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Performance Report

Quarter 1

2023/24 financial year

Adults and Health Committee

Governance & Performance
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Key



Data Item	Explanation
Target / Pro Rata Target	The target that has been set for the indicator, relevant for the reporting period
Current Month / Current Period	The latest performance figure relevant to the reporting period
Previous Month / previous period	The previously reported performance figure
Direction for Improvement	Indicates whether 'good' performance is a higher or a lower figure
Change in Performance	Indicates whether performance is 'improving' or 'declining' by comparing the latest performance figure with that of the previous reporting period
Statistical Neighbours Mean	Provided as a point of comparison, based on the most recently available data from identified statistical neighbours.
England Mean	Provided as a point of comparison, based on the most recent nationally available data
RAG Rating	<ul style="list-style-type: none"> • Red – current performance is off target by more than 10% • Amber – current performance is off target by 10% or less • Green – current performance is on target by up to 5% over target • Blue – current performance exceeds target by more than 5% • Baseline – indicates performance is currently being tracked in order to inform the target setting process • Contextual – these measures track key activity being undertaken, to present a rounded view of information relevant to the service area, without a performance target. • In Development - measure has been agreed, but data collection and target setting are in development
Indicator Description	Provides an overview of how a measure is calculated. Where possible, this is based on a nationally agreed definition to assist benchmarking with statistically comparable authorities
Commentary	Provides a narrative to explain the changes in performance within the reporting period
Actions	Actions undertaken to address under-performance. Populated for 'red' indicators only
Useful Links	Provides links to relevant documentation, such as nationally available data and definitions

Indicator 105: Percentage of those able to express desired outcomes who fully or partially achieved their desired outcomes

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December 2023

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	96.3%	93.9%	Improving
Statistical Neighbour Mean	England Mean	RAG Rating		
97.1%	95.4%	In Development		

Indicator Description

The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

As part of the statutory reporting of safeguarding cases, those adults at risk may be asked what their desired outcomes of a safeguarding enquiry are. Where desired outcomes have been expressed, after completion of the safeguarding enquiry, the achievement of these outcomes is reported. This data is collected as part of the statutory Safeguarding Adults Collection.

This indicator links to indicator 236 and monitors how well we have been able to support the person to achieve the outcomes they wanted from the safeguarding enquiry.

Calculation:

$$(X/Y) \times 100$$

Where:

X = The number of concluded enquiries where outcomes were either achieved or partially achieved.

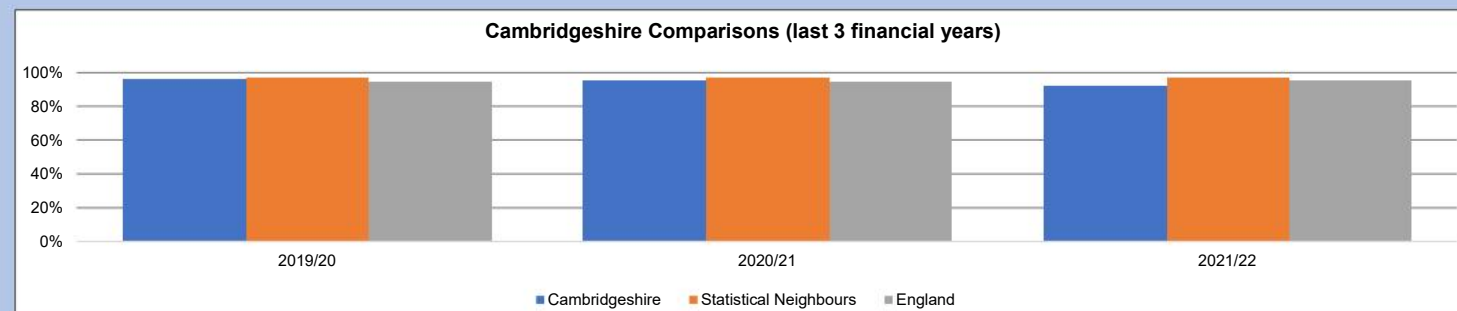
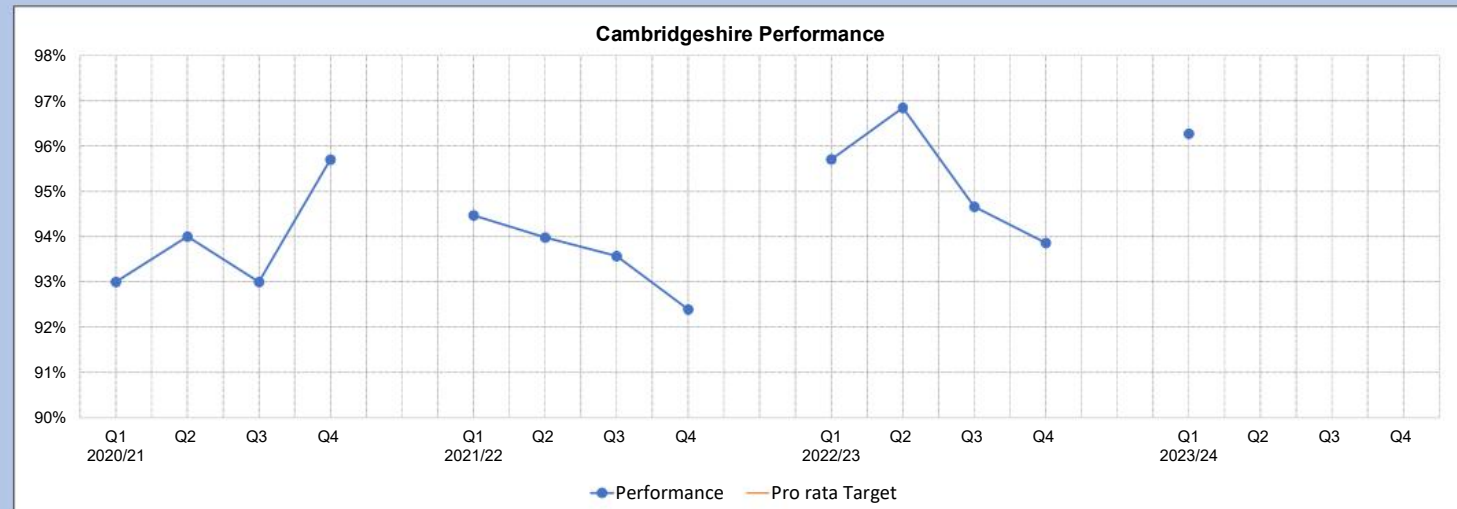
Y = The number of concluded enquiries where the adult(s) expressed desired outcomes.

Useful Links

[Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



Commentary

Performance for quarter 1 2023/24 was better than the previous 2 quarters and above the England average. Making Safeguarding Personal and ensuring we hear the voice of the person throughout is a key priority for the service. A lack of regular reporting has impacted our ability to track in the previous couple of years, however this is now available and hence will ensure a clearer focus.

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards

Indicator 126: Proportion of people using social care who receive direct payments

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December 2023

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	17.8%	19.3%	Declining
Statistical Neighbour Mean	England Mean	RAG rating		
27.6%	26.7%	In Development		

Indicator Description

Direct payments provide people with more choice and control over how they meet their care and support needs.

The scope of this indicator is limited to people who receive long term support only. These include people whose self directed support is most relevant. This will better reflect the council's progress in delivering personalised services for users and carers.

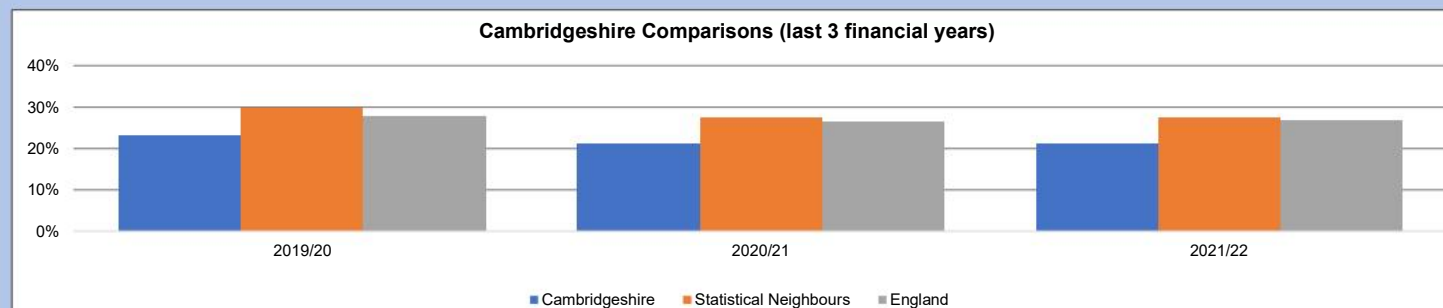
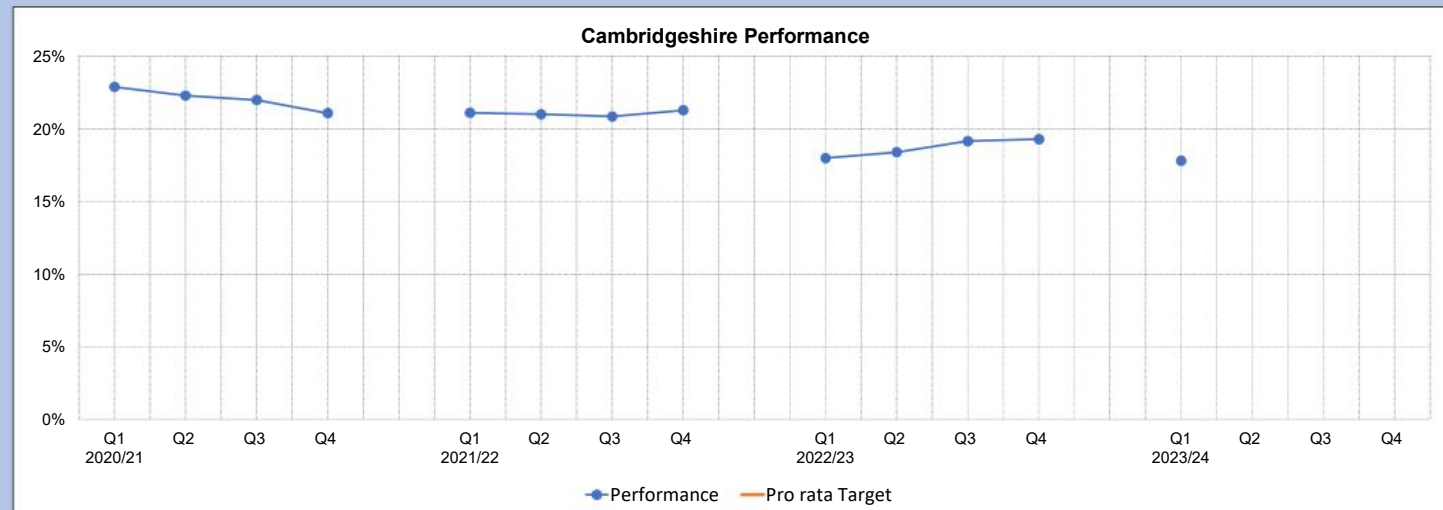
Both measures for self directed support and direct payments have also been split into two. They will focus on users and carers separately. This measure reflects the proportion of people who receive a direct payment either through a personal budget or other means.

Calculation:

$$(X/Y)*100$$

X = The number of users receiving direct payments and part direct payments at the end of the period.

Y = Clients aged 18 or over accessing long term support at the end of the period.



Commentary

The percentage of people receiving direct payments in Q1 2023/24 continues to be low, reflecting the challenge in making direct payments an attractive solution. This is a key area for improvement on our improvement plan with a programme of work including the follow actions:

Our work with Community Catalyst around micro enterprises seeks to build more opportunities for people to use direct payments to access care and support opportunities local to them.

The council has recently introduced Individual Service Funds, a personal budget managed by a provider of the persons choice rather than held by themselves. This alongside the work to develop place based micro-enterprises within the Care Together programme should help to build on the range of options available. Although numbers appears to have decreased this is in part due to one off payments only coming in the year they are made and it being early in the currently financial year.

Useful Links

[Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards. We now have a programme manager in place to oversee the work to increase direct payments and hopefully this will support progress to begin to deliver a noticeable impact.

Indicator 140: Proportion of people receiving reablement who did not require long term support after reablement was completed[Return to Index](#)**December 2023**

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	87.9%	85.3%	Improving
Statistical Neighbour Mean	England Mean	RAG Rating		
79.3%	77.6%	In Development		

Indicator Description

This indicator shows the proportion of new clients who received short term services during the year, where no further request was made for ongoing support. Reablement support has best results for those who can be prevented from requiring long term care and support. However, it can also benefit people in receipt of long-term care and support by supporting improvement and enhancing their level of independence. Setting a target too high on this indicator can be a perverse incentive to reduce the service for those with more complex needs. A target should be set that reflects a balance of use. This indicator can be viewed alongside the trends on new clients with long term service outcomes (indicator 231) to ensure that more complex cases are not being diverted straight into long term care.

Short term support is designed to maximise independence. Therefore, it will exclude carer contingency and emergency support. This stops the inclusion of short term support services which are not reablement services.

Calculation:

$(X/Y) \times 100$

Where:

X = Number of new clients where the sequel to "Short Term Support to maximise independence" was "Ongoing Low Level Support", "Short Term Support (Other)", "No Services Provided - Universal Services/Signposted to Other Services", or "No Services Provided - No identified needs".

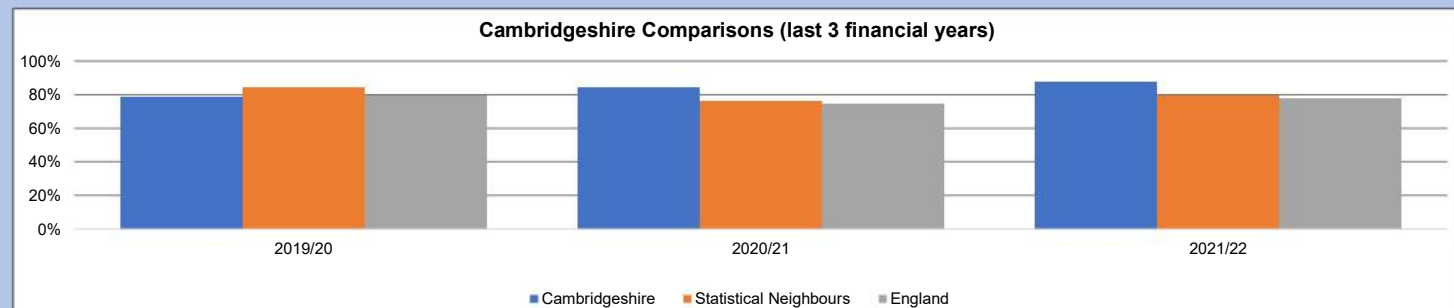
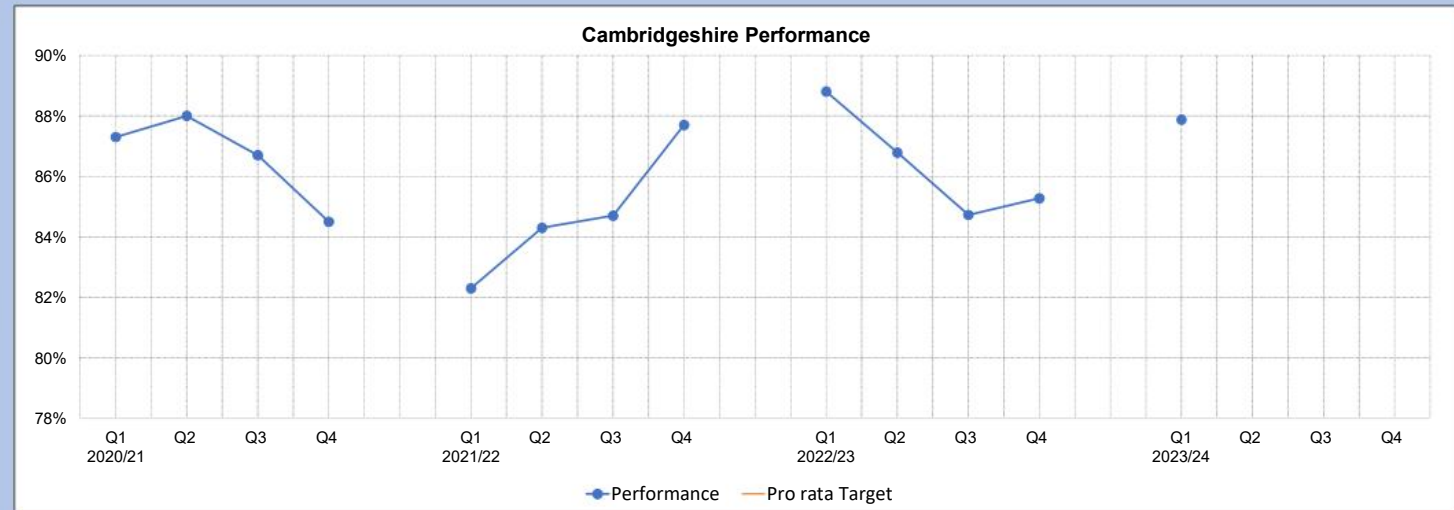
Y = Number of new clients who had short term support to maximise independence. Clients with a sequel of either early cessation due to a life event, or who have had needs identified but have either declined support or are self funding are not included in this total.

Useful Links

[Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)

**Commentary**

The proportion of people not requiring long-term support after a period of reablement remains high compared to the national and statistical neighbour average. The higher percentages in Quarter 1 represent a larger proportion of reablement referrals coming from the hospitals, which more frequently result in no long term care and support. The aim is to be able to take more referrals from the community where we can limit the rather than fully remove reliance on long term care and support.

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards

Indicator 229: Percentages of safeguarding enquiries where risk has been reduced or removed

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December 2023

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	91.7%	87.5%	Improving

Statistical Neighbour Mean	England Mean	RAG Rating
92.0%	91.2%	In Development

Indicator Description

This indicator tracks the effectiveness of safeguarding enquiries in reducing or removing risk. It should be viewed alongside indicators 236 and 105, which reflect the desired outcomes of the person at risk. This is to ensure that there is not a perverse incentive to go against the person's wishes and eliminate risk when that person has capacity to decide on a level of risk that is acceptable to them.

Calculation:

$$(X/Y)*100$$

Where:

X = The number of enquiries where the risk had been reduced or removed when the enquiry concluded

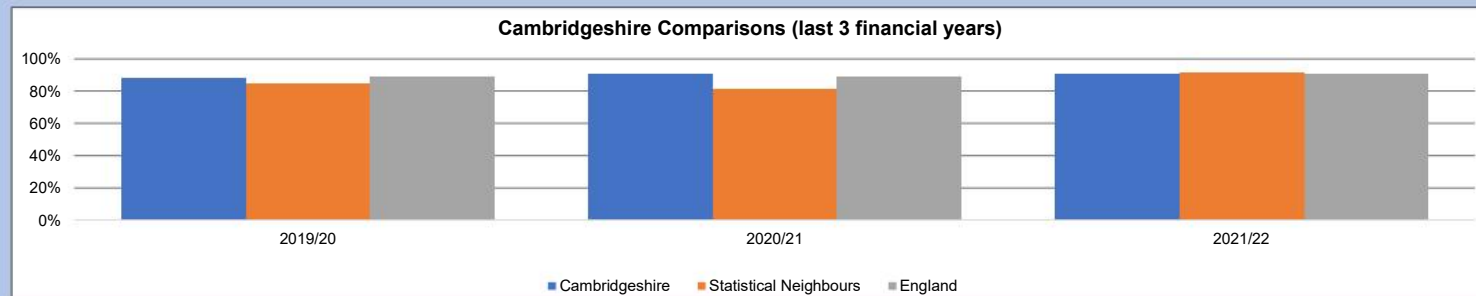
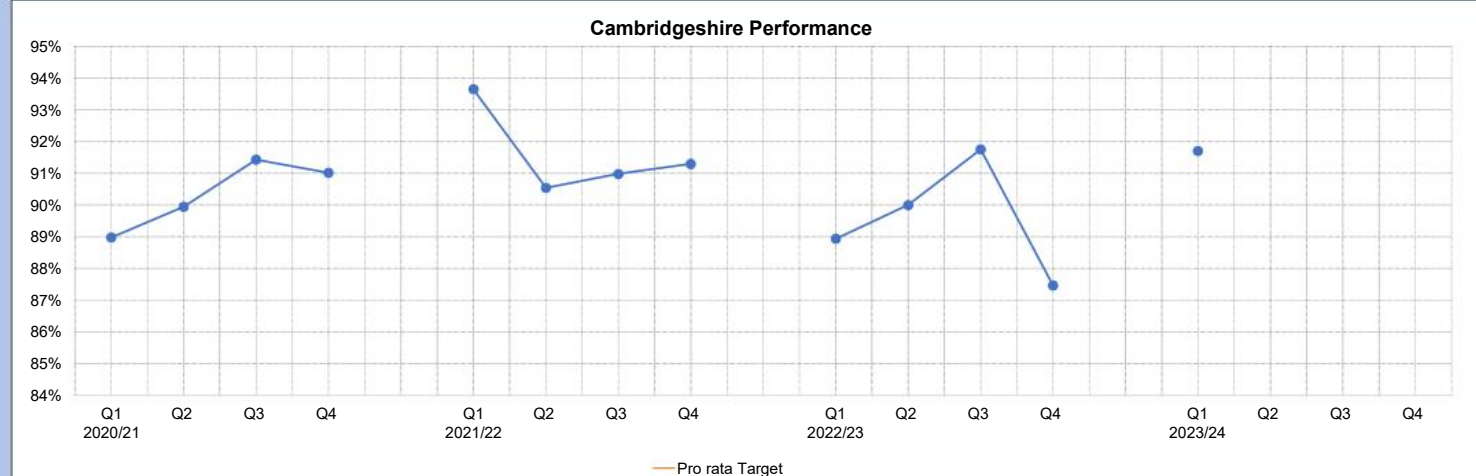
Y = The number of concluded enquiries where a risk was identified

Useful Links

[Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



Commentary

Performance has increased from 88.94% in Q1 2022/23 to 91.18% in Q1 2023/24. Within the last year, staff have been supported by new interactive dashboards to manage performance. In comparison to statistical neighbours we look slightly low but this is in part due to our MASH processes and the use of a information gathering step to investigate and resolve issues where appropriate to do so outside of a full Section 42 safeguarding enquiry this means that the issues going into a full enquiry are more likely to be complex.

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards

Indicator 230: Number of new client contacts for Adult Social Care per 100,000 of the population

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December 2023

Pro Rata Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	1060.9	4560.4	Declining
Statistical Neighbour Mean	England Mean	RAG Rating		
4477.9	4450.5	In Development		

Indicator Description

Effective community prevention and information services should minimise the number of people needing to contact adult social care directly. A marked growth in the number of contacts might show that universal community services are not meeting need. Conversely a marked reduction might suggest that we are not providing the right pathways into adult social care for those who do need it.

This measure only includes requests for support relating to new clients. In line with statutory reporting guidance, the definition of "new" is that the client is not in receipt of any long term support at the time the contact was made.

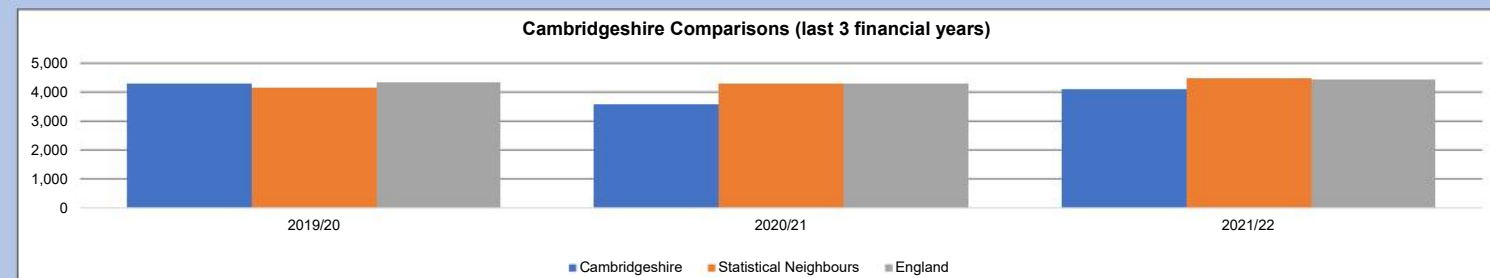
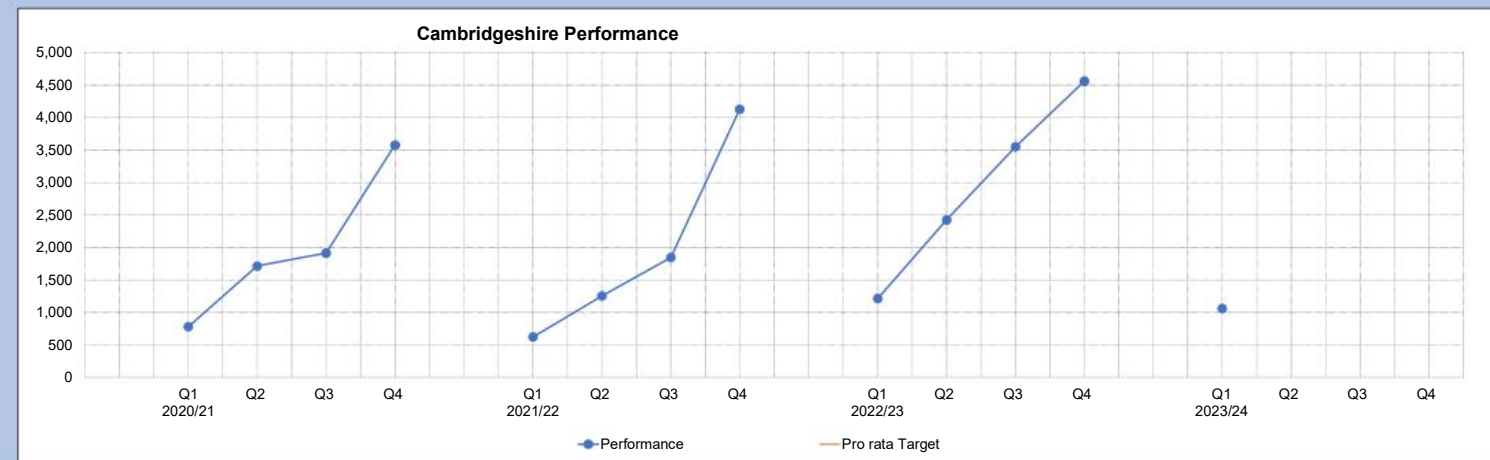
Calculation:

$$(X/Y) \times 100,000$$

Where:

X = Total number of new requests for support from people aged 18+ as defined by SALT guidance (tables STS001 1a and STS001 1b)

Y = 18+ population



Commentary

New client contacts per 100,000 of population increased across all 4 quarters in 2022/23 compared to 2021/22. The figures have decreased slightly in Q1 2023/24 compared to last year, but still remain above the equivalent quarters for 2020/21 and 2021/22.

Cambridgeshire recorded a higher number of new client contacts in 2022/23 compared to the previous two financial years. In part this is attributable to the new reporting processes implemented in the latter part of the 2021/22 financial year, as well as normal statistical variation. However, there has been a level of increase in new client contacts that is felt to be linked to need in the community (see indicator 231), reflected in the increased numbers of new client assessments for care and support being undertaken (2021/22 monthly average of completed assessments/reassessments: 330, 2022/23 monthly average = 392). Part of the increase in contact numbers may also be due to proactive work with primary care social prescribers to increase awareness of prevention and early intervention services such as lifeline alarms. During the 2022/23 financial year, Cambridgeshire implemented a system to receive electronic referrals from GP and social prescribing systems in order to improve the referral route and increase the quality of information received. - We can see this has continued to be the case in 2023/24.

Useful Links

[Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)

Actions

Indicator 231: % of new client contacts not resulting in long term care and support

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December 2023

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	87.6%	87.6%	Improving
Statistical Neighbour Mean	England Mean	RAG Rating		
91.7%	91.8%	In Development		

Indicator Description

This indicator is important to look at in line with indicator 230 as it shows whether change in contact numbers are from people needing long term care, or people whose needs could be met with preventative or low level community support. It helps us understand what might be driving a growth or reduction in contacts.

This measure only includes requests for support relating to new clients. In line with statutory reporting guidance, the definition of "new" is that the client is not in receipt of any long term support at the time the contact was made.

Calculation:

$$(X/Y)*100$$

Where:

X = Total number of new requests for support from people aged 18+ as defined by SALT guidance (tables STS001 1a and STS001 1b) that do not result in the need for long term care and support

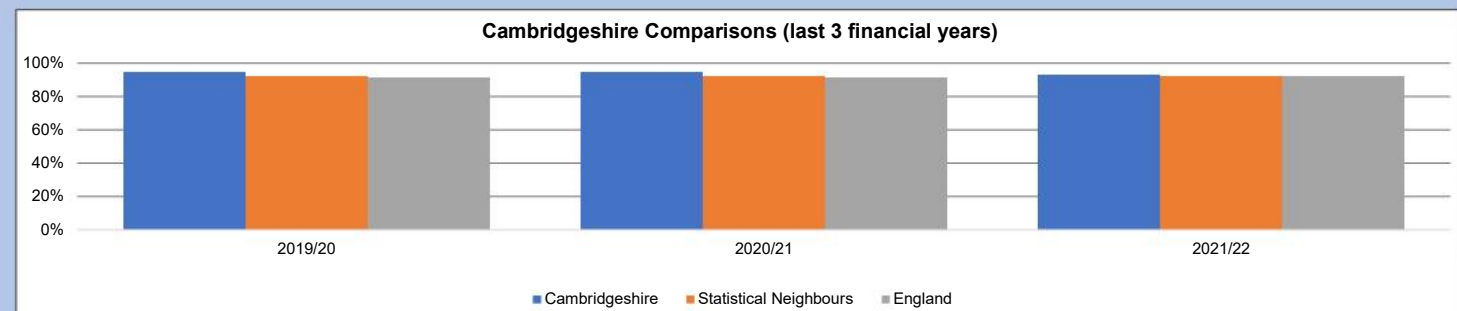
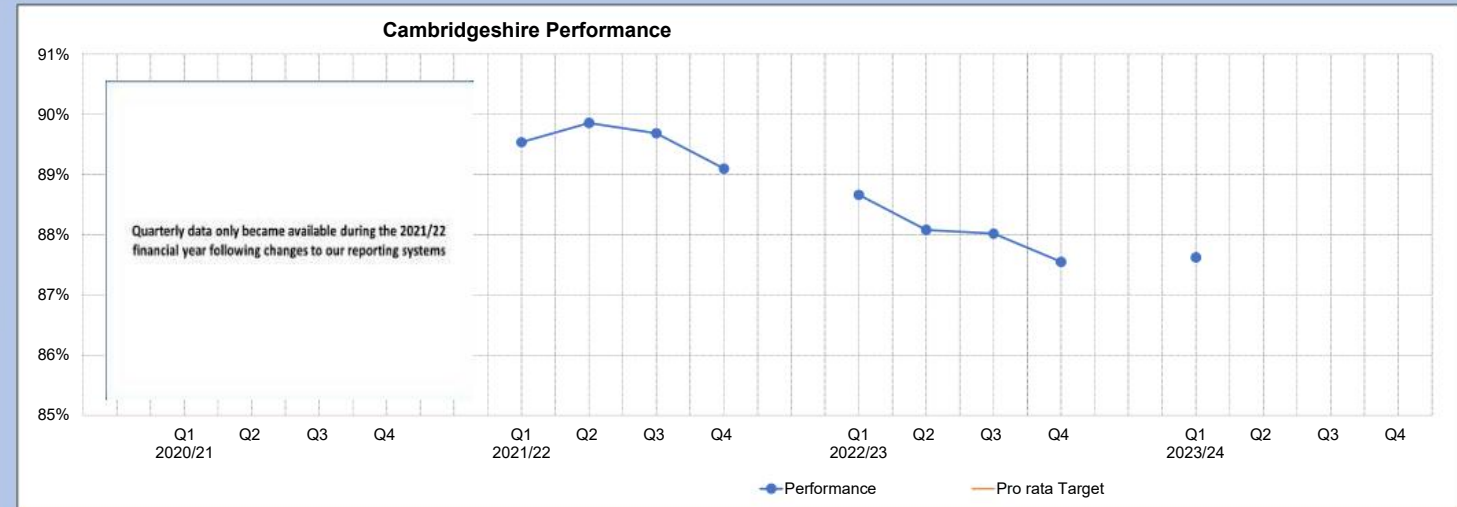
Y = Total number of new requests for support from people aged 18+ as defined by SALT guidance (tables STS001 1a and STS001 1b)

Useful Links

[Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



Commentary

The percentage of new client contacts not resulting in long-term care and support has shown a decreasing trend over the last year, although rising slightly in Quarter 1 demand from new clients remains high. When interpreted in line with indicator 230, the overall picture is that the need for Long Term services remains high compared to 2021/22, the increase is predominantly by growth in demand from people in the community as hospital discharges have been quite static.

Actions

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↓	19.3%	25.2%	Improving
Statistical Neighbour Mean	England Mean	RAG Rating		
41.3%	45.0%	In Development		

Indicator Description

It is a statutory duty to review long term care and support plans at least once a year. Regular reviews can help safeguard from risk, but also support personalisation by continuing to support people to connect to their communities and make the most of the local assets.

Calculation:

$$(X/Y)*100$$

Where:

X = Number of people receiving long-term support for over 12 months who had not received a review in the last 12 months

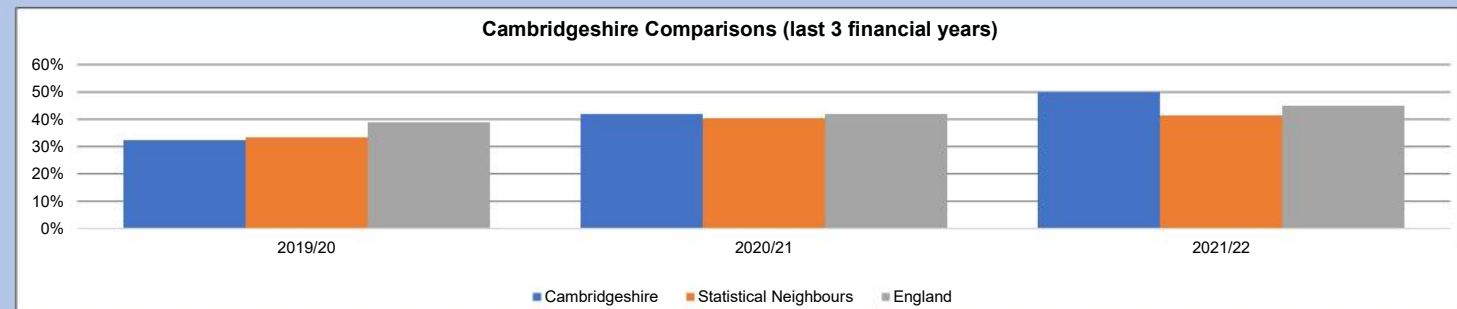
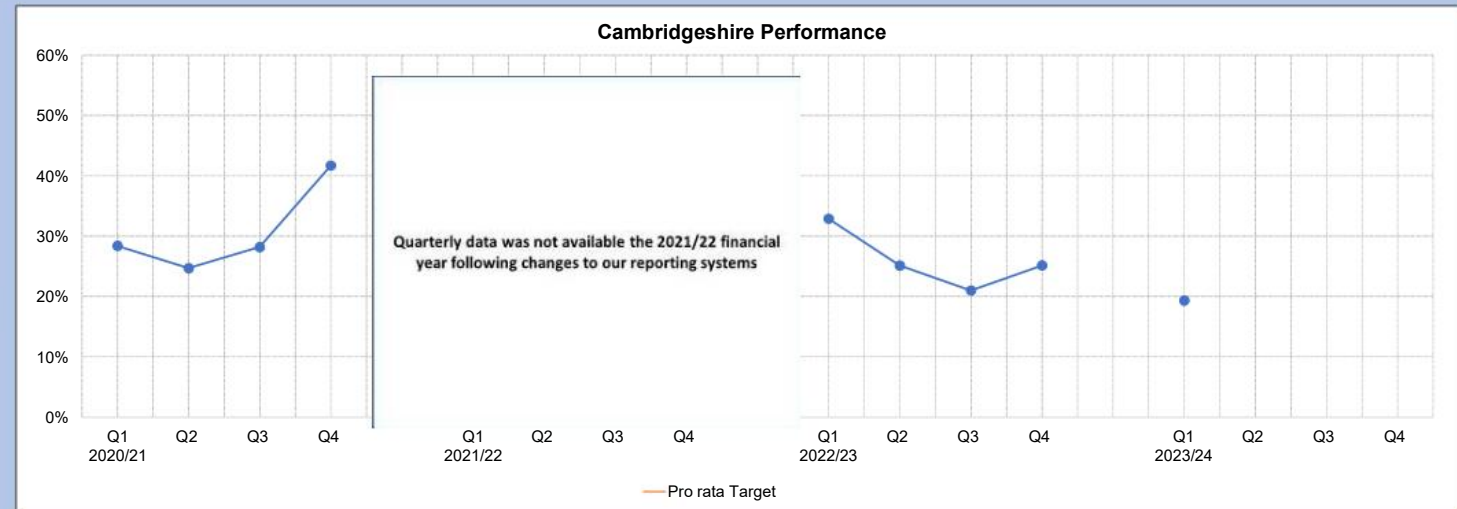
Y = Total number of people receiving long-term support for over 12 months at the end of the period

Useful Links

[Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



Commentary

The % of clients at the end of Q1 2023/24 with no review in the last 12 months is the lowest across the last 3 financial years.

During 2022/23, there was a significant level of activity undertaken to clear review backlogs that built up during the pandemic. An external agency was commissioned from March 2022 to work through the backlog of reviews for clients receiving long-term services. This additional capacity significantly increased the number of reviews being completed; in 2021-22 there was an average of 294 reviews completed per month, increasing to an average of 472 reviews for the completed financial year 2022-23. In Q1 2023/24, there were 457 reviews completed on average per month, partly due to the continued involvement of the ASC external team.

Actions

Indicator 233: Number of carers assessed or reviewed in the year per 100,000 of the population[Return to Index](#)**December 2023**

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	14.1	87.0	Declining
Statistical Neighbour Mean	England Mean	RAG Rating		
440.8	1398.3	In Development		

Indicator Description

Reviews are also an important time to make contact with carers to check that they remain able to offer their critical support. Assessments and reviews can be done jointly or separately from the cared for person. It is an opportunity to support carers to continue their caring role but also to plan for the future.

Calculation:

$$(X/Y) \times 100,000$$

Where:

X = Total number of carers with a carers assessment or review in the period

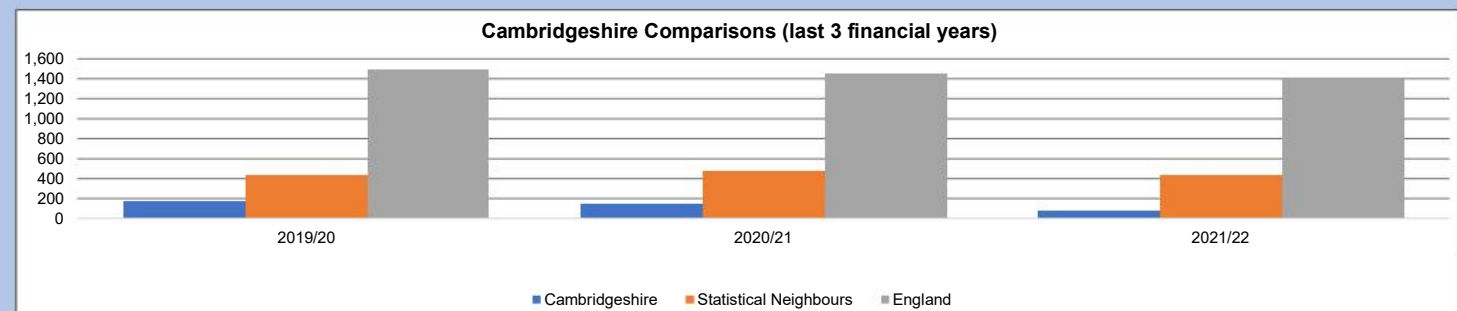
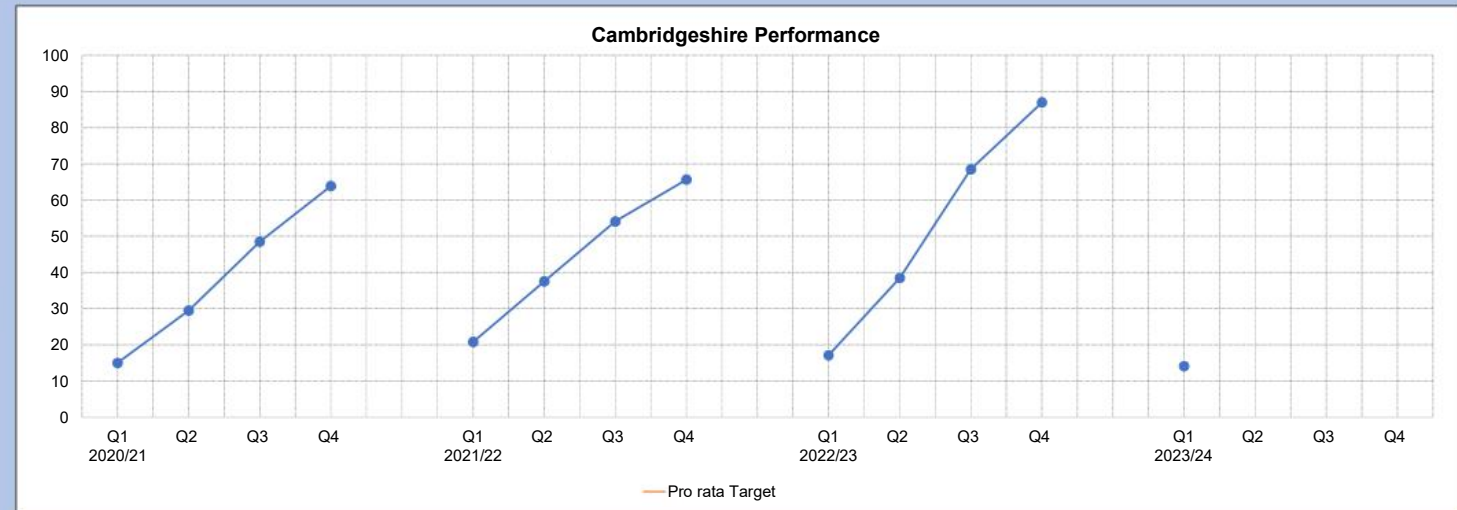
Y = 18+ population

Useful Links

[Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)

**Commentary**

A move away from carers assessments by default to a more constructive and timely conversation accounts for the lower volume of carers assessments. This should be seen alongside our carers conversation and carers triage activity. During Q1 2023/24 we have completed:

- 64 carers assessments

- 13 carers reviews

- 798 carers conversation steps (often completed when assessing the cared-for service user - see bullet point below)

The number of carers assessed or reviewed in the period is significantly below the national average, and the average of our statistical neighbours. This is due to how carer activity is recorded in Cambridgeshire and a reflection of our process. Activity by teams supporting carers can be recorded as carers conversations, which would not be counted in the above measure. As part of our revised carers strategy and related action plan we would expect to see an increase in carers assessments and reviews as we look to increase carers breaks options.

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards

Indicator 234: % total people accessing long term support in the community aged 18-64

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December 2023

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
In Development	↑	90.7%	90.7%	Declining
Statistical Neighbour Mean	England Mean	RAG Rating		
82.4%	84.7%	In Development		

Indicator Description

We want people to be supported in a community setting whenever that is best for them. Community settings include sheltered housing and extra care housing. Residential and nursing homes are the right choice for those with the most complex needs but good performance on this indicator should reflect partnership working with housing to provide alternatives for housing with support. Using an indicator that splits ages helps monitor equity between client groups.

Calculation:

$$(X/Y) \times 100$$

Where:

X = Total number of people accessing long-term support in the community aged 18-64

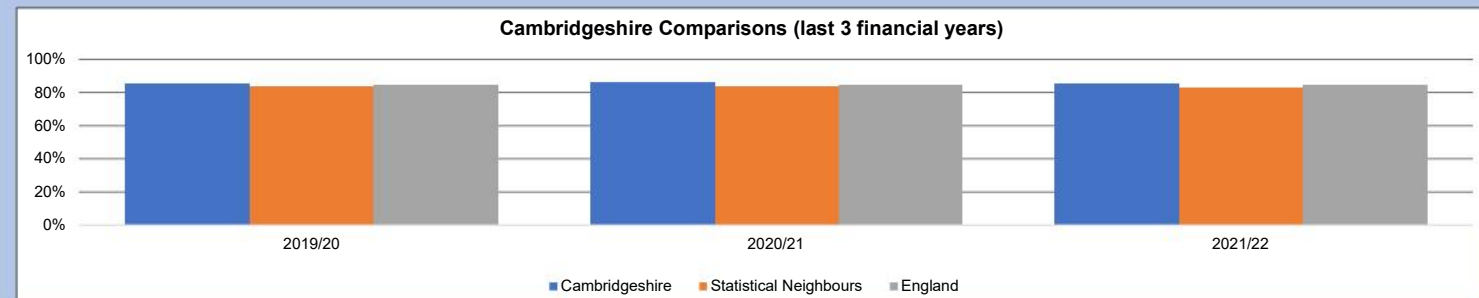
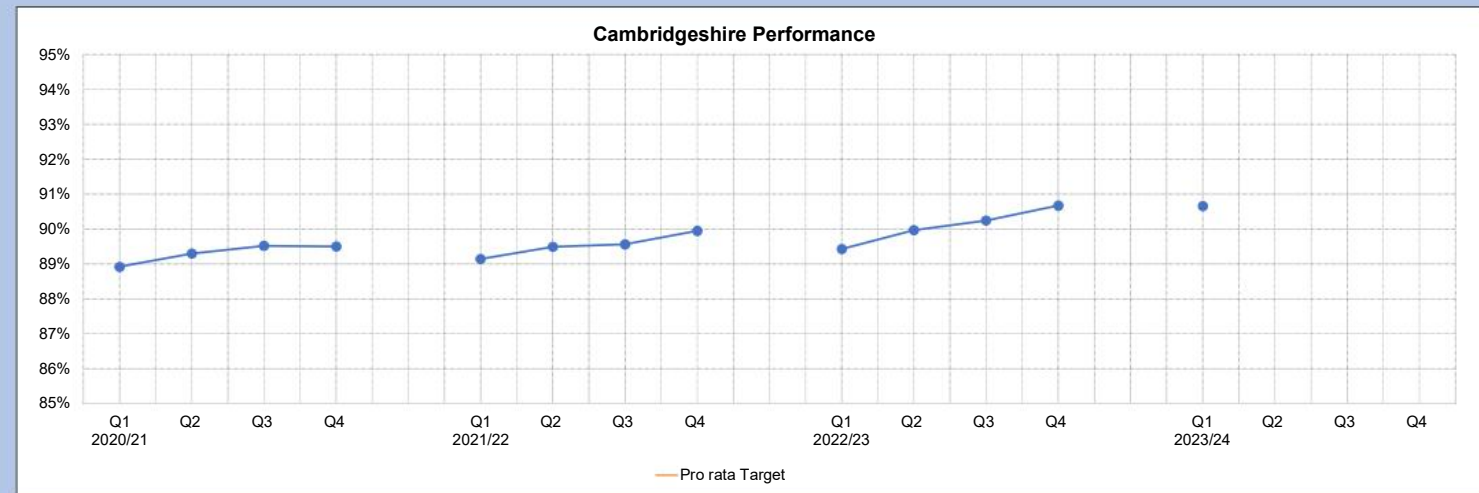
Y = Total number of people accessing long-term support aged 18-64

Useful Links

[Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



Commentary

Please note, Q4 data for Cambridgeshire is only provisional and will be updated to reflect statutory returns once published. Annual comparisons with statistical neighbours and England will also be available further to the national publication of statutory data for 2022/23.

The percentage of clients accessing long term support in the community aged 18-64 has remained relatively static over the last 12 months, but increased slightly from 89.4% in Q1 2022/23. The overall number of community based clients has also increased, from 2157 in Q1 2022/23 to 2271 in Q1 2023/24. Increasing need for long term services in general and community clients specifically has been experienced throughout the last year for 18-64 clients.

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards

Indicator 235: % total people accessing long term support in the community aged 65 and over

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December 2023

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	60.7%	64.5%	Declining
Statistical Neighbour Mean	England Mean	RAG rating		
59.3%	62.4%	In Development		

Indicator Description

We want people to be supported in a community setting whenever that is best for them. Community settings include sheltered housing and extra care housing. Residential and nursing homes are the right choice for those with the most complex needs but good performance on this indicator should reflect partnership working with housing to provide alternatives for housing with support. Using an indicator that splits ages helps monitor equity between client groups.

Calculation:

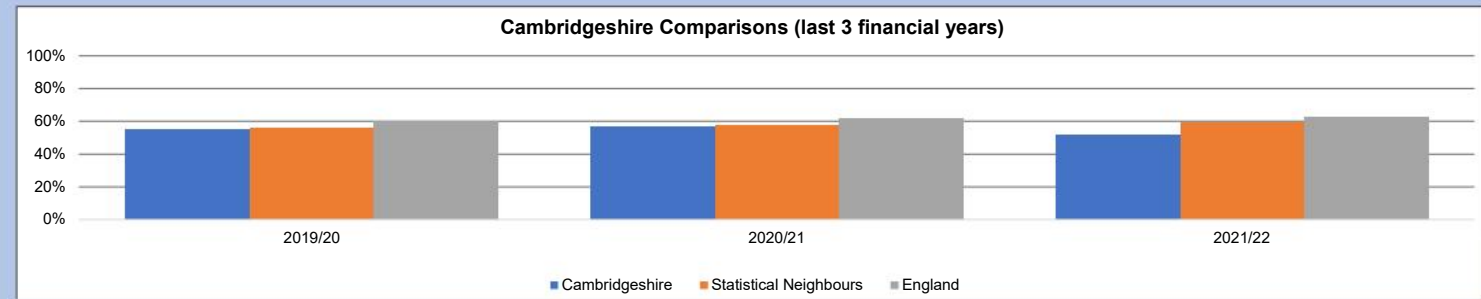
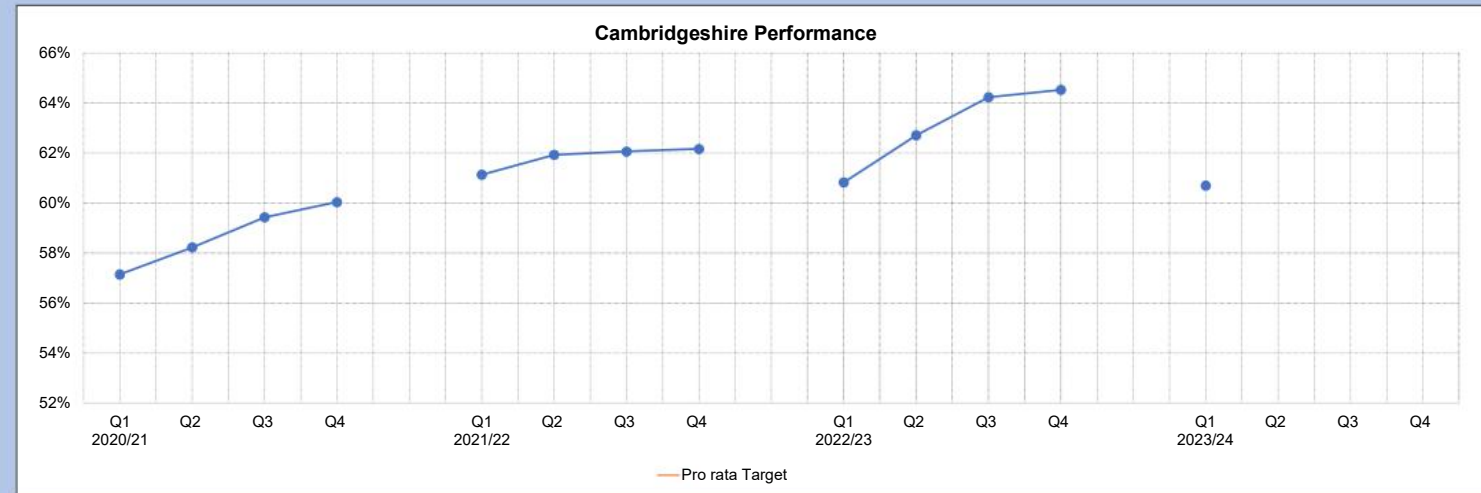
$$(X/Y)*100$$

Where:

X = Total number of people accessing long-term support in the community aged 65 and over

Y = Total number of people accessing long-term support aged 65 and over

Useful Links

[Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)
[The local area benchmarking tool from the Local Government Association](#)
[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)


Commentary

Please note, Q4 data for Cambridgeshire is only provisional and will be updated to reflect statutory returns once published. Annual comparisons with statistical neighbours and England will also be available further to the national publication of statutory data for 2022/23.

The percentage of clients aged 65+ accessing long term support in the community had increased during the course of 2022/23, but has now dropped to a comparable rate with last year (60.83% in Q1 2022/23, 60.69% in Q1 2023/24). The number of clients receiving long term support and support in the community specifically have both increased marginally in the last 12 months.

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards

Indicator 236: Percentage of Cases where Making Safeguarding Personal (MSP) questions have been asked

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December 2023

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	96.4%	87.2%	Improving
Statistical Neighbour Mean	England Mean	RAG Rating		
81.6%	79.7%	In Development		

Indicator Description

It is important when undertaking a safeguarding enquiry that the person to whom it relates is engaged and is able to say what they want as an outcome, where they have capacity to do so. This indicator monitors how well we are involving people in this way.

Calculation:

$$(X/Y)*100$$

Where:

X = The number of concluded enquiries where the adult or adult's representative was asked what their desired outcomes were

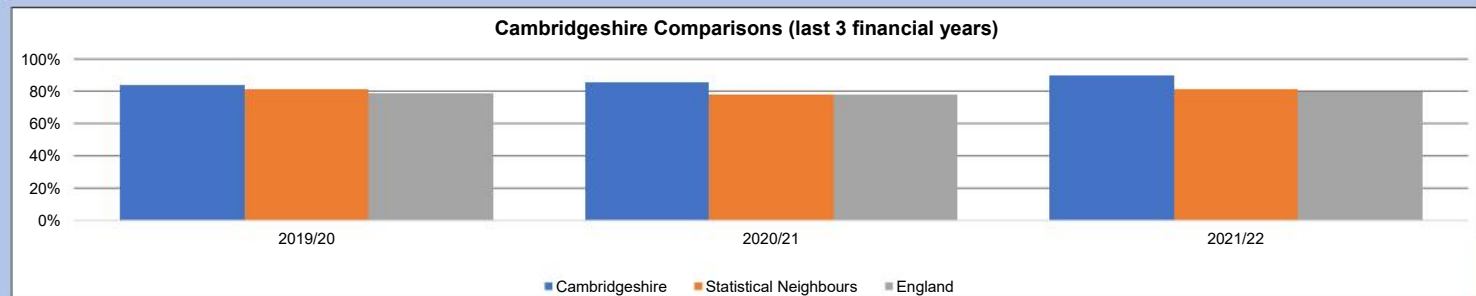
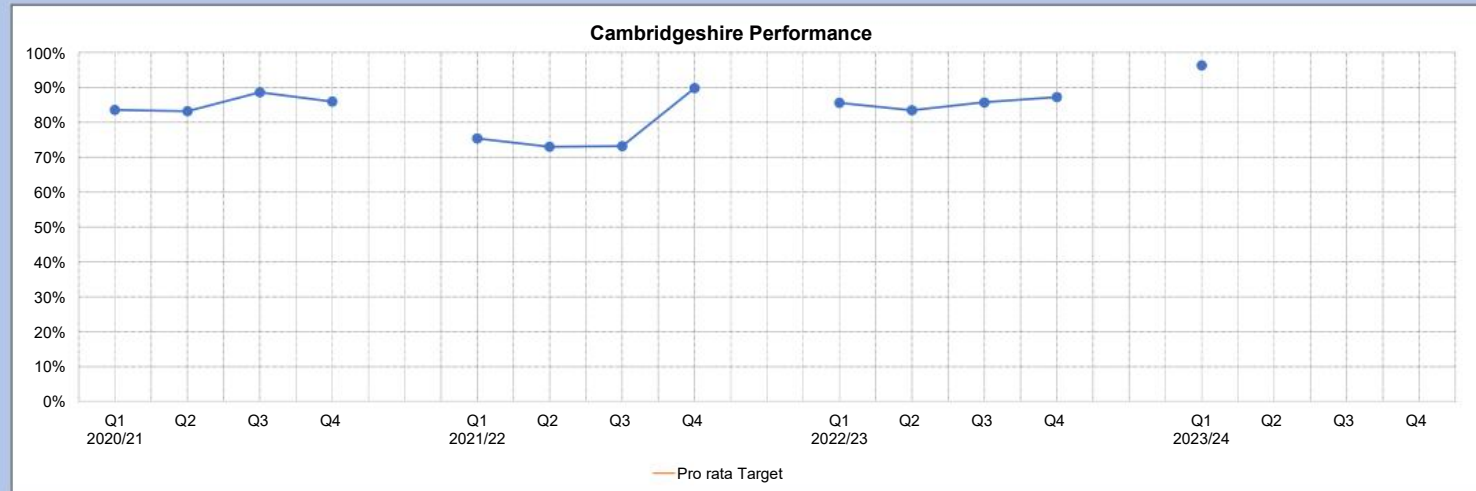
Y = The number of concluded enquiries

Useful Links

[Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



Commentary

Please note, Q4 data for Cambridgeshire is only provisional and will be updated to reflect statutory returns once published. Annual comparisons with statistical neighbours and England will also be available further to the national publication of statutory data for 2022/23.

Performance in this area continues to be high and comparable with national and statistical neighbour averages.

We continue to have reporting gaps for safeguarding. New dashboards are currently in development meaning not all the data needed to inform these indicators is available for routine use by staff. However, current performance suggests that the Making Safeguarding Personal agenda is fully imbedded in the safeguarding process.

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards