Adult Social Care Committee

Item No……

Report title:	**Performance management report**
Date of meeting:	**19 June 2017**
Responsible Director	**James Bullion, Executive Director of Adult Social Services**

Strategic impact

Robust performance 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.

The report reviews the whole of the last year's performance, detailing areas of sustained good performance, areas of improvement, areas of deteriorating performance, and areas where performance remains challenging. It highlights Norfolk's strong performance in providing service users with choice, and in supporting people to get back on their feet through reablement; and improved performance in admissions for residential care for working aged adults, in the quality of commissioned services, and in reducing the overall number of older people requiring formal care services.

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

a. Number of days delay in transfers of care per 100,000 population (attributable to social care) (off target)
b. % people receiving Learning Disabilities services in paid employment (off target)
c. % people receiving Mental Health services in paid employment (off target)
d. % people in residential and community based care, and permanent admissions to residential care (65+ years) (off target)
e. % people in residential and community based care, and permanent admissions to residential care (18-64 years) (off target)

Recommendations

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

a. **Discuss and agree the performance data**
b. **Agree the actions to address performance in the vital signs report cards**
c. **Agree to delegate to the Director the submission of data for statutory returns**
d. **Agree to receive a report in September showing targets for 2017/20**

1 Introduction

1.1 This performance monitoring report provides the most up to date performance data available, to the end of period 12 (March 2017). As such this represents an end-of-year report for the financial and reporting year 2016/17, with section 3 and 4 presenting performance in the Committee's Vital Signs key performance indicators, and section 5 presenting provisional results for our annual statutory Adult Social Care Outcome Framework (ASCOF) indicators that we submit to Central Government.

2 Summary of performance 2016/17

2.1 An overview of performance in both Vital Signs and ASCOF indicators presents mixed performance, with some areas of strong and sustained performance, some areas of improvement, some areas where performance has deteriorated, and a small number of difficult areas where we have not yet turned around more sustained performance issues.

2.2 **Sustained good performance**

Norfolk continues to perform well in the following areas:

a) **Giving people who use services choice**. The proportion of both service users and carers who use services who receive self-directed support, the rate of carers receiving Direct Payment, remains above target, and are likely to remain above key benchmarks. Only the indicator relating to Direct Payments for service users missed target, through remains above benchmarks

b) **Helping people get back on their feet following a crisis**. Performance in key reablement services and short term services is good – exceeding targets and key benchmarks, with the proportion of people aged 65+ at home 91 days after discharge into reablement services continuing to be over 90%

2.3 **Areas where we have improved**

The following areas have seen significant improvements over the year:

a) **The number of people aged 18-64 permanently admitted to residential or nursing care.** Historically Norfolk admitted far too many younger adults into permanent residential or nursing care, with admissions in 2013/14 at a rate of over three times our family group average. The last four years have seen sustained and significant improvements, moving from a rate of 52 admissions per 100,000 population aged 18-64 in 2012/13 to just 15.8 in 2016/17. Nevertheless, continued improvement is required. Whilst Norfolk's reduction in admissions is significant, the 2016/17 result is likely to mean it remains one of the highest 'placers' in its family group

b) **The quality of social care providers**. The Care Quality Commission assesses all registered care providers in the county, and the proportion of providers rated 'good' or above has increased significantly from 56.9% in March 2016 to 72.8% in December (the latest available data)

c) **The number of older people requiring formal social care services**. The number of older people requiring formal care services decreased from 3,524 per 100,000 population aged 65+ in March 2016 to 3,404 a year later – a reduction of nearly 3.5% - showing that improved reablement services, and more "strength-based" social care practice, is improving the independence of more older people

2.4 **Areas where performance has worsened**

The following areas have seen a deterioration in performance over the year:

a) **Delayed transfers from hospitals into Adult Social Care.** After a very good performance in the previous three years, Norfolk's Delayed Transfers of Care Attributable to Social Care increased from a rate of around 1.5 to 3.6 in 2016/17. Most of this increase is attributable to delays from the Norfolk & Norwich University Hospital, where significant pressures – particularly over the winter months – and some changes to recording practices have resulted in over double the rate of delays. These increases are mirrored nationally and reflect overall pressures on the health and social care system. Overall Norfolk's rate is likely to remain below the Family Group average

b) **The number of people aged 65+ permanently admitted to residential or nursing care.** After a number of years of consistent reductions, admissions increased slightly in 2016/17. The increase reflects the same pressures that are driving increased delayed transfers of care, along with reported issues with finding appropriate alternatives to residential care in some areas

2.5 **Areas where performance remains challenging**

The following areas have low performance that has not significantly improved over the year:

a) **The % of people receiving learning disabilities services in paid employment.** Performance has remained below target, and below significant benchmarks, throughout the year. This is mitigated to some extent by an increase in voluntary employment which, whilst not contributing to the ASCOF indicator, demonstrates improved outcomes for an increased number of people

b) **The % of people receiving mental health services in paid employment.** We have only gathered this indicator during the last year. Targets aim for consistent improvement, however performance has remained low and stable throughout the year

2.6 The remainder of the report looks at the detail behind these headlines, with section 3 and 4 presenting performance in the Committee's Vital Signs key performance indicators, and section 5 presenting provisional results for our annual statutory Adult Social Care Outcome Framework (ASCOF) indicators that we submit to Central Government.

3 Performance dashboard

3.1 The performance dashboard provides a quick overview of Red/Amber/Green rated performance across all vital signs over a rolling 12 month period. This complements our approach to exception reporting, and enables committee members to check that key performance issues are not being missed.

3.2 The dashboard is presented below.

3.3 Adult Social Services Dashboard

Monthly	Bigger or Smaller is better	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	Target
% of people who require no ongoing formal service after completing reablement	Bigger	86.3% 334 / 387	87.2% 387 / 444	91.8% 367 / 400	89.9% 357 / 397	89.1% 342 / 384	89.4% 371 / 415	91.6% 380 / 415	92.9% 352 / 379	91.0% 365 / 401	91.9% 340 / 370	84.2% 362 / 430	85.8% 387 / 451	88.6% 413 / 466	
Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (18-64 years)	Smaller	21.7	21.1	19.7	18.7	17.7	18.3	17.0	16.6	16.6	16.4	18.5	18.1	19.3	**16.5**
Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (65+ years)	Smaller	623	616	622	614	613	613	621	630	637	628	627	625	633	**573**
Decreasing the rate of people in residential and nursing care per 100,000 people	Smaller	565	567	568	562	558	558	555	558	563	562	554	557	557	
Increasing the proportion of people in community-based care	Bigger	66.8% 8203 / 12277	66.7% 8173 / 12259	66.7% 8204 / 12299	66.9% 8190 / 12243	67.1% 8208 / 12233	67.1% 8200 / 12223	67.2% 8197 / 12196	67.1% 8198 / 12222	66.7% 8128 / 12190	66.4% 8028 / 12082	66.7% 8011 / 12005	66.6% 8020 / 12036	66.6% 8015 / 12034	
Decreasing the rate of Council service users per 100,000 population (18-64 years)	Smaller	936	935	937	940	939	937	938	941	937	935	934	931	938	
Decreasing the rate of Council service users per 100,000 population (65+ years)	Smaller	3,523	3,516	3,531	3,497	3,496	3,494	3,479	3,486	3,479	3,433	3,399	3,422	3,404	

Monthly	Bigger or Smaller is better	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	Target
% of people still at home 91 days after completing reablement	Bigger	90.7%	92.2%	91.9%	93.3%	94.3%	93.2%	94.5%	94.1%	93.0%	93.1%	93.1%	93.5%	94.2%	**90.0%**
		675 / 744	650 / 705	682 / 742	699 / 749	779 / 826	744 / 798	750 / 794	732 / 778	771 / 829	828 / 889	825 / 886	839 / 897	861 / 914	
Number of days delay in transfers of care per 100,000 population (attributable to social care)	Smaller	1.5	2.9	2.6	2.4	2.6	3.0	3.1	3.1	3.1	3.2	3.4	3.5	3.56	**1.5**
% People receiving Learning Disabilities services in paid employment	Bigger	3.7%	3.3%	3.3%	3.2%	3.2%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	**4.0%**
		77 / 2095	71 / 2127	69 / 2120	69 / 2128	69 / 2126	70 / 2133	71 / 2127	71 / 2136	70 / 2138	70 / 2135	69 / 2122	69 / 2113	69 / 2122	
% People receiving Mental Health services in paid employment	Bigger	2.1%	1.9%	2.1%	2.3%	2.3%	2.3%	2.3%	2.3%	2.3%	2.3%	2.1%	2.0%	2.0%	**3.7%**
		16 / 768	15 / 770	16 / 773	18 / 778	18 / 776	18 / 772	18 / 783	18 / 790	18 / 787	18 / 782	17 / 798	16 / 806	17 / 832	
% Enquiries resolved at point of contact / clinic with information, advice	Bigger	42.3%	34.0%	36.2%	35.5%	37.4%	33.3%	37.2%	37.1%	37.3%	36.5%	37.9%	38.2%	40.0%	
		2097 / 4955	1575 / 4636	1579 / 4367	1621 / 4562	1720 / 4602	1532 / 4599	1716 / 4613	1606 / 4326	1668 / 4476	1400 / 3831	1779 / 4698	1485 / 3888	1931 / 4825	
Rate of carers supported within a community setting per 100,000 population	Bigger	647	604	602	607	598	598	589	586	591	588	583	576	581	
% of CQC ratings of all registered commissioned care rated good or above	Bigger	56.9%	60.6%	61.2%	62.9%	65.2%	68.2%	69.5%	69.7%	72.8%	72.8%				
		99 / 174	123 / 203	131 / 214	154 / 245	174 / 267	210 / 308	228 / 328	264 / 379	286 / 393	302 / 415	/	/	/	

Monthly	Bigger or Smaller is better	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	Target
% Social care assessments resulting in solely information and guidance	Bigger	11.1% 113 / 1019	13.0% 127 / 975	9.0% 79 / 877	14.2% 107 / 752	9.7% 70 / 719	14.2% 97 / 681	9.2% 65 / 709	13.5% 88 / 653	11.5% 82 / 715	11.3% 62 / 551	8.1% 53 / 655	/	/	

Notes: results without alerts/colouring denote where targets have not yet been set. Missing data is due to time lags in data being available to report on – the dashboard contains the most up to date information available at the time of writing.

*Because targets are ‘profiled’ over the year, and so change every month to reflect the change that is required over time, it is possible for the performance alert to change without the result changing

4 Report cards

4.1 A report card has been produced for each vital sign. These provide a succinct overview of performance and outlines what actions are being taken to maintain or improve performance. The report card follows a standard format that is common to all committees.

4.2 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.

4.3 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

4.4 The report cards for vital signs that do not meet the exception criteria on this occasion, and so are not included in this report, are 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.

4.5 These are 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.

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

a. Number of days delay in transfers of care per 100,000 population (attributable to social care) (off target)
b. % people receiving Learning Disabilities services in paid employment (off target)
c. % people receiving Mental Health services in paid employment (off target)
d. % people in residential and community based care, and permanent admissions to residential care (65+ years) (off target)
e. % people in residential and community based care, and permanent admissions to residential care (18-64 years) (off target)

4.7 **Key actions being undertaken to address performance issues**

Actions to address performance issues include:

Delayed transfers of care:

a) Undertake priority actions in partnership with health services to ensure timely discharges from hospitals into appropriate care settings through integrated discharge arrangements
b) Review and re-enforce reablement first following acute care pathways and no permanent placements from hospital.
c) Closer working between performance leads at acute hospitals and NCC

Learning disabilities/employment:

a) Review of day service providers to ensure that providers who say they provide support for people to find work do so. Following review, ensure effective contractual arrangements support targets with providers offering employment / work related / volunteering
b) Progression of OWL (Opportunity, Work, Learning) project

c) Work with the NCC employment support service for people with Learning Disabilities, called Match, to identify the barriers to employment
d) NCH&C to consider how they can offer work experience / shadowing / apprenticeships / employment to people with a learning disability, building on successful approaches used elsewhere in the NHS and the Trust will seek to work with local voluntary organisations. NHS Employers have agreed to provide some support to the Trust to run this project

Mental health/employment:

a) Personal budgets are being scrutinised at assessment / review to ensure that if someone wants to work their personal budget reflects this and that support is commissioned to support this outcome
b) Closer links are being forged with the local NHS mental health trust to promote recovery through employment. A course is under development which will impact on the statutory return of service users subject to CPA and gaining employment
c) Monthly checks by team managers to ensure that each service user has an employment status recorded on their record. This includes volunteering, training and work related activity

Permanent admissions to residential care (18-64)

a) Find people aged 18-64 alternative long term accommodation arrangements where appropriate through the review process
b) Focus commissioning activity around accommodation on improved multi-tenant options for people aged 18-64 and accommodation-based enablement
c) Engage partners in providing appropriate care to keep people in their own home

Permanent admissions to residential care (65+)

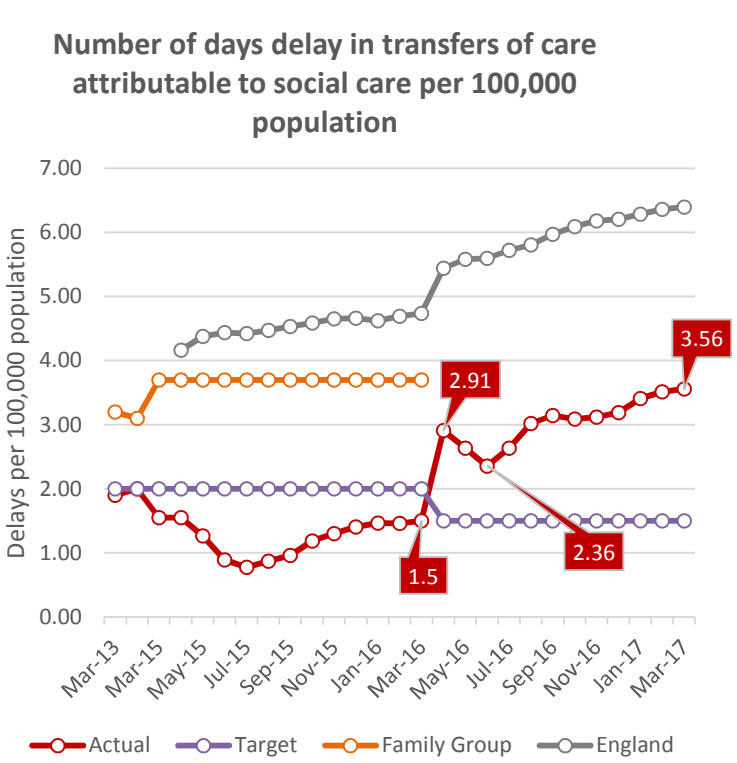
a) Focus commissioning activity around accommodation on reablement, sustainable domiciliary care provision, crisis management and accommodation options for those aged 65+ to assist people to continue live independently
b) Monitor admission levels to identify if the recent increase becomes a trend
c) Review use of planning beds and implement actions to reduce conversion to long term placement
d) Re-enforce reablement/therapy first to prevent unnecessary admission to long term residential care

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

Why is this important?

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

Performance



What explains current performance?

- In April 2016 the number of days delay per 100,000 of population nearly doubled when compared to the previous month, dropping off slightly in the subsequent months and then persistently rising to a record high in March 2017 (3.56).
- The increase appears to have been driven by a sharp jump in delays attributable to social care from the Norfolk & Norwich University Hospital – from a baseline of zero prior to April, to over 200 in 4 of the 5 subsequent months. There was a decrease between August and December (299 to 125) which has since risen to 225 (Feb17). Over the same period social care delays from NCH&C have risen from 268 (Aug16) to 344 (Feb17) and count for approximately 50% of Norfolk's social care delays since April 16.
- Since April 16 the NNUHFT has conducted changes to its internal pathways to reduce pressure on their A&E department and to recover the '4 hour target'. These changes have increased the pace of discharge resulting in an increase in referrals to social services.
- The NNUHFT regularly, but unpredictably, escalates to OPEL Status in response to pressure within the hospital. This results in a spike of referrals to the social services discharge team and can take a short while to reduce.
- The NNUHFT has set up a discharge hub and team to support their discharge process. A daily process to validate delays is now in place and the teams will co-locate within a month.
- The NNUHFT has conducted a quality improvement programme known as Red2Green which aims to improve patient flow through the hospital. As a result, the hospital is identifying patients suitable for discharge at a higher rate than before. This is now being implemented in community units, with Phase 3 of the Integration Programme also including a work-stream looking at social care offer to the units.
- The focus on community units has created additional demand and pressure on social care, however the length of stay has significantly reduced. The increased focus on the continuing care process and Discharge to Assess pathway has also caused additional, but expected pressure.

What will success look like?

- Low, stable and below target, levels of delayed discharges from hospital care attributable to Adult Social Care, meaning people are able to access the care services they need in a timely manner once medically fit.

Action required

- Continue priority actions in partnership with health services to ensure timely discharges from hospitals into appropriate care settings through integrated discharge arrangements: whilst ensuring cost effective and appropriate solutions are found.
- Review and re-enforce re-enablement first following acute care pathways and no permanent placements from hospital.
- Performance leads at acute hospitals and NCC to work together to achieve "one version of the truth".

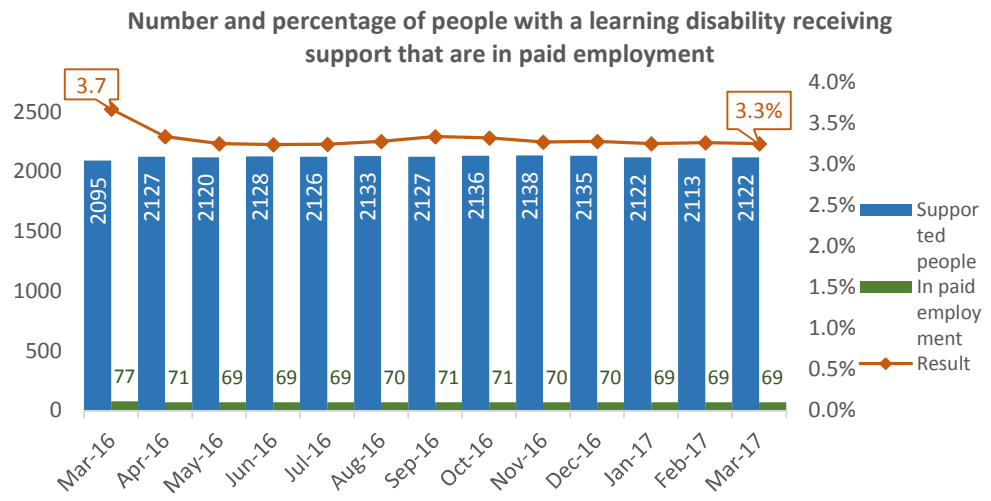
Lead: Lorrayne Barrett, Director of Integrated Care Data: Business Intelligence & Performance Team

4.8 % 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 has a low rate compared to other councils.

Performance



Month	In voluntary employment
Jul-16	56
Aug-16	63
Sep-16	72
Oct-16	76
Nov-16	81
Dec-16	82
Jan-17	89
Feb-17	91
Mar-17	95

What is the background to current performance?

- Historically Norfolk's performance kept pace with the family group average, even during the recession, but poor performance means Norfolk is now significantly below the family group average percentage of 5.1% (Feb 17).
- We know that there is a "ceiling" of people who could possibly be in employment of around 9% since about 91% of people receiving LD services are classed as "not seeking work/retired"
- Current data shows 160 service users recorded as seeking work. Further analysis shows that some service users are being supported to seek employment, and others are volunteering. Some individuals would like to be in employment but will need a higher level of support to achieve this.
- Some service users are not looking for employment and records therefore need to be updated.

What will success look like?

- Meet targets to exceed the previous highest rate (2013/14), with 'steeper' improvement in 17/18 and 18/19 to reflect the timing of the planned review of day services.
- Targets of 5% by end of 16/17, 5.3% by 17/18 and 7.5% by 18/19.

Action required

- Providers contacted to ensure those seeking work are supported to meet this objective-work underway and is near completion.
- Review of day service providers underway to ensure that providers who say they provide support for people to find work do so. This will take 3-6 months. Following this review we will ensure effective contractual arrangements support targets with providers offering employment / work related / volunteering.
- OWLs (Opportunity, Work and Learning) project now has the full support of CLT and is progressing.
- The NCC employment support service for Learning Disabilities (Match) is working to identify the barriers to finding employment.
- NCH&C looking at how they can offer work experience / shadowing / apprenticeships / employment to people with a learning disability, building on successful approaches used elsewhere in the NHS and the Trust will seek to work with local voluntary organisations. NHS Employers have agreed to provide some support to the Trust to run this project.
- Build on success of approaching employers directly rather than applying on the open market. Build a community approach-hold local events to encourage employers to pledge work experience/voluntary work.
- Continued emphasis on using strengths based practice at reviews and during transition to emphasise the importance of accessing employment/work based activities. Share good practice in teams.
- Further work needed to ensure literacy and maths requirements are not a barrier to accessing apprenticeships.

Responsible Officers

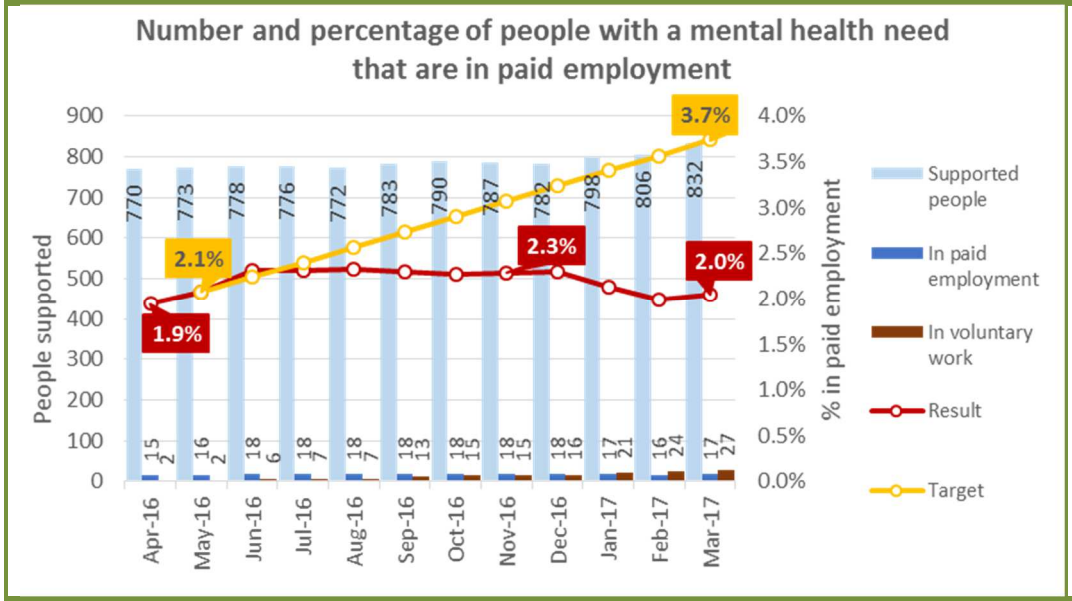
Lead: Lorrayne Barrett, Director of Integrated Care Data: Business Intelligence & Performance Team

4.9 Number and % of people receiving mental health services in paid employment

Why is this important?

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

Performance



What is the background to current performance?

- The number of people receiving mental health services who are in paid employment has remained broadly similar, from a low of 15 people in Apr 2016 to 17 people in Mar 2017.
- To meet the ambitious increasing target, 32 of the 835 people supported needed to be in paid employment by the end of March 2017.
- Service users seeking work may no longer meet Care Act eligibility. They are not captured in service performance figures if they progress onto work but are no longer eligible for a funded service.
- The number of people in voluntary work or training and work related activities has been recorded since April 2016. The numbers have risen each month from 2 people at the start to 27 people now engaged in these activities. Volunteering, training and work related activities can be a precursor to opportunities in paid work.

What will success look like?

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

Action required

- Team managers carry out monthly checks to ensure that each service user has an employment status recorded on their record. This includes volunteering, training and work related activity.
- Personal budgets are being scrutinised at assessment / review to ensure that if someone wants to work their personal budget reflects this and that support is commissioned to support this outcome.
- Links are being made across organisations, such as with the Worklessness Development Officer who identifies employment and training opportunities within community resources and networks.
- Information arising from reviews of personal budgets will be used to commission new schemes to help people into work or training.
- A recent small sample of case closures identified that 1 person out of 10 had gained employment and no longer wished to receive care and support.
- Closer links are being forged with the local NHS mental health trust to promote recovery through employment. A course is under development which will impact on the statutory return of service users subject to CPA and gaining employment.

Responsible Officers

Lead: Alison Simpkin

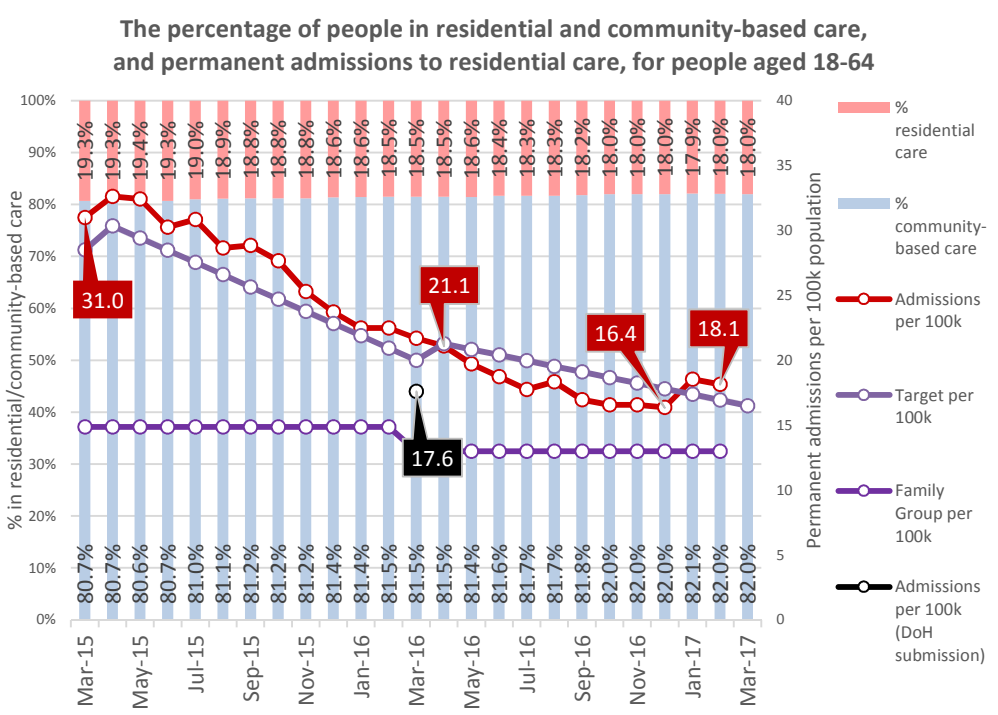
Data: Business Intelligence & Performance Team

4.10 % people in residential and community based care, and permanent admissions to residential care (18-64 years)

Why is this important?

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

Performance



What is the background to current performance?

- The percentage of people receiving community based care has increased from 80.7% in March 2015 to 82.0% in March 2017 where it has remained static since December 2016.
- Historic admissions to residential care for people aged 18-64 were very high in Norfolk at nearly three times the family group average.
- Improvements have seen year-on-year reductions accelerate with admissions going from 31.0/100k in Mar 2015 to 16.4/100k in Dec 2016. The reduction from Apr 2016 onwards brought admissions per 100k below the target rate however the increase in Jan 2017 took admission rates (18.5/100k) above target for the first time in 9 months.
- Reductions have been achieved through a combination of focussing social work practice on residential reviews, and approving temporary only admissions to residential care for a maximum of 6 months – agreed 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.
- There has been a greater focus on filling supported living voids as an alternative to residential care.
- Learning Disabilities admissions account for almost half of admissions. Rates in Mental Health have been reducing steadily over a 2 year period and now account for less than 25% of admissions.

What will success look like?

- Admissions for levels at or below the family group benchmarking average (around 13 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
- A focus on specialisms where rates continue to be high
- 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 and accommodation-based enablement
- Engage partners in providing appropriate care to keep people in their own homes

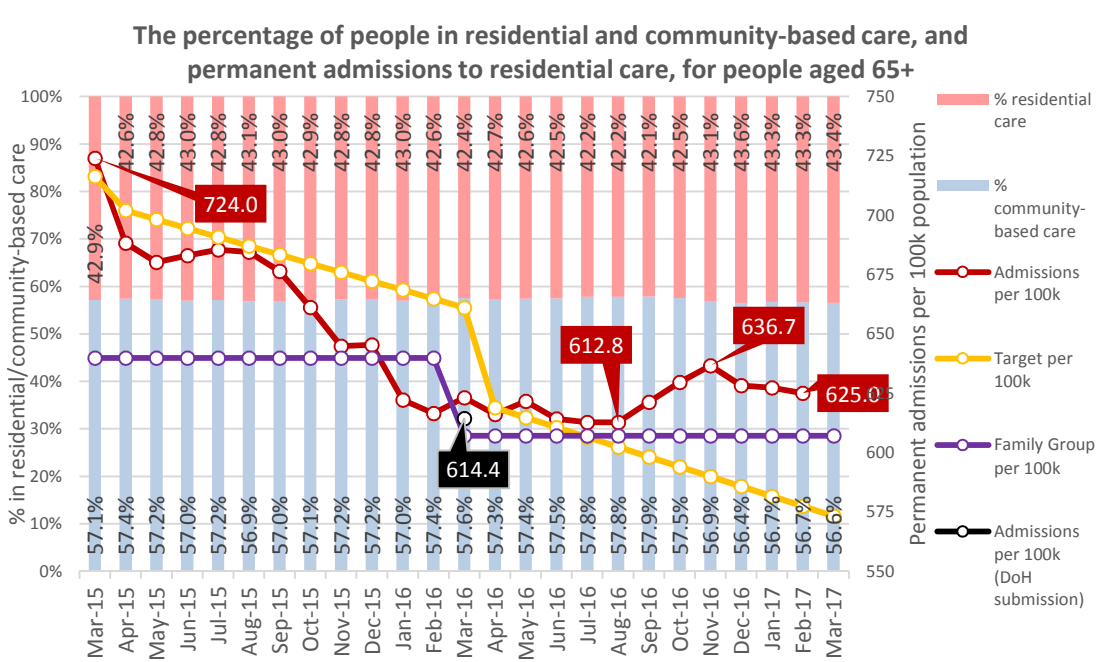
Responsible Officers	Lead: Lorrayne Barrett, Director of Integrated Care, and Lorna Bright, Assistant Director Social Work	Data: Business Intelligence & Performance

4.11 % people in residential and community based care, and permanent admissions to residential care (65+ years)

Why is this important?

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

Performance



What is the background to current performance?

- Historically admissions to residential care have been higher than Norfolk's family group average, however we are expecting to be more in line based on improved year-on-year reductions.
- Significant improvements in the last two years has seen the rate of admissions per 100k reduce from 724 in March 2015 to a low of 613 (August 2016). The subsequent increase took admissions per 100k to the highest point (636.7) since December 2015 before reducing slightly from December 2016 onwards. Admissions continue to diverge from the downwards moving target.
- Increases in admissions per 100k are driven by pressures on acute hospitals, particularly regarding delayed transfers of care.
- This has had an impact on overall placements, with the residential care population increasing from 42.1% in September 2016 to 43.4% now (March 2017).
- Reductions had been driven by improvements to:
    - Reablement services
    - Improvements to the hospital discharge pathway
    - Improved 'strength based' social care assessments
- Reductions in placements don't keep pace with admissions because the average length of stay of someone aged 65+ is around 2.3 years.

What will success look like?

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

Action required

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

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

5 Norfolk's statutory performance returns 2016-17

5.1 Every year the council submits a series of significant data 'returns' to the Department of Health – this is information we return to central government about the services we provide as a Local Authority. Returns include data about the volumes of people in short and long term services, 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 Short and Long Term Support (SALT) return and two returns reporting on our statutory surveys of service users and carers. The data submitted is currently classified as 'provisional' as it has not been checked and validated by the Department of Health.

5.2 The Short and Long Term Support (SALT) return is designed to provide outcome and pathway information for service users, showing not just numbers of events and services, but what happened after these events, service movements in year and the factors prompting these movements.

Unlike the returns from several years ago, the SALT returns does not contain specific event information (i.e. number of assessments, reviews and referrals).

5.3 Returns contribute to a range of publications and data releases throughout the year, and allow us, for example, to compile benchmarking reports. 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.

Provisional ASCOF Results 2016/17

Indicator Reference	Indicator Name	Good is	Numerator	Denominator	Current Target	Norfolk Provisional 2016/17 Result	Provisional Performance vs			
							Norfolk Result 2015/16	Family Group 2015/16	Eastern Region 2015/16	England 2015/16
SALT indicators										
1C(1A)	The proportion of people who use services who receive self-directed support	High	7,244	7,968	70	**90.9**	88.2	84.1	85.1	86.9
1C(1B)	The proportion of carers who receive self-directed support	High	1,315	1,531	70	**85.9**	88.1	60.4	89.2	77.7
1C(2A)	The proportion of people who use services who receive direct payments	High	2,427	7,968	35	**30.5**	33.0	30.4	29.2	28.1
1C(2B)	The proportion of carers who receive direct payments	High	1,305	1,531	35	**85.2**	87.7	55.0	83.1	67.4
1E	The proportion of adults with a learning disability in paid employment	High	74	2,178	4	**3.4**	3.7	5.1	7.1	5.8
1G	The proportion of adults with a learning disability who live in their own home or with their family	High	1,622	2,178	75	**74.5**	74.0	76.7	74.0	75.4
2A(1)	Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 pop'n	Low	80	507,180	16.5	**15.8**	17.5	13.0	15.8	13.3
2A(2)	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 pop'n	Low	1,321	213,765	573.3	**618.0**	616.4	607.0	570.3	628.2
2B(1)	The proportion of older people (aged 65 and over) still at home 91 days after discharge from hospital into reablement/rehab services	High	722	772	90	**93.5**	91.7	83.2	82.6	82.7
2D	The outcome of short-term services: sequel to service	High	2,552	3,028	82.5	**84.3**	73.9	76.7	81.5	75.8

Indicator Reference	Indicator Name	Good is	Numerator	Denominator	Current Target	Norfolk Provisional 2016/17 Result	Provisional Performance vs			
							Norfolk	Family	Eastern	England
Adult Social Care Survey (ASCS) Indicators										
1A	Social care related quality of life	High	249,678	12,951		**19.3**	19.2	19.2	19	19.1
1B	The proportion of people who use services who have control over their daily life	High	10,269	12,951		**79.0%**	78.2%	78.0%	77.4%	76.6%
1I1	The proportion of people who use services who reported that they had as much social contact as they would like	High	6,381	12,951		**49.0%**	47.5%	45.6%	44.8%	45.4%
3A	Overall satisfaction of people who use services with their care and support	High	8,387	12,951		**65.0%**	67.6%	65.3%	64.5%	64.4%
3D1	The proportion of people who use services who find it easy to find information about services	High	9,473	12,951		**73.0%**	71.2%	72.8%	72.7%	73.5%
4A	The proportion of people who use services who feel safe	High	9,101	12,951		**70.0%**	67.8%	70.1%	68.7%	69.2%
4B	The proportion of people who use services who say that those services have made them feel safe and secure	High	10,786	12,951		**83.0%**	81.0%	86.0%	82.4%	85.4%
Health indicators										
2C1	Delayed transfers of care from hospital per 100,000 population (all delays)	Low	996			**11.5**	10.8	12.2	15	N/A
2C2	Delayed transfers of care from hospital per 100,000 population (attributable to social care)	Low	299			**3.6**	1.5	4.7	6.4	N/A
Survey of Adult Carers in England (SACE) indicators							Norfolk Result 2014/15	Family Group 2014/15	Eastern Region 2014/15	England 2014/15
1D	Carer reported quality of life	High	3,921	522		**7.5**	7.5	7.8	7.9	7.9
1I2	Proportion of carers who reported that they had as much social contact as they would like	High	176	550		**32.0%**	32.2%	35.8%	41.3%	38.5%
3B	Overall satisfaction of carers with social services	High	172	463		**37.1%**	41.5%	41.4%	40.6%	41.2%
3C	Proportion of carers who report that they have been included or consulted in discussions about the person they cared for	High	277	388		**71.4%**	69.0%	N/A	72.7%	72.3%
3D2	The proportion of carers who find it easy to find information about services	High	231	369		**62.6%**	67.0%	64.0%	64.9%	65.5%

6	**Targets for 2017-20**
6.1	Targets are being developed in line with the developing Promoting Independence Strategy action plans, and to reflect the volumes of services and outcomes required by this and the department's emerging Cost and Demand Model. Targets will be proposed to Committee for discussion, amendment and sign-off, as part of the next performance management paper.
7	**Financial Implications**
7.1	There are no significant financial implications arising from the development of the performance management framework or the performance monitoring report.
8	**Issues, risks and innovation**
8.1	There are no significant issues, risks and innovations arising from the development of the revised performance management system or the performance monitoring report.

Officer Contact

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

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

Appendix 1

Performance discussions and actions

Reflecting good performance management practice, there are some helpful prompts that can help scrutinise performance, and guide future actions. These are set out below.

Suggested prompts for performance improvement discussion

In reviewing the vital signs that have met the exception reporting criteria and so included in this report, there are a number of performance improvement questions that can be worked through to aid the performance discussion, as below:

1. Why are we not meeting our target?
2. What is the impact of not meeting our target?
3. What performance is predicted?
4. How can performance be improved?
5. When will performance be back on track?
6. What can we learn for the future?

In doing so, committee members are asked to consider the actions that have been identified by the vital sign lead officer.

Performance improvement – recommended actions

A standard list of suggested actions have been developed. This provides members with options for next steps where reported performance levels require follow-up and additional work.

All actions, whether from this list or not, will be followed up and reported back to the committee.

Suggested follow-up actions

	Action	Description
1	Approve actions	Approve actions identified in the report card and set a date for reporting back to the committee
2	Identify alternative/additional actions	Identify alternative/additional actions to those in the report card and set a date for reporting back to the committee
3	Refer to Departmental Management Team	DMT to work through the performance issues identified at the committee meeting and develop an action plan for improvement and report back to committee
4	Refer to committee task and finish group	Member-led task and finish group to work through the performance issues identified at the committee meeting and develop an action plan for improvement and report back to committee
5	Escalate to County Leadership Team	Identify key actions for performance improvement (that require a change in policy and/or additional funding) and escalate to CLT for action
6	Escalate to Policy and Resources Committee	Identify key actions for performance improvement (that require a change in policy and/or additional funding) and escalate to the Policy and Resources committee for action.