Adult Social Services Committee

Item No……

Report title:	**Performance management report**
Date of meeting:	**4 July 2016**
Responsible Director	**Harold Bodmer**

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) Carers supported (deterioration for 3+ periods)
b) Delayed transfers of care (deterioration for 3+ periods)
c) People with learning disabilities in paid employment (off target)

The report then:

a) Outlines the requirement for the committee's vital signs to remain under review – suggesting some changes to the current set, and highlighting likely future changes in response to the development of a 'target demand model'

b) Presents provisional results from the councils statutory performance returns against the Department of Health's Adult Social Care Outcomes Framework

c) Proposes targets for a selection of the vital signs indicators based on current and historical performance, and, where relevant, benchmarking data

Recommendations:

With reference to sections 2 and 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
c) With reference to section 4, committee members are asked to:
d) Agree the recommended changes to the vital signs indicator list, and
e) Note that future changes may be required in light of the developing target demand model and Promoting Independence strategy

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

- **a) Note the council's provisional statutory performance indicator results**
- **b) With reference to section 6, committee members are asked to:**
- **c) Subject to comments and alternative recommendations, agree targets for the set of indicators presented**
- d) **Note that further targets will require consideration in light of the developing target demand model**

1. Introduction

1.1. This is the second performance management report to this committee that is based upon the revised Performance Management System, which was implemented as of 1 April 2016.

1.2. The report initially reviews current performance against the committee's vital signs indicators, and specifically presents:

a) A Red/Amber/Green rated dashboard overview of performance across all vital signs indicators

b) Report cards for those three vital signs that have met the exception reporting criteria

1.3. The report then:

a) Outlines the requirement for the committee's vital signs to remain under review – suggesting some changes to the current set, and highlighting likely future changes in response to the development of a 'target demand model'

b) Presents provisional results from the councils statutory performance returns against the Department of Health's Adult Social Care Outcomes Framework

c) Proposes targets for a selection of the vital signs indicators based on current and historical performance, and, where relevant, benchmarking data

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	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Target
% of people who require no ongoing formal service after completing reablement	Bigger	84.9%	85.6%	88.9%	88.1%	86.4%	87.1%	87.5%	88.3%	86.2%	86.5%	86.3%	87.2%	91.8%	-
Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (18-64 years)	Smaller	32.4	30.2	30.8	28.7	28.9	27.7	25.3	23.7	22.5	22.5	21.7	21.1		21.3
Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (65+ years)	Smaller	680	683	685	684	676	661	645	645	622	617	623	616		615
Decreasing the rate of people in residential and nursing care per 100,000 people	Smaller	575	575	574	576	575	575	571	571	567	564	565	567	568	-
Increasing the proportion of people in community-based care	Bigger	66%	66%	66%	66%	66%	66%	66%	67%	66%	67%	67%	67%	67%	-
Decreasing the rate of Council service users per 100,000 population (18-64 years)	Smaller	905	908	912	919	922	927	927	933	928	929	936	935	937	-
Decreasing the rate of Council service users per 100,000 population (65+ years)	Smaller	3,597	3,579	3,595	3,585	3,586	3,594	3,573	3,577	3,495	3,505	3,523	3,516	3,531	-

Monthly	Bigger or Smaller is better	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Target
% of people still at home 91 days after completing reablement	Bigger	87.0%	93.1%	92.4%	91.4%	91.5%	92.4%	92.2%	92.0%	91.4%	91.7%	90.7%	92.2%		90%
Number of days delay in transfers of care per 100,000 population (attributable to social care)	Smaller	1.3	0.9	0.8	0.9	1.0	1.2	1.3	1.4	1.5	1.5	1.5	2.9		-
% People receiving Learning Disabilities services in paid employment	Bigger	3.7%	3.6%	3.6%	3.5%	3.6%	3.6%	3.6%	3.7%	3.6%	3.6%	3.7%	3.3%	3.3%	-
% People receiving Mental Health services in paid employment	Bigger	1.5%	1.7%	1.7%	1.6%	1.6%	1.8%	1.8%	1.9%	1.9%	1.8%	2.1%	1.9%	2.1%	-
% Enquiries resolved at point of contact / clinic with information, advice	Bigger	38.8%	39.6%	39.2%	37.9%	36.6%	37.4%	38.3%	36.8%	37.5%	38.9%	42.3%			-
Rate of carers supported within a community setting per 100,000 population	Bigger	973	970	967	985	975	962	946	933	938	942	875	831	829	-
% of CQC ratings of all registered commissioned care rated good or above	Bigger	67.2%	66.2%	65.5%	67.0%	64.0%	60.2%	58.0%	58.9%	56.9%	56.7%	56.9%	60.6%		-

*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

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 improvement 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.

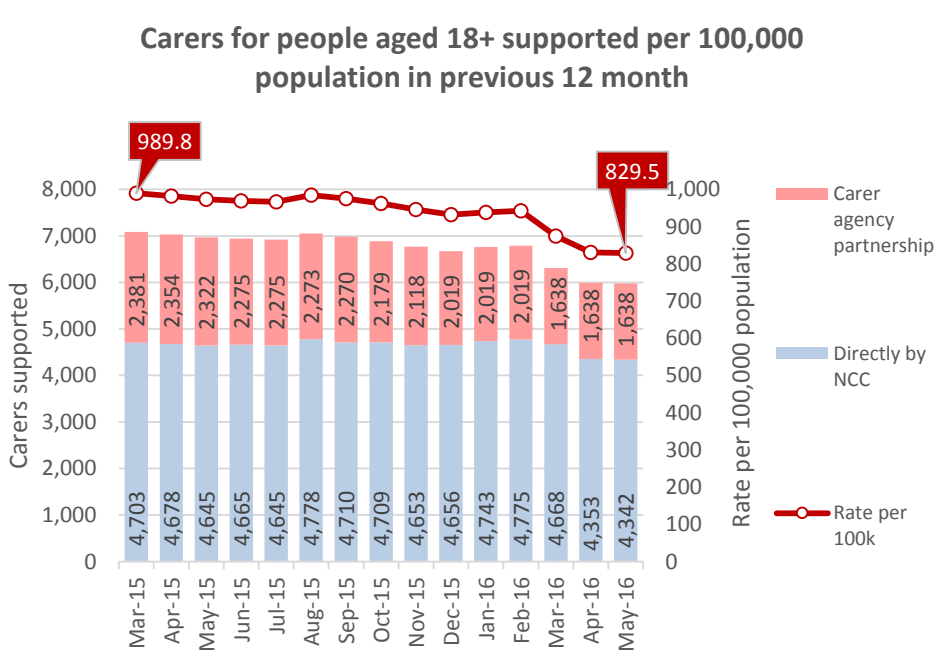
3.6. The three report cards highlighted in this report are presented below:

3.7 Carers supported

Why is this important?

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; by either Norfolk County Council (NCC) or through commissioned services via the Carers Agency Partnership (CAP). 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. Outcomes for both carers and cared-for people tend to be better when services work together to support both service users and their carers. The 2014 Care Act strengthened councils' responsibilities to carers. This measure indicates how well we are supporting Norfolk's informal carers.

Performance



What explains current performance?

- [Note – CAP figures for April and May are estimated]
- Since the last report, the number of carers supported overall has reduced from 6,494 to 5,980 (rolling 12 month period).
- Since the last report, the number of carers supported by the Carers Agency Partnership has reduced by around 380 (approximately a 20% reduction).
- Since the last report, the number of carers supported by NCC has reduced by over 400 (approximately a 9% reduction). This reverses the previous reported trend of steady increases in the number of carers NCC supported in the first 3 months of 2016.
- A closer review of the data shows that the reduction is mainly due to lower numbers of carers' personal budgets and reviews, rather than lower carers' assessments – the levels of which appear stable. This provides some assurance that overall numbers have not reduced as significantly as the headline numbers suggest
- Early investigations suggest that some of this 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 personal budgets is in line with the principles of strength-based assessments that seek to find community-based non-cost options ahead of formal support - however this does not explain reductions in reviews.

What will success look like?

- 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 also likely to require carers to be mostly helped by information, advice and community-led support options.

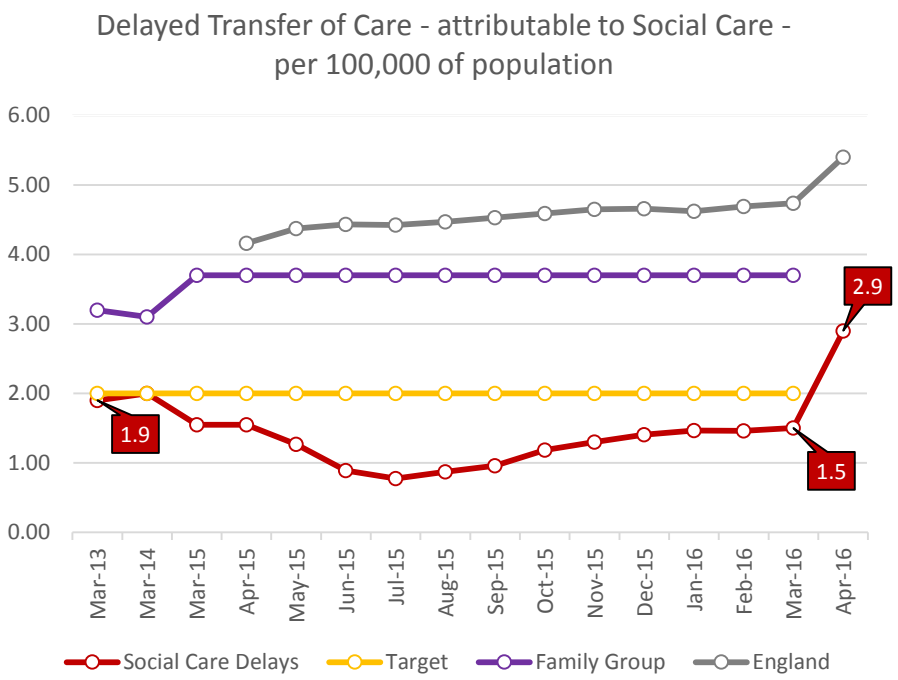
Action required

- 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.
- Ongoing analysis of reducing rates of carers supported by CAP

Responsible Officers Lead: Lorrayne Barrett – Director of Integrated Care Data: Business Intelligence & Performance Team

3.8 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. Continuing Norfolk's low level of delayed transfers of care is vital to maintaining good outcomes for individuals and is critical to the overall performance of the health and social care system. This is likely to be a required indicator in 16/17 Better Care Fund.

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. • 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 consistent baseline of zero in recent months, to over 250 in April. • This would suggest a change in recording practice – genuine changes in performance rarely occur so suddenly without warning. It is important to note that the Council rely on health services data for this indicator. • Our performance against this indicator may be influenced by our drive to reduce permanent admissions to residential care and also the availability of community based support such as home care services. • Irrespective of data issues, the health and care system remains under significant pressure - The overall number of delays per 100,000 for England also increased in April, rising from 4.7 to 5.4.

What will success look like?	Action required
• 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.	• Investigate data recording and potential performance issues in light of rapid change in figures • Continue priority actions in partnership with health services.

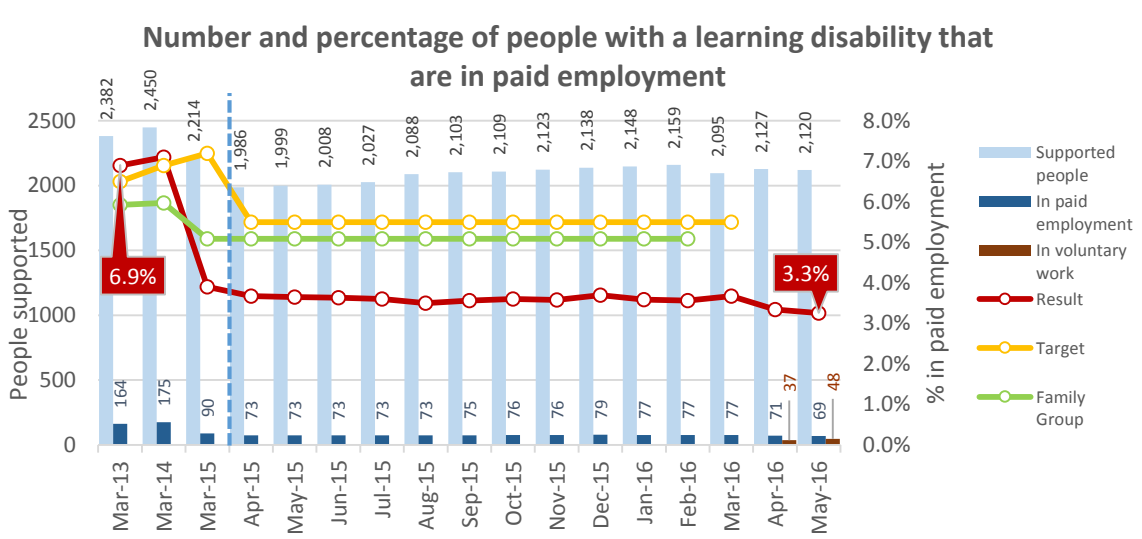
Responsible Officers	Lead: Catherine Underwood – Director of Integrated Commissioning Data: Business Intelligence & Performance Team

3.9 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 3.3% in May 2016 – worse than at year end 2014/15.
- Norfolk's performance has historically kept pace with the family group average, even during recession
- However poor performance in 2014/15, and in the last year, means Norfolk is now significantly below the family group average rate.
- Currently records suggest that a large proportion – around 89% - of people receiving LD services are 'not seeking work/retired', which sets a current ceiling of around 11% 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?

- Proportion of adults with a learning disability at least at family group average – likely to be between 5-6%
- To improve so that 7% of people receiving learning disabilities (ahead of the current family group average) Norfolk would need around 150 people in employment – around 74 more than currently.
- To improve to this level within 12 months would require an additional 6 to 7 people starting employment each month.
- Targets to be proposed at July Committee
- Complete a review, with Day Service providers, to improve their promotion of employment opportunities for people with LD

Action required

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

- The development of an employment strategy for people with a learning disability, that will ensure results-driven commissioned activities focus on opportunities for employment.
- Improving the support into employment provided through social care practice, and in particularly ensuring that opportunities are seized through improved strength-based assessments implemented as part of Promoting Independence
- 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 CES'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.
- Improving our data – to capture both paid employment and other voluntary employment opportunities that support improved independence.

Responsible Officers

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

4. Reviewing the Committee's key performance indicators

4.1. A full list of vital signs performance indicators for the committee was presented in the May performance monitoring paper. These were developed with committee members through a workshop and through previous monitoring reports, to reflect the developing Promoting Independence strategy.

It has become clear that some of the indicators that we committed to develop and deliver in the coming reports are no longer as important as we had originally anticipated, because of changes in the strategy. In addition some indicators were 'under development' subject to the availability of data. It is clear that for some of these data of sufficient quality is not available. It is therefore the suggestion that the following indicators are either changed or removed from the committee's list of vital signs performance indicators – meaning that we stop or pause their development:

4.2.

Indicators	Change and rational
% People remaining independent six weeks after visiting a community clinic	**Propose to drop**. An assessment of Norfolk's circumstances has shown that the effectiveness of the new strength-based approach to social care assessments is likely to have a much more significant impact on outcomes for Norfolk people and on budget pressures in the short term. This strength-based approach looks at people's circumstances, taking into account of (and, where appropriate, working with) families, local communities and local resources to improve people's independence and reduce the need for formal care. 'Strength-based' assessment training has now been provided to all practitioners and all assessments and reassessments have been undertaken on this basis since April. It has been very difficult to recruit staff to undertake Community Links, and more time is required to work with partners to provide county-wide coverage.
Community clinic model effectiveness, measured by: • Number / % of all assessments and reassessments conducted in community clinics / home visits • Number / % of social care assessments resulting in solely information and guidance • Number / % of assessments and reassessments leading to an increase or decrease in cost in terms of council-funded services (by clinic/home visit)	**Propose to change**. Given the suggested re-focusing of indicators away from Community Links clinics and onto all strength-based assessments, it is proposed to change this indicator to measure for all assessments: • The proportion that resulted in a formal care service • The proportion of reassessment that resulted in an increase in the cost of care Over time the data would be presented in a way that broke down the above figures into Community Links assessments, formal Care Act Assessments and any other recorded assessment activity.

Number of emergency admissions and unplanned admissions from people receiving formal social care services	**Propose to drop**. The data we can get to inform these indicators is unavailable or unreliable. Data on admissions to hospital *from* social care currently relies on the availability of NHS data – and investigations with health colleagues have shown that this is not currently available. Data on admissions to social care from hospitals is also unreliable. Part of this is because the current CareFirst system does not adequately permit 'care flow' data about people moving from one setting to another – something that is being rectified through the project to commission a new system. Moreover, most of the critical information about people's social care outcomes after a hospital episode is now captured through reablement data – particularly as nearly everyone leaving hospital with a residential care need now received reablement support.
Rate of permanent admissions to residential and nursing care from hospitals	

4.3. In addition to the proposals above to remove some indicators from the current list, it is likely that the current work (as reported elsewhere) to develop a 'target demand model' for adult social care will suggest additional key performance indicators. Once this work is complete, a full update will be provided to the committee, along with any further changes to the vital signs list.

4.4. The current full list of the committee's vital signs indicator – taking into account the proposed changes – is presented in Appendix 2.

5. Norfolk's statutory performance returns 2015-16

5.1. Every year the council submits a series of significant data 'returns' to the Department of health. These include data about the volumes of people in short and long term services, the numbers of various kinds of assessments undertaken, surveys asking about the views of people using adult social care services, and details of the safeguarding activities that the department has undertaken with its partners. Officers have recently submitted the last of the main statutory returns for the 2015/16 reporting years. This data submitted is currently classified as 'provisional' as it has not been checked and validated by the Department of Health.

5.2. These returns contribute to a range of publications and data releases throughout the year, and allow us, for example, to compile benchmarking reports (usually in the Autumn). Crucially they determine the council's results against the Government's Adult Social Care Outcome Framework (ASCOF). Accepting that the results are provisional and may change subject to the Department of Health's validation process, Norfolk's ASCOF figures are currently as follows.

5.3 Provisional Adult Social Care Outcome Framework results 2015-16

ASCOF ID	Description	2015/16	2014/15	Change	Family Group 2014/15	Eastern Region 2014/15	England Average 2014/15
ASCOF 1A	Social Care - related quality of life index	**19.18**	19.28	-0.1	19.30	18.50	19.1
ASCOF 1B	The proportion of people who use services who have control over their daily life	**72.2%**	80.8%	-2.5%	79.3%	71.6%	77.3%
ASCOF 1C(1a)	Adults aged over 18 receiving self-directed support	**88.10%**	88.70%	-0.60%	81.90%	82.80%	82.60%
ASCOF 1C(2a)	Adults aged over 18 receiving direct payments	**33.00%**	34.80%	-1.80%	29.00%	26.10%	26.00%
ASCOF 1C(1b)	Carers receiving self-directed support	**88.10%**	72.60%	15.50%	77.50%	85.10%	76.60%
ASCOF 1C(2b)	Carers receiving direct payments	**87.70%**	43.50%	44.20%	64.00%	75.50%	66.70%
ASCOF 1E	Adults with a Learning Disability in employment	**3.70%**	3.90%	-0.20%	5.08%	7.30%	6.00%
ASCOF 1G	Adults with a Learning Disability in own home	**74.00%**	74.20%	-0.20%	73.85%	69.20%	73.30%
ASCOF 1L	The proportion of people who use services who reported that they had as much social contact as they would like	**47.5%**	48.7%	-1.2%	45.5%	41.8%	44.8
ASCOF 2A(1)	Permanent admissions to residential and nursing care (18-64)	**17.6**	30.8	-42.86%	14.86	14.53	14.11
ASCOF 2A(2)	Permanent admissions to residential and nursing care (65+)	**614.4**	724.4	-15.18%	639.9	566.17	696.9
ASCOF 2B(1)	Effectiveness of reablement services	**91.70%**	84.60%	7.10%	83.00%	79.70%	82.10%
ASCOF 2D	The outcome of short term services is no support or lower level support	**73.90%**	82.50%	-8.60%	78.20%	79.20%	74.90%
ASCOF 3A	Overall satisfaction of people who use services with their care and support	**67.6%**	66.9%	0.7%	66.8%	59.5%	64.7%
ASCOF 3D	The proportion of people who use services who find it easy to find information about services	**71.2%**	74.8%	-3.5%	74.4%	72.5%	-
ASCOF 4A	The proportion of people who use services who feel safe	**67.8%**	65.7%	2.0%	69.2%	64.0%	68.5%
ASCOF 4B	The proportion of people who use services who say that those services have made them feel safe and secure	**81.0%**	83.4%	-2.4%	86.1%	81.2%	84.5%

6. Targets for 2016-19

6.1. The May performance report stated that targets would be proposed for all Vital Signs indicators.

However, as outlined above, the current work to develop a target demand model will clearly have a significant impact on both the number of people we would hope and expect to see receiving services in the future, and the key performance indicators that we might use to measure this impact. Therefore this paper proposes:

a) Deferring discussions about targets relating to key volumes of either assessments, activity or service users/carers until the findings of the target demand model work are available in September.
b) Focusing on targets for indicators around the remaining indicators in this paper.
c) On this basis targets for the following indicators would be considered in September:
    i. Reablement effectiveness
    ii. More people living in their own homes for as long as they can
    iii. Fewer people need a social care services from NCC
    iv. Reablement sustainability
    v. Assessment effectiveness
    vi. Enquiry resolution rate
    vii. Carers supported

6.2. In line with this proposal, the following sub-sections suggest options for targets for those indicators that can be considered now.

Where possible, and where longer-term benchmarking data is available, these have been presented in a consistent way that provides options for different rates of improvement.

In reviewing these we should apply good practice target setting principles. These state that individually, targets should be:

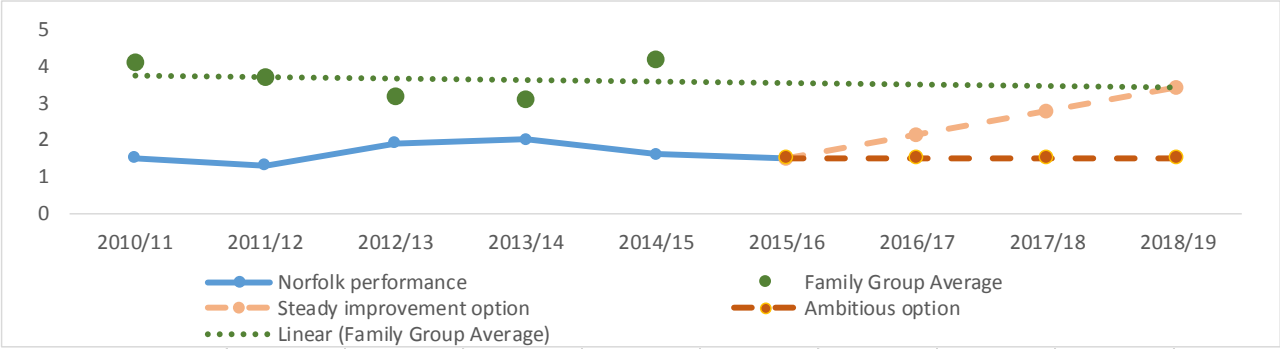
a) Clear – in terms of what needs to be achieved
b) Achievable and realistic
c) Time limited – so should what should be achieved by when

Good practice also suggests that collectively the targets should:

a) Show how an organisation will achieve its strategy and objectives
b) Work together and not contradict each other (so good performance in one area shouldn't undermine another)
c) Be realistic and balanced – a mixture of ambitious and progressive improvements should be outlined, as it is unlikely that significant and fast improvements can be achieved in all areas at the same time

6.2.1. Delayed transfers of care attributable to ASSD per 100,000 pop aged 18+

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Norfolk performance	1.5	1.3	1.9	2	1.6	1.5			
Family Group Average	4.1	3.7	3.2	3.1	4.2				
Steady improvement option						**1.5**	**2.1**	**2.8**	**3.42**
Ambitious option						**1.5**	**1.5**	**1.5**	**1.5**



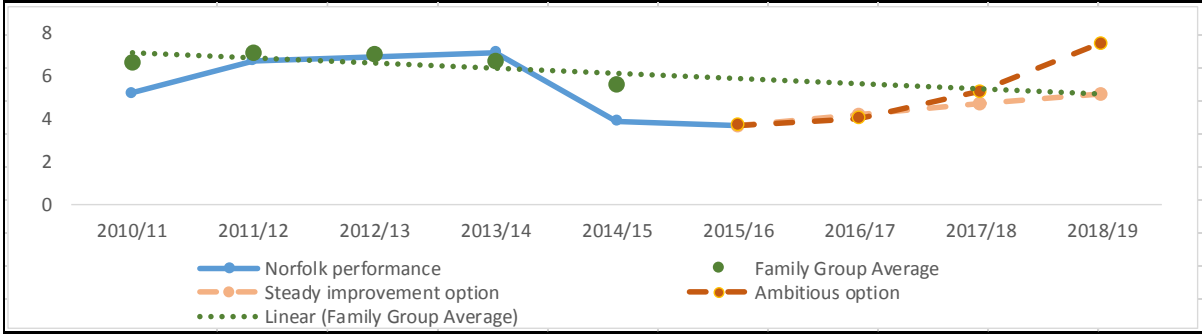
Rationale for 'move to family group average' option	To achieve projected 'family group average' rate by March 2019. This actually equates to an increase in delays, but reflects ongoing pressures in the health and social care system.
Rationale for ambitious option	To achieve constant rate of 1.5 - a genuine challenge given growing pressures in the health and social care system. This also recognises the potential relationship between delayed transfers of care and residential care admissions - and specifically that very low rates of delayed discharges can result in inappropriate and excessive admissions to residential care.
Proposal:	To meet proposed 'ambitious' target rate to reflect significant priority for this indicator throughout local health and care system, whilst balancing risks around excessive care home admissions

6.2.2. % People receiving safeguarding interventions whose stated objectives were met

	Jan-16	Feb-16	Mar-16
Norfolk performance	76.20%	63.20%	88.00%
Family Group Average			
Steady improvement option	-	-	-
Ambitious option	-	-	-
Rationale for steady improvement option			
Rationale for ambitious option			
Proposal:	This indicator reflects the output of the conversation between social workers and people in receipt of safeguarding interventions, about whether the outcomes stated at the beginning of an investigation had been met. This data has only been recorded for a short amount of time, and has a time lag of two months. It is also clear that it is not realistic or desirable to aspire to a 100% target - because in some instances people's stated outcomes rightly cannot be met through Adult Social Care services. In addition as a local measure, there is no benchmarking data. We propose to set targets on this on the basis of at least nine months data - so to be reviewed in November at the earliest		

6.2.3. % People with learning disabilities in paid employment

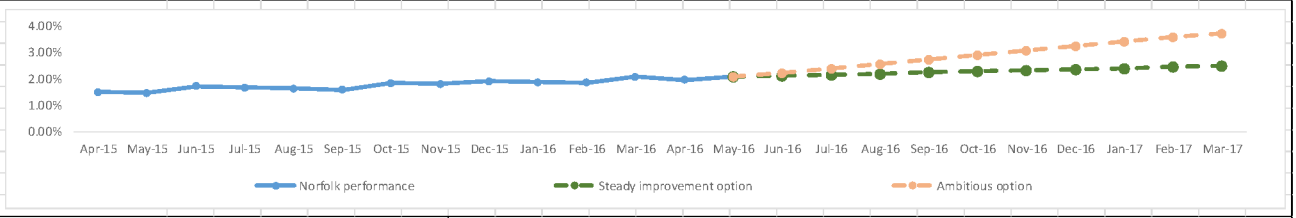
	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Norfolk performance	5.2	6.7	6.9	7.1	3.9	3.7			
Family Group Average	6.6	7.1	7	6.7	5.6				
Steady improvement option						**3.7**	**4.2**	**4.7**	**5.16**
Ambitious option						**3.7**	**4.0**	**5.3**	**7.5**



Rationale for steady improvement option	To achieve projected 'family group average' rate by March 2019
Rationale for ambitious option	To exceed previous highest rate (2013/14). Also to include 'steeper' improvement in 17/18 and 18/19 to reflect the timing of the planned review of day services.
Proposal:	To meet proposed 'ambitious' target rate to reflect departmental and corporate priority for this issue.

6.2.4. % People receiving mental health services in paid employment

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Norfolk performance	1.49%	1.46%	1.72%	1.66%	1.63%	1.59%	1.84%	1.80%	1.91%	1.88%	1.85%	2.08%	1.95%	2.07%										
Steady improvement option														2.07%	2.11%	2.15%	2.20%	2.24%	2.28%	2.32%	2.37%	2.41%	2.45%	2.49%
Ambitious option														2.07%	2.24%	2.40%	2.57%	2.74%	2.91%	3.07%	3.24%	3.41%	3.57%	3.74%

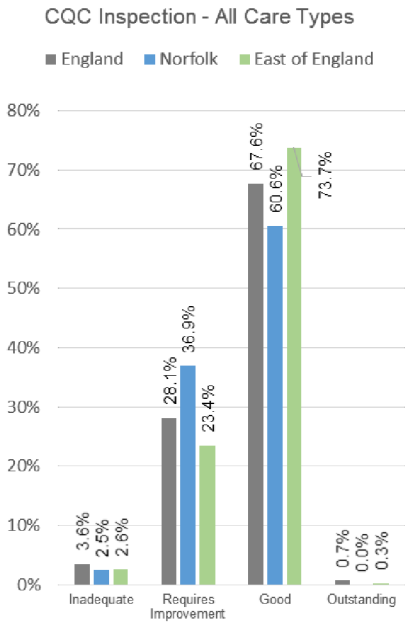


Notes	As we only have 14 months data we propose only setting 1 years targets at this stage
Rationale for steady improvement option	Continued improvement at current pace
Rationale for ambitious option	Accelerated improvement at current pace +50% by the end of year
Proposal:	Ambitious improvement option - reviewed at year end to develop 3 years of more ambitious targets on the basis of better data.

6.2.5. Purchased care quality

Setting long term targets for this indicator is difficult because:

- The Care Quality Commission's (CQC) new inspection regime has been in place for less than a year, meaning that insufficient data is available to fully observe trends
- CQC are prioritising those providers that are considered most at risk – meaning that both local and national results are likely to be lower than once all providers have been assessed
- Currently only 27% of Norfolk's regulated providers have been inspected against the new regime



Current performance is presented in the adjacent graph.

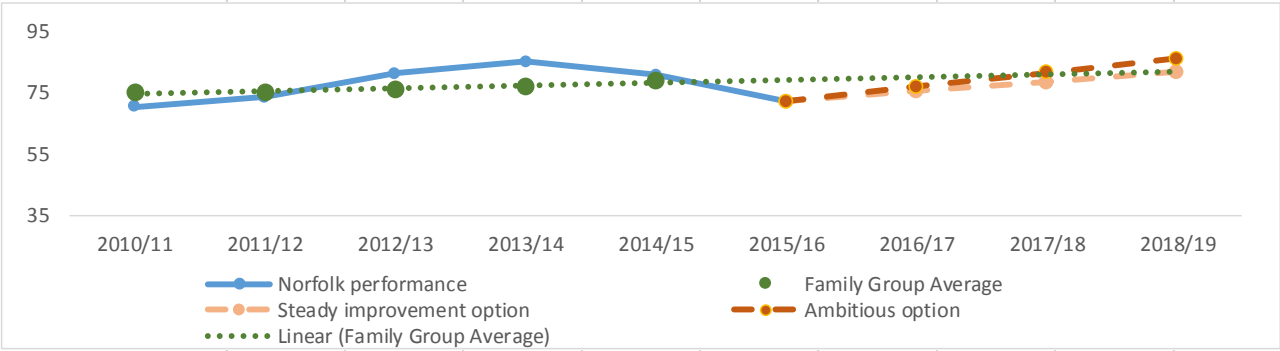
Given the above it is proposed that we do not set firm targets in 2016/17. From thereon, and in the light of Norfolk's likely position behind its regional comparators, it is proposed that we set targets that would ensure that Norfolk exceeds the Eastern Region average by March 2019.

More details about the plans and targets for improving purchased care quality are presented in the 'Adult Social Care and Support Quality Framework Annual Report' presented elsewhere on the agenda for this meeting.

6.2.6. **The proportion of people who use services who have control over their daily life**

This indicator reports the proportion of people answering the multiple-choice annual survey question 'Which of the following statements best describes how much control you have over your daily life?' answered "I have as much control over my daily life as I want" or "I have adequate control over my daily life".

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Norfolk performance	70.3	73.5	81.2	85.2	80.8	72.2			
Family Group Average	75	75.1	76.1	76.8	78.8				
Steady improvement option						**72.2**	**75.4**	**78.7**	**81.94**
Ambitious option						**72.2**	**76.8**	**81.4**	**86**

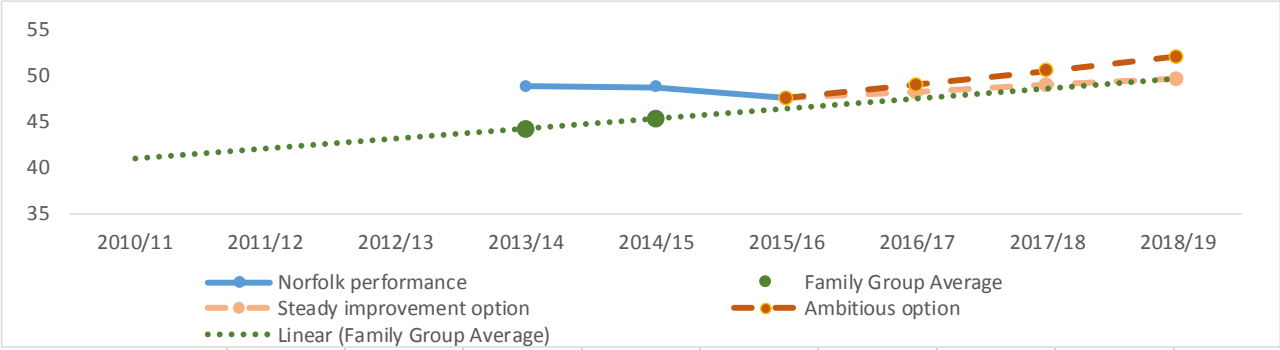


Rationale for steady improvement option	To achieve projected 'family group average' rate by March 2019
Rationale for ambitious option	To exceed previous highest rate from 2013/14 by March 2019
Proposal:	To meet proposed 'ambitious' target rate to reflect the relevance of this measure to the promoting independence strategy.

6.2.7. **The proportion of people who use services who reported that they had as much social contact as they would like**

This indicator reports the proportion of people answering the multiple-choice annual survey question 'Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?' answered "I have as much social contact as I want with people I like" or "I have adequate social contact with people".

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Norfolk performance				48.8	48.7	47.5			
Family Group Average				44.2	45.3				
Steady improvement option						**47.5**	**48.2**	**49.0**	**49.7**
Ambitious option						**47.5**	**49.0**	**50.5**	**52**

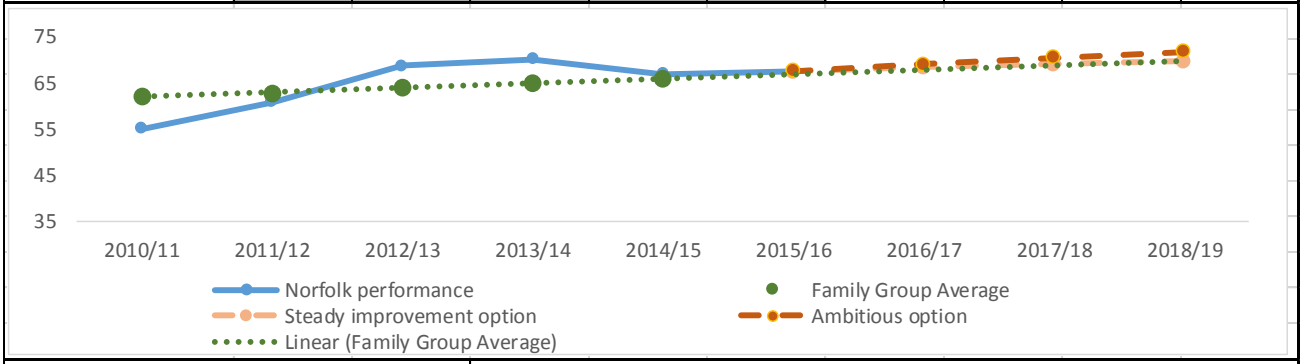


Rationale for steady improvement option	To achieve projected 'family group average' rate by March 2019
Rationale for ambitious option	To achieve projected 'family group average' rate plus 2% by March 2019
Proposal:	To meet proposed 'steady improvement' target rate to reflect the relevance of this measure to the promoting independence strategy, but also the difficulty in securing a broader range of community-based options for social contact quickly. Also, because only limited time-series data is available, it is proposed to review the target once this year's comparative data is published.

6.2.8. **Overall satisfaction of people who use services with their care and support**

This indicator reports the proportion of people answering the multiple-choice annual survey question 'Overall, how satisfied or dissatisfied are you with the care and support services you receive?' answered "I am extremely satisfied" or "I am very satisfied".

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Norfolk performance	55.1	60.8	68.7	70.1	66.9	67.6			
Family Group Average	62.1	62.8	64.1	64.8	66				
Steady improvement option						**67.6**	**68.3**	**69.1**	**69.84**
Ambitious option						**67.6**	**69.0**	**70.4**	**71.84**

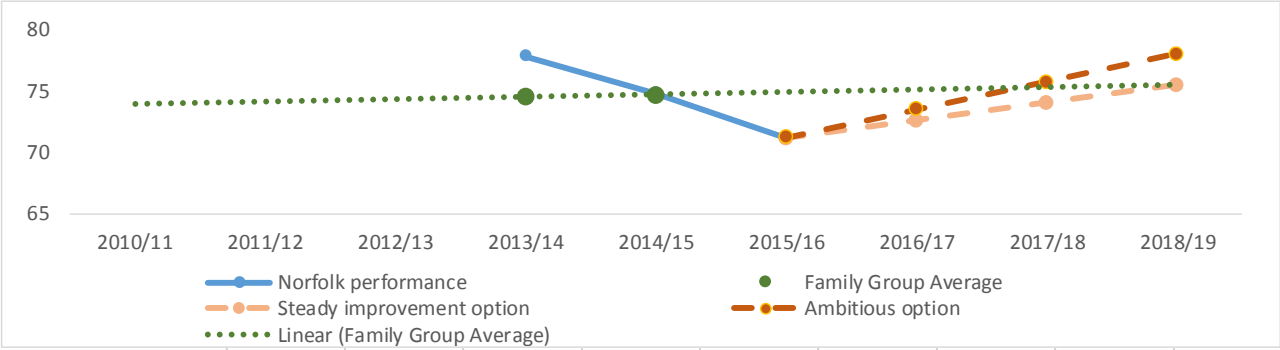


Rationale for steady improvement option	To achieve projected 'family group average' rate by March 2019
Rationale for ambitious option	To achieve projected 'family group average' rate plus 2% by March 2019
Proposal:	To meet the 'steady improvement' option that recognises both the need for continuous improvement in this key area of customer satisfaction, but also the challenges of maintaining satisfaction at a time when budgets are being reduced.

6.2.9. **The proportion of people who use services who find it easy to find information about services**

This indicator reports the proportion of people answering the multiple-choice annual survey question 'In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?' answered "Very easy to find" or "Fairly easy to find".

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Norfolk performance				77.8	74.8	71.2			
Family Group Average				74.5	74.7				
Steady improvement option						**71.2**	**72.6**	**74.1**	**75.5**
Ambitious option						**71.2**	**73.5**	**75.7**	**78**

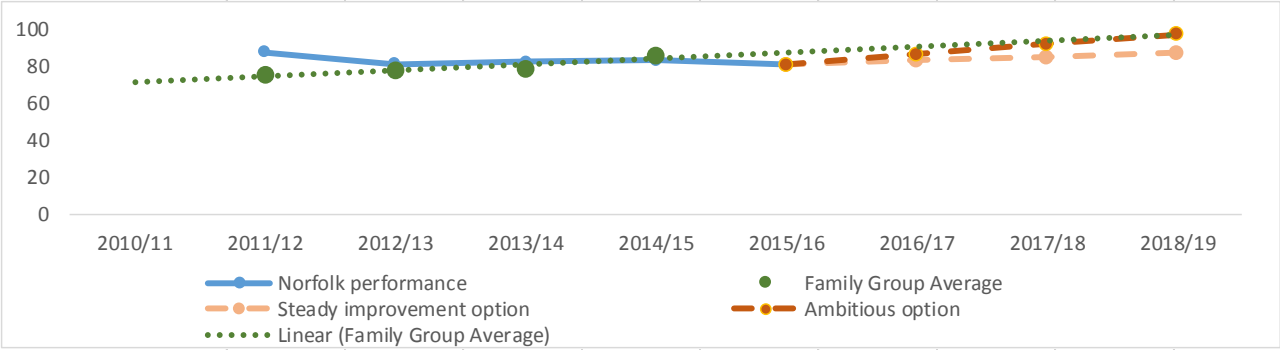


Rationale for steady improvement option	To achieve projected 'family group average' rate by March 2019
Rationale for ambitious option	To achieve projected 'family group average' rate plus 2.5% by March 2019
Proposal:	To meet the 'ambitious' option. This would return Norfolk to its previous highest score, and turn around a significant dip in performance since 2013/14. It also recognises the importance of the provision of information in meeting the requirements of the Promoting Independence strategy and the Care Act 2014. It is suggested that the target is reviewed once this year's benchmarking data is available.

6.2.10. **The proportion of people who use services who say that those services have made them feel safe and secure**

This indicator reports the proportion of people answering the multiple-choice annual survey question 'Do care and support services help you in feeling safe?' answered "Yes".

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Norfolk performance		88	81.4	82.5	83.4	81			
Family Group Average		75.5	78.1	79.1	86.1				
Steady improvement option						**81**	**83.3**	**85.7**	**88**
Ambitious option						**81**	**86.6**	**92.2**	**97.74**



Rationale for steady improvement option	To achieve previous high from 2011/12 by March 2019
Rationale for ambitious option	To achieve projected 'family group average' rate by March 2019
Proposal:	To meet the 'steady improvement' option. The ambitious option, which uses projected family group average figures, projects nearly 100% by 2019 because of an unexpected jump in 2015/16. This is probably unrealistic, and the 'steady' improvement option still required over 2% year-on-year increase. This can be reviewed once more up to date benchmarking data is available.

6.3. To summarise, given the detailed data and proposals contained in sections 6.2.1 to 6.2.10 above, this paper suggests the following targets:

Indicator	Current	Targets		
		16/17	17/18	18/19
Delayed transfers of care attributable to ASSD per 100,000 pop aged 18+	1.5	1.5	1.5	1.5
% People receiving safeguarding interventions whose stated objectives were met	88.0%	To be decided once at least nine months of data is available – from November 2016.		
% People with learning disabilities in paid employment	3.7%	4.0%	5.3%	7.5%
% People receiving mental health services in paid employment	2.1%	3.7%	Future targets reviewed when more data available, with a view to agreeing more ambitious targets in the longer term.	
Purchased care quality	60.6%	Targets set from April 2017 when more data is available, to plan to exceed projected Eastern Region average by March 2019.		
The proportion of people who use services who have control over their daily life	72.2%	76.8%	81.4%	86%
The proportion of people who use services who reported that they had as much social contact as they would like	47.5%	48.2%	49.0%	49.7%
Overall satisfaction of people who use services with their care and support	67.6%	68.3%	69.1%	69.8%
The proportion of people who use services who find it easy to find information about services	71.2%	72.6%	74.1%	75.5%
The proportion of people who use services who say that those services have made them feel safe and secure	81.0%	83.3%	85.7%	88.0%

7. Recommendations

7.1. **With reference to sections 2 and 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**

7.2. **With reference to section 4, committee members are asked to:**

a) **Agree the recommended changes to the vital signs indicator list, and**

b) **Note that future changes may be required in light of the developing target demand model and Promoting Independence strategy**

7.3. **With reference to section 5, committee members are asked to:**

a) **Note the council's provisional statutory performance indicator results**

7.4. **With reference to section 6, committee members are asked to:**

a) **Subject to comments and alternative recommendations, agree targets for the set of indicators presented**

b) **Note that further targets will require consideration in light of the developing target demand model**

8. Financial Implications

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

9. Issues, risks and innovation

9.1. 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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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.

Appendix 2

Full list of vital signs indicators

#	Name	Description	Why is this important?	Data ready	High level technical definition	Frequency
CORPORATE INDICATORS (REVIEWED BY POLICY & RESOURCES COMMITTEE)						
1	Referrals resolved by guiding to informal community based services	• % Referrals that are resolved by signposting and/or referral to informal community based services	This measure indicates the extent to which we can source and refer to alternative informal community-based solutions thereby reducing the number of people needing a formal social care service and more people are supported by the most cost effective solution	Sept-16	This indicator counts: - Contacts closed as 'Information & Advice' at the Social Care Centre of Expertise - Assessments closed as 'Information and Advice', or as 'Services/Personal Budget to Cease'	Monthly
2	Reablement effectiveness	• % of people who require no ongoing formal service at point after completing reablement	People who are successfully re-abled experience better outcomes and are less likely to need long term care	Available	The percentage of Norfolk First Support review forms with an outcome of: - reabled with no further service - reabled and signposted to voluntary services	Monthly
3	More people live in their own homes for as long as they can	• Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (18-64 years) • Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (64+ years) • Increasing the proportion of people in community-based care, broken down by: - Supported living & HWC - Homecare - Direct Payments and Day Care - Other *(Older People, Learning*	People who live in their own homes, including those receiving 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 in a range of community and institutional (residential and nursing) settings, and indicates the effectiveness of measures to keep people in their own homes.	Available	Basic number people, in year, receiving service classifications of: - Residential care - Nursing care - Supported living and housing with care - Homecare - Direct payments - Day care - Other Reported for people aged 18-64 and for people aged 65+ Reported as a rate per 100,000	Monthly

#	Name	Description	Why is this important?	Data ready	High level technical definition	Frequency
		Disabilities, Mental Health separated)			population in respective age groups	
4	Fewer people need a social care service from NCC	• Decreasing the rate of NCC service users per 100,000 population (18-64 years) • Decreasing the rate of NCC service users per 100,000 population (64+ years) • Decreasing the rate of people in residential and nursing care per 100,000 people	A reduction in the overall number of people requiring formal care services, when accompanied by good preventative and reablement care services, and good access to voluntary and community-based services that support independence, evidences a successful 'Promoting Independence' strategy.	Available	Total number of people receiving paid-for social care services, expressed as a percentage of the total population. Reported for people aged 18-64 and for people aged 65+ Reported as a percentage of the population in respective age groups	
5	Reablement sustainability	• % of people still at home 91 days after completing reablement	Reabling people after a crisis is vital. Once a crisis has occurred, reablement provides what is often a final chance to help people to remain independent, and ensure they don't require ongoing health or social care support. Measuring the effectiveness of reablement services indicates the performance of a key part of the health and social care system.	Available	The percentage of people with a hospital discharge and a Norfolk First Support referral, whose status at 91 days is neither: - In hospital - deceased - residential care - nursing care	Monthly
6	Delayed transfers of care attributable to social care	• Number of days delay in transfers of care (attributable to social care)	Delayed transfers of care cost health services significant amounts of money, and are attributed nationally to significant additional health services costs. Continuing Norfolk's low level of delayed transfers of care is vital to maintaining good working relationships with health services, and is critical to the overall performance of the health and social care system.	Available	The average number of delayed transfers of care for people aged 18+ attributable to Adult Social Services on a particular day in the month (determined by the NHS - usually the last Thursday of the month), expressed as a rate per 100,000 population aged 18+	Monthly

#	Name	Description	Why is this important?	Data ready	High level technical definition	Frequency
7	Safeguarding interventions success	• % of people who were subject to safeguarding interventions whose stated outcomes were met	The quality of safeguarding interventions is important to secure good outcomes for potential victims, and affects the likelihood of further incidents occurring. In addition, safeguarding is a key statutory responsibility for the council.	Available	The percentage of completed Safeguarding Forms with outcomes described as "achieved". Note: other categories include 'partially achieved', 'not achieved' and 'not expressed'. These may also be reported as context to this measure.	Monthly
8	More people with learning disabilities secure employment	• Increasing the % people receiving Learning Disabilities services in paid employment	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 genuine independence and choice over future outcomes. Furthermore this indicator has been identified within the County Council Plan as being vital to outcomes for both the economy and vulnerable people. Norfolk currently has a low rate when compared to other councils.	Available	The percentage of people in long term support paid for by the local authority whose primary support reason is 'learning disability' whose employment status is 'paid employment'	Monthly
9	Paid employment rate: People receiving Mental Health services	• % People receiving Mental Health services in paid employment	Research and best practice shows that having a job is likely to significantly improve the life chances and independence of people with mental health problems, offering genuine independence and choice over future outcomes. Furthermore this indicator has been identified within the County Council Plan as being vital to outcomes for both the economy and vulnerable people. Norfolk currently has a low rate when compared to other councils.	Available	The percentage of people in long term support paid for by the local authority whose primary support reason is 'mental health' whose employment status is 'paid employment'	Monthly
SERVICE						
10	Assessment effectiveness	• Number / % of social care assessments resulting in solely information and guidance • Number / % of assessments and reassessments leading to an increase or decrease in cost in	This measure will help us to determine the success of the new strength-based approach to assessments.	Sep-16	TBC	TBC

#	Name	Description	Why is this important?	Data ready	High level technical definition	Frequency
		terms of council-funded services (by clinic/home visit)				
11	Enquiry resolution rate	• % Enquiries resolved at point of contact / clinic with information, advice	Measures the effectiveness of new approaches to signposting and providing information and advice.	Available	Percentage of total adult social care enquiries resolved as information and advice only.	TBC
12	Carers supported	• Rate of carers supported within a community setting per 100,000 population	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. Outcomes for both carers and cared-for people tend to be better when services work together to support both service users and their carers. This measure indicates how well we are supporting informal carers.	Available	Sum of people who, in the last 12 months, have received or have in place: • A carer assessments • A carer support plan • Information and advice • A carer service or personal budget • A service provided to a service user to provide a break for a carer • An enquiry for carer support	Monthly
13	Average spend : Long term services	• Average spend per person in long term services (18-64; 65+)	Alongside the equivalent spending KPI for short term services, indicates the impact of the promoting independence strategy in reducing/balancing the demand for formal care	Sept-16	To be determined by Finance	TBC
14	Purchased care quality	• % of CQC ratings of all registered commissioned care rated good or above	Most of the department's money is spent commissioning services from third party providers - this indicator provides an objective and comparable view of the quality of these services, and indicates both this and overall value for money.	Available	Data from the Care Quality Commission. % of inspected services rated as 'good' or 'outstanding', broken down by: - Residential care - Domiciliary care	Monthly
15	User satisfaction	Overall satisfaction of people who use services with Adult Social Care services	Statutory indicator so data can be benchmarked. Provides us with critical information about how people feel about the quality of services and their outcomes. The overall user satisfaction measure is augmented by other indicators about access to information and perceptions of independence and safety.	Available	Percentage of respondents to the Adult Social Care Survey that stated they were satisfied with the Adult Social Care services they receive	Annual