Adult Social Services Committee

Item No……

Report title:	**Performance management report**
Date of meeting:	**16 May 2016**
Responsible Chief Officer:	**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 is the first performance management report to this committee that is based upon the revised Performance Management System, which was implemented as of 1 April 2016, and the committee's 18 vital signs indicators. As agreed in April, this report covers the indicators for which data is readily available. The full list of indicators is available in Appendix 2.

Performance is reported on an exception basis using a report card format, meaning that only those vital signs that are performing poorly or where performance is deteriorating are presented to committee. To enable Members to have oversight of performance across all vital signs, all report cards 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.

Of the nine vital signs indicators available to the committee at this time, the following three have met the exception criteria and so will be discussed in depth as part of the presentation of this report:

a) People with a learning disability in employment (off target)
b) Supporting people to remain at home – people aged 18-64 (off target)
c) Purchased care quality (has reduced for three consecutive reporting periods)

Recommendation:

For each vital sign that has been reported on an exceptions basis, Committee Members are asked to review and comment on the performance data, information and analysis presented in the vital sign report cards and determine whether the recommended actions identified are appropriate or whether another course of action is required.

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 is the first performance management report to this committee that is based upon the revised Performance Management System, which was implemented as of 1 April 2016, and the committee's agreed vital signs indicators.

1.2. A full list of vital signs indicators was presented to committee at the 7 March meeting. Feedback at that meeting requested that performance indicators based on the council's statutory Adult Social Care Service User Satisfaction Survey were included in the list.

A revised full list of vital signs indicators is presented in Appendix 2.

1.3. This remainder of this report contains:

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

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. Because there are a number of new performance measures in the dashboard, in many cases officers have developed draft targets, based on previous performance, to generate the red, amber or green alert (because the alert requires a target). This is a temporary arrangement, and a full suite of formal targets will be proposed, discussed and (subject to amendment) agreed by members at the July committee.

2.3. The dashboard is presented below.

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. Targets will be proposed, discussed and agreed at the July committee meeting.

Indicator	Bigger or Smaller is better	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Target
% of people who require no ongoing formal service after completing reablement	Bigger	82.5 %	85.7 %	84.9 %	85.6 %	88.9 %	88.1 %	86.4 %	87.1 %	87.5 %	88.3 %	86.2 %	86.5 %	86.3 %	-
Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (18-64 years)	Smaller	31.0	32.6	32.4	30.2	30.8	28.7	28.9	27.7	25.3	23.7	22.5	22.5*		**20.0**
Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (65+ years)	Smaller	724.0	701.2	693.1	695.9	698.3	697.3	688.8	673.5	656.8	657.3	645.9	640.1		**661.1**
Increasing the proportion of people in community-based care	Bigger		66.2 %	66.0 %	66.0 %	66.2 %	66.1 %	66.2 %	66.4 %	66.5 %	66.6 %	66.5 %	66.7 %	66.8 %	-
Decreasing the rate of people in residential and nursing care per 100,000 people	Smaller		573	575	575	574	576	575	575	571	571	571	568	569	-
Decreasing the rate of Council service users per 100,000 population (18-64 years)	Smaller		903	905	908	912	919	922	927	927	933	930	932	938	-
Decreasing the rate of Council service users per 100,000 population (65+ years)	Smaller		3,600	3,597	3,579	3,595	3,585	3,586	3,594	3,573	3,577	3,561	3,571	3,590	-
% of people still at home 91 days after completing reablement	Bigger	84.5 %	84.8 %	84.7 %	87.0 %	93.1 %	92.4 %	91.4 %	91.5 %	92.4 %	92.2 %	92.0 %	91.4 %	91.7 %	**90%**
Number of days delay in transfers of care (attributable to social care)	Smaller	1.5	1.5	1.3	0.9	0.8	0.9	1.0	1.2	1.3	1.4	1.5			**2.0**

Indicator	Bigger or Smaller is better	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Target
% People receiving Learning Disabilities services in paid employment	Bigger	3.9%	3.7%	3.7%	3.6%	3.6%	3.5%	3.6%	3.6%	3.6%	3.7%	3.6%	3.6%	3.7%	**5.5%**
% People receiving Mental Health services in paid employment	Bigger		1.5%	1.5%	1.7%	1.7%	1.6%	1.6%	1.8%	1.8%	1.9%	1.9%	1.8%	2.1%	-
% Enquiries resolved at point of contact / clinic with information, advice	Bigger		41.6 %	41.8 %	39.4 %	39.5 %	40.8 %	40.7 %	39.1 %	40.5 %	42.8 %	42.0 %	38.5 %	42.3 %	-
Rate of carers supported within a community setting per 100,000 population	Bigger		982.5	973.4	969.7	966.9	985.2	975.3	962.4	946.1	932.6	944.8	949.3	934.3	-
% 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 %		-

*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 whilst the result remains the same or even improves (for example if the improvement is not sufficient to hit target).

3. Report cards

3.1. A report card has been produced for each vital sign, as introduced in March's performance report. It provides 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. The exception reporting criteria are as follows:

a) Performance is off-target (Red RAG rating or variance of 5% or more)
b) Performance has deteriorated for three consecutive months/quarters/years
c) Performance is adversely affecting the council's ability to achieve its budget
d) 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.

These will then be updated on a monthly basis. In this way, officers, members and the public can review performance across all of the vital signs at any time.

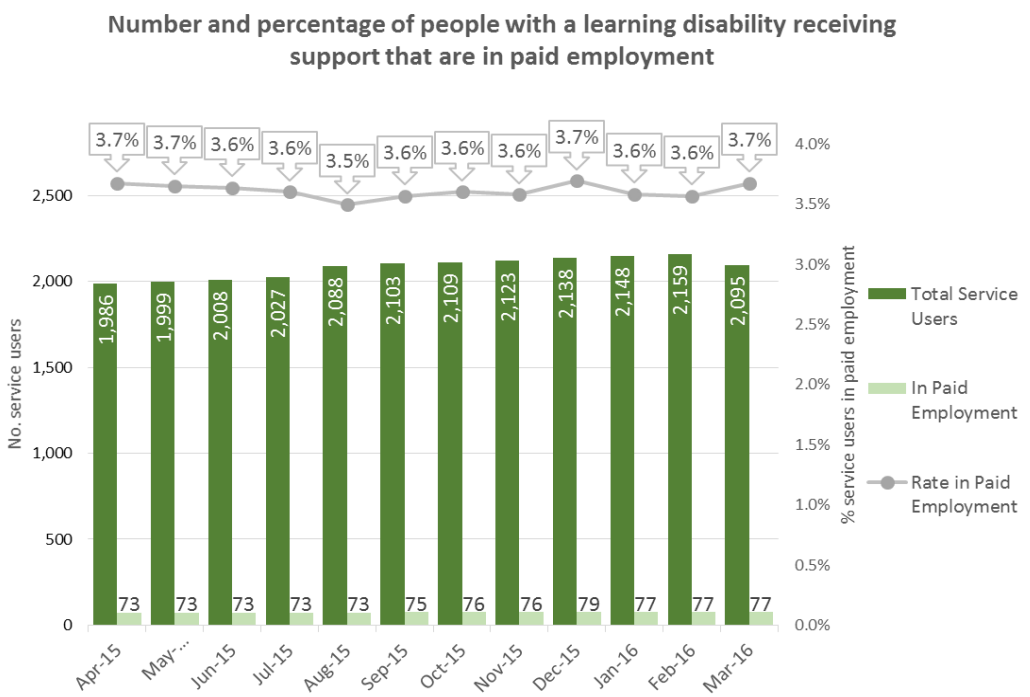
3.5. The three report cards highlighted in this report are presented below:

3.6 More people with learning disabilities in paid employment

Why is this important?

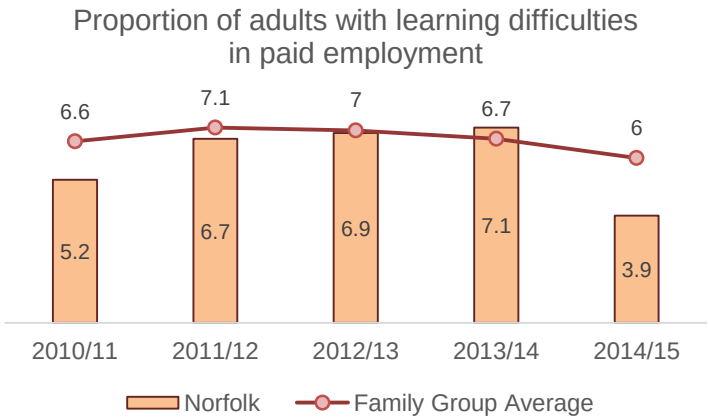
Research and best practice shows that having a job is likely to significantly improve the life chances and independence of people with learning disabilities, offering independence and choice over future outcomes. Furthermore this indicator has been identified within the County Council Plan as being vital 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 continues to remain around 3.7% - similar to other reporting periods this year, and down on the end of year 2014/15
- Norfolk's performance has historically kept pace with family group average, even during recession
- However reduction in 2014/15, and in the last year, means Norfolk is now significantly below this 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.



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.
- Work continues to evaluate targets
- Complete a review, with Day Service providers, to improve their promotion of employment opportunities for people with LD

Action required

- Working closely with the council's in-house employment support service, and referring all people that are able to work on to this service to evaluate options for both paid and unpaid work
- Referring some people looking to work 16+ hours a week directly onto Shaw Trust, a government-funding work choice scheme.
- Reviewing all people that have stated they are able to work, to make sure that they are getting all of the support they need.
- Consider how to capture information on people who are in employment but do not receive formal services.
- Work with public sector, MINT, and businesses to promote employment opportunities for people with LD.

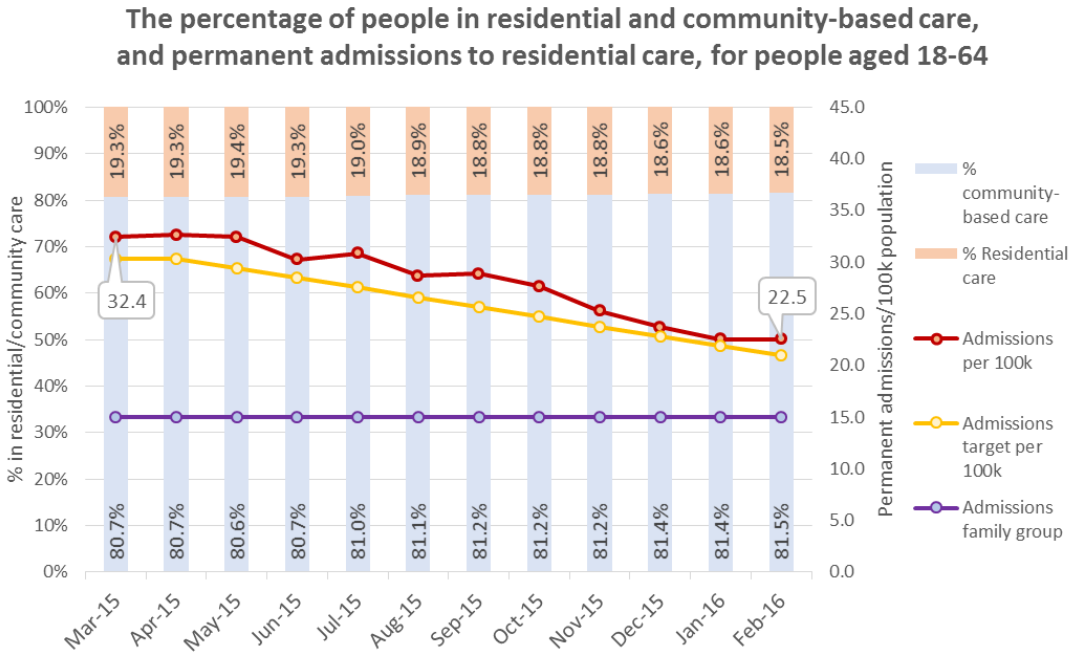
Responsible Officers Lead: Lorrayne Barrett, Director of Integrated Care Data: Business Intelligence & Performance Team

3.7 More people aged 18-64 live in their own homes

Why is this important?

People who 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 more cost effective 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) settings, and indicates the effectiveness of measures to keep people in their own homes.

Performance



What is the background to current performance?

- Admissions to residential care for people aged 18-64 historically very high, with a rate of 53 per 100,000 in 2012/13 – nearly three times the family group average.
- Significant improvements since have seen year-on-year reductions in permanent admissions, accelerating this year with admissions going from 32.4/100k in March to 22.5/100k in February.
- Improvements in these rates has reduced the percentage of service users in residential care from 19.3% to 18.5%.
- The difference between large reductions in admissions and small reductions in residential care placements may in part be explained by the average length of stay of people aged 18-64 of 5.8 years. It may therefore take some time for reductions in admissions to impact on total numbers in residential and nursing care.
- Reductions in-year have been driven by focussed social work practice on residential reviews with a focus on reducing costs and moving people on.
- Temporary admissions only to residential care for a maximum of 6 months are approved by panels
- Placements are made in specialist mental health care homes using recovery approaches, and specialist housing with care for people who would previously have been placed in residential care.

What will success look like?

- Admissions for levels at or below the family group benchmarking average (around 15 per 100,000 population)
- Subsequent reductions in overall placements
- Availability of quality alternatives to residential care for those that need intensive long term support
- A commissioner-led approach to accommodation created with housing partners

Action required

- Further reductions required through good practice
- Reviews must also seek to find people aged 18-64 alternative long term accommodation arrangements where appropriate
- Commissioning activity around accommodation to focus on improved multi-tenant options for people aged 18-64
- Engage partners in providing robust care to keep people in their own homes

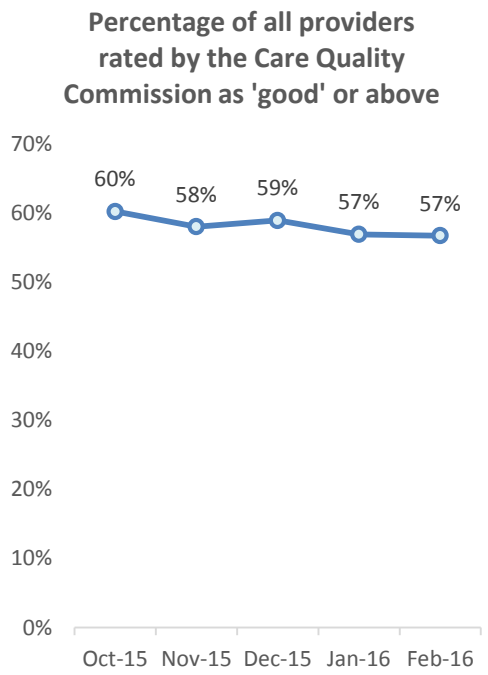
Responsible Officers	Lead: Lorrayne Barrett, Director of Integrated Care, and Lorna Bright, Assistant Director – Social Work Data: Business Intelligence & Performance

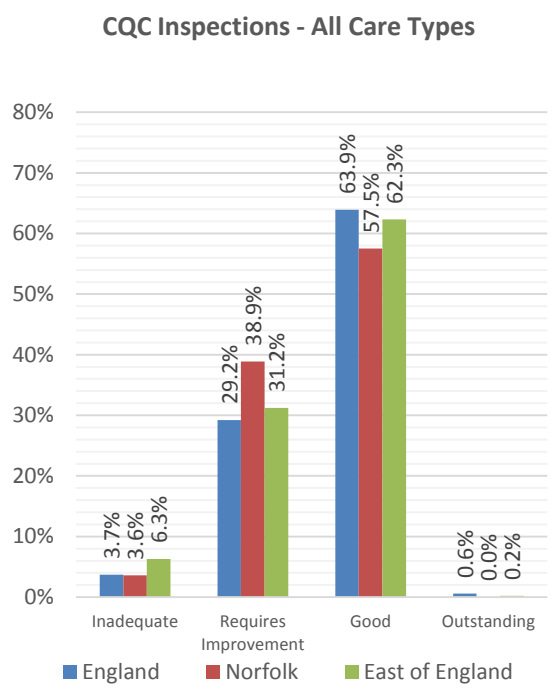
3.8 Purchased care quality

Why is this important?

We contract with a market of almost 1,000 providers to deliver social care and support at a cost of over £290m a year. It is essential that we can be confident that this care is high quality, effective and responsive to care needs, promotes independence and supports the outcomes that people want.

Performance





What is the background to current performance?

- A new inspection framework was introduced by the Care Quality Commission.in October 2015, when inspections against new standards started. Less than half of providers inspected to date.
- The results reflect only those providers assessed – with the small sample size for these initial figures partly explaining the variable rate. CQC's early focus has also been on 'higher risk' providers on the basis of previous performance – meaning that the figures may currently be artificially low.
- National and regional benchmarking figures show that Norfolk has fewer good and outstanding providers – but also fewer inadequate providers.
- Benchmarking data over time shows that national rates for 'good' and 'outstanding' are improving, whereas Norfolk's rates are more stable – if these trends continue the gap in terms of those 'good' and 'outstanding' is likely to grow.
- A range of explanations are offered for Norfolk's providers' difficulty in improving. The most often cited is the struggle that providers have in retaining and recruiting staff, particularly in home care services where annual staff turnover is above 50%. Recruitment is particularly difficult in rural areas, and amongst younger people.

What will success look like?

- A significant increase in providers rated 'good' or 'outstanding' in line with the England benchmark, and with no increase in the proportion of 'inadequate' providers.
- Improved recruitment, and reduced turnover, of staff – particularly in homecare.
- No market failure (occasions when a local service is not available, so more expensive options have to be put in place) in rural areas.

Action required

- The council has clear responsibilities, set out in the Care Act 2014, for the quality and sustainability of the care market.
- An action plan is being developed to ensure quality assurance and market support interventions are focused on priority improvements
- As contracts are renewed, increasing emphasis will be on quality, with a focus on the achievement of individual outcomes for service users, in line with the principles of the Promoting Independence strategy.

Responsible Officers

Lead: Steve Holland – Head of Quality Assurance & Market Development
Data: Quality Assurance Team, Adult Social Care

4. Recommendation

4.1. **For each vital sign that has been reported on an exceptions basis, Committee Members are asked to review and comment on the performance data, information and analysis presented in the vital sign report cards and determine whether the recommended actions identified are appropriate or whether another course of action is required.**

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**

5. Financial Implications

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

6. Issues, risks and innovation

6.1. 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:

Officer name:	Email address:	Tel No.:
Jeremy Bone	jeremy.bone@norfolk.gov.uk	01603 224215

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 has 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	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	Jul-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	Remaining independent after community clinic	• % People remaining independent six weeks after visiting a community clinic	Community Clinics should reduce the need for formal social care intervention by linking people with community resources that support independence. A high proportion of people remaining independent of formal care after attending a clinic indicates the success of the clinic approach.	Sep-16	To be determined once Community Clinic model is agreed. Likely to measure people still living in own home, without paid-for care, at the six-week call.	TBC
3	Reablement effectiveness	• % of people who require no ongoing formal service at point after completing reablement	People that are successfully re-abled experience better outcomes and are more likely to stay out of 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

#	Name	Description	Why is this important?	Data ready	High level technical definition	Frequency
4	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 Disabilities, Mental Health separated)*	People who 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 more cost effective 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 population in respective age groups	Monthly
5	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	
6	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 make sure people remain independent, and 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

#	Name	Description	Why is this important?	Data ready	High level technical definition	Frequency
7	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 nationally are attributed 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
8	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 must-do for the council.	Jul-16	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
9	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 around both the economy and Norfolk's vulnerable people. Norfolk currently has a low rate 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
10	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 around both the economy and Norfolk's vulnerable people. Norfolk currently has a low rate compared to other councils.	Jul-16	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

#	Name	Description	Why is this important?	Data ready	High level technical definition	Frequency
11	Emergency (non-elective) hospital admissions	• Number of emergency admissions and unplanned admissions from people receiving formal social care services	An emergency admission is often the first time health or social care services find out that someone has experienced a crisis. Many admissions are from people that are older or are vulnerable, are already known to health and social care practitioners, and are in receipt of advice or services. Changes in rates of emergency admissions can indicate the effectiveness of preventative interventions across the system, and also reflects the effectiveness of integrated working between health and social care services. This indicator is key to the Better Care Fund framework.	Jul-16	This is a Better Care Fund indicator and data is supplied by the NHS. Total non-elective admissions in to hospital (general & acute), all ages, per 100,000 population	Monthly
SERVICE						
12	Community clinic model effectiveness	• 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)	Will determine the success of this new assessment model	Sep-16	To be determined once Community Clinic model is agreed.	TBC
13	Enquiry resolution rate	• % Enquiries resolved at point of contact / clinic with information, advice	Measures 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

#	Name	Description	Why is this important?	Data ready	High level technical definition	Frequency
14	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 Norfolk's informal carers.	Available	Number 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
15	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	Jul-16	To be determined by Finance	TBC
16	Permanent admissions to residential and nursing care from hospital	• Rate of permanent admissions to residential and nursing care from hospitals	Whilst some direct referrals into permanent residential and nursing care are correct, excess levels of admissions through this route tend to indicate a system under pressure (because such referrals are relatively simple to make) or a lack of availability of community based services (in most areas in Norfolk home care is more scarce that residential care). Inappropriate or hasty referrals into these settings from hospitals also tend to cost far more than referrals into other settings.	Sep-16	To be determined. Currently investigating value of measuring percentages of people admitted to residential and nursing care with a referral recorded as 'hospital discharge' within one month of admission. Data problematic.	TBC
17	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

#	Name	Description	Why is this important?	Data ready	High level technical definition	Frequency
18	User satisfaction	Overall satisfaction of people who use services with Adult Social Care services	A statutory indicator, this data provides us with critical and benchmark-able information about how people feel about the quality of services and their own outcomes. The overall user satisfaction measure is augmented by other indicators around access to information and perceptions of independence and safety.	Jul-16	Percentage of respondents to the Adult Social Care Survey that stated they were satisfied with the Adult Social Care services they receive	Annual