

Adults, Wellbeing and Health Overview and Scrutiny Committee

3 October 2016



Quarter One 2016/17 Performance Management Report

Report of Corporate Management Team

Lorraine O'Donnell, Director of Transformation and Partnerships
Councillor Simon Henig, Leader

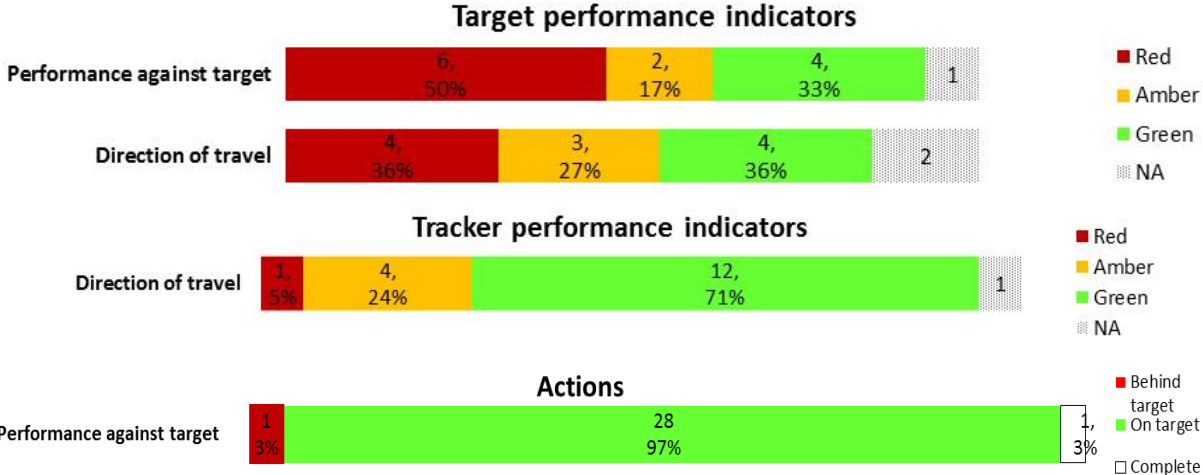
Purpose of the Report

1. To present progress against the council's corporate basket of performance indicators (PIs), Council Plan and service plan actions and report other performance issues for the first quarter of the 2016/17 financial year, covering the period April to June 2016.

Background

2. The report sets out an overview of performance and progress by Altogether priority theme. Key performance indicator progress is reported against two indicator types which comprise of:
 - a. Key target indicators – targets are set for indicators where improvements can be measured regularly and where improvement can be actively influenced by the council and its partners (see Appendix 3, table 1); and
 - b. Key tracker indicators – performance will be tracked but no targets are set for indicators which are long-term and/or which the council and its partners only partially influence (see Appendix 3, table 2).
3. Work has been undertaken by all services to develop a revised 2016/17 corporate set of indicators. This set of indicators is based around our Altogether priority themes and will be used to measure the performance of both the council and the County Durham Partnership
4. During the year a review will be undertaken to improve performance reporting, including streamlining reports and strengthening reporting of children's social care in line with OFSTED recommendations.
5. The corporate performance indicator guide has been updated to provide full details of indicator definitions and data sources for the 2016/17 corporate indicator set. This is available to view either internally from the intranet (at Councillors useful links) or can be requested from the Corporate Planning and Performance Team at performance@durham.gov.uk.

Altogether Healthier: Overview



Council Performance

6. Key achievements this quarter include:
 - a. In 2015/16, 2,903 people quit smoking following support from stop smoking services. This equates to 3,076 per 100,000 smoking population. This achieved the target of 2,774 quitters (2,939 per 100,000).
 - b. At 31 March 2016, 93.2% of adult social care users were in receipt of self-directed support (including direct payments). This has increased from last year (89.9%) and is exceeding the target of 90% and all latest benchmarking data.
 - c. There were 35 delayed transfers of care on the two snapshot days in April and May 2016, which equates to a rate of 4.17 per 100,000 population. This is an improvement from a rate of 4.5 per 100,000 across the same two snapshot days in 2015/16. There were five delayed transfers of care which were fully or partly attributable to social care, which equates to a rate of 0.6 per 100,000 population. This is an improvement from a rate of 1.1 per 100,000 across the two snapshot days in 2015/16.

7. The key performance improvement issues for this theme from data released this quarter are:
 - a. In 2015/16, 7% of the eligible population (11,474 of 163,780) received an NHS health check. This is below regional (7.5%) and national (9%) performance. In County Durham, a local approach was agreed to target health checks toward people with a high risk of cardiovascular disease. In 2015/16, 503 health checks were undertaken on those at high risk of CVD in GP Practices. The targeted approach is incentivised with GPs receiving £35 for a high risk CVD health check and £25 for health checks on the eligible population. In addition to the 11,474 health checks undertaken, a further 5,028 mini health MOTs were undertaken in communities in County Durham. Whilst mini health MOTs come under the banner of the Check4Life / health check programme they do not themselves constitute a full health check. As a result, activity levels of mini health MOTs are not reported to NHS England and they do not form part of the national measure.

- b. Data for 2015/16 show that 18.1% of mothers (956 of 5,272) were smoking at the time of delivery (SATOD). Performance has achieved the annual target (18.2%) and is an improvement on 2014/15 figures (19%). SATOD ranges from 15.1% in North Durham Clinical Commissioning Group (CCG) to 20.7% in Durham Dales, Easington and Sedgefield (DDES) CCG. DDES CCG has the second highest SATOD rate in the North East and sixth-highest of all CCGs in England. SATOD in County Durham is significantly above the England average of 10.6% and the North East CCG average of 16.7%. Fresh, the regional tobacco control programme, commissioned the babyClear initiative to reduce exposure to smoke for unborn babies during pregnancy and to work with midwives and foundation trusts to ensure pregnant women who smoke get the best help to quit. Midwives in County Durham offer advice and support, including systematic carbon monoxide testing as part of routine tests all women receive at first booking appointment.
- c. There were 177 people aged 65 and over (168.1 per 100,000) admitted to residential or nursing care on a permanent basis between 1 April and 30 June 2016. This has not achieved the Better Care Fund target of 166 admissions (163.7 per 100,000), but is an improvement on 186 admissions in the same period in 2015. Robust panels continue to operate to ensure that only those in most need and who can no longer be cared for within their own home without substantial risk or cost are admitted to permanent care. The number of bed days purchased between April and June 2016 has increased from the same period in 2015. However, this is mainly due to April and May 2015 being the two lowest months for bed days purchased in the last three years and follows a period of significant managed reduction of care placements which now against the background of ongoing demand from demographic pressures, may be plateauing. The average age of those admitted to residential care has increased from 84.36 years in 2004/5 to 86.46 years in 2015/16 and from 83.02 years to 84.34 in nursing care.
- d. Latest alcohol and drug data show that successful completions have deteriorated compared to a year earlier and continue to be below target:
- i. Between July 2015 and June 2016, 27.3% of people in alcohol treatment successfully completed, below the target of 39.5% and performance last year of 32.5%
 - ii. In 2015 5.2% of people in drug treatment for opiate use successfully completed, i.e. they did not re-present between January and June 2016, below the target of 8.7% and performance last year of 6.8%.
 - iii. In 2015 25.4% of people in drug treatment for opiate use successfully completed, i.e. they did not re-present between January and June 2016, below the target of 42% and performance last year of 39.9%.

Public Health have developed a performance plan for Lifeline which continues to be closely monitored on a monthly basis. Actions within the plan include:

- Identifying those clients who have been in treatment for 4-6 years and over and reviewing their needs. This include prescribing regimes and further behaviour change support
 - Improving pathways to the treatment service to increase referrals, including children's services and criminal justice pathways.
 - Increasing the identification of clients lost to follow-up treatment and enhancing performance management of caseloads.
 - Procuring a new IT system which is due to be implemented by October 2016
8. There are no Council Plan actions which have not achieved target in this theme.
9. The key risk to successfully delivering the objectives of this theme is a service failure of adult safeguarding which leads to death or serious harm to a service user. Management consider it possible that this risk could occur which, in addition to the severe impacts on service users, will result in serious damage to the council's reputation and relationships with its safeguarding partners. As the statutory body, the multi-agency Safeguarding Adults Board has a business plan in place for taking forward actions to safeguard vulnerable adults including a comprehensive training programme for staff and regular supervision takes place. This risk is long term and procedures are reviewed regularly.

Recommendation and Reasons

10. That the Adults, Wellbeing and Health Overview and Scrutiny Committee receive the report and consider any performance issues arising there from.

Contact: Jenny Haworth, Head of Planning and Performance
Tel: 03000 268071 **E-Mail** jenny.haworth@durham.gov.uk

Appendix 1: Implications

Appendix 2: Key to symbols used in the report

Appendix 3: Summary of key performance indicators

Appendix 1: Implications

Finance - Latest performance information is being used to inform corporate, service and financial planning.

Staffing - Performance against a number of relevant corporate health Performance Indicators (PIs) has been included to monitor staffing issues.

Risk - Reporting of significant risks and their interaction with performance is integrated into the quarterly monitoring report.

Equality and Diversity / Public Sector Equality Duty - Corporate health PIs are monitored as part of the performance monitoring process.

Accommodation - Not applicable

Crime and Disorder - A number of PIs and key actions relating to crime and disorder are continually monitored in partnership with Durham Constabulary.

Human Rights - Not applicable

Consultation - Not applicable

Procurement - Not applicable

Disability Issues - Employees with a disability are monitored as part of the performance monitoring process.

Legal Implications - Not applicable

Appendix 2: Key to symbols used within the report

Where icons appear in this report, they have been applied to the most recently available information.

Performance Indicators:

Direction of travel/benchmarking

Same or better than comparable period/comparator group

GREEN

Worse than comparable period / comparator group (within 2% tolerance)

AMBER

Worse than comparable period / comparator group (greater than 2%)

RED

Performance against target

Meeting/Exceeding target

Getting there - performance approaching target (within 2%)

Performance >2% behind target

National Benchmarking

We compare our performance to all English authorities. The number of authorities varies according to the performance indicator and functions of councils, for example educational attainment is compared to county and unitary councils however waste disposal is compared to district and unitary councils.

North East Benchmarking

The North East figure is the average performance from the authorities within the North East region, i.e. County Durham, Darlington, Gateshead, Hartlepool, Middlesbrough, Newcastle upon Tyne, North Tyneside, Northumberland, Redcar and Cleveland, Stockton-on-Tees, South Tyneside, Sunderland. The number of authorities also varies according to the performance indicator and functions of councils.

Nearest Neighbour Benchmarking:

The nearest neighbour model was developed by the Chartered Institute of Public Finance and Accountancy (CIPFA), one of the professional accountancy bodies in the UK. CIPFA has produced a list of 15 local authorities which Durham is statistically close to when you look at a number of characteristics. The 15 authorities that are in the nearest statistical neighbours group for Durham using the CIPFA model are: Barnsley, Wakefield, Doncaster, Rotherham, Wigan, Kirklees, St Helens, Calderdale, Dudley, Northumberland, Tameside, Sheffield, Gateshead, Stockton-on-Tees and Stoke-on-Trent.

We also use other neighbour groups to compare our performance. More detail of these can be requested from the Corporate Planning and Performance Team at performance@durham.gov.uk.

Actions:

WHITE

Complete (action achieved by deadline/achieved ahead of deadline)

GREEN

Action on track to be achieved by the deadline

RED

Action not achieved by the deadline/unlikely to be achieved by the deadline

Appendix 3: Summary of Key Performance Indicators

Table 1: Key Target Indicators

Ref	PI ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
Altogether Healthier											
25	CASAH2	Percentage of eligible people who receive a NHS health check	7.0	2015/16	8.0	RED	7.4	RED	9.0	7.5*	2015/16
26	CASAH3	Percentage of people eligible for bowel cancer screening who were screened adequately within a specified period	61.2	As at Mar 2015	Not set	NA	New indicator	NA	57.1	59.4*	As at Mar 2015
27	CASAH 10	Percentage of women eligible for breast screening who were screened adequately within a specified period	77.8	As at Mar 2015	70.0	GREEN	77.9	AMBER	75.4	77.1*	As at Mar 2015
28	CASAH4	Percentage of women eligible for cervical screening who were screened adequately within a specified period	77.6	As at Mar 2015	80.0	RED	78.0	AMBER	75.7	73.5*	As at Mar 2015
29	CASAS 23	Percentage of successful completions of those in alcohol treatment (Also in Altogether Safer)	27.3	Jul 2015 - Jun 2016	39.5	RED	32.5	RED	39.2		2015/16
30	CASAS7	Percentage of successful completions of those in drug treatment - opiates (Also in Altogether Safer)	5.2	2015 (representations to Jun 2016)	8.7	RED	6.8	RED	6.8		Oct 2014 - Sep 2015 (representations to Mar 2016)

Ref	PI ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
31	CASAS8	Percentage of successful completions of those in drug treatment - non-opiates (Also in Altogether Safer)	25.4	2015 (representations to Jun 2016)	42.0	RED	39.9	RED	37.3 RED		Oct 2014 - Sep 2015 (representations to Mar 2016)
32	CASCYP8	Percentage of mothers smoking at time of delivery (Also in Altogether Better for Children and Young People)	18.1	2015/16	18.2	GREEN	19.0	GREEN	10.6 RED	16.7* RED	Oct - Dec 2015
33	CASAH1	Four week smoking quitters per 100,000 smoking population	3,076	2015/16	2,939	GREEN	New definition	NA[1]			
34	CASAH11	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	168.1	Apr - Jun 2016	163.7	RED	178.6	GREEN			
35	CASAH12	Percentage of adult social care service users that receive self-directed support such as a direct payment or personal budget	93.2	As at Jun 2016	90.0	GREEN	89.9	GREEN	83.7 GREEN	82.9** GREEN	2014/15
36	CASAH14	Proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	85.2	Apr - Jun 2016	86	AMBER	86.6	AMBER	82.1 GREEN	85.2** GREEN	2014/15
37	CASAH	Percentage of people who use services who have as	49.2	2015/16 (provision)	50.0	AMBER	48.7	GREEN	44.8	47.6*	2014/15

Ref	PI ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
		much social contact as they want with people they like		al)					GREEN	GREEN	

[\[1\] Due to changes to the definition data are not comparable/available](#)

Table 2: Key Tracker Indicators

Ref	PI ref	Description	Latest data	Period covered	Previous period data	Performance compared to previous period	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
Altogether Healthier											
133	CASCYP 18	Percentage of children aged 4 to 5 years classified as overweight or obese (Also in Altogether Better for Children and Young People)	23.0	2014/15 ac yr	23.8	GREEN	23.8	GREEN	21.9	23.7*	2014/15 ac yr
134	CASCYP 19	Percentage of children aged 10 to 11 years classified as overweight or obese (Also in Altogether Better for Children and Young People)	36.6	2014/15 ac yr	36.1	AMBER	36.1	AMBER	33.2	35.9*	2014/15 ac yr
135	CASAH 18	Male life expectancy at birth (years)	78.1	2012-14	78.0	GREEN	78.0	GREEN	79.5	78*	2012-14
136	CASAH 19	Female life expectancy at birth (years)	81.4	2012-14	81.3	GREEN	81.3	GREEN	83.2	81.7*	2012-14
137	CASAH6	Under 75 mortality rate from cardiovascular diseases (including heart disease and stroke) per 100,000 population	81.7	2012-14	88.3	GREEN	88.3	GREEN	75.7	85.9*	2012-14
138	CASAH7	Under 75 mortality rate from cancer per 100,000 population	168.6	2012-14	166.6	AMBER	166.6	AMBER	141.5	167.9*	2012-14
139	CASAH9	Under 75 mortality rate from respiratory disease per 100,000 population	41.8	2012-14	43.4	GREEN	43.4	GREEN	32.6	41.2*	2012-14

Ref	PI ref	Description	Latest data	Period covered	Previous period data	Performance compared to previous period	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
140	CASAH8	Under 75 mortality rate from liver disease per 100,000 population	20.1	2012-14	21.9	GREEN	21.9	GREEN	17.8	23*	2012-14
141	CASAH 23	Percentage of registered GP patients aged 17 and over with a diagnosis of diabetes	7.0	2014/15	6.9	AMBER	6.9	AMBER	6.4	6.7*	2014/15
142	CASAH 20	Excess winter deaths (%) (3 year pooled)	16.8	2011-14	19.0	GREEN	19.0	GREEN	15.6	13.4*	2011-14
143	CASAH 22	Estimated smoking prevalence of persons aged 18 and over	20.6	2014	22.7	GREEN	22.7	GREEN	18	19.9*	2014
144	CASAH 25	Number of residential/nursing care bed days for people aged 65 and over commissioned by Durham County Council	234,348	Apr - Jun 2016	232,638	NA	228,868	NA			
145	CASAH 13	Percentage of service users reporting that the help and support they receive has made their quality of life better	86.6	Apr - May 2016	91.6	AMBER	91.2	AMBER	91.9	93.4*	2014/15
146	CASAH 20i	Delayed transfers of care from hospital per 100,000 population	4.17	Apr - May 2016	4.6	GREEN	4.5	GREEN	11.1	7.4*	2014/15
147	CASAH 20ii	Delayed transfers of care from hospital, which are fully or partially attributable to adult social care, per 100,000 population	0.6	Apr - May 2016	1.1	GREEN	1.1	GREEN	3.7	1.6*	2014/15

Ref	PI ref	Description	Latest data	Period covered	Previous period data	Performance compared to previous period	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
148	CASAH 21	Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population (Also in Altogether Safer)	13.3	2012-14	13.4	GREEN	13.4	GREEN	8.9	11*	2012-14
149	CASCYP 26	Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10 to 24 years) (Also in Better for Children and Young People)	489.4	2011/12 - 2013/14	504.8	GREEN	504.8	GREEN	367.3	532.2*	England 2011/12 - 2013/14 NE 2010/11 - 2012/13
150	NS11	Percentage of the adult population (aged 16+) participating in at least 30 minutes sport and active recreation of at least moderate intensity on at least three days a week	24.0	Apr 2014 - Mar 2016	25.0	RED	24.9	RED			