Communities Committee

Item No……

Report title:	**Performance management**
Date of meeting:	**7 March 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, 9 indicators have met the exception criteria. Of those 8 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
- Performance against our Emergency Response Standards
- On call (retained) fire station availability
- Customer satisfaction (with access channels)
- 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.

1.2. This report contains:

- A Red/Amber/Green rated dashboard overview of performance across all 18 vital signs indicators
- Report cards for those 8 vital signs that have met the exception reporting criteria and are considered in this report.

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	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Target
{PH} Number of people killed and seriously injured on Norfolk's roads	Smaller	418	416	405	407	407	421	425	419	415	399				352
{FBP} Income and external funding successfully achieved as a % of overall revenue budget	Bigger	34.4%	35.2%	30.5%	25.1%	27.2%	31.6%	31.6%	32.2%	31.9%	32.5%	32.7%	32.3%		25.1%
							91.7m / 290.3m	91.7m / 290.3m	93.6m / 290.6m	92.5m / 289.8m	94.8m / 291.9m	95.4m / 292.1m	95.4m / 292.1m		
{CIL} Library Visits - physical and virtual	Bigger	11.17m	12.27m	13.46m	1.1m	2.26m	3.44m	4.66m	5.89m	7.17m	8.57m	9.77m	10.68m		10.37m
{CIL} % of active children and young people library users against population	Bigger	32.8%	32.9%	33.0%	32.7%	32.5%	32.2%	33.2%	33.0%	32.8%	32.8%	32.7%	32.1%		33.4%
		55110 / 167941	55290 / 167941	55406 / 167941	54896 / 167941	54572 / 167941	54449 / 169296	56183 / 169296	55913 / 169296	55572 / 169296	55598 / 169296	55311 / 169296	54266 / 169296		
{CH} Norfolk Record Office Visits – physical and virtual including learning groups	Bigger	106.5k	119.3k	131.7k	11.1k	22.2k	33.8k	44.5k	56.7k	69.5k	81.2k	93.5k	101.7k		91.2k
{CH} Museums visits – total visitors and school visits	Bigger	19.4k	27.6k	31.4k	38.0k	36.5k	35.3k	43.3k	64.5k	49.0k	40.2k	24.8k	17.8k		15.7k
{NFRS} Performance against our Emergency Response Standards	Bigger	80.6%	77.7%	78.4%	81.9%	81.0%	81.3%	80.1%	80.3%	76.4%	77.7%	77.2%	79.2%		80.0%
					354 / 432	387 / 478	409 / 503	418 / 522	417 / 519	331 / 433	296 / 381	277 / 359	389 / 491		
{NFRS} On call (retained) fire station availability	Bigger	85.3%	81.7%	81.8%	82.0%	81.8%	79.9%	79.9%	79.6%	82.7%	83.2%	86.4%	82.9%		90.0%
					693349 / 910655	102105 / 881279	318522 / 855359	588984 / 883871	355932 / 883871	750818 / 855359	519789 / 883871	912997 / 855359	73.3m / 88.4m		
{PE} % of businesses that are compliant	Bigger	95.9%	96.0%	95.3%	95.1%	95.5%	95.5%	94.8%	94.7%	94.9%	95.0%	95.0%	95.2%		95.0%
		809 / 844	782 / 815	771 / 809	833 / 876	834 / 873	900 / 942	907 / 957	894 / 944	888 / 936	861 / 906	834 / 878	840 / 882		
{PH} Status of Norfolk Resilience Forum plans to which NCC contributes	Bigger	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%		85%
		23 / 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								84.7%	86.4%	86.2%	87.4%	87.8%		**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	95.2%	88.9%	100.0%	96.4%	98.1%	100.0%	93.1%	92.1%	96.8%	100.0%				**100%**
		40 / 42	40 / 45	53 / 53	53 / 55	53 / 54	55 / 55	54 / 58	58 / 63	61 / 63	62 / 62				
{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	18.0%	17.8%	17.8%	17.2%	17.7%	17.8%		18.9%	19.6%	18.8%				**21.9%**
		745 / 4135	734 / 4117	722 / 4062	695 / 4045	706 / 4000	705 / 3962		733 / 3875	748 / 3826	706 / 3758				

Quarterly / Termly	**Bigger or Smaller is better**	**Dec 14**	**Mar 15**	**Jun 15**	**Sep 15**	**Dec 15**	**Mar 16**	**Jun 16**	**Sep 16**	**Dec 16**	**Mar 17**	**Jun 17**	**Sep 17**	**Dec 17**	**Target**
{PH} Teenage pregnancy - Rate of conceptions per 1,000 females aged 15-17	Smaller	20.3	19.8	18.8	20.0	21.3	21.3	22.4	21.6						**18.0**
{PH} Reducing inequity in smoking prevalence - % of 4 week quits coming from the 20% most deprived areas in Norfolk	Bigger	31.3%	34.7%	36.0%	30.6%	33.3%	34.8%	35.5%	31.5%	45.2%	29.3%	41.3%	31.5%		**32%**
		166 / 531	202 / 582	196 / 544	144 / 470	268 / 806	191 / 549	141 / 397	112 / 356	150 / 332	144 / 492	137 / 332	112 / 356		
{PH} Smoking status at time of delivery - % of women who smoke at time of delivery	Smaller	13.8%	14.1%	13.4%	14.0%	13.0%	12.7%	12.1%	11.9%	12.3%	12.7%	13.3%	13.6%		**11.0%**
		976 / 7103	959 / 6355	955 / 6335	970 / 6347	1101 / 7784	1105 / 8635	1059 / 8667	1034 / 8659	1050 / 8565	1074 / 8469	1121 / 8450	1137 / 8345		
{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%	40.5%		**40%**
				52633 / 264133	59074 / 264133	64994 / 264133	72121 / 264133	78605 / 264133	83885 / 264133	89490 / 264133	95622 / 264133	101175 / 264133	106857 / 264133		

Annual (financial / academic)	**Bigger or Smaller is better**	**2005/06**	**2006/07**	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**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.

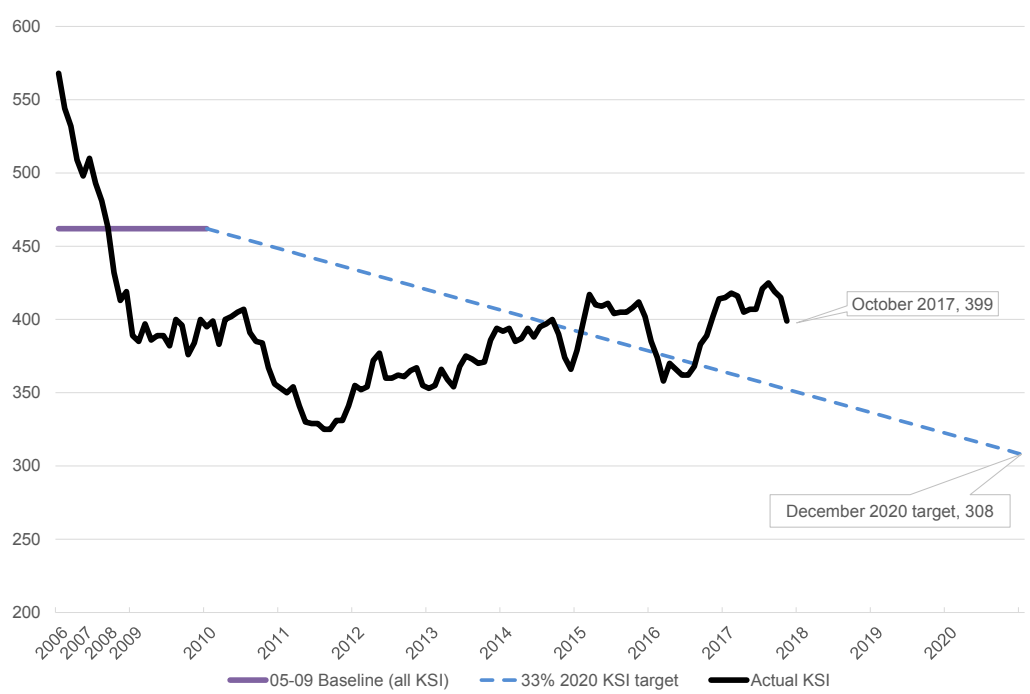
3.4. Provided in Appendix 1 is a set of prompts for performance discussions that Members may wish to refer to as they review the report cards. There is also a list of suggested options for further actions where the committee requires additional information or work to be undertaken.

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. A target was set in 2010 to reduce Killed and Seriously Injured by a third – from 462 average in 2005-2009, by the end of 2020 to 308.

Performance



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

What is the background to current performance?

- Local authorities are required by statute to promote road safety, to undertake collision/casualty data analysis and devise programmes including engineering and road user education, training and publicity that will improve road safety.
- The vital sign reports the actual figure of killed and seriously injured, not performance measures for services. It is also not expressed as a rate.
- Factors which positively impact numbers include in-car safety standards and greater compliance with speed limits. Economic conditions can impact on casualty numbers by affecting 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 external factors which influence collisions on the road.
- Changes to police accident recording methodology will mean that national 2016 data will include certain metrics which will not be directly comparable to previous years, due to data quality issues.
- Norfolk ranked 6th (out of 31 peers) for Road Safety Education within the Highways and Transport survey

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.

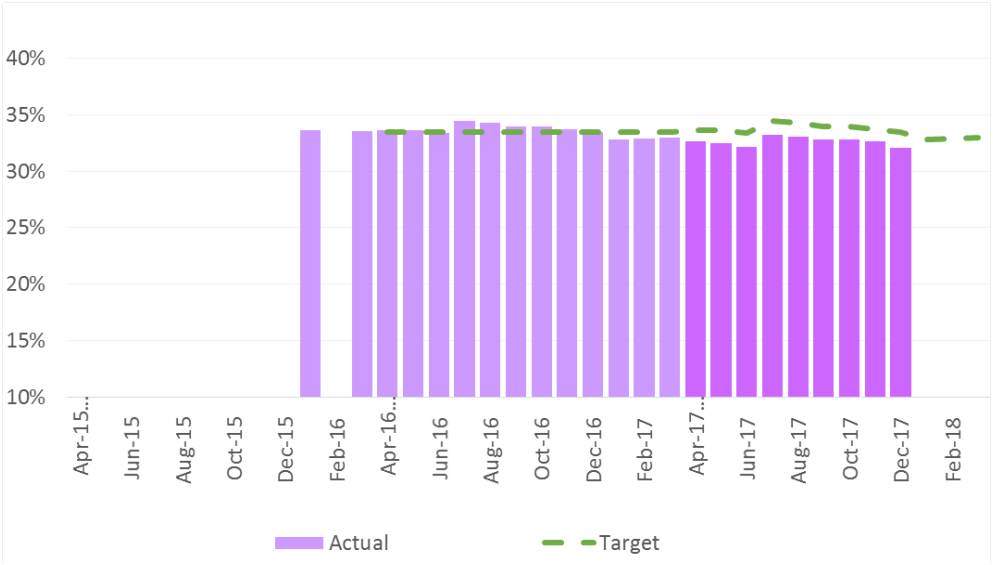
Responsible Officers	Lead: Diane Steiner – Deputy Director of Public Health	Data: Nile Pennington, Analyst Road Casualty Reduction

% 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.

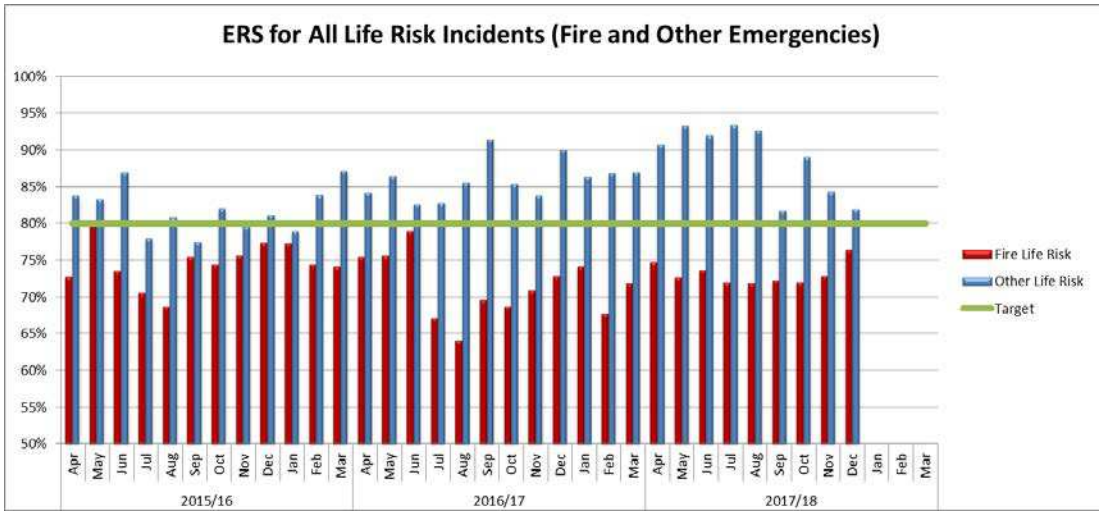
Responsible Officers	Lead: Jan Holden – Head of Libraries and Information	Data: Marlene Peachey – Analyst (I & A)

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

Why is this important?

Responding quickly to an emergency can reduce the impact of the incident and save lives. We aim to get to a fire engine to 80% of 'Fires where life may be at risk' within 10 minutes and for 'Other emergencies where life may be at risk' within 13 minutes.

Performance



What is the background to current performance?

- The combined ERS had been in steady decline as shown by the annual average data until the last financial year that had a 0.9% increase:
  - 2013/14 78.8%
  - 2014/15 78.7%
  - 2015/16 77.5%
  - 2016/17 78.4%
  - 2017/18 79.6% (Financial Year to Date)
- The nature and location of calls we attend is changing. We have successfully reduced the number of false fire alarms (classified as Fires where life may be at risk) we attend meaning our resources are ready to respond to genuine emergencies. This means we get fewer calls in urban areas which are quicker to get to.
- Below is a list of ERS Initial Incident Types

What will success look like?

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

Action required

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

Responsible Officers

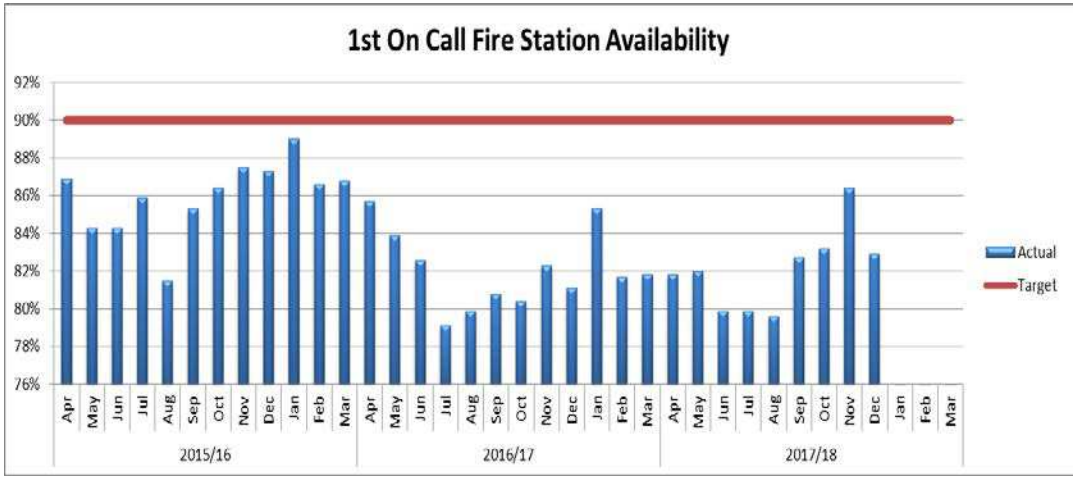
Lead: David Ashworth, Chief Fire Officer Data: Mark Wilson-North, Station Manager

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 82.0% (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 1.1% higher (December).

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.

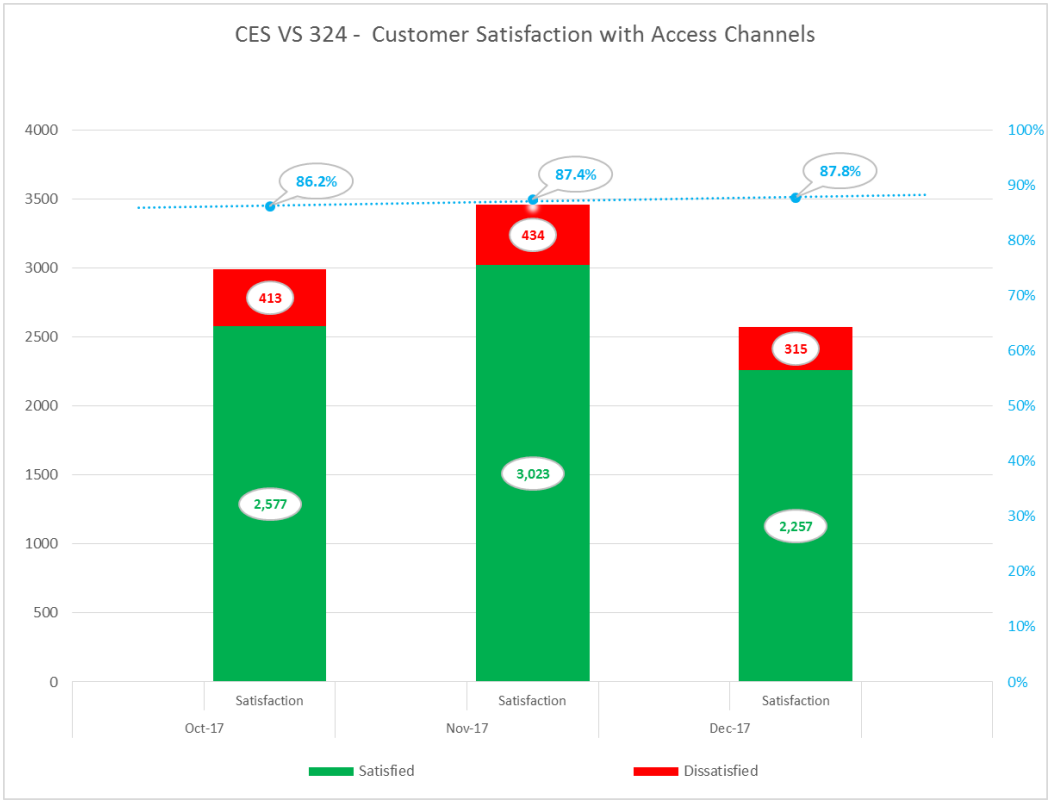
Responsible Officers	Lead: David Ashworth, Chief Fire Officer	Data: Mark Wilson-North, Station Manager

Customer Satisfaction

Why is this important?

This measures the organisations ability to attract the right calls and deal with them effectively. Where people are phoning to chase an earlier contact / request it is a signal of inefficiency in the organisation – it also adds unnecessary cost in dealing with a second customer contact.

Performance



What is the background to current performance?

- **Overall satisfaction** has increased since last month to 88%. This is broken down as follows in terms of the various access channels:
  - Telephone – 97% satisfied (up from 96%)
  - Email – 82% satisfied (up from 80%)
  - Web – 74% satisfied (up from 70%)
  - Face to face – 77% satisfied (down from 86%)
- Customers leaving poor feedback on the **telephone** are mainly dissatisfied with the department providing the main service rather than with the call experience itself. Predominantly dissatisfaction is caused by customers having to call to chase previously reported issues and awaiting call-backs from the back-office.
- Customers leaving poor feedback about **email** are mainly:
  - Dissatisfied with the blue badge renewal process, and the need to re-apply every three years
  - Responses provided do not address the query raised
- Customers leaving poor feedback about the **website** continue to report:
  - difficulties using the online account – recently a 'sprint' took place to improve the customer journey with regard to logging highway defects. We expect to start to see the positive impact of this next month.
  - frustration with the feedback module interfering with the scroll bar – a fix for this is currently being tested in IMT.
- There are no feedback comments captured in the **face-to-face** survey.

What will success look like?

- Over 90% of customers are satisfied with the service they receive
- As the customer service programme progresses the number of avoidable customer contacts by service should reduce, as customers are more able to self-serve online.

Action required

- Drive forward delivery of customer account covering multiple transactions
- Set customer expectations with regard to how or when updates will be received or a service will be provided

Responsible Officers

Lead: Ceri Sumner, AD - Community, Information and Learning. Data: Andrew Blaxter, CS Operations Manager

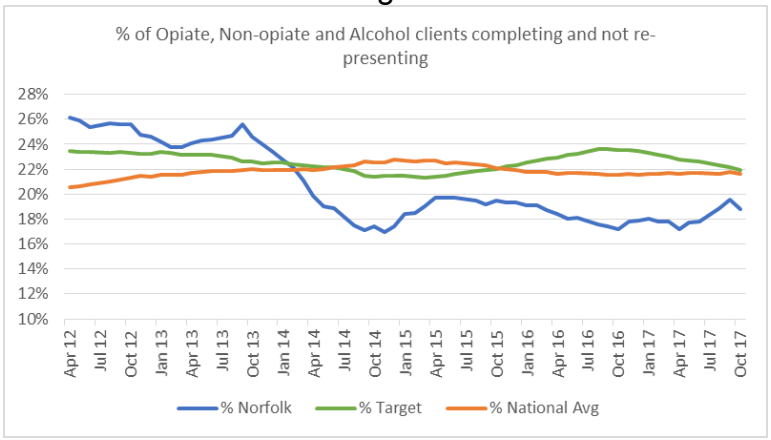
Successful completion of substance misuse treatment

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 May16 – Apr17 and did not re-present by Oct17. The overall value for Norfolk is 18.8% compared to 21.9% target.

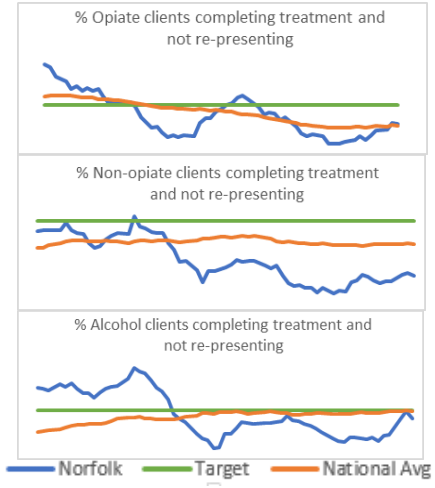


Source: National Drug Treatment Monitoring System (NDTMS)

What is the story behind current performance?

Performance can be broken down by substances misused:

- Opiates: From 2,136 service users in treatment, 146 completed and did not re-present, i.e. 6.8% compared to 8.0% target.
- Non-opiates: From 507 service users in treatment, 146 completed and did not re-present, i.e. 28.8% compared to 43.0% target
- Alcohol: From 1,115 service users in treatment, 414 completed and did not re-present, i.e. 37.1% compared to 39.0% target.



Completions for opiates are in line with national figures.

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 through employment and volunteering. Reduced demand on health and social care.

Action required

- An improvement plan continues to be implemented by the provider and performance managed through contract meetings.
- The mobilisation and transition to the new provider "change, grow, live" (CGL) has started and progressing well, with new service to start April 2018.
- Working locally and with regional data team to improve data quality and reduce the current high number of system errors over the next 12 months.

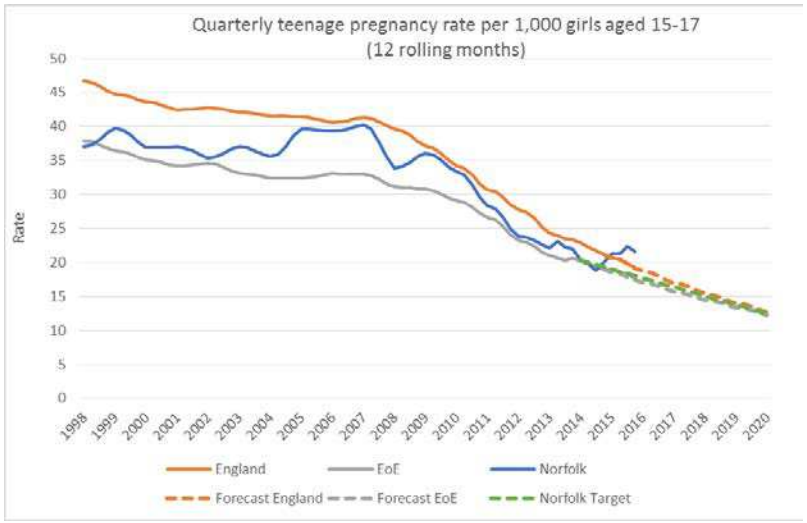
Responsible Officers	Lead: Diane Steiner – Deputy Director of Public Health	Data: Sally Hughes - Public Health Commissioning Manager

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.

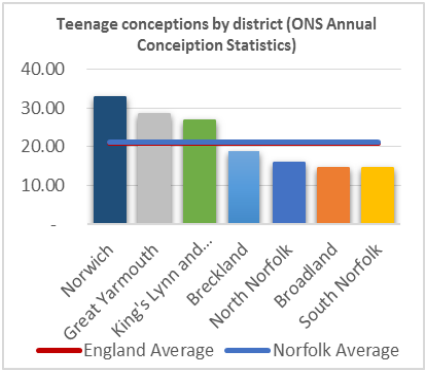
Performance



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

What is the story behind current performance?

- Teenage pregnancies from Oct-15 to Sep-16 increased to 296 (rate 21.6 per 1000), from 279 pregnancies (rate 20.0 per 1000) in Oct-14 to Sep-15.
- This is above the target for Oct-15 to Sep-16 of 18.0 pregnancy rate per 1000 and above the England average of 19.3 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: Tracey Milligan - Public Health Officer

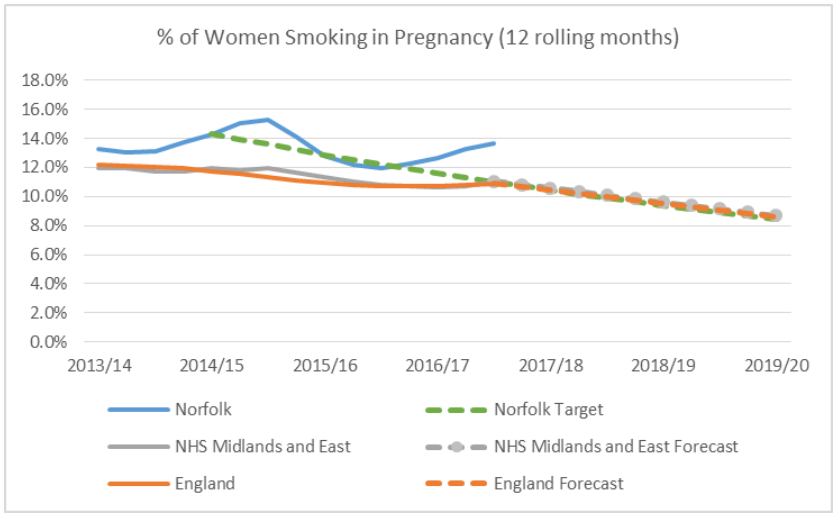
Smoking Status at Time of Delivery / Smoking in pregnancy

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



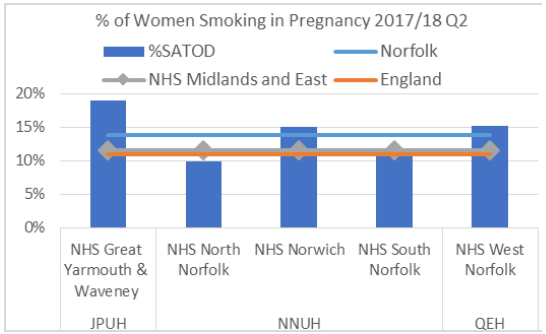
Source: NHS Digital quarterly data (at CCG level, Norfolk value estimated).

What is the story behind current performance?

The rate of women smoking in pregnancy in Norfolk is 13.6% for September 2017 against the target of 11.0%. This is a higher rate to the same period last year of 11.9%.

From Oct 2016 to Sep 2017, in Norfolk, approximately 1,137 mothers were smoking during pregnancy out of 8,362 maternities.

There is inequality in smoking in pregnancy. The highest rate of smoking in pregnancy in Norfolk is in the Great Yarmouth CCG area.



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:

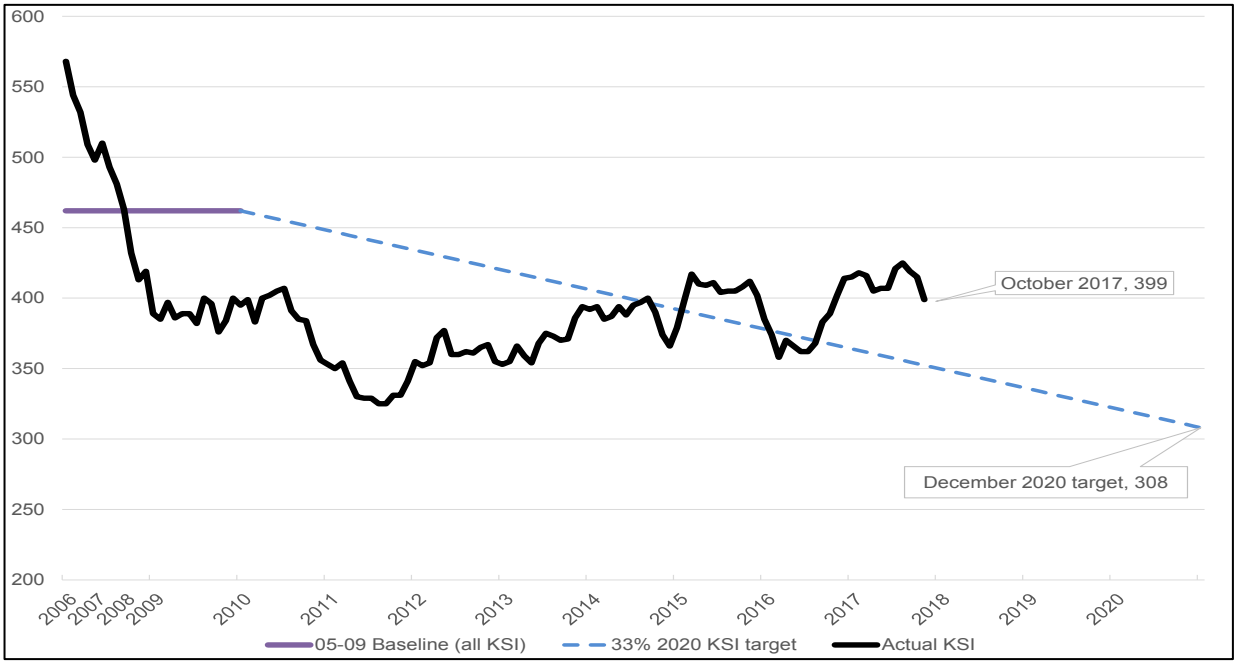
- Carbon monoxide monitoring of all pregnant women at booking and referral to Norfolk stop smoking service, based on an opt-out system.
- Training and awareness for midwives and other health professionals.
- Partnership work to develop a good referral pathway.
- Shared accountability by partners.
- Continued 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

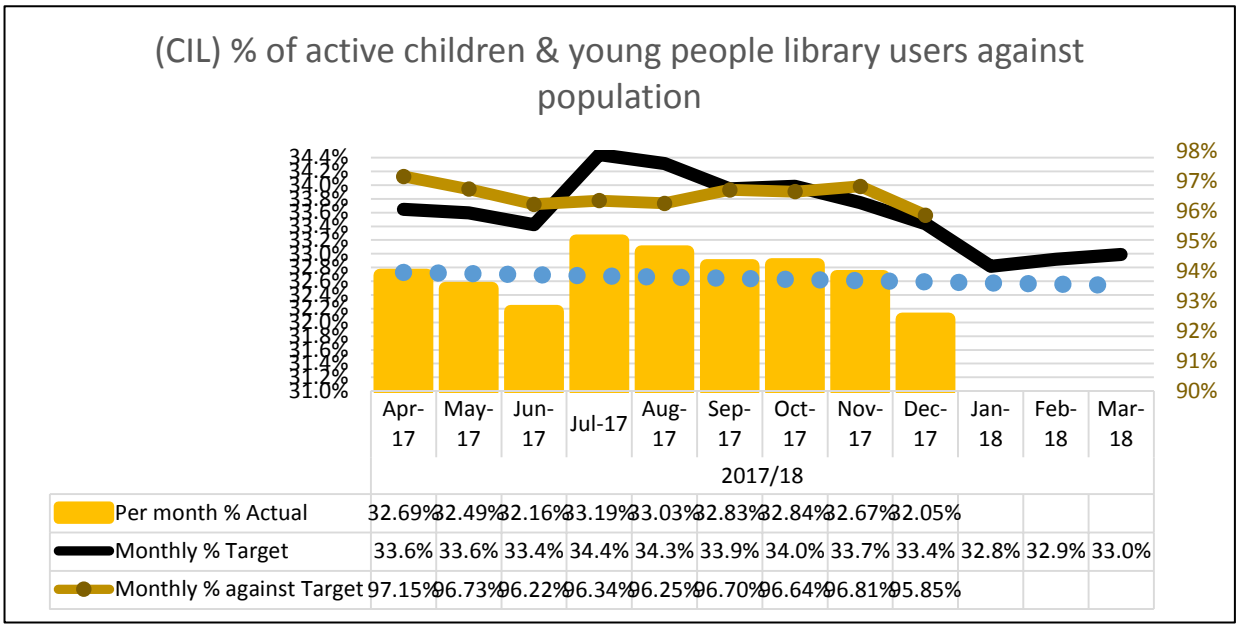
4.1. • Number of people killed and seriously injured on Norfolk's roads (Oct 17 Red 399 against a target of 352 – *Sep 17 was 415*)

In January, Communities Committee approved the formation of an Elected Members Task and Finish Group to develop a new casualty reduction strategy and communications plan, as well as to review performance measures. It is planned to take a new strategy to Committee in September.



4.2. • % of active children and Young people users against population (Amber 32.1% against a target of 34% - *Nov 17 was 32.7%*)

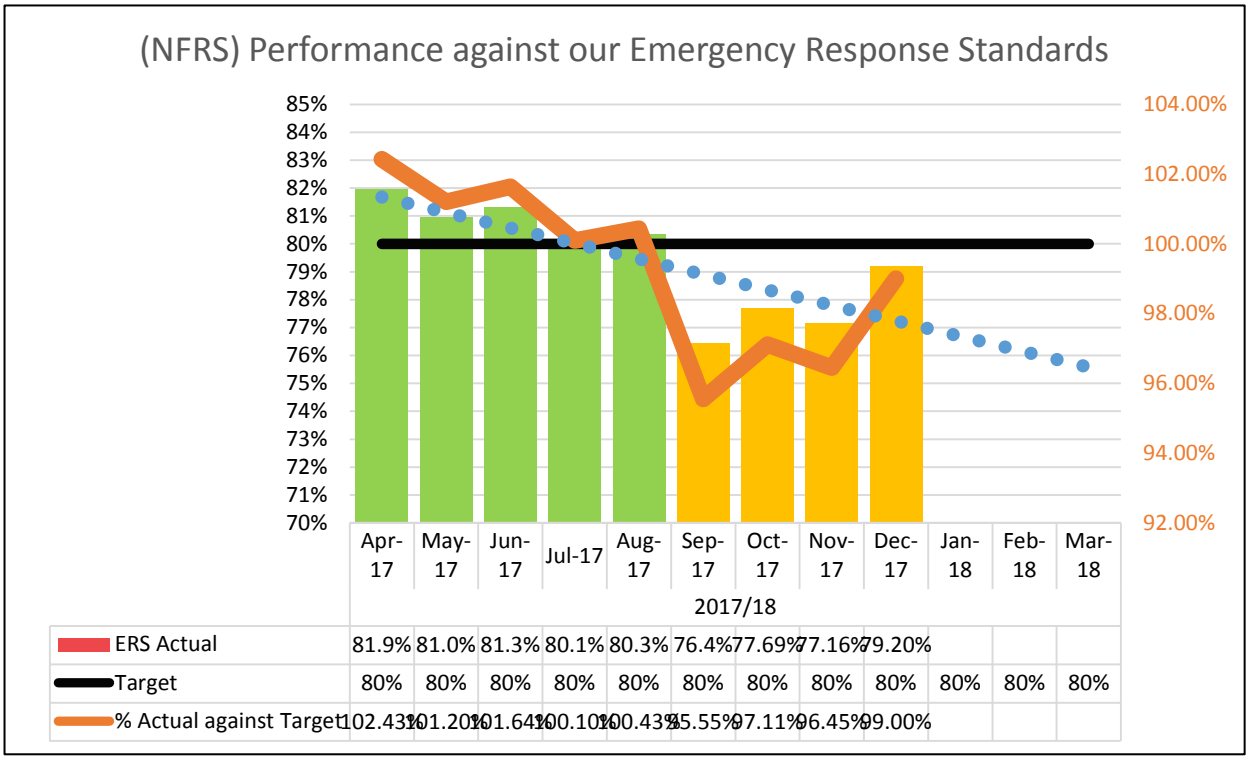
There is no additional commentary to that contained within the report card.



4.3.

- Performance against our Emergency Response Standards
  (Amber 79.2% (Dec 17) against a target of 80% - *Nov 17 was 77.2%*)

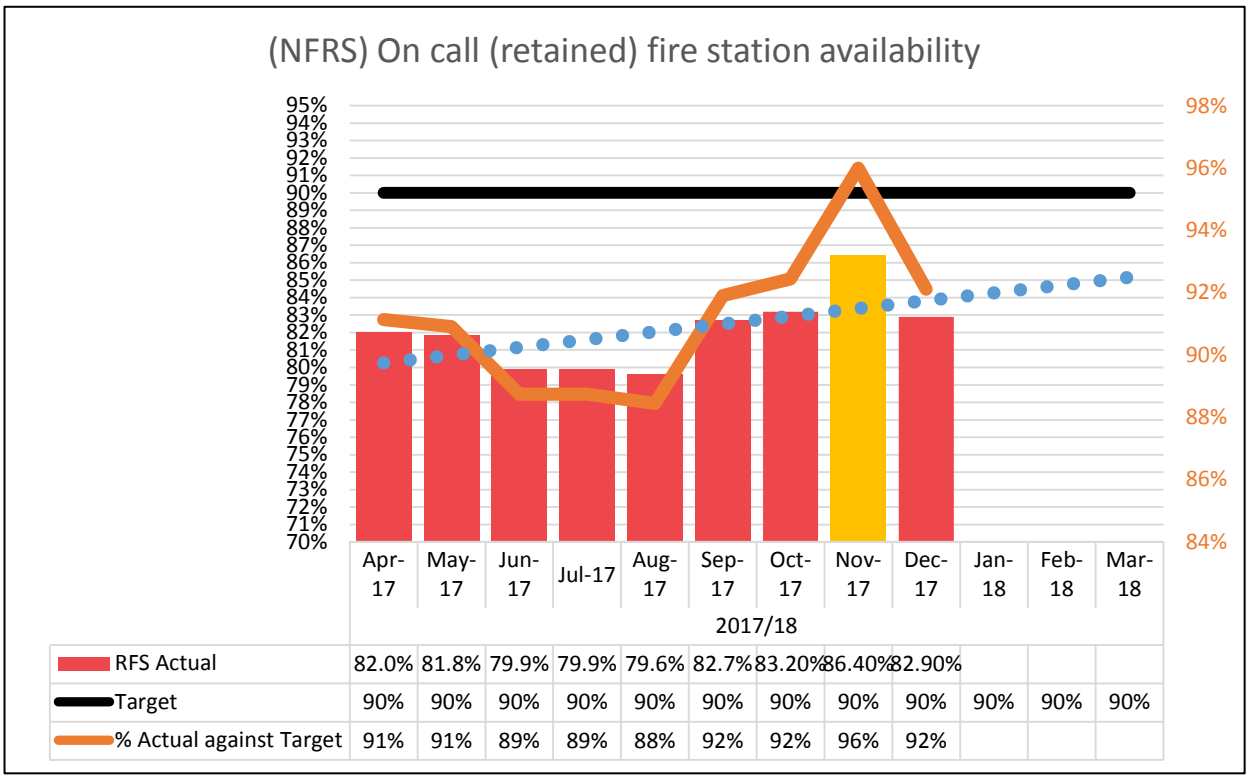
There is no additional commentary to that contained within the report card.



4.4.

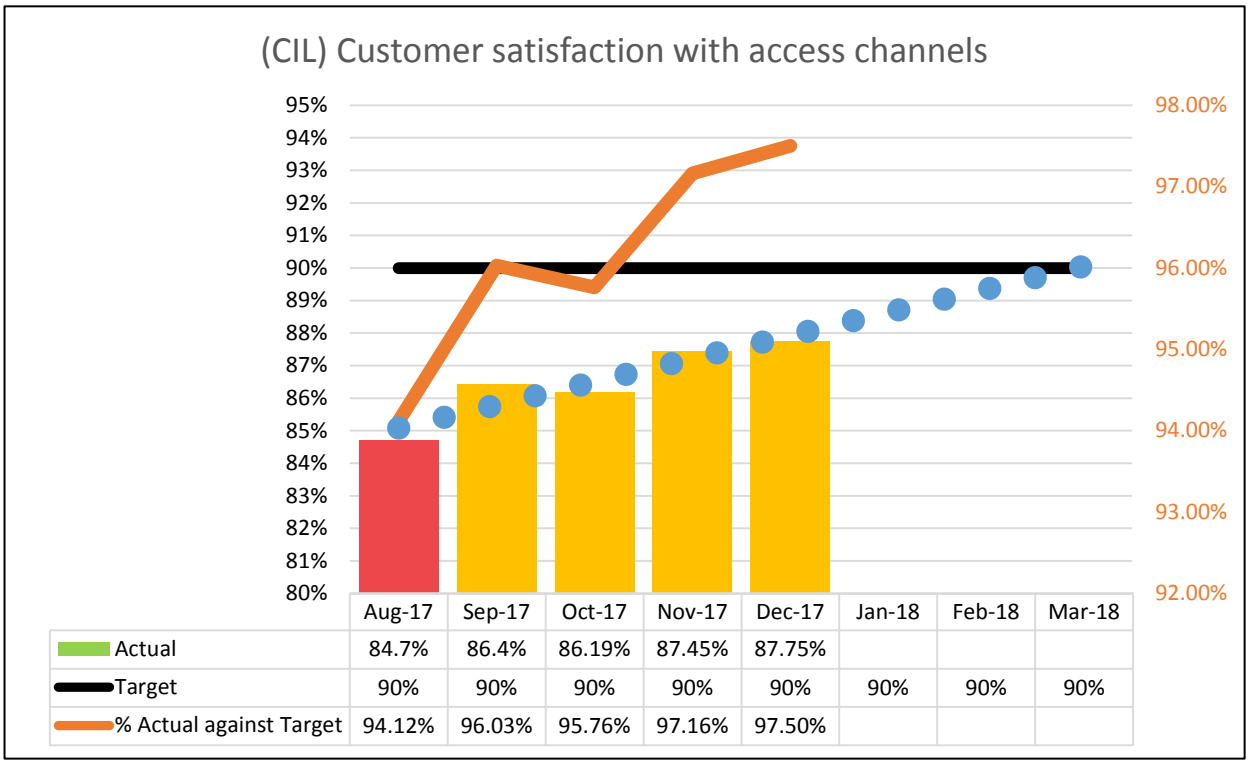
- On call (retained) fire station availability
  (Red 82.9% (Dec 17) against a target of 90% - *Nov 17 was 86.4%)*

There is no additional commentary to that contained within the report card.



4.5. • Customer satisfaction (with access channels)
(Amber 87.8% (Dec 17) against a target of 90% - *Nov 17 was 87.4%)*

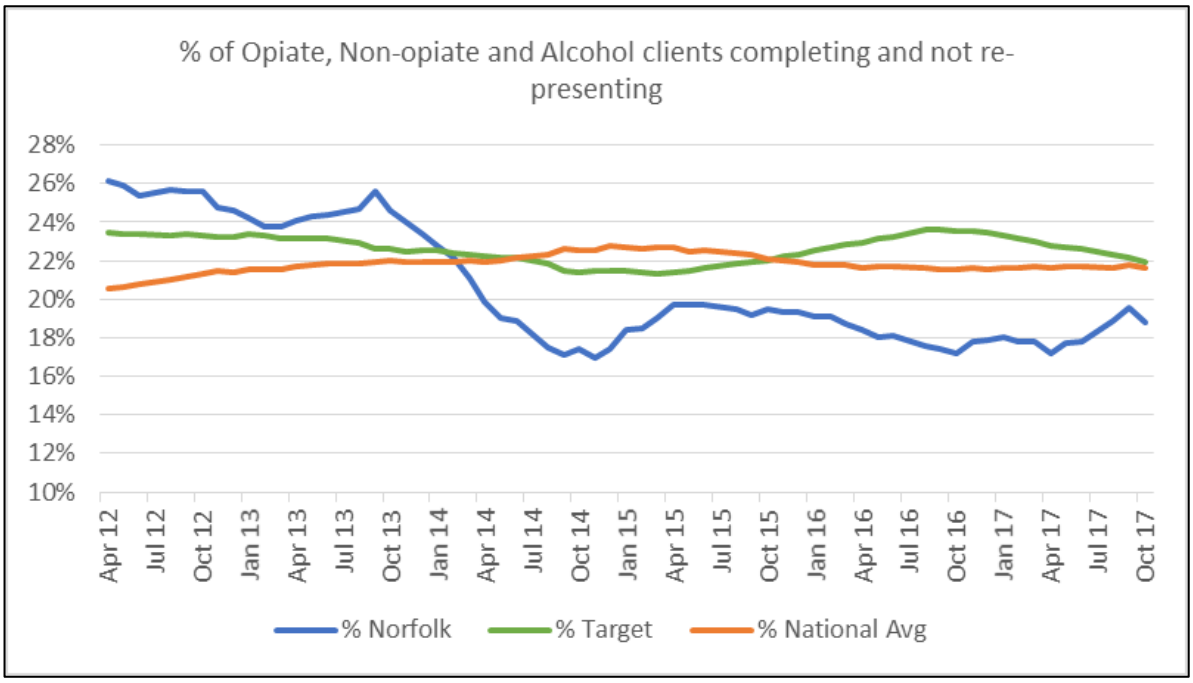
The Dashboard has been amended to only show performance from Aug 2017 (the date that the calculation of the measure was amended, rendering comparison with earlier monthly measurements redundant). It should also be noted that the target was set using different assumptions before the measure was changed. The target was not amended when the measure calculation was changed and therefore the triggering of amber exception flags is misleading. Despite this, trend suggests that performance will meet the existing target by year end.



	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Actual	84.7%	86.4%	86.19%	87.45%	87.75%			
Target	90%	90%	90%	90%	90%	90%	90%	90%
% Actual against Target	94.12%	96.03%	95.76%	97.16%	97.50%			

4.6. • 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
(Red 18.8% (Oct 17) against a target of 21.9% - *Sep 17 was 19.6%)*

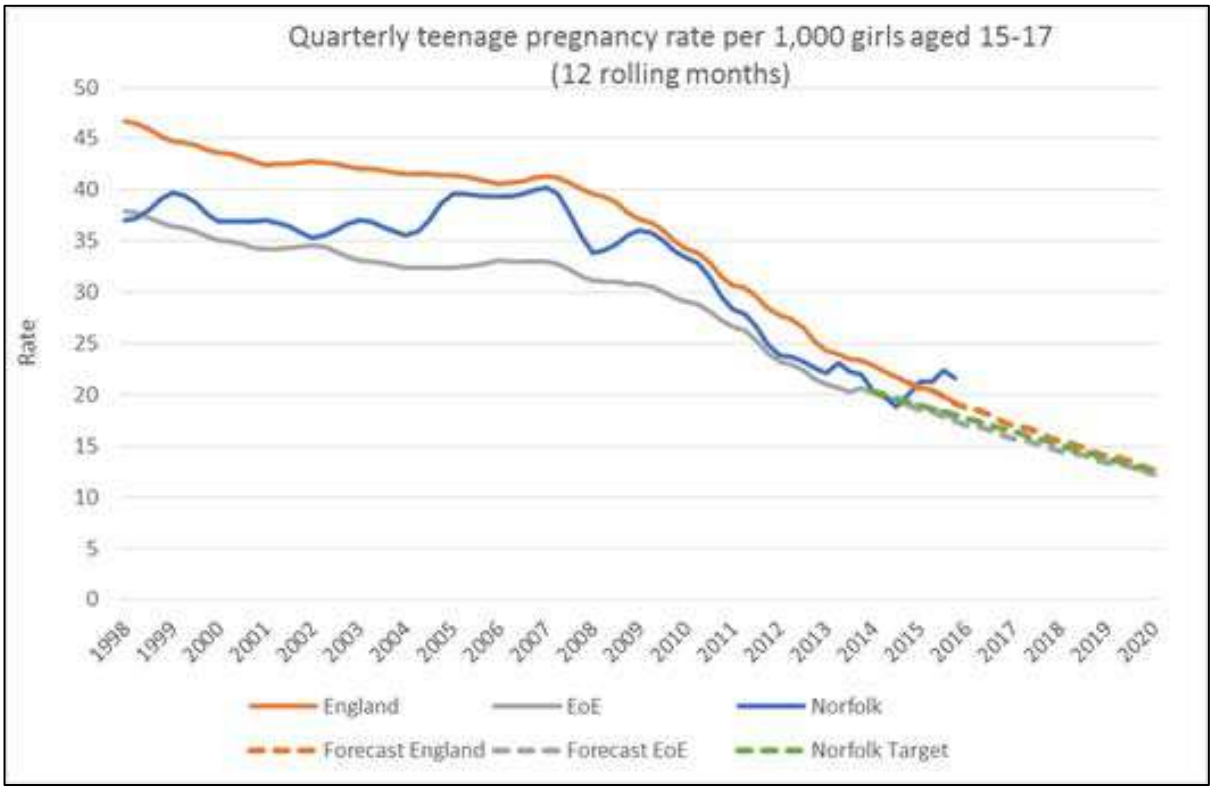
While mobilisation of the new provider (CGL) is progressing well, as with any transition to a new provider, performance could temporarily be affected. There is a 'probable' likelihood that performance will not improve in the six months after the start of the new contract in April 2018 (there is a six month time lag in performance data). It has been agreed by committee that we will not report performance for 12 months of mobilisation of the new service. So this will be the last report to committee on this vital sign for a year. We will continue to monitor performance through contract management.



4.7.

- Teenage pregnancy - Rate of conceptions per 1,000 females aged 15-17 (Red 21.6 against a target of 18 (Q2 Sep 16 data) – *Q1 Jun 16 was 22.4*)

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.

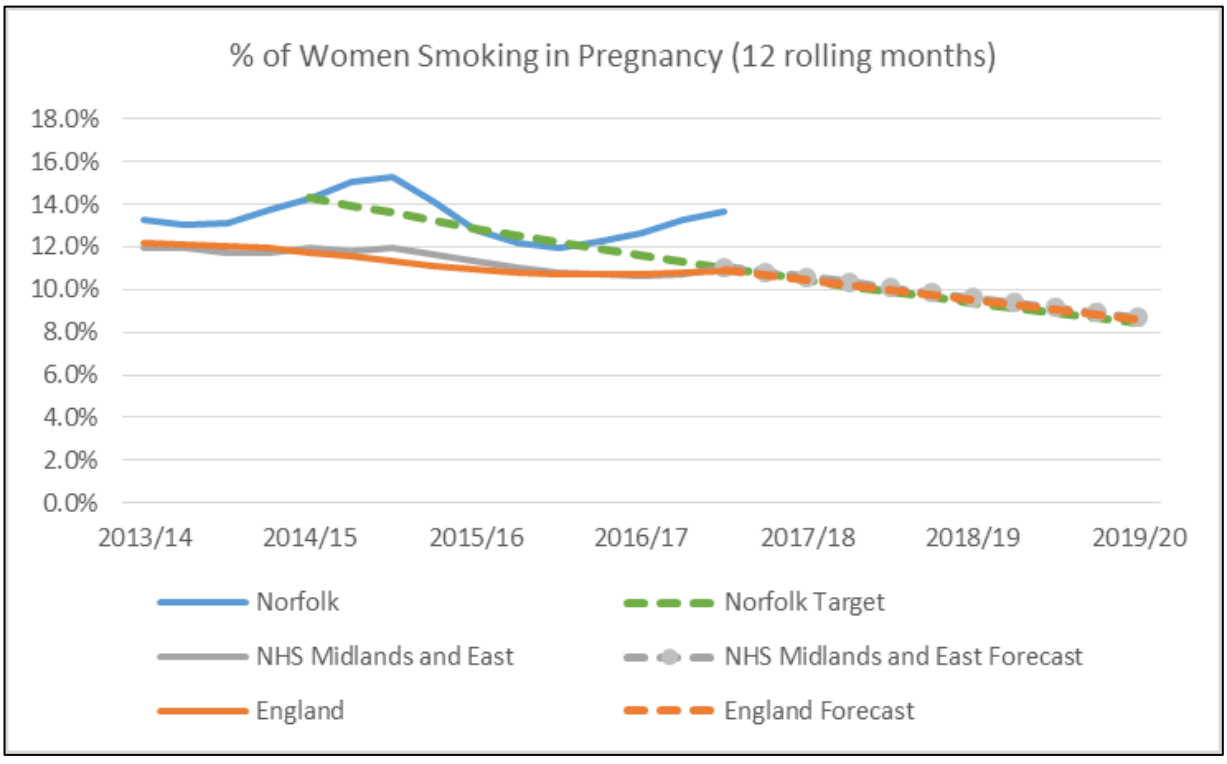


4.8. • Smoking status at time of delivery - % of women who smoke at time of delivery (Red 13.6% against a target of 11% (Q2 Sep 17 data) – *Q1 Jun 17 was 13.3% against a target of 11.9%)*

This measure was reviewed in depth at the last DMT meeting on 9 January 2018.

Work underway includes:

- A smoking in pregnancy / postpartum pathway spanning all three acute trusts has been drafted and submitted to the relevant STP group for sign-off.
- Smokefree Norfolk continues to work with maternity services to ensure recording of smoking at time of delivery is robust and training midwives in the correct storage of CP monitors.
- A pilot in JPUH, led by PHE, has assessed the impact of specially designed tool for midwives to use when talking to pregnant smokers – evaluation results awaited. This will enable us to engage with pregnant smokers earlier in their pregnancies.
- Smokefree Norfolk are now routinely inviting partners to smoking cessation appointments which include a pregnant woman – partners are now starting to engage in these appointments. Smokefree Norfolk are also attending maternity team meetings.
- Development of media campaigns – including for use in antenatal clinics, GP surgeries and libraries – is underway.
- A statement on e-cigarettes for pregnancy and maternity has been developed from the national smoking in pregnancy action group. This has been adapted locally.
- The Smoking in Pregnancy Group continues to be very active. Membership and activity has been reviewed with work collaboratively with and avoid duplication with the STP SiP group.
- The opt-out system for CO screening and referral to Stop Smoking Services is embedded in two maternity departments, with work underway with the third.
- Smokefree Norfolk providing training for children centre staff and Health Visitors to provide them with adequate knowledge and skills to intervene with pregnant smokers.



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'