

Key Performance Indicators – Adults and Health Committee

To: Adults and Health Committee

Meeting Date: 14 July 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 asked to:

consider the proposed list of Key Performance Indicators, and confirm the indicators it wishes to receive reports on.

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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 some of the key considerations for performance frameworks in the areas of adult social care and health services, a workshop was held with members of the Committee to discuss possibilities. This paper summarises a proposal of a set of indicators following that workshop, for Committee to discuss and agree.
- 1.3 If Committee can confirm an agreed list of indicators, these will be presented in a performance report, which could be provisionally scheduled for the October Committee meeting.

2. Main Issues

2.1 Adult Social Care

At the workshop there was concern raised that key performance indicators should not cause perverse incentives. The proposal following the workshop is therefore to provide KPIs in small bundles linked to a theme to provide a more rounded picture of performance whilst still reflecting headline performance.

- 2.2 The workshop also requested KPIs to reflect effective transitions between health and social care services. This has been added as a theme.

- 2.3 The four proposed themes are

1. 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.
2. Long term care and support when needed is personalised and keeps people connected to their communities
3. Adults at risk are safeguarded from harm in ways that meet their desired outcomes.
4. Transitions between health and social care services work well

The proposed bundles of indicators are set out below and should be reported together against the themes. The proposal below sets out 11 indicators, with some more likely to be included from the joint Integrated Care System / health interface point.

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
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.
% of new client contacts not resulting on 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.
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 are able to 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 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.

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

Indicator	Rationale
Proportion of people using social care who receive direct payments (%)	Direct payments provide people with more choice and control over how they meet they 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.
Proportion of people receiving long term support with who had not received a review in the last 12 months % of all people funded by ASC in long-term	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.

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. As supporting background to this indicator we would also provide information on the number of carers conversations we have had, which are more frequent and less formal than an assessment or review.
% 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.
% 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. 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.

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

Indicator	Rationale
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.
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.
Percentages 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 to decide on the level of risk that is acceptable to them.
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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)

2.4 Public Health

There were not any objections or specific issues raised in relation to the choice of indicators.

We identified what we consider to be priority indicators. They 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.

Indicator	Rationale
KPI data is collected routinely from service data, in some areas, Drug and Alcohol Treatment Services and the Healthy Child Programme the data is also submitted nationally.	
Drug and Alcohol Treatment Services	
% 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.
Health Behaviour Change Services (lifestyles)	
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)	This 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. 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.
Health Trainer: (Structured support for health behaviour	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

change): % achievement against target for adult referrals to the service from high-risk areas/groups e.g., smokers from manual/routine groups (local target)	prevent ill health through reducing the risk of poor health through the adoption of healthier behaviours. 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.
Stop Smoking Services : % achievement against target for smoking quitters who have been supported through a 4-week structured course. (national benchmark)	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.
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.
Healthy Child Programme	
Health Visiting	
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.
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.
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
Breastfeeding	

% Of infants breast feeding at 6-8 weeks (need to achieve 95% coverage to pass validation).	Breastfeeding is important for a range of outcomes for the mother and child. It is encouraged as it protective against infection and obesity.
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- 2.6 The total number of priority indicators recommended here is 20. This will be added to with indicators regarding the health / social care interface, suggest a maximum of 3 further indicators to make a total of 23.
- 2.7 Strategy and Resources Committee received a paper on 27 June 2022 which discussed the next steps for developing strategic KPIs for monitoring the performance of the whole Council against corporate priorities. In relation to the priority around health and care, it is recommended that indicators which are at a strategic outcome level are included. These could include use of indicators from the Health and Wellbeing Strategy, relevant indicators are:
- Healthy life expectancy
 - Preventable deaths before the age of 75
- 2.8 One option for an indicator about adult social care services would be to pick an annual indicator from the annual Service User Survey (for example, social care related quality of life, or the proportion of people who use services who have control over their daily life). However, further information about the Government proposals for the updating of the Adult Social Care Outcomes Framework is anticipated in July, and this guidance may include removing the survey (the results of the most recent survey will be reported to Committee). It is therefore recommended that this is awaited prior to making a recommendation to the Strategy and Resources Committee.

3. Alignment with corporate priorities

3.1 Environment and Sustainability

There are no significant implications for this priority.

3.2 Health and Care

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

3.3 Places and Communities

There are no significant implications for this priority.

3.4 Children and Young People

There are no significant implications for this priority.

3.5 Transport

There are no significant implications for this priority.

4. Source documents

4.1 None