

Adult Social Care Committee

Item No.....

Report title:	Performance management report
Date of meeting:	5 September 2016
Responsible Director	Catherine Underwood, Acting Executive Director of Adult Social Services
Strategic impact Robust performance and risk management is key to ensuring that the organisation works both efficiently and effectively to develop and deliver services that represent good value for money and which meet identified need.	

Executive summary

This report presents current performance against the committee's vital signs indicators, based upon the revised performance management system which was implemented as of 1 April 2016.

A full list of indicators is presented in the committee's performance dashboard.

Detailed performance information is available by exception for indicators that are off-target, are deteriorating consistently, or that present performance that affects the council's ability to meet its budget, or adversely affects one of the council's corporate risks. The following indicators are reported as exceptions on this occasion:

- a) Delayed transfers of care (off target)
- b) People with learning disabilities in paid employment (off target)

The report then responds to a request at the last Committee meeting for more information on carers' services, presenting the two report cards covering performance in carers' assessments and care management, and the performance of commissioned carers' services.

Finally the report proposes bringing targets for the remaining volumes and activity vital signs indicators, alongside Budget and Service Planning proposals, to a future meeting and at the latest to the December committee.

Recommendations

With reference to section 3, for each vital sign that has been reported on an exceptions basis, Committee Members are asked to

- a. Review and comment on the performance data, information and analysis presented in the vital sign report cards and
- b. Determine whether the recommended actions identified are appropriate or whether another course of action is required.

With reference to section 4, committee members are asked to:

- a. Review and comment on the requested information, presented in two report cards, about the performance of services to support carers
- b. Subject to comments and amendments, agree to receive information about carers services in this format from now on

With reference to section 5, committee members are asked to:

- a. Agree to receive proposed service volumes and activity targets alongside Budget and Service Planning proposals at a future committee meeting, and at the latest at the December committee.

1 Introduction

- 1.1 This performance monitoring report provides the most up to date performance data available, to the end of period 3 (June 2016).

2 Performance dashboard

- 2.1 The performance dashboard provides a quick overview of Red/Amber/Green rated performance across all vital signs over a rolling 12 month period. This then complements that exception reporting process and enables committee members to check that key performance issues are not being missed.
- 2.2 The dashboard is presented below.

2.3 Adult Social Services Dashboard

Note: results without alerts/colouring denote where targets have not yet been set – in this case because new indicators have been developed.

Monthly	Bigger or Smaller is better	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Target
% of people who require no ongoing formal service after completing reablement	Bigger	88.9%	88.1%	86.4%	87.1%	87.5%	88.3%	86.2%	86.5%	86.3%	87.2%	91.8%	89.9%	
Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (18-64 years)	Smaller	30.8	28.7	28.9	27.7	25.3	23.7	22.5	22.5	21.7	21.1	19.7		20.8
Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (65+ years)	Smaller	685	684	676	661	645	645	622	617	623	616	622		615
Decreasing the rate of people in residential and nursing care per 100,000 people	Smaller	574	576	575	575	571	571	567	564	565	567	568	562	
Increasing the proportion of people in community-based care	Bigger	66.2%	66.1%	66.2%	66.4%	66.5%	66.6%	66.5%	66.7%	66.8%	66.7%	66.7%	66.9%	
Decreasing the rate of Council service users per 100,000 population (18-64 years)	Smaller	912	919	922	927	927	933	928	929	936	935	937	940	
Decreasing the rate of Council service users per 100,000 population (65+ years)	Smaller	3,595	3,585	3,586	3,594	3,573	3,577	3,495	3,505	3,523	3,516	3,531	3,497	
% of people still at home 91 days after completing reablement	Bigger	92.4%	91.4%	91.5%	92.4%	92.2%	92.0%	91.4%	91.7%	90.7%	92.2%	91.9%		90.0%

Monthly	Bigger or Smaller is better	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Target
Number of days delay in transfers of care per 100,000 population (attributable to social care)	Smaller	0.8	0.9	1.0	1.2	1.3	1.4	1.5	1.5	1.5	2.9	2.4		1.5
% People who were subject to safeguarding interventions whose stated outcomes were met	Bigger								63.2%	88.0%	70.2%	75.6%		
% People receiving Learning Disabilities services in paid employment	Bigger	3.6%	3.5%	3.6%	3.6%	3.6%	3.7%	3.6%	3.6%	3.7%	3.3%	3.3%	3.2%	3.4%
% People receiving Mental Health services in paid employment	Bigger	1.7%	1.6%	1.6%	1.8%	1.8%	1.9%	1.9%	1.8%	2.1%	1.9%	2.1%	2.3%	2.2%
% Enquiries resolved at point of contact / clinic with information, advice	Bigger	39.2%	37.9%	36.6%	37.4%	38.3%	36.8%	37.5%	38.9%	42.3%	34.0%	36.2%	35.5%	
Rate of carers supported within a community setting per 100,000 population	Bigger	1,195	1,213	1,221	1,221	1,213	1,183	1,186	1,191	1,112	1,069	1,067	1,103	
% of CQC ratings of all registered commissioned care rated good or above	Bigger	65.5%	67.0%	64.0%	60.2%	58.0%	58.9%	56.9%	56.7%	56.9%	60.6%	61.2%	62.9%	
% Social care assessments resulting in solely information and guidance	Bigger	12.6%	12.7%	12.5%	11.8%	12.5%	14.8%	10.9%	13.4%	11.1%				
Average change in cost for people in long-term council-funded services following reassessment	Smaller	£26.07	£29.70	£25.44	£14.79	£29.34	£16.43	£38.20	£35.45	£31.79				

*Because targets are 'profiled' over the year, and so change every month to reflect the change that is required over time, it is possible for the performance alert to change

1 Report cards

- 1.1. 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.
- 1.2. 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.
- 1.3. Vital signs are to be reported to committee on an exceptions basis, with indicators being reported in detail when they meet one or more criteria. The exception reporting criteria are as follows:
 - Performance is off-target (Red RAG rating or variance of 5% or more)
 - Performance has deteriorated for three consecutive 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
- 1.4. The report cards for those vital signs that do not meet the exception criteria on this occasion, and so are not formally reported, will be made available to view through Members Insight. To give further transparency to information on performance, for future meetings it is intended to make these available in the public domain through the Council's website.
- 1.5. These will then be updated on a quarterly basis. In this way, officers, members and the public can review performance across all of the vital signs at any time.
- 1.6. The two report cards highlighted in this report are presented below:
 - a. Number of days delay in transfers of care attributable to social care per 100,000 population
 - b. % People receiving Learning Disabilities services in paid employment.

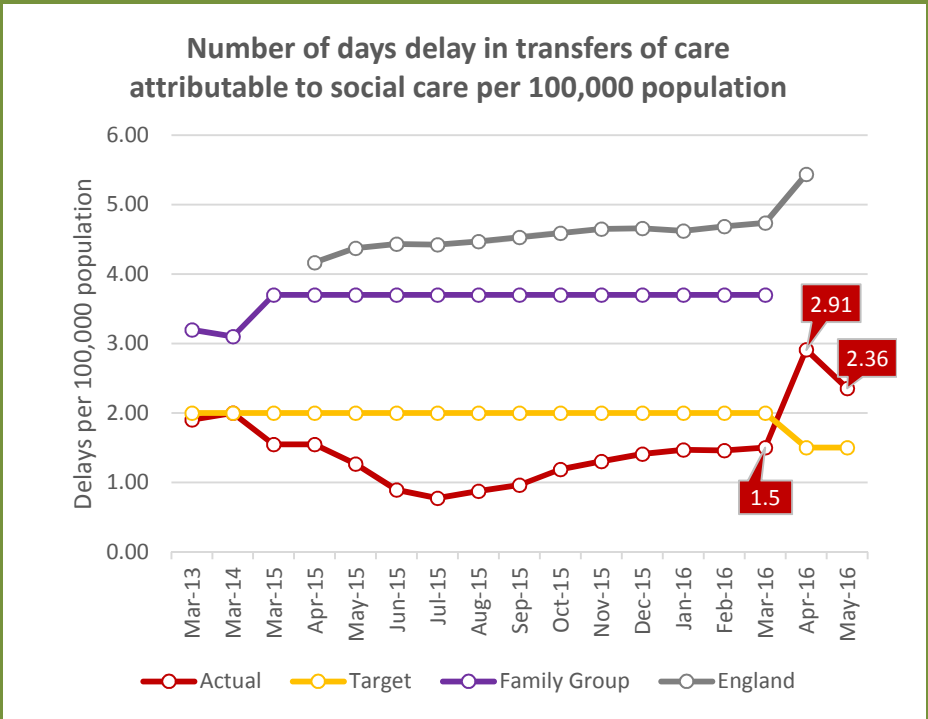
3.7 Delayed transfers of care

Why is this important?

Staying unnecessarily long in acute hospital can have a detrimental effect on people’s health and their experience of care. Delayed transfers of care attributable to adult social services impact on the pressures in hospital capacity, and nationally are attributed to significant additional health services costs. Hospital discharges also place particular demands on social care, and pressures to quickly arrange care for people can increase the risk of inappropriate admissions to residential care, particularly when care in other settings is not available. Continuing Norfolk’s low level of delayed transfers of care into appropriate settings is vital to maintaining good outcomes for individuals and is critical to the overall performance of the health and social care system. This measure will be reviewed as part of Better Care Fund monitoring.

Performance

What explains current performance?



- Norfolk has historically performed strongly in this indicator, and has been recognised for its good practice through integrated, hospital-based discharge teams.
- However in April 2016 the number of delays per 100,000 of population nearly doubled when compared to the previous month, dropping off slightly in May, but still significantly higher than previously
- The increase appears to have largely been driven by a sharp jump in delays attributable to social care from the Norfolk & Norwich University Hospital – from a baseline of zero in recent months, to over 250 in April and 210 in May.
- Discussions with colleagues at the NNUH have confirmed that the additional delays in April and May were due to recording errors there, and that the results would be changed retrospectively. We receive our data for this measure directly from the Department of Health, and due to their timetable for updating and re-publishing data, the NNUH advises that we expect these changes to be reflected from September onwards. Members should therefore expect to see this from the next scheduled performance monitoring report in December.
- Irrespective of data issues, the health and care system remains under significant pressure, and keeping delays at a minimum will remain a significant performance challenge.

What will success look like?

Action required

- | | |
|---|---|
| <ul style="list-style-type: none">• Low, stable and below target, levels of delayed discharges from hospital care attributable to Adult Social Care, meaning people are able to access the care services they need in a timely manner once medically fit. | <ul style="list-style-type: none">• To continue to report excess delays ‘by exception’ to committee until we are able to show improved Department of Health figures, and address any issues with the NNUH in the meantime.• Continue priority actions in partnership with health services to ensure timely discharges from hospitals into appropriate care settings through integrated discharge arrangements• To include working to deliver commitments in the Better Care Fund agreement to support the development of local plans, and Integrated Acute Discharge Hubs |
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Responsible Officers

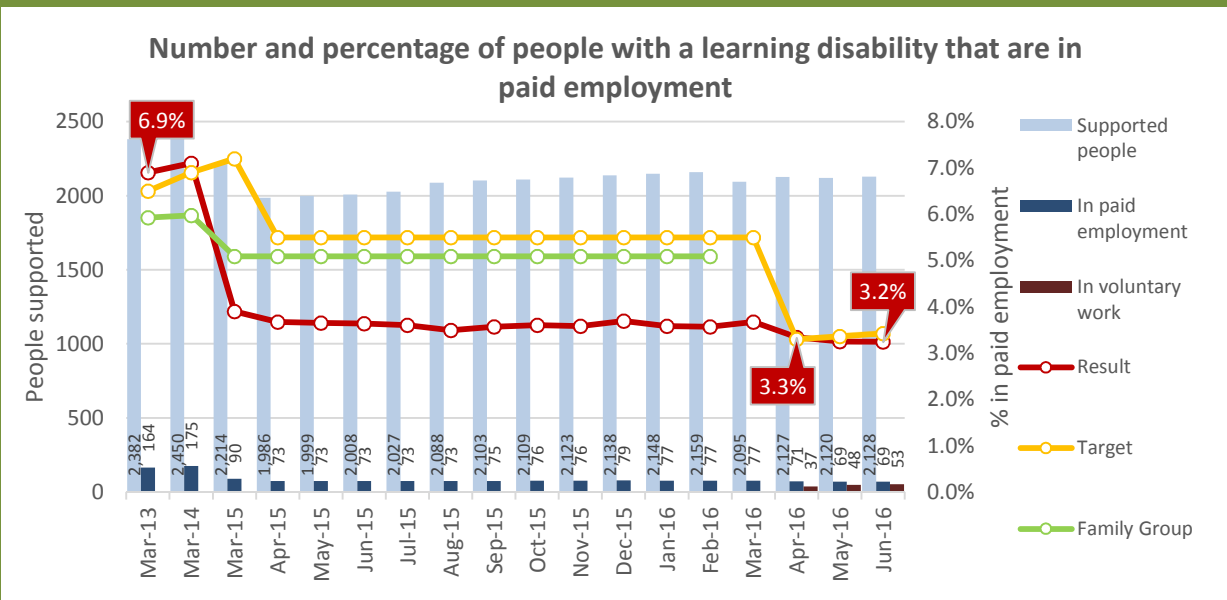
Lead: Lorryne Barrett, Director of Integrated Care
Data: Business Intelligence & Performance Team

3.8 Number and % of people with learning disabilities in paid employment

Why is this important?

Research and best practice shows that having a job is likely to significantly improve the life chances and independence of people with learning disabilities, offering independence and choice over future outcomes. Furthermore this indicator has been identified within the County Council Plan as being vital to outcomes around both the economy and Norfolk's vulnerable people. Norfolk currently has a low rate compared to other councils.

Performance



What is the background to current performance?

- Current performance is declining, from 3.7% in March 2016 to 3.2% in June 2016 – worse than at year end 2014/15.
- Historically Norfolk's performance has kept pace with the family group average, even during the recession.
- However poor performance in 2014/15, and in the last year, means Norfolk is now significantly below the family group average percentage of 5.1%.
- Records for June 2016 suggest that a large proportion – around 91% – of people receiving LD services are 'not seeking work/retired', which sets a current ceiling of around 9% of people in employment.
- The number of people in voluntary work has only been recorded since April 2016; we would expect numbers to increase as information is recorded during the service users' reassessment.

What will success look like?

- Meet targets to exceed the previous highest rate (2013/14), with 'steeper' improvement in 17/18 and 18/19 to reflect the timing of the planned review of day services. Targets of 4% by end of 16/17, 5.3% by 17/18 and 7.5% by 18/19.

Performance has prompted a corporate focus that has identified the following priority action areas:

- The development, by December, of an employment strategy for people with a learning disability that will ensure results-driven commissioned activities focus on opportunities for employment.
- Working in partnership across the council and the public sector to improve support, including: ensuring a focus on this area of support as part of Community and Environmental Service's developing Integrated Employment Services; work with the Support Into Employment team in Adult Education; work with Great Yarmouth College to support people aged 18-25; and work with the Matthew Project to support people aged over 25.
- Work with day care providers to support people with a learning disability to prepare for, seek and undertake paid employment within the community.
- Identify opportunities for work experience placements within Norfolk County Council, building on existing arrangements for placements with Norse, the Norfolk and Norwich University Hospital, and the University of East Anglia.
- To better capture data on voluntary work undertaken by people with LD, as this can lead on to paid employment.
- To explore how to capture employment data for people with LD who are not actively receiving a service from NCC, but are now in employment.

Action required

Responsible Officers

Lead: Lorraine Barrett, Director of Integrated Care Data: Business Intelligence & Performance Team

2 More detailed information on support for carers

- 2.1 At the last Committee performance monitoring discussion members requested more information on performance in services that support informal carers.
- 2.2 In particular there was a request for more detail in terms of the support the council directly provides through its assessment and care management activity (assessments, reviews etc.), and in terms of services commissioned to support carers via the Cares Agency Partnership (CAP). Previously the data relating to both areas was captured in one report card.
- 2.3 In response to members' feedback, data is now presented in more detailed through two separate report cards covering Norfolk County Council and CAP support in turn. In doing so it is possible to provide a detailed breakdown of the kinds of support provided in each. These report cards are presented below.
- 2.4 Subject to members' comments and preferences, this paper proposes presenting performance in carers services in this way from now on.

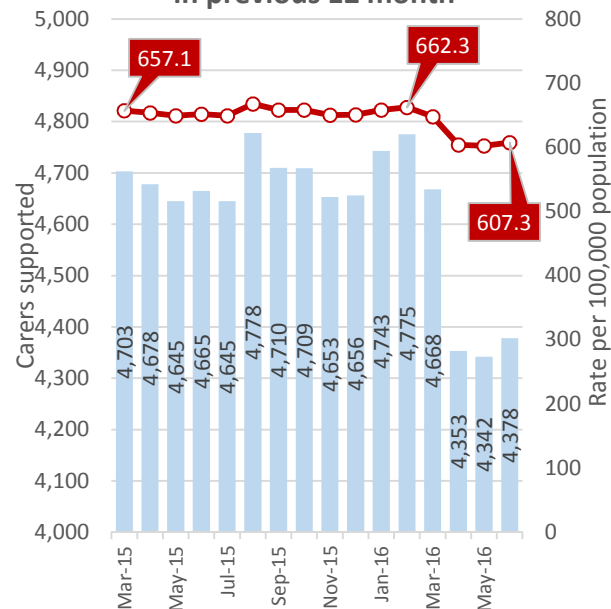
Why is this important?

Norfolk's 91,000+ informal carers provide more support to Norfolk's vulnerable people than formal care services, and without them demand for health and social care would be significantly higher. The 2014 Care Act strengthened councils' responsibilities to carers. This indicator measures the number of carers supported by the council through an assessment, support plan, information and advice, services or personal budgets, or respite care directly from Norfolk County Council (NCC). Outcomes for people tend to be better when services work together to support both service users and their carers.

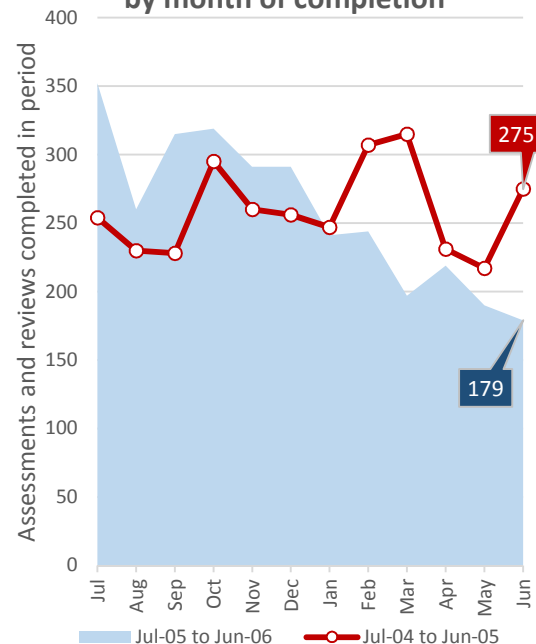
Performance

What explains current performance?

Carers for people aged 18+ supported per 100,000 population in previous 12 month



Carer Assessments and Reviews by month of completion



- Report card has been split to separate out carers receiving support directly from NCC and support commissioned via the Carer's Agency Partnership (CAP).
- Since the last report, the number of carers supported by NCC has increased slightly to 4,378. This is 8% lower than the 12 months ending February 2016.
- Investigations suggest that some of the decrease may be attributed to carers who previously received a direct payment in April 2015 that has now expired and has not been renewed.
- A reduction in direct payment is in line with the principles of strength-based assessments that seek to find community-based non-cost options ahead of formal support.
- Volumes of assessments and reviews completed by NCC for the 12 months to June 2016 are in line with the number in the 12 months to June 2015. It should be noted that monthly levels have dropped steadily since July 2015.
- In July 2015, 275 assessment and reviews were completed. In July 2016, the number completed was 179.

What will success look like?

- Increasing numbers of appropriate and proportionate carers assessments
- Success requires the department to ensure that carers with an active support plan receive a regular review. This is a Care Act requirement and should increase the numbers of carers supported over time.
- Success is also likely to require carers to be helped by improvements in information, advice and community-led support options.
- To understand the council's overall impact on carers this report card should be viewed alongside the 'Carers supported by commissioned service' Vital Signs Report Card.

Action required

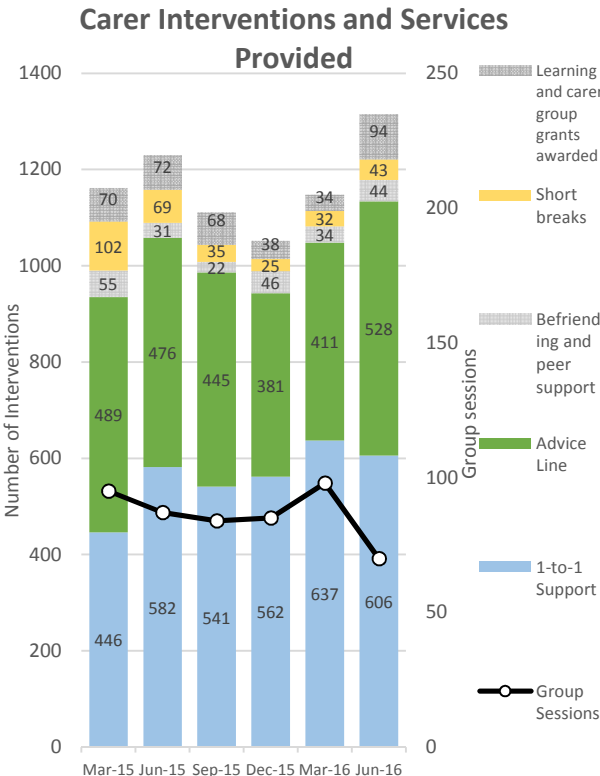
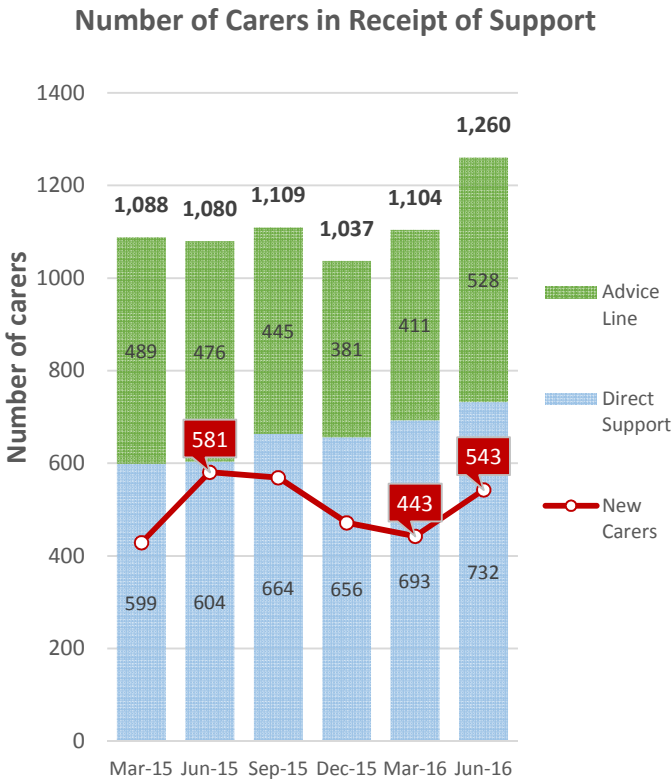
- A detailed review of performance in supporting carers through care pathways (assessments, reviews and direct payments) to understand the significance of these reductions in terms of carers' outcomes, and to identify priority improvement areas – to be reported to committee in future reports.
- Piloting an approach in the Western locality whereby all carers waiting for a separate assessment will be contacted and offered an assessment by CAP by 8 September. CAP have confirmed capacity is in place to support this.

Why is this important?

Norfolk's 91,000+ informal carers provide more support to Norfolk's vulnerable people than formal care services, and without them demand for health and social care would be significantly higher. This indicator measures the support provided to carers from commissioned services provided by the Carer's Agency Partnership (CAP) on behalf of Norfolk County Council. The service is commissioned to provide a range of support including: Advice & Information, 1:1 support and advocacy, Peer support and befriending, Learning and Carer Group grants and breaks.

Performance

What explains current performance?



- Report card has been split to separate out carers receiving support directly from NCC and support commissioned via the Carer's Agency Partnership (CAP).
- There has been a steady increase in the number of carers receiving direct support services over the last 18 months.
- There has been a notable drop in numbers accessing short breaks due to the closure of main provider and a revised criteria.
- In other areas, performance has been variable over time and, at this stage, we do not have enough data to understand whether this is due to changes in seasonal demand or performance of the service.
- The agency reports that there has been an increase in the numbers of carers returning to the service for further support and an increase in the complexity of cases.
- The CAP also provide other generic services such as; promotion and awareness activities, online resources and support, volunteering, work with community health, pharmacies and hospitals, carer coaching for over 75s and other funding support. These are not currently quantifiable.

What will success look like?

- Success is likely to require carers to be helped by improvements in information, advice and community-led support options.
- To understand the council's overall impact with carers this report card should be viewed alongside the 'Carers supported directly by Norfolk County Council' Vital Signs Report Card.

Action required

- Ongoing analysis of carer's support provided by the Carer's Agency Partnership.
- Review promotion of short-breaks criteria to partners and monitor response
- Ascertain whether challenges in home care market are impacting on short-breaks

Responsible Officers

Lead: Sera Hall – Acting Director of Integrated Commissioning

Data: Integrated Commissioning Team

3 Targets for key service volumes indicators

- 3.1 The previous performance monitoring paper (in July) suggested that proposed targets would be available for the remaining vital signs indicators, for members to discuss, amend or agree in this paper/meeting. As outlined then, these remaining indicators monitor key service volumes and activities, and would reflect the council's developing 'target demand model' for adult social care.
- 3.2 It is clear as the target demand model develops that the volumes described in both the remaining vital signs targets, and in the target demand model, should not be proposed or agreed before a full consideration of the Adult Social Services budget strategy. Future budgets will be developed primarily in light of plans around demand management and reduced costs, and efforts to anticipate this without the full consideration of both financial and service volumes data would be counterproductive. In particular any targets set outside of the budget process would risk setting requirements that, whilst representing improved performance, would not support the council to achieve its budget.
- 3.3 As the budget setting process will take place throughout the Autumn, and into January and February committees, it is the suggestion of this paper that these targets are proposed to the committee alongside Budget and Service Planning papers during this period – and at the latest as part of the next performance paper to the December committee.
- 3.4 Members should be reassured that this delay reflects a commitment to take a strictly evidence-based approach to future target setting, and in particular to ensuring that financial and performance targets work together to achieve the objectives set out in the Promoting Independence strategy. Overall this work continues to be overseen by the Promoting Independence Board.

4 Financial Implications

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

5 Issues, risks and innovation

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

Officer Contact

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

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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 – recommended 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

	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	Escalate to County Leadership Team	Identify key actions for performance improvement (that require a change in policy and/or additional funding) and escalate to CLT for action
6	Escalate to Policy and Resources Committee	Identify key actions for performance improvement (that require a change in policy and/or additional funding) and escalate to the Policy and Resources committee for action.