

Adults, Wellbeing and Health Overview and Scrutiny Committee

8 April 2016



Quarter Three 2015/16 Performance Management Report

Report of Corporate Management Team Lorraine O'Donnell, Assistant Chief Executive Councillor Simon Henig, Leader

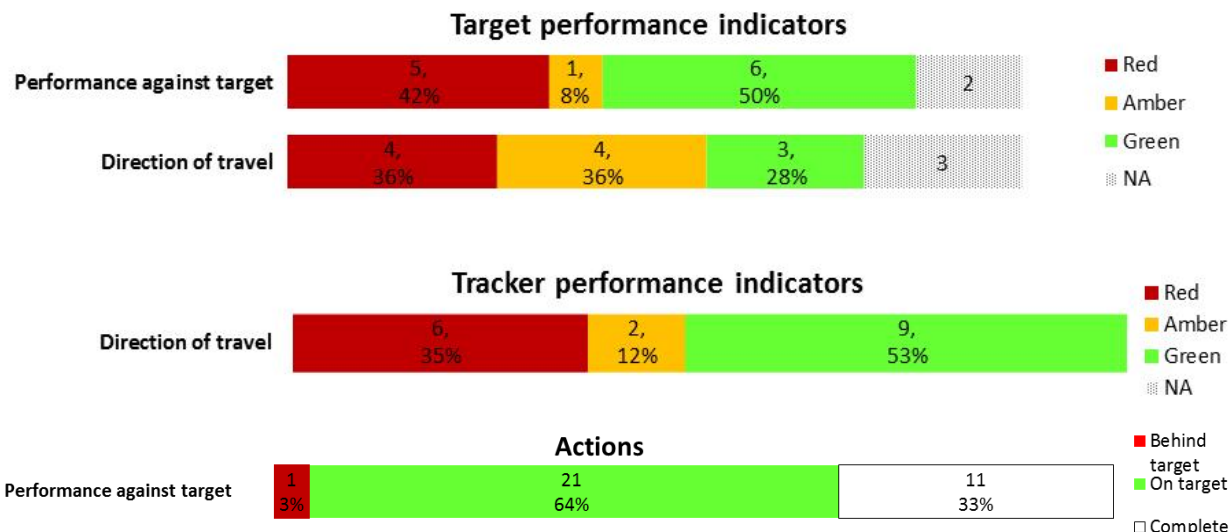
Purpose of the Report

1. To present progress against the council's corporate basket of performance indicators (PIs), Council Plan and service plan actions and report other performance issues for the Altogether Healthier theme for the third quarter of the 2015/16 financial year, covering the period October to December 2015.

Background

2. The report sets out an overview of performance and progress by Altogether priority theme. Key performance indicator progress is reported against two indicator types which comprise of:
 - a. Key target indicators – targets are set for indicators where improvements can be measured regularly and where improvement can be actively influenced by the council and its partners (see Appendix 3, table 1); and
 - b. Key tracker indicators – performance will be tracked but no targets are set for indicators which are long-term and/or which the council and its partners only partially influence (see Appendix 3, table 2).
3. The report continues to incorporate a stronger focus on volume measures in our performance framework. This allows us to better quantify productivity and to monitor the effects of reductions in resources and changes in volume of activity. Charts detailing some of the key volume measures which form part of the council's corporate set of performance indicators are presented in Appendix 4.
4. The corporate performance indicator guide provides full details of indicator definitions and data sources for the 2015/16 corporate indicator set. This is available to view either internally from the intranet (at Councillors useful links) or can be requested from the Corporate Planning and Performance Team at performance@durham.gov.uk.

Altogether Healthier: Overview



Council Performance

5. Key achievements this quarter include:

- a. Between April and September 2015, the Stop Smoking Service supported 1,277 people to quit smoking (1,353 per 100,000 smoking population). This is on track to achieve the 2015/16 target set to aim to treat a minimum of 6% of the smoking population, which equates to 2,774 quitters in 2015/16 (2,939 per 100,000).
- b. Cancer screening rates are higher for all three reported cancers in County Durham than both regional and national rates. The table below shows the percentage of those eligible for the specific type of cancer screening who were screened adequately within a specified period:

Cancer type	County Durham	North East	England
Bowel	61.2%	59.4%	57.1%
Cervical	77.6%	73.5%	75.7%
Breast	77.8%	77.1%	75.4%

- c. Tracker indicators show continuing low levels of delayed transfers of care from hospital:
 - i. In the eight snapshot days between April and November 2015, 148 people were reported as being delayed during their discharge from hospital, resulting in a rate of 4.4 per 100,000 population. This is significantly better than the rate of 8.7 per 100,000 over the same period in 2014/15 and the national rate of 11.8.
 - ii. Of the 148 people delayed, adult social care was reported as being responsible for the delay (either partially or entirely) of 38 people (26%). This equates to a rate of 1.1 per 100,000 population. This is better than the rate of 1.5 per 100,000 over the same period in 2014/15 and the national rate of 4.6.

6. The key performance improvement issues for this theme from data released this quarter are:

- a. The estimated smoking prevalence of persons aged 18 and over remains above national and regional levels. The Integrated Household Survey identifies that 20.6% of County Durham residents aged 18 and over are smokers. This has decreased from 22.7% in the 2013 survey but is above the national (18%) and regional (19.9%) levels. Solutions4Health (S4H) has been awarded the contract to become County Durham's new Stop Smoking Service from 1 April 2016. S4H are the largest independent provider of smoking cessation services in England. They were Municipal Journal award winners 2015 in the Public Health Partnership category, alongside Bracknell Forest Council, following the success of their local stop smoking service, Smokefreelife Berkshire. Public Health is working closely with S4H to ensure a smooth transition of the stop smoking service across the county from the current provider.
- b. Data for July to September 2015 show that 18.1% of mothers (247 of 1,361) were smoking at time of delivery. This is achieving the locally agreed annual target (18.2%) and is an improvement on the same period last year (19.9%). In County Durham, the rate was 14.7% in North Durham Clinical Commissioning Group (CCG) and 21.1% in Durham Dales, Easington and Sedgefield CCG. Whilst the rate is improving, it remains worse than the England average of 10.5% and the North East CCG average of 17%.

The number of pregnant women setting a quit date with the Stop Smoking Service has continued to rise. Since the implementation in 2013 of the babyClear pathway, the North East's regional approach to reducing maternal smoking rates, the service has seen significant increases in the percentage of pregnant women quitting. Between April and September 2015, this rose to 63% (84 of 134 women setting a quit date) compared to 53% (43 of 81) in the same period in 2014 and 46% in England.

The babyClear initiative has provided:

- Training to all community midwives to facilitate delivery of a three minute intervention at booking, identifying and referring smokers, and stressing the dangers of carbon monoxide (CO). Identification is largely based on routine CO monitoring of all women at booking and making CO screening standard midwifery practice.
 - Training a small cohort of midwives to deliver more intensive risk perception interventions to pregnant women who continue to smoke at the time of a scan appointment.
- c. Between April and September 2015, 3.5% of eligible people in County Durham received an NHS health check. This is below the period target of 4% and equivalent to the same period in 2014/15. Performance is worse than national (4.5%) and regional (3.9%) performance. A review of the first five years of the NHS Health Check programme in County Durham has been undertaken and reported to the Health and Wellbeing Board in November 2015. The main findings were:

- The coverage of the programme over the first five years was 49%, which is consistent with figures reported by the national evaluation and programmes in other areas.
- Women were more likely to receive a health check than men.
- There was a much greater take up of health checks among older age groups.
- There was no difference in coverage between areas of relative deprivation.
- There were differences in coverage by CCG, locality and GP practice.
- The likelihood of a health check finding someone with a high risk of cardiovascular disease (CVD) increased significantly with age.
- There was also a tendency for individuals from more deprived areas to be more likely to receive a CVD risk score of 20% or more than people from less deprived areas (those with a risk score of 20% or above are classed as being at high-risk of developing CVD).

Actions being taken to increase the number of health checks include:

- A social marketing campaign to promote health checks is being developed which will coincide with key dates such as Stop Smoking Day, Dry October and national initiatives such as the Diabetes Prevention Programme.
 - GPs are offered incentives for every health check undertaken (£35 for those identified as at high risk of CVD and £25 for those not).
 - Continued implementation of the call and recall IT system. Currently 61 of 72 GP practices in County Durham are signed up, with the system installed in 40 and the remainder due to be installed in the next few weeks. This system enables GP practices to identify those at risk of CVD and target invitations towards these patients.
- d. Provisional data show there were 604 older people admitted to permanent care between April and December 2015, which equates to a rate of 578.9 per 100,000 population aged 65 and over, worse than the target of 533.1 per 100,000 population. The number of residential/nursing beds purchased between October and December 2015 has decreased by 2.1% (5,028 fewer bed days) compared to the same period in the previous year. Robust panels continue to operate to ensure that only those in most need and who can no longer be cared for within their own home are admitted to permanent care.
- e. Successful completions from alcohol treatment have deteriorated further. The number of people in alcohol treatment between October 2014 and September 2015 was 1,079, of whom 290 successfully completed. This equates to a 26.9% successful completion rate which remains below the target of 38.6%. It is also worse than the previous year (34.8%) and latest national performance for October 2014 to September 2015 (39.1%).
- f. Successful completions from drug treatment for opiates remain below target. The number of people in drug treatment for opiate use between April 2014 and March 2015 was 1,451, of whom 94 successfully completed, i.e. they did not re-present between April and September 2015. This equates to a 6.5% successful completion rate, which is similar to the same period in the

previous year (6.8%), but has not achieved the quarterly target of 8.9% and is worse than the national performance of 7.2%.

g. Tracker indicators show:

- i. Data for 2014/15, published in November 2015, show 36.6% of 5,080 year six children (aged 10-11) were overweight or obese. This has increased 0.5 percentage points from the previous year and is worse than the 2014/15 national (33.2%) and regional (35.9%) averages. The same data show that 23% of 5,800 reception children (aged 4-5) were overweight or obese. This is a decrease of 0.8 percentage points from the previous year and is better than the North East (23.7%) average but worse than the rate for England (21.9%).

Childhood obesity is influenced by age, gender, ethnicity, and deprivation. Poor diet and less exercise are major factors that can be attributed to the rising incidence of childhood obesity, but the underlying causes and resulting weight gain are complex and include behavioural (e.g. sedentary lifestyles) and psychological (e.g. social, cultural and environmental) factors. Families most at risk are those where one or both parents are overweight or obese. Actions taking place to reduce childhood obesity include:

- The launch of a new Sugar Smart app in January 2016 by Public Health England to help parents see how much sugar there is in everyday food and drink. Sugar Smart packs will be given away to primary age children and their families via schools in County Durham with a national roadshow, visiting 25 locations across the country, coming to Bishop Auckland in February;
- A local pilot is underway to better understand childhood obesity; this involves identifying what activities are currently available in the 4 Together Partnership Area Action Partnership area and working with the community to determine what activities they would like;
- Public Health will shortly be participating in a national pilot to design a whole systems approach which involves communities, public health, local authorities, the NHS and the voluntary sector and a range of other partners. The pilot will aim to determine the impacts of local decisions on things such as the location of fast food outlets, the cost of leisure facilities and the creation of safer cycle routes.
- There are currently 44 schools in County Durham participating in school growing clubs which aim to improve knowledge and understanding of food;
- Restrictions have been placed upon takeaways opening near to schools and street trading vans that intend to operate near to schools;
- The Family Initiative Supporting Children's Health project is a local programme aimed at increasing the amount of physical activity that primary school aged children participate in during, before and after school, as well as highlighting the benefits of eating a well-balanced diet. A review undertaken in February 2015 showed that the project had led to a reduction in both

excess weight and obesity prevalence in the 36 participating primary schools sampled in the review.

- ii. The suicide rate for County Durham remains higher than England and the North East. For 2012-14 the rate was 13.3 per 100,000 population compared to 8.9 in England and 11 in the North East. There is no significant change from the previous period (13.4). Suicide rates in County Durham have been increasing over time. The Public Mental Health Strategy is being refreshed in February 2016 which will include the development of a Suicide Prevention Framework and action plan for County Durham based on local data and evidence base.
 - h. There is one Council Plan action which has not achieved target in this theme. A review of the culture and sport offer within Bishop Auckland in response to both Auckland Castle development and educational sector sports provision ambitions has been rescheduled from October 2015 to March 2016.
7. There are no key risks which require any mitigating action in delivering the objectives of this theme.

Recommendation and Reasons

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

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Appendix 1: Implications

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

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

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

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

Accommodation - Not applicable

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

Human Rights - Not applicable

Consultation - Not applicable

Procurement - Not applicable

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

Legal Implications - Not applicable

Appendix 2: Key to symbols used within the report

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

Performance Indicators:

Direction of travel

Latest reported data have improved from comparable period

GREEN

Latest reported data remain in line with comparable period

AMBER

Latest reported data have deteriorated from comparable period

RED

Performance against target

Performance better than target

Getting there - performance approaching target (within 2%)

Performance >2% behind target

Actions:

WHITE

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

GREEN

Action on track to be achieved by the deadline

RED

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

Benchmarking:

GREEN

Performance better than other authorities based on latest benchmarking information available

AMBER

Performance in line with other authorities based on latest benchmarking information available

RED

Performance worse than other authorities based on latest benchmarking information available

Appendix 3: Summary of Key Performance Indicators

Table 1: Key Target Indicators

Ref	PI ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
Altogether Healthier											
23	CASAH2	Percentage of eligible people who receive an NHS health check	3.5	Apr - Sep 2015	4.0	RED	3.5	AMBER	4.5 RED	3.9* RED	Apr - Sep 2015
24	CASAH3	Percentage of people eligible for bowel cancer screening who were screened adequately within a specified period	61.2	As at Mar 2015	Not set	NA	New indicator	NA	57.1 GREEN	59.4* GREEN	As at Mar 2015
25	CASAH10	Percentage of women eligible for breast screening who were screened adequately within a specified period	77.8	As at Mar 2015	70.0	GREEN	77.9	AMBER	75.4 GREEN	77.1* GREEN	As at Mar 2015
26	CASAH4	Percentage of women eligible for cervical screening who were screened adequately within a specified period	77.6	As at Mar 2015	80.0	RED	78	AMBER	75.7 GREEN	73.5* GREEN	As at Mar 2015
27	CASAS23	Percentage of successful completions of those in alcohol treatment (Also in Altogether Safer)	26.9	Oct 2014 - Sep 2015	38.6	RED	34.8	RED	39.1 RED		Oct 2014 - Sep 2015
28	CASAS7	Percentage of successful completions of those in drug treatment - opiates (Also in Altogether Safer)	6.5	2014/15 (re-presentations to Sep 2015)	8.9	RED	6.8	RED	7.2 RED		2014/15 (re-presentations to Sep 2015)

Ref	PI ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
29	CASAS8	Percentage of successful completions of those in drug treatment - non-opiates (Also in Altogether Safer)	41.0	2014/15 (re-presentations to Sep 2015)	41.2	AMBER	36.3	GREEN	38.5 GREEN		2014/15 (re-presentations to Sep 2015)
30	CASCYP8	Percentage of mothers smoking at time of delivery (Also in Altogether Better for Children and Young People)	18.1	Jul - Sep 2015	18.2	GREEN	19.9	GREEN	10.5 RED	17* RED	Jul - Sep 2015
31	CASAH1	Four week smoking quitters per 100,000 smoking population	1,353	Apr - Sep 2015	1,322	GREEN	New definition	NA [1]			
32	CASAH11	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	578.9	Apr - Dec 2015 (provisional)	533.1	RED	604.9	GREEN			
33	CASAH12	Percentage of adult social care service users that receive self-directed support such as a direct payment or personal budget	90.1	As at Dec 2015	90.0	GREEN	New definition	NA [1]	83.7 GREEN	82.9** GREEN	2014/15
34	CASAH13	Percentage of service users reporting that the help and support they receive has made their quality of life better	91.4	Apr - Nov 2015	90.0	GREEN	92.7	AMBER	91.9 RED	93.4* RED	2014/15
35	CASAH14	Proportion of older people who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	87.7	Jan - Sep 2015	85.7	GREEN	89.5	RED	82.1 GREEN	85.2** GREEN	2014/15

Ref	PI ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
36	CASAH24	Percentage of people who use services who have as much social contact as they want with people they like	48.7	2014/15	Not set	NA	51.0	RED	44.8	47.6*	2014/15
									GREEN	GREEN	

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

Table 2: Key Tracker Indicators

Ref	PI ref	Description	Latest data	Period covered	Previous period data	Performance compared to previous period	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
Altogether Healthier											
136	CAS CYP18	Percentage of children aged 4 to 5 years classified as overweight or obese (Also in Altogether Better for Children and Young People)	23.0	2014/15 ac yr	23.8	GREEN	23.8	GREEN	21.9	23.7*	2014/15 ac yr
137	CAS CYP19	Percentage of children aged 10 to 11 years classified as overweight or obese (Also in Altogether Better for Children and Young People)	36.6	2014/15 ac yr	36.1	RED	36.1	RED	33.2	35.9*	2014/15 ac yr
138	CAS CYP25	Prevalence of breastfeeding at 6 to 8 weeks from birth (Also in Altogether Better for Children and Young People)	29.6	Jul - Sep 2015	30.5	RED	29.2	GREEN	45.2	28.4*	Apr - Jun 2015 (NE - Durham, Darlington and Tees area team)
139	CASAH 18	Male life expectancy at birth (years)	78.0	2011-13	77.9	GREEN	77.9	GREEN	79.4	78*	2011-13
140	CASAH 19	Female life expectancy at birth (years)	81.3	2011-13	81.5	AMBER	81.5	AMBER	83.1	81.7*	2011-13

Ref	PI ref	Description	Latest data	Period covered	Previous period data	Performance compared to previous period	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
141	CASAH6	Under 75 mortality rate from cardiovascular diseases (including heart disease and stroke) per 100,000 population	88.8	2011-13	91.3	GREEN	91.3	GREEN	78.2	88.9*	2011-13
142	CASAH7	Under 75 mortality rate from cancer per 100,000 population	166.6	2011-13	164.2	AMBER	164.2	AMBER	144.4	169.5*	2011-13
143	CASAH9	Under 75 mortality rate from respiratory disease per 100,000 population	43.4	2011-13	40.1	RED	40.1	RED	33.2	42.6*	2011-13
144	CASAH8	Under 75 mortality rate from liver disease per 100,000 population	21.9	2011-13	21.7	RED	21.7	RED	17.9	22.3*	2011-13
145	CASAH 23	Percentage of registered GP patients aged 17 and over with a diagnosis of diabetes	6.9	2013/14	6.8	RED	6.8	RED	6.2	6.5*	2013/14
146	CASAH 20	Excess winter deaths (%) (3 year pooled)	19.0	2010-13	16.8	RED	16.8	RED	17.4	16*	2010-13
147	CASAH 22	Estimated smoking prevalence of persons aged 18 and over	20.6	2014	22.7	GREEN	22.7	GREEN	18	19.9*	2014
148	CASAH 25	Number of residential/nursing care bed days for people aged 65 and over commissioned by Durham County Council	233,777	Oct - Dec 2015	233,130	AMBER	238,805	GREEN			
149	CASAH 20i	Delayed transfers of care from hospital per 100,000 population	4.4	Apr - Nov 2015	4.9	GREEN	8.7	GREEN	11.1	7.4*	2014/15

Ref	PI ref	Description	Latest data	Period covered	Previous period data	Performance compared to previous period	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
150	CASAH 20ii	Delayed transfers of care from hospital, which are attributable to adult social care, per 100,000 population	1.1	Apr - Nov 2015	1.5	GREEN	1.5	GREEN	3.7	1.6*	2014/15
151	CASAH 21	Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population (Also in Altogether Safer)	13.3	2012-14	13.4	GREEN	13.4	GREEN	8.9	11*	2012-14
152	NS11	Percentage of the adult population (aged 16+) participating in at least 30 minutes sport and active recreation of at least moderate intensity on at least three days a week	25.0	Sep 2013 - Sep 2015	24.9	GREEN	26.0	RED			