

Indicator:	Requests for support which go on to assessment	
Brief definition	Good =	Factors likely to affect performance
The percentage of requests for support where the intention is that the person will go on to receive a care act assessment	Low	<ul style="list-style-type: none"> • Good performance will mean a reduction in the percentage of requests for support ending with an intention to carry out an assessment. Performance is therefore driven by the extent to which other options – for example community-based support – have been explored; and by the amount of requests for support. • Better advice and guidance before someone requests support may reduce overall requests, making the target harder to deliver • The delivery of the ‘Three Conversations’ approach to social work is likely to help reduce levels of assessment as people are better connected with community-based support.
	Owner	

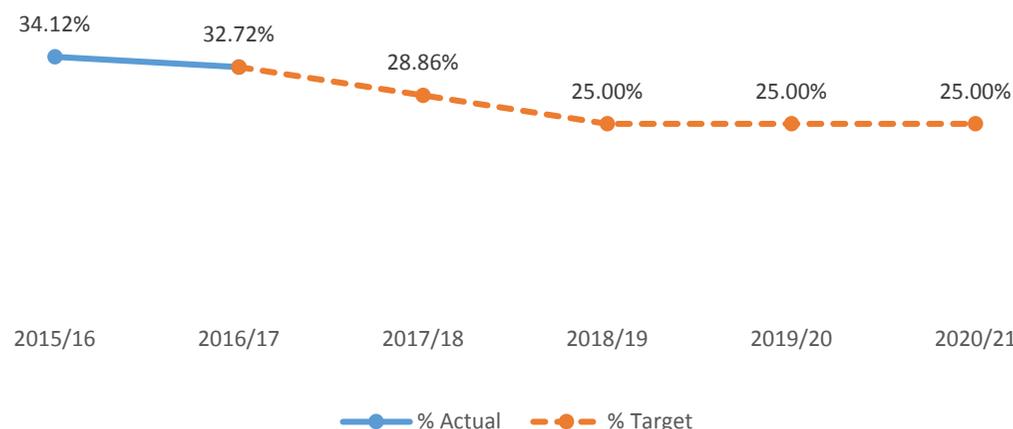
Proposed targets

Year	Result
16/17	32.72%

Current performance	
Jul-17	31.94%

Year	Target
17/18	28.86%
18/19	25.00%
19/20	25.00%
20/21	25.00%

Percentage of requests for adult social care support ending with an intention to carry out an assessment



What does this mean?

- In 2016/17 the council received around 61,000 requests for support, with 20,000 ending with an intention to assess (note – this is higher than the number of assessments that took place because of multiple calls by the same people, and because alternatives to assessment may have been identified after the initial request)
- If all remains equal the target would see the number ending with an intention to assess reduce from around 20,000 to 15,200

Rationale for target

- This measure, and target, reflects best-practice as recommended in ‘Six Steps to Managing Demand in Adult Social Care (John Bolton and Philip Provenzano, March 2017): “The figure should preferably be circa 25% of the new enquiries from the community7. (There are a number of variable factors here so this may need to be revised in particular circumstances but might be linked to the indicator below. It may also be considering reviewing arrangements if performance is significantly higher than 25%)”

Alternatives

- Additional measures around ‘Front Door’ activity (or ‘Conversation One’ in the Three Conversations model) will be required.
- In particular we will develop better indicators of volume going through the front door, and then going on to services, once the Liquid Logic system is in place.
- No alternative targets are proposed – although we could aim to meet the target sooner or later depending on levels of ambition and the pace of change anticipated.

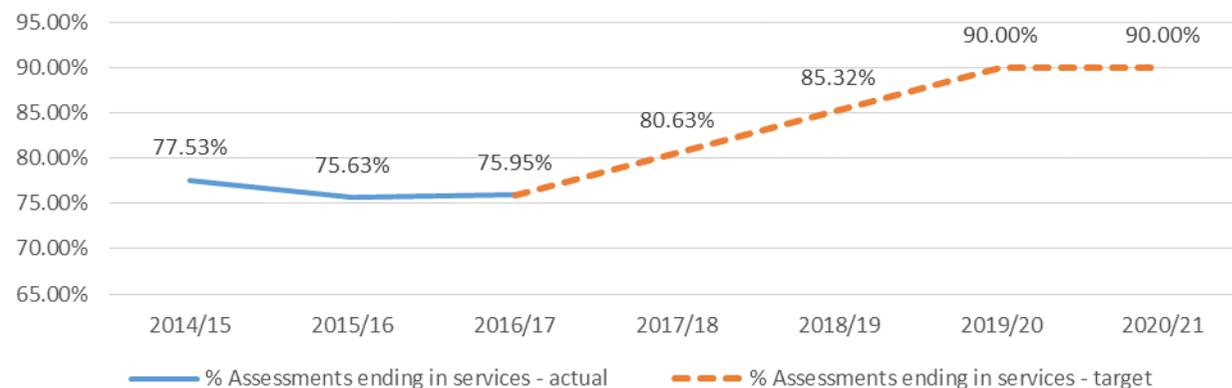
Indicator:	Assessments that lead to services	
Brief definition	Good =	Factors likely to affect performance
The percentage of assessments which are closed with the intention of supporting the person with services	Low	<ul style="list-style-type: none"> This indicator measures the effectiveness of arrangements for supporting and re-abling people, and of the process for determining which people need a Care Act Assessment. People that go on to receive information and advice as a result of an assessment, or who receive ‘no further action’, probably should not have received an assessment in the first place The increase suggested here may feel counter-intuitive in that it might suggest additional service provision. In fact this increase is predicated on an overall reduction in assessments in line with the principles of the ‘Three Conversations’ model Improvements to ‘conversations 1 and 2’ should both reduce overall levels of assessment and the proportion of people receiving ‘no further action’ after an assessment.
	Owner Lorna Bright	
Proposed targets		

Year	Result
16/17	75.95%

Current performance	
Aug-17	78.99%

Year	Target
17/18	80.63%
18/19	85.32%
19/20	90.00%
20/21	90.00%

Percentage of assessments that result in an intention to provide services
(Formal care, equipment, Norfolk First Response, Development Worker services or non-funded services)



What does this mean?

- In 2016/17 the council conducted around 8,800 assessments.
- To hit this target with no increase in actual numbers of people receiving services, overall numbers of assessments will reduce to around 7,400, with around 6,680 going on to some kind of service.

Rationale for target	Alternatives
<ul style="list-style-type: none"> This measure, and target, reflects best-practice as recommended in ‘Six Steps to Managing Demand in Adult Social Care (John Bolton and Philip Provenzano, March 2017): “The % of people who have received a full assessment... who then go on to receive a package of care. This figure should be 90% - though the initial service may be help that supports recovery, rehabilitation, recuperation or reablement”. 	<ul style="list-style-type: none"> No specific alternatives are suggested. Given the dependency of this target on overall assessment levels, any change to the policy of reducing overall levels of reviews (with associated increases in ‘upstream’ conversations 1 and 2) would need to be reflected in these targets.

Indicator:	Reablement cases where the person does not require additional social care at end of intervention	
Brief definition	Good =	Factors likely to affect performance
The percentage of reablement cases where the outcome is recorded as not requiring any further social care support	Low	<ul style="list-style-type: none"> The target is likely to become more challenging as the council increases the number of people receiving reablement services. This is because, as the scope for reablement services increase, people with more complex problems are offered these services – who are less likely to be fully re-abled (although their outcomes will still improve). The impact of this can already be seen – the significant increase in services between 2014/15 and 2016/17 resulted in a reduction in performance, although this has stabilised.
	Owner	
	Janice Dane	

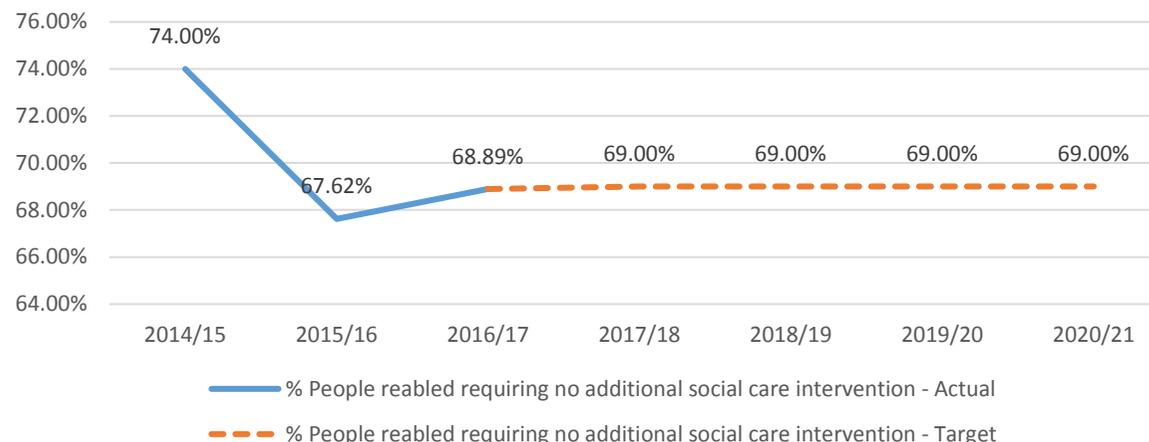
Proposed targets

Year	Result
16/17	68.89%

Current performance	
Aug-17	68.4%

Year	Target
17/18	69%
18/19	69%
19/20	69%

Percentage of people receiving reablement that require no additional social care intervention at the end of the period of reablement



What does this mean?

- In 2016/17, 5,799 people received reablement services, with just under 4,000 requiring no additional social care intervention.
- The proposed targets maintain this rate – although any increase in the amount of reablement will require a proportional increase in those cases requiring no intervention.

Rationale for target	Alternatives
<ul style="list-style-type: none"> Given the challenges highlighted above, and the plans for continuing to increase the provision of reablement services, a ‘standstill’ position based on 2016/17 rates represents a challenging target. Norfolk already has a high performing reablement service – achieving one of the highest rates of independence after reablement compared to similar ‘family group’ councils, and offering more reablement services than most. 	<ul style="list-style-type: none"> More stretching targets are not recommended on the basis of current plans. Any significant additional investment in reablement may require a review of these targets.

Indicator:	Reviews that lead to a ceasing or reduction of services	
Brief definition	Good =	Factors likely to affect performance
The percentage of reviews where the intention is to cease or reduce services	On target (neither too high or low)	<ul style="list-style-type: none"> For older people, many of whom have entered service with long term and deteriorating health needs, there may be fewer opportunities for greater independence and reduced care packages. If long term care packages reduce in line with Promoting Independence and Three Conversations principles, those remaining in long term care may have more complex needs – making the target more difficult to hit For people aged 18-64, performance in this area has been relatively low – below that of reviews of people aged 65+ - and the proposed targets represent a significant change in practice and performance. This will be challenging.
	Owner	
	Lorna Bright Lorrayne Barrett	

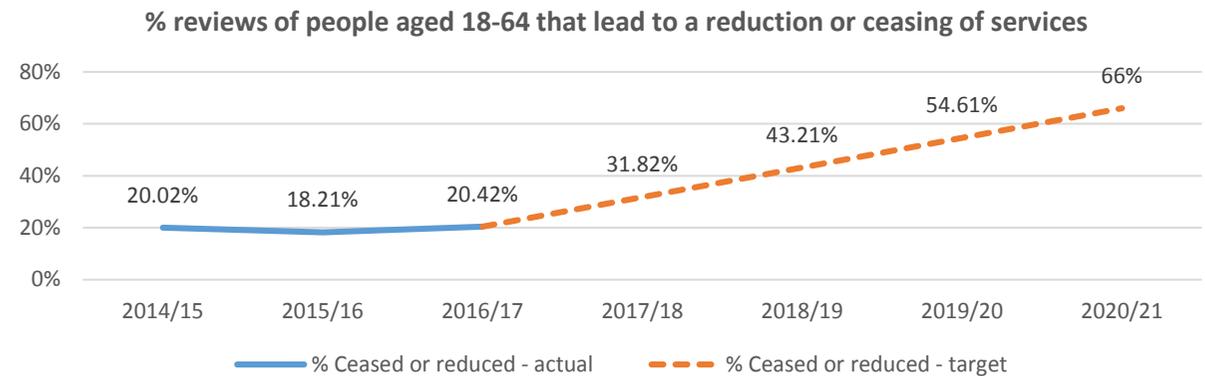
Proposed targets

18-64

Year	Result
16/17	20.42%

Current performance	
Jul-17	21.69%

Year	Target
17/18	31.82%
18/19	43.21%
19/20	54.61%
20/21	66.00%



What does this mean?

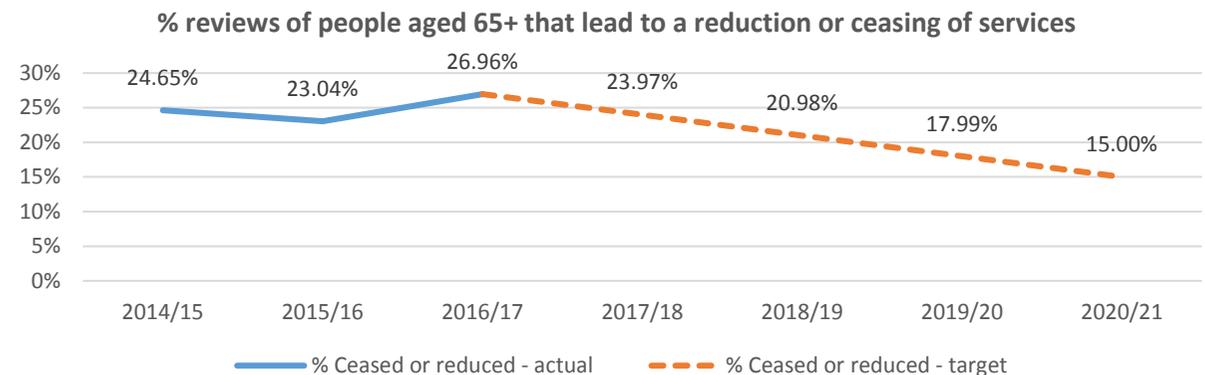
- In 2016/17, 686 reviews resulting in services being reduced or ceasing
- The targets proposed here would, all else being equal, see this number increase to just over 2,200

65+

Year	Result
16/17	26.96%

Current performance	
Jul-17	24.59%

Year	Target
17/18	23.97%
18/19	20.98%
19/20	17.99%
20/21	15.00%



What does this mean?

- In 2016/17, 2,060 reviews resulted in services being reduced or ceasing
- The targets proposed here would, all else being equal, see this number decrease to just over 1,140.

Rationale for target	Alternatives
<ul style="list-style-type: none"> • For 18-64: This measure, and target, reflects best-practice as recommended in ‘Six Steps to Managing Demand in Adult Social Care (John Bolton and Philip Provenzano, March 2017): “The proportion of younger adults receiving longer-term care who care needs may have decreased from their last review... This figure should preferably be around 66% of all younger adults receiving care and support.” The targets reflect delivery of this rate by 2021. • For 65+: This measure, and target, reflects best-practice as recommended in ‘Six Steps to Managing Demand in Adult Social Care (John Bolton and Philip Provenzano, March 2017): “The proportion of older people receiving longer-term care whose care needs have decreased from their initial assessment/latest review... This figure should preferably be around 15% of the older people supported”. The target reflects delivery of this rate by 2021. This rate actually represents a reduction in the % of people with services that cease or reduce – but this reflect the likelihood that fewer people aged 65+, with more complex needs, are likely to receive long term packages of care over time, meaning that current rates of ceases/reductions will be harder to achieve. • The Cost & Demand Model currently crudely models around 5% of people each year, in all specialisms/ages, ceasing services. The rates suggested in these targets are broadly comparable to these for people aged 65+, but are below the more stretching targets for people aged 18-64. 	<ul style="list-style-type: none"> • Targets here are particularly stretching for people aged 18-64 and reflect good practice rather than the modelled rates through the Cost & Demand Model. A less stretching target would still achieve the current modelled levels of savings. However, targets still need to address the discrepancy between rates of ceases/reductions between 18-64 and 65+ age groups. • 65+ targets appear achievable, but will require close review as volumes change and the impact of those reductions on this measure are better understood.

Indicator:	No. permanent admissions for people aged 18-64 to residential and nursing care per 100,000 population	
Brief definition	Good =	Factors likely to affect performance
The number of permanent admissions to residential and nursing care for people aged 18-64	Low	<ul style="list-style-type: none"> Performance depends on elements of social care practice and the availability of alternatives to residential and nursing care for people aged 18-64 Norfolk's performance in this indicator has been historically poor – being the worst performing council in our family group for a number of years – although this position changed last year as performance improved slightly The development of additional enablement services, along with the implementation of the 'Three Conversations' model should reduce placements over time.
	Owner Lorna Bright	

Proposed targets

Year	Result
16/17	18.3

Current performance	
Jun-17	19.7

Year	Target
17/18	16.6
18/19	15.6
19/20	14.4
20/21	13.6

Permanent admissions to residential & nursing care for people aged 18-64 per 100,000 population

Target rate and family group benchmarks

Year	Admissions per 100k population
2016/17	18.3
2017/18	16.6
2018/19	15.6
2019/20	14.4
2020/21	13.6

What does this mean?

- In 2016/17 there was around 80 permanent admissions to residential and nursing care for people aged 18-64 (note: this figure does not include temporary placements)
- The targets, that also account for population growth, mean that around 70 people would be permanently placed in residential and nursing care in 2020/21

Rationale for target	Alternatives
<ul style="list-style-type: none"> Target based on the volume of admissions profiled through the Adult Social Care 'Cost & Demand Model' The targeted reductions represent a significant improvement from being the second-highest 'placer' in our family group to being below the average. The 'stretch' is realistic in the sense that other councils have achieved this, but it nevertheless requires a step-change improvement in performance 	<ul style="list-style-type: none"> More ambitious targets are possible – in the sense that other councils make fewer placements. However it is likely that any further increase would require significant intervention and investment in the market around to make sure alternatives were available.

Indicator:	No. permanent admissions for people aged 65+ to residential and nursing care per 100,000 population	
Brief definition	Good =	Factors likely to affect performance
The number of permanent admissions to residential and nursing care for people aged 65+	Low	<ul style="list-style-type: none"> Performance depends on elements of social care practice and the availability of alternatives to residential and nursing care for people aged 65+ Several other areas of performance and activity can place additional pressures on admissions to residential care: <ul style="list-style-type: none"> Current shortages in available home care, particularly in some rural areas, can mean that people are admitted to residential care despite having potential for independence, to keep them safe. This artificially increases admissions Similarly, pressure to quickly discharge people from hospital can lead to too many people being admitted to residential care. Improved availability and impact of reablement can reduce demand on residential care
	Owner	
	Lorrayne Barrett	

Proposed targets

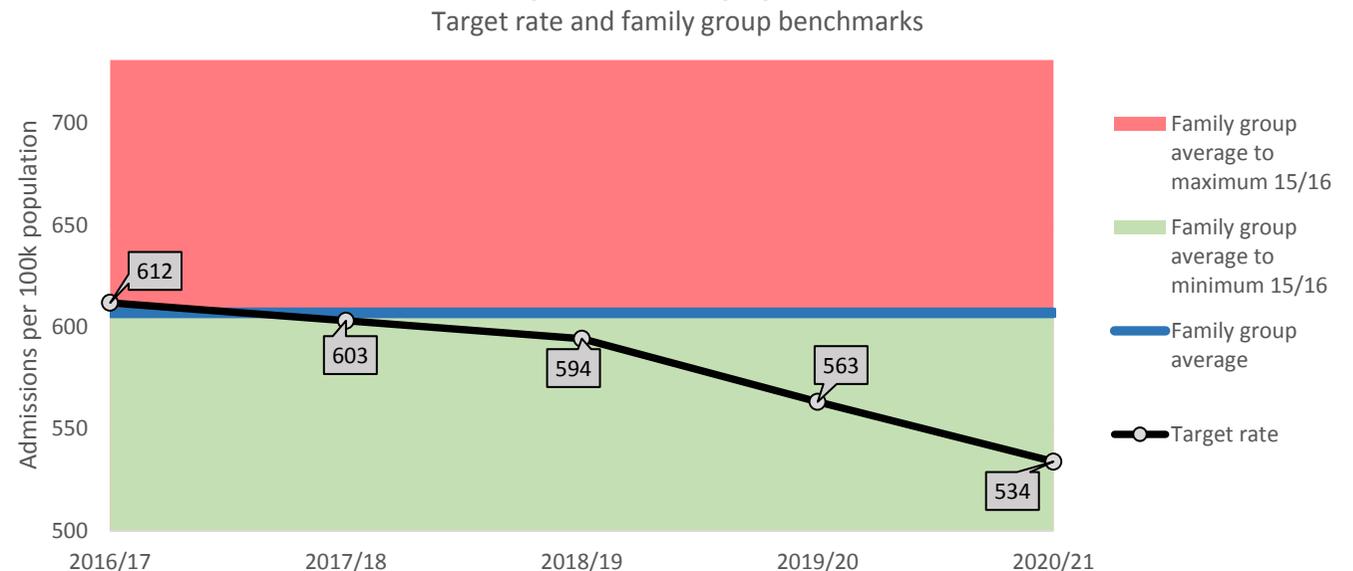
Year	Result
16/17	611.9

Current performance	
Jun-17	611.4

Year	Target
17/18	603.1
18/19	594.3
19/20	563.3
20/21	534.0

Permanent admissions to residential & nursing care for people aged 65+ per 100,000 population

Target rate and family group benchmarks



What does this mean?

- In 2016/17 there was around 1,320 permanent admissions to residential and nursing care for people aged 65+ (note: this figure does not include temporary placements)
- The targets, that also account for population growth, mean that around 1,220 people would be permanently placed in residential and nursing care in 2020/21

Rationale for target

- Target based on the volume of admissions profiled through the Adult Social Care 'Cost & Demand Model'
- The targeted reductions represent a significant improvement from being around the median to being one of the lowest 'placing' councils in Norfolk's family group

Alternatives

- More ambitious targets are possible – other councils make fewer placements. However it is likely that any further increase would require significant intervention and investment in the market around to make sure alternatives were available.
- It may be possible to increase the speed of change/reductions – although again this would require additional upstream interventions.