 6.5% compared to 8.0% target.
- Non-opiates: From 556 service users in treatment, 162 completed and did not re-present, i.e. 29.1% compared to 43.0% target
- Alcohol: From 1,157 service users in treatment, 43 completed and did not re-present, i.e. 37.3% compared to 39.0% target.



Completions for opiates and alcohol are now in line with national figures. Non-opiates have shown improvement, yet remain below national levels.

What will success look like?

More people moving on from treatment into recovery. Reduction in drug related deaths from 5.0 per thousand in 2013-15. Safer communities through crime reduction. Reduction in Looked After Children through parental substance misuse treatment. Greater participation in society. Reduced demand on health and social care.

Action required

- An improvement plan is being implemented by the provider and performance managed through contract meetings.
- Re-procurement is now completed, with increased emphasis on recovery, while maintaining harm reduction provision.
- The mobilisation and transition to the new provider "change, grow, live" (CGL) has started, with new service to start April 2018.

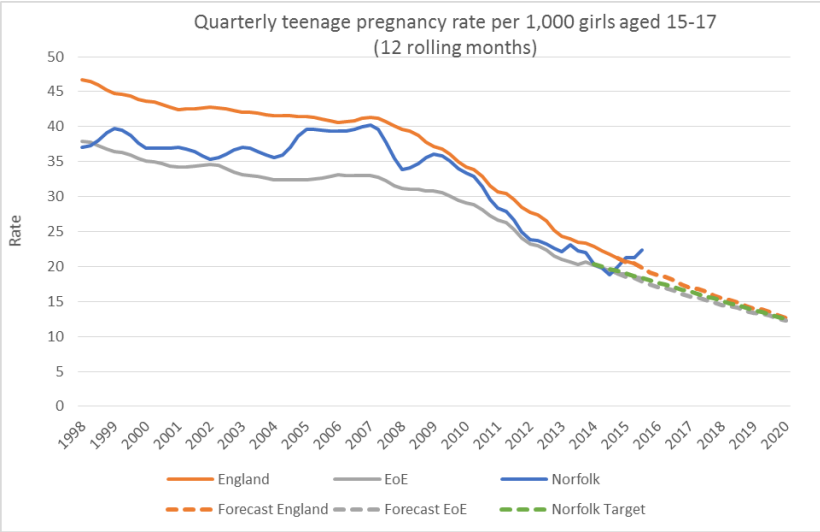
Responsible Officers	Lead: Diane Steiner – Deputy Director of Public Health	Data: Sally Hughes - Public Health Commissioning Manager

Teenage pregnancy

Why is this important?

Unplanned early parenthood can have devastating impacts on young parents' educational outcomes and aspirations, and on their future employment. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. Children of teenage mothers are generally at increased risk of poverty, poor educational attainment, poor housing and poor health.

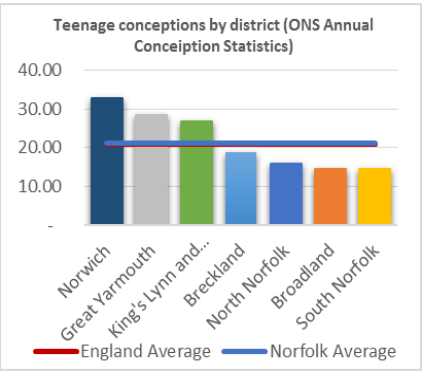
Performance



Source: ONS Quarterly Conception to Women aged under 18, England and Wales

What is the story behind current performance?

- Teenage pregnancies from July 2015 to June 2016 increased to 308 (rate 22.4 per 1000), from 265 pregnancies (rate 18.8 per 1000) in July 2014 to June 2015.
- This is above the target for July 2015 to June 2016 of 18.4 pregnancy rate per 1000 and above the England average of 19.8 per 1000.
- There is inequality in teenage pregnancy rates, with the most deprived areas of Norfolk having rates more than twice that of the rest.
- Norwich, Great Yarmouth and King's Lynn and West Norfolk had the highest rates in 2015 in Norfolk (Norwich has one of the highest rates in the country).
- King's Lynn and West Norfolk had the greatest increase between 2014 and 2015, from a rate of 17.8 (44 teenage pregnancies, to 26.8 (63 teenage pregnancies).



What will success look like?

- The rate of under 18 conceptions to be below the England average by 2020.

Action required

- Provide young people with the knowledge and skills they need to make positive, healthy lifestyle choices to improve their personal health and emotional development and experience positive relationships and good sexual health.
- Improve young people's knowledge and ensure accessibility of commissioned sexual health services including a choice of effective contraception.
- Continue to use data and information effectively to target interventions early to those most at risk of vulnerability and worse sexual health and reproductive health outcomes and support all teenage parents throughout pregnancy and beyond.
- Co-ordinate local services to address local need via Teenage Pregnancy locality groups focussing on the guiding principles of the Norfolk Teenage Pregnancy Strategy and feedback progress through the Teenage Pregnancy Sub-Group at the Sexual Health Network.

Responsible Officers	Lead: Dr S.J. Louise Smith – Director of Public Health Data: Sophie Crow - Public Health Officer

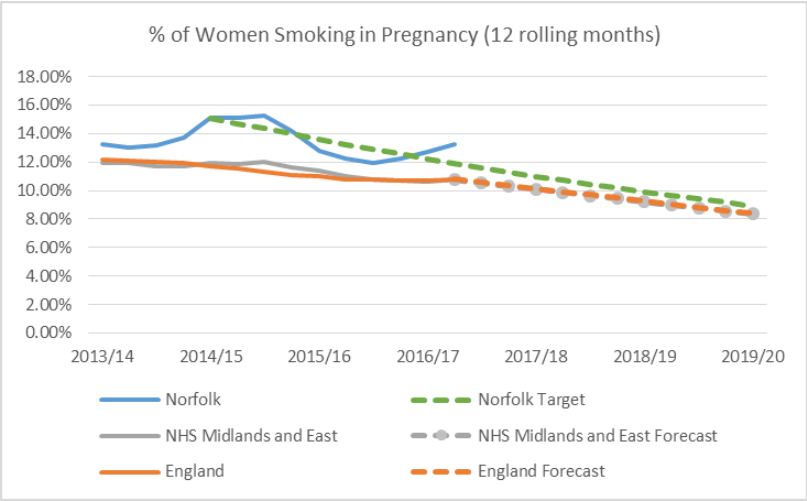
Smoking Status at Time of Delivery / Smoking in pregnancy

Why is this important?

Smoking in pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy.

Potential harms to the child include the increased chance of attention difficulties, breathing problems and poor educational attainment. Smoking in pregnancy is five times more likely in deprived areas so disproportionately impacts on deprived communities.

Performance



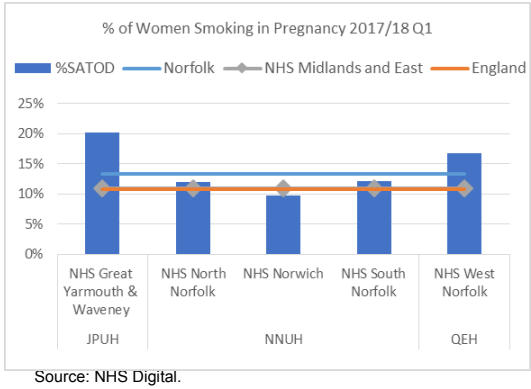
Source: NHS Digital quarterly data (at CCG level, Norfolk value estimated).

What is the story behind current performance?

The rate of women smoking in pregnancy in Norfolk is 13.3% for June 2017 against the target of 11.9%. This is a higher rate to the same period last year of 12.2%.

From July 2016 to June 2017, in Norfolk, approximately 1,121 mothers were smoking during pregnancy out of 8,491 maternities.

There is inequality in smoking in pregnancy. The highest rates of smoking in pregnancy in Norfolk are in the Great Yarmouth CCG and West Norfolk CCG areas.



Source: NHS Digital.

From April 2017 the definition of the proportion of pregnant women known to be smokers at the time of delivery changed to exclude those with an unknown smoking status from the number of maternities (denominator). All values and targets have been changed retrospectively.

What will success look like?

- For Norfolk as a whole, a 10% reduction year on year through to 2020 (baseline 2014/15). That is equivalent to a rate of 8.9%.
- The gap in smoking in pregnancy between mothers from more deprived areas of Norfolk and the rest of Norfolk is halved by 2020.

Action required

Continued action on:

- Carbon monoxide monitoring of all pregnant women at booking and referral to Norfolk stop smoking service, based on an opt-out system.
- Training and awareness for midwives and other health professionals.
- Partnership work to develop a good referral pathway.
- Shared accountability by partners.
- Continued collaborative working for the Smoking in Pregnancy group Tobacco Control Alliance group and the STP SiP workstream.

Responsible Officers	Lead: Diane Steiner – Deputy Director of Public Health	Data: Angela Fletton - Public Health Commissioning Manager.

4. Exceptions (additional explanation) and other updates

4.1. • Number of people killed and seriously injured on Norfolk's roads (Sept 17 is Red 412 against a target of 354 – *Aug 17 was 417*)

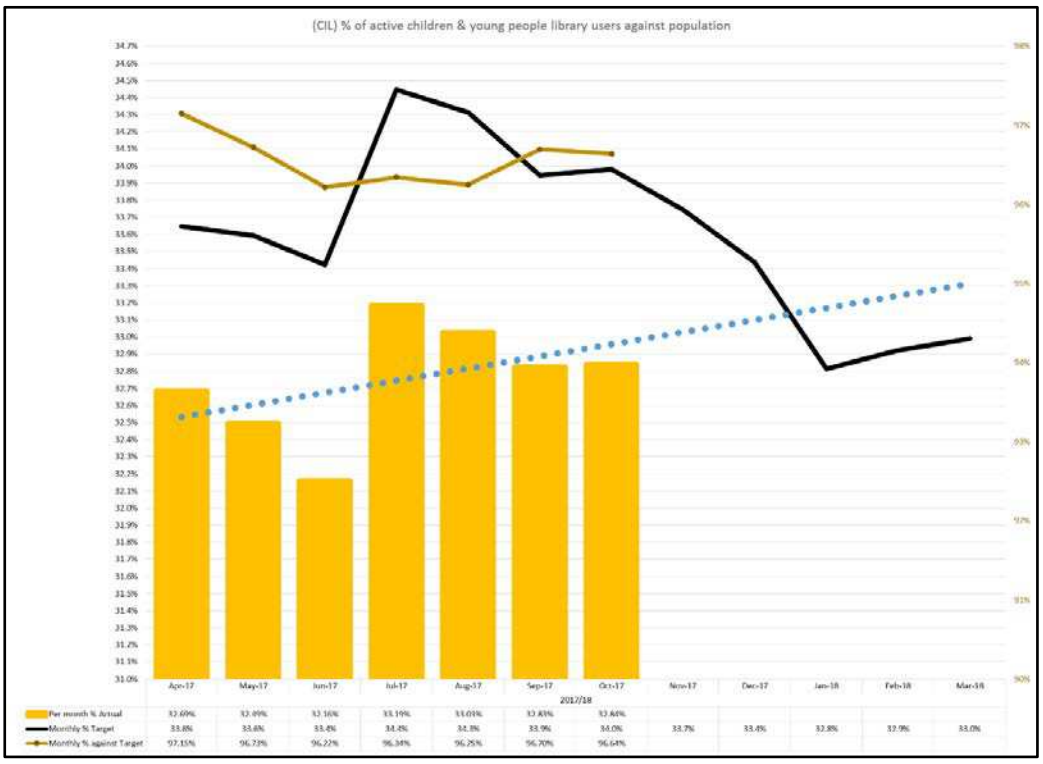
This monitoring figure has been investigated and recommendations for review made, the considerations of which are included in the Casualty reduction partnership action plan progress update. It is worth noting that Norfolk ranked 6th (out of 31 peers) for Road Safety Education within the Highways and Transport survey (https://www.norfolk.gov.uk/news/2017/11/norfolk-ranks-seventh-amongst-peers-in-national-highways-and-transport-survey.

A review of performance year to date identifies that April 2017 figures demonstrate fewer casualties recorded with a difference of 'Actual against Target' percentage of 88.5% and July 2017 was the worst at 84.12%. Last year's best was May 2016 at 102.81% and last year's worst was Jan 2017 at 86.8%. 2016/17 average was 94.06% and 2017/18 to date the average is 86.15%.

4.2. • % of active children and Young people users against population (Oct 17 is Amber 32.8% against a target of 34 % - *Sept 17 was 32.8%*)

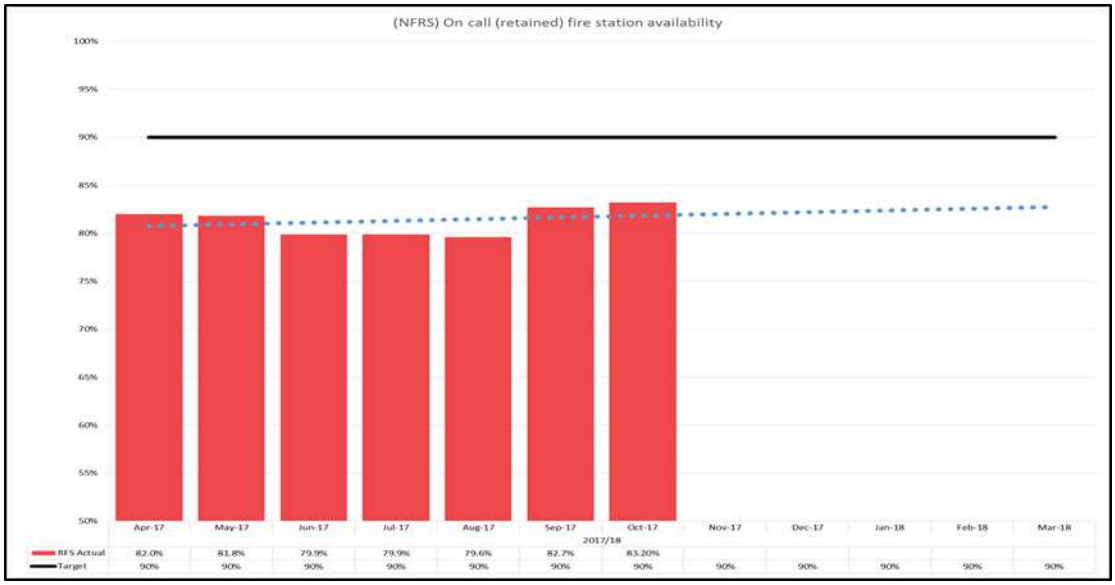
This year is the first year that we have been able to profile the target against the previous year which may mean that the target may be slightly over estimated. In an attempt to reverse this downward trend an SSRS report has now been set up within the dashboard to show the retention of new members during the 12 months following the SRC. This will be taken forward to enable marketing etc. to be targeted at those who do not continue to use the library service.

A review of performance year to date identifies that April 2017 is the best performing month with a difference of 'Actual against Target' percentage of 97.15% and June 2017 was the worst at 96.22%. Last year's best was July 2016 at 102.82% and last year's worst was January 2017 at 97.96%. 2016/17 average performance was 100.31% and 2017/18 to date performance is an average of 96.57%.



4.3. • On call (retained) fire station availability
(Oct 17 is Red 83.2% against a target of 90% - *Sept 17 was 82.7%*)

No additional explanatory text has been received. A review of performance year to date identifies that October 2017 is the best performing month at 83.2% and August 2017 was the worst at 80.98%. Last year's best was April 2016 at 85.7% and last year's worst was July 2016 at 74.9%. 2016/17 average performance was 81.7% and 2017/18 to date performance is an average of 81.3%.

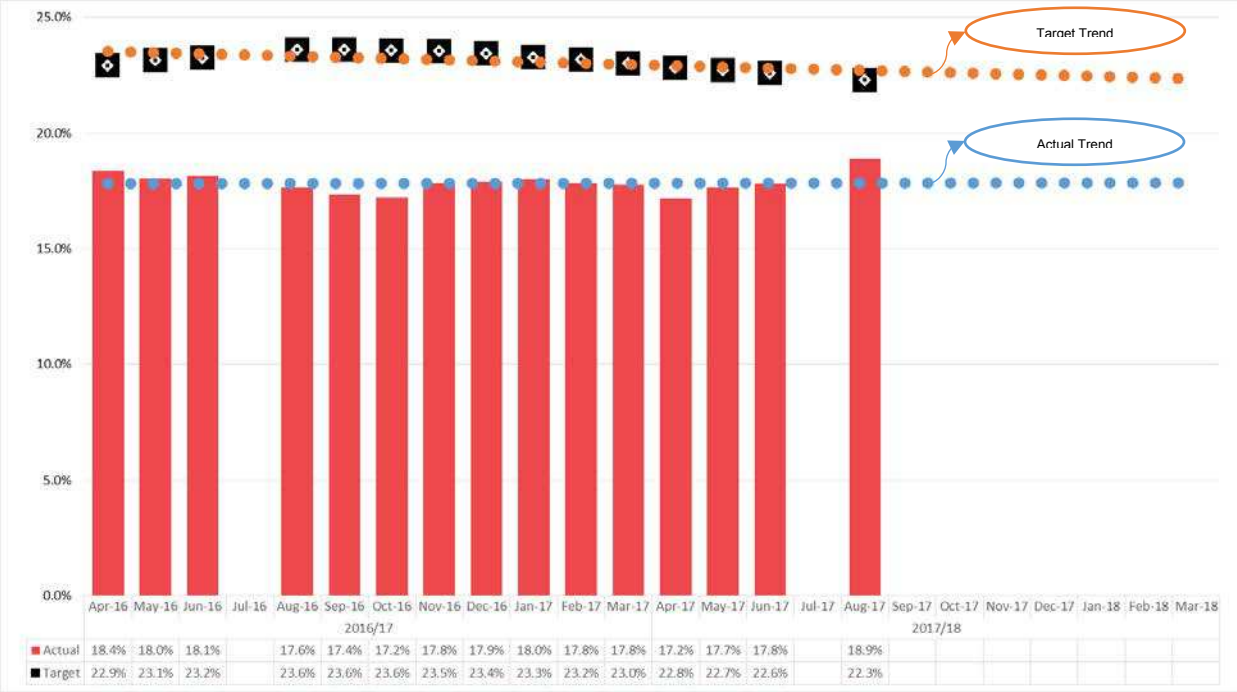


4.4. • Successful completion of substance misuse treatment - % of adult substance misuse users (opiate, non-opiate and alcohol) that left treatment successfully and did not re-present to treatment within 6 months
(Aug 17 is Red 18.9% against a target of 22.3% - *Jun 17 was 17.8%)*

A Service Improvement Action Plan with the current provider started June 2016 and is still being monitored through contract meetings. Data show signs of improving performance.

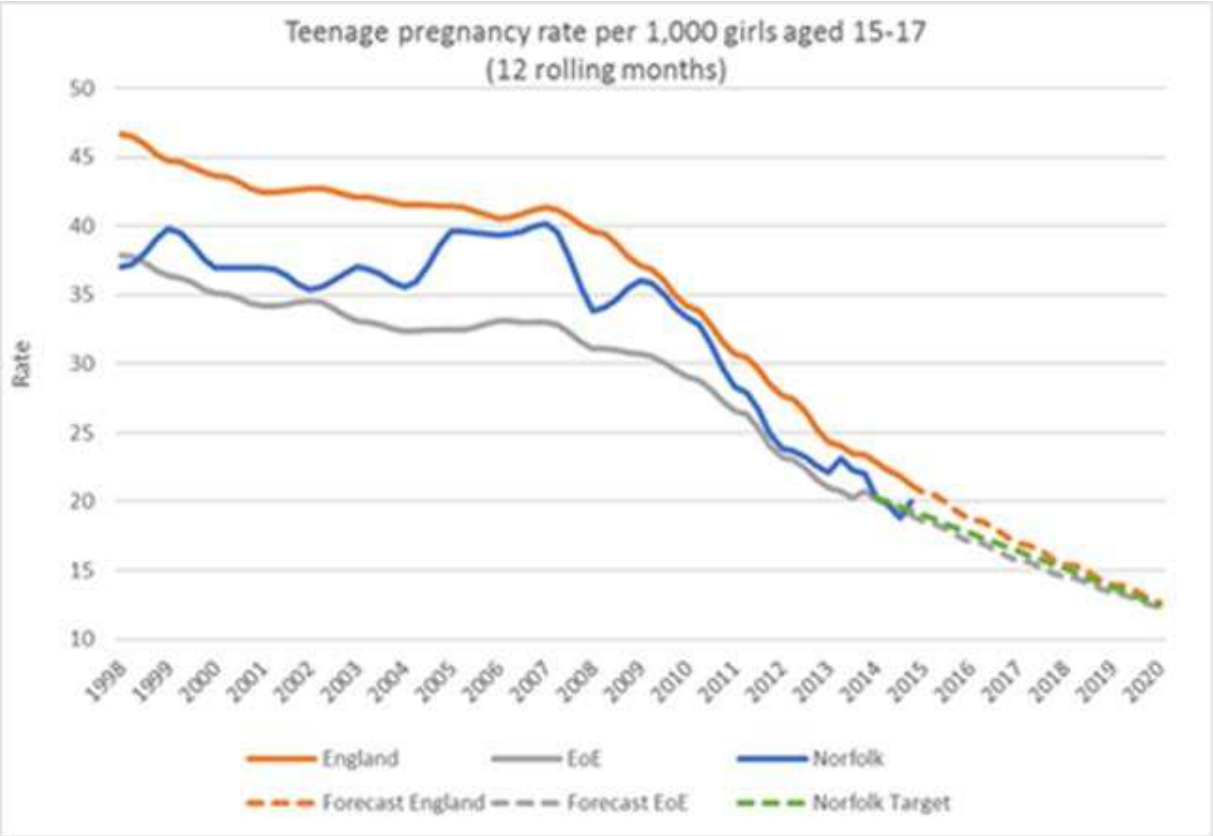
A new service has been procured, with the new adult alcohol and drug behaviour change service due to begin on 1 April 2018. The new provider, CGL, is a national provider of alcohol and drug services and has significant experience of managing transitions to new services.

As with any transition to a new provider, performance could temporarily be affected. There is a 'probable' likelihood that performance will not improve in the six months after the start of the new contract in April 2018 (there is a six month time lag in performance data). The procurement process tested the new provider's plans to achieve a step change in performance, and there will be a clear focus on outcomes in the performance management of the new contract.



4.5. • Teenage pregnancy - Rate of conceptions per 1,000 females aged 15-17 (Q1 Jun 16 is Red 22.4 against a target of 18.4 – Q4 Mar 16 was 21.3)

These are small numbers so we expect to see larger changes in the rate from year to year as there are fewer events allowing random chance to have a larger impact on the number. The rate has not changed in meaningful terms – there is very little difference in outcomes between a rate of 21 vs 19. No rising trend has yet been established (this is a one off measurement). Overall the message is one of significant improvement from historic highs:



4.6. • Smoking status at time of delivery - % of women who smoke at time of delivery (Q1 Jun 17 is Red 13.3% against a target of 11.9% - *Q4 Mar 17 was 12.7%*)

A Smoking in Pregnancy group was formed by the Tobacco Control Alliance. This group is currently being expanded to make better links with Public Health England and NHS England.

Achieving smokefree pregnancies is a key objective of NHS driven strategies such as Better Births and the Saving Babies Lives care bundle. This means that reducing SATOD rates is a key outcome for local maternity plans. Links between Norfolk County Council as commissioners of Stop Smoking Services and the three local maternity teams are progressively getting stronger and more effective.

Work underway includes:

- Every midwife in Norfolk now has a CO monitor.
- All student midwives from UEA have Level 2 training in smoking cessation.
- The specialist smoking service, Smokefree Norfolk, are now attending team meetings within all maternity units providing updates on local clinics, training available and any new information e.g. on e-cigarettes.
- A smoking in pregnancy / postpartum pathway spanning all three acute trusts is being developed.
- Smokefree Norfolk is working with maternity services to ensure recording of smoking at time of delivery is robust.
- A pilot in JPUH, which is being led by PHE, is assessing the impact of specially designed tool for midwives to use when talking to pregnant smokers.
- Smokefree Norfolk have started involving partners in smoking cessation appointments which include a pregnant woman and are holding numerous clinics in each antenatal clinic across Norfolk.
- Media campaigns – including for use in antenatal clinics, GP surgeries and libraries – are being planned.
- A statement on e-cigarettes for pregnancy and maternity has been developed from the national smoking in pregnancy action group
- The smoking in pregnancy group continues to be very active. Public Health works closely with Heads of midwifery and CCG maternity leads.
- A deep dive is being undertaken to understand the increase in rates of women smoking at time of delivery

Work to be done:

- NCC PH to ensure that its work links with maternity action groups when they are formed (expected January 2018)
- Ensure that the opt-out system (for CO screening and referral to Stop Smoking Services) is embedded in all maternity departments.
- Ensure that all professionals involved in maternity care (e.g. GPs, Obstetricians, children centre staff, Health Visitors) have adequate knowledge and skills to intervene with pregnant smokers
- Development of methods to engage with pregnant smokers earlier in their pregnancies.

5. Recommendations

5.1. Committee Members are asked to:

- 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 (refer to list of possible actions in Appendix 1).

In support of this, 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

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Appendix 1

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 18 vital signs indicators for the Communities Committee, 8 of which relate to Public Health. That in bold, 1 out of a total of 18, is a vital sign indicator 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.

Key to services:

- CIL – Community, Information and Learning
- CH – Culture and Heritage
- FBP – Finance Business Partner
- HW – Highways
- NCLS – Norfolk Community Learning Service
- NFRS – Norfolk Fire and Rescue Service
- PE – Planning and Economy
- PH – Public Health

Service	Vital Signs Indicators	What it measures	Why it is important	Data
PH	Road safety	Number of people killed and seriously injured on Norfolk's roads	Road casualties are a significant contributor to the levels of mortality and morbidity of Norfolk people, and the risks of involvement in KSI injuries are raised for both deprived and vulnerable groups in the Norfolk population.	Rolling twelve months.
FBP	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.
NCLS	Library service use	Library visits – physical and virtual	To demonstrate ongoing relevance and delivery of NCC priorities and to meet income targets.	Monthly.

Service	Vital Signs Indicators	What it measures	Why it is important	Data
NCLS	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.
CH	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.
CH	Museum use	Museums visits – total visitors and school visits	Demonstrates contribution to Excellence sub outcomes and improvement curve.	Cumulative monthly.
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.
PE	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.
PH	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.
CIL	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.

Service	Vital Signs Indicators	What it measures	Why it is important	Data
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	Engagement and retention of adult substance misuse clients	% of adult substance misuse users that left substance misuse treatment successfully and 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.
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.
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	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	NHS Health checks received by the eligible population	Cumulative percentage of eligible population aged 40-74 who received an NHS Health Check in the five year period 2013/14 - 2017/18	To measure Norfolk's delivery against that of England's % of NHS Health Checks received by the eligible population.	Quarterly.
CH	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.	Annually.

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'