

Adults, Wellbeing and Health Overview and Scrutiny Committee

15 January 2024

Quarter Two, 2023/24 Performance Management Report



Report of John Hewitt, Chief Executive

Electoral division(s) affected:

Countywide.

Purpose of the Report

- 1 To present an overview of progress towards delivery of the key priorities within the Council Plan 2023-27 in line with the council's corporate performance framework.
- 2 The report covers performance in and to the end of quarter two, 2023/24, July to September 2023.

Executive Summary

- 3 The County Council is a key partner within the County Durham Together Partnership. Collectively partners work towards delivering a shared plan - the [County Durham Vision 2035](#). The vision document was developed with partner organisations and the public. It sets out what we would like the county to be like over the next decade and beyond. The vision is for:

a place where there are more and better jobs, people live long, and independent lives and our communities are well connected and supportive.

- 4 We have set out how the council will effectively deliver its services and its contribution to achieving this vision in our [Council Plan](#). The Council Plan is structured around five thematic areas: our economy, our environment, our people, our communities, and our council. We monitor our success through a suite of Key Performance Indicators (our corporate performance framework), which forms the basis of this report.
- 5 During quarter one, to allow greater clarity of performance against our objectives, we introduced a new easy-read report format structured around a suite of dashboards (attached at appendix two). Greater data visualisation has provided more focus and greater transparency on trends, direction of travel, benchmarking and performance to target. The new format has been reviewed by scrutiny and feedback has been universally positive.
- 6 We want to be a well-functioning local authority in relation to performance, and continue to work to achieve the best practice model as set out by the

Department for Levelling Up, Housing and Communities (DLUHC)¹. We will continue to develop the following through our performance management processes and the wider Corporate Business Intelligence Review:

- (a) An organisational-wide approach to continuous improvement, with frequent monitoring, performance reporting and updating of the corporate and improvement plans.
- (b) A corporate plan which is evidence based, current, realistic and enables the whole organisation's performance to be measured and held to account.
- (c) Clear and effective mechanisms for scrutinising performance across all service areas. Performance is regularly reported to the public to ensure that citizens are informed of the quality of services being delivered.

Context

- 7 The council is a large organisation providing a broad range of services, and our operating environment can at times be challenging.
- 8 Although health continues to be a challenging area, life expectancy is increasing, and life chances are improving.

Recommendation

- 9 Adults, Wellbeing and Health Overview and Scrutiny Committee is recommended to:
 - (a) note the overall position and direction of travel in relation to quarter two performance, and the actions being taken to address areas of challenge.

¹ [Best Value standards and intervention](#)

Background papers

- County Durham Vision (County Council, 23 October 2019)
<https://democracy.durham.gov.uk/documents/s115064/Draft%20Durham%20Vision%20v10.0.pdf>

Other useful documents

- Council Plan 2023 to 2027 (current plan)
<https://www.durham.gov.uk/media/34954/Durham-County-Council-Plan-2023-2027/pdf/CouncilPlan2023-2027.pdf?m=638221688616370000>
- Quarter One, 2023/24 Performance Management Report
<https://democracy.durham.gov.uk/documents/s178933/Q1%202023-24%20Corporate%20Performance%20Report%20-%20Cabinet%2013.09.23.pdf>
- Quarter Four, 2022/23 Performance Management Report
<https://democracy.durham.gov.uk/documents/s174900/Item%204%20Q4%202022-23%202%201.pdf>
- Quarter Three, 2022/23 Performance Management Report
<https://democracy.durham.gov.uk/documents/s166398/Corporate%20Performance%20Report%20Q2%202022-23%20v2.1.pdf>
- Quarter Two, 2022/23 Performance Management Report
<https://democracy.durham.gov.uk/documents/s166398/Corporate%20Performance%20Report%20Q2%202022-23%20v2.1.pdf>

Author

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Appendix 1: Implications

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

Not applicable.

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.



Corporate Performance Report

Quarter Two, 2023/24



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Executive Summary

- 1 This performance report covers the second quarter of the 2023/24 financial year (July to September 2023). It sets out our progress towards delivering the key priorities set out within our [Council Plan 2023-27](#).
- 2 Performance is reported on an exception basis with key messages structured around the five thematic areas of, our economy, our environment, our people, our communities, and our council.
- 3 In any given quarter, we will only include key performance indicators which have been updated during that quarter, for example, educational attainment will be updated annually in quarter three.

Our people

- 4 The priority aims to help our residents live long and independent lives and remain in good health for as long as possible. We will protect and improve health by tackling the leading causes of illness and early death, inequalities and the challenges around mental health. We will ensure a sustainable high-quality care market and will invest in a multi-million pound programme to transform our leisure centre venues.

Going Well

- 5 The satisfaction of Adult Social Care service users with their care and support remains positive in Durham. The last annual survey was undertaken between January and March 2023, and the national data was released in October 2023. This showed Durham's performance to be in line with the national and regional comparative result.
- 6 The percentage of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services (85.7% in the latest quarter) remains high and is within two percentage points of the three-year average. Latest performance remains above our Better Care Fund target of 84%, and regional and national benchmarking.

Issues we are addressing

- 7 The timeliness of the completion of Care Act assessments for Adult Social Care service users remains low with 54.2% of all Care Act assessments completed within 28 days in the latest quarter. New technology to support staff to complete assessments in a timely manner is being introduced over a period of 2 years through a phased approach in service teams.
- 8 For the latest quarter, nearly two-thirds of Adult Social Care service users (64.6%) have received an annual assessment or review in the last 12 months. This is higher than the same period 12 months ago, however, it is a slight reduction on the previous quarter (68.1%). New review teams were created earlier this year, with dedicated capacity for undertaking annual reviews. Staffing issues in these new teams may be the reason for this slight recent decline in performance. A working group is overseeing the first year of the team's operation, and a report will be provided to Adult Care Management Team at the end of the financial year.
- 9 The number of people discharged into reablement remains low and demonstrates little change over the last three years. The Commissioning Service are undertaking a

review of reablement services to understand factors such as staff turnover, capacity of the service, and changing demand.

- 10 Latest suicide mortality rates per 100,000 people in County Durham are statistically significantly higher than England and have been rising over time. Between 2018-20 and 2019-21 the rate increased by 1.5 per 100,000. A reduction in suicide rates is a key aim of the Joint Local Health and Wellbeing Strategy. The County Durham Suicide Alliance delivers a multi-agency approach to preventing suicide by implementing the actions recommended by the national Suicide Prevention Strategy
- 11 Leisure centre visits and also memberships are below target. This is impacted both by the council's leisure transformation programme and the cost-of-living crisis. New pricing schemes were launched in September to provide a wider range of memberships and help retain current customers and also attract new business.

Risk Management

- 12 The government's statutory guidance for best value authorities sets out the characteristics of a well-functioning authority. This details the arrangements that councils should have in place for robust governance and scrutiny including how risk awareness and management should inform decision making. The latest risk management progress report can be found [here](#).

Our People

Priority Aims:

County Durham is a place where people will enjoy fulfilling, long and independent lives. We aim to,

- ensure children and young people will enjoy the best start in life, good health and emotional wellbeing
- ensure children and young people with special educational needs and disabilities will achieve the best possible outcomes
- ensure all children and young people will have a safe childhood
- promote positive behaviours
- better integrate health and social care services
- tackle the stigma and discrimination of poor mental health and build resilient communities
- people will be supported to live independently for as long as possible by delivering more home to meet the needs of older and disabled people
- support people whose circumstances make them vulnerable and protect adults with care and support needs from harm
- protect and improve the health of the local population, tackling leading causes of illness and death

National, Regional and Local Picture

Adult Social Care

- 13 The Care Quality Commission (CQC) have published their annual [State of Care Report](#). The report looks at the trends, shares examples of good and outstanding care, and highlights where care needs to improve. The report outlined that, at a national level, CQC have seen evidence that local authorities are aware of increasing demand for care and support and complexity of need across all population groups. In addition, workforce capacity, capability pressures, and concern about financial pressures, are forcing some care providers out of the market or increasing the reliance on people who pay for their own care (self-funded care).
- 14 It also raised concerns about inadequate support for carers and a lack of published strategies to develop the social care workforce, despite many councils recognising the significant challenges they faced in this area, and highlighted councils' reports of shortages of care in their areas for people with more complex needs.
- 15 The report comprised findings from an analysis of data, and other published performance information, from all 153 local authorities with social care responsibilities, as part of their new formal process to assess care across local systems to better understand a starting point from which services are operating. This new assurance system is being piloted in five local authority areas Nottinghamshire, Lincolnshire, Birmingham, North Lincolnshire and Suffolk and is likely to progress to full implementation in the coming months. The CQC assessment framework comprises;
 - all 153 councils assessed once during a two-year period,

- local authorities receiving an overall rating on the same four-point scale Ofsted uses for children's services and the CQC uses for care providers: 'outstanding', 'good', 'requires improvement' and 'inadequate'.
- ratings will be based on a more detailed framework score of 1-4 for each of nine quality statements on:
 - i. assessing needs;
 - ii. supporting people to live healthier lives;
 - iii. equity in experiences and outcomes;
 - iv. care provision, integration and continuity;
 - v. partnerships and communities;
 - vi. safe systems, pathways and transitions;
 - vii. safeguarding,
 - viii. and governance, management and sustainability.
- Sources of evidence will include feedback from people who receive care and support, including self-funders, carers, voluntary and community groups and staff, including the principal social worker, director of adult social services and social workers; analysis of performance data on, and surveys of staff, carers and people accessing care and support, and studies of a sample of cases.
- As well as assessing individual authorities, the CQC will also draw on data and performance information to track and report on national trends.

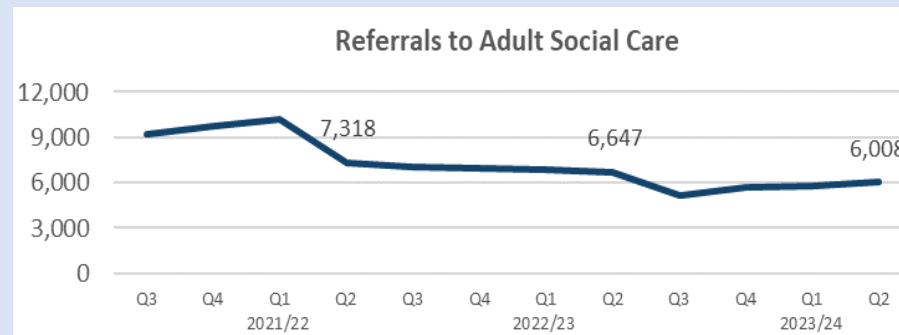
Adult Social Care Dashboard – Referrals and Assessments

(quarterly data as at 30 September 2023)

Referrals to Adult Social Care

A working group has been established to examine contacts and referrals into Adult Social Care. This will help us better understand the client journey through the system.

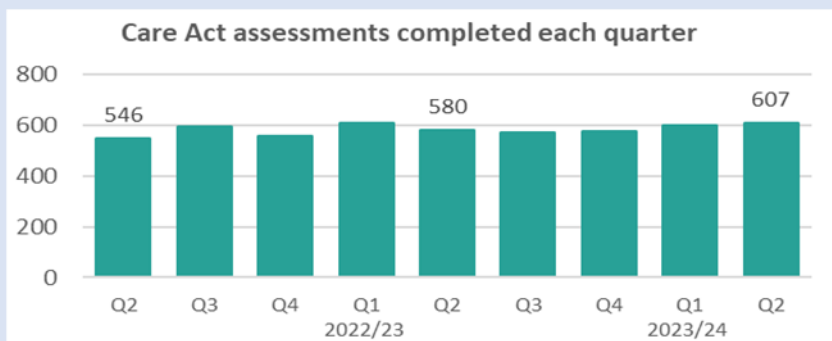
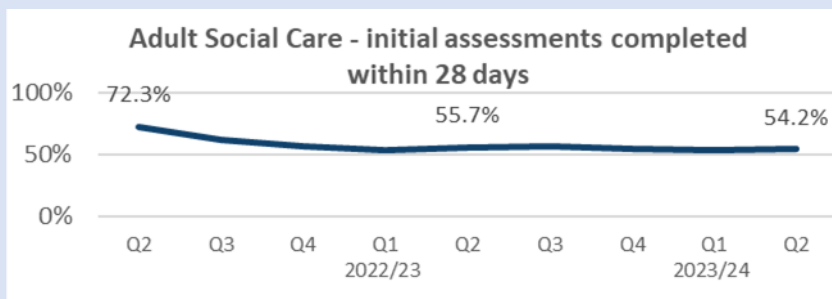
The group will review all sources of referrals into the system – both external to, and those between services. It is aiming to find potential reasons for the gradual reduction of referrals seen over the last two years.



Care Act assessments completed and timeliness

A phased approach is being taken to introduce new mobile technology to support staff to increase the number of Care Act assessments completed within the 28-day target timescale. An ongoing impact statement is considering the approach and improvements in timeliness are expected over the next two years.

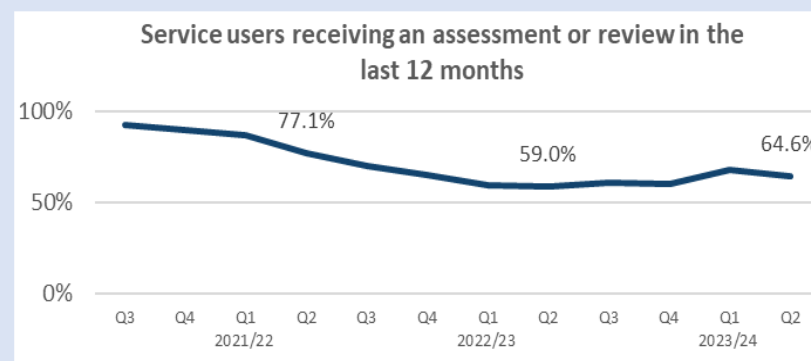
The number of Care Act assessments completed has remained consistent over the last 2 years (between 500 and 600 per quarter).



Service users receiving an assessment or review in last 12 months

Service specific review teams were established in Spring 2023 to tackle the issue of overdue reviews. Recent performance demonstrates some initial progress in addressing this issue.

Staffing issues in the new teams have however resulted in a recent decline in the number of reviews completed in the latest quarter. A working group has been created to consider different ways of undertaking reviews.



Adult Social Care Referrals and Assessments

Referrals to Adult Social Care

- 16 Whilst referrals to adult social care have reduced over the last two years, a reduction of 17.9% from quarter two 2021/22 to quarter two 2023/24, the last three quarters have stabilised, and a slight increase can be seen over this period. The rolling year ending 30 September 2023 saw an average of 1,888 referrals received per month compared to an average of 2,296 per month for the same period last year. A working group is examining the outcomes of referrals, and the source, both external to the council, and those between services, to develop a greater understanding of demand to the service.

Care Act assessment timeliness

- 17 The timeliness of the completion of Care Act assessments remains low with 54.2% of all Care Act assessments completed within 28 days in the latest quarter. Timeliness over the last 12 months has been static (between 54-56%), however, this is lower than for the same period two years ago (72.3%).
- 18 New technology to support staff to complete assessments in a timely manner is being introduced through a phased approach in service teams over a period of two years. An impact statement is considering this as an approach to tackling timeliness issues whilst also examining other reasons for the low performance. This includes a culture shift in the approach to using digital technology across the service. It is expected that timeliness rates will improve once the new technology has become embedded in the service.
- 19 Whilst the number of Care Act assessments completed by quarter has remained largely consistent over the last two years (between 500 and 600 per quarter), a slight increase over the period is evident.

Annual Reviews of Service

- 20 For the latest quarter, 64.6% of service users received an annual assessment or review in the last 12 months. This is higher than the same period last year, however, it is a slight reduction on the previous quarter (68.1%). New review teams were created earlier this year, with dedicated capacity for undertaking annual reviews. Staffing issues in these new teams may be the reason for this slight recent decline in performance. A working group is over-seeing the first year of the team's operation, and a report will be provided to Adult Care Management Team at the end of the financial year.

Adult Social Care Dashboard – Reablement and rehabilitation services

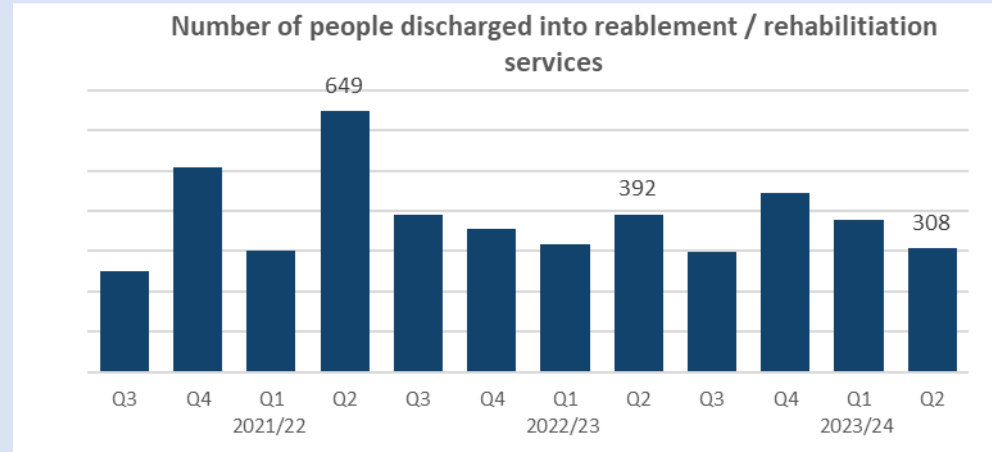
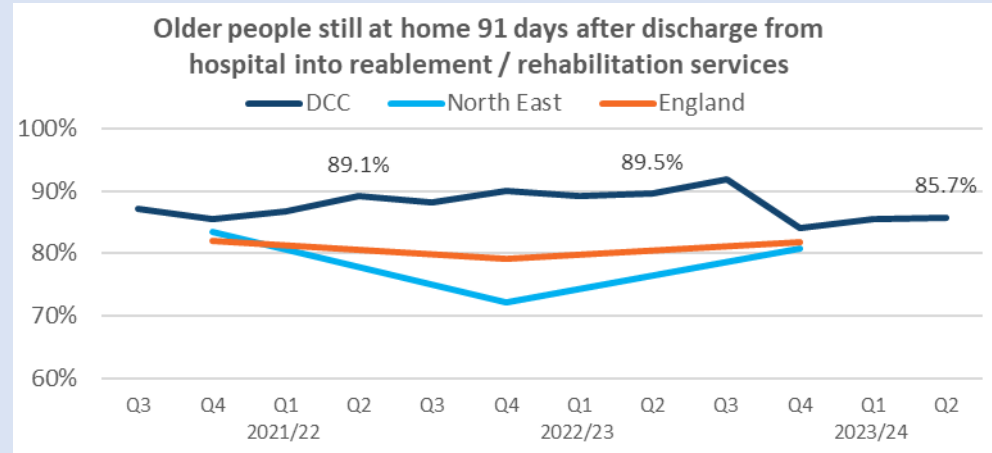
(quarterly data as at 30 September 2023)

Discharges into reablement / rehabilitation services

The percentage of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services remains high and compares favourably with the regional and national averages.

The last three years, however, have seen a lower number of people being discharged into reablement / rehabilitation services. This period has an average of 380 people per quarter discharged into these services, An average of 590 people per quarter was typically seen for the period 2017-18 to 2019-20.

The Commissioning Service are undertaking a review of reablement to understand staff turnover, provider capacity and changing demand for the service. The final report is expected in December 2023.



Discharge into Reablement and Rehabilitation Services

- 21 The percentage of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services (85.7% in the latest quarter) remains high and is within two percentage points of the three-year average. Latest performance remains above our Better Care Fund target of 84%, and regional and national benchmarking.
- 22 The number of people discharged into reablement demonstrates little change over the last three years, however, when compared to more historical data, a reduction is clear. In the latest three-year period, covering quarter three 2021/22 to quarter two 2023/24, an average of 380 people were discharged into reablement or rehabilitative services each quarter. This is much lower than the three year period covering 2017/18 to 2019/20, when an average of 590 people each quarter were discharged into reablement or rehabilitative services.
- 23 The Commissioning Service are undertaking a review of reablement services to understand factors such as staff turnover, capacity of the service, and changing demand. The final report is due by December 2023 and results will feed into the re-procurement of the service in 2024.

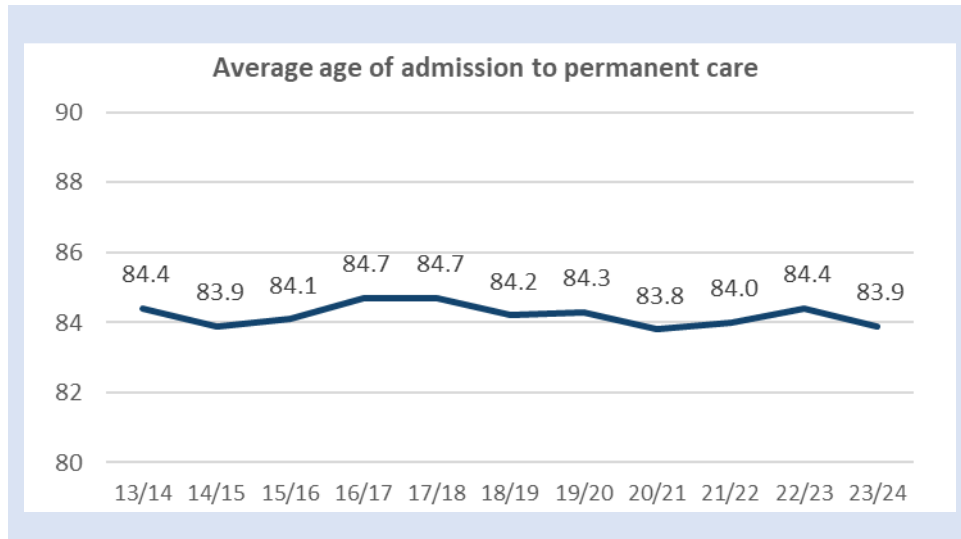
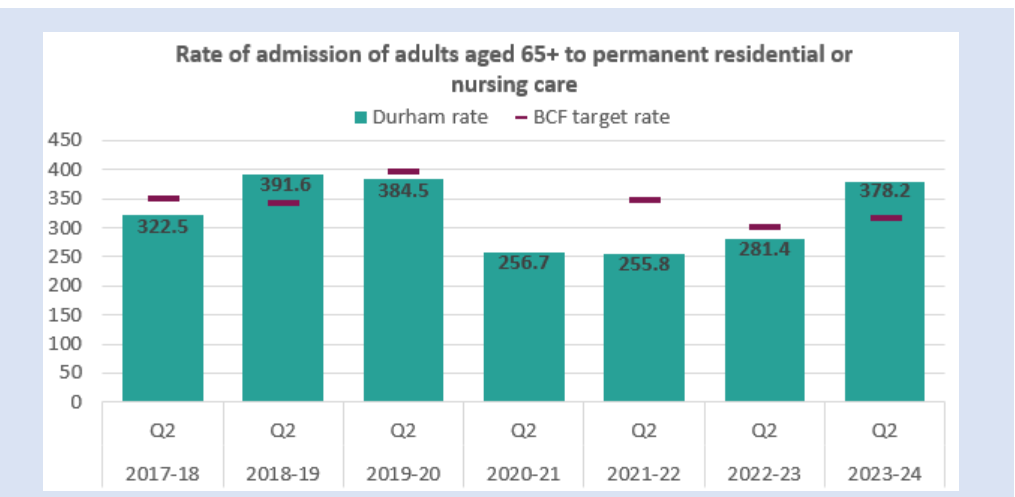
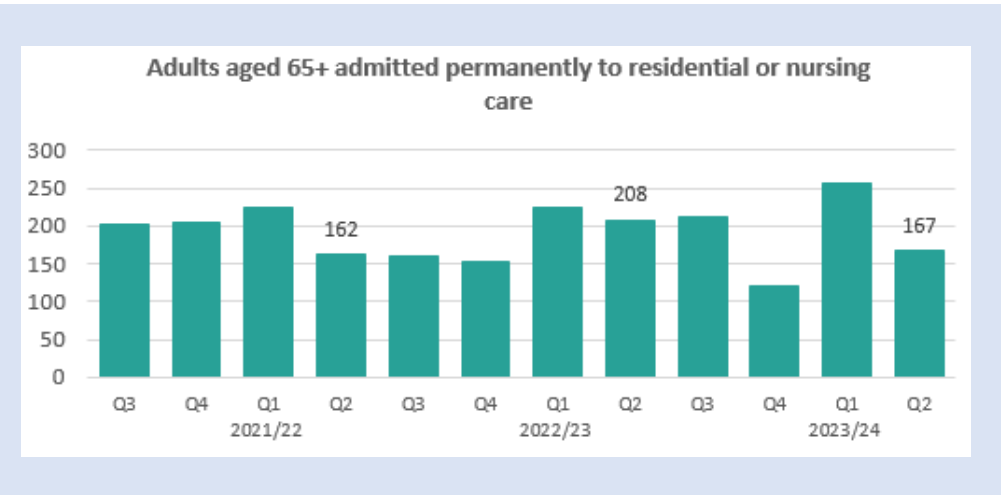
Adult Social Care Dashboard – Admissions to permanent care

(quarterly data as at 30 September 2023)

Admissions to residential care

The quarterly number of admissions to residential care have fluctuated since 2020-21 Q1. A data quality review has recently been completed, and we are now assured that we are capturing residential admissions in the most accurate way possible.

The **average age of admission** to permanent care continues to demonstrate little change, fluctuating between 83.6 and 84.8 over the last 10 years.

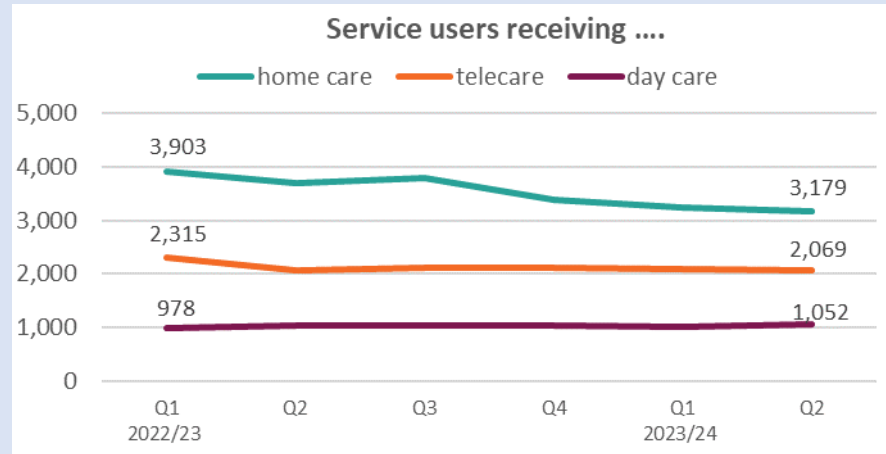


Admissions to Care

- 24 We continue to see a lower rate of adults aged 65+ per 100,000 population admitted on a permanent basis to residential or nursing care compared to the rate seen pre-pandemic. Whilst at quarter two we are above our Better Care Fund (BCF) target (lower is better), admissions do fluctuate on a quarterly basis, and an increase in one quarter cannot be viewed as a changing trend. The average age of those entering permanent care has remained static over the last ten years (average age of 84.2 years). This demonstrates progress towards meet our strategic aim of maintaining the independence of people for longer.
- 25 A recent data quality review assessed the various fields in our case management system, Azeus, that could be used to identify the first time a service user is admitted to residential or nursing care on a permanent basis. A report was agreed at Adult Care Management Team that detailed the options available, and recommended a methodology for use in the interim period before permanent admissions are drawn from the new client level dataset return from April 2024.

Adult Social Care Dashboard – Services received

(quarterly data as at 30 September 2023)



Home Care

Home care continues to be the most used service, reflecting the aim for people to remain independent in their own home, however, those receiving the service have declined over the last 12 months.

Telecare

Telecare supports people to remain safe in their home and is provided to approximately 2,000 service users.

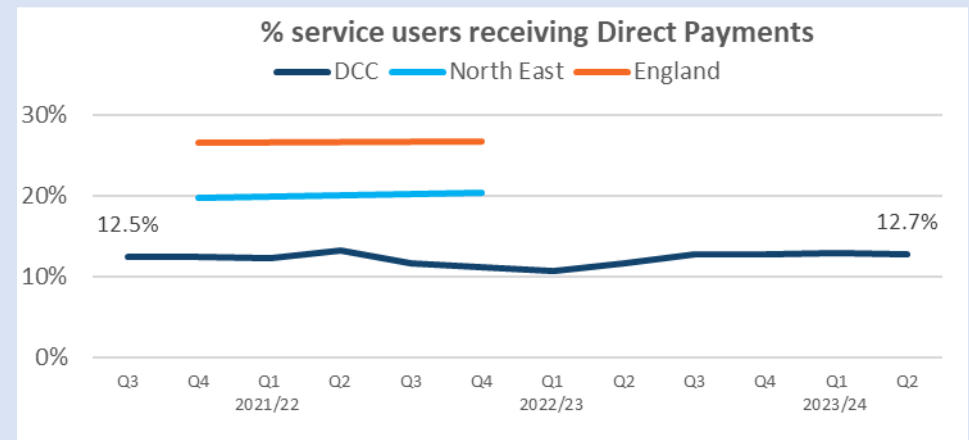
Day Care

The number of service users receiving day care has remained reasonably static over the last 12 months.

Service users receiving Direct Payments

Durham has historically had low rates of Direct Payment take-up compared to regional and national averages.

An impact statement has examined factors affecting Direct Payment take-up in Durham. Whilst no evidence was found to suggest that Durham County Council's policy in relation to Direct Payments differs significantly from other local authorities, it was recommended that development work will seek to explore opportunities to further develop Direct Payment take-up. This is in addition to business-as-usual promotion and development work.



Services Received

- 26 The number of service users receiving home care remains high, with more than 3,000 people receiving the service. The number of people receiving home care was inflated during the pandemic, as care homes were closed to new admissions. Latest data shows a reduction of 19% from quarter one 2022/23 (724 service users). This reduction in home care was an expected change as care homes opened up to admissions and our care delivery model returned to being able to give the right kind of care at the right time.
- 27 Telecare and day care use continues to be stable with approximately 2,000 people using telecare and more than 1,000 people receiving a day care service.
- 28 In quarter two, 677 people used Direct Payments to pay for at least part of their care. This is on par with the previous quarter (676 people). The percentage of people using Direct Payments has remained static over the last two years. This take-up remains lower than both regional and national averages.
- 29 An impact statement examined the reasons for low take-up in the county. Whilst no evidence was found to suggest that Durham County Council's policy in relation to Direct Payments differs significantly from other local authorities, it was recommended that development work will seek to explore opportunities to further develop Direct Payment take-up in the county.

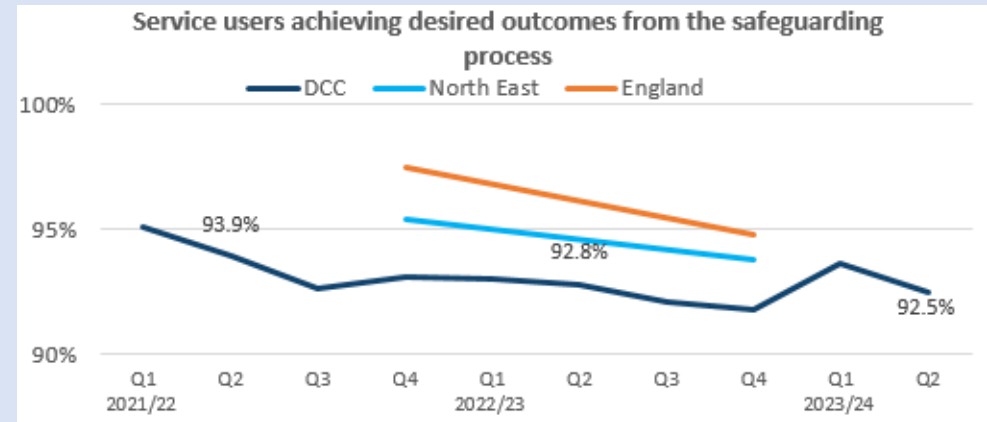
Adult Social Care Dashboard – Service outcomes

(annual data / safeguarding - quarterly data)

Safeguarding – achieving desired outcomes

The methodology for this indicator has been reviewed and results re-calculated from 2021/22 to date.

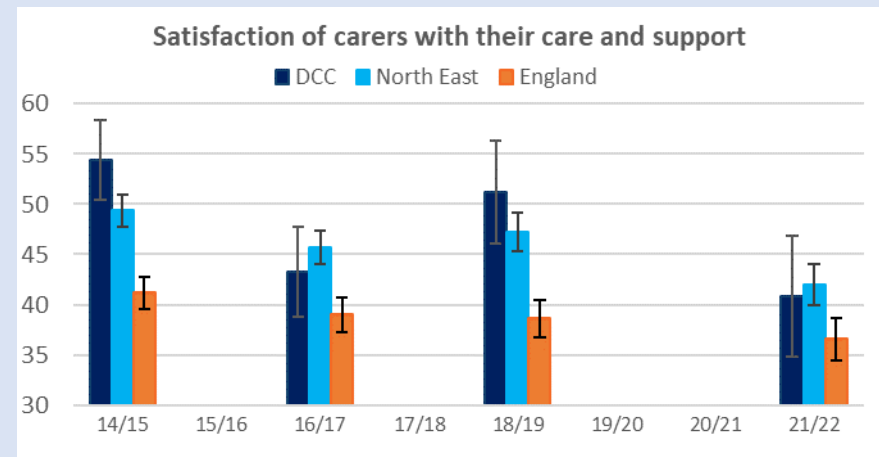
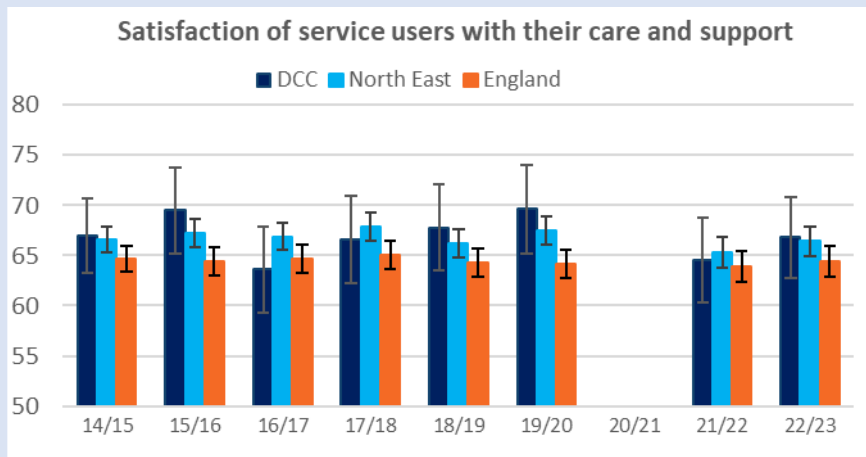
We are currently implementing changes in Azeus to bring the recording of desired outcomes in line with the national Safeguarding Adults Collection. Changes will be supported by comprehensive practice guidance for front line staff to ensure accurate future recording.



Satisfaction of:

Service users – latest data demonstrates Durham to be in line with national and regional comparators

Carers – data from 2021/22 shows a reduction for Durham compared to previous surveys, however, it remains comparable to the North East and England.



Service Outcomes

Safeguarding – desired outcomes

- 30 The percentage of individuals achieving their desired outcomes during the safeguarding process has increased to 92.5% during quarter two, a 0.3% reduction against the same period last year. Quarter two performance also remains marginally lower than the latest regional (93.8%) and England (94.8%) result for 2022/23.
- 31 The methodology for this indicator was reviewed and results re-calculated from 2021/22 to date, to ensure closer alignment to the national Safeguarding Adults Collection Return. Changes to Azeus are being implemented to bring the recording of outcomes in line with the national return.
- 32 During June and July 2023, workshops were held with front line staff, focusing on improving recording of key information across the safeguarding process and highlighting good practice. A comprehensive governance review is continuing across the Safeguarding service, focusing on areas of concern and good practice, with the aim of reviewing key strategic indicators and increasing assurance in reported results.

Satisfaction of Service Users

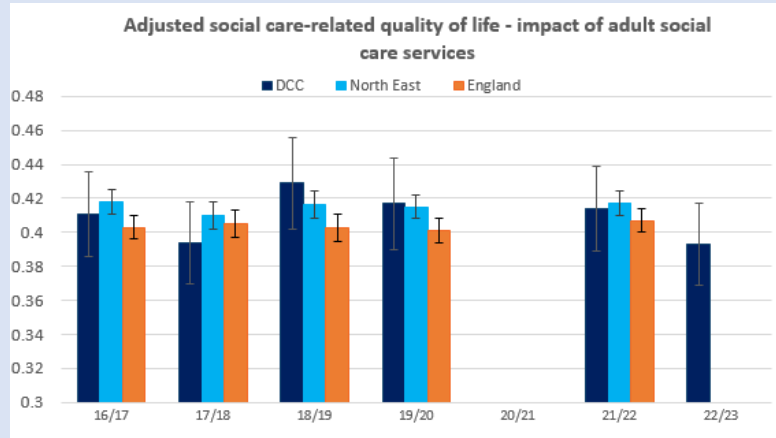
- 33 Satisfaction of service users with their care and support remains positive in County Durham. The latest annual survey was undertaken between January and March 2023, and the national data was released in October 2023. This showed County Durham's performance to be in line with the national and regional comparative result.

Satisfaction of Carers

- 34 Satisfaction of carers with their support is taken from the national Survey of Adult Carers in England. The latest survey took place in October-November 2021. Fieldwork is currently underway for the 2023/24 survey, and results are expected to be published in June 2024.

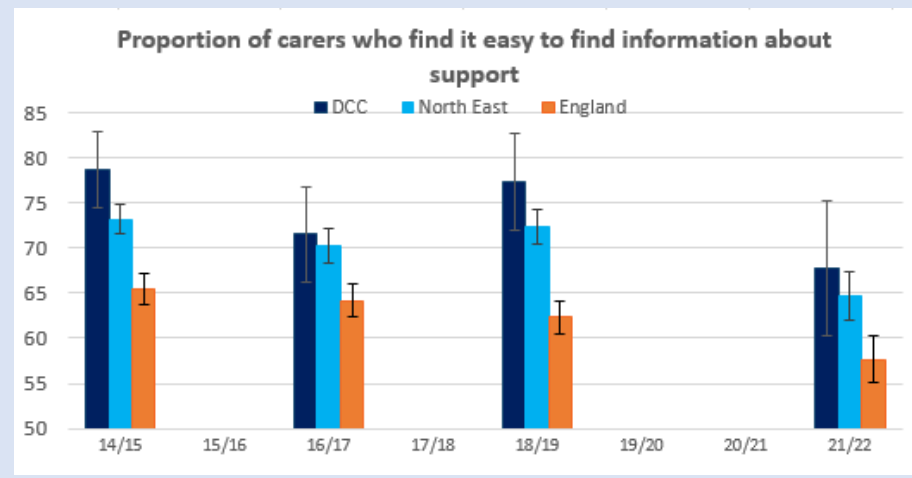
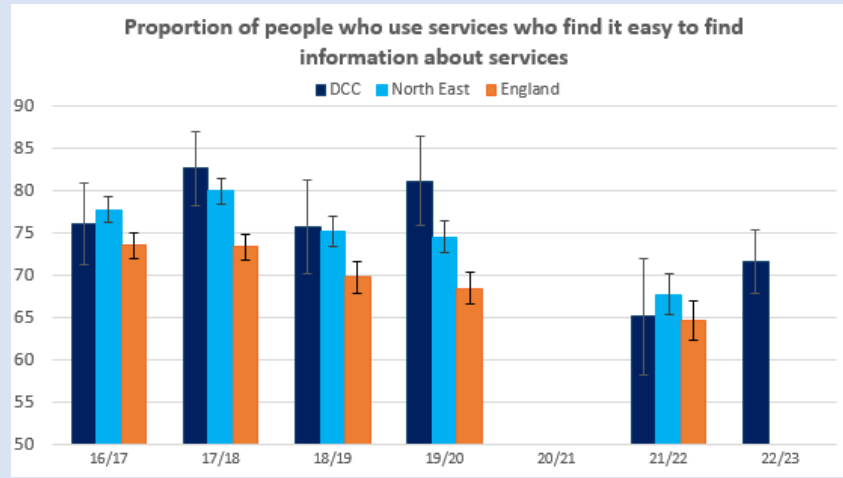
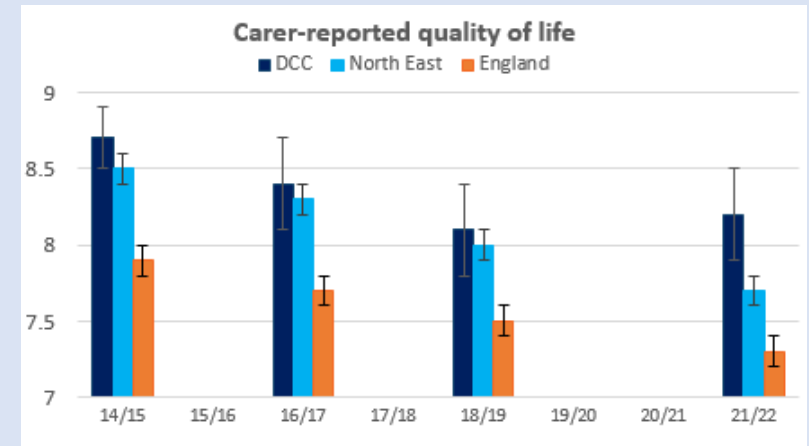
Adult Social Care Dashboard – Oflog Measures

(annual data as at 31 March 2022. For social care quality of life – 31 March 2023)



The impact of adult social care services on service users' quality of life in Durham reduced in 2022-23.

Carers' quality of life remains above comparators.



Across England, finding information about services has become increasingly difficult over the last 5 years. This is the case for both people who use services and carers of people. Whilst reductions have been experienced Durham performs in line or above regional and national comparators for both indicators.

Office for Local Government (Oflog) measures

- 35 Oflog has developed an online tool which brings together a selection of existing metrics across a subset of service areas, for data that is available at different levels of local government.
- 36 Oflog has worked with the Department for Health and Social Care (DHSC) to ensure that adult social care metrics included in the Oflog data set align with the DHSC data plans. This ensures that no extra data collection burdens are created and no duplication of existing data requests.
- 37 The selected indicators have been refined through engagement sessions with adult social care sector representatives and in accordance with Oflog analytical criteria.
- 38 These indicators may be developed and expanded upon to provide a holistic view of local government responsibilities.

Adult social care related quality of life – impact of adult social care services

- 39 This indicator is derived from the national, statutory Adult Social Care Survey, which takes place between January and March each year. The eligible population for this survey covers all users of long-term support provided or commissioned by the local authority, who are aged 18 and over. For this indicator, service users whose primary support reason is a learning disability are excluded, as very few learning disability service users were involved in the initial research phase of this indicator's creation. It is an Adult Social Care Outcomes Framework (ASCOF) indicator.
- 40 The indicator uses data from adult social care to attempt to express the impact that adult social care services has on service users' quality of life.
- 41 The indicator should be viewed alongside ASCOF measure (1A) social care-related quality of life, which gives an overarching view of the quality of life of users of social care using all factors, not just those related to a local authority's role.
- 42 The starting point for this indicator is the result of ASCOF 1A social care-related quality of life. Quality of life is a composite measure out of 24 (higher is better). It is compiled from the response to eight questions concerning: control, appearance, nourishment, residence, safety, social contact, personal time and receiving help. Points are awarded per question (3 points for 'no unmet needs', to 0 points for 'no needs met'). These quality of life scores are then run through a utility weighted indicator, which assigns different levels of significance to each of the reported aspects of life. Research by Adult Social Care Outcomes Toolkit team at Kent University showed that people place different degrees of importance to each aspect of life, and different levels of significance in between each of the four response options for each aspect of life. These differences were quantified, and adjustment scores were produced. The result of the adjustment is a score between 0 and 1 (higher is better).
- 43 Next the level of assistance required in carrying out activities associated with daily living, and those instrumental to daily living, are quantified, using seven other questions from the ASCS concerning how well the respondent manages to do things themselves such as feeding themselves and dressing themselves.

- 44 Then another adjustment level is created which assesses other factors – the age of the respondent, how their general health is, how well their home is designed to meet their needs, and how easy it is for them to get around outside of their home.
- 45 The final measure is a combination of these three derived scores.
- 46 The results are between the range -0.8 and +1, and a higher value indicates a better quality of life. A score of -0.8 represents a service user who has a very low quality of life, has no needs which are unmet, is in good health, and has a good home and local environment. Therefore, the social care and support they are receiving (which causes them to have no needs unmet, good health and a good home) is having no effect on their quality of life. A score of 1.0 represents a service user who has a really high quality of life whilst having many needs which are unmet, being of poor health, and having a poor home and local environment. Therefore, the social care and support they are receiving are meeting all of their unmet needs and helping them to have a high quality of life.
- 47 The impact of adult social care services on service users' quality of life in County Durham has largely been in line with and above regional and national comparators since it was first reported in 2016/17. Data released for 2022/23, however, demonstrates a reported reduction in social care related quality of life. 2022/23 comparator data will be released in December 2023. Further analysis will be undertaken at this point to understand if the changes observed in the county are part of a wider regional / national trend.

Carer-reported quality of life

- 48 This measure is based on outcomes identified through research that carers themselves think are important, and to which adult social care contributes. It is drawn from the biennial Survey of Adult Carers in England, which seeks the opinions of carers aged 18 or over who are caring for a person aged 18 or over, on a number of topics that are considered to be indicative of a balanced life alongside their unpaid caring role.
- 49 The measure combines carers' responses to six questions measuring different outcomes related to their overall quality of life. The questions relate to occupation, control, personal care, safety, social participation and encouragement and support.
- 50 Whilst the measure gives an overall indication of the reported outcomes for carers, government statisticians note that it does not, at present, identify the specific contribution of councils' adult social care services towards those outcomes. Therefore, comparisons between authorities are not necessarily meaningful.
- 51 The quality of life for carers in County Durham remains above regional and national comparators. The 2023/24 survey is currently in its fieldwork period, and results will be published in June 2024.

Ease of finding information

- 52 It is important that people and carers know what social care choices are available to them locally, what they are entitled to, and who to contact when they need help. This is because information is a key factor in early intervention and reducing dependency. Improved and/or more information can help service users and carers have greater

choice and control over their lives. In turn, this may help to sustain caring relationships through, for example, reduction in stress, improved welfare and physical health improvements.

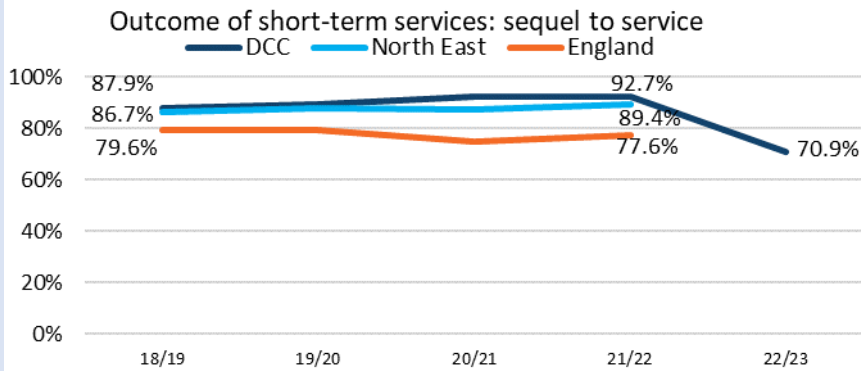
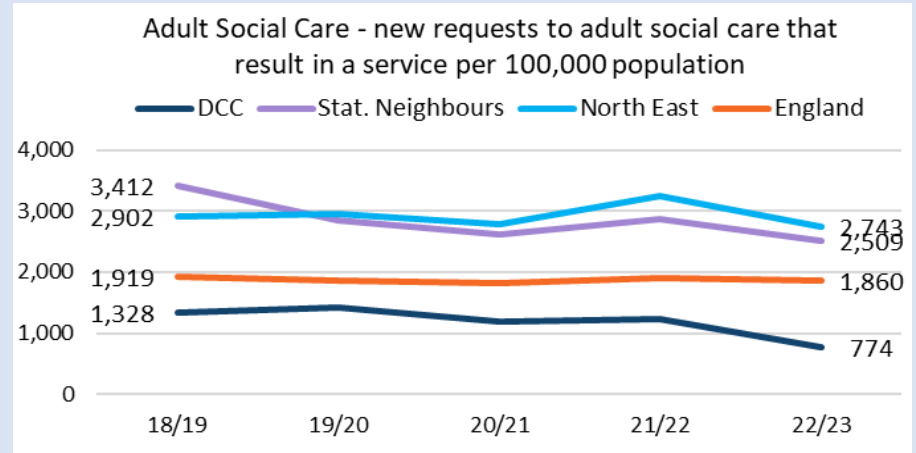
- 53 Both service users and carers have reported increasing difficulty in finding information about services. This is a steady trend over the last five years and is reflected both regionally and nationally. Despite the reported reductions in ease of access, County Durham still performs in line with or above regional and national comparators for both indicators.

Adult Social Care Dashboard – Oflog outcomes

(annual data as at 31 March 2023)

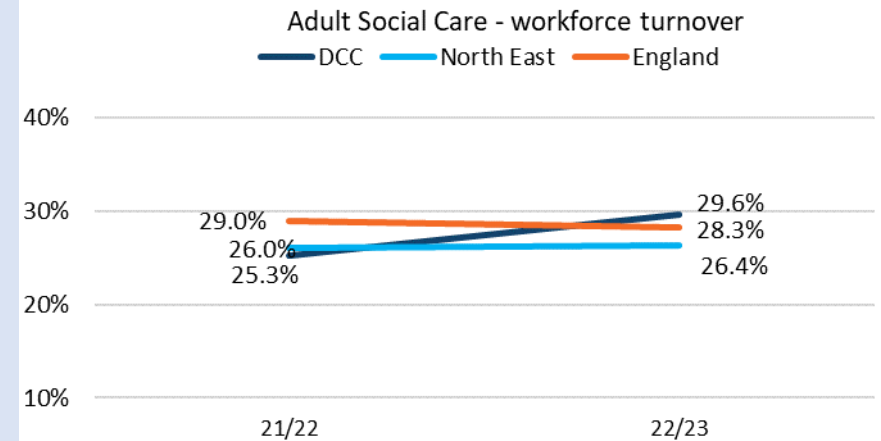
New requests to adult social care that result in a service

Durham has had a consistently lower rate per 100,000 people whose new request to adult social care resulted in a service. This indicator has been extensively explored, and there are many factors contributing to this result.



Whilst the latest data for the outcome of short-term services in Durham (2022-23) suggests a move closer to the England result from 2021-22, further analysis is being undertaken to understand the reduction.

The national release in December 2023 will enable comparisons to be made with regional and national data to understand if the reduction is part of a wider trend or is a result of data recording and data quality issues. An update will be provided in quarter three.



The workforce turnover in the whole adult social care market in Durham increased from 25.3% in 2021-22 – below regional and national comparators – to 29.6% in 2022-23 – above comparators.

Oflog measures

New requests to Adult Social Care resulting in a service

- 54 This indicator is a new indicator which has not been reported before, which repurposes data taken from the statutory Short and Long Term Services (SALT) return. The 2022/23 SALT return was the last return that national statistics will be produced from, as in 2023/24, it is to be replaced by the new Client Level Dataset (CLD). Whilst one final SALT will be submitted in 2023/24, this is only to provide assurance for the new statistics being produced from the CLD.
- 55 This indicator utilises the sequel to a request for support from a new (defined as not already being in receipt of long term care) client. It combines the sequels which are deemed as being a service, and expresses the number as a rate per 100,000 population so that it is comparable across different areas. The indicator does not include 'Universal Services / Signposted to Other Services' as a service, despite it being a statutory requirement for local authorities in the Care Act.
- 56 Over the last five years, County Durham has had a consistently lower rate per 100,000 people whose new request to adult social care resulted in a service. This does not mean that people in the county do not receive services however. Data also taken from the SALT return shows that County Durham provided long term support to 2,233 people aged 18+ per 100,000 through 2022/23, a similar result to our statistical neighbour comparator group (2,249) and the North East (2,534). This provides us with strong evidence that the low result in this indicator in Durham is a result of how we record and report the sequel to initial requests, rather than it being that people in County Durham do not receive services following a request.
- 57 The possible reasons behind our low performance in this indicator have been extensively explored, and there are several factors potentially contributing to this result:
- people who access short term care to maximise independence via a community route of access are not currently included in the source SALT table; this equates to around 100 requests that result in a service per annum;
 - people who transfer to 100% NHS funded care in the county are coded in a way that makes them hard to identify in the recorded data. Anyone moving to Continuing Health Care funding would be coded as Long Term Service Ended, which translates to no services provided in the SALT return, and anyone admitted to hospital during the assessment would have their assessment cancelled and also not counted;
 - County Durham has particularly low numbers of people progressing to 'ongoing low level support', which is defined by the SALT as telecare and equipment provision. Telecare would be coded as a long-term provision. Equipment provision is arranged through a separate Occupational Therapy assessment, and it has been confirmed that these assessments are included in the SALT return.
 - County Durham only includes initial assessments in the SALT table the indicator is taken from. This results in the omission of any further assessments that may have been undertaken in the year, which may reduce services being recorded

where the initial assessment did not result in a service, but subsequent assessments did.

- 58 As there is only one further remaining SALT return, from which no national statistics are planned to be produced, there is no intention to overhaul the way in which the SALT return is produced for the final 2023/24 submission.

Outcome of Short-term Services

- 59 Short-term services aim to maximise the potential independence of people following a serious event such as an admission to hospital; before longer term care needs are assessed. This indicator, therefore, aims to provide evidence of a good outcome in delaying dependency or supporting recovery – short-term support which results in no further need for services.
- 60 In 2021/22, the proportion of those that received short-term service, where no further request was made for ongoing support afterwards, or support of a lower level, for County Durham was 92.7%, above both regional and national comparators.
- 61 Latest data for 2022/23 shows a reduction in performance in County Durham from 92.7% in 2021/22 to 70.9%. 2022/23 comparator data will be released in December 2023. Further analysis will be undertaken at this point to understand if the changes observed in the county are part of a wider regional / national trend.

Adult Social Care Workforce Turnover

- 62 This metric shows the proportion of directly employed staff in the formal care workforce leaving their role in the past 12 months. It is the staff turnover rate for adult social care employees across both the independent and local authority sector and across all services (community care, day care, domiciliary care and residential care).
- 63 This indicator is important because it is recognised that a lower turnover is more likely to lead to more effective continuity of care and retention of skills, thereby delivering a workforce more capable of delivering high quality care. A lower turnover rate could indicate better working conditions; but it is also affected by conditions in local labour markets which means that achieving a lower level of workforce turnover will be more challenging in some local authority areas than in others.
- 64 The workforce turnover in the whole adult social care market in the council increased from 25.3% in 2021/22 – below regional and national comparators – to 29.6% in 2022/23 – above comparators. Whilst turnover in the council has increased over this period it is important to recognise that our social work staff play a limited role due to the much larger number of staff employed in the independent care sector.

Public Health Focus – Mental Health and Wellbeing Dashboard

(annual data as at 31 March 2021)

Mental health and wellbeing underpin an individual's ability to cope with the normal stresses of life, to ensure that they can work productively, and is able to contribute to their community of interest. Mental health is of universal benefit to all, underpinning our health and functioning throughout life, and as our circumstances change so does our mental health.

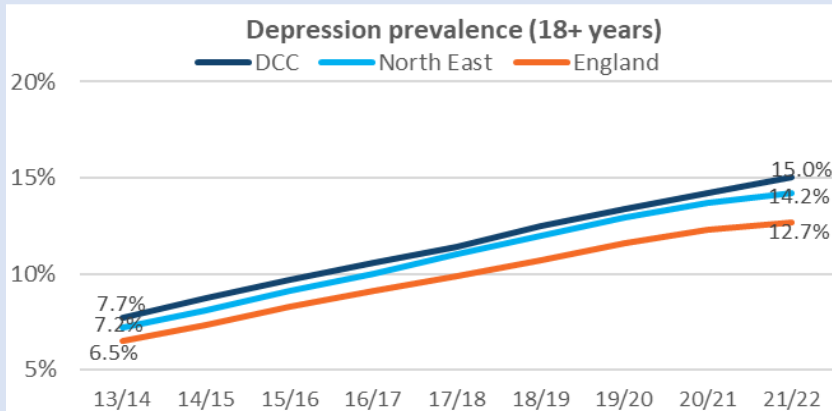
Mental health and wellbeing in Durham are demonstrated through several indicators. Self-reported wellbeing and suicide rates are reported through the new Joint Local Health and Wellbeing Strategy 2023-28 and a dashboard examines each. This page briefly considers other measure to provide a broad overview of mental health and wellbeing in Durham.

Mental health

There is a higher percentage of pupils with social, emotional, and mental health needs identified in Durham compared to the national average. Hospital admissions for young people who self-harm and have mental health conditions in Durham are also significantly higher than national figures.

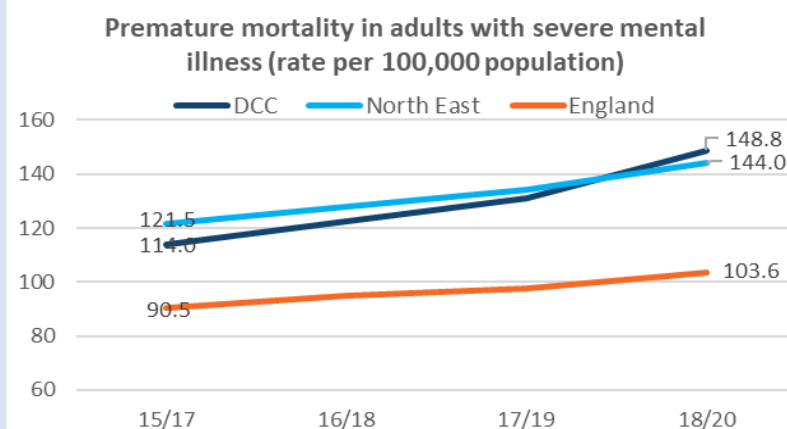
For those with severe mental health disorders, though prevalence is small, it is higher in Durham than for both regional and national data.

Indicators of mental health	Period	Durham	North East	England
Mental Health: QOF % prevalence (all ages)	2021-22	0.99	0.97	0.95
% of school pupils with social, emotional and mental health needs	2021-22	3.3	3.3	3
Hospital admissions as a result of self-harm (10-24 years) Rate per 100,000 population	2021-22	591.2	575	427.3
Hospital admissions for mental health conditions (<18 years) Rate per 100,000 population	2021-22	186.9	128.6	99.8



Prevalence of depression has increased over time at the local, regional, and national level with rates in Durham above comparators.

Likewise, **premature mortality rates** in Durham have increased and are higher than comparator areas.



Resilience

Protective factors are influences that make it less likely that individuals will develop a mental health problem. These include biological, psychological, and social factors in the individual, family or community. Indicators of school readiness, physical activity and employment are some of the measures that demonstrate resilience in an individual.

Indicators of resilience	Period	Durham	North East	England
School readiness (% of children achieving a good level of development at the end of reception)	2021-22	64.5	64.1	65.2
% of physically active adults	2020-21	63.5	63.5	65.9
% of people in employment	2021-22	70.1	70	75.4

Public Health – Mental Health and Wellbeing

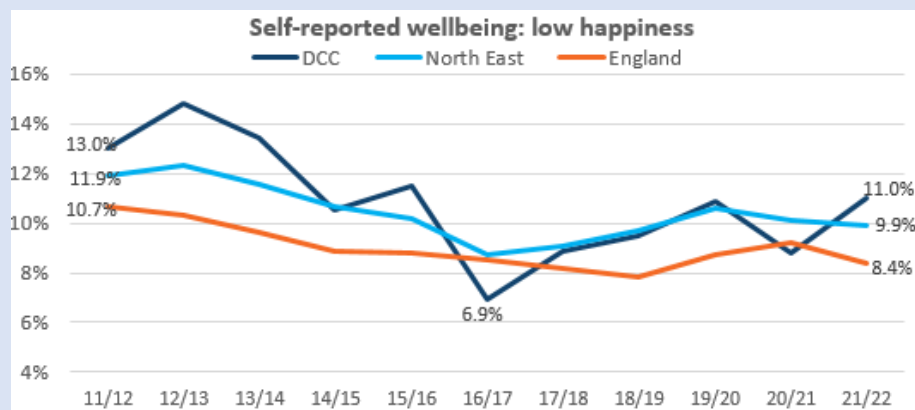
- 65 Good mental health and resilience is the foundation for wellbeing and the effective functioning of individuals and communities. It impacts on how individuals think, feel, communicate and understand, and is fundamental to physical health, relationships, education, work, and to achieving potential.
- 66 Within County Durham there is a strong history of good partnership working around mental health led by the Mental Health Strategic Partnership (MHSP), which provides the strategic co-ordination and leadership for our Mental Health Strategic Plans. It is also responsible for ensuring the system works effectively to initiate prevention and early intervention approaches and engage, consult and involve mental health service users and carers to support the work of the Health and Wellbeing Board.
- 67 In order to embrace the structural changes at Integrated Care System level and changes in mental health and emotional need of populations during the pandemic the Health and Wellbeing Board agreed a refresh of the MHSP under the five key workstreams of:
- Children and Young People’s Mental Health Partnership
 - Suicide Prevention Alliance
 - Crisis Care, now referred to as Urgent Care
 - Dementia
 - Resilient communities which could become integrated into County Durham Together.
- 68 In response to increases in mental ill health during the pandemic and as we now learn to live with Covid, other key areas of activity have been developed to promote mental health and wellbeing in the general population. This has included:
- A county-wide communications campaign called ‘Now You’re Talking’, encouraging people to talk about their mental health challenges with others whilst promoting self-help for those suffering from low-level anxiety.
 - Mental Health and Wellbeing Alliance which has been initiated to help co-ordinate a range of support services for people with low level mental health needs with a focus on promoting financial resilience, bereavement support, access to help reduce social isolation.
 - Community Mental Health Transformation which helps to deliver on the NHS Long Term Plan to enable adults with Serious Mental Illness of all ages to access to evidence based treatment and support using a collaborative approach to build on strengths and support choice.
- 69 New programmes of work such as the Mental Health Transformation enables working at a local level which is helping to reform the access to mental health services at a place-based level. The development of a Mental Health Alliance model has also been developed to address the underlining factors that lead to low level anxiety and depression. All of this work is underpinned by the Approach to Wellbeing which encourages an assets-based approach, placing the person at the centre of any level of mental health support they require.

Durham Insight Dashboard

- 70 A new [dashboard](#) has been developed on Durham Insight to enable the Health and Wellbeing Board to monitor outcomes for mental health and wellbeing in County Durham.
- 71 The dashboard provides an overview of many indicators that influence mental health and wellbeing and also outlines factors that improve our resilience to poor mental health.
- 72 Benchmarking against indicators in the dashboard demonstrates that the County Durham rate is typically higher than regional and national comparators. In summary:
- 3.3% of school pupils in County Durham have social, emotional and mental health needs (2021-22) compared to 3.0% nationally
 - in 2021/22, there were around 550 hospital admissions for self-harm (10-24 year olds), a rate of 591.2 per 100,000 population
 - 11.0% of adults self-reported low happiness whilst 7.4% reported low levels of satisfaction (2021/22)
 - 20% of adults in County Durham have reported high levels of anxiety (2021/22)
 - around 68,500 people (15.0%) in County Durham are diagnosed as having depression (2021/22)
 - prevalence of severe mental health disorders is higher in County Durham compared to regional and national data (0.99%, compared to 0.97% and 0.95% respectively)
 - the rate of death by suicide has been increasing over time. For the period 2018-20, County Durham (15.8 per 100,000) is statistically higher than England (10.4 per 100,000)
- 73 It is recognised that levels of resilience can be built up that make it less likely for a person to develop a mental health problem. These include biological, psychological, and social factors in the individual, family or community. Indicators of school readiness, physical activity and employment are some of the measures that demonstrate resilience in an individual. Against these measures County Durham has lower rates compared to the national average which suggests lower rates of resilience for people living in County Durham.

Public Health Focus – Self-reported wellbeing Dashboard

(annual data as at 31 March 2022)

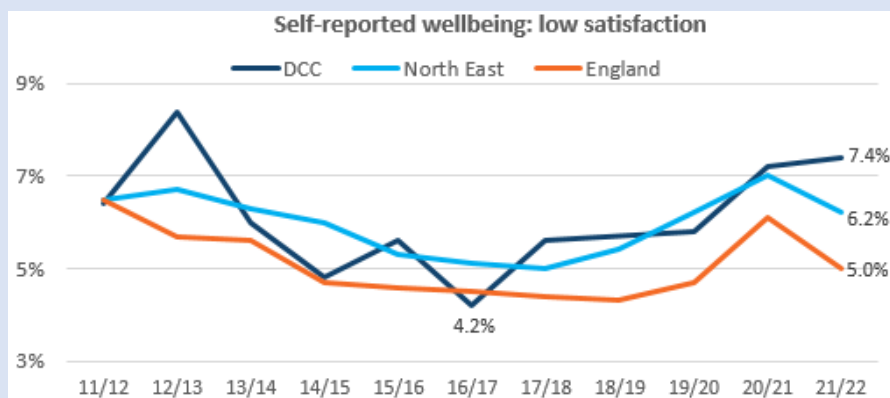
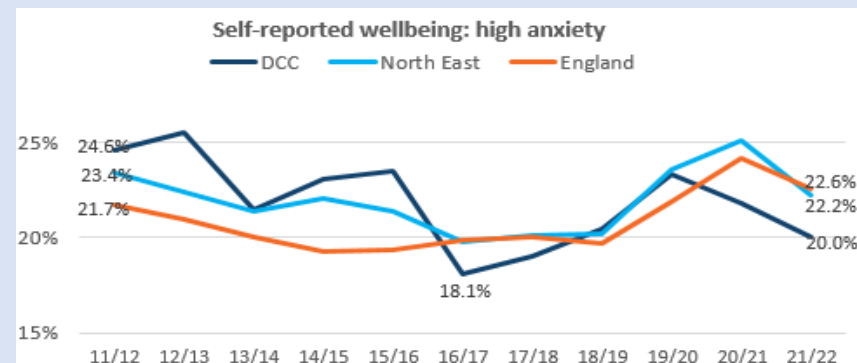


Self-reported wellbeing is a key outcome in the new Joint Local Health and Wellbeing Strategy 2023-28 (JLHWS). Wellbeing is reported through a number of measures including people reporting low happiness and low satisfaction.

In Durham, the percentage of people reporting low happiness has increased over the last 5 years from 6.9% in 2016-17 to 11.0% in 2021-22. Latest data for Durham, however, is not statistically significantly different to levels reported regionally and nationally.

Levels of high anxiety are also reported through the new JLHWS. This measure shows that scores are relatively high compared other measures of self-reported wellbeing.

Whilst the trend has varied over the last 10 years with an observed reduction from 2011-12 to 2016-17 for local, regional and national data, a similar increase since 2016-17 demonstrates little change over the overall period for all comparators.



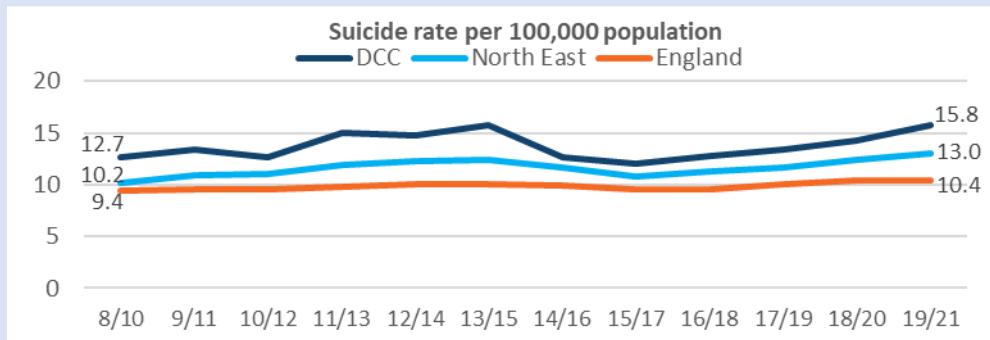
People reporting a low satisfaction score in Durham has been increasing over the last 5 years. This largely reflects the regional and national picture; however, latest data suggests low happiness has continued to increase in Durham whereas both regional and national scores have reduced. Latest data for Durham, however, is not statistically significant different to these comparator groups.

Public Health – Self-Reported Wellbeing

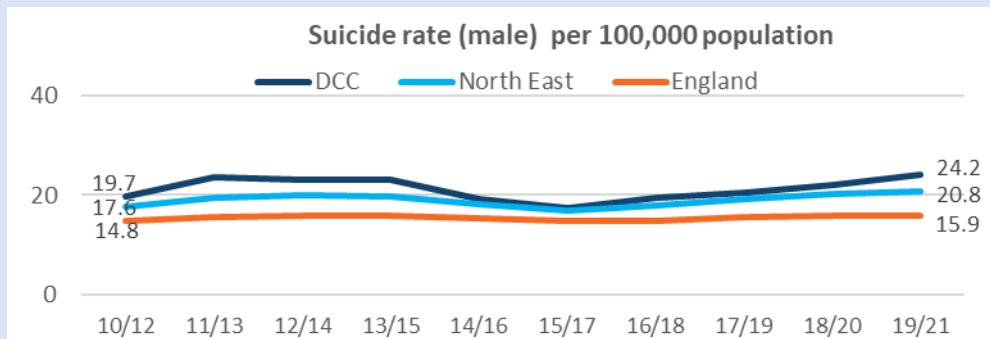
- 74 Mental health and wellbeing refer to a combination of feeling good and functioning effectively. The concept of feeling good incorporates not only the positive emotions of happiness and contentment but also emotions such as interest, engagement, confidence and affection. People with higher wellbeing also typically have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.
- 75 Wellbeing is monitored through several key indicators taken from the Annual Population Survey. Data measures individual or subjective wellbeing based on three questions within this survey which examine levels of satisfaction, happiness and anxiety.
- 76 The new Joint Local Health and Wellbeing Strategy 2023-28 (JLHWS) also aims to improve self-reported wellbeing and to reduce levels of anxiety in County Durham. These measures are to be reported to the Health and Wellbeing Board on an annual basis.
- 77 In County Durham, the percentage of people reporting low happiness has increased over the last five years. Local, regional and national data, however, demonstrate an overall slight decline over the last ten years. Latest data for the county is not statistically significantly different to levels reported regionally and nationally.
- 78 People reporting a low satisfaction score in County Durham is similar to that seen for those reporting low happiness, as a steady increase is observed over the last five years. This largely reflects the regional and national picture; however, latest data suggests low happiness has continued to increase in County Durham whereas both regional and national scores have reduced. Latest data for the county, however, is not statistically significantly different to these comparator groups.
- 79 Levels of reported high anxiety across the country are relatively high in comparison to reported low happiness and low satisfaction (typically 22% compared to 9% and 5% respectively). Whilst increases have been observed over the last five years, latest data demonstrates a generally static trend for local, regional, and national scores over the last 10 years. Latest data for County Durham, whilst slightly lower than regional and national comparators, is within 2% of both.

Public Health Focus – Rate of Suicide Dashboard

(annual data as at 31 March 2021)

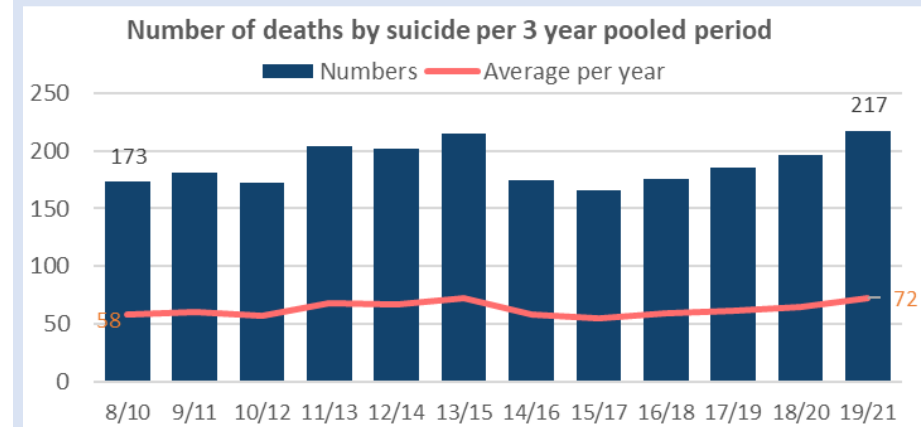
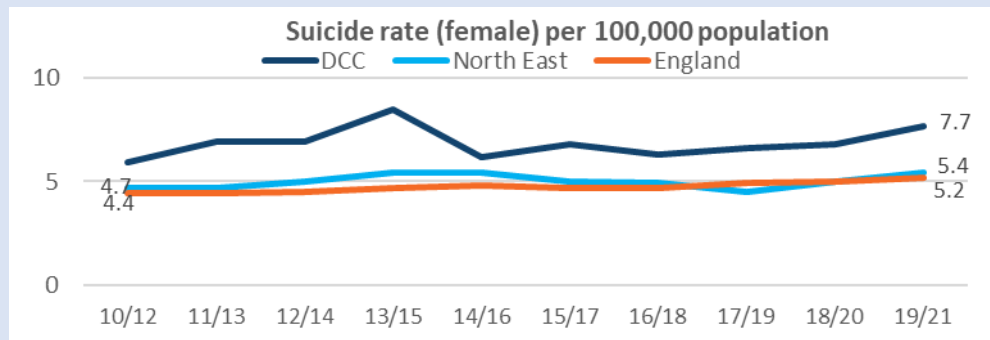


Latest data for suicide mortality rates per 100,000 people in Durham are statistically significantly higher than England and have been rising over time. Between 2018-20 and 2019-21 the rate increased by 1.5 per 100,000. Whilst the increase has been observed since 2015-17 analysis of the data suggests that it is not statistically significant.



Both male and female suicide rates have been increasing over time. The male rate (24.2 per 100,000) is the highest since this data has been recorded.

The female rate (7.7 per 100,000) is the highest since 2013-15 (8.5 per 100,000).



On average there were 58 annual deaths by suicide in 2008-10 compared to an average of 72 annual deaths for the latest data. The total number of deaths in the latest three year pooled period is the highest since the information has been recorded (2001-03).

Public Health – Levels of Suicide

- 80 Suicide is a significant cause of death in young adults and is seen as an indicator of underlying rates of mental ill-health. Suicide is a major issue for society and a leading cause of years of life lost. It is, often the end point of a complex history of risk factors and distressing events, however, there are many ways in which services, communities, individuals and society as a whole can help to prevent suicides.
- 81 It is important to note national evidence suggests two-thirds of all people who die by suicide are not in contact with mental health services 12-months prior to their death, therefore, key areas for action relating to suicide prevention include a wider population level approach designed to reduce the escalation of mental health and social care crisis. These approaches include:
- reducing the risk of suicide in key high-risk groups
 - tailoring approaches to improve mental health in specific groups
 - reducing access to the means of suicide
 - improving responses and provide better information and support to those bereaved or affected by suicide
 - supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
 - supporting research, data collection and monitoring
 - addressing the impact of Covid-19 on the wider determinants of mental health
 - reducing self-harm.
- 82 The County Durham Suicide Alliance delivers a multi-agency approach to preventing suicide by implementing the actions recommended by the national Suicide Prevention Strategy. Actions include the development of a Real Time Data Surveillance system, community prevention initiatives including those at high-profile locations, development of postvention referrals for families and communities at risk and a small grants scheme promoting anti stigma and discrimination initiatives.
- 83 A reduction in suicide rates is a key aim of the JLHWS. Latest suicide mortality rates per 100,000 people in County Durham are statistically significantly higher than England and have been rising over time. Between 2018-20 and 2019-21 the rate increased by 1.5 per 100,000. Whilst the increase has been observed since 2015-17 analysis of the data suggests that the increase itself is not statistically significant.
- 84 Both male and female suicide rates have been increasing over time. The male rate (24.2 per 100,000) is the highest since this data has been recorded whilst the latest female rate (7.7 per 100,000) is the highest since 2013-15 (8.5 per 100,000).
- 85 The latest publication of Office of National Statistics indicates on average there were 58 annual deaths by suicide in 2008-10 in County Durham (an increase on

48 annual deaths in 2001-03), compared to an average of 72 annual deaths by suicide in 2019-21. The gap in suicide rates between County Durham and England has been rising over time.

Housing Vulnerable People Dashboard – homes for older people

(12 months ending 31 March 2023)

Homes for older people/that meet accessible and adaptable standards

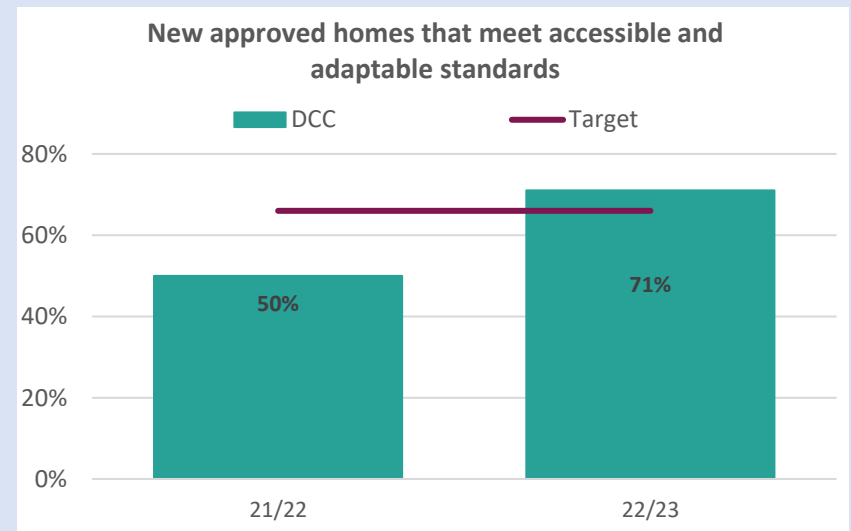
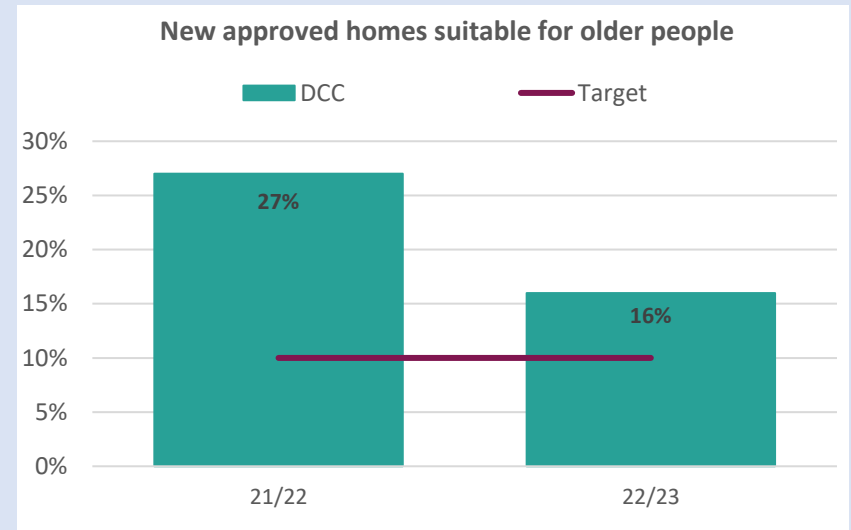
Both measures performed above target set out in the County Durham plan; 10% of new approved homes suitable for older people* and 66% of new approved homes that meet accessible and adaptable standards**.

Fewer units were approved on homes suitable for older people compared to 2021/22 due to a number of bungalow schemes approved that year that were 100% of units were specifically for older people.

The increase on last year for new approved homes that meet accessible and adaptable standards was due to some of the schemes approved in that year receiving outline permission before the CDP Housing Needs Supplementary Planning Document was adopted and therefore not required to have 66% of the units built to M4(2) standard.

* on new housing developments of 10 units or more

** on new housing developments of 5 units or more



Homes for older people/that meet accessible and adaptable standards

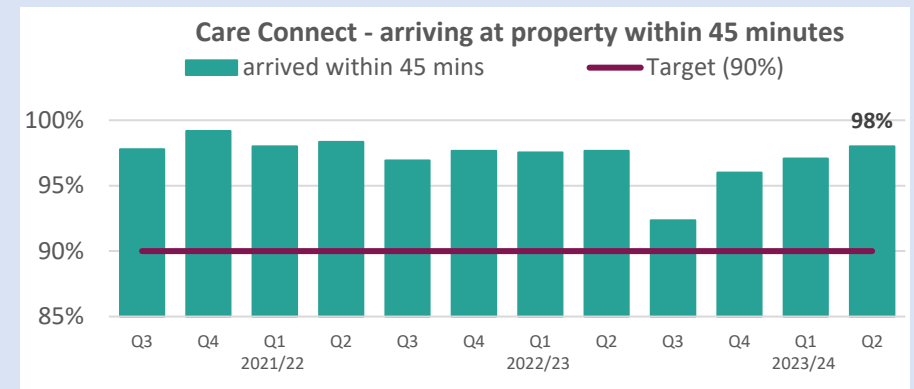
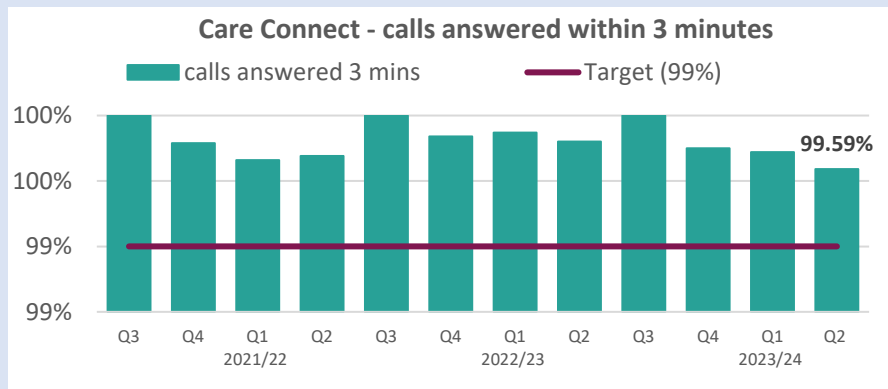
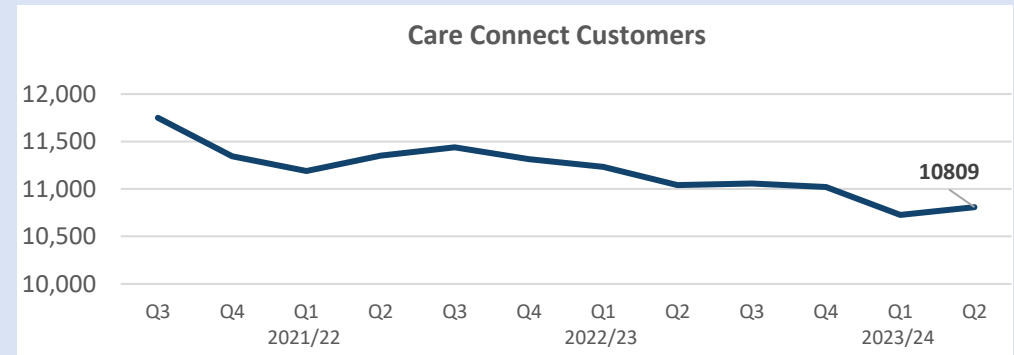
- 86 We continue to help support older people to live independently for as long as possible by ensuring a proportion of units approved on new housing developments meet their needs. During 2022/23, 16% (61) units were approved on new housing developments of 10 units or more that meet the specific needs of older people, consisting of 58 bungalows and three ground floor flats. This is 6pp above target of 10% as set out in the County Durham Plan (CDP). Figures are lower than the previous year (-11%) as a number of bungalow schemes approved that year provided 100% of the units specifically for older people,
- 87 71% (318) units were approved on new housing developments of five units or more that will be built to building regulation M4(2) standard (accessible and adaptable) and contribute towards meeting the needs of older people. This is 5pp above target of 66% as set out in the CDP and 21% more than previous year. The increase on last year was due to some of the schemes approved in that year receiving outline permission before the CDP Housing Needs Supplementary Planning Document was adopted and therefore not required to have 66% of the units built to M4(2) standard.

Housing Vulnerable People Dashboard – Care Connect and Disabled Facilities Grants

(quarterly data at 30 September 2023)

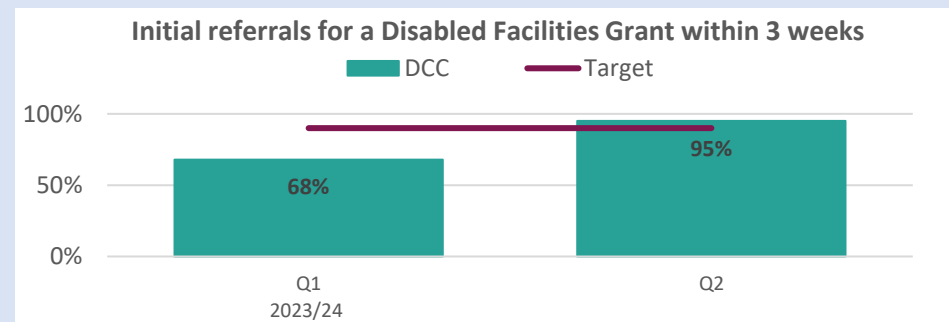
Care Connect

- Increase in customers this quarter as a result of the August free installation offer. Further winter marketing campaign offering free installation is planned to run from 1st November - 31st December 2023.
- Staff responded to 6456 emergency calls this quarter 6397 (98%) were responded to within 45 minutes.
- Telecare Services Association (TSA) Audit completed and Care Connect have been found to be compliant.



Disabled Facilities Grants (DFG)

- Significant improvement on last quarter due to implementation of new processes and allocating responsibility to dedicated team members for first contact.
- This is a new measure and back data is in the process of being collated.



Care Connect

- 88 Quarter two saw an increase in customers using the Care Connect Service with 212 new customers joining the Service due to the August offer of free installation. A further winter marketing campaign offering free installation is planned to run from 1 November-31 December 2023.
- 89 Out of a total of 6,456 emergency calls that staff responded to this quarter 6,397 were responded to within 45 minutes. However, 55 were responded to after 60 minutes due to a combination of staffing issues and location of properties.
- 90 Care Connect have completed their Telecare Services Association (TSA) Audit and the service have been found to be compliant with the requirements of the framework.

Disabled Facilities Grants

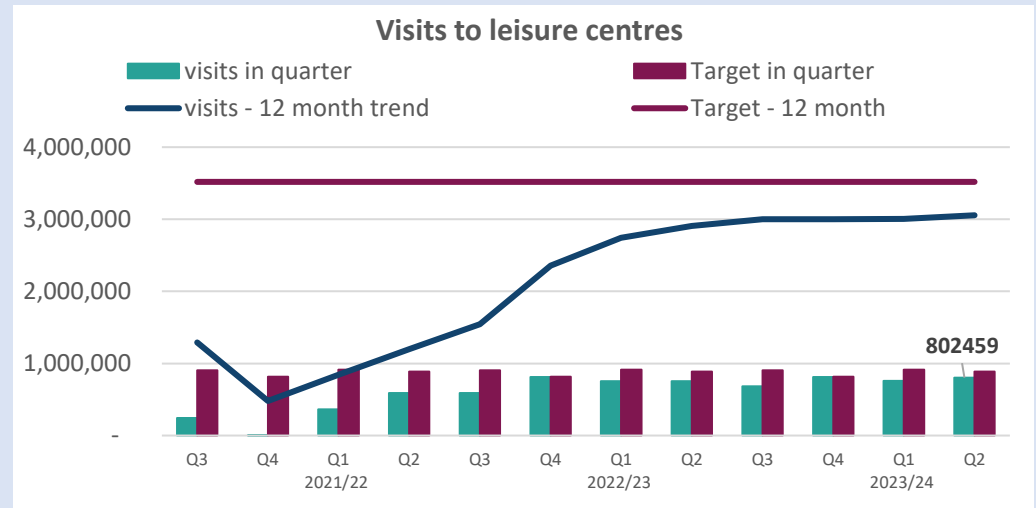
- 91 During quarter two, 95% of potential clients were contacted within three weeks of their initial referral for a Disabled Facilities Grant, which is 5pp above target and a 27pp increase compared to quarter one. New processes have been implemented, allocating responsibility to dedicated team members for first contact which has contributed to the increase in performance during quarter two. This is a new measure, and we are developing robust mechanisms for future monitoring.

Physical Activity Dashboard

(quarterly data at 30 September 2023)

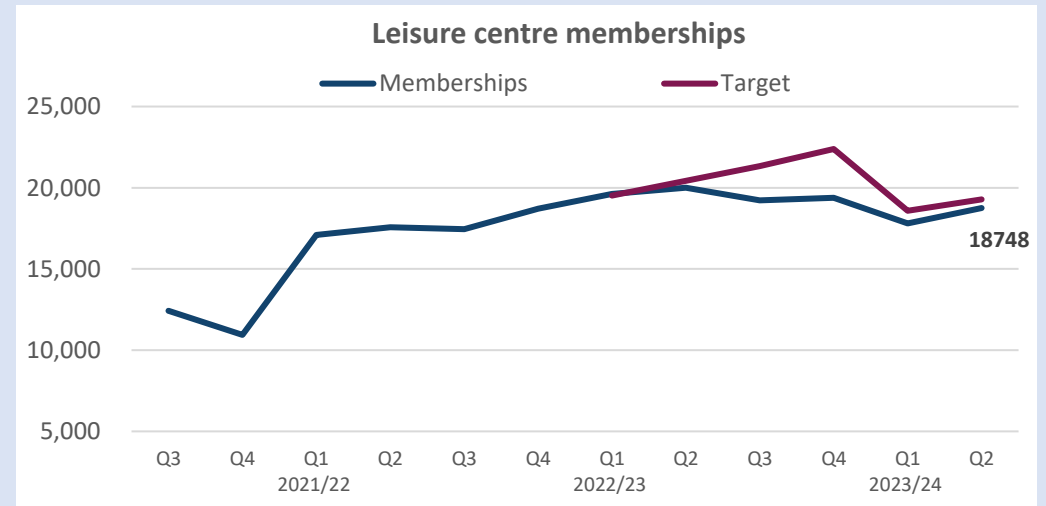
Leisure centre visits

- 802,459 visits this quarter, below target by 10% (85,395).
- Visits continue to be affected by transformation works across several of our facilities, as well as cost-of-living crisis.



Leisure memberships

- 18,748 memberships this quarter, below target by 3% (543).
- Swim memberships impacted by the launch of new leisure membership scheme in September, and overall memberships continue to be affected by the cleansing of third-party income collection data as part of ongoing system management processes which has falsely inflated cancellation figures.
- Joined UKACTIVE (National Fitness Day campaign) in September to boost membership sales.



Leisure Centre Visits

- 92 Our substantial leisure transformation programme continues to deliver upgraded and new facilities; however, this means a temporary drop in visits to our leisure centres, with 802,459 visits this quarter which is 10% (-85,395) below target (887,854). Figures are up on quarter one (6%, 42,704 visits) and the same period last year (6%, 48,313 visits). Visits continue to be affected by transformation works across several of our facilities. Abbey leisure centre re-opened but was not fully operational in quarter two and Peterlee pool remains closed. The cost-of-living crisis continues to be a real challenge for our communities, and we continue to see a correlation between energy charges and interest rate increases and a reduction in visitor numbers.

Leisure Centre Memberships

- 93 Overall membership numbers this quarter are below target by 3% (543), with 18,748 members recorded at the end of September. We have launched our new leisure membership scheme in September to make it easier for our customer to choose the right membership for them. However, swimming figures have been affected as we stopped selling swim only memberships and swim passes on 11 September.
- 94 We continue to promote our leisure membership scheme and in September joined the UKACTIVE National Fitness Day campaign, as we do each year, to encourage sales. The take up during the campaign was positive, with sales exceeding September profiled target. Work also continues with TA6, our commissioned marketing company, to deliver our sales and retention campaigns. This includes digital marketing on Tik-Tok, Snapchat, Meta and Google search ads; geared around all centre activities and 3-day free passes for new customers.
- 95 Data cleansing work commenced in quarter one continues to better understand demand which has led to some corrections in historical data quality. This work is due to be completed by April 2024.

Data Tables

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	National average	NE average	updated	Oflog PI
					Major planning applications determined within 13 weeks	Jul-Sep 23	76.2%	90%	73.7%	86%	81%	Yes	No

D = Direction of Travel	T = compared to target	C = compared to England average	G = Gap between our performance and England average
meeting or exceeding the previous year	better than target	Better than the England average	The gap is improving
worse than the previous year but is within 2%	Worse than but within 2% of target	Worse than the England average but within 2%	The gap remains the same
more than 2% worse than the previous year	more than 2% behind target	Worse than the England average	The gap is deteriorating

This is the overall performance assessment. Its calculation is dependent upon whether the indicator has an agreed target.

Key Target Indicator	Key Tracker Indicator
targets are set as improvements, can be measured regularly and can be actively influenced by the council and its partners. When setting a target, the D, C and G have already been taken into account.	no targets are set as they are long-term and / or can only be partially influenced by the council and its partners. Therefore, D, T, C and G are used to assess overall performance
better than target	Direction of Travel (D) is meeting or exceeding the previous year AND the gap with England (G) is improving
Worse than but within 2% of target	Direction of Travel (D) is worse than the previous year OR the gap with England (G) is deteriorating
more than 2% behind target	Direction of Travel (D) is worse than the previous year AND the gap with England (G) is deteriorating

More detail is available from the Strategy Team at performance@durham.gov.uk

Our Environment: summary data tables

Sustainable Transport and Active Travel KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	National average	NE average	updated	Oflog PI
					Cycling and walking levels	2022	65.6%	Tracker	67.7%	70.6%	67.5%	Yes	No
					Satisfaction with cycle routes & facilities <i>(confidence intervals +/-4pp)</i>	2022	52%	Tracker	54%			No	No

Our People: summary data tables

Adult Social Care KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	National average	NE average	updated	Oflog PI
					Referrals into adult social care	July-Sep 23	6,008	Tracker	6,647			Yes	No
					Initial assessments for Adult Social Care completed within 28 days	July-Sep 23	54.2%	Tracker	55.7%			Yes	No
					Care Act assessments completed	July-Sep 23	607	Tracker	580			Yes	No
					Service users receiving an assessment or review within the last 12 months	July-Sep 23	64.6%	Tracker	59%			Yes	No
					Individuals who achieved their desired outcomes from adult safeguarding	July-Sep 23	92.5%	Tracker	92.8%	94.8%	93.8%	Yes	No
					Satisfaction of people who use services with their care and support <i>Confidence intervals +/-4.3pp</i>	2022/23	66.8%	Tracker	64.5%	64.4%	66.4%	Yes	No
					Satisfaction of carers with the support and services they receive <i>Confidence intervals +/-5.1pp</i>	2021/22	40.8%	Tracker	51.2%	36.6%	42%	No	No
					Hospital discharges receiving reablement	2021/22	2.2%	Tracker	2.7%			No	No
					Older people still at home 91 days after discharge from hospital into reablement / rehabilitation services	Oct 22-Sep 23	85.7%	84.0%	89.5%	82.7%	81.6%	Yes	No
					Average age people can remain living independently in their own home	2023/24	83.9 years	Tracker	84.4 years			Yes	No
					Adults aged 65+ per 100,000 population admitted on a permanent basis to residential or nursing care	July-Sep 23	378.2	317.9	281.4	538.5		Yes	No
					Service users receiving Direct Payments	July-Sep 23	12.7%	Tracker	11.6%	26.7%	20.4%	Yes	No
					Service users receiving Direct Payments	July-Sep 23	677	Tracker	638			Yes	No
					Service users receiving home care	July-Sep 23	3,179	Tracker	3,702			Yes	No
					Service users receiving Telecare care	July-Sep 23	2,069	Tracker	2,075			Yes	No
					Service users receiving day care	July-Sep 23	1,052	Tracker	1,026			Yes	No
					Requests resulting in a service – adult social care	2022/23	774	Tracker	1,229	1,860	2,743	Yes	Yes

					Workforce turnover rate – adult social care	2022/23	29.6%	Tracker	25.3%	28.3%	26.4%	Yes	Yes
					People in adult social care – quality of life	2022/23	0.393	Tracker	0.414	0407	0.417	Yes	Yes
					Short term service provision – adult social care	2022/23	70.9%	Tracker	92.7%	77.6%	89.4%	Yes	Yes
					People who services who found it easy to find information – adult social care	2022/23	71.6%	Tracker	65.1%	64.6%	67.7%	Yes	Yes
					Carers who found it easy to find information about services	2021/22	67.8%	Tracker	77.3%	57.7%	64.7%	Yes	Yes

Housing Vulnerable People KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	National average	NE average	updated	Oflog PI
					Care Connect customers	Jul-Sep 23	10,809	Tracker	11,040			Yes	No
					Care Connect calls answered within 3 minutes	Jul-Sep 23	99.59%	99%	99.8%			Yes	No
					Care Connect calls arriving at the property within 45 minutes	Jul-Sep 23	98%	90%	97.7%			Yes	No
					Potential clients contacted within 3 weeks of initial referral for a Disabled Facilities Grant (DFG)	Jul-Sep 23	95%	90%	new			Yes	No
					Approvals on new housing sites of 10 units or more, a minimum of 66% of the total number of dwellings meet accessible and adaptable standards (building Regulations requirements M4(2)).	2022/23	71%	66%	new			Yes	No
					Approvals on new housing sites of 10 units or more, a minimum of 10% of the total number of dwellings meet a design and type for older persons	2022/23	16%	10%	new			Yes	No

Public Health KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	National average	NE average	updated	Oflog PI
					Children aged 4-5 who are a healthy weight <i>Confidence intervals +/-1.2pp</i>	2021/22	75.5%	100%	74.6%	76.5%		No	No
					Children aged 10-11 who are a healthy weight <i>Confidence intervals +/-1.2pp</i>	2021/22	59.2%	100%	61.5%	60.8%		No	No
					Gap in breastfeeding at 6-8 weeks between County Durham and national average	Oct 21-Sep 22	18.4pp	Tracker	19.3pp			No	No
					Mothers smoking at time of delivery	Jan-Mar 23	15.2.%	0%	14.8%	9.4%	12.8%	No	No
					Smoking prevalence in adults (aged 18+)	2021	16.2%	5.0%	16.5%	13%	14.8%	No	No
					People reporting a low happiness score <i>Confidence intervals +/-2.4pp</i>	2021/22	11.0%	Tracker	8.8%	8.4%	9.9%	No	No
					Suicide rate per 100,000 population	2019-21	15.8	Tracker	14.3	10.4	13	No	No
					Admissions under the Mental Health Act	Apr-Jun 23	171	Tracker	202			Yes	No
					Healthy life expectancy at birth: female	2018-20	59.9 years	Tracker	58.3 years	63.9	59.7	No	No
					Healthy life expectancy at 65: female	2018-20	10.2 years	Tracker	9.0 years	11.3	9.8	No	No
					Gap in female healthy life expectancy at birth: County Durham and England	2018-20	4.0 years	Tracker	5.2 years			No	No
					Gap in female life expectancy at 65: County Durham and England	2018-20	1.1 years	Tracker	2.1 years			No	No
					Healthy life expectancy at birth: male	2018-20	58.8 years	Tracker	59.6 years	63.9	59.7	No	No
					Healthy life expectancy at 65: male	2018-20	8.7 years	Tracker	8.3 years	10.5	9.2	No	No
					Gap in male healthy life expectancy at birth: County Durham and England	2018-20	5.1 years	Tracker	3.6 years			No	No
					Gap in male life expectancy at 65: County Durham and England	2018-20	1.8 years	Tracker	2.3 years			No	No
					Successful completions of those in alcohol treatment	Jul 22-Jun 23	32.5%	Tracker	33.8%	35.1%	29.1%	Yes	No
					Successful completions of those in drug treatment: opiates	Jul 22-Jun 23	5.3%	Tracker	5.5%	5.0%	4.0%	Yes	No

				Successful completions of those in drug treatment: non-opiates	Jul 22-Jun 23	33.2%	Tracker	32.6%	31.4%	27.1%	Yes	No
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Physical Activity KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	National average	NE average	updated	Oflog PI
					Visits to Leisure Centres	Jul-Sep 23	802,459	887,854	754,146			Yes	No
					Leisure memberships	Jul-Sep 23	18,748	19,291	20,003			Yes	No

Glossary

Term	Definition
ACD	<p>Automatic Call Distribution</p> <p>Telephone calls are received either through our Automatic Call Distribution system, which routes calls to groups of agents based on a first-in-first-answered criteria, or directly to a telephone extension (non-ACD). Only calls received via our ACD system are included in our telephone statistics.</p>
AQMA	<p>Air Quality Management Area</p> <p>A geographical area where air pollution levels are, or are likely to, exceed national air quality objectives at relevant locations (where the public may be exposed to harmful air pollution over a period of time e.g., residential homes, schools etc.).</p>
ASB	Anti-social behaviour
ASCOF	<p>Adult Social Care Outcomes Framework</p> <p>measures how well care and support services achieve the outcomes that matter most to people (link)</p>
BATH	<p>Bishop Auckland Town Hall</p> <p>A multi-purpose cultural venue situated in Bishop Auckland market place. It offers regular art exhibitions, live music, cinema screenings and theatre performances, as well as a library service.</p>
BCF	<p>Better Care Fund</p> <p>A national programme that supports local systems to successfully deliver the integration of health and social care.</p>
CAP	<p>Customer Access Point</p> <p>A location where residents can get face-to-face help and information about council services. There are eight CAPs across County Durham.</p>
CAT	<p>Community Action Team</p> <p>A project team which includes members of our community protection service, planning, neighbourhood wardens and housing teams, who work alongside police and community support officers and fire and rescue teams and residents to tackle housing and environmental issues in a specific area by identifying local priorities and making best use of resources.</p>
CDP	<p>County Durham Plan</p> <p>Sets out the council's vision for housing, jobs and the environment until 2035, as well as the transport, schools and healthcare to support it (link)</p>
CED	Community Economic Development
CERP	<p>Climate Emergency Response Plan</p> <p>A community-wide call to action to help align all sectors on the actions required to further reduce greenhouse gas emissions and improve our resilience to the impacts of climate change.</p>
CNIS	Child Not In School

Term	Definition
CRM	Customer Relationship Management system
CS&T	Culture, Sport and Tourism
CTR	Council Tax Reduction Reduces council tax bills for those on low incomes
DCC	Durham County Council
DEFRA	Department for the Environment, Food and Rural Affairs A ministerial department, supported by 34 agencies and public bodies responsible for improving and protecting the environment. It aims to grow a green economy and sustain thriving rural communities. It also supports our world-leading food, farming and fishing industries (link)
DHP	Discretionary Housing Payments Short term payments which can be made to tenants in receipt of the housing benefit element of Universal Credit, to help sort out housing and money problems in the longer term.
DLE	Daily Living Expenses Available for those whose circumstances have changed unexpectedly. Payments can be made for up to seven days to help with food, travel and some clothing (restrictions apply).
DoLS	Deprivation of Liberty Safeguards A set of checks that are part of the Mental Capacity Act 2005, which applies in England and Wales. The DoLS procedure protects a person receiving care whose liberty has been limited by checking that this is appropriate and is in their best interests.
EAP	Employee Assistance Programme A confidential employee benefit designed to help staff deal with personal and professional problems that could be affecting their home or work life, health, and general wellbeing.
EET	Employment, Education or Training Most often used in relation to young people aged 16 to 24, it measures the number employed, in education or in training.
EHCP	Education, Health Care Plan A legal document which describes a child or young person's (aged up to 25) special educational needs, the support they need, and the outcomes they would like to achieve.
ERDF	European Regional Development Fund Funding that helps to create economic development and growth; it gives support to businesses, encourages new ideas and supports regeneration. Although the United Kingdom has now left the European Union, under the terms of the Withdrawal Agreement, EU programmes will continue to operate in the UK until their closure in 2023-24.

Term	Definition
EHE	<p>Elective Home Education</p> <p>A term used to describe a choice by parents to provide education for their children at home or in some other way they desire, instead of sending them to school full-time.</p>
ETA	<p>Extension of Time Agreement</p> <p>An agreement between the council and the customer submitting a planning application to extend the usual deadline beyond 13 weeks due to the complex nature of the application.</p>
FTE	<p>Full Time Equivalent</p> <p>Total number of full-time employees working across the organisation. It is a way of adding up the hours of full-time, part-time and various other types of employees and converting into measurable 'full-time' units.</p>
GVA	<p>Gross Value Added</p> <p><i>The measure of the value of goods and services produced in an area, industry or sector of an economy.</i></p>
HSF	<p>Household Support Fund</p> <p>Payments support low income households struggling with energy and food costs, or who need essential household items.</p>
ICO	<p>Information Commissioner's Office</p> <p>The UK's independent body's role is to uphold information rights in the public interest (link)</p>
IES	<p>Inclusive Economic Strategy</p> <p>Sets a clear, long-term vision for the area's economy up to 2035, with an overarching aim to create more and better jobs in an inclusive, green economy (link)</p>
JLHWS	<p>Joint Local Health and Wellbeing Strategy</p> <p>The Strategy (2023-28) supports the vision that County Durham is a healthy place where people live well for longer (link)</p>
KS2	<p>Key Stage 2</p> <p>The national curriculum is organised into blocks of years called 'key stages'. At the end of each key stage, the teacher will formally assess each child's performance. KS2 refers to children in year 3, 4, 5 and 6 when pupils are aged between 7 and 11.</p>
KS3	<p>Key Stage 3</p> <p>The national curriculum is organised into blocks of years called 'key stages'. At the end of each key stage, the teacher will formally assess each child's performance. KS3 refers to children in year 7, 8 and 9 when pupils are aged between 11 and 14.</p>
LGA	<p>Local Government Association</p> <p>The national membership body for local authorities which works on behalf of its member councils to support, promote and improve local government (link).</p>

Term	Definition
L!NKCD	A programme that brings together a number of delivery partners to support people with multiple barriers to address these underlying issues and to move them closer to or into the labour market or re-engage with education or training.
LNRS	<p>Local Nature Recovery Strategies</p> <p>Propose how and where to recover nature and improve the wider environment across England.</p>
MMB	<p>Managing Money Better</p> <p>A service offered by the council which involves visiting residents' homes to carry out a free home energy assessment. In addition to providing advice on energy bills, the service can provide financial advice through referrals to Benefits advice or help with a benefits appeal and other services for advice on benefit entitlements.</p>
MTFP	<p>Medium Term Financial Plan</p> <p>A document that sets out the council's financial strategy over a four year period</p>
NESWA	<p>North East Social Work Alliance</p> <p>A social work teaching partnership made up of 12 north east local authorities and six Higher Education Institutes. The Alliance is one of several teaching partnerships across the country which were created to improve the quality of practice, learning and continuous professional development amongst trainee and practicing social workers.</p>
NQSW	<p>Newly Qualified Social Workers</p> <p>a social worker who is registered with Social Work England and is in their first year of post qualifying practice.</p>
NVQ	<p>National Vocational Qualification</p> <p>The NVQ is a work-based qualification that recognises the skills and knowledge a person needs to do a job.</p>
Oflog	<p>Office For Local Government</p> <p>The vision for Oflog is for it to provide authoritative and accessible data and analysis about the performance of local government, and support its improvement. Oflog is part of the Department for Levelling Up, Housing and Communities .</p>
PDR	<p>Performance and Development Review</p> <p>Is an annual process which provides all staff with the valuable opportunity to reflect on their performance, potential and development needs.</p>
PRS	<p>Private Rented Sector</p> <p>This classification of housing relates to property owned by a landlord and leased to a tenant. The landlord could be an individual, a property company or an institutional investor. The tenants would either deal directly with an individual landlord, or alternatively with a management company or estate agency caring for the property on behalf of the landlord.</p>
QoL	<p>Quality of Life</p>

Term	Definition
RIDDOR	<p>Reporting of Injuries, Diseases and Dangerous Occurrences Regulations</p> <p>A RIDDOR report is required for work-related accidents which result in a reportable injury. The definition of a reportable injury can be found here</p>
RQF	<p>Regulated Qualifications Framework</p> <p>The RQF helps people understand all the qualifications regulated by the government and how they relate to each other. It covers general and vocational in England, and vocational in Northern Ireland. Link</p>
SEN	<p>Special Educational Needs</p> <p>The term is used to describe learning difficulties or disabilities that make it harder for children to learn than most children of the same age. Children with SEN are likely to need extra or different help from that given to other children their age.</p>
SEND	<p>Special Educational Needs and Disabilities</p> <p>SEND can affect a child or young person's ability to learn and can affect their;</p> <ul style="list-style-type: none"> ▪ behaviour or ability to socialise (e.g., they struggle to make friends) ▪ reading and writing (e.g., because they have dyslexia), ▪ ability to understand things, ▪ concentration levels (e.g., because they have attention deficit hyperactivity disorder) ▪ physical ability
SG	<p>Settlement Grants</p> <p>Help people stay in their home, or move back into housing after living in supported or unsettled accommodation (such as leaving care or being homeless). They provide help towards furniture, white goods, flooring, curtains, bedding, kitchen equipment, removal costs etc.</p>
SME	<p>Small to Medium Sized Enterprise</p> <p>A company with no more than 500 employees.</p>
Statistical nearest neighbours	<p>A group of local authorities that are similar across a wide range of socio-economic.</p> <p>Durham County Council uses the CIPFA nearest neighbours model which compares us to Northumberland, North Tyneside, Barnsley, Rotherham, Wakefield, Doncaster, Redcar and Cleveland, Wigan, St Helens, Dudley, Sefton, Sunderland, Wirral, Kirklees and Calderdale</p>
UASC	<p>Unaccompanied Asylum Seeking Children</p> <p>Children and young people who are seeking asylum in the UK but who have been separated from their parents or carers. While their claim is processed, they are cared for by a local authority.</p>
UKSPF	<p>UK Shared Prosperity Fund</p> <p>Part of the government's Levelling Up agenda that provides funding for local investment to March 2025. All areas of the UK receive an allocation from the Fund to enable local decision making and better target the priorities of places within the UK that will lead to tangible improvements to the places where people work and live.</p>

Term	Definition
WEEE	Waste Electrical and Electronic Equipment Any electrical or electronic waste, whether whole or broken, that is destined for disposal. The definition includes household appliances such as washing machines and cookers, IT and telecommunications equipment, electrical and electronic tools, toys and leisure equipment and certain medical devices.
Yield	Proportion of potential income achieved