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Cambridgeshire
County Council

Corporate Performance Report

Quarter 3

2019/20 financial year

Adults Committee

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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	• **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 then 5% • **Baseline** – indicates performance is currently being tracked in order to inform the target setting process • **Contextual** – these measures track key activity being undertaken, but where a target has not been deemed pertinent by the relevant service lead
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
Useful Links	Provides links to relevant documentation, such as nationally available data and definitions

Indicator 14: 1E Proportion of service users (18-64) with a primary support reason of learning disability support in paid employment (year to date) **Return to Index** **February 2020**

Pro Rata Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
4.5%	↑	4.7%	4.7%	Unchanged

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

Indicator Description

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.

Useful Links

Cambridgeshire Performance (Cumulative - per financial year)

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

Cambridgeshire Comparisons

Legend: Cambridgeshire, Statistical Neighbours, England (2015/16, 2016/17, 2017/18)

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

Commentary

Performance at this indicator was improving through Q1 & Q2, however there has been no significant progress to report since September. Performance is still exceeding that of the equivalent periods in all of the last 4 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.

Although performance is above target at the end of Q3, the indicator remains amber 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.

Indicator 18: 2A PART 2 - Admissions to residential and nursing care homes (aged 65+), per 100,000 population

February 2020

	Pro Rata Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
	423.0	↓	236.2	224.0	Declining

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

Indicator Description

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).

Useful Links

NHS Digital 2017/18 Data:
https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current
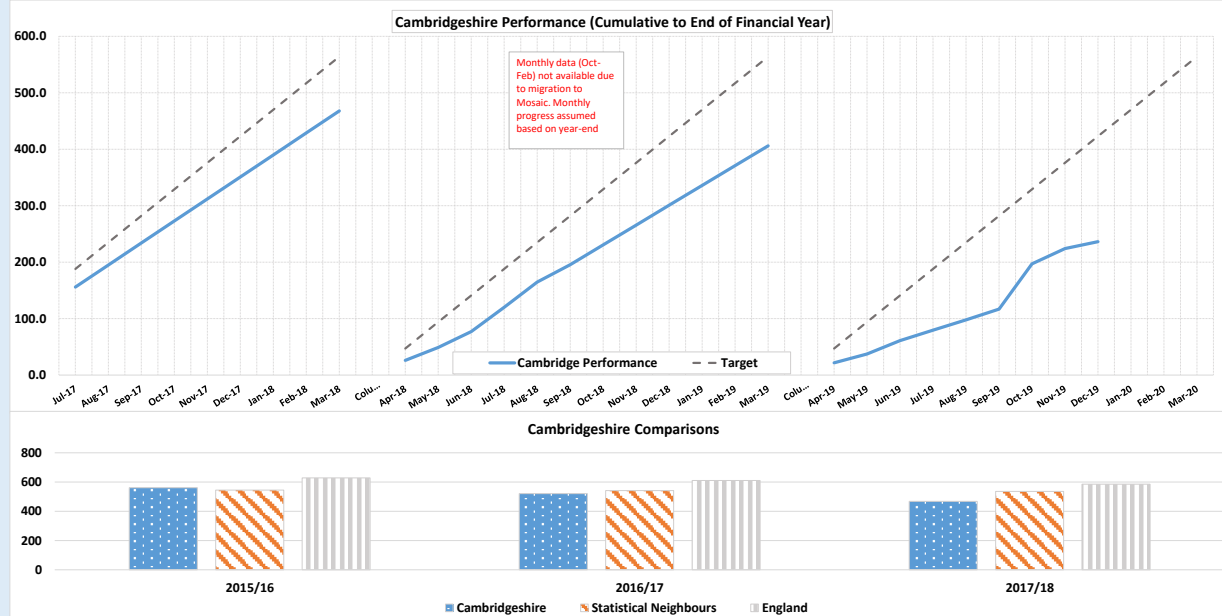NHS Digital Archived Data:
https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive
LG Inform:
https://lginform.local.gov.uk/

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

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf

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

Legend: Cambridge Performance — Target

Cambridgeshire Comparisons

Legend: Cambridgeshire, Statistical Neighbours, England (2015/16, 2016/17, 2017/18)

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

Commentary

The focus on supporting people to remain in their homes for as long as possible, the focus of both the Transforming Lives model and the current Adult Positive Challenge Programme, 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. However we are seeing increasign demand for bed based care for people whose complex needs have reached a level where either nursing care or dementia care are now required.

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.

Delays in loading new services may result in this indicator increasing retrospectively as residential and nursing services are recorded in data systems. As a result this indicator is limited to green only, as the figure is liable to increase.

Indicator 20: 2C(2) Average monthly number of bed day delays (social care attributable) per 100,000 18+ population | Return to Index | February 2020

	Direction for Improvement	Current Month	Previous Month	Change in Performance
Target	↓			
114.0		179.5	160.2	Declining

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

Indicator Description

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)

Useful Links

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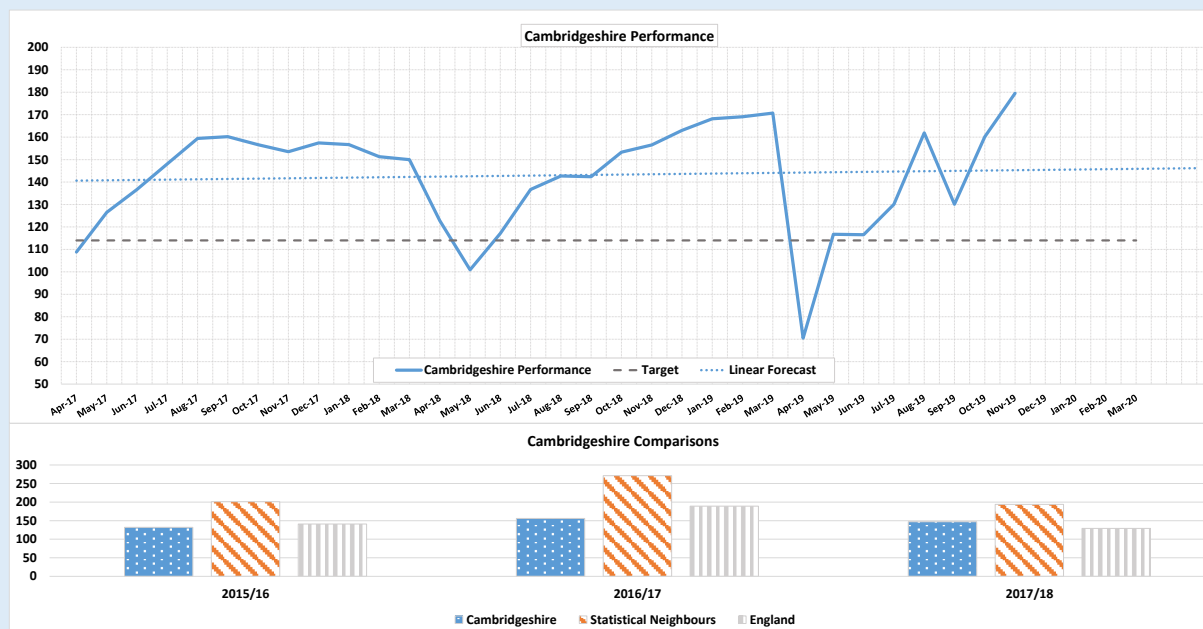
NHS Digital Archived Data:
https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive

LG Inform:
https://lginform.local.gov.uk/

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf

Cambridgeshire Performance

Cambridgeshire Comparisons

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

Commentary

November saw the highest monthly figure for ASC attributable bed-day delays since the last peak in March.

Since April, delays arranging domiciliary care account for 64% 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. Commissioners continue to focus on ways to maximise the capacity in the domiciliary care market and the award of the new Direct Payments support contract is aniticipated over time to lead to an increase in availability of personal assistants as an alternative to domiciliary care.

Indicator 21: 1F Proportion of adults, in contact with secondary mental health services, who are in paid employment

February 2020

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
12.5%	↑	11.4%	12.2%	Declining

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

Indicator Description

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.

Useful Links

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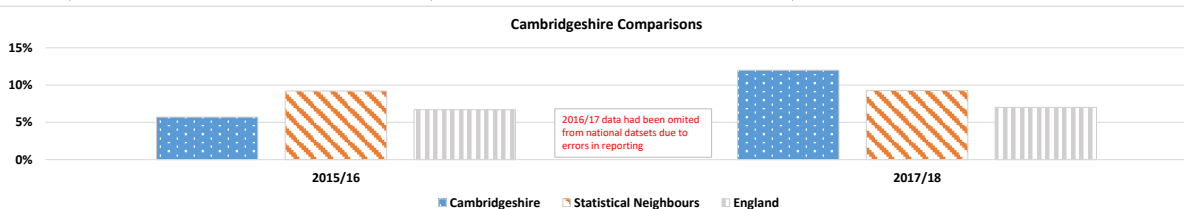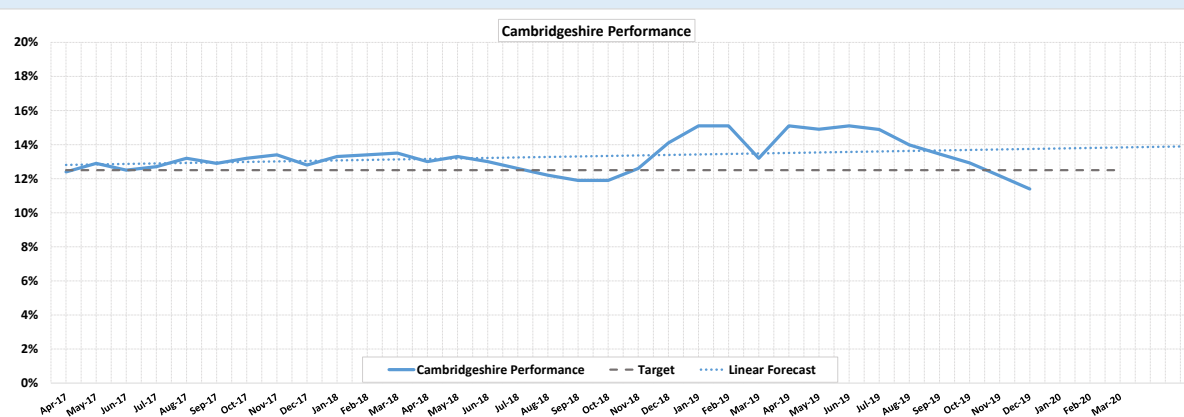
NHS Digital Archived Data:
https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive

LG Inform:
https://lginform.local.gov.uk/

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf

Cambridgeshire Performance

Cambridgeshire Comparisons

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

Commentary

After a strong start to the year, performance at this measure fell below target in November '19 and continued to fall to a low of 11.4% in December. This is the lowest percentage recorded since April '17.
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.

Indicator 105: Percentage of adult safeguarding enquiries where outcomes were at least partially achieved   **Return to Index**   **February 2020**

	Target	Direction for Improvement	Current Year (to date)	Previous Year	Change in Performance
	87.0%	↑	95.3%	94.2%	Improving

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

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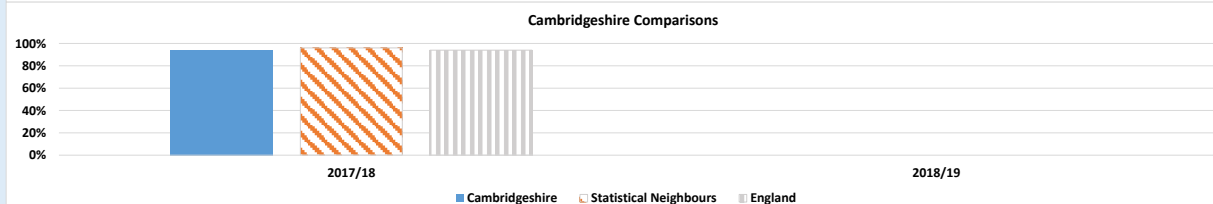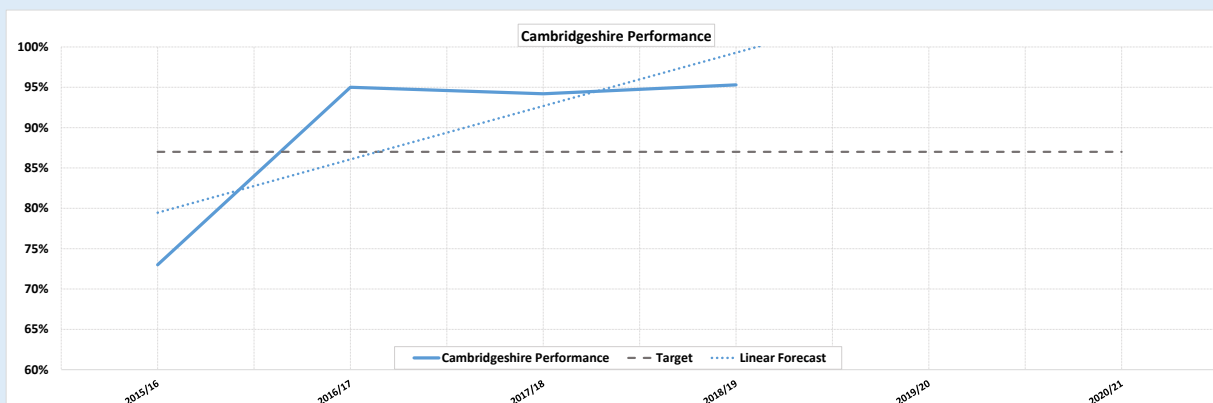
NHS Digital Archived Data:
https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive

LG Inform:
https://lginform.local.gov.uk/

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf

Cambridgeshire Performance

Cambridgeshire Comparisons

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

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 2018/19, approximately 18% of adults at risk who were subject to a S42 enquiry were not asked for their desired outcomes.

Indicator 126: 1C(2A) Proportion of adults receiving Direct Payments   **Return to Index**   **February 2020**

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
24.0%	↑	22.7%	22.7%	Unchanged

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.

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.

Useful Links

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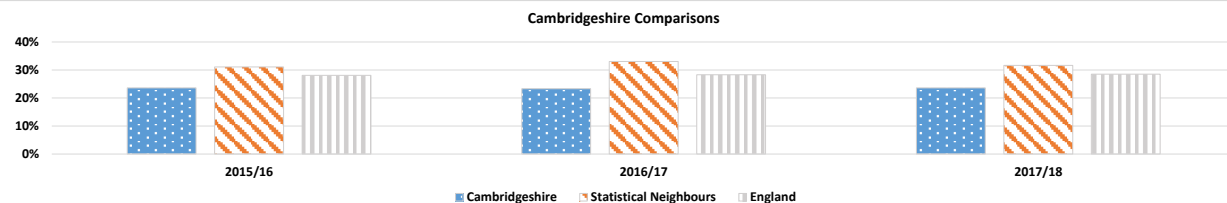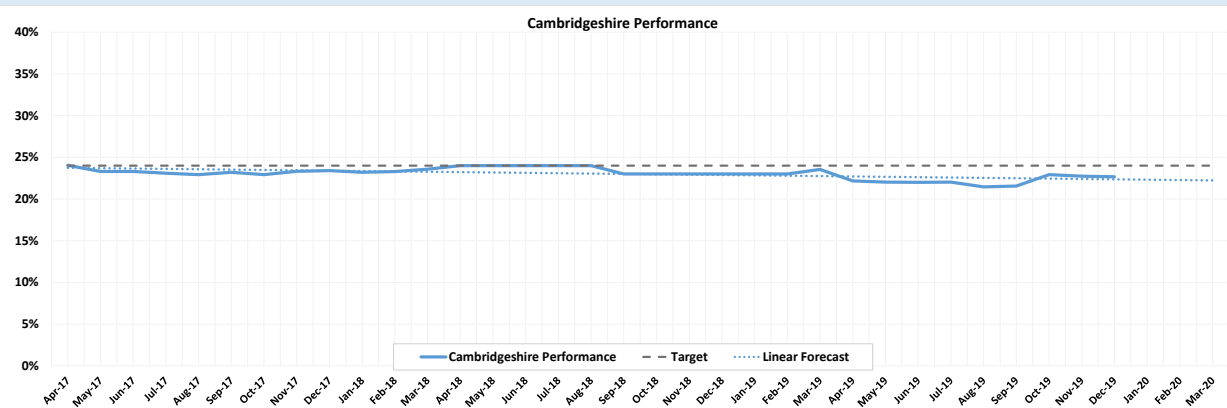
NHS Digital Archived Data:
https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive

LG Inform:
https://lginform.local.gov.uk/

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf

Cambridgeshire Performance

Cambridgeshire Comparisons

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

Commentary

Performance in October climbed slightly compared to the previous month, bringing the proportion of community clients supported with a direct payment to a high point so far for 2019/20. Performance continued to slip again slightly in November and December but remains above average compared to the first 6 months of 2019/20.

A new contract for Direct Payments support has been awarded and will start from 1 April 2020. The support service is ex[ected to not only better promote and support people to take up direct payments but also to expand on the availability of and support to Personal Assistants. As part of the role out of the new support provision there will be an increased ampount of promotion of direct payments to both service uers and professionals. Whilst not likely to impact on performance this financial year we do anticipate seeing an increase in take up in 20/21.

Indicator 140: 2D Percentage of new clients where the sequel to Reablement was not a long-term service

Return to Index   **February 2020**

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

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

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.

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.

Useful Links

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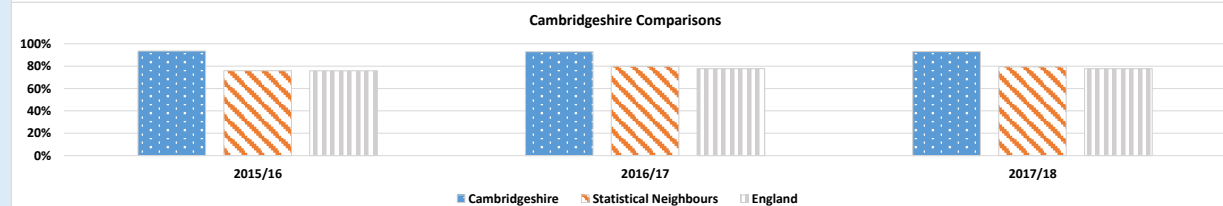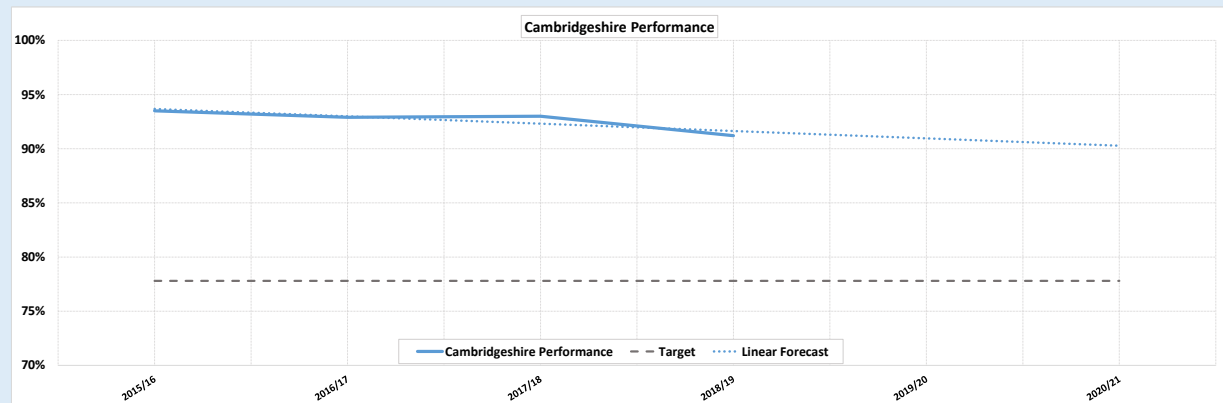
NHS Digital Archived Data:
https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive

LG Inform:
https://lginform.local.gov.uk/

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf

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.

Indicator 161: Number of people receiving long term care in community based (non residential/prison settings) per 100,000 of the population

February 2020

	Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
	804	↓	786	787	Improving

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

Indicator Description

This metric is 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
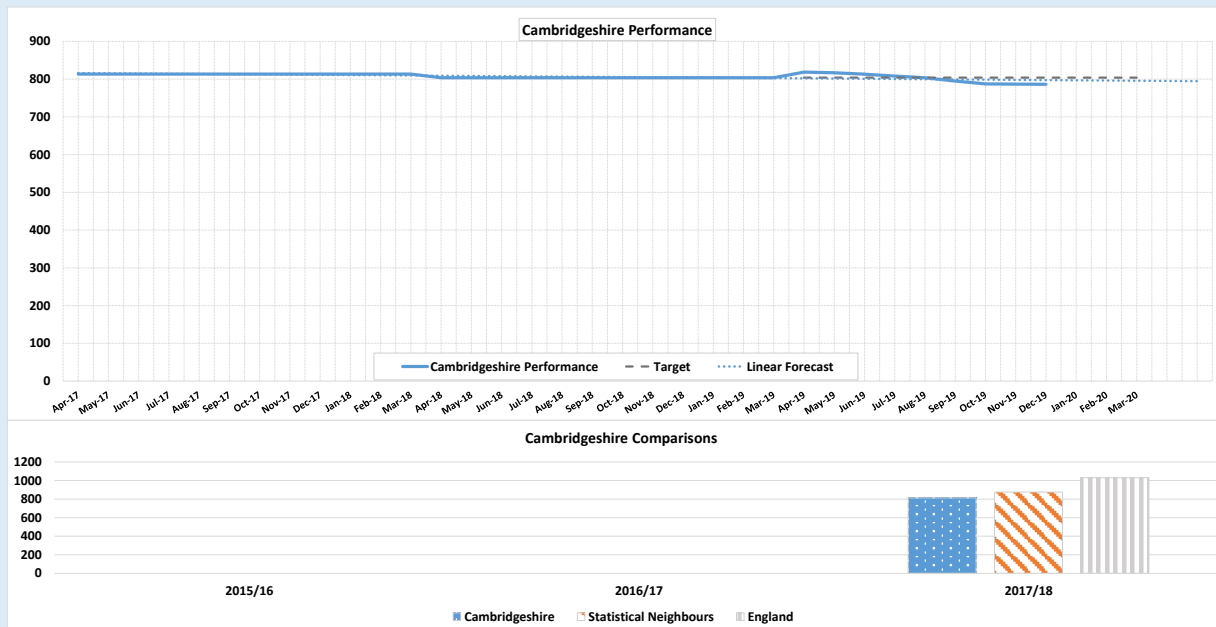
Useful Links

NHS Digital 2017/18 Data:
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

LG Inform:
https://lginform.local.gov.uk/

Cambridgeshire Performance

Legend: Cambridgeshire Performance — Target ····· Linear Forecast

Cambridgeshire Comparisons

Legend: Cambridgeshire | Statistical Neighbours | England

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

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, and the focus on options such as TEC, reablement and community support via the Adult Positive Challenge Programme. The target is set as the 2018/19 baseline with a view to reduce this number further in 2019/20. Some apparent fluctuations in recent months is likely to be related to migration of services to the new social care system, Mosaic.

Indicator 162: Number of carers receiving Council funded support per 100,000 of the population

February 2020

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
271	↓	43	44	n/a

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

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", and "CASSR Commissioned Support only".

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
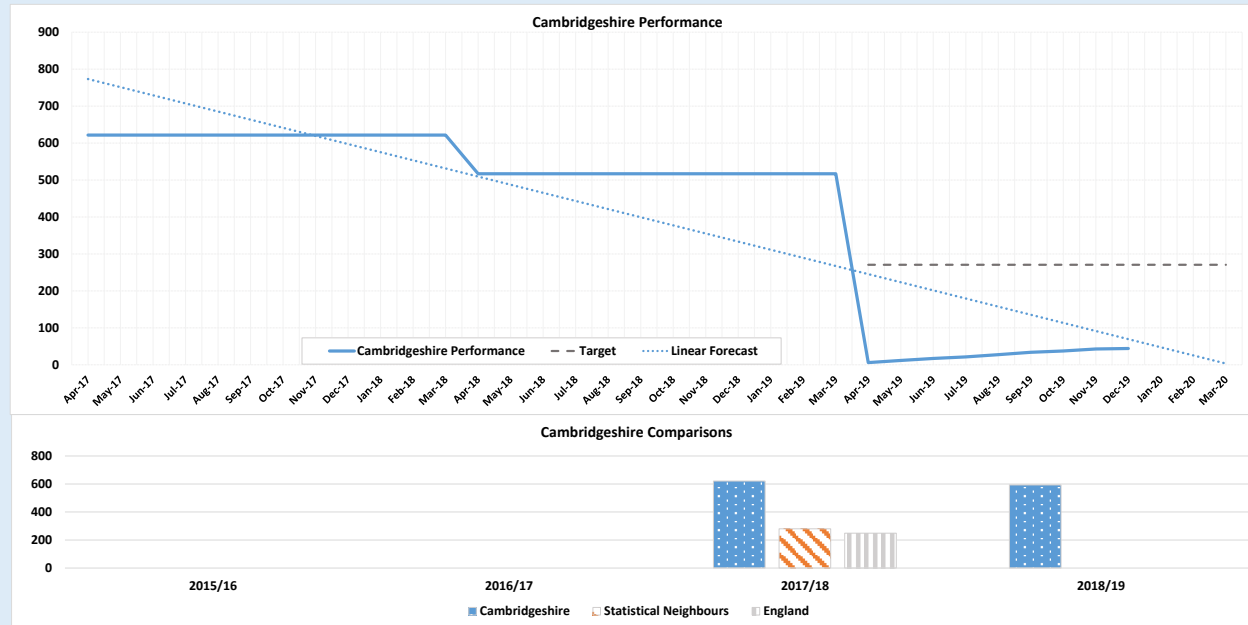
Useful Links

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

LG Inform:

https://lginform.local.gov.uk/

Cambridgeshire Performance

Cambridgeshire Comparisons

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

Commentary

Recent performance (end of year figures in 2017/18 and 2018/19) has shown CCC to be much higher than statistical neighbours and the national average for the number of carers receiving Council-funded support per 100,000 population.

In previous years, Direct Payments were often used as a standard delivery mechanism for support for a carer. Nearly all of the carers supported by the Council received a Direct Payment. There is now a greater focus on targeting support to carers in more varied ways which do not necessarily involve one-off grant payments.

Therefore, we are expecting to see a reduction in the number of carers supported on this measure. The performance target represents an ambitious 50% reduction of Direct Payments from the 2018/19 baseline (from around 2,500 Direct Payments issued in 2018/19 to 1,270). Administrative data about the issue of Direct Payments suggests that the new approach is working, as between April - September 2019, the average number of Direct Payments issued to carers has fallen to 28 per month, from an average of 75 per month in Jan-Mar 2019. This has resulted in much better performance than target. During Q3, another 264 carers were supported indirectly by services, such as respite, delivered to the person that they care for.

Note on indicators:
The values for 2017/18 and 2018/19 use the statutorily defined indicator which CCC submits as part of the national adults social care returns. This allows comparability. Following the migration to Mosaic further work is needed to ensure that the data extraction processes comprehensively include all types of support provided to carers. Therefore the indicator values reported here for 2019/20 use administrative data about Direct Payments (which made up 95% of the services provided in 2018/19). The values for this indicator will accumulate through the year which is why 'change in performance' is not applicable from month to month using this indicator.

Indicator 163: Percentage of requests from new clients that ended in ongoing low level support (TEC and Equipment)   **Return to Index**   **February 2020**

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
12.3%	↑	**36.8%**	**39.3%**	**Declining**

Statistical Neighbours Mean (2018/19)	England Mean (2017/18)	RAG Rating
11.2%	**16.8%**	**B**

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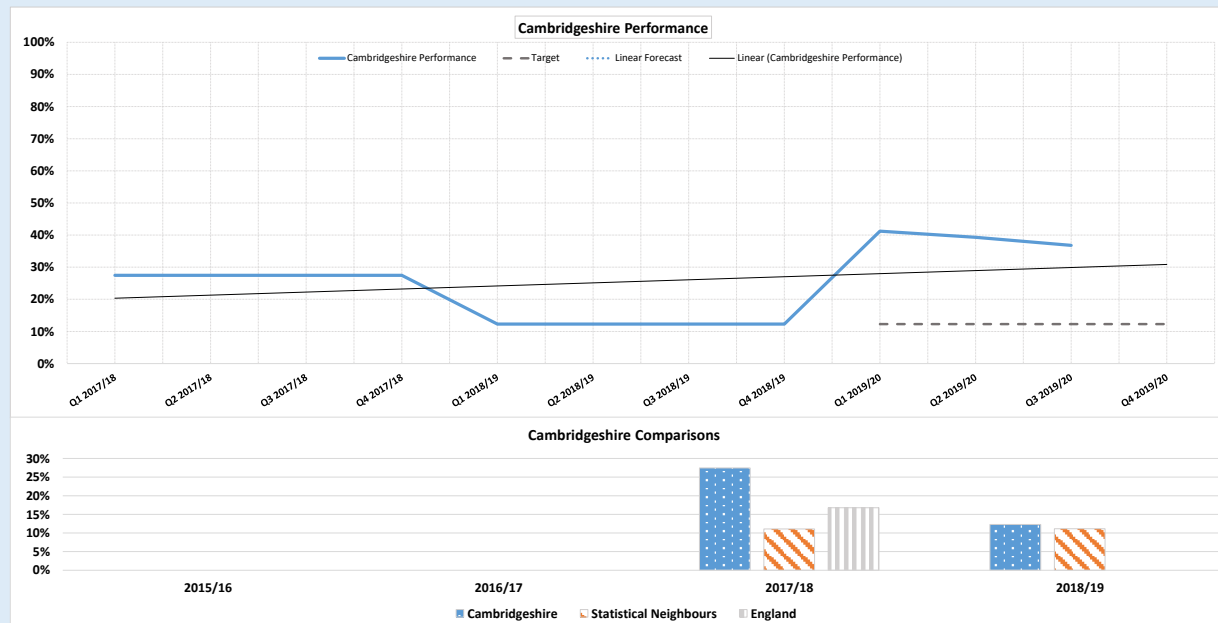
(*Mean England and Statistical Neighbour data obtained from NHS Digital*)

Commentary

The proportion of requests for support (RFS) resulting in only ongoing low-level support, for 2019/20 is significantly higher than that reported in previous years. This reflects the efforts made to increase the provision of TEC and OT equipment to people, supporting them to maintain their independence. The improved recording of ongoing low-level support brought in with the Mosaic system has also contributed by improving our ability to evidence the work that is being done by services such as TEC and Occupational Therapy.

In 2018/19, the proportion of requests for support resulting in ongoing low-level support (OLLS) recorded in 2018/19 was affected by having to draw data from two different systems due to the move from AIS to Mosaic, part way through the year. However, comparing performance in 2019/20 to that of 2017/18 (neither of which are affected by system changes) shows that performance has improved by approximately 10 percentage points over this period.

Furthermore, the number of referrals to TEC has been increasing consistently throughout 2019, with November seeing the highest monthly figures to date for referrals (902 people) and equipment provision (634 people).

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