1. Adults & Public Health KPIs

1.1 Adults KPIs aligning to '**Support to people when they need it**':

- (11) Percentage of contacts to adult social care that progress to a social care assessment.
    - Number of 'new' contacts from a community setting [contacts on cases that are NOT currently open to the local authority / do not have an open referral at the point of contact] - includes people who use services and carers.
    - The aim is to calculate the proportion of 'new' contacts from the community that progress to an assessment – based on the KPI definition in the Oxford Brooks managing demand framework. This includes 'care type' contacts from clients who do not have an 'open case' [not an active case known to the local authority] at the time of the contact that progressed to an assessment and all assessment types [those in progress, completed and cancelled]. Contacts completed by hospital teams where the source is Hospital, Safeguarding and DOLs contacts are all excluded from the numerator and denominator.
    - Enables both total demand and the change in demand to be measured. Could be useful in supporting the development and performance tracking of an authority's demand management strategies.
- (12) Percentage of adult social care assessments that result in a support plan.
    - This will be a subset of data entry above – of the completed assessments from new contacts what % resulted in a support plan [either started, cancelled or completed].
    - Enables both total demand and the change in demand to be measured. Could be useful in supporting the development and performance tracking of an authority's demand management strategies.
- (13) Percentage of safeguarding concerns that become a Section 42 enquiry.
    - The number of safeguarding concerns that progress to a Section 42 enquiry as a proportion of the total safeguarding concerns in a local authority across all care groups.
    - To measure the volume of safeguarding concerns and the % that progress to an S42 enquiry.
- (14) Time to complete outstanding 'deprivation of liberty' cases.
    - There are six criteria that need to be assessed as part of a DoLS application: age, mental capacity, mental health, no refusals, eligibility and best interests. Two specially qualified professionals are necessary to carry out the assessments. One must be a doctor and the other must either be an Approved Mental Health Professional, a nurse, a social

worker, an occupational therapist or a chartered psychologist; they must all have had specific training for this role. At least one of them must be qualified to undertake an assessment under the Mental Health Act and the assessors must have no conflict of interest within the supervisory body. If the supervisory body and managing authority are the same organisation, as in the case of where the local authority owns and runs the care home where the person lives, then the best interest assessor must not work for that organisation.

1.2 Adults KPIs aligning to '**Promoting and enabling independence**':

- (37) Percentage of adults that did not receive long term support after a period of reablement support.
    - 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.
    - Reablement - The outcome of short-term services. % of people that did not receive long-term support after their period of reablement [ASCOF 2D]
    - 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 re-able people and promote their independence, this measure will provide evidence of a good outcome in delaying dependency or supporting recovery.

- (38) Percentage of adults that purchase their service using a direct payment. [ASCOF 1C (2a)]
    - The proportion of people who receive care in the community (i.e. not in nursing or residential care) who purchase their care services themselves out of a direct payment paid to them by the local authority. This is across all care groups and types of care.
    - Demonstrates the extent to which direct payments are being used to fund people's care as part of the personalisation agenda (noting this may not always be the most cost effective).

- (39) Percentage of users of adults' services and their carers that are reviewed and/or assessed in the last 12 months.
    - A count of all people that have been reviewed and / or assessed in the year [regardless of how long the case has been open]. Rolling 12 months position
      Included - Open cases that have been reviewed and/or assessed in the last 12 months [Denominator and numerator]. Any case open over 1 year that has not been reviewed or assessed in the last 12 months [Denominator]
      Any open case over 1 year currently in the review / process [has an open review] will be in the denominator but not the numerator.
      Exclude - Open cases open less than 1 year that do not currently have a completed assessment [assuming these are new and in the initial assessment process].

- (40) The percentage of adults with a learning disability in paid employment. [ASCOF 1E]

    - Enhancing quality of life for people with care and support needs.
        - *People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.*
    - The measure is intended to improve the employment outcomes for adults with a primary support reason of learning disability support, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing25 and financial benefits26.
    - The definition of individuals 'known to the council' is restricted to those adults of working age with a primary support reason of learning disability support who received long term support during the year in the settings of residential, nursing and community but excluding prison (recorded in SALT Measure LTS001a, table 1a)
    - 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)

- (41) The percentage of adults in contact with secondary mental health services living independently with or without support. [ASCOF 1H]

    - Enhancing quality of life for people with care and support needs.
        - *People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.*

    - The measure is intended to improve outcomes for adults with mental health problems by demonstrating the proportion in stable and appropriate accommodation. This is closely linked to improving their safety and reducing their risk of social exclusion.

    - The measure shows the percentage of adults receiving secondary mental health services living independently at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting.
        - Adults 'in contact with secondary mental health services' is defined as those aged 18 to 69 who are receiving secondary mental health services and who are on the Care Programme Approach (CPA).
        - 'Living independently, with or without support' refers to accommodation arrangements where the occupier has security of tenure or appropriate stability of residence in their usual accommodation in the medium-to-long-term, or is part of a household whose head holds such security of tenure/residence. These accommodation arrangements are recorded as settled accommodation in the Mental Health Services Data Set. This has the same definition as 'living on their own or with their

family' in Measure 1G (see above); however different wording is used to capture the emphasis on general independence.

1.3 Public health KPIs aligning to **'A timely and proportionate approach to prevention'**:

(5) **Uptake of flu vaccine (Public Health Outcome Framework (PHOF) measures)**

Immunisation is an effective healthcare intervention. Flu vaccination can prevent illness. Increasing uptake in older people and at-risk groups can help to reduce winter pressure on health and social care. The Govt sets an expected take-up level for 65+ year olds at 75%, and for at risk groups it is 55%

a) over 65s (PHOF DO6a)
Flu vaccine uptake (%) in adults aged 65 and over, who received the flu vaccination between 1st September to the end of February in a primary care setting.

b) at risk groups (PHOF DO5)
Flu vaccine uptake (%) of at-risk individuals aged 6 months to 65 years (excluding pregnant women), who received the flu vaccination between 1st September to the end of February in a primary care setting.

(6) **Healthy weight of 10/11 year olds** (this is not currently a PHOF indicator, indicators relating to overweight and obese children are the KPIs used by PHE)

While much of the emphasis is on children who are overweight or obese, there are some children, a smaller percentage, who are underweight. Using healthy weight as the KPI ensures that these children are included.

- Healthy weight is defined as children (age 10-11 years) having a BMI between prevalence 2nd and less than 85th centile of the UK90 growth reference).

Note that 2019/20 NCMP data collection was stopped in March 2020 as schools closed as a response to the Covid-19 pandemic. It is unclear when collection will recommence.

There are two KPIs aligning to the outcome of 'Tackling inequality'

(32) **Healthy life expectancy for men (PHOF A01a)**
(33) **Healthy life expectancy for women (PHOF A01a)**

This measure covers both mortality and morbidity, looking at how many years someone can expect to live and be in good health. Good health means not having a disability or chronic long term health condition.

There has been growing concern, nationally and locally, that healthy life expectancy has stalled, and for women has been declining. This has implications for individuals, communities, health and social care demand in the longer term and the wider economy.

In terms of inequality, it should be noted that the measure could be improved while the gap between the most deprived and least deprived continues, or indeed increases. However, we know that people in the poorest neighbourhoods have the lowest healthy life expectancy and that the wider determinants of health (education, employment, housing etc) impact this measure. Improving the wider determinants throughout the life course will act to promote better mid-life health and also ensure people enter older age healthier.

In terms of measurement:

- for *health status* a survey is used. This is the Annual Population Survey (APS)
- for *mortality* ONS death extracts are used.
- PHE publish data as 3-year pooled data. This has been published annually (in December), the latest dataset relates to 2016-1018.