

Adults and Health Key Performance Indicators

To:	Adults and Health Committee
Meeting Date:	9 March 2023
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

Officer contact:

Name: Val Thomas / Tina Hornsby

Post: Deputy Director of Public Health / Head of Adults Performance and Strategic Development

Email: val.thomas@cambridgeshire.gov.uk / tina.hornsby@peterborough.gov.uk

Tel: 07884 183374 / 01733 452428

Member contacts: Names: Cllr R Howitt / Cllr S van de Ven

Post: Chair / Vice-Chair

Email: Richard.howitt@cambridgeshire.gov.gov

Susanvanden5@gmail.com

Tel: 01223 706398

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 This report presents the position of performance against the selected KPIs for Public Health and Adult Social Care as at the end of December 2022, Quarter 3.

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.**

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 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					
Quarter 3 21/22	Full Year 2021/22	Full Year England	Full Year Stat neighbours	Quarter 3 2022/23	Direction of travel - since Q2
1845	3579	4451	4478	3553	Increasing Higher is better
Percentage 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.

Quarter 3 21/22	Full Year 2021/22	Full Year England	Full Year Stat neighbours	Quarter 3 2022/23	Direction of travel – since Q2
89.7%	93%	91.8%	91.7%	88%	Decreasing Higher is better

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.

Quarter 3 21/22	Full Year 2021/22	Full Year England	Full Year Stat neighbours	Quarter 3 2022/23	Direction of travel – since Q2
84.8%	87.7%	77.6%	79.3%	84.7%	Decreasing Higher is better

Comments on Performance for Early Intervention and Prevention

The growth in new contacts in the year has been in relation to hospital discharges returning to levels more similar to pre pandemic and also in the community referrals to 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. We are currently implementing a new referral to Adult Early Help directly from GP systems which is hoped to further increase referrals where early intervention and prevention can be targeted. This should increase overall numbers of contacts but also it is expected to increase the percentage not requiring long term care. This will be tracked for a 3-month period initially to measure impact and will start in the fourth quarter of this financial year.

There has also been an increase in the number of referrals to reablement, again recovering from a reduction during the pandemic. The percentage with the outcome of no long-term care has been decreasing slightly within the year but remains similar to quarter 3 in the previous year and continues to be comparatively good when looked at alongside England average and statistical neighbours.

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

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.

Quarter 3	Full Year	Full Year	Full Year Stat	Quarter 3	Direction of travel
-----------	-----------	-----------	----------------	-----------	---------------------

21/22	2021/22	England	neighbours	2022/23	– since Q2
22%	21.1%	26.7%	27.6%	19.2%	Increasing Higher is better

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 continuing to support people to connect to their communities and make the most of the local assets.

Quarter 3 21/22	Full Year 2021/22	Full Year England	Full Year Stat neighbours	Quarter 3 2022/23	Direction of travel – since Q2
Not available	50.2%	45%	41.3%	21%	Decreasing Lower is better

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.

Quarter 3 21/22	Full Year 2021/22	Full Year England	Full Year Stat neighbours	Quarter 3 2022/23	Direction of travel – since Q2
54.1	74.1	1398	440.8	68.5	Increasing Higher is better

Percentage of total people accessing long term support in the community

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

Age 18-64

Quarter 3 21/22	Full Year 2021/22	Full Year England	Full Year Stat neighbours	Quarter 3 2022/23	Direction of travel – since Q2
89.6%	84.9%	84.7%	82.4%	90.2%	Increasing Higher is better

Age 65 and over

Quarter 3 21/22	Full Year 2021/22	Full Year England	Full Year Stat neighbours	Quarter 3 2022/23	Direction of travel – since Q2
62.1%	51.7%	62.4%	59.3%	64.2%	Increasing Higher is better

Comments on Performance for long term care and support

The percentage of people receiving direct payments continues to be low, reflecting the challenge in making direct payments an attractive solution. Plans to offer individual service funds as alternative to direct payments continue to progress. 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.

Good progress has been made on statutory reviews with completion for older people and

disability teams being at 90%. However there are still some challenges for learning disability and mental health reviews.

We have seen increases in the proportion of both younger and older adults supported in the community in the year, and this is positive reflection on work which has taken place to increase capacity of commissioned community support.

A move away from carers assessments - by default to a more constructive and timely conversation – accounts for the comparatively low volume of carers assessments. Although having set a new baseline we are now beginning to see expected growth in the number of assessments.

This should be seen alongside our carers conversation and carers triage activity. In the period April- December 2022 we have completed.

- 2162 carers conversations
- 387 carers assessments or reviews

However we recognise that we do need to do more to maintain contact with and support carers in their role and this is a focus of the new carers' strategy and review of practice which is currently in progress.

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

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.

Quarter 3 21/22	Full Year 2021/22	Full Year England	Full Year Stat neighbours	Quarter 3 2022/23	Direction of travel – since Q2
73.2%	89.7%	79.8%	81.6%	85.7%	Increasing Higher is better

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

Quarter 3 21/22	Full Year 2021/22	Full Year England	Full Year Stat neighbours	Quarter 3 2022/23	Direction of travel – Since Q2
93.6%	92.4%	95.4%	97.1%	94.7%	Decreasing Higher is better

Percentage of safeguarding enquiries where risk has been reduced or removed

This indicator tracks the effective 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 to decide on the level of risk that is acceptable to them.

Quarter 3 21/22	Full Year 2021/22	Full Year England	Full Year Stat neighbours	Quarter 3 2022/23	Direction of travel – Since Q2
91%	91.1%	91.2%	92%	91.8%	Increasing Higher is better

Comments on Performance for Safeguarding

We continue to have reporting gaps for safeguarding. New dashboards are currently in their final testing phase meaning not all the data needed to inform these indicators is available for routine use by staff, however, with the information available performance against this indicator suggest that the Making Safeguarding Personal agenda is fully imbedded in the safeguarding process and that safeguarding enquiries are effective in reducing the level of risk, although we could do better at meeting desired outcomes. We are currently undertaking a practice audit for safeguarding where recording of mental capacity and identifying outcomes are two of the areas we are focussing on.

2.6 Transitions between health and social care services work well

The Department of Health and Social Care are still to realise their metrics around health and care integration, and therefore as yet Key Performance Indicators for this area have not yet been set.

3. Public Health performance update

3.1 These indicators reflect our high value contracts that are primarily preventative or provide treatment e.g., Drugs and Alcohol Treatment Service. They include both locally set targets and national where applicable. There are some key performance indicators 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.

3.2 Indicators are 'RAG' rated where targets have been set.

- **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 against the target

3.3 Drug and Alcohol Treatment Services

Indicator	FY 21/22	National average (latest Q)	Q1 22/23	Q2 22/23	Status
201: % Achievement against target for drug and alcohol service users who successfully complete treatment. (Benchmarked against national average) Above target but decreasing	21.84%	20.43%	21.76%	21.25%	Green
Comments of Performance					
Q3 data is not yet available. The Cambridgeshire commissioned Drug and Alcohol Treatment Service provided by Change Grow Live, continues to perform strongly against national indicators despite seeing an increase in the complexity of patients presenting during the covid pandemic. The challenge is to ensure that services are continuously promoted, and individuals present to treatment at the earliest opportunity. New National investment in the treatment sector will see an increase in capacity and quality of provision.					

3.4 Health Behaviour Change Services (lifestyles)

Indicator	FY 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Status
82: 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. Target: 30% of those in treatment Above target and improving	38%	42%	56%	48%	Blue
237: Health Trainer: (Structured support for health behaviour change): % achievement against target for adult referrals to the service from received from deprived areas. Target: 30% Unchanged and exceeding target	31%	34%	34%	34%	Blue

56: Stop Smoking Services: % achievement against target for smoking quitters who have been supported through a 4-week structured course. Target: 2234 quitters Below target and declining	36.2%	144 (26% of Q1 target)	142 (25% of Q2 target)	TBC	Red
53: NHS Health Checks (cardiovascular disease risk assessment) Achievement against target set for completed health checks Target: 20,000 Below target but improving	6,408 (32% of annual target)	2450 (49% of Q 1 target)	2777 (56% of Q 2 target)	3564 71% of Q 3 target)	Red
Comments on performance					
<p>Tier 2 Adult Weight Management – referrals into the Tier 2 services continue to be high with 1380 referrals received in Q3 against a target of 420. The providers are managing this increase well. Additional funding has been allocated to ensure the provider continues to manage the increased demand for this service. Despite demand, the service is performing well with 48% of completers in Q3 achieving a 5% weight loss against a target of 30%.</p> <p>Health Trainer Services – referrals into the Health Trainer service are slightly above target with 774 referrals received in Q3 against a target of 689. 34% of these referrals are from the 20% most deprived areas which is above the 30% target. The target is being consistently achieved this year.</p> <p>Stop Smoking Services – Stop Smoking performance data is always two months behind the reporting period. This is due to the intervention taking two months in total to complete. This means the complete quarter 3 data is not available at this time.</p> <p>Stop smoking services were significantly impacted by the COVID-19 pandemic with only 36% of the local target achieved in 21/22. During quarter 2 22/23 the Behaviour Change Service/Stop Smoking had reduced staff capacity whilst its newly recruited colleagues were completing their induction and mandatory training. However, it achieved 98% of its trajectory target in quarter 2, compared to only 64% in quarter 1. GP practices also provide stop smoking services but are still experiencing demand pressures and are finding it challenging to provide stop smoking services along with two of the main smoking cessation pharmacotherapies (Champix and Zyban) have been withdrawn due to safety issues both factors are impacting the overall numbers.</p> <p>NHS Health Checks – NHS Health Checks are primarily delivered in GP practices. Delivery was significantly impacted by the pandemic with only 46% of the local target achieved in 21/22. In 22/23 delivery has improved despite many practices still struggling with backlogs, capacity issues and other pressures. Year to date 8791 NHS Health Checks have been completed (44% of annual target and above the numbers completed in 2021/22). In Q3 there were 3564 NHS Health Checks completed which is 71% of the Q3 target showing a continued improvement. The commissioning of NHS Health Checks has been diversified with GP Federations delivering on behalf of some practices and the Behaviour Change Services increasing its opportunistic NHS Health Checks along with supporting practice delivery. Other models are being explored to encourage increased activity. (A GP federation is a group of</p>					

general practices or surgeries forming an organisational entity and working together within the local health economy)

3.5 Healthy Child Programme

The Healthy Child Programme is universal in reach and personalised in response. There are no national targets and we have set ourselves some challenging local targets as it is an important preventative service which offers every child a schedule of health and development reviews, screening tests, immunisations and health promotion guidance and support for parents tailored to their needs at key times. In Cambridgeshire and Peterborough the service is provided by the two NHS community trusts through a single Section 75 agreement. Here we report only on some of the health visitor contacts but a large part of the work (e.g safeguarding, targeted support) happens outside these mandated contacts. Since this data is taken just after the Q3 reporting period, percentages may be higher in the final submissions.

Indicator	FY 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Status
59: Percentage of births that receive a face-to-face New Birth Visit (NBV) within 14 days, by a health visitor. Local target: 90% Below target and declining	55%	42%	40%	38%	Red
60: Percentage of children who received a 6–8-week review by 8 weeks. Local target: 95% Below target but improving	28%	32%	37%	42%	Red
62: Percentage -of children who received a 2-2.5-year review by 2.5 years. Local target: 90% Below target but improving	42%	48%	42%	57%	Red
57: Percentage of infants breast feeding at 6-8 weeks (need to achieve 95% coverage to pass validation). Local target: 57% Achieving target and fluctuates	50%	52%	58%	54%	Amber

Comments on Performance

59 & 60: New birth and 6–8-week checks. Commissioners work closely with the provider to ensure a high coverage level across all mandated contacts and if contacts completed outside of timescale were also included in this data, coverage would be significantly higher (e.g. if those completed between 14 and 21 days are included, the average for New Birth visits increases to **97%** and if those completed after 8 weeks are included, the average for 6-8 week checks increases to **89%** demonstrating that most families are receiving this contact. It is important to note there is no national target and this is a challenging target set locally and a priority to move to more face-to-face delivery (which was reduced during the pandemic).

Commissioners are intending to prioritise returning all mandated contacts into timescale in the 2023/24 service Annual Development Plan.

62: 2-2.5-year checks: As with the previous indicators the reported data does not include the number of reviews completed after 2.5 years. If these were included in the data, the Q3 average would increase to **87%**. Commissioners agreed with providers to prioritise this contact as part of the 2022/23 Annual Development Plan as it is recognised that this year's cohort will be the first children born in lockdown to have this development assessment.

57: The overall **breastfeeding** prevalence of 54% is higher than the national average of 47%. Breastfeeding rates, which include both exclusive breastfeeding and mixed feeding, do however continue to vary greatly across the county. Broken down by districts, breastfeeding rates for 2022/23 quarter 3 stand at 68% in Cambridge City, 60% in South Cambridgeshire, 55% in East Cambridgeshire, 52% in Huntingdonshire, and 30% in Fenland. The Health Visiting service remains Stage 3 UNICEF Baby Friendly accredited. This shows quality of care in terms of support, advice and guidance offered to parents/carers.

In October 2022, we also launched the new [5-year Infant Feeding strategy](#) which sets out our ambitions to improve the quality of support provided to parents across the continuum of their infant feeding journey. Work is now underway to develop an action plan against this strategy which aligns to the Family Hubs transformation programme delivery plan across Peterborough and Cambridgeshire.

4. Alignment with corporate priorities

4.1 Environment and Sustainability

There are no significant implications for this priority.

4.2 Health and Care

The following bullet points set out details of implications identified by officers:

- The performance indicators describe any impacts upon health and care.

4.3 Places and Communities

The following bullet points set out details of implications identified by officers:

- The performance indicators describe any impacts upon places and community

4.4 Children and Young People

The report above sets out the implications for this priority in paragraph 3.5.

4.5 Transport

The following bullet points set out details of implications identified by officers:

- The performance indicators describe any impacts upon transport

5. Significant Implications

5.1 Resource Implications

There are no significant implications within this category.

5.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

5.3 Statutory, Legal and Risk Implications

The following bullet point set out details of significant implications identified by officers:

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding.

5.4 Equality and Diversity Implications

The following bullet point set out details of significant implications identified by officers:

- Any equality and diversity implications will be identified before any service developments are implemented

5.5 Engagement and Communications Implications

The following bullet point set out details of significant implications identified by officers:

- Any equality and diversity implications will be identified before any service developments are implemented

5.6 Localism and Local Member Involvement

The following bullet point set out details of significant implications identified by officers:

- Services will require the ongoing support of local communities and members to support and ensure services delivery supports health and wellbeing

5.7 Public Health Implications

The report above sets out details of significant implications in paragraphs 3.4, 3.5, 3.6

5.8 Environment and Climate Change Implications on Priority Areas

5.8.1 Implication 1: Energy efficient, low carbon buildings.

Neutral

Explanation: Not factored into this performance report

5.8.2 Implication 2: Low carbon transport.

Neutral

Explanation: Not factored into this performance report

5.8.3 Implication 3: Green spaces, peatland, afforestation, habitats, and land management.

Neutral

Explanation: Not factored into this performance report

5.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.

Neutral

Explanation: Not factored into this performance report

5.8.5 Implication 5: Water use, availability, and management:

Neutral

Explanation: Not factored into this performance report

5.8.6 Implication 6: Air Pollution.

Neutral

Explanation: Not factored into this performance report

5.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.

Positive

Explanation: Services are expected to provide information and signposting to any vulnerable people affected by climate change.

Have the resource implications been cleared by Finance? Yes

Name of Financial Officer: Justine Hartley

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement and Commercial? Yes

Name of Officer: Clare Ellis

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Pathfinder Legal? Yes

Name of Legal Officer: Linda Walker

Have the equality and diversity implications been cleared by your EqIA Super User? Yes

Name of Officer: Faye McCarthy

Have any engagement and communication implications been cleared by Communications? No (20th February 2023)

Name of Officer:

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes

Name of Officer: Debbie McQuade

Have any Public Health implications been cleared by Public Health? Yes

Name of Officer: Jyoti Atri

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?

No (20th February 2023)

Name of Officer:

6. Source documents guidance

6.1 Source documents

None