

4 July 2016



**Quarter Four 2015/16
Performance Management Report**

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

Purpose of the Report

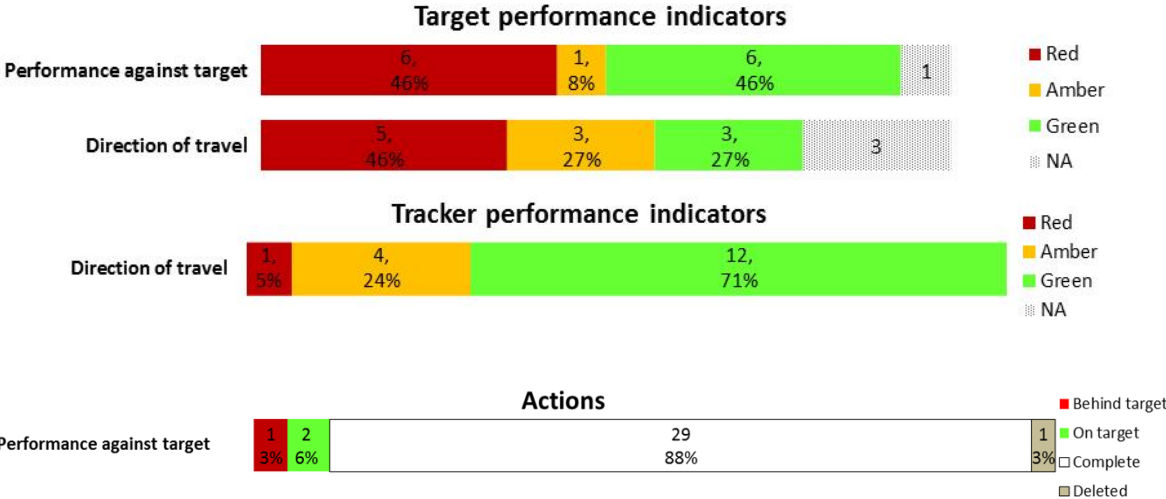
1. To present progress against the council's corporate basket of performance indicators (PIs), Council Plan and service plan actions and report other performance issues for the Altogether Healthier theme for the 2015/16 financial year.

Background

2. The council has delivered £153.2 million of financial savings since the beginning of austerity and these savings are forecast to exceed £258 million by 2019/20. Despite this, demand for some of our key services has increased over the year such as looked after children cases, freedom of information requests received and processing of benefit change of circumstances. However, it is encouraging to note that there have been some reductions in demand placed on some of our services. The number of incidents of fly-tipping being reported has continued to reduce although more incidents were reported at quarter four. Fewer new benefit claims required processing and face-to-face customer contacts and telephone calls received are reducing as people are contacting us in other ways such as email and through the web. Other reductions have been observed with fewer people rehoused and overall planning applications have reduced.
3. Against this backdrop of reducing resources and changing demand it is critical that the council continues to actively manage performance and ensure that the impact on the public of the difficult decisions we have had to make is minimised.
4. The report sets out an overview of performance and progress for the Altogether Healthier 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).

5. 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.
6. For next year's reports work has been carried out by officers and members on developing the proposed indicator set and targets (see Appendix 4) to ensure that our performance management efforts continue to stay focused on the right areas. The suggestions raised by members of overview and scrutiny committees are appended to the report, including officer feedback and action that has been taken (see Appendix 5).
7. Members have recently raised specific issues of traffic lighting of performance indicators. We have therefore amended our traffic lighting system and introduced a 2% tolerance on direction of travel similar to that applied to variance from target. Detail of the change is outlined in Appendix 2.

Altogether Healthier: Overview



Council Performance

8. Key achievements this quarter include:

- a. Between April and December 2015, the Stop Smoking Service supported 1,973 people to quit smoking (2,091 per 100,000 smoking population). This is above the quarterly target of 1,852 (1,748 per 100,000) and 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. At 31 March 2016, 92.6% of adult social care users were in receipt of self-directed support (including direct payments). This is exceeding the target of 90% and all latest benchmarking data.
- c. During 2015, 2,122 people received a reablement service following their discharge from hospital. Of these, 1,850 (87.2%) remained living independently in their own home 91 days after their discharge. This is exceeding the target of 85.7% and all latest benchmarking data.
- d. Between April 2015 and February 2016, 91.6% of service users (1,294 of 1,412) reported that the help and support they receive has made their quality of life better. This is a slight decrease from 92.6% in 2014/15 but is achieving the target of 90%.
- e. Tracker indicators show reductions in delayed transfers of care. In the eleven snapshot days between April 2015 and February 2016, 212 people were reported as being delayed during their discharge from hospital, resulting in a rate of 4.6 per 100,000 population. This is significantly better than the rate of 7.7 per 100,000 over 2014/15 and the 2014/15 national rate of 11.1. Only 51 delays were attributable to adult social care (either partially or entirely), resulting in a rate of 1.1 per 100,000 population. This is better than the rate of 1.5 over 2014/15 and the national rate of 3.7.
- f. Progress has been made with the following Council Plan actions:

- i. As part of the implementation of the Affordable Warmth Strategy Action Plan, which aims to address the impact of fuel poverty and target people who have a health condition, we have delivered briefing programmes for 156 health and social care staff in 2015/16 and managed 193 referrals from health and social care professionals during the same period.
 - ii. The stop smoking service, to reduce tobacco related ill health, has been modernised and is now in place. The contract went out to tender in October 2015 and was awarded to solutions4Health who commenced the contract in April 2016.
 - iii. The Better Care Fund Plan 2015/2016 has been fully implemented with partners to improve integration of health and social care services in County Durham, with a focus on the seven national key work programmes. It remains one of the significant drivers in the delivery of transformational change in the integration of health and social care services.
9. The key performance improvement issues for this theme from data released this quarter are:
- a. Between April and December 2015, 5% of the eligible population (8,230 of 163,780) have received a health check. This is below the target of 6%, slightly below performance in 2014/15 (5.3%) and worse than the regional (5.6%) and national averages (6.5%). A targeted approach to health checks toward those at a higher risk of cardiovascular disease (CVD) was implemented in County Durham. Public Health have been working closely with GP Practices to implement health check contracts. The majority of County Durham GP practices are now signed up (61 of 71) and 58 have had the call and recall IT software installed. This will enable GPs to identify those at risk of CVD and target invitations towards these patients. Incentives continue to be offered for each health check undertaken (£35 for those identified as at high risk of CVD and £25 for those not). Latest data show signs that this is having an impact, with 186 health checks undertaken on those at high-risk of CVD between January and March 2016.
 - b. Data for October to December 2015 show that 18% of mothers (248 of 1,381) were smoking at the time of delivery. Performance is achieving the annual target (18.2%) and is an improvement on the same period in 2014 (18.3%). In County Durham, the rate was 14% in North Durham Clinical Commissioning Group (CCG) and 21.2% in Durham Dales, Easington and Sedgfield CCG. Whilst the rate is improving, it remains worse than the England average of 10.6% and the North East CCG average of 16.7%.

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. Between April and December 2015, this rose to 63% (114 of 181 women setting a quit date) compared to 55% (76 of 138) in the same period in 2014 and 46% in England.

Solutions4Health were commissioned as County Durham's new Stop Smoking Service from 1 April 2016. They will continue to work closely with

maternity services ensuring the babyClear pathway continues and midwives refer pregnant smokers to the new service and aim to continue to decrease smoking at the time of delivery in County Durham.

- c. Provisional data identify 767 older people admitted to permanent care during 2015/16, which equates to a rate of 736.3 per 100,000 population aged 65 and over. This has not achieved the Better Care Fund target of 710.4 per 100,000 population, but represents a reduction from 2014/15 (804.2). The number of residential/nursing beds purchased reduced by 2% from 946,730 in 2014/15 to 928,413 in 2015/16. Robust panels continue to operate to ensure that only those who can no longer be properly cared for within their own home are admitted to permanent care.
- d. Successful completions from drug and alcohol treatment have deteriorated further:
 - i. The number of people in alcohol treatment in 2015/16 was 1,069, of whom 255 successfully completed. This equates to a 23.9% successful completion rate, below the target of 39.5%. It is also lower than 2014/15 (38%) and latest national performance (39.2% (2015/16)).
 - ii. The number of people in drug treatment for opiate use between October 2014 and September 2015 was 1,459 of whom 88 successfully completed, i.e. they did not re-present between October 2015 and March 2016. This equates to a 6% successful completion rate, which is below the annual target of 9.4%, performance from the same period in the previous year (7.1%) and national performance for the equivalent period (6.8%).
 - iii. The number of people in drug treatment for non-opiate use between October 2014 and September 2015 was 631, of whom 208 successfully completed, i.e. they did not re-present between October 2015 and March 2016. This equates to a 33% successful completion rate, which is below the annual target of 41.7%, performance from the same period in the previous year (40.1%) and national performance for the equivalent period (37.3%).

Public Health and Commissioning are closely monitoring the service and have implemented a performance plan with Lifeline (service provider), which is monitored on a monthly basis. Actions within the plan include:

- Developing specific, intensive recovery programmes to reduce time in treatment for non-opiate clients and investigating current prescribing methods to develop programmes for reduction for long-term opiate clients.
- Improving pathways to the treatment service to increase referrals, including hospital and criminal justice pathways.
- Increasing the identification of clients lost to follow-up treatment and enhancing performance management of caseloads.

- Procuring a new IT database and undertaking a data cleanse to ensure data quality.

e. Tracker indicators show:

- i. Data for October to December 2015 show that 396 of 1,388 mothers were breastfeeding at six to eight weeks from birth. This equates to 28.5% which is a slight increase from 27.7% between October and December 2014 and is in line with the rate of 28.4% (April to June 2015) for the Durham, Darlington and Tees area team. It is however significantly worse than the England rate for April to June 2015 (45.2%).
- ii. Latest data from the Public Health Outcomes Framework for 2014/15 show recorded diabetes prevalence of 7% in the population aged 17 and over in County Durham who are registered with GP practices which is a marginal increase from 6.9% in 2013/14. The national and North East averages are 6.4% and 6.7% respectively.
- iii. Latest data for 2011-14 show that in County Durham there were 16.8% more deaths (an additional 849) in winter months than non-winter months, which was a decrease from 19% (944 more deaths) for 2010-13. This fall is in line with the national and regional trend although County Durham's rate is higher than the England (15.6%) and North East (13.4%) averages.
- iv. Life expectancy has improved slightly and mortality rates have improved (with the exception of liver disease) although levels remain worse than for England:
 - For males being born in County Durham, life expectancy has increased by 2.8 years in the last decade. The rise in County Durham is slightly less than that seen nationally (three years) and regionally (3.1) over the same period. The latest data (2012-14) show that male life expectancy stands at 79.5 for England, 78 for the North East and 78.1 for County Durham. For females being born in County Durham, life expectancy has increased by 2.1 years in the last decade. The rise in County Durham is consistent with that seen regionally (2.1 years) over the same period but is slightly lower than the national improvement (2.3). The latest data (2012-14) show that female life expectancy stands at 83.2 for England, 81.7 for the North East and 81.4 for County Durham.
 - The premature mortality rate for cancer in County Durham for 2012-14 was 168.6 per 100,000. This was a slight increase from 166.6 for 2011-13. The increase equates to 60 deaths over the three year period. The County Durham rate is similar to the North East (167.9) and significantly worse than England (141.5). There has however been a 10% fall in premature cancer mortality in the last decade.
 - The premature mortality rate for cardiovascular disease in County Durham for 2012-14 was 81.7 per 100,000. This was a

decrease from 88.3 for 2011-13 and is better than the North East rate (85.9) however worse than England (75.7). There has been a 49% fall in premature cardiovascular mortality in the last decade.

- The premature mortality rate for liver disease in County Durham for 2012-14 was 20.1 per 100,000. This was a decrease from the 2011-13 rate of 21.9. The County Durham rate is better than the North East (23.0) but significantly worse than England (17.8). Premature mortality from liver disease has however risen by 14% since 2002-04.
 - The premature mortality rate for respiratory disease in County Durham for 2012-14 was 41.8 per 100,000, which is a decrease from the 2011-13 rate of 43.4. The County Durham rate is similar to the North East (41.2) and significantly worse than England (32.6) rates. There has been a 20% reduction in premature respiratory disease mortality in the last decade.
- f. The Council Plan action to review the culture and sport offer within Bishop Auckland in response to both the Auckland Castle development and educational sector sports provision ambitions has been delayed from March 2016 until July 2016. The original timescale was optimistic given demands generated by service restructure and delivery transformation in 2015/16.
- g. There is also one proposed deletion in relation to implementing with partners the Healthy Weight Strategic Framework to improve support to children and adults so that they can have a healthier lifestyle. The Healthy Weight Alliance has agreed that a Health Equity Audit (HEA) will no longer be undertaken. Other tools will be utilised to identify healthy weight provision, which are promoted by the National Obesity Pilot which Public Health are participating in. The HEA will be replaced by the sector led improvement self-assessment framework followed by a process of peer review.
10. There are no key risks which require any mitigating action in delivering the objectives of this theme.

Recommendation and Reasons

11. 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

Appendix 2: Key to symbols used in the report

Appendix 3: Summary of key performance indicators

Appendix 4: Corporate indicator set and 3 year targets

Appendix 5: Performance indicator challenge - Member comments/queries

Appendix 1: Implications

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

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

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

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

Accommodation - Not applicable

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

Human Rights - Not applicable

Consultation - Not applicable

Procurement - Not applicable

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

Legal Implications - Not applicable

Appendix 2: Key to symbols used within the report

Our traffic lighting system has been amended this quarter, introducing a 2% tolerance to variance from previous performance and comparator groups, similar to that applied to variance from target. Detail of the change is outlined in the table below:

Performance Indicators:

Previous traffic light system		Current (amended) traffic light system			
<i>Variation from previous performance and comparator benchmarking groups</i>		<i>Variation from previous performance and comparator benchmarking groups</i>		<i>Variation from target</i>	
Better than comparable period / comparator group	Green	Same or better than comparable period / comparator group	Green	Meeting/Exceeding target	Green
Same as comparable period / comparator group	Amber	Worse than comparable period / comparator group (within 2% tolerance)	Amber	Worse than target (within 2% tolerance)	Amber
Worse than comparable period / comparator group	Red	Worse than comparable period / comparator group (greater than 2%)	Red	Worse than target (outside of 2% tolerance)	Red

Where the traffic light system appears in this report, they have been applied to the most recently available information.

Nearest Neighbour Benchmarking:

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

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

Actions:

WHITE	Complete (action achieved by deadline/achieved ahead of deadline)
GREEN	Action on track to be achieved by the deadline
RED	Action not achieved by the deadline/unlikely to be achieved by the deadline

Appendix 3: Summary of Key Performance Indicators

Table 1: Key Target Indicators

Ref	PI ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
Altogether Healthier											
23	CASAH2	Percentage of eligible people who receive an NHS health check	5.0	Apr - Dec 2015	6.0	RED	5.3	RED	6.5 RED	5.6* RED	Apr - Dec 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	78.0	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)	23.9	2015/16	39.5	RED	38.0	RED	39.2 RED		2015/16
28	CASAS7	Percentage of successful completions of those in drug treatment - opiates (Also in Altogether Safer)	6.0	Oct 2014 - Sep 2015 (re-presentations to Mar 2016)	9.4	RED	7.1	RED	6.8 RED		Oct 2014 - Sep 2015 (re-presentations to Mar 2016)

Ref	PI ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
29	CASAS8	Percentage of successful completions of those in drug treatment - non-opiates (Also in Altogether Safer)	33.0	Oct 2014 - Sep 2015 (re-presentations to Mar 2016)	41.7	RED	40.1	RED	37.3 RED		Oct 2014 - Sep 2015 (re-presentations to Mar 2016)
30	CASCYP8	Percentage of mothers smoking at time of delivery (Also in Altogether Better for Children and Young People)	18.0	Oct - Dec 2015	18.2	GREEN	18.3	GREEN	10.6 RED	16.7* RED	Oct - Dec 2015
31	CASAH1	Four week smoking quitters per 100,000 smoking population	2,091	Apr - Dec 2015	1,852	GREEN	New definition	NA [2]			
32	CASAH11	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	736.3	2015/16 (provisional)	710.4	RED	804.2	GREEN	668.8 RED	835.8* GREEN	2014/15
33	CASAH12	Percentage of adult social care service users that receive self-directed support such as a direct payment or personal budget	92.6	As at Mar 2016	90.0	GREEN	New definition	NA [2]	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	91.6	Apr 2015 - Feb 2016	90.0	GREEN	92.6	AMBER	91.9 AMBER	93.4* AMBER	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
35	CASAH14	Proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	87.2	2015	85.7	GREEN	89.6	RED	82.1	85.2**	2014/15
36	CASAH24	Percentage of people who use services who have as much social contact as they want with people they like	49.2	2015/16 (provisional)	50.0	AMBER	48.7	GREEN	44.8	47.6*	2014/15

[2] 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	CASCYP 18	Percentage of children aged 4 to 5 years classified as overweight or obese (Also in Altogether Better for Children and Young People)	23.0	2014/15 ac yr	23.8	GREEN	23.8	GREEN	21.9	23.7*	2014/15 ac yr
137	CASCYP 19	Percentage of children aged 10 to 11 years classified as overweight or obese (Also in Altogether Better for Children and Young People)	36.6	2014/15 ac yr	36.1	AMBER	36.1	AMBER	33.2	35.9*	2014/15 ac yr
138	CASCYP 25	Prevalence of breastfeeding at 6 to 8 weeks from birth (Also in Altogether Better for Children and Young People)	28.5	Oct - Dec 2015	29.6	RED	27.7	GREEN	45.2	28.4*	Apr - Jun 2015 (NE - Durham, Darlington and Tees area team)
139	CASAH 18	Male life expectancy at birth (years)	78.1	2012-14	78.0	GREEN	78.0	GREEN	79.5	78*	2012-14
140	CASAH 19	Female life expectancy at birth (years)	81.4	2012-14	81.3	GREEN	81.3	GREEN	83.2	81.7*	2012-14
141	CASAH6	Under 75 mortality rate from cardiovascular diseases (including heart disease and stroke) per 100,000 population [3]	81.7	2012-14	88.3	GREEN	88.3	GREEN	75.7	85.9*	2012-14

Ref	PI ref	Description	Latest data	Period covered	Previous period data	Performance compared to previous period	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
142	CASAH7	Under 75 mortality rate from cancer per 100,000 population	168.6	2012-14	166.6	AMBER	166.6	AMBER	141.5 RED	167.9* AMBER	2012-14
143	CASAH9	Under 75 mortality rate from respiratory disease per 100,000 population	41.8	2012-14	43.4	GREEN	43.4	GREEN	32.6 RED	41.2* AMBER	2012-14
144	CASAH8	Under 75 mortality rate from liver disease per 100,000 population	20.1	2012-14	21.9	GREEN	21.9	GREEN	17.8 RED	23* GREEN	2012-14
145	CASAH 23	Percentage of registered GP patients aged 17 and over with a diagnosis of diabetes	7.0	2014/15	6.9	AMBER	6.9	AMBER	6.4 RED	6.7* RED	2014/15
146	CASAH 20	Excess winter deaths (%) (3 year pooled)	16.8	2011-14	19.0	GREEN	19.0	GREEN	15.6 RED	13.4* RED	2011-14
147	CASAH 22	Estimated smoking prevalence of persons aged 18 and over	20.6	2014	22.7	GREEN	22.7	GREEN	18 RED	19.9* RED	2014
148	CASAH 25	Number of residential/nursing care bed days for people aged 65 and over commissioned by Durham County Council	232,638	Jan - Mar 2016	233,777	GREEN	229,737	AMBER			
149	CASAH 20i	Delayed transfers of care from hospital per 100,000 population	4.6	Apr 2015 - Feb 2016	4.4	RED	7.7	GREEN	11.1 GREEN	7.4* GREEN	2014/15
150	CASAH 20ii	Delayed transfers of care from hospital, which are attributable to adult social care, per 100,000 population	1.1	Apr 2015 - Feb 2016	1.1	GREEN	1.5	GREEN	3.7 GREEN	1.6* GREEN	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
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			

[3] Data 12 months earlier amended (final published data)/refreshed

Appendix 4: Proposed 2016/17 Corporate Indicator set and 3 year targets

Indicator Type	PI ref	PI Description	Service	Frequency	Performance		2015/16 Target	Proposed targets			National Comparison
					2014/15	2015/16 Q3		2016/17	2017/18	2018/19	
Altogether Healthier											
Tracker	CAS CYP18	Percentage of children aged 4 to 5 classified as overweight or obese (Also in Altogether Better for Children and Young People)	CAS	Annual Q3	23.8 (2013/14)	23 (2014/15)					21.9 (2014/15 ac yr)
Tracker	CAS CYP19	Percentage of children aged 10 to 11 classified as overweight or obese (Also in Altogether Better for Children and Young People)	CAS	Annual Q3	36.1 (2013/14)	36.6 (2014/15)					33.2 (2014/15 ac yr)
Target	CAS AH2	Percentage of eligible people who receive an NHS health check	CAS	Quarterly	7.4	3.5 (Q2)	8	8	8	Not yet set	9.6 (2014/15)
Tracker	CAS AH18	Male life expectancy at birth (years)	CAS	Annual Q3	77.9 (2010-12)	78 (2011-13)					79.4 (2011-13)
Tracker	CAS AH19	Female life expectancy at birth (years)	CAS	Annual Q3	81.5 (2010-12)	81.3 (2011-13)					83.1 (2011-13)
Target	CAS AH3	Percentage of people eligible for bowel cancer screening who were screened adequately within a specified period	CAS	Quarterly	New indicator	61.2 (2014/15)		60	60	60	57.1 (2014/15)

Indicator Type	PI ref	PI Description	Service	Frequency	Performance		2015/16 Target	Proposed targets			National Comparison
					2014/15	2015/16 Q3		2016/17	2017/18	2018/19	
Target	CAS AH10	Percentage of women eligible for breast screening who were screened adequately within a specified period	CAS	Annual Q3	77.9 (2013/14)	77.8 (2014/15)	70	70	70	70	75.4 (2014/15)
Target	CAS AH4	Percentage of women eligible for cervical screening who were screened adequately within a specified period	CAS	Annual Q3	78 (2013/14)	77.6 (2014/15)	80	80	80	80	75.7 (2014/15)
Tracker	CAS AH6	Under 75 mortality rate from cardiovascular diseases (including heart disease and stroke) per 100,000 population	CAS	Annual Q4	91.3 (2010-12)	88.8 (2011-13)					78.2 (2011-13)
Tracker	CAS AH7	Under 75 mortality rate from cancer per 100,000 population	CAS	Annual Q4	164.2 (2010-12)	166.6 (2011-13)					144.4 (2011-13)
Tracker	CAS AH9	Under 75 mortality rate from respiratory diseases per 100,000 population	CAS	Annual Q4	40.1 (2010-12)	43.4 (2011-13)					33.2 (2011-13)
Tracker	CAS AH8	Under 75 mortality rate from liver disease per 100,000 population	CAS	Annual Q4	21.7 (2010-12)	21.9 (2011-13)					17.9 (2011-13)
Target	CAS AS23	Percentage of successful completions of those in alcohol treatment (Also in Altogether Safer)	CAS	Quarterly	38	26.9 (Q2)	39.5	Top quartile	Not yet set	Not yet set	39.3 (2015)

Indicator Type	PI ref	PI Description	Service	Frequency	Performance		2015/16 Target	Proposed targets			National Comparison
					2014/15	2015/16 Q3		2016/17	2017/18	2018/19	
Target	CAS AS7	Percentage of successful completions of those in drug treatment - opiates (Also in Altogether Safer)	CAS	Quarterly	7.1	6.5 (Q2)	9.4	Top quartile	Not yet set	Not yet set	7 (Jul 2014 – Jun 2015)
Target	CAS AS8	Percentage of successful completions of those in drug treatment - non opiates (Also in Altogether Safer)	CAS	Quarterly	40.1	41 (Q2)	41.7	Top quartile	Not yet set	Not yet set	37.7 (Jul 2014 – Jun 2015)
Tracker	CASAH 23	Percentage of registered GP patients aged 17 and over with a diagnosis of diabetes	CAS	Annual Q4	6.8 (2012/13)	6.9 (2013/14)					6.2 (2013/14)
Tracker	CAS AH20	Excess winter deaths (%) (3 year pooled)	CAS	Annual Q4	16.8 (2009-12)	19 (2010-13)					17.4 (2010-13)
Target	CAS CYP8	Percentage of mothers smoking at time of delivery (Also in Altogether Better for Children and Young People)	CAS	Quarterly	19	18.1 (Q2)	18.2	17.2	Not yet set	Not yet set	10.6 (Oct – Dec 2015)
Tracker	CAS AH22	Estimated smoking prevalence of persons aged 18 and over	CAS	Annual Q3	22.7 (2013)	20.6 (2014)					18 (2014)
Target	CAS AH1	Four week smoking quitters per 100,000 smoking population	CAS	Quarterly	New definition	1353 (Q2)	2,939	2,449 (2,331 quitters)	Not yet set	Not yet set	
Target	CAS AH11	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or	CAS	Quarterly	804.2 per 100,000	578.9 (604 admissions)	710.4	790 admissions	Not yet set	Not yet set	668.8 per 100,000 (2014/15)

Indicator Type	PI ref	PI Description	Service	Frequency	Performance		2015/16 Target	Proposed targets			National Comparison
					2014/15	2015/16 Q3		2016/17	2017/18	2018/19	
		nursing care									
Tracker	CASAH 25	Number of residential/nursing care bed days for people aged 65 and over commissioned by Durham County Council	CAS	Quarterly	946,730	695,775					
Target	CAS AH12	Percentage of adult social care service users that receive self-directed support such as a direct payment or personal budget	CAS	Quarterly	New definition	90.1	90	90	90	90	83.7 (2014/15)
Tracker	CAS AH13	Percentage of service users reporting that the help and support they receive has made their quality of life better	CAS	Quarterly	92.6	91.4	90				91.9 (2014/15 national survey)
Target	CAS AH14	Proportion of older people who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	CAS	Quarterly	89.9	87.7	85.7	86	Not yet set	Not yet set	82.1 (2014/15)
Tracker	CAS AH20i	Delayed transfers of care from hospital per 100,000 population	CAS	Quarterly	7.7	4.4					11.1 (2014/15)

Indicator Type	PI ref	PI Description	Service	Frequency	Performance		2015/16 Target	Proposed targets			National Comparison
					2014/15	2015/16 Q3		2016/17	2017/18	2018/19	
Tracker	CAS AH20ii	Delayed transfers of care from hospital, which are fully or partly attributable to adult social care, per 100,000 population	CAS	Quarterly	1.5	1.1					3.7 (2014/15)
Tracker	CAS AH24	Percentage of people who use services who have as much social contact as they want with people they like	CAS	Annual Q1 provisional Q2 confirmed	51 (2013/14)	48.7 (2014/15)	50				44.8 (2014/15 National Survey)
Tracker	CASAH 21	Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population (Also in Altogether Safer)	CAS	Annual Q3	13.4 (2011-13)	13.3 (2012-14)					8.9 (2012-14)
Tracker	CASCYP 26	Young people aged 10-24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10-24 years) (Also in Altogether Better for Children and Young People)	CAS	Annual Q4	504.8 (2010/11-2012/13)	489.4 (2011/12-2013/14)					367.3 (2011/12 – 2013/14)
Tracker	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 3 days a week (Active People Survey)	NS	6 monthly	26	25					

Council and Service Plan 2016-19**Performance Indicator Challenge – Member comments/queries**

Indicator	Member comment/query	Service feedback	Committee where raised
3 cancer screening PIs (CAS AH 3,4,10)	Proposed that these be retained	Agreed to put indicators back into corporate set	Adults, Wellbeing and Health Overview and Scrutiny