Adult Social Care and Public Health Performance Key Performance Indicators

To:	Adults and Health Committee
Meeting Date:	9 December 2021
From:	Director of Adult Social Services and Director of Public Health
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	A workshop and set of Key Performance Indicators for Adults and Health Committee, which will be reported to the committee quarterly.
Recommendation:	Adults and Health Committee is asked to:
	review and agree the proposed approach to developing a set of Key Performance Indicators for Adult Social Care and Public Health.

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1.   Main Issues

1.1.1 The Committee wishes to receive a report setting out options for Key Performance Indicators (KPIs) for Adult Social Care and Public Health. This report sets out the current position in relation to national measures for adult social care and public health outcomes and proposes an approach to take in identifying a set of KPIs to be reported quarterly to the committee.

1.1.2 The Adults and Health Committee's closest predecessors had separate performance reports previously. The new Committee has an opportunity to adopt a new set of indicators aligned with the responsibilities and strategy of the Committee.

1.1.3 Good practice in performance reporting ensures that metrics and indicators are linked to strategy and planning, so that the indicators chosen can be used to show progress against the goals the committee has set.

1.1.4 It is very useful to be able to benchmark performance indicators to make comparisons to national averages and statistical neighbours. Indicators that we report nationally are also well defined and have better data quality, so they are more reliable. It is therefore important to make use of nationally defined indicators wherever possible.

1.1.5 Therefore, this report sets out some considerations for the committee on the different performance frameworks which already apply to the delivery of adult social care and public health outcomes. It recommends that following an initial discussion, a workshop is held for Committee members to agree a set of KPIs in light of corporate strategy, primarily based on nationally defined indicators.

1.2   Alignment with Council-wide Corporate Strategy and Performance

1.2.1 The Strategy and Resources Committee is due to consider a revised corporate strategy in January 2022. This strategy will guide the work and objectives of service committees. Alongside the new strategy, a new performance framework will be discussed.

1.2.2 The new framework will respond to the recommendations of Internal Audit and the recent Corporate Peer Challenge. A report of an internal audit of Cambridgeshire County Council's corporate Key Performance Indicators (KPIs) was issued in March 2021. The report rated the adequacy of the system as 'Satisfactory'. It noted that some reporting of KPIs to Joint Management Team and committees had been suspended due to the pandemic.

1.2.3 The Corporate Peer Challenge Feedback Report looked at whether the Council has a culture of challenge and scrutiny. Actions relating to performance management in the Peer Challenge Action Plan are to develop a Member/officer strategic forum to consider the overarching picture of progress and outcomes across the organisation, and review the effectiveness of the new Committee system arrangements.

1.2.4   The approach in the previous framework was that service committees set indicators, and exceptional indicators (defined as significantly better or worse than targeted performance) were reported to General Purposes Committee. However, the recommendations from the audit and the Corporate Peer Challenge suggest that a stronger role for a central, over-arching forum is necessary, so service committee indicators will link more closely to the central strategy overseen by the Chairs / Vice Chairs / SMT forum.

1.2.5   In order to deliver this work, the Business Improvement and Development directorate has started work to develop a new Performance Management Framework, to be agreed by Strategy and Resources in January 2022, alongside the new corporate strategy. It is proposed this will result in a new set of 'strategic' KPIs for use by Strategy and Resources in monitoring performance against corporate strategy, and which is a basis for Service Committees to start from in terms of their own performance monitoring arrangements.

1.3 Good practice in performance management

1.3.1   Good practice in performance management follows a Plan / Do / Monitor / Review cycle. The Plan stage is important because it is where the intended impact, aims, objectives and activities are defined. These guide the selection of indicators, so they provide a meaningful picture of how well the Committee is doing at reaching its goals and objectives.

1.3.2   Once these aims and objectives have been defined, nationally defined indicators with well understood definitions, established collection routines and a time series of history should be considered first to see if they assist in monitoring progress against the plan. Such indicators can be benchmarked against other areas as results are usually published nationally. A good starting place would be the Public Health Outcomes Framework (PHOF) and Adult Social Care Outcomes Framework (ASCOF), from which a subset could be picked, and aligning them with national developments as they change.

1.3.3   Details of relevant local and national frameworks are set out in the Appendix.

1.3.4   The Committee may wish to consider how to use 'leading' and 'lagging' indicators. Indicators from PHOF and ASCOF are typically updated once a year, mainly because they are at a strategic level and it takes time for the outcomes to occur and be measured. Some may be able to be monitored more frequently than that using local data, but other important indicators (such as healthy life expectancy) are only calculated annually. They are 'lagging' because they measure outcomes and take some time to produce. 'Leading' indicators measure outputs rather than outcomes. If targets are aligned with objectives, then leading indicators can show whether the intervention we are delivering is on target. For example, if our overall aim is to reduce smoking rates, this is only measured annually, but we could measure the number of anti-smoking packs issued, which gives us an idea of whether we are reaching enough people to change the rates. However, there are many such indicators given the breadth of services overseen by the Committee, and they give only a partial view of effectiveness. In the anti-smoking example, we also need to know the effectiveness rate of the anti-smoking pack in helping smokers to stop, to know whether we have issued enough to change the rates. Using leading indicators at strategic level can also incentivise

the wrong behaviour, e.g. by rewarding the issuing of a lot of packs rather than the achievement of lower rates of smoking.

1.4 **Recommendations**

1.4.1 The complexity of the performance monitoring regimes in health and social care (set out in the Appendix) represents a particular challenge for this Committee in identifying a clear set of accessible and relevant performance indicators which are meaningful to the public.

1.4.2 There are several developments underway at national level, particularly around adult social care indicators, which are key for planning our work to produce KPIs and for being able to benchmark between authorities.

1.4.3 There are also local developments too, including corporate strategy, Committee strategy, and alignment with performance management arrangements across the whole Council. It is therefore recommended that the Committee hold a workshop to discuss the selection of a set of indicators in February 2022, once the corporate strategy has been agreed by Strategy and Resources, and in anticipation of further information from Government being available about national frameworks.

2. Alignment with corporate priorities

2.1 Communities at the heart of everything we do

There are many indicators in the national outcome frameworks which, if chosen, will help the Council to evidence progress in supporting people to remain a part of their community as far as possible. The proposed workshop will consider these indicators.

2.2 A good quality of life for everyone

The ability to maintain control and independence for as long as possible is known to support quality of life. Catching care and support needs early or preventing them from emerging are key to maintaining quality of life. There are indicators in the national set which help to monitor this, and these will be covered in the workshop.

2.3 Helping our children learn, develop and live life to the full

There are no significant implications for this priority

2.4 Cambridgeshire: a well-connected, safe, clean, green environment

There are no significant implications for this priority

2.5 Protecting and caring for those who need us

All performance frameworks outlined in this report support us in evidencing how we might deliver care and support for those who need it in the way that is most appropriate their level of need and wishes.

3. Source documents

3.1 Source documents

None

Appendix – Details of national and local frameworks

This appendix sets out important governance and performance frameworks which the Committee may wish to consider as part of developing KPIs.

1 Constitutional role of Adults and Health committee in relation to performance

1.1 The constitution highlights the committee's responsibilities in several areas:

…the delivery, by or on behalf of the County Council, of social care services to eligible adults within Cambridgeshire.

- *Services for people with physical disability*
- *Services for people with learning disability*
- *Mental health services*
- *Preventative services*
- *Residential care*
- *Older people*
- *Carer support*
- *Safeguarding*

This Committee also has delegated authority to exercise the Council's functions in respect of the following:

The County Council's public health duty, including:

- *Health improvement*
- *Individual and community wellbeing,*
- *Reduction of health inequalities*

The new committee also has scrutiny responsibilities which are outside the scope of this paper, but which may involve the Committee in reviewing KPIs regarding health services management locally.

1.2 Central government policy setting and the law

1.2.1   The delivery of adult social care and public health functions are overseen by central government. The Department for Health and Social Care oversees the legal frameworks which govern the delivery of adult social care and the public health duty. Key legislation includes the Health and Social Care Act 2012 and Care Act 2014. A proposed Health and Care Bill is currently at committee stage in the House of Commons, with a green paper on social care funding reform published in September 2021. The agencies responsible for public health nationally have also recently changed, Public Health England has been replaced at the beginning of October by the UK Health Security Agency and the Office for Health Improvement and Disparities.

1.2.2   Particularly important new policy developments nationally which are being implemented locally include integration between NHS agencies and local authorities under the Integrated Care System agenda, the proposed reforms to social care funding, and the implementation of an assurance framework for local authority delivery of social care by the Care Quality Commission (due to begin in April 2022).

1.3   **National performance frameworks**

1.3.1   To monitor and manage the performance of local areas in the delivery of adult social care and public health, and to inform commissioning and improvement activities, Government collects statutory return data from local authorities and local health organisations. These are processed into the following performance / data frameworks which are most relevant to the Committee's functions:

1.4 **Public Health Outcomes Framework**

1.4.1   This includes 161 indicators which cover a wide range of aspects of health and wellbeing in an area. Many of these indicators are available at upper tier (county) level and lower tier (district) level. Most are updated annually. They are grouped into 5 areas

Overarching indicators			
Wider Determinants	Health Improvement	Health Protection	Healthcare and Premature Mortality

Overarching indicators are focused on life expectancy, both overall and for healthy life. The nature of public health is such that marked improvements in these outcomes will take years – sometimes even decades.

Compared with England ● Better 95% ● Similar ● Worse 95% ○ Not applicable   Quintiles: Best ○●●●● Worst ○ Not applicable

a note is attached to the value, hover over to see more details

Recent trends: — Could not be calculated → No significant change ↑ Increasing & getting worse ↑ Increasing & getting better ↓ Decreasing & getting worse ↓ Decreasing & getting better ↑ Increasing ↓ Decreasing

Benchmark Value

Worst — 25th Percentile — 75th Percentile — Best

Indicator	Period	Cambs Recent Trend	Count	Value	Region Value	England Value	Worst	Range	Best
A01a - Healthy life expectancy at birth (Male)	2017 - 19	—	-	64.3	64.4	63.2	53.7		71.5
A01a - Healthy life expectancy at birth (Female)	2017 - 19	—	-	66.2	64.2	63.5	55.3		71.4
A01b - Life expectancy at birth (Male) New data	2017 - 19	—	-	81.2	80.5	79.8	74.4		84.9
A01b - Life expectancy at birth (Female) New data	2017 - 19	—	-	84.4	83.9	83.4	79.5		87.2
A01c - Disability-free life expectancy at birth (Male)	2017 - 19	—	-	63.2	64.5	62.7	53.4		69.6
A01c - Disability-free life expectancy at birth (Female)	2017 - 19	—	-	61.6	62.2	61.2	49.9		70.3
A02a - Inequality in life expectancy at birth (Male)	2017 - 19	—	-	8.1	7.9	9.4	14.8		2.9
A02a - Inequality in life expectancy at birth (Female)	2017 - 19	—	-	7.2	6.2	7.6	13.3		1.5
A02b - Inequality in healthy life expectancy at birth ENGLAND (Male)	2017 - 19	—	-	-	-	19.0	-	Insufficient number of values for a spine chart	-
A02b - Inequality in healthy life expectancy at birth ENGLAND (Female)	2017 - 19	—	-	-	-	19.3	-	Insufficient number of values for a spine chart	-
A02c - Inequality in healthy life expectancy at birth LA (Male)	2009 - 13	—	-	11.1	-	-	-	-	-
A02c - Inequality in healthy life expectancy at birth LA (Female)	2009 - 13	—	-	11.0	-	-	-	-	-
A01a - Healthy life expectancy at 65 (Male)	2017 - 19	—	-	10.6	10.9	10.6	6.1		16.0
A01a - Healthy life expectancy at 65 (Female)	2017 - 19	—	-	12.7	11.6	11.1	5.2		16.7
A01b - Life expectancy at 65 (Male) New data	2017 - 19	—	-	19.7	19.3	19.0	16.4		23.2
A01b - Life expectancy at 65 (Female) New data	2017 - 19	—	-	22.1	21.6	21.3	18.8		24.9
A01c - Disability-free life expectancy at 65 (Male)	2017 - 19	—	-	9.8	10.4	9.9	7.0		15.1
A01c - Disability-free life expectancy at 65 (Female)	2017 - 19	—	-	10.5	10.5	9.7	6.0		13.5
A02a - Inequality in life expectancy at 65 (Male)	2017 - 19	—	-	4.7	4.2	4.9	10.5		2.0
A02a - Inequality in life expectancy at 65 (Female)	2017 - 19	—	-	4.9	3.8	4.7	8.6		-0.6

1.4.2 The other groups represent a set of supporting indicators (grouped into four domains) that help focus our understanding of how well we are doing. Indicators have been included that cover the full spectrum of public health to be, and what can be realistically measured.

1.4.3 Information about Cambridgeshire is located here: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/area-search-results/E10000003?place_name=Cambridgeshire&search_type=parent-area

1.4.4 The Public Health Outcomes Framework is one of several frameworks which process data from health organisations and local authorities into indicator sets. More detail here https://fingertips.phe.org.uk/.

1.5 Adult Social Care Outcomes Framework

1.5.1 The national Adult Social Care Outcomes Framework (ASCOF) has been in place for a number of years and predates the Care Act 2014. It is compiled from statutory returns and surveys undertaken by local authorities, including the Short and Long Term services return (SALT). A list of the indicators included in it are below

Ref	ASCOF - Indicator

1A	Social care related quality of life (Score)
1B	Service users with control over their daily life (Percentage)
1C1A	People receiving self-directed support (Percentage)
1C2A	People receiving direct payments (Percentage)
1C1B	Carers receiving self-directed support (Percentage)
1C2B	Carers receiving direct payments (Percentage)
1D	Carer-reported quality of life (Score)
1E	Adults with learning disabilities in employment (Percentage)
1G	Adults with learning disabilities living in own home / with family (Percentage)
1I	Service users with as much social contact as they would like (Percentage)
1I	Carers with as much social contact as they would like (Perecentage)
2A1	Permanent admissions to care homes: people aged 18 to 64 (Per 100,000)
2A2	Permanent admissions to care homes: people aged 65 and over (Per 100,000)
2B1	Older people at home 91 days after leaving hospital into reablement (Percentage)
2B2	Older people receiving reablement services after leaving hospital (Percentage)
2C1	Delayed transfers of care (Per 100,000)
2C2	Delayed transfers of care attributable to social services (Per 100,000)
2C3	Delayed transfer of care attributable to both (per 100,000)
2D	The outcome of short-term services: sequel to service no care needs (Percentage)
3A	Client satisfaction with care and support (Percentage)
3B	Carer satisfaction with social services (Percentage)
3C	Carers included or consulted in decisions (Percentage)
3D	Service users who find it easy to get information (Percentage)
3D	Carers who find it easy to get information (Percentage)
4A	People who use services and feel safe (Percentage)
4B	People who say the services they use make them feel safe and secure

1.5.2   The most recent update published by the Government covers the period up to the end of March 2021. Data is available at https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof/england-2020-21.

1.5.3   A tool which combines indicators from many different statutory returns is also available from that link, including financial and safeguarding comparisons.

1.5.4   Some key indicators come from surveys of service users and carers, which are delivered locally and reported to Committee.

1.6 Creating a new outcome framework for adult social care

1.6.1   The Department of Health and Social Care, partnering with the Association of Directors of Adult Social Services (ADASS) and the Institute for Public Care (IPC), have been consulting on a revised performance framework for Adult Social Care, which better reflects the current delivery. The consultation document is here

1.6.2 The proposal is to link this to the Making It Real themes which have been co-produced with service users nationally as part of the work of Think Local Act Personal (TLAP). In "Making it Real", each of these themes has several statements that describe what good, citizen focussed, personalised care and support looks like from the point of view of people with lived experience of the services. The proposed national framework links performance indicators to the following "I" statements, intended to reflect those within Making It Real. The indicators attached to each 'I' statement will help to assess performance in that area.

Experience of arrangements
I am helped to look at my overall wellbeing
I am given all the information and advice I need
I am helped to reduce or delay my need for permanent care
I experienced the health and care support I received as a single unified system
I am offered a choice of service that respects my personal circumstances
I received the assessment that I needed
I understood the way in which the assessment entitled me to care and support
I was offered the right housing
I am protected from risk and abuse
I am being helped to get the right services from childhood into adulthood
I am being offered the right services after a treatment for poor mental ill health
My details are properly recorded and protected by the Council
The care and support available to me operates in a stable care market

1.6.3 Overall there are proposed to be 81 indicators in the new framework under these headings.

1.7 New national assurance framework for adult social care

1.7.1 The Association of Directors of Adult Social Services (ADASS) and the Care Quality Commission (CQC) are developing a new assurance and inspection regime for adult social care. ADASS is currently consulting with members on key performance indicators which might be used in a quarterly return to CQC as a baseline for assurance work. Several of the proposed indicators are new and would require development of recording, extraction and calculation.

Proposed Measure	Already Reported

% of all people funded by ASC who are supported in their own homes	
% of total ASC budget used to fund people living in their own homes as opposed to res/nursing care	
Rate of new permanent admissions to care homes	SALT
Proportion of adults with LD who live in their own homes or with family	SALT
Proportion of adults in contact with secondary mental health services who live independently with or without support	SALT
Adults aged 18 and over receiving direct payments	SALT
Ethnicity of people in receipt of ASC funded by council - by care setting	
Rate of emergency admissions into hospital	NHS
% of all people leaving hospital who return to their usual place of residence	New BCF
% of all people supported by ASC leaving hospital who go into residential care (inc. ST)	New BCF
% of ST residential placements which have exceeded 6 weeks	
People detained under MHA split by protected characteristics	
People with LDA in treatment & assessment centres	
Readmission rates (within 24/48/72 hrs)	NHS
% of all peope referred to ASC who are signposted into early help services or receive AIG	SALT
% of people over 65 leaving hospital who go into reablement	SALT
% of people in receipt of reablement who are still at home 91 days later	SALT
Of concluded S42 enquiries, % risk reduced and removed	SAC
% of people fully or partially achiving their expressed outcomes	SAC
2 hour crisis community response	NHS
Overall satisfaction of users with their care and support	ASCS
Number of overdue reviews	
% of overdue reviews less than 1 month overdue, 1-3 months, more than 3 months	
Number of people waiting for an assessment	
Number of people waiting for a package of care	
Number of complaints expressed as a % of total number of people supported by ASC	
Number of compliments received expressed as a % of total number of people supported by ASC	
Number of Local Govt Ombudsman's findings of fault with a council	LGO
% of registered providers rated as good or outstanding	
% of contracts handed back by providers in previous 3 months	
% of providers with warning/closure notice from CQC	
Average hourly rate for dom care - and weekly average cost	
Average weekly cost of DP	
Average weekly cost for bedded care	
% of total budget spent on bedded care	
% of total budget spent on supporting people in their own homes	
Weekly per capita spend by care setting, specialism and ethnicity	
Projected budget position at end of Q1, Q2, Q3, Q4	
% of CQC registered service users without a RM in post	
Vacancy rates across registered CQC services	NESCU
SW vacancy rates expressed as a % of all SW posts	
Average days lost because of sickness in the last 3 months	
% of ASC staff by protected characteristics	

% eligible staff across ASC who have attended the mandatory adult safeguarding training	
Average Length of Stay in hospital	NHS
People with LDA with completed annual health check	
Difference in life expectancy between richest and poorest SOAs within a council (by protected characteristic)	

1.8 Better Care Fund metrics

1.8.1 The Better Care Fund (BCF) is one of the government's national approaches to improving health and social care integration. It requires clinical commissioning groups (CCGs) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB). These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006). In 2021-22, the BCF priorities will be to continue to focus on improving how and when people are discharged from hospital. The metrics required by Government for oversight of the funding are proposed as follows:

- reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days
- improving the proportion of people discharged home using data on discharge to their usual place of residence
- avoidable admissions to hospital
- admissions to residential and care homes
- effectiveness of reablement

Both the Public Health Outcomes Framework and the Adult Social Care Outcomes Framework (and its replacement) will be used by national Government and other stakeholders to understand performance of Public Health and Adult Social Care services in Cambridgeshire, independently of whether a separate set of indicators is developed by the Committee. The local authority will be required to collect and provide data to populate these performance frameworks.

1.9 Local Strategies

1.9.1 The Joint Strategic Needs Assessment process develops information and insight about the population health needs locally, to inform the Health and Wellbeing Strategy. The current strategy covers the period 2020-24 and contains 4 priorities, with specific outcomes for each priority, which may imply specific performance metrics for measurement of how many people achieve these outcomes. As the Health and Wellbeing Strategy covers all ages, some of the priorities or indicators may be considered by the Children and Young People's Committee.

1.9.2 Adult social care performance is also supported regionally by ADASS, including supporting performance benchmarking, self-assessment and peer challenge. There is a regional scorecard, to which all local authorities in the region submit KPI scores.

1.9.3 The Directorate Management Teams and the managers within the Adults and Safeguarding, Commissioning and Public Health directorates also review performance information, often at a granular 'output' level, generated from our case management systems or performance and activity reports submitted by providers as part of day-to-day contract management.

1.9.4 The Committee has already identified a set of action plan priorities, which are being tracked.

1.9.5 The Committee may also wish to consider how a local set of KPIs aligns with the plans for the Integrated Care System locally.