Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
6.0%	**2.1%**	**1.4%**	↑	↑

Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating
7.2%	**6.0%**	**R**

Indicator Description

The measure is intended to improve the employment outcomes for adults with a primary support reason of learning disability support, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing and financial benefits.

The measure shows the proportion of adults with a primary support reason of learning disability support who are recorded as being in paid employment. The information would have to be captured or confirmed within the financial year reporting period.

The measure is focused on 'paid' employment. Voluntary work is not collected in SALT and thus, is excluded from the measure. Paid employment is measured using the following two categories:
- Working as a paid employee or self-employed (16 or more hours per week); and,
- Working as a paid employee or self-employed (up to 16 hours per week)

Calculation:
(X/Y)*100

Where:
X: All people within the denominator, who are in employment. The numerator should include those recorded as in paid employment irrespective of whether the information was recorded in an assessment, review or other mechanism. However, the information would have to have been captured within the financial year.

Y: Number of working-age clients with a primary support reason of learning disability support "known to CASSRs" during the period.

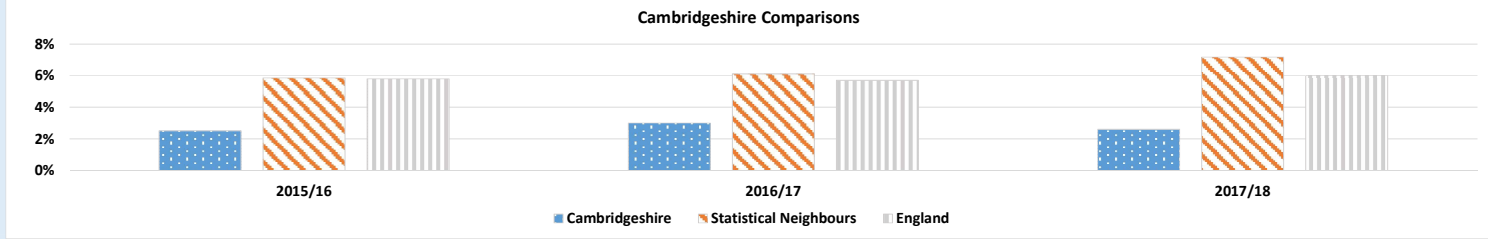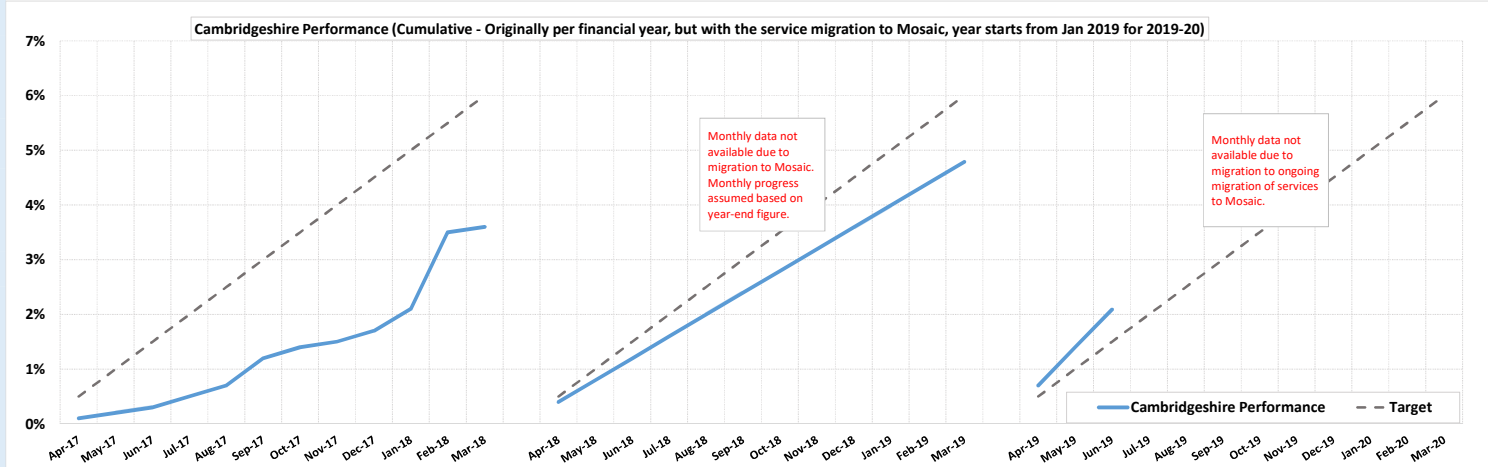Source:The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions

Useful Links

NHS Digital 2017/18 Data:

https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current

NHS Digital Archived Data:

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Cambridgeshire Performance (Cumulative - Originally per financial year, but with the service migration to Mosaic, year starts from Jan 2019 for 2019-20)

Monthly data not available due to migration to Mosaic. Monthly progress assumed based on year-end figure.

Monthly data not available due to ongoing migration of services to Mosaic.

Cambridgeshire Comparisons

(Mean England and Statistical Neighbour data obtained from NHS Digital)

Commentary

Performance at this indicator has been improving recently, with the year end figure for 2018-2019 exceeding that of the previous 3 years.

As well as a requirement for employment status to be recorded, unless a service user has been assessed or reviewed in the year, the information cannot be considered current. Therefore this indicator is also dependent on the review/assessment performance of LD.

The migration to Mosaic has had a positive impact on performance at this indicator by prompting workers to update of the employment status at each assessment/review.

To support delivery of the LD Employment Strategy a working group has been formed to develop a targeted workplan to improve employment opportunities for this cohort of service users. 16 individuals have been identified for employment support to add to the 50 already in paid employment.

Although performance is above target at the end of Q1, the indicator remains red as there is still a significant risk that the year end target may not be met at year end due to the complexities involved in securing paid employment in the current economic climate. This judgement will be kept under review and will be revised in subsequent reports if the recent trends continue.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
564.0	406.0	370.9	↓	↓

Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating
535.6	585.6	VG

Indicator Description

Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the framework supports local health and social care services to work together to reduce avoidable admissions. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. However, it is acknowledged that for some client groups that admission to residential or nursing care homes can represent an improvement in their situation.

This measure reflects the number of older people whose long-term support needs are best met by admission to residential and nursing care homes relative to the group population. The measure compares council records with ONS population estimates. People counted in this measure should include:
 - Users where the local authority makes any contribution to the costs of care, no matter how trivial or location of residential or nursing care
 - Supported users and self-funders with depleted funds (set out in The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions)

Calculation:
$(X/Y)*100,000$

Where:
X: The sum of the number of council-supported older people (aged 65 and over) whose long-term support needs were met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care).

Y: Size of older people population (aged 65 and over) in area (ONS mid-year population estimates).

Source:The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions

Useful Links

NHS Digital 2017/18 Data:
https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current
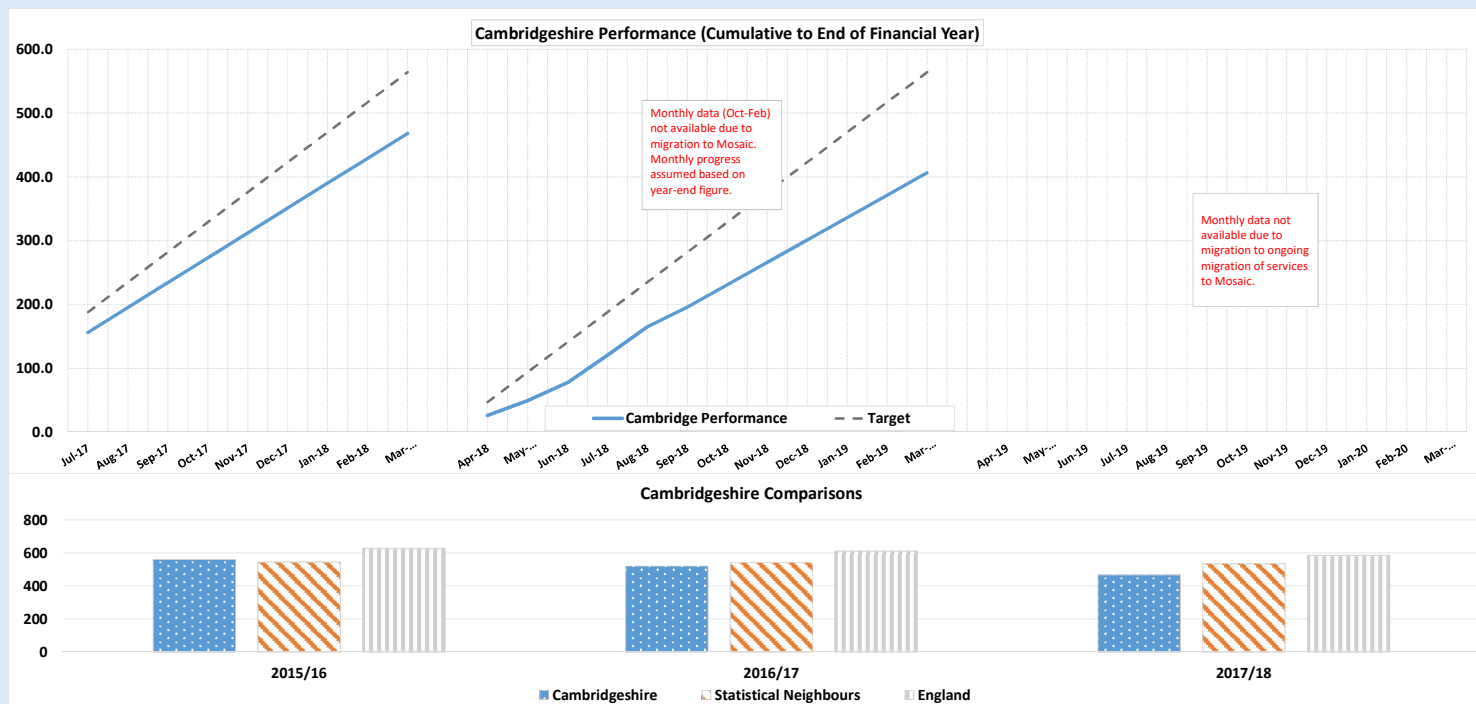
NHS Digital Archived Data:
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Cambridgeshire Performance (Cumulative to End of Financial Year)

Monthly data (Oct-Feb) not available due to migration to Mosaic. Monthly progress assumed based on year-end figure.

Monthly data not available due to migration to ongoing migration of services to Mosaic.

Cambridgeshire Comparisons

Legend: ■ Cambridgeshire   ▨ Statistical Neighbours   ▥ England

(Mean England and Statistical Neighbour data obtained from NHS Digital)

Commentary

The implementation of the Transforming Lives model, combined with a general lack of available residential and nursing beds in the area has continued to keep admissions below national and statistical neighbour averages.

N.B. This is a cumulative figure, so will always go up. An upward direction of travel arrow means that if the indicator continues to increase at the same rate, the ceiling target will not be breached.

No new data is currently available for this measure during ongoing migration of service data to Mosaic system.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
114.0	118.9	117.2	↓	↓

Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating
194.0	129.0	A

Cambridgeshire Performance

Cambridgeshire Comparisons

(Mean England and Statistical Neighbour data obtained from NHS Digital)

Indicator Description

This measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.

This measure reflects the number of delays in transfer of care which are attributable, to social care services. A delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying such a bed.

Calculation:
$(X/Y)*100,000$

Where:

X: The average number of delayed transfers of care (for those aged 18 and over) each day that are attributable to Social Care. This is the average of the 12 monthly "DTOC Beds" figures calculated from the monthly Situation Report (SitRep).

Y: Size of adult population in area (aged 18 and over)

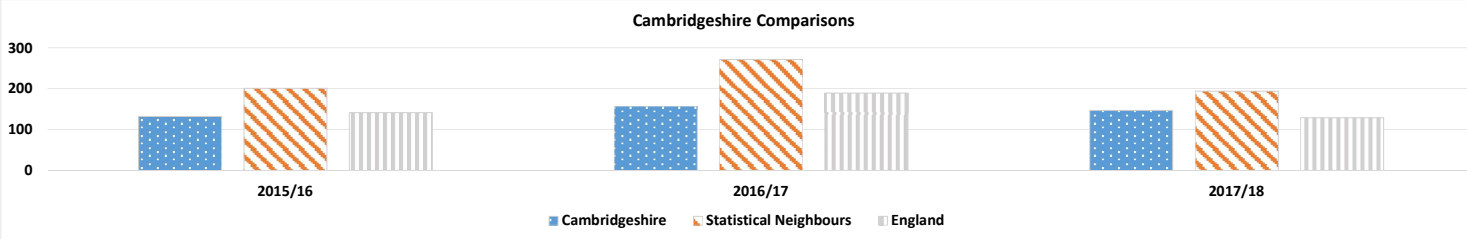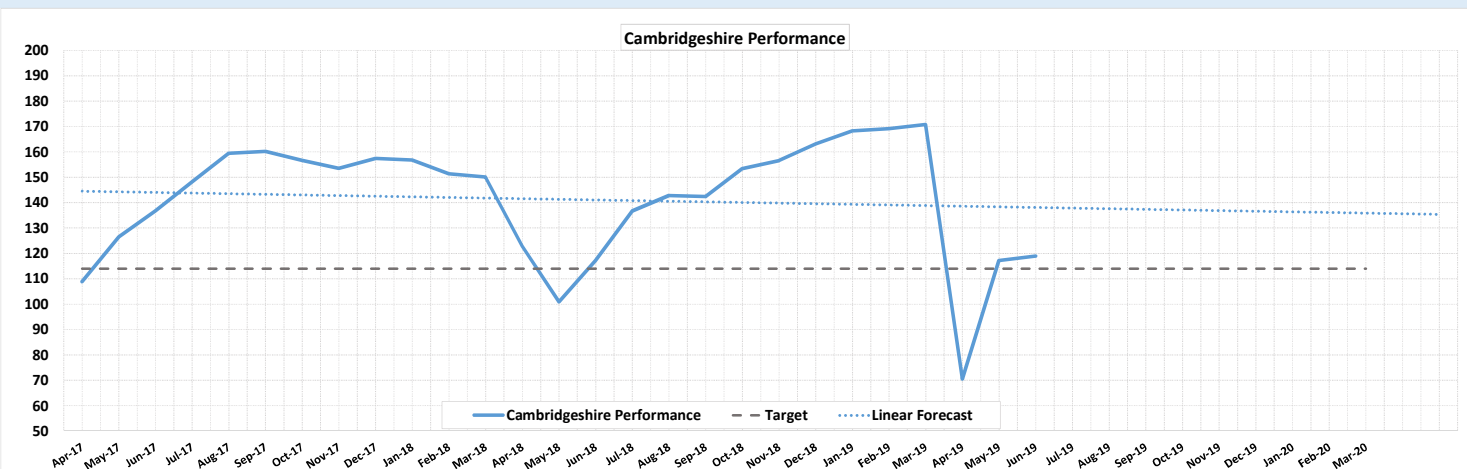Source:The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions

Useful Links

NHS Digital 2017/18 Data:
https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current

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Commentary

Although recent performance is exceeding the target ceiling, the period from Apr-Jun 19 has seen figures below or within 10% of target, which, relatively speaking is significantly better than at any other 3 month period in recent years.

Across this period, delays arranging domiciliary care accounted for 62% of social care attributable bed day delays. This reason was the most common cause for ASC delays for the top 4 hospital trusts reporting DToCs in Cambridgeshire, Cambridge University Hospitals FT, North West Anglia FT, Cambridgeshire & Peterborough FT and Queen Elizabeth Hospital.

The Council is continuing to invest considerable amounts of staff and management time into improving processes, identifying clear performance targets and clarifying roles & responsibilities. We continue to work in collaboration with health colleagues to ensure correct and timely discharges from hospital.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
12.5%	13.5%	13.4%	↑	↑

Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating
9.3%	7.0%	VG

Indicator Description

The measure is of improved employment outcomes for adults with mental health problems, reducing their risk of social exclusion and discrimination. Supporting someone to become and remain employed is a key part of the recovery process. Employment outcomes are a predictor of quality of life, and are indicative of whether care and support is personalised. Employment is a wider determinant of health and social inequalities.

The measure shows the percentage of adults receiving secondary mental health services in paid employment at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting.
Adults here are defined as those aged 18 to 69 who are receiving secondary mental health services and who are on the Care Programme Approach (CPA).The measure is focused on 'paid' employment. Voluntary work is to be excluded for the purposes of this measure.

Calculation:
(X/Y)*100

Where:
X: Number of working age adults (18-69 years) who are receiving secondary mental health services and who are on the CPA recorded as being in employment. The most recent record of employment status for the person during the previous twelve months is used.

Y: Number of working age adults (18-69 years) who have received secondary mental health services and who were on the CPA at the end of the month.

Source:The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions

Useful Links

NHS Digital 2017/18 Data:

https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current
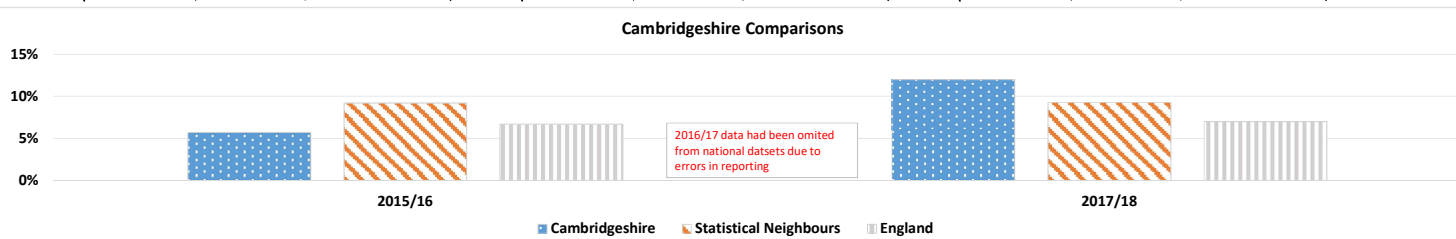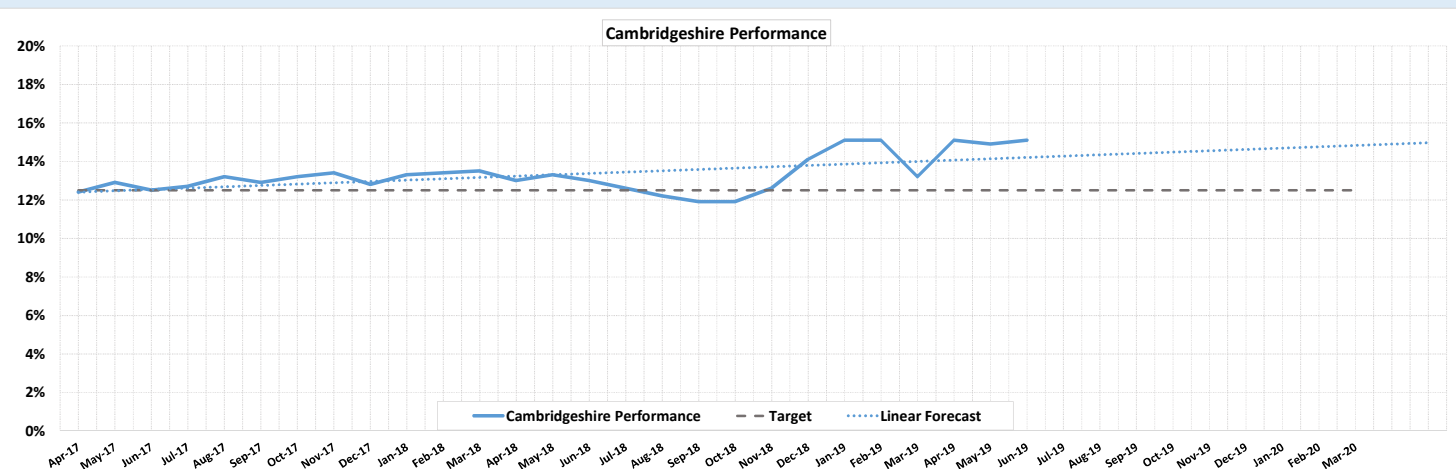
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Cambridgeshire Performance

Cambridgeshire Comparisons

2016/17 data had been omitted from national datsets due to errors in reporting

(Mean England and Statistical Neighbour data obtained from NHS Digital)

Commentary

Performance at this measure is above target. Reductions in the number of people in contact with services are making this indicator more variable while the numbers in employment are changing more gradually.

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
87.0%	**95.3%**	**94.2%**	↑	↑

Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating
96.0%	**94.0%**	**VG**

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, upon conclusion of the safeguarding enquiry the achievement of these outcomes is reported.

This data is collected as part of the statutory Safeguarding Adults Collection.

Calculation:
(X/Y)*100

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

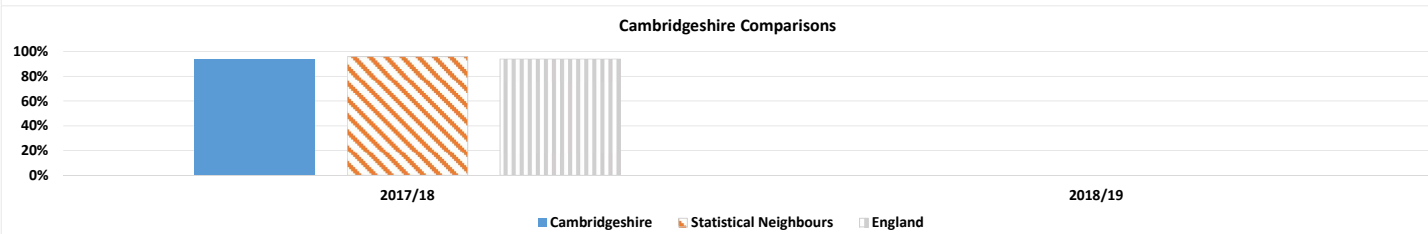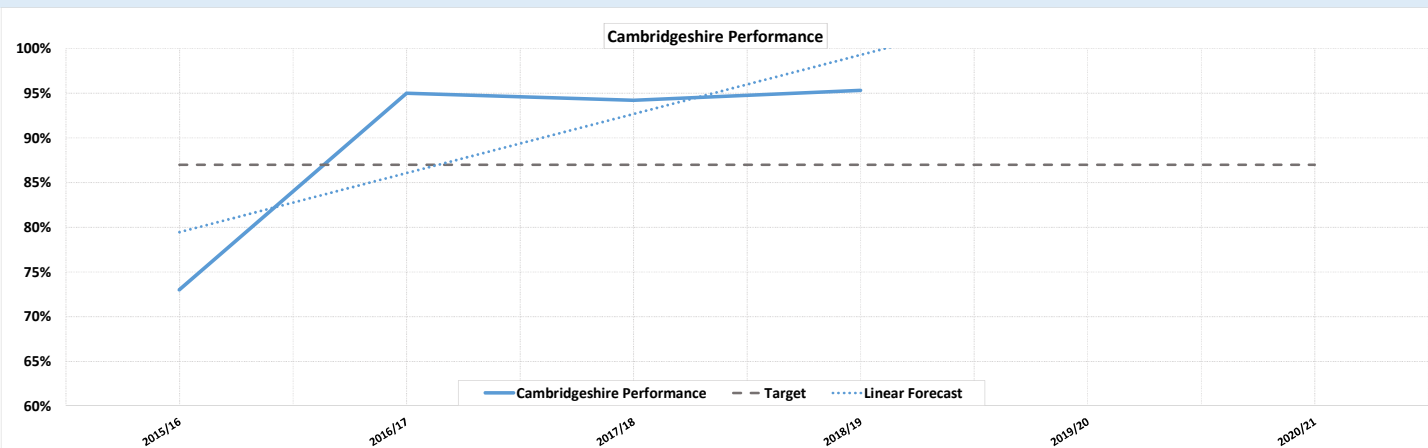Y: The number of concluded enquiries where the adult(s) expressed desired outcomes.

Useful Links

NHS Digital 2017/18 Data:
https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current

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Cambridgeshire Performance

Cambridgeshire Comparisons

Commentary

Performance at this measure is strong and remains consistent with national performance and that of statistical neighbours. There is room for improvement in the number of adults at risk being asked to express their desired outcomes. In 2017/18, approximately 17% of adults at risk who were subject to a S42 enquiry were not asked for their desired outcomes.

	Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
	24.0%	23.5%	23.0%	↑	↑

Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating
31.7%	28.5%	A

Indicator Description

Research has indicated that personal budgets impact positively on well-being, increasing choice and control, reducing cost implications and improving outcomes. Studies have shown that direct payments increase satisfaction with services and are the purest form of personalisation. The Care Act places personal budgets on a statutory footing as part of the care and support plan.

In previous iterations of the ASCOF, there were recognised limitations to this measure. The implementation of the SALT return has enabled this measure to be strengthened. Its scope has been limited to people who receive long-term support only, for whom self-directed support is most relevant, and this will better reflect councils' progress in delivering personalised services for users and carers. Both measures for self-directed support and direct payments have also been split into two, focusing 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 financial year end.

Y: Clients aged 18 or over accessing long term support at the financial year end.

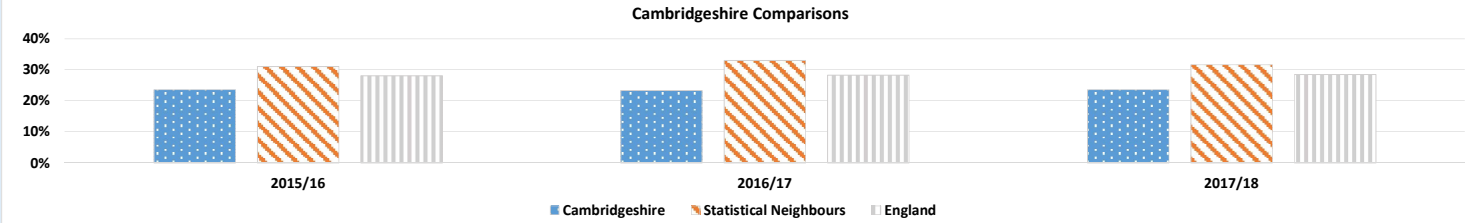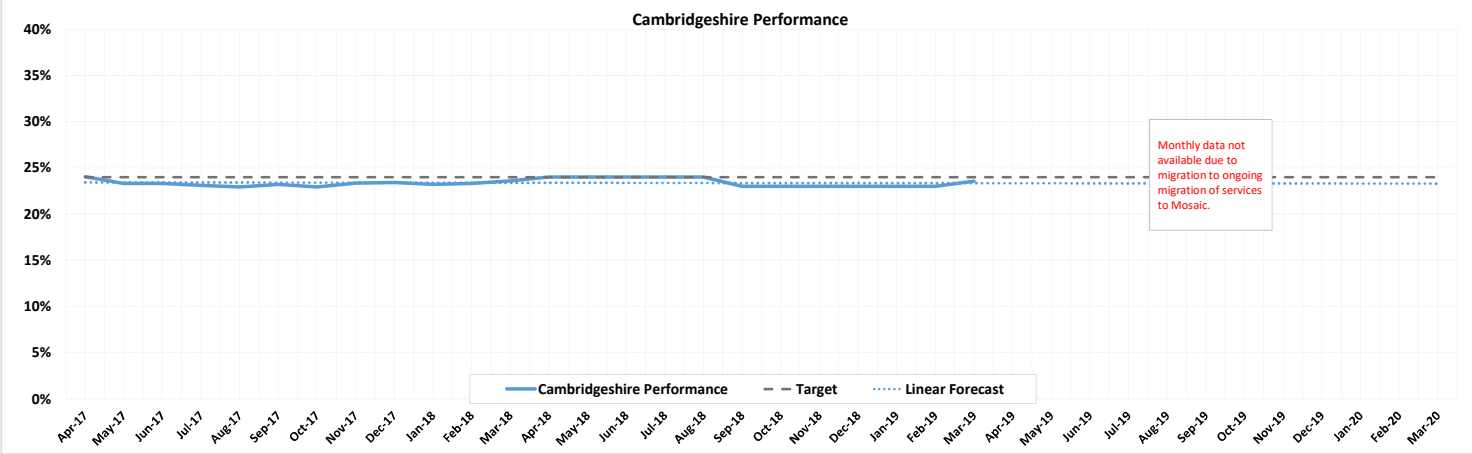Source:The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions

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Cambridgeshire Performance

Monthly data not available due to migration to ongoing migration of services to Mosaic.

Legend: — Cambridgeshire Performance   – – Target   ⋯⋯ Linear Forecast

Cambridgeshire Comparisons

(bars for 2015/16, 2016/17, 2017/18)

Legend: ■ Cambridgeshire   ▨ Statistical Neighbours   ▥ England

(Mean England and Statistical Neighbour data obtained from NHS Digital)

Commentary

The proportion of adults receiving Direct Payments increased slightly at the end of 2018/19 bring this indicator to within 10% variance of target. The target for this indicator was increased during 2018 in order to reflect thyen eastern region average, causing the indicator to be below target.

Work is underway to investigate why uptake of direct payments has reduced and put steps in place to address any issues as we would hope to increase use of direct payments as part of the move towards a more personalised approach.

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
77.8%	**91.2%**	**93.0%**	↑	↓

Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating
79.5%	**77.8%**	**VG**

Indicator Description

This measure will reflect the proportion of those new clients who received short-term services during the year, where no further request was made for ongoing support. Since short-term services aim to reable people and promote their independence, this measure will provide evidence of a good outcome in delaying dependency or supporting recovery – short-term support that results in no further need for services.

In this context, short-term support is defined as 'short-term support which is designed to maximise independence', and therefore will exclude carer contingency and emergency support. This prevents the inclusion of short-term support services which are not reablement services.

Calculation:

$(X/Y)*100$

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"; "No Services Provided - No identified needs".

Y: Number of new clients who had short-term support to maximise independence. Those with a sequel of either early cessation due to a life event, or those who have had needs identified but have either declined support or are self-funding should be subtracted from this total.

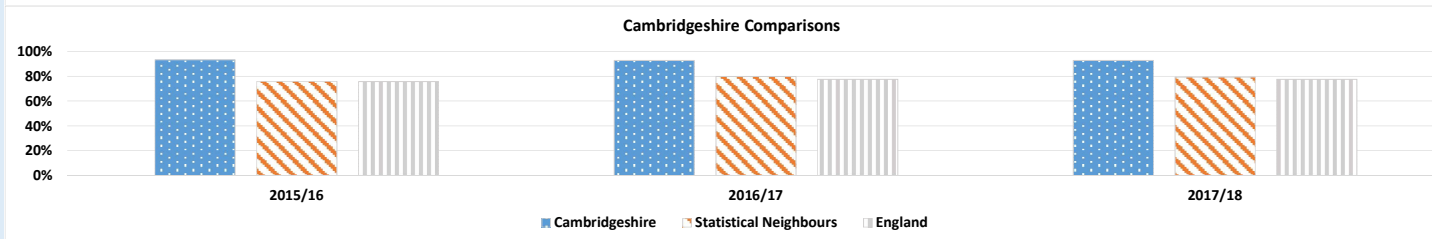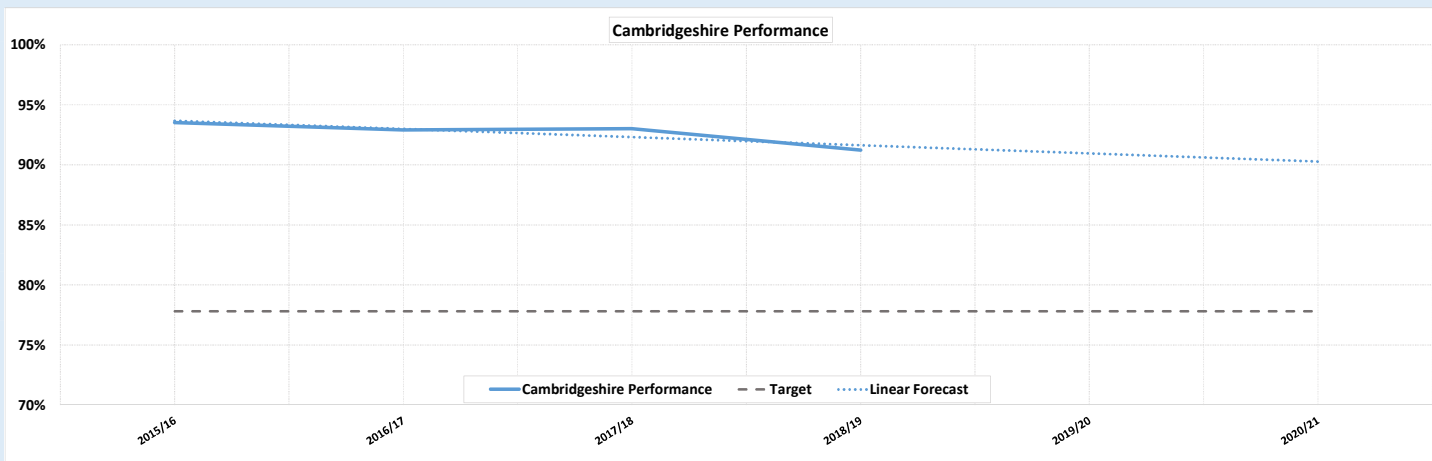Source: The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions

Useful Links

NHS Digital 2017/18 Data:

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Cambridgeshire Performance

Cambridgeshire Comparisons

(Mean England and Statistical Neighbour data obtained from NHS Digital)

Commentary

Performance has dipped slightly in 2018/19 but is still comfortably above target, as well as the national and statistical neighbour averages.

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
804	804	813	↓	↓

Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating
875	1031	G

Indicator Description

This will be a metric reported to the Adult Positive Challenge trajectory board. The goal is to minimise the reliance on Council funded support but also to keep the balance of Council funded supported weighted toward community rather than residential settings.

The method used in the calculation of this measure is as follows:

$R = X/Y*100000$

Where R is the rate per 100 000 members of the population.

X is the sum of all clients receiving long-term support in a community setting as defined in the Social Care SALT Return at the end of the period.

And Y is the adult population of the county based on the relevant mid-year estimate from the Office for National Statistics.

Source: SALT LTS001b, Tables 1a and 1b
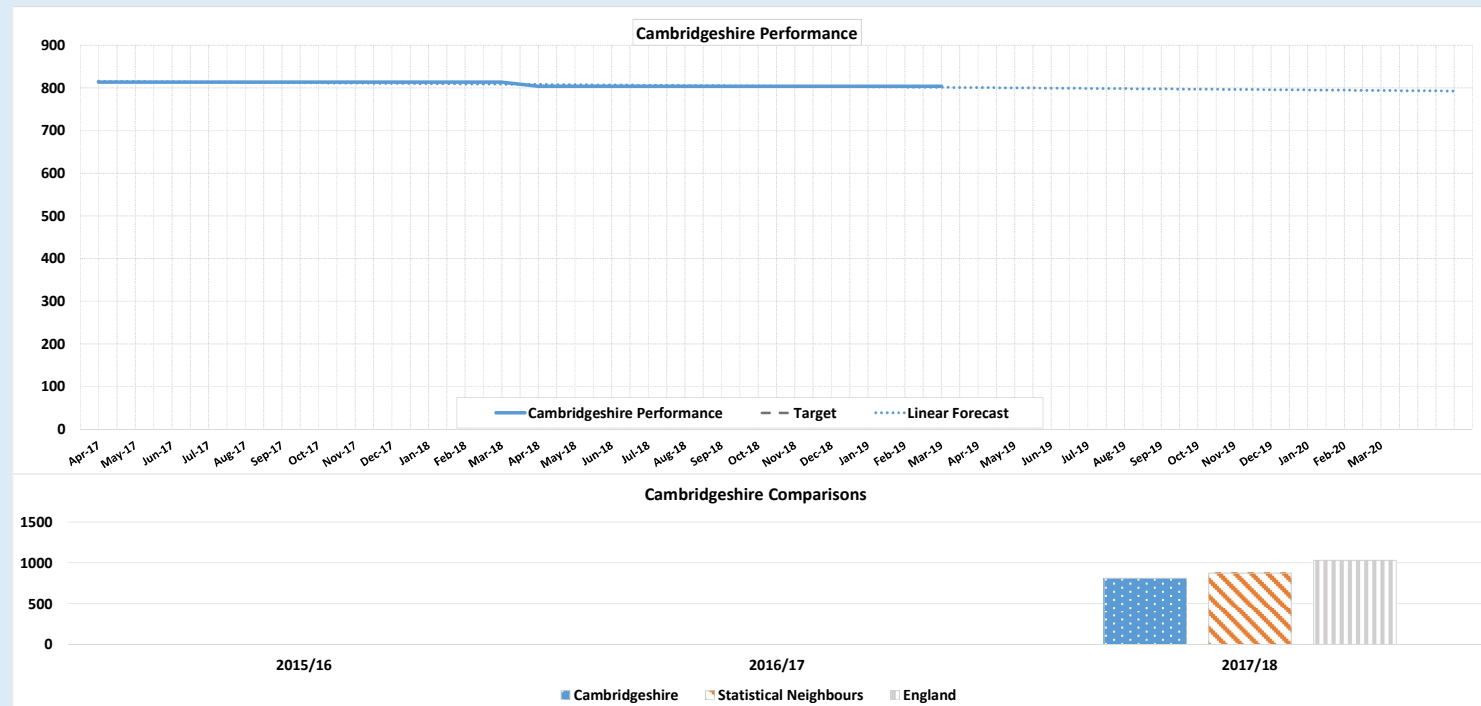
Useful Links

NHS Digital 2017/18 Data:

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NHS Digital Archived Data:

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Cambridgeshire Performance

Cambridgeshire Comparisons

■ Cambridgeshire   ☐ Statistical Neighbours   ▥ England

Commentary

The number of clients receiving long-term support in the community continues to fall. This is likely to be caused by the succsess of preventative and early intervention services. The target is set as the 2018/19 baseline with a view to reduce this number further in 2019/20

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
271	517	622	↓	↓

Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating
280	249	A

Indicator Description

Carers assessment and targeted support can enable carers to continue caring for family members in their own homes and prevent carer breakdown.

The method used for calculating this measure is as follows:

$R = X/Y*100000$

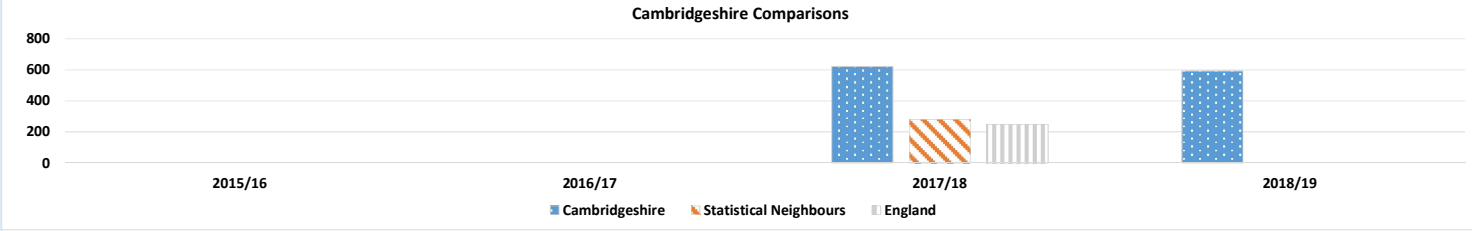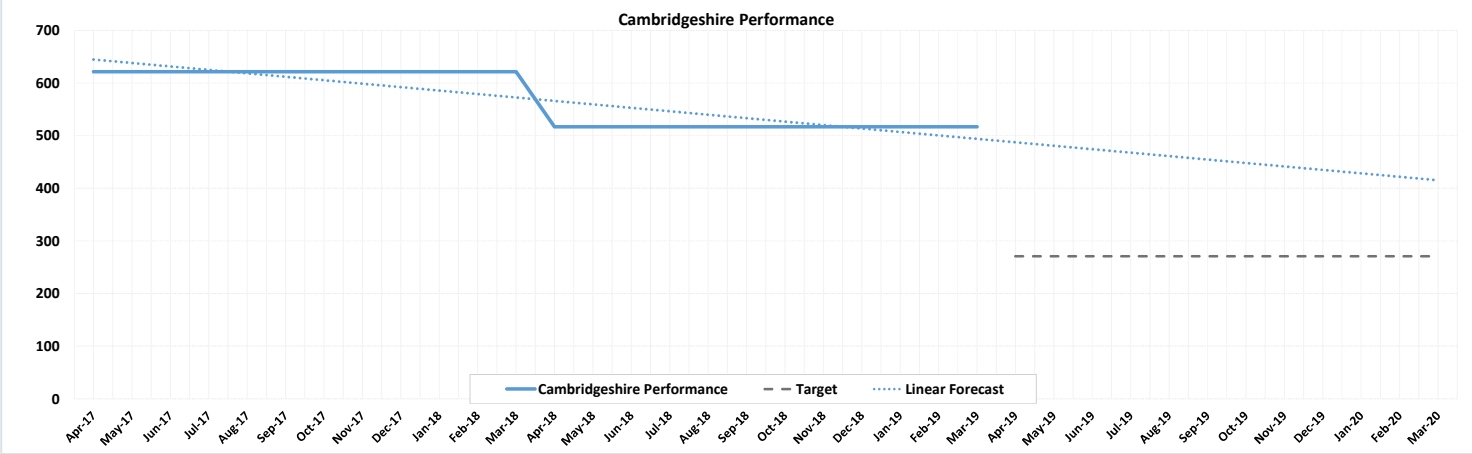Where R is the rate per 100 000 members of the population.

X is the sum of all carers supported by the following the following delivery mechanisms (as defined by the Social Care SALT Return): "Direct Payment only", "Part Direct Payment", "CASSR Managed Personal Budget", "CASSR Commissioned Support only" and "Respite or other forms of carer support delivered to the cared-for-person".

And Y is the adult population of the county based on the relevant mid-year estimate from the Office for National Statistics.

Source: SALT LTS003, Table 1

Useful Links

NHS Digital 2017/18 Data:

https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current

NHS Digital Archived Data:

https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive

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Cambridgeshire Performance

Cambridgeshire Comparisons

Commentary

Performance at this indicator appears to be falling, however this does not necessarily mean that fewer carers are being supported. In previous years one-off direct payments were often used as a standard delivery mechanism for support a carer. There is now a greater focus on targeting support to carers in more varied ways which do not necessarily involve one-off grant payments. Recording of these interactions with carers is less robust than those involving a financial transaction and as such, the number of carers being supported appear to be in decline. Target represents a 50% reduction of Carer Direct Payments from the 2018/19 baseline.

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
12.3%	**12.3%**	**27.5%**	↑	↓

Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating
N/A	**N/A**	**G**

Indicator Description

A metric to measure the promotion of TEC as a means of preventing people from deteriorating and requiring long term care and support.

The method used in the calculation of this measure is as follows:

% = X/Y

Where X is the number of requests for support received in the period where the sequel to that request was "Ongoing Low Level Support" as defined by the Social Care SALT Return.

And Y is the total number of requests for support received by the county during the period.
Source: SALT STS001, Tables 1a and 1b

Useful Links

Cambridgeshire Performance

Cambridgeshire Comparisons
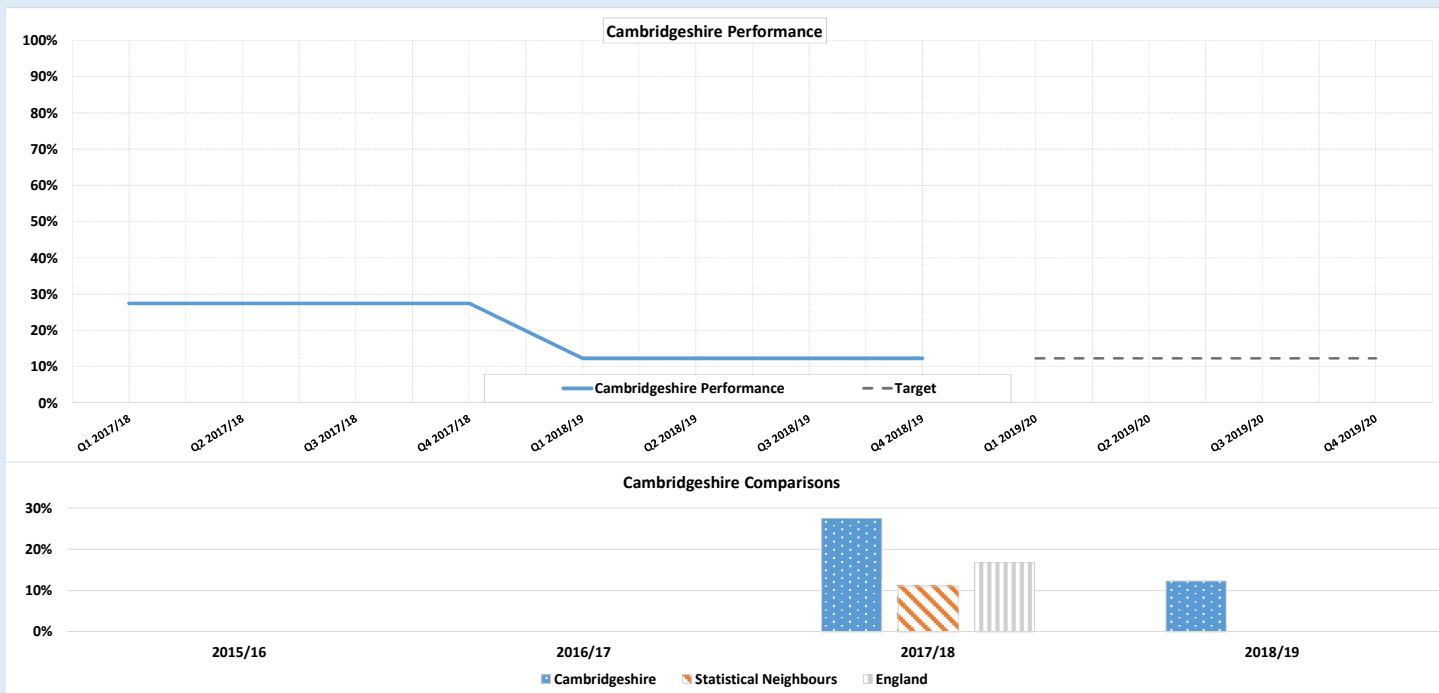
Commentary

The number of requests for support resulting in ongoing low-level support was lower in 2018/19 than in the preceding year, however the percentage change was magnified by the fact that there was a significant increase in requests recorded in general. This is due in part to the implementation of more robust recording processes for contacts and Adult Early Help , with a large increase in the proportion of requests resulting in signposting to universal services/information/advice.

It is also important to note, this is a measure of requests resulting in only ongoing low-level support. TEC & equipment will be incorporated into the support plans of clients receiving long term services, and reablement - these outcomes will not be counted here.

The target is set at the 2018/19 baseline with a view to increasing this figure in 2019/20.