

**5 February 2021**

**Quarter Two, 2020/21  
Performance Management Report**

**Ordinary Decision**

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## **Report of Paul Darby, Interim Corporate Director of Resources**

### **Electoral division(s) affected:**

Countywide.

### **Purpose of the Report**

- 1 To present progress towards achieving the key outcomes of the council's corporate performance framework.

### **The impact of COVID-19**

- 2 A highly infectious coronavirus, SARS-CoV-2 which can cause the respiratory disease COVID-19 has spread rapidly across the world during 2020. This resulted in a global pandemic being declared by the World Health Organisation on 11 March 2020.
- 3 Significant restrictions to normal ways of life, travel and business have been put in place by the government to try to contain the spread of the virus, minimise deaths and prevent COVID-19 cases overwhelming our health and social care systems.
- 4 Durham County Council has a public health role and is at the forefront of responding to the pandemic within the county. Restrictions that have been introduced to contain the spread of the virus have also affected a number of council services. Some buildings had to be closed and a number of services have moved online. It was necessary for the council to adapt and we have significantly changed our service provision and ways of working. Communities and businesses within the county have been impacted by the pandemic and much of our work since March has been to respond to these needs and develop plans for future recovery. Gold command arrangements were activated nationwide to respond to the emergency. Locally, this involved the council working in partnership with other agencies on the local resilience forum which covers both County Durham and Darlington to protect our communities and support those affected by the pandemic.

- 5 The COVID-19 surveillance dashboard can be accessed [here](#).

## **Performance Reporting**

- 6 This performance report is structured around the three externally focused results-based ambitions of [the County Durham Vision 2035](#) alongside a fourth 'excellent council' theme contained within the [Council Plan](#) that was recently approved. It also includes an overview of the impact of COVID-19 on council services, our staff and residents.

## **Long and Independent Lives**

- 7 COVID-19 is continuing to impact on all our daily lives, and it remains a challenging time for people of all ages in relation to their physical and mental health – particularly with increasing isolation and consequences of the worsening economic situation.
- 8 However, the pandemic's detrimental impact on mental well-being is causing concern, with more people (across all age groups) seeking support through primary and secondary mental health services and young people with a history of mental health issues reporting increased anxiety, isolation, a loss of coping mechanisms and a loss of motivation.
- 9 Our focused activity across mental and physical well-being, smoking quitters (particularly pregnant women and new mothers) and breastfeeding is continuing to make a difference to the lives of our residents. A lower proportion of mothers are smoking at time of delivery and a greater percentage breastfeeding compared to the same period last year.
- 10 Although referrals across adult social care have returned to their pre-pandemic levels, and most of our older people care homes reported no or few issues with COVID-19 infection, PPE or staffing (as at end of September), there is a GP referral backlog of more than 47,000 urgent and non-urgent secondary care. In addition, we are now facing the significant challenge of a second wave. To help mitigate its impact, we are continuing to provide co-ordinated and targeted support to residents, staff and care providers operating in the county.

## **Risk Management**

- 11 Effective risk management is a vital component of the council's agenda. The council's risk management process sits alongside our change programme and is incorporated into all significant change and improvement projects.
- 12 There are no key risks in delivering the objectives of this ambition.

## **Recommendation**

- 13 That Adults, Well-being and Health Overview and Scrutiny Committee considers the overall position and direction of travel in relation to quarter two performance, the impact of COVID-19 on performance, and the actions being taken to address areas of underperformance including the significant economic and well-being challenges because of the pandemic.

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## **Appendix 1: Implications**

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### **Legal Implications**

Not applicable.

### **Finance**

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

### **Consultation**

Not applicable.

### **Equality and Diversity / Public Sector Equality Duty**

Equality measures are monitored as part of the performance monitoring process.

### **Climate Change**

We have declared a climate change emergency and consider the implications of climate change in our reports and decision-making.

### **Human Rights**

Not applicable.

### **Crime and Disorder**

A number of performance indicators and key actions relating to crime and disorder are continually monitored in partnership with Durham Constabulary.

### **Staffing**

Performance against a number of relevant corporate health indicators has been included to monitor staffing issues.

### **Accommodation**

Not applicable.

### **Risk**

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

### **Procurement**

Not applicable.



# Durham County Council Performance Management Report

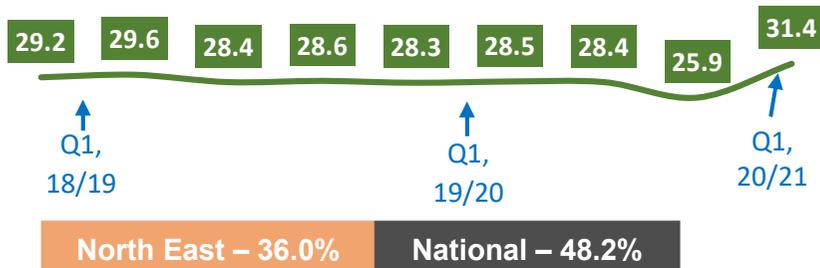
## Quarter Two, 2020/21



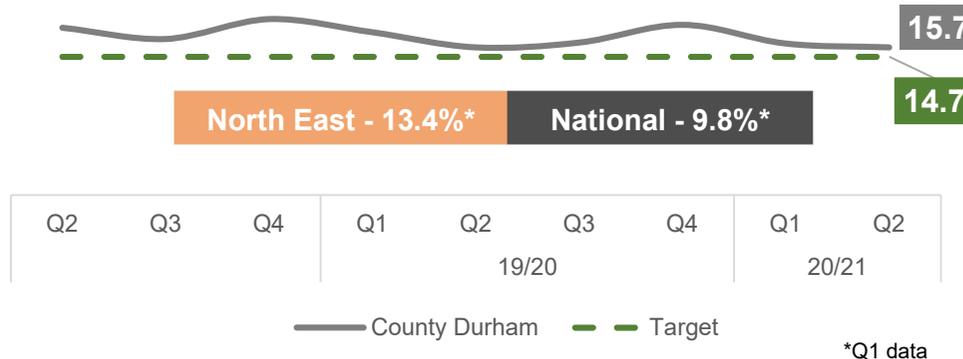
## LONG AND INDEPENDENT LIVES

(a) Are our services improving the health of our residents and (b) Are people needing adult social care supported to live safe, healthy and independent lives?

### Prevalence of breastfeeding at 6-8 weeks from birth



### Mothers Smoking at Time of Delivery (SATOD)



### Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population



\*2017-19 data

### Adult Social Care



**180.5**  
adults aged 65+ per 100k population admitted to residential or nursing care (Apr-Sep 2020)

↓  
(384.5)



**82.5%**  
of patients discharged into reablement/rehabilitation services still at home after 91 days (Jan-Jun 2020)

↓  
(86.9%)



**92.4%**  
of service users receiving an assessment or review within the last 12 months (Apr-Sep 2020)

↑  
(87.9%)



**94.4%**  
of individuals achieved their desired outcomes from the adult safeguarding process (Apr-Sep 2020)

↓  
(95.2%)

compared to last year

## Long and Independent Lives

- 1 The ambition of Long and Independent Lives is linked to the following key questions:
  - (a) Are our services improving the health of our residents?
  - (b) Are people needing adult social care supported to live safe, healthy and independent lives?

### **Are our services improving the health of our residents?**

- 2 Our specialist [Stop Smoking Service](#) has continued to successfully deliver remotely throughout the pandemic to support people to quit smoking. To improve support to those attempting to quit during this period, the service has recently launched a new 'QuitGenius' app. This provides personalised behavioural therapy, with rewarding interactive steps to help people quit, and is available as additional support for those accessing the service, as well as to people who chose not to engage.
- 3 During quarter two, the service received more referrals with regard to pregnant smokers compared to quarter one. When compared to the same period last year, there has been a significant increase in those setting a quit date, as well as a substantial reduction in those dropping out of the service. To enhance the support to pregnant smokers, the service is currently recruiting another specialist practitioner who will have a dedicated focus around smoking in pregnancy.
- 4 In response to the pandemic, the Infant Feeding Team now provides video support to increase accessibility for women and improve ongoing support. This is in addition to the increased use of social media and has resulted in improved continuation rates for breastfeeding. Whilst breastfeeding cafes remain temporarily closed, the service has worked to establish peer support groups to encourage and assist those breastfeeding. Significant learning has been gained from changes to the support activities and a multi-agency review is to be undertaken with the Local Maternity System, the 0-25 Service, and the One Point Service, to ensure that this feeds into future service provision.
- 5 County Durham is now part of a Regional Real Time Data Surveillance system, which monitors the rates of suicide and trends across the North East. This also feeds into a national pilot to keep track of trends and rates during COVID-19. Rates of suspected suicide in County Durham have not escalated during the pandemic and there have been no Multi-Agency Assurance Reviews (MAAR) conducted since the start of lockdown in March 2020.

- 6 The Suicide Prevention Alliance has worked in partnership with Tees, Esk and Wear Valleys NHS Foundation Trust and the national Samaritans' media team to develop a suite of bespoke guidance on the safe use of social media and online communication. Collaborative work between the Suicide Prevention Alliance and the Time to Change Hub also aims to reduce the stigma and discrimination felt by people living with mental illness and to reduce suicide in high risk groups. This has resulted in a community fund, which has awarded 21 small grants to grassroots projects during the summer.
- 7 In September 2020, Public Health England published "Local Suicide Prevention Planning: A Practice Resource". This document builds on previous guidance for developing a local suicide prevention action plan and provides updated evidence and ideas for action, including a suite of further information, case studies and information sheets. This is a useful resource for the local Suicide Prevention Alliance and partner organisations.
- 8 Our Public Health Team has developed a booklet with the aim of promoting physical activity and healthy eating to families without internet access whilst remaining at home during the pandemic. The electronic version of the booklet was also sent to all AAP Co-ordinators and Holiday Activities with Food Groups, to support provision over the summer holiday. Included in the email was the option to request paper versions of the booklets and over 2,000 paper copies have been distributed to groups and organisations which requested them.
- 9 A key area of work resulting from the Best Start in Life action plan is to improve the uptake of Healthy Start Vouchers by pregnant women, mothers and families. A partnership task and finish group was set up during the summer and an action plan developed, which has resulted in a communications plan and social media campaign. Alongside this, 20 Early Years managers attended bitesize training, with five more sessions planned.
- 10 Public Health also utilised a number of national campaigns during the summer to support the mental and physical well-being of council staff. The 'Better Health – Let's Do This' scheme provided a new 12-week NHS plan to help staff get active, eat better and lose weight through a range of tools including peer to peer support. National Fitness Day was also promoted in September to encourage staff to use the leisure centres across the county. Mental health and resilience courses have been developed to support staff specifically during the pandemic, whilst work was also undertaken to publicise World Mental Health Day on 10 October.

- 11 The council, its partners and communities have continued to work hard to respond to the COVID-19 pandemic locally and County Durham has played a key role in the regional response.

### **Are people needing adult social care supported to live safe, healthy and independent lives?**

- 12 In quarter two, the number of referrals received for adult social care returned to their pre-pandemic levels, after dropping by 18.5% through quarter one when the national lockdown was in place.
- 13 Whilst the demand in some areas of adult social care has reduced, frontline social care teams have continued to improve the timeliness of their response to clients, with the proportion of service users who have been assessed or reviewed in the previous 12 months improving to 92.4% at the end of quarter two, compared to 87.9% at the same point last year.
- 14 Permanent admissions to residential and nursing care continue to be lower than in previous years. Admission rates for the period April to September 2020 are less than half that for the same period last year. However, the number of people in receipt of home care has increased over the same period. The reduction in residential care admissions is similar to the increase in those receiving home care.
- 15 94.4% of individuals achieved their desired outcomes from the adult safeguarding process. Although this is a slight deterioration from 95.2% over the same period last year, it is very similar to the performance for quarter one (94.5%).
- 16 With regard to the 'proportion of older people who were still at home 91 days after discharge from hospital into reablement / rehabilitation services', performance for quarter one was 82.6% and for quarter two it is 82.5%. Although this is lower than the quarter two period last year (86.9%), it would only require a further 42 clients to match the performance for the same period last year.
- 17 By the end of September 2020, our Operational Pressures Escalation Levels (OPEL) tracker showed an improved position from quarter one in that most of our older people care homes had no significant issues with either COVID-19 infection, PPE or staffing, although we are now facing the significant challenge of a second wave of COVID-19.
- 18 The second wave has led to a small number of providers starting to experience pressures during September. We continue to provide co-ordinated

and targeted support to care providers operating in the county. This remains a key priority of our integrated health and social care system, in conjunction with local Care Quality Commission (CQC) leads.

## Key Performance Indicators – Data Tables

There are two types of performance indicators throughout this document:

- (a) Key target indicators – targets are set as improvements can be measured regularly and can be actively influenced by the council and its partners; and
- (b) Key tracker indicators – performance is tracked but no targets are set as they are long-term and/or can only be partially influenced by the council and its partners.

A guide is available which provides full details of indicator definitions and data sources for the 2019/20 corporate indicator set. This is available to view either internally from the intranet or can be requested from the Strategy Team at [performance@durham.gov.uk](mailto:performance@durham.gov.uk)

### KEY TO SYMBOLS

	Direction of travel	Benchmarking	Performance against target
<b>GREEN</b>	Same or better than comparable period	Same or better than comparable group	Meeting or exceeding target
<b>AMBER</b>	Worse than comparable period (within 2% tolerance)	Worse than comparable group (within 2% tolerance)	Performance within 2% of target
<b>RED</b>	Worse than comparable period (greater than 2%)	Worse than comparable group (greater than 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.

More detail is available from the Strategy Team at [performance@durham.gov.uk](mailto:performance@durham.gov.uk)

## LONG AND INDEPENDENT LIVES

### Are our services improving the health of our residents?

Ref	Description	Latest data	Period covered	Comparison to						Data updated this quarter
				Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different	
34	% of mothers smoking at time of delivery	15.7*	Jul-Sep 2020	14.7 <b>RED</b>	17.3 <b>GREEN</b>	9.8 <b>RED</b>	13.4 <b>RED</b>	13.1 <b>RED</b>	Apr-Jun 2020	Yes
35	Four week smoking quitters per 100,000 smoking population [number of quitters]	2,356 [1,540]	Apr-Dec 2019	Tracker	2,656 [1,642]	1,220	1,696			Yes
				N/a	<b>RED</b>	<b>GREEN</b>	<b>GREEN</b>			
36	Male life expectancy at birth (years)	78.2	2016-18	Tracker	78.3	79.6	77.9	78.2		No
				N/a	<b>AMBER</b>	<b>AMBER</b>	<b>GREEN</b>	<b>GREEN</b>		
37	Female life expectancy at birth (years)	81.5	2016-18	Tracker	81.4	83.2	81.7	81.9		No
				N/a	<b>GREEN</b>	<b>RED</b>	<b>AMBER</b>	<b>AMBER</b>		
38	Female healthy life expectancy at birth (years)	58.4	2016-18	Tracker	58.7	63.9	59.7	61.0		No
				N/a	<b>AMBER</b>	<b>RED</b>	<b>RED</b>	<b>RED</b>		
39	Male healthy life expectancy at birth (years)	59.3	2016-18	Tracker	58.9	63.4	59.4	60.5		No
				N/a	<b>GREEN</b>	<b>RED</b>	<b>AMBER</b>	<b>AMBER</b>		
40	Excess weight in adults (Proportion of adults classified as overweight or obese)	63.3	2018/19	Tracker	66.7	62.3	64.9	67.3		No
				N/a	<b>GREEN</b>	<b>AMBER</b>	<b>GREEN</b>	<b>AMBER</b>		
41	Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population	13.4	2017-19	Tracker	12.8	10.0	11.6	12.3		Yes
				N/a	<b>RED</b>	<b>RED</b>	<b>RED</b>	<b>RED</b>		
42	Prevalence of breastfeeding at 6-8 weeks from birth (%)	31.4	Apr-Jun 2020	Tracker	28.3	48.2	36.0	34	Q3 2019/20	Yes
				N/a	<b>GREEN</b>	<b>RED</b>	<b>RED</b>	<b>RED</b>		
43	Estimated smoking prevalence of persons aged 18 and over	17.0	2019	Tracker	15.0	13.9	15.3	15.2		No
				N/a	<b>RED</b>	<b>RED</b>	<b>RED</b>	<b>RED</b>		

## LONG AND INDEPENDENT LIVES

### Are our services improving the health of our residents?

Ref	Description	Latest data	Period covered	Comparison to						Data updated this quarter
				Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different	
44	Self-reported well-being - people with a low happiness score	9.5	2018/19	Tracker	8.9	7.8	9.7	9.5		No
				N/a	RED	RED	GREEN	GREEN		
45	Participation in Sport and Physical Activity: active	59.9	Nov 2018-Nov 2019	Tracker	58.5	62.6	59.3			No
				N/a	GREEN	RED	AMBER			
46	Participation in Sport and Physical Activity: inactive	28.0	Nov 2018-Nov 2019	Tracker	29.9	25.1	29			No
				N/a	AMBER	RED	AMBER			

\*provisional data

## LONG AND INDEPENDENT LIVES

### Are people needing adult social care supported to live safe, healthy and independent lives?

Ref	Description	Latest data	Period covered	Comparison to						Data updated this quarter
				Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different	
47	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	180.5	Apr-Sep 2020	TBD	384.5					Yes
				N/a	GREEN					
48	% of older people who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	82.5	Jan-Jun 2020	TBD	86.9	82.4	83.0	80.7*	2018/19	Yes
				N/a	RED	Not comparable	Not comparable	Not comparable		
49	% of individuals who achieved their desired outcomes from the adult safeguarding process	94.4	Apr-Sep 2020	Tracker	95.2	92.4	93.9	93.5*	2018/19	Yes
				N/a	AMBER	Not comparable	Not comparable	Not comparable		

## LONG AND INDEPENDENT LIVES

### Are people needing adult social care supported to live safe, healthy and independent lives?

Ref	Description	Latest data	Period covered	Comparison to						Data updated this quarter
				Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different	
50	% of service users receiving an assessment or review within the last 12 months	92.4	Apr-Sep 2020	Tracker	87.9					Yes
				N/a	GREEN					
51	Overall satisfaction of people who use services with their care and support	67.8	2018/19	Tracker	66.6	64.3	66.2	66.0*		No
				N/a	GREEN	GREEN	GREEN	GREEN		
52	Overall satisfaction of carers with the support and services they receive (Biennial survey)	51.2	2018/19	Tracker	43.3**	38.6	47.2	41.8*		No
				N/a	GREEN	GREEN	GREEN	GREEN		
53	Daily delayed transfers of care beds, all, per 100,000 population age 18+	2.9	Feb 2020	Tracker	1.5	11.0	7.0	11.0*		No
				N/a	RED	GREEN	GREEN	GREEN		
54	% of adult social care service users who report they have enough choice over the care and support services they receive	75.1	2018/19	Tracker	74.9	67.5	71.8	69.3*		No
				N/a	GREEN	GREEN	GREEN	GREEN		

\*unitary authorities

\*\* results from 2016/17 survey

## Other additional Relevant Indicators

LONG AND INDEPENDENT LIVES										
Are children, young people and families in receipt of universal services appropriately supported?										
Ref	Description	Latest data	Period covered	Comparison to						Data updated this quarter
				Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different	
24	% of free school meals (FSM) eligible pupils taking FSM	75.8	Jan 2020	Tracker	79.4	78.7	78.7			No
				N/a	RED	RED	RED			
25	Under-18 conception rate per 1,000 girls aged 15 to 17	26.4	2018	Tracker	23.7	16.7	24.9	25.0		No
				N/a	RED	RED	RED	RED		
26	% of five year old children free from dental decay	73.2	2019	Tracker	74.2	76.6	76.7	71.7		Yes
				N/a	AMBER	RED	RED	GREEN		
27	Alcohol specific hospital admissions for under 18s (rate per 100,000) <sup>^^</sup>	54.7	2016/17-2018/19	Tracker	53.1	31.6	60.0	46.8		No
				N/a	RED	RED	GREEN	RED		
28	Young people aged 10-24 admitted to hospital as a result of self-harm (rate per 100,000) <sup>^^</sup>	354.3	2018/19	Tracker	350.1	444.0	536.5	589.9		No
				N/a	AMBER	GREEN	GREEN	GREEN		

<sup>^^</sup>next update due quarter four

LONG AND INDEPENDENT LIVES										
Are children, young people and families in receipt of universal services appropriately supported?										
Ref	Description	Latest data	Period covered	Comparison to						Data updated this quarter
				Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different	
29	% of children aged 4 to 5 years classified as overweight or obese**	24.0	2018/19	Tracker	25.0	22.6	24.3	25.0		No
				N/a	GREEN	RED	GREEN	GREEN		

## LONG AND INDEPENDENT LIVES

### Are children, young people and families in receipt of universal services appropriately supported?

Ref	Description	Latest data	Period covered	Comparison to						Data updated this quarter
				Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different	
30	% of children aged 10 to 11 years classified as overweight or obese**	37.7	2018/19	Tracker	37.1	34.3	37.5	37.2		No
				N/a	AMBER	RED	AMBER	AMBER		

\*\*not reporting for 2019/20

## CONNECTED COMMUNITIES – SAFER

### How well do we reduce misuse of drugs and alcohol?

Ref	Description	Latest data	Period covered	Comparison to						Data updated this quarter
				Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different	
85	% of successful completions of those in alcohol treatment	30.6	Jan 2019-Dec 2019*	Tracker	30.1	37.8	31.2			Yes
				N/a	GREEN	RED	AMBER			
86	% of successful completions of those in drug treatment - opiates	5.6	Jan 2019-Dec 2019*	Tracker	5.5	5.8	4.3			Yes
				N/a	GREEN	RED	GREEN			
87	% of successful completions of those in drug treatment - non-opiates	30.8	Jan 2019-Dec 2019*	Tracker	27.9	34.8	25.8			Yes
				N/a	GREEN	RED	GREEN			

\*with rep to June 2020

\*\*under review