

Adults and Health - Key Performance Indicators

To: Adults and Health Committee

Meeting Date: 5 October 2022

From: Jyoti Atri, Director of Public Health, Debbie McQuade, Director of Adult Social Care

Electoral division(s): All

Key decision: No

Forward Plan ref: N/A

Outcome: The Committee receives performance reports at future meetings containing information on agreed indicators

Recommendation: Adults and Health Committee are recommended to:

note and comment on the performance information outlined in this report, and take remedial action as necessary.

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1. Background

- 1.1 The Council adopted a new Strategic Framework and Performance Management Framework in February 2022, for the financial year 2022/23. The new Performance Management Framework sets out that Policy and Service Committees should:
- Set outcomes and strategy in the areas they oversee
 - Select and approve addition and removal of KPIs for the committee performance report
 - Track progress quarterly
 - Consider whether performance is at an acceptable level
 - Seek to understand the reasons behind the level of performance
 - Identify remedial action
- 1.2 Following from a paper for the Committee on 9 December 2021, exploring the key considerations for performance frameworks in the areas of adult social care and health services, a workshop was held with lead officers and Committee members to develop a draft set of KPIs to support ongoing performance monitoring arrangements. The Committee reviewed and agreed these draft KPIs in the meeting held on the 14 July, and form the basis of this report.

2. Adult Social Care performance update

- 2.1 It was agreed that KPIs would be grouped into small bundles linked to a theme to provide a more rounded picture of performance whilst still reflecting headline performance.
- 2.2 The four agreed themes are;
- Early intervention and prevention – supporting people early with targeted information and advice and low-level and community support and reablement services, to prevent or delay the need for long term care and support.
 - Long term care and support when needed is personalised and keeps people connected to their communities
 - Adults at risk are safeguarded from harm in ways that meet their desired outcomes.
 - Transitions between health and social care services work well

There are 11 indicators in total.

- 2.3 **Early intervention and prevention – supporting people early with targeted information and advice and low-level and community support and reablement services, to prevent or delay the need for long term care and support.**

Indicator	Rationale	Q1 21/22	FY 21/22	Region 21/22	Q1 22/23
Number of new client contacts for Adult Social Care per 100,000 of the population	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	1069.2	4127.6	3259.4	1214.7

	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 who do need it.				
% of new client contacts not resulting in long term care and support	This indicator is important to look at in line with the above 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 on contacts.	89.1%	93.0%	90.4%	88.2%
The proportion of people receiving reablement who did not require long term support after reablement was completed.	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 the level of independence. Setting a target too high on this indicator can be a perverse incentive to decline the service for those with more complex needs. A target should be set that reflects a balance of use. It can be viewed alongside the trends on new clients with long term service outcomes (the indicator above) to ensure that more complex cases are not being diverted straight into long term care.	82.3%	87.7%	74.1%	88.5%

Comments on performance
<p>Performance in this area remains consistent with previous periods. Contacts per 100,000 of population are higher than the regional average, and the Q1 data suggests this trend will continue in the current financial year, although it should be noted that collection processes vary considerably between local authorities (with year-end performance ranging between 1823 and 5614) - Cambridgeshire is not an outlier.</p> <p>The growth in new contacts since quarter 1 last year has been in relation to hospital discharges returning back to levels more similar to pre pandemic and also in the community referrals the customer call centre and Adult Early Help which did not see a reduction during the pandemic and has been on an increasing trend throughout. There has also been an increase in the number of referrals to reablement, again recovering from a reduction during the pandemic. The percentage of contacts leading to outcomes other than long term care and support remains high, however we are starting to see an increase in contacts for people who do require long term care and support.</p> <p>The proportion of people not requiring long-term support after a period of reablement remains consistently high, and well above the regional average.</p>

2.4 Long term care and support when needed is personalised and keeps people connected to their communities

Indicator	Rationale	Q1 21/22	FY 21/22	Region 21/22	Q1 22/23
Proportion of people using social care who receive direct payments (%)	Direct payments provide people with more choice and control over how they meet their care and support needs. 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.	n/a	21.3%	25.2%	17.3%
Proportion of people receiving long term support with who had not received a review in the last 12 months	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	n/a	n/a	21.0%	n/a

% of all people funded by ASC in long-term	continuing to support people to connect to their communities and make the most of the local assets.				
Number of carers assessed or reviewed in the year per 100,000 of the population.	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 to the cared for person. It is an opportunity to support carers to continue their caring role but also to plan ahead for the future.	n/a	125.67	566.79	50.23
% Of total people accessing long term support in the community aged 18-64	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 help monitor equity between client groups.	89.1%	84.1%	N/A	89.5%
% total people accessing long term support in the community aged 65 and over	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.	59.7%	51.6%	N/A	59.7%

	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 help monitor equity between client groups.				
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Comments on performance

Performance remains consistent with previous periods and regional averages, where these are available.

The percentage of people receiving direct payments continues to be low, reflecting the challenge in making direct payments an attractive solution. During this year the Council will be introducing Individual Service Funds, a personal budget managed by a provider of the persons choice rather than held by themselves. This alongside the work to developed place based micro-enterprises within the Care Together programme should help to build on the range of options available.

We continue to have reporting gaps for statutory reviews with new dashboards currently under development meaning not all the data needed to inform these indicators is available for routine use by staff, however, there has been a significant level of activity undertaken to clear review backlogs that built up during the pandemic and performance is expected to be in line with regional averages.

The number of people aged 18-64 receiving long-term support has increased slightly over the last 12 months (rising from 2,233 at the end of June 2021 to 2,362 at the end of June 2022 – an increase of 129). The proportion supported in a community setting remains just over 89%.

The number of people aged 65+ receiving long-term support has decreased slightly over the last 12 months (dropping from 3,790 at the end of June 2021 to 3,747 at the end of June 2022 – a decrease of 43). The proportion supported in a community setting remains constant at 59.7%

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. In quarter 1 we have completed

- 89 carers assessments
- 9 carers reviews
- 610 carers triage interventions

- 1632 carers conversations considering the carers needs whilst supporting the person being cared for.

2.5 Adults at risk are safeguarded from harm in ways that meet their desired outcomes

Indicator	Rationale	Q1 21/22	FY 21/22	Region 21/22	Q1 22/23
Percentage of cases where Making Safeguarding Personal (MSP) questions have been asked	It is important when undertaking a safeguarding 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 that we are involving people in this way.	75.4%	89.8%	73.9%	85.6%
Percentage of those able to express desired outcomes who Fully or Partially Achieved their desired outcomes.	This indicator links to the indicator above and monitors how well we have been able to support the person to achieve the outcomes they wanted from the safeguarding enquiry.	n/a	93.8%	92.9%	91.7%
Percentage of safeguarding enquiries where risk has been reduced or removed	This indicator tracks the effectiveness of safeguarding enquiries in reducing or removing risk. It should be seen alongside the indicators above reflecting the desired outcomes of the person involved, so that there is not a perverse incentive to counter the wishes of the person themselves to eliminate risk when that person has capacity	n/a	91.5%	N/A	n/a

	to decide on the level of risk that is acceptable to them.				
Comments on performance					
<p>We continue to have reporting gaps for safeguarding with new dashboards still under development meaning not all the data needed to inform these indicators is available for routine use by staff, however, the information that is available suggests that performance either in line with or above the regional average. Performance against these indicators suggest that the MSP agenda is fully imbedded in the safeguarding process.</p>					

2.6 Transitions between health and social care services work well

Detail of indicators to follow – discussions are still ongoing with colleagues in health services (maximum 3)

3. Public Health performance update

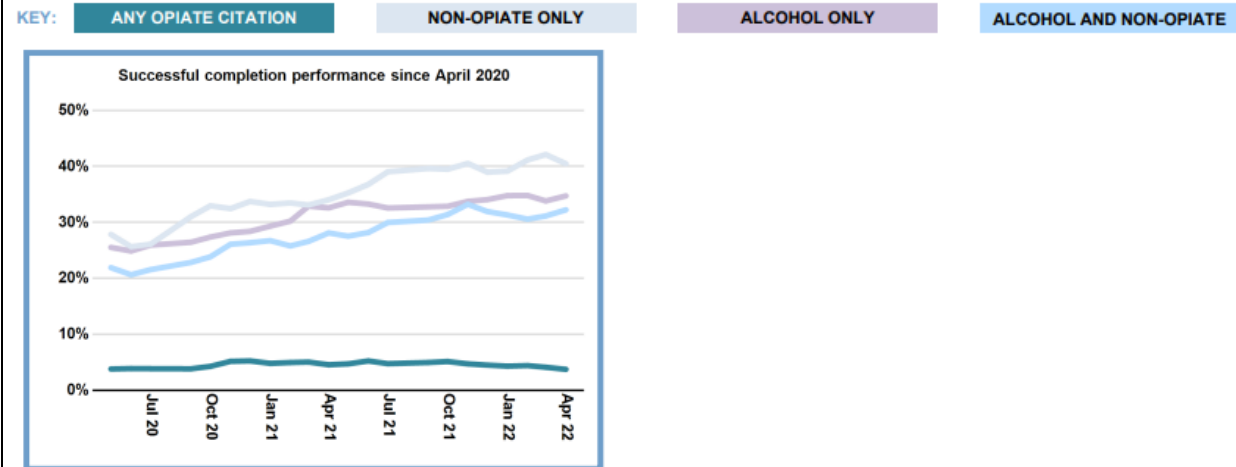
- 3.1 There were not any objections or specific issues raised in relation to the choice of indicators during the review workshop and a list of priority indicators were agreed by Committee on the 14 July. These indicators reflect our high value contracts that are primarily preventative or provide treatment e.g., Drugs and Alcohol Treatment Service. Included are some targets for the Healthy Child Programme that is funded from the Public Health Grant. As these are not currently monitored by the CYP Committee they are included here as priority indicators. There are 9 priority indicators in this set.

3.1 Drug and Alcohol Treatment Services

Indicator	Rationale	Q1 21/22	FY 21/22	National average 21/22	Q1 22/23
% Achievement against target for drug and alcohol service users who successfully complete treatment. (national benchmark)	Adult Drug & Alcohol services play an important role in treating people who are misusing these substances. The service involves acute phase but also importantly recovery. Successful completion includes a wide-ranging treatment programme that includes support for socio-economic issues such as housing and employment. There are national benchmarks to compare performance against.				
Opiate Only		4.8%	3.7%	5.2%	Q1 data due for release 29.9.22
Non-opiate		39.0%	40.5%	37.1%	Q1 data due for release 29.9.22
Alcohol		32.6%	34.7%	37.4%	Q1 data due for release 29.9.22
Alcohol and non-opiate		30.0%	32.2%	32.7%	Q1 data due for release 29.9.22

Comments on performance

Successful completion rates across drug types have increased over the last 18 months (despite the pandemic period) apart from the 'opiate only' cohort which has remained stubbornly static. This group tends to be most complex of clients with multiple physical and mental health conditions, less likely to leave services but remain in long term treatment with a more focused harm reduction approach.



3.2 Health Behaviour Change Services (lifestyles)

Indicator	Rationale	Q1 21/22	FY 21/22	Region 21/22	Q1 22/23
Tier 2 Weight Management Services: % achievement of the target for Tier 2 Weight Management adult service users who complete the course and achieve a 5% weight loss. (30% recommended)	<p>These Services offer a structured programme of support. Losing weight is challenging as there are many factors involved. There is a recommended percentage achievement of people who are supported to lose weight based on different research studies and programmes from around the country.</p> <p>Losing weight can improve health outcomes dramatically e.g., in the shorter term it can reverse Type 2 diabetes along with reducing the risk of other obesity related conditions such as cardiovascular diseases.</p>	36%	40%	No regional data but national data for 21/22 is 17% achieved 5% weight loss	42%
Health Trainer: (Structured support for health behaviour change): % achievement against target for adult referrals to the service from deprived areas	<p>Health Trainers offer support for up to a year for individuals aiming to adopt healthier behaviours, for example stopping smoking, being more physically active. The support can prevent ill health through reducing the risk of poor health through the adoption of healthier behaviours.</p> <p>This is a specific target KPI that aims to increase activity in high-risk groups or areas. Achievement targets are benchmarked against previous year's achievement and improvements are required over time.</p>	118%	130%	Not available	113%
Stop Smoking Services : % achievement against target for smoking quitters who have been supported through a 4-week	<p>Stop Smoking is considered as being the intervention that can have the greatest prevention impact. The 28-day supported structured quit attempt is considered to be a highly effective evidence-based intervention. Targets are set based on rates of cardio-vascular disease and smoking prevalence collected in GP practices. Service delivery is a combination of GP practices and the Lifestyle Service</p>	<p>38% of local target achieved</p> <p>(212 quits / Q1 target 558)</p>	<p>32% of local target achieved (714</p>	Not comparable as local target	<p>26% of local target achieved</p> <p>(144 Quits / Q 1 target 558)</p>

structured course. (national benchmark)			quits / target 2235)		
NHS Health Checks (cardiovascular disease risk assessment) Achievement against target set for completed health checks	Risk assessment for CVD which is the biggest cause of mortality and morbidity currently. It is a mandated programme for LAs and there are national benchmarks. Targets are set based the prevalence of cardiovascular disease captured from GP practice data.	34% of local target achieved	46% of local target achieved	Not comparable as local target	49% of local target achieved
Comments on performance					
<p>Tier 2 Adult Weight Management – referrals into Tier 2 services have been really high during 21/22. Additional funding was received from Office for Health Improvement and Disparities which helped to meet demand. Performance has been excellent with 40% of completes achieving 5% weight loss in 21/22.</p> <p>Health Trainer Service – total referrals into the Health Trainer service were slightly below target in 21/22 so it is encouraging to see that the target has been exceeded for referrals from deprived areas.</p> <p>Stop Smoking Service – Delivery of the Stop Smoking Service was impacted in 21/22 by the pandemic and lack of smoking cessation delivered within GP Practices and Pharmacies. In addition, one of the main smoking cessation pharmacotherapies (Champix) was withdrawn due to safety issues and this has had an impact nationally and locally on quit rates. In Q1 22/23 activity within primary care has not yet returned to pre pandemic levels. Smoking quit rates are down further in this quarter which reflects the loss of 4 experienced smoking advisors who worked both in GP practices and in the community services along with a change in data collection in GP practices which has affected temporarily follow up. These posts have now been filled and the data system is now fully integrated and there are indications that quit rates are recovering.</p> <p>Public Health has recruited a dedicated smoking specialist to support local stop smoking providers to increase delivery, to focus on smoking and pregnancy and also to support the local roll out of the National Treating Tobacco Dependency Programme.</p> <p>NHS Health Checks – NHS Health Checks were significantly impacted by the pandemic with only 46% of the local target achieved in 21/22. Cambs are at approximately 60% of pre pandemic levels of delivery for Q1 2022/23 with 2,450 Health Checks completed. The target for 22/23 has been increased from 4,000 per quarter in 21/22 to 5,000 per quarter. This is to encourage some catch up of the Health Checks not carried out during the pandemic. Whilst performance is below target for Q1 22/23, numbers of NHS Health Checks carried out has increased from 21/22 activity. GP practices have been offered other delivery options for Health Checks with the GP Federations being available to support along with the local lifestyle provider.</p>					

3.3 Healthy Child Programme

Indicator	Rationale	Q1 21/22	FY 21/22	Region 21/22	Q1 22/23
Health visiting mandated check - Percentage of births that receive a face-to-face New Birth Visit (NBV) within 14 days, by a health visitor.	The new birth visit is the first contact with the Health Visiting service and is important in identifying early the need for extra support or additional interventions to prevent poor outcomes.	30% (increases to 97% if including those seen after 14 days)	35% (increases to 96% if including those seen after 14 days)	N/A - dataset to be published Nov 2022 20/21 = 84%	42% (increases to 95% if including those seen after 14 days)
Health visiting mandated check – percentage of children who received a 6–8-week review by 8 weeks.	Similar to the new birth visit it is essential to see how the child is progressing, to exclude any risks and to offer support.	26% (increases to 86% if including those seen after 8 weeks)	22% (increases to 84% if including those seen after 8 weeks)	N/A - dataset to be published Nov 2022 20/21 = 74%	32% (increases to 85% if including those seen after 8 weeks)
Health visiting mandated check - Percentage of children who received a 2-2.5-year review.	This is the last check/contact with the Health Visiting service and provides the opportunity to ensure that the child is developing and is fit and well. Essential for development assessment and identifying potential risks along with providing support and interventions as necessary	51% (increases to 61% if including those seen after 2.5 yrs)	41% (increases to 51% if including those seen after 2.5 yrs)	N/A - dataset to be published Nov 2022 20/21 = 59%	48% (increases to 60% if including those seen after 2.5 yrs)
% Of infants breast feeding at 6-8 weeks (need to achieve 95%)	Breastfeeding is important for a range of outcomes for the mother and child. It is encouraged as it protective against infection and obesity.	55%	52%	N/A - dataset to be published Nov 2022	52%

coverage to pass validation).				20/21 values suppressed due to data validation	
Comments on performance					
<p>As part of the response to the pandemic and as a mitigation measure to alleviate capacity pressures within the service it was agreed to allow stretch targets against the NBV (extended to 21 days) and 6-8 week check (extended to 12 weeks), to maximise the number of families being seen and best space out touchpoints with health professionals in the early postnatal period. Capacity challenges within the service has meant that the trajectory to get these back in line have taken longer than anticipated but commissioners are working hard with the provider to explore measures to address this such as community catch-up clinics as appropriate and continue to monitor the position closely.</p> <p>All NBV and 6-8 week contacts are offered 'in person' in the home, although on some occasions for universal families, for the 6-8 week check there is the option of a Video consultation for the public health messaging part of the assessment, then bring to a clinic appointment for physical baby assessment if the home visit is not deemed suitable or service user choice. A large majority of families are receiving these contacts, however at present many of these take place slightly outside of the mandated timescales.</p> <p>In Cambridge City and Peterborough, the provider is trialling a new approach to the 2-2.5yr check with colleagues from Child & Family Centres supervised by Health visitors for 'universal' (no risk factors) families. Performance against the 2-2.year review is going to be a priority focus within the 2022/23 Annual Development plan and there is a commitment to bringing this to target level by the 2022/23 year end as there is acknowledgement of the importance of this contact as this is the first cohort of infants born in lockdown.</p> <p>The impact of the pandemic on breastfeeding rates is still being worked through, however locally we have seen a significant increase in demand for support by the HCP Infant Feeding Team and feeding issues are among the most common issues via the Text Us/Call Us. To address this, we have increased capacity within this team to enable more women to be supported with feeding issues. There continues to be substantial variations in breastfeeding prevalence rates across the county, with rates worse in the north. To support addressing these issues, PCC and CCC have extended the NCT Peterborough & Fenland Breastfeeding Peer Support service for a further 6 months, until October 2023, whilst broader system work is undertaken to develop and implement the county-wide Infant Feeding Strategy and Peterborough Family Hubs Delivery Plan, as there is investment into community breastfeeding support as a protected part of the Family Hubs funding and we are working with partners to explore how this could be best utilised to improve provision. These activities will inform future commissioning intentions.</p>					

4. Alignment with corporate priorities

4.1 Environment and Sustainability

There are no significant implications for this priority.

4.2 Health and Care

The indicators detailed here provide a comprehensive overview of performance in key priority areas and will enable appropriate oversight and management of performance once regular reporting begins.

4.3 Places and Communities

There are no significant implications for this priority.

4.4 Children and Young People

There are no significant implications for this priority.

4.5 Transport

There are no significant implications for this priority.

5. Source documents

5.1 Source documents

None