

Communities Committee

Item No.....

Report title:	Performance management
Date of meeting:	11 October 2017
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, the following 7 indicators have met the exception criteria 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
- Strategic investment by Arts Council England in cultural organisations and initiatives in Norfolk

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.

Previously there were 20 vital signs indicators reported to this committee, however two have been removed. Measure "{Culture} % of older people who are active library users against population" has been removed as a new measure is currently being developed that will incorporate this into monitoring community engagement. Measure "{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" has been removed as no data is available to facilitate monitoring.

- 1.2. This report contains:

- A Red/Amber/Green rated dashboard overview of performance across all 20 vital signs indicators
- Report cards for those 7 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.

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	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Target
{PH} Number of people killed and seriously injured on Norfolk's roads	Smaller	383	389	402	414	415	418	415	404	406	403	412			357
{FBP} Income and external funding successfully achieved as a % of overall revenue budget	Bigger	30.5%	29.2%	30.6%	29.9%	30.3%	34.4%	35.2%	30.5%	25.1%	27.2%	31.6%			25.1%
		568779 / 2902606													
{CIL} Library Visits - physical and virtual	Bigger	4.99m	6.37m	7.59m	8.8m	10.0m	11.17m	12.27m	13.46m	1.08m	2.21m	3.37m	4.47m		3.93m
{CIL} % of active children and young people library users against population	Bigger	34.3%	33.9%	34.0%	33.7%	33.4%	32.8%	32.9%	33.0%	32.7%	32.5%	32.2%	33.2%		34.4%
		57626 / 167941 57010 / 167941 57069 / 167941 56672 / 167941 56153 / 167941 55110 / 167941 55290 / 167941 55406 / 167941 54896 / 167941 54572 / 167941 54449 / 169296 56183 / 169296													
{CH} Norfolk Record Office Visits – physical and virtual including learning groups	Bigger	52.7k	63.8k	74.4k	85.5k	94.3k	106.5k	119.3k	131.7k	11.1k	22.2k	33.8k	44.5k		40.2k
{CH} Museums visits – total visitors and school visits	Bigger	49.1k	37.7k	39.2k	23.8k	18.2k	19.4k	27.6k	31.4k	38.0k	36.5k	35.1k	43.3k		33.0k
{NFRS} Performance against our Emergency Response Standards	Bigger	72.8%	78.6%	76.1%	76.6%	81.5%	80.6%	77.7%	78.4%	81.9%	81.0%	81.3%	80.1%		80.0%
		354 / 432 387 / 478 409 / 503 418 / 522													
{NFRS} On call (retained) fire station availability	Bigger	79.9%	80.8%	80.4%	82.3%	81.1%	85.3%	81.7%	81.8%	82.0%	81.8%	79.9%	79.9%		90.0%
		693349 / 910655102105 / 881279318522 / 855359 70.6m / 88.4m													
{PE} % of businesses that are compliant	Bigger	95.3%	94.7%	94.7%	96.1%	95.8%	95.9%	96.0%	95.3%	95.1%	95.5%	95.5%	94.8%		95.0%
		792 / 831 774 / 817 788 / 832 797 / 829 817 / 853 809 / 844 782 / 815 771 / 809 833 / 876 834 / 873 900 / 942 907 / 957													
{PH} Status of Norfolk Resilience Forum plans to which NCC contributes	Bigger	87.5%	91.7%	91.7%	91.7%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	85%
		21 / 24 22 / 24 22 / 24 22 / 24 23 / 24 23 / 24 23 / 24 23 / 24 23 / 24 23 / 24 23 / 24 23 / 24 23 / 24													
{CIL} Number of active My Norfolk accounts	Bigger	3,060	3,891	4,549	5,248	5,705	6,376	6,924	7,457	7,911	8,572	9,432	10,321		

{CIL} Customer satisfaction (with access channels)	Bigger									98.5%	98.5%	98.6%	99.2%		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	97.1%	81.6%	94.6%	94.4%	94.4%	95.2%	88.9%	100.0%	96.4%	98.1%	100.0%			100%
		34 / 35	31 / 38	35 / 37	34 / 36	34 / 36	40 / 42	40 / 45	53 / 53	53 / 55	53 / 54	55 / 55			
{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	17.6%	17.4%	17.2%	17.8%	17.9%	18.0%	17.8%	17.8%						23.0%
		750 / 4251	739 / 4258	729 / 4234	753 / 4220	747 / 4173	745 / 4135	734 / 4117	722 / 4062						
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							18.7
{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%			29%
		138 / 421	166 / 531	202 / 582	196 / 544	144 / 470	268 / 806	191 / 549	141 / 397	112 / 356	150 / 332	144 / 492			
{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%	12.2%	12.6%			11.4%
					982 / 7320	997 / 7324	1128 / 8771	1105 / 8699	1059 / 8721	1034 / 8725	1050 / 8632	1074 / 8517			
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

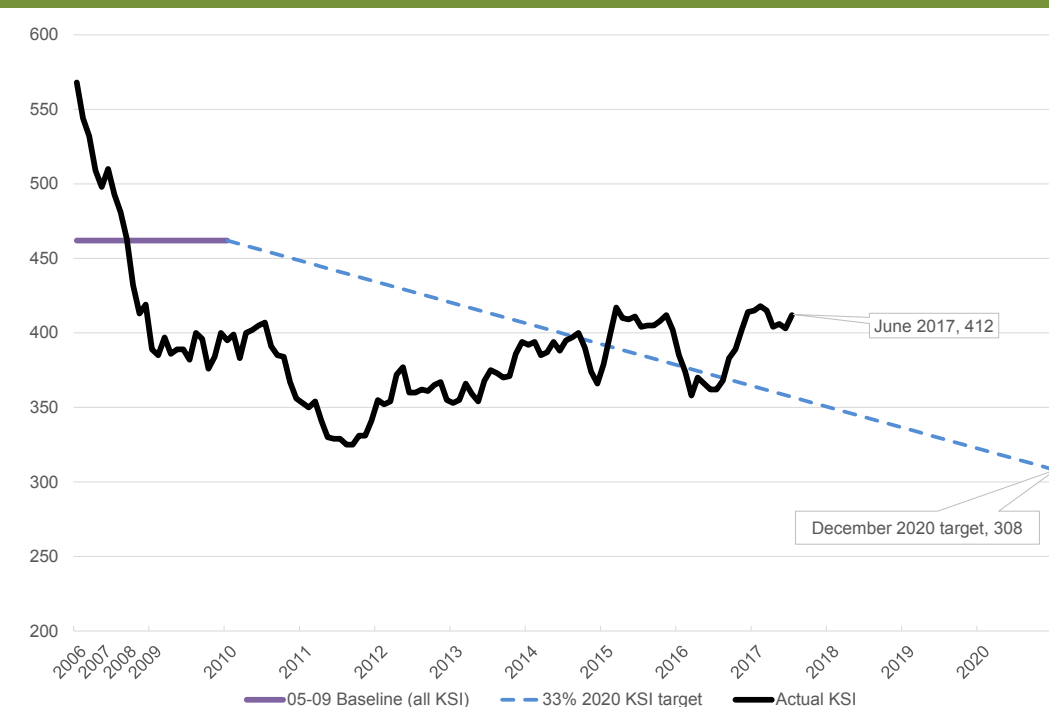
- 3.1. A report card has been produced for each vital sign. These provide a succinct overview of performance and outlines what actions are being taken to maintain or improve performance. The report card follows a standard format that is common to all committees.
- 3.2. Each vital sign has a lead officer,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

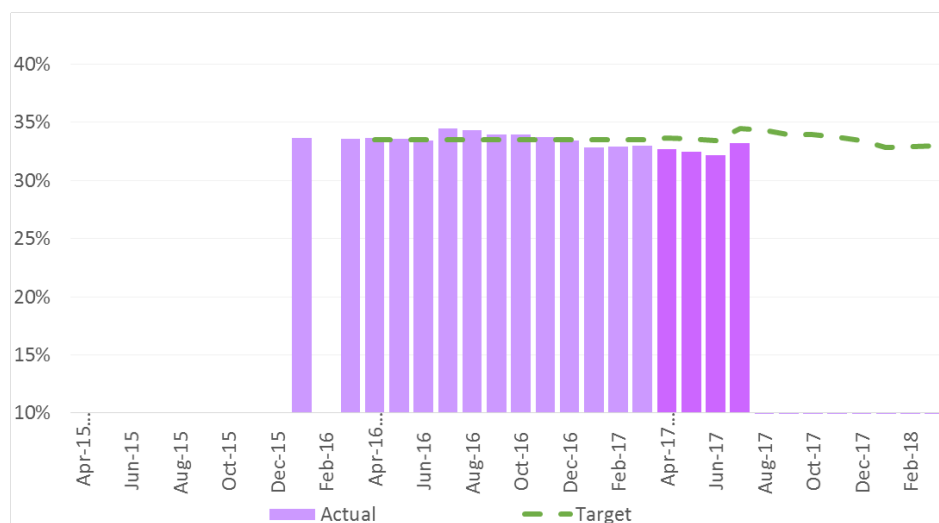
Data: Nile Pennington, Analyst Road Casualty Reduction

% 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

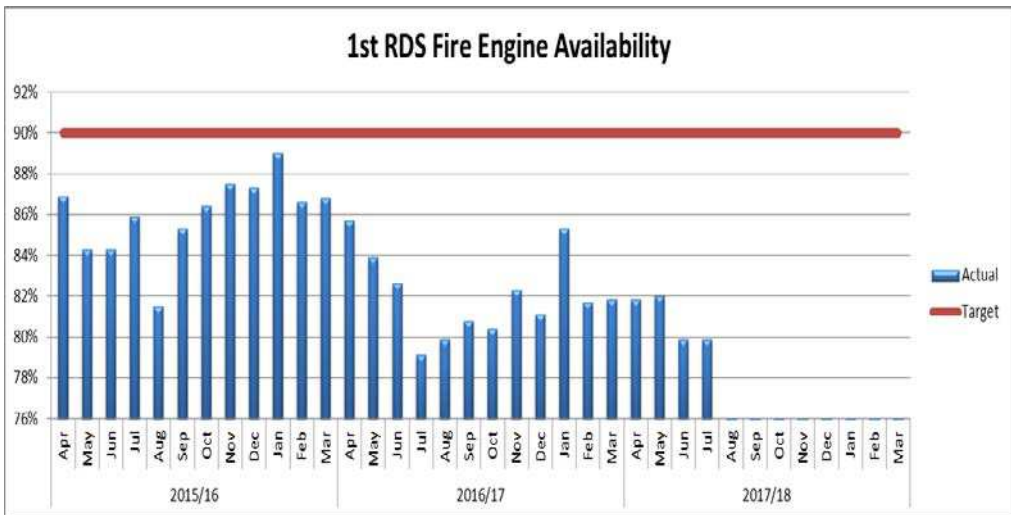
Data: Marlene Peachey – Analyst (I & A)

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 80.9% (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 1.7% higher (July).

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. 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

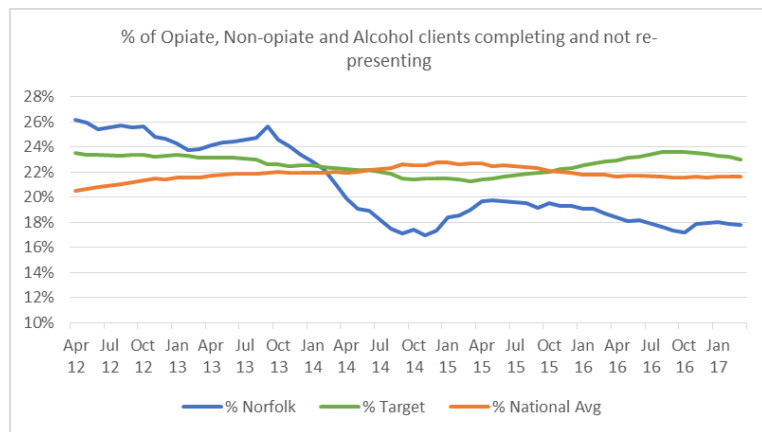
Successful completion of substance misuse treatment

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 Oct15 - Sep16 and did not re-present by Mar17. The overall value for Norfolk is 17.8% compared to 23.0% target and 21.7% national avg. There are early signs that the downward trend may be levelling off.

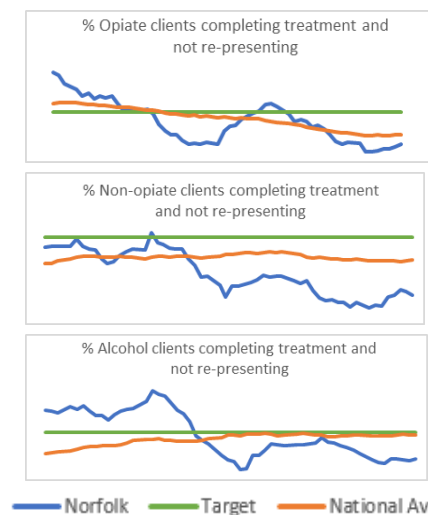


Source: National Drug Treatment Monitoring System (NDTMS)

What is the story behind current performance?

Performance can be broken down by substances misused:

- **Opiates:** From 2,177 service users in treatment, 132 completed and did not re-present, i.e. 6.1% compared to 6.6% national average and 8.0% target.
- **Non-opiates:** From 639 service users in treatment, 177 completed and did not re-present, i.e. 27.7% compared to 37.1% national average and 43.0% target.
- **Alcohol:** From 1,246 service users in treatment, 413 completed and did not re-present, i.e. 33.1% compared to 38.3% national average and 39.0% target.



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 action plan to improve successful completions is being implemented by the provider and performance managed through contract meetings.
- Re-procurement of drug and alcohol services is underway, with increased emphasis on recovery, while maintaining harm reduction provision.
- Shared accountability by each of the provider agencies.

Responsible Officers

Lead: Diane Steiner – Deputy Director of Public Health

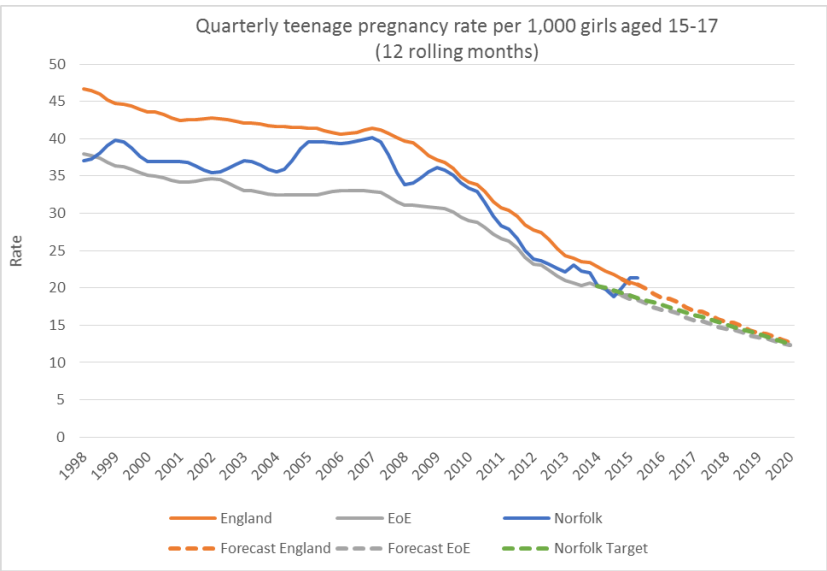
Data: Guy Owen - Public Health Officer

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.

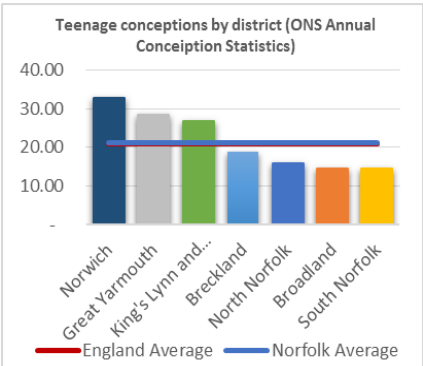
Performance



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

What is the story behind current performance?

- In April to March 2016, the teenage pregnancy rate increased to 21.3 per 1000, from 19.8 per 1000 in April to March 2015. This is above the target of 18.7 per 1000 and above the England average of 20.4 per 1000.
- Teenage pregnancies increased from 265 in April to March 2015, to 294 in April to March 2016.
- 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?

- Teenage pregnancy rate for Norfolk to decline and remain lower than the England average.
- The gap between the most deprived areas of Norfolk and the rest of Norfolk is halved over the next five years.

Action required

- Provide young people with the information and knowledge to make positive and healthy lifestyle choices and to improve their personal health and emotional development.
- Ensure accessibility of commissioned Sexual Health services so that they are available to young people when they need them.
- In the event of teenage pregnancy ensure that support is provided to young people throughout pregnancy and beyond.
- Continue to use data and information effectively to target interventions early to those most at risk.

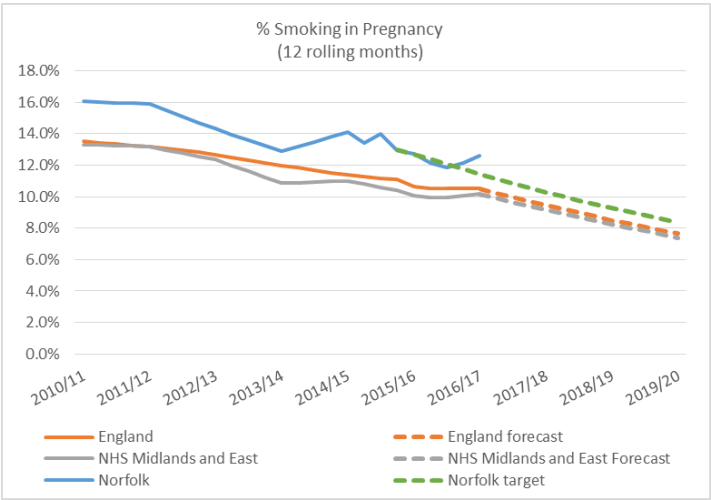
Smoking Status at Time of Delivery / Smoking in pregnancy

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).

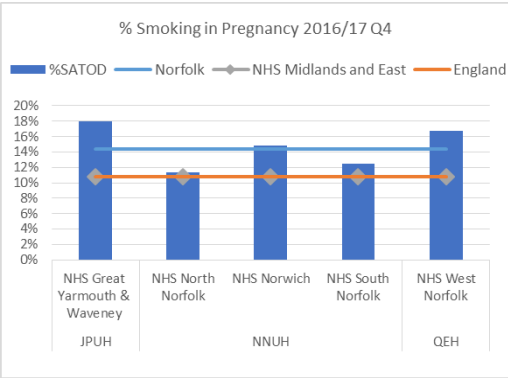
What is the story behind current performance?

The rate of women smoking in pregnancy is 12.6% for March 2017 against our target of 11.4%. This is a similar rate to the same period last year of 12.7%.

From April 2016 to March 2017, in Norfolk, approximately 1,074 mothers were smoking during pregnancy out of 8,517 maternities.

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

Specialist smoking services were in transition in Q4 ready for the new service.



Source: NHS Digital.

What will success look like?

- For Norfolk as a whole, a 10% reduction year on year through to 2020.
- 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. (Covered by Tobacco Control Action Plan)

Responsible Officers

Lead: Diane Steiner – Deputy Director of Public Health

Data: Angela Fletton - Public Health Commissioning Manager.

Strategic investment by Arts Council England in cultural organisations and initiatives in Norfolk

Why is this important?

This continued investment brings enormous economic, social and cultural benefits to people who live, work in, or visit Norfolk.

Performance

Arts Council England (ACE) is a long-standing major investor and stakeholder in Norfolk's cultural sector, as illustrated below.

Funding Recipient Category	Funding Year			
	2013/14	2014/15	2015/16	2016/17
Arts	£4,070,777	£5,623,822	£6,998,602	£7,136,049
Libraries	£146,380	£0	£8,000	£125,925
Museums	£1,748,336	£1,717,478	£1,391,570	£1,602,893
Total	£5,965,493	£7,341,300	£8,398,172	£8,864,867

What is the background to current performance?

- This funding enables the cultural sector to:
 - Continue to support the delivery of NCC's 4 priorities;
 - Maintain and further develop its national and international profile and reputation as centre of cultural excellence and ambition, thereby attracting more visitors to the region;
 - Leverage additional external investment into Norfolk, including, for example, Heritage Lottery, EU and other sources of funding.
- ACE has invested many millions of pounds in Norfolk's cultural infrastructure over the years. Norfolk currently has 5 ACE National Portfolio Organisations (NPOs) and Norfolk Museums Service (NMS) is one of 21 ACE Major Partner Museums (MPMs), designations reflecting their national strategic significance. This investment is predicated on NCC funding support.

What will success look like?

- Norfolk County Council will continue to work successfully in partnership with Arts Council England to secure continued ACE investment in Norfolk's cultural sector, including arts, museums and libraries, at current or increased levels of support.
- This will necessitate Norfolk County Council continuing to co-invest in cultural organisations and initiatives which receive, or could receive Arts Council England support.

Action required

- Norfolk County Council continues to invest in Norfolk's cultural infrastructure to ensure continued Arts Council investment, at current or increased levels.

Responsible Officers

Lead: Steve Miller, Head of Museums and Head of Arts

Data: Mary Muir, Arts Officer

4. Exceptions (additional explanation) and other updates

- 4.1. • Number of people killed and seriously injured on Norfolk's roads
(Jun 2017 is Red: 412 against a target of 357 – *May 2017 was 403*)

Changes to police accident recording methodology may have had an effect and this is currently being investigated. The intention is to continue with targeted local interventions, with other stakeholders; to continue regular monitoring of sites which experience higher than expected collision numbers in order to identify remedial schemes; and to continue regular Safety appraisal of new highway improvement schemes. Activities focussed on behaviour change and training continue.

- 4.2. • % of active children and Young people users against population
(Jul 2017 is Amber: 33.2% against a target of 33.4% - *June 2017 was 32.2%*)

Additionally to the detail provided in the report card, it is also worth noting that there may be an impact from the Summer Reading Challenge and the library service is currently in the process of enrolling all 1000 students that attend East Norfolk 6th Form College (which has not been done before).

- 4.3. • On call (retained) fire station availability
(Jun 2017 is Red: 412 against a target of 357 – *May 2017 was 403*)

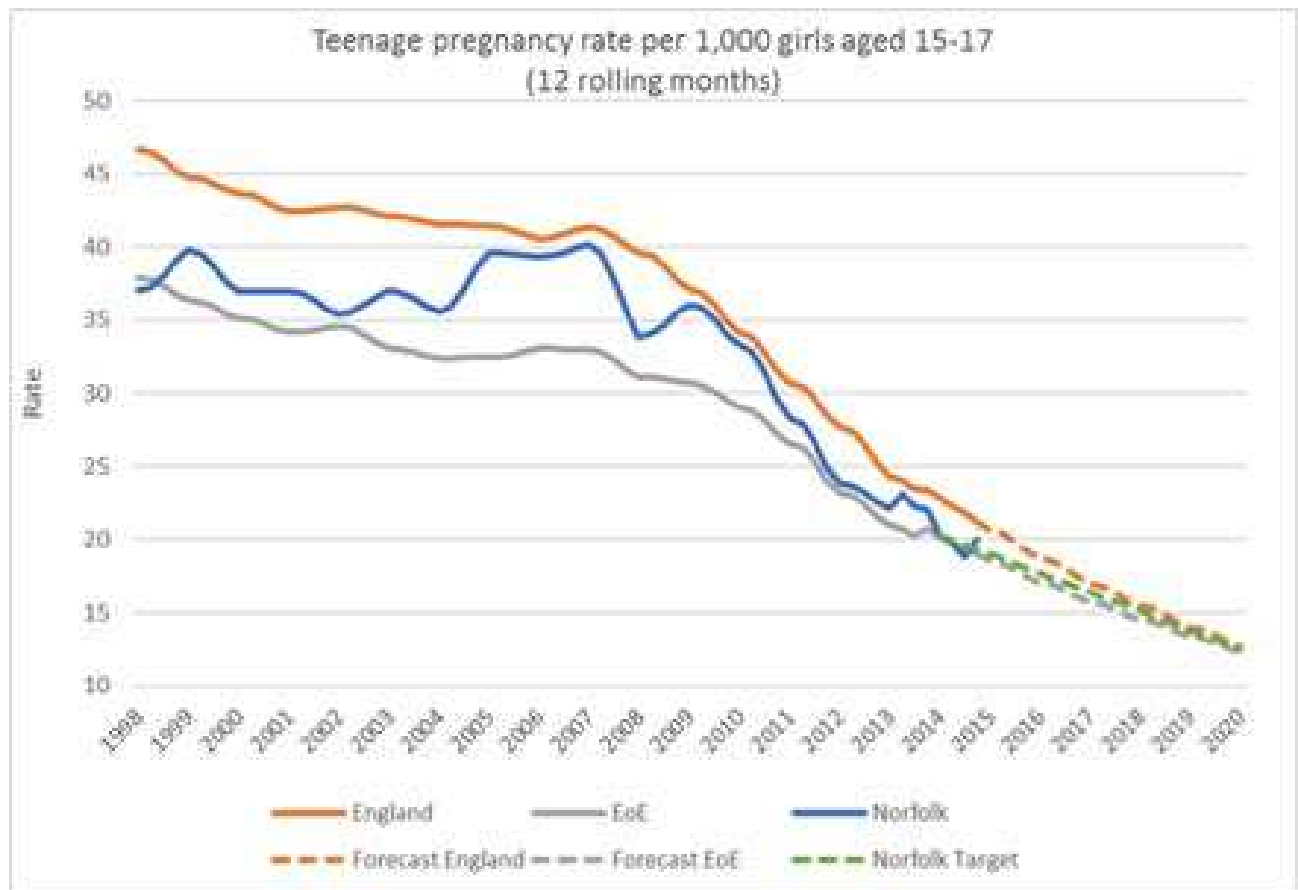
Retained firefighters are not full time employees but are paid for the specific time that they work. When there is an emergency, they are called into the fire station to respond. Because of this, retained firefighters are required to live or work near the fire station they serve; they must be located within 5 minutes of their station. This means it can be difficult to find enough suitable people to take on this role, particularly in the most rural areas, and Outwell station in particular has proven particularly difficult to secure arrangements for. We have recently secured some dedicated resource to work on retained firefighter recruitment and retention; a recruitment campaign is underway for a number of fire stations.

- 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
(Mar 2017 is Red: 17.8% against a target of 23% - *Feb 2017 was 17.8%*)

Current actions being taken to target this measure include; an action plan to improve successful completions is being implemented by the provider and performance managed through contract meetings, re-procurement of drug and alcohol services is underway, with increased emphasis on recovery, while maintaining harm reduction provision, shared accountability by each of the provider agencies.

- 4.5. • Teenage pregnancy - Rate of conceptions per 1,000 females aged 15-17
(Q4 Mar 2016 is Red: 21.3 against a target of 18.7 – *Q3 Dec 2015 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 (Q4 Mar 2017 is Red: 12.6% against a target of 11.4% - Q3 Dec 2016 was 12.2%)

Success for Norfolk as a whole is a 10% reduction year on year through to 2020. The rate of women smoking in pregnancy is 12.6% for March 2017 against our target of 11.4%. This is a similar rate to the same period last year of 12.7%.

Additional activities and initiatives to improve performance going forwards are:

- The Smoking in Pregnancy group (comprising maternity, Public Health and stop smoking providers) are very active and are implementing an action plan, including an opt-out policy for CO monitoring at booking and 36 weeks (and accurate recording of this), an opt-out referral mechanism to stop smoking services and looking at opt-out referral for partners.
- Increasing the stock of CO monitors to ensure all midwives have access (CO monitoring at booking is an important prompt to referrals to stop smoking services). Public Health will be taking delivery of additional monitors in the next 2 weeks. The specialist stop smoking service providers (ECCH) will deliver training to midwives on use of the monitors within the next three months.
- Public Health are bringing together a working group from all maternity departments to develop a countywide pathway for management of pregnant smokers and their partners / co-habitors throughout pregnancy and/or quit attempts.
- This same group will be developing written resources for midwives and pregnant smokers relating to the use of e-cigarettes in pregnancy.
- The Heads of Midwifery from the three acute hospitals have invited the Public Health lead commissioner to their next meeting to discuss smoking in pregnancy.
- Both the emphasis on smoking in pregnancy in the STP and the inclusion of an indicator in the Local Maternity System dashboard gives added impetus to achieving

local change. In order to maximise pace of implementation, Public Health is now including smoking in its bimonthly meetings with the Heads of Midwifery to identify opportunities and address any barriers.

- 4.7. • Strategic investment by Arts Council England in cultural organisations and initiatives in Norfolk
(2016/17 is Red: £7.14m against a target of £7.52m – 2015/16 was £7m)

The 'Actual' recorded figure of £7,136,049 for 2016/17 is the correct figure to report as it **solely** relates to the ACE investment in arts. This is the figure that we agreed we would report on, and not the total amount of ACE investment as that also includes museums and libraries. Last year was the first year that we set a target figure for the increase in funding investment and we only had the previous two years investment figures to work from. These included a large increase in investment due to an increase in the number (3 to 5) of organisations receiving ACE 'National Portfolio' (NPO) funding in 2014/15. A large award of £500,000 was also received in 2015/16 for a three year project so although it appears as a lump sum against that year, the funding is spread across three. Variations like this make it hard to set a target.

Arts Council England (ACE) is a long-standing and major investor in the arts sector in Norfolk with investment increasing year on year. This includes substantial investment in Norfolk's five National Portfolio (NPO) organisations, plus investment via a range of other funds including: capital, strategic and Grants for the Arts. In 2014, ACE increased its NPO investment in Norfolk by 29%, awarding a total of £7,239,009 (over 3 years from 2015/16 – 2017/18) to five Norfolk Arts Organisations. On 26 June 2017 Arts Council England announced its NPO funding investment for the next 4 years from 2018-2022. It has increased its investment in Norfolk, awarding a total of £10,499,284 to 6 Norfolk Arts Organisations, including five existing portfolio organisations and one new awardee. Two of the NPOs, Writers' Centre Norwich and Seachange Arts, have received an uplift in their grant award from the previous NPO funding round:

- Norfolk and Norwich Festival (+ Bridge) - £5,258,108
- Writers' Centre Norwich – £1,993,620 (7% increase)
- Norwich Arts Centre – £728,284
- SeaChange Arts - £1,560,000 (30% increase)
- Creative Arts East - £600,000
- Curious Directive - £359,272*

Norfolk Museums Service has also been awarded NPO status for 2018-2022, receiving an award of £4,812,680 over the next four years, and an additional award of £1,745,128 for SHARE Museums East.

In 2016/17, ACE awarded a total of £75,031,989 across England through its Grants for the Arts funding scheme. This included investment of £1,402,534 to organisations and creative enterprises based in Norfolk, an increase of 37% on 2015/16.

Norfolk Arts Service supports a range of strategic partnerships, NCC regularly funded arts organisations, community arts organisations, creative enterprises and sole-traders to leverage significant external funding from Arts Council England and other funding bodies, including European sources.

Targets are being assessed for 2017/18 in light of the performance during 2016/17 and the excellent National Portfolio Organisation results in June.

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:

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Email address : austin.goreham@norfolk.gov.uk



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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, 7 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	Channel shift	Number of active 'My Norfolk' accounts	This measure will show the number of My Norfolk Accounts that have been created year to date (online customers).	Cumulative monthly.

Service	Vital Signs Indicators	What it measures	Why it is important	Data
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.
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.
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'