Adult Social Care Committee

Item No……

Report title:	**Performance management report**
Date of meeting:	**7 November 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 Adult Social Care Committee's (the Committee) 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) Number of days delay in transfers of care per 100,000 population (attributable to social care) (off target)
b) % People receiving Learning Disabilities services in paid employment (off target)
c) % People receiving Mental Health services in paid employment (off target)
d) Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (65+ years) (Amber alert and deteriorating performance compared to target for 3 or more periods)

The report then 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**

In support of this, Appendix 1 provides:

a. **A set of prompts for performance discussions**
b. **Suggested options for further actions where the Committee requires additional information or work to be undertaken**

1 Introduction

1.1 This performance monitoring report provides the most up to date performance data available, to the end of period 6 (September 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	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Target
% of people who require no ongoing formal service after completing reablement	Bigger	87.1%	87.5%	88.3%	86.2%	86.5%	86.3%	87.2%	91.8%	89.9%	89.1%	89.4%	91.6%	
Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (18-64 years)	Smaller	27.7	25.3	23.7	22.5	22.5	21.7	21.1	19.7	18.7	17.7	18.3		**19.5**
Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (65+ years)	Smaller	661	645	645	622	617	623	616	622	614	613	613		**602**
Decreasing the rate of people in residential and nursing care per 100,000 people	Smaller	575	571	571	567	564	565	567	568	562	558	558	555	
Increasing the proportion of people in community-based care	Bigger	66.4%	66.5%	66.6%	66.5%	66.7%	66.8%	66.7%	66.7%	66.9%	67.1%	67.1%	67.2%	
Decreasing the rate of Council service users per 100,000 population (18-64 years)	Smaller	927	927	933	928	929	936	935	937	940	939	937	938	
Decreasing the rate of Council service users per 100,000 population (65+ years)	Smaller	3,594	3,573	3,577	3,495	3,505	3,523	3,516	3,531	3,497	3,496	3,494	3,479	
% of people still at home 91 days after completing reablement	Bigger	92.4%	92.2%	92.0%	91.4%	91.7%	90.7%	92.2%	91.9%	93.3%	94.3%	93.2%		**90.0%**

Monthly	Bigger or Smaller is better	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Target
Number of days delay in transfers of care per 100,000 population (attributable to social care)	Smaller	1.2	1.3	1.4	1.5	1.5	1.5	2.9	2.6	2.4	2.6			**1.5**
% People who were subject to safeguarding interventions whose stated outcomes were met	Bigger					63.2%	88.0%	70.2%	75.6%	75.5%	78.8%	73.3%		
% People receiving Learning Disabilities services in paid employment	Bigger	3.6%	3.6%	3.7%	3.6%	3.6%	3.7%	3.3%	3.3%	3.2%	3.2%	3.3%	3.3%	**3.6%**
% People receiving Mental Health services in paid employment	Bigger	1.8%	1.8%	1.9%	1.9%	1.8%	2.1%	1.9%	2.1%	2.3%	2.3%	2.3%	2.3%	**2.7%**
% Enquiries resolved at point of contact / clinic with information, advice	Bigger	37.4%	38.8%	36.7%	37.2%	39.6%	42.3%	34.0%	36.2%	35.5%	37.4%	33.3%	37.2%	
Rate of carers supported within a community setting per 100,000 population	Bigger	658	650	651	658	662	647	604	602	607	598	598	589	
% of CQC ratings of all registered commissioned care rated good or above	Bigger	60.2%	58.0%	58.9%	56.9%	56.7%	56.9%	60.6%	61.2%	62.9%	65.0%	68.0%		
% Social care assessments resulting in solely information and guidance	Bigger	11.8%	12.5%	14.8%	10.9%	13.4%	11.1%	13.0%	9.0%	14.2%				

*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 without the result changing

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 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

3.4 The report cards for those vital signs that do not meet the exception criteria on this occasion, and so are not formally reported, 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.

3.5 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.

3.6 The four report cards highlighted in this report are presented below (with the reason they are presented here 'by exception' in brackets):

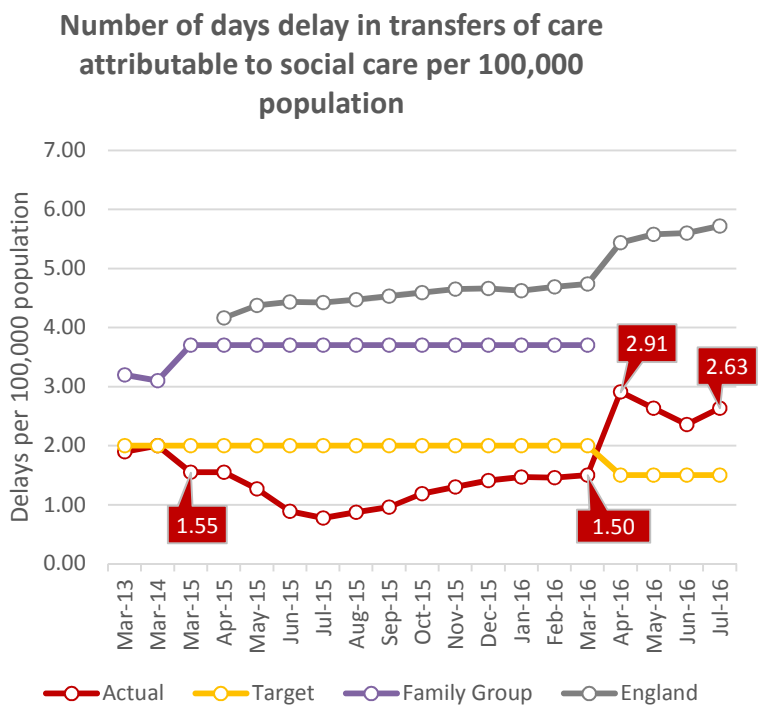
a) Number of days delay in transfers of care per 100,000 population (attributable to social care) (off target)
b) % People receiving Learning Disabilities services in paid employment (off target)
c) % People receiving Mental Health services in paid employment (off target)
d) Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (65+ years) (Amber alert and deteriorating performance compared to target for 3 or more periods)

3.7 Number of days delay in transfers of care per 100,000 population (attributable to social 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?

- In April 2016 the number of delays per 100,000 of population nearly doubled when compared to the previous month, dropping off slightly in the subsequent months, 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 prior to April, to over 200 in April, May and July. June delays from the NNUH returned to zero
- Discussions with colleagues at the NNUH have confirmed that the additional delays in April and May were due to recording errors and that results would be reflected from September onwards due to Department of Health data practices. Members should therefore expect to see this from the next scheduled performance monitoring report in December.
- Since April 16 the NNUHFT has been conducting significant changes to its internal pathways to reduce pressure on their A&E department and to recover the '4 hour target'. These changes have increased the pace of discharge resulting in an increase in referrals to social services
- The NNUHFT regularly, but unpredictably, escalates to BLACK alert in response to pressure within the hospital. This results in a spike referrals to the social services discharge team. This spike can take a short while to reduce and can cause some patients to be delayed
- The NNUHFT has set up a discharge hub and employed a new team to support their discharge process. It has taken a short while for this team to learn the process and has resulted in recording errors. A daily process to validate delays is now in place
- 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, as seen by the June result remaining above the target level

What will success look like?

- 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

Action required

- Continue priority actions in partnership with health services to ensure timely discharges from hospitals into appropriate care settings through integrated discharge arrangements whilst ensuring cost effective and appropriate solutions are found.
- Trialling a change in practice where discharges can happen while the Free Nursing Care (FNC) decision is ratified and processed, rather than current process which is to wait until afterwards. This should have a positive impact on DTOC.
- ICT changes and upgrades at inpatient units allow Social Workers to complete records and paperwork on site, making the inpatient units fully integrated sites and help staff to be fully mobile. ICT upgrade to connection has happened with full access expected by December 2016.this assists overall flow and capacity.
- Review and re-enforce re-enablement first following acute care pathways and no permanent placements from hospital
- New Integrated Discharge Team Manager to start in November and continue to prioritise actions to reduce DToC.

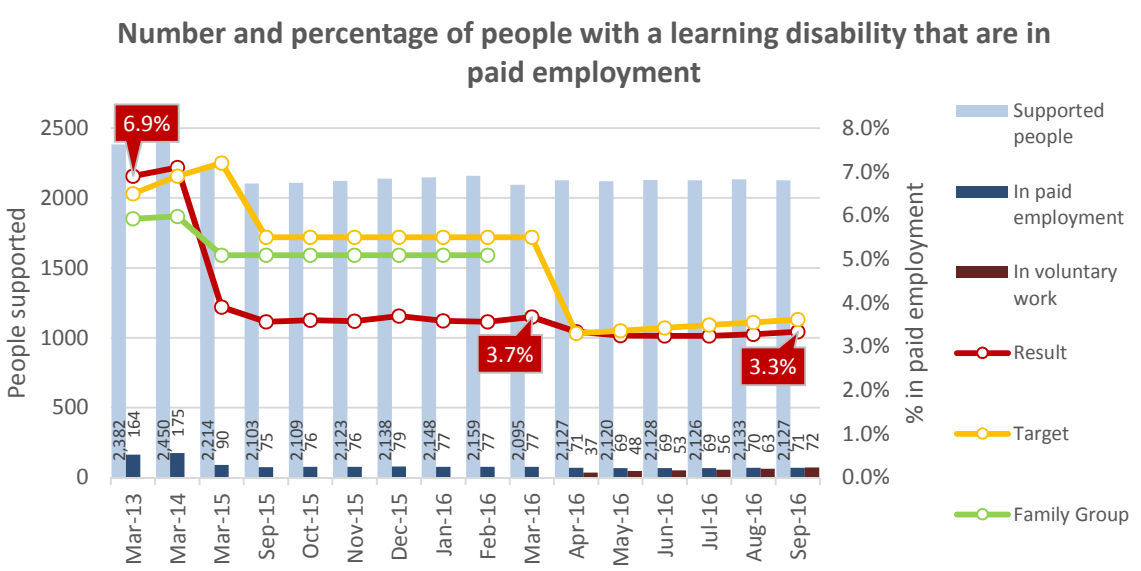
Lead: Lorrayne Barrett, Director of Integrated Care Data: Business Intelligence & Performance Team

3.8 % People receiving Learning Disabilities services 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 has a low rate compared to other councils.

Performance



What is the background to current performance?

- Current performance has declined from 3.7% in March 2016 to **3.3% in September 2016** and is worse than at year end 2014/15 (3.9%)
- There has been very slight variation in performance since the last report to Committee when it was 3.2%
- Historically Norfolk's performance kept pace with the family group average, even during the recession
- Poor performance means Norfolk is now significantly below the family group average percentage of 5.1%.
- The number of people in voluntary work has only been recorded since April 2016; we would expect numbers to increase as information is recorded at reassessment
- We also know that there is a "ceiling" of people who could possibly be in employment of around 9% since about 91% of people receiving LD services are classed as "not seeking work/retired"

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 5% by end of 16/17, 5.3% by 17/18 and 7.5% by 18/19

Action required

- Current data shows 160 service users recorded as seeking work. This needs to be analysed to check the figure is still accurate. Some service users may now be in work, work experience or education (completed by Jan17)
- Providers are being contacted to make sure those seeking work are being supported to meet this objective. This work is underway and will be completed by January 2017
- A review of day service providers is underway to ensure that if providers say they provide support for people to find work they are doing so. This will take 3-6 months. Following this review we will ensure effective contractual arrangements support targets with providers offering employment / work related / volunteering
- OWLs (Opportunity, Work and Learning) project to progress and take forward
- Match (the NCC employment support service for LD) to identify the barriers to finding employment
- Build on success of approaching employers directly rather than applying on the open market. Build a community approach-hold local events to encourage employers to pledge work experience/voluntary work
- Continued emphasis on using strengths based practice at reviews and during transition to emphasise the importance of accessing employment/work based activities. Share good practice in teams
- Further work needed to ensure literacy and maths requirements are not a barrier to accessing apprenticeships

Responsible Officers

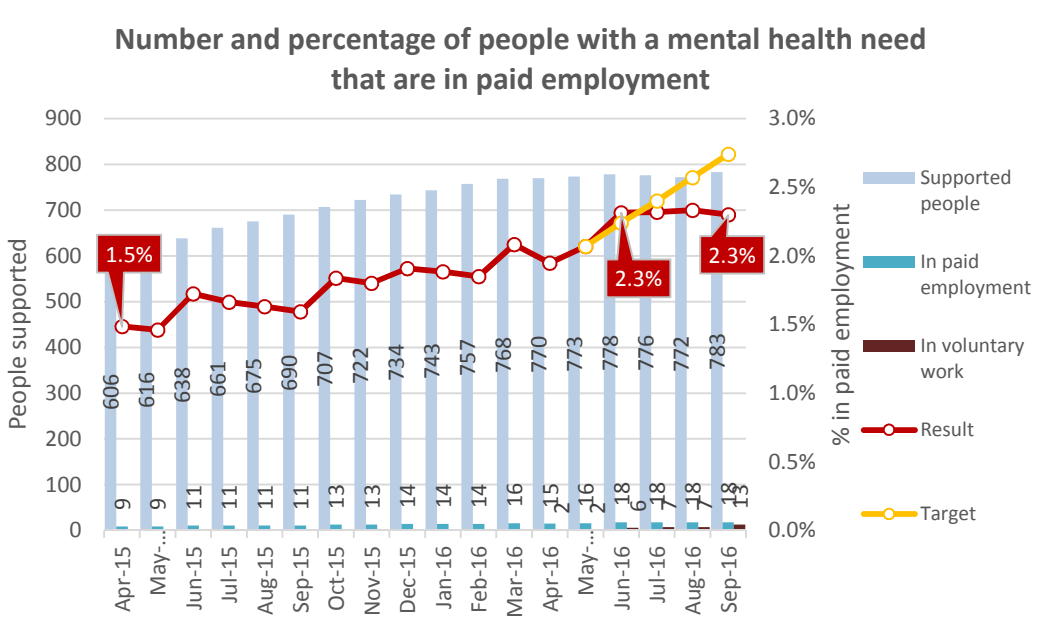
Lead: Lorrayne Barrett, Director of Integrated Care Data: Business Intelligence & Performance Team

3.9 % People receiving Mental Health services in paid employment

Why is this important?

Research and best practice shows that having a job is likely to significantly improve outcomes for people with mental health needs, offering independence and improving mental wellbeing.

Performance



What is the background to current performance?

- The number of people receiving mental health services who are in paid employment has remained static at 18 (2.3%) since June 2016
- An ambitious target has been agreed which increases each month and reaches 3.74% by the end of March 2017
- The Mental Health service is seeing an overall reduction in service users receiving a funded service
- Better recording means that 30 people receiving mental health services have been identified as seeking work, which is a rise from only 8 people in April
- Service users seeking work may no longer meet Care Act eligibility. They may progress onto work but this is not captured in service performance figures
- The number of people in voluntary work or training and work related activities has only been recorded since April 2016, during the service users' reassessment. Since then, numbers have almost doubled. Volunteering, training and work related activities can be a precursor to opportunities in paid work

What will success look like?

- People receiving mental health services who want to work will be in employment, using funded or non-funded services to achieve their goals
- People who take part in meaningful activities and the structure gained from work related activities, training or volunteering will benefit from an improvement in their well being and require less formal social care support
- Market development will be stimulated to provide more choice into employment for people receiving mental health services

Action required

- Care records are being updated to clearly identify people who are seeking work, or who are already in employment, training or work related activities, or engaged in voluntary work
- Personal budgets are being scrutinised at assessment / review to ensure that if someone wants to work their personal budget reflects this and that support is commissioned to support this outcome
- Links are being made across organisations, such as with the Worklessness Development Officer who identifies employment and training opportunities within community resources and networks
- Information arising from reviews of personal budgets will be used to commission new schemes to help people into work or training
- A sample of cases closed over the last 3 months will be analysed to see if people who are no longer eligible under the Care Act progress on to work but are not being captured in this measure

Responsible Officers

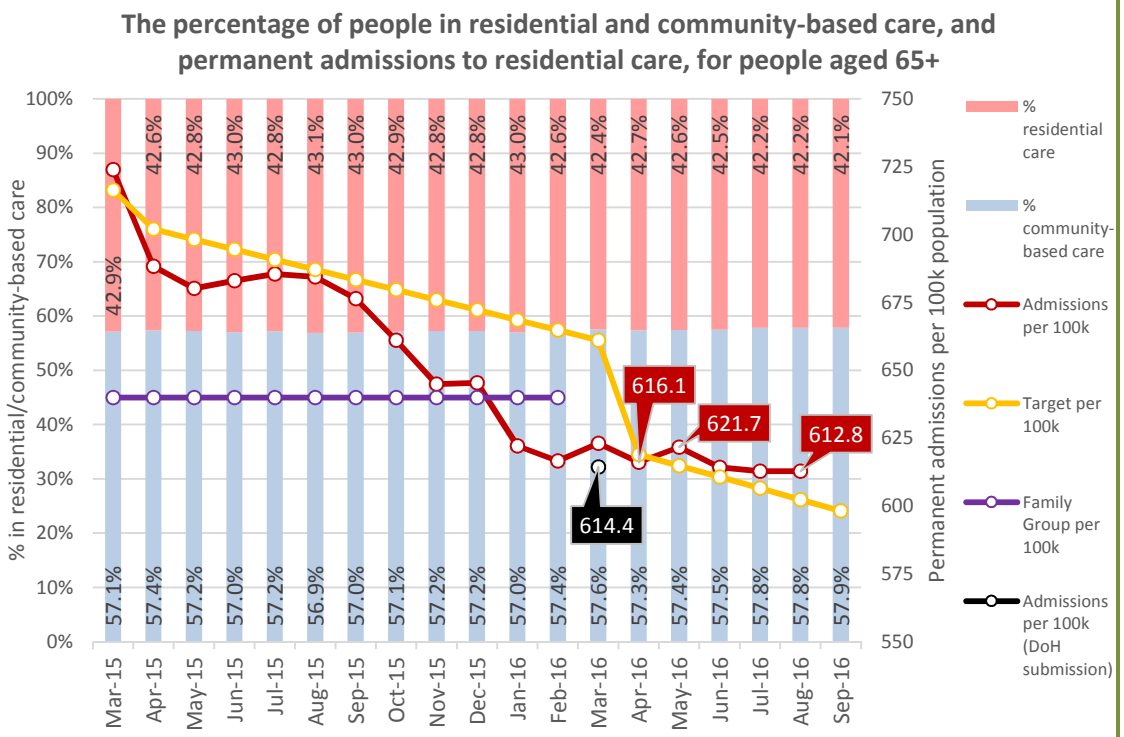
Lead: Alison Simpkin
Data: Business Intelligence & Performance Team

3.10 Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (65+ years)

Why is this important?

People that live in their own homes, including those with some kind of community-based social care, tend to have better outcomes than people cared-for in residential and nursing settings. In addition, it is usually cheaper to support people at home - meaning that the council can afford to support more people in this way. This measure shows the balance of people receiving care in community- and residential settings, and indicates the effectiveness of measures to keep people in their own homes.

Performance



What is the background to current performance?

- Historically admissions to residential care have been higher than Norfolk's family group average, however we are expecting to be more in line based on improved year-on-year reductions
- Significant improvements in the last four years has seen the rate of admissions per 100k reduce from 823 in 2012/13 to around 613 now (August 2016). The increase from April to May took admissions per 100k over the target rate and has since stayed relatively flat while targets are moving downwards
- Reductions driven by improvements to:
  - Reablement services
  - Improvements to the hospital discharge pathway
  - Improved 'strength based' social care assessments
- This is beginning to have some impact on overall placements, with the residential care population reducing from 42.9% of all care for over 65s in March 2015 to 42.1% now (September 2016)
- Reductions in placements don't keep pace with admissions because the average length of stay of someone aged 65+ is around 2.3 years
- Admissions have been under-reported in previous periods due to a delay in recording agreements. It is likely that current performance is also being under-reported making the current performance appear better than is actually the case

What will success look like?

- Admissions to be sustained below the family group benchmarking average
- Subsequent sustained reductions in overall placements
- Sustainable reductions in service usage elsewhere in the social care system (see 'Reduced service use' Vital Signs Report Card)

Action required

- Reductions in admissions for 65+ must be sustained through good social care practice
- Commissioning activity around accommodation to focus on effective preventative interventions such as reablement, sustainable domiciliary care provision, and improved Housing With Care options for those aged 65+
- Monitor admission levels to identify if the recent increase becomes a trend
- Review use of Planning beds and implement actions to reduce conversion to long term placement
- Re-enforce reablement and therapy first processes to prevent unnecessary admission to long term residential care

Responsible Officers	Lead: Lorrayne Barrett, Director of Integrated Care, and Lorna Bright, Assistant Director Social Work	Data: Business Intelligence & Performance

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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If you need this report in large print, audio, braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

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 – 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.