

Adults, Wellbeing and Health Overview and Scrutiny Committee

3 April 2017



Quarter Three 2016/17 Performance Management Report

Report of Corporate Management Team
Lorraine O'Donnell, Director of Transformation and Partnerships
Councillor Simon Henig, Leader

Purpose of the Report

- 1 To present progress against the council's corporate performance framework for the Altogether Healthier priority theme for the third quarter of the 2016/17 financial year, covering the period October to December 2016.

Background

- 2 At quarter two we received very positive feedback from members and officers on the revised report format so this quarter work has continued to review how we present performance information. We have again maintained an outline of key performance messages from data released this quarter. We have also retained the more visual style presentation of one summary page per Altogether theme which presents key data messages showing, where available, the latest position in trends and how we compare to others.
- 3 A more comprehensive table of all performance data is presented in Appendix 3.
- 4 Key performance indicator progress is still 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; 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.
- 5 We continue to look at ways to further develop the format of the report, as part of the transformation programme, to provide a clearer way of understanding how the council is performing, with the leanest possible process.
- 6 An explanation of symbols used, how we classify our performance as red, amber or green and the groups we use to compare ourselves is in Appendix 2.

- 7 To support the complete indicator set, a guide is available which provides full details of indicator definitions and data sources for the 2016/17 corporate indicator set. This is available to view either internally from the intranet (at Councillors useful links) or can be requested from the Corporate Planning and Performance Team at performance@durham.gov.uk.

Key Performance Messages from Data Released this Quarter

- 8 In relation to adult social care and health we continue to have low levels of delayed transfers of care from hospital which are better than national averages and our reablement and rehabilitation service is still working well with a high percentage of older people still at home three months after discharge from hospital.
- 9 There has been little change to the under 75 mortality rates in County Durham since last reported a year ago. Around two-thirds of deaths in England among the under 75s are caused by diseases and illnesses which are largely avoidable, including cancer, heart disease, stroke, respiratory and liver disease. Nationally, County Durham is not in the highest decile (10%) of local authorities for any of the selected mortality measures, although early death rates in County Durham are significantly worse than the England average in all four areas reported (cardiovascular, cancer, liver and respiratory disease). Lifestyle choices remain a key driver to reducing premature deaths but it is clear that social, economic and environmental factors also have a direct impact on health status.
- 10 Latest data (2013-15) for excess weight in adults show 67.6% of adults are classified as overweight or obese in County Durham, better than the North East average (68.6%) but worse than the England average (64.8%). The healthy weight strategic framework was developed through the County Durham Healthy Weight Alliance, which is a multi-agency group working to systematically promote healthy weight in County Durham.
- 11 In County Durham there has been an increase in the additional number of deaths in winter months to non-winter months for 2012-15 compared to the previous period (2011-14). The rate is in line with the national and regional averages. The reasons for excess winter mortality depends on many factors including income, thermal comfort of housing, level of disease in the population and how well equipped people are to cope with the drop in temperature. Most excess winter deaths are due to circulatory and respiratory diseases and the majority occur amongst the elderly population. Tackling fuel poverty has been identified as a priority in the Health and Wellbeing Strategy. The County Durham Cold Weather Plan has also been revised for 2016/17 and includes projects to support vulnerable people.
- 12 The suicide rate in County Durham continues to increase and is higher than England and North East averages. The number of suicides across the county has increased by 50.3% (143 to 215) since 2001-03. In comparison, regionally

the number of suicides has increased by 11.7% and 7.7% nationally. An audit of local suicide data has been undertaken and this will be used alongside Public Health England's local suicide prevention planning practice resource to support the development of County Durham's Suicide Prevention Action Plan. A scrutiny review of suicide rates and mental health and wellbeing commenced in October 2016, which aims to examine the incidence of suicides, council and partners' policies and investigate how intervention and support can be improved.

Risk Management

13 There are no key risks in delivering the objectives of this theme.

Key Data Messages by Altogether Theme

14 The next section provides a one-page summary of key data messages for the Altogether Healthier priority theme. The format of the Altogether theme provides a snap shot overview aimed to ensure that key performance messages are easy to identify.¹ The Altogether theme is supplemented by information and data relating to the complete indicator set, provided at Appendix 3.

¹ Images designed by Freepik from Flaticon, Laurene Smith and Hawaii open Data from thenounproject.com

Altogether Healthier

Adult Social Care

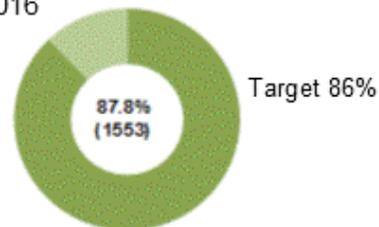
Delayed Transfers of care

✓ Delayed transfers of care have decreased from the same period last year and are lower than national average. Over 8 snapshot days between April and November 2016 there were:

132 delayed transfers of care (3.9 per 100,000 population)
19 delayed transfers of care which were fully or partially attributable to adults social care (0.6 per 100,000 population)



Reablement Service - service users still at home 91 days after discharge from hospital Jan - Sep 2016



People supported by the council



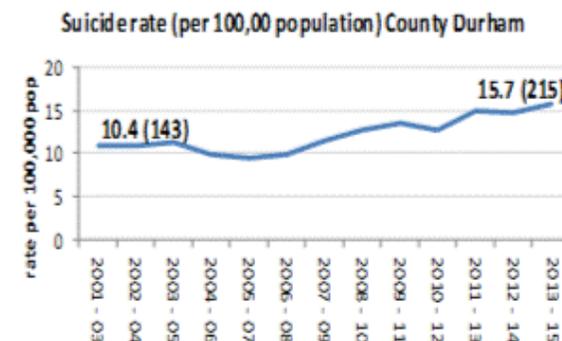
□ Residential (inc dementia)
 ■ Nursing (inc dementia)
 ■ Home Care
 ■ Other

8,738 people were receiving ongoing social care support at 31 December 2016, fewer than last year (8,995)

Public Health

Suicide rate -15.7per 100,000 pop (215) (2013/15)

- Increased from 14.8 (202) in 2012 -14
- Higher than England (10.1) North East (12.4)
- Increased from 143 to 215 (50.3%) since 2001/03



Excess winter deaths 2012-15

19.7% of all deaths (1005)
16.8% of all deaths (849) (2011/14)
 ✓ In line with national/regional averages

Excess weight in adults 2013-2015

Durham 67.6% ✓ North East 68.6% ✗ England 64.8%

Mortality Rates and Early Deaths

Under 75 mortality rates (per 100,000 population) (2013 - 2015)

Overall little change from last reported a year ago although early death rates are significantly worse than England average in all four areas reported.

	Durham (2013 - 2015)		England (2013 - 2015)	
Cardiovascular	↔	83	✗	74.6
Cancer	✓	163.2	✗	138.8
Liver disease	✗	21.8	✗	18
Respiratory diseases	↔	42.5	✗	33.1

Recommendations and reasons

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

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Appendix 1: Implications

Appendix 2: Report Key

Appendix 3: Summary of key performance indicators

Appendix 1: Implications

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

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

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

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

Accommodation - Not applicable

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

Human Rights - Not applicable

Consultation - Not applicable

Procurement - Not applicable

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

Legal Implications - Not applicable

Appendix 2: Report key

Performance Indicators:

Direction of travel/benchmarking

Same or better than comparable period/comparator group

GREEN

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

AMBER

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

RED

Performance against target

Meeting/Exceeding target

Getting there - performance approaching target (within 2%)

Performance >2% behind target

- ✓ Performance is good or better than comparable benchmark
- ✗ Performance is poor or worse than comparable benchmark
- ↔ Performance has remained static or is in line with comparable benchmark

National Benchmarking

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

North East Benchmarking

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

Nearest Neighbour Benchmarking:

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

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

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											
24	CASAH2	Percentage of eligible people who receive a NHS health check	3.5	Apr - Sep 2016	4.0	RED	3.5	GREEN	4.1	3.6*	Apr- Sep 2016
25	CASAH3	Percentage of people eligible for bowel cancer screening who were screened adequately within a specified period	61.2	As at Mar 2015	Not set	NA	New indicator	NA	57.1	59.4*	As at Mar 2015
26	CASAH 10	Percentage of women eligible for breast screening who were screened adequately within a specified period	77.8	As at Mar 2015	70.0	GREEN	77.9	AMBER	75.4	77.1*	As at Mar 2015
27	CASAH4	Percentage of women eligible for cervical screening who were screened adequately within a specified period	77.6	As at Mar 2015	80.0	RED	78.0	AMBER	75.7	73.5*	As at Mar 2015
28	CASAS 23	Percentage of successful completions of those in alcohol treatment (Also in Altogether Safer)	28.1	Jul 2015 - Jun 2016 (represent ations to Dec 2016)	38.3	RED	32.8	RED	38.3		England Jul 2015 - Jun 2016 (represent ations to Dec 2016), NE 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	CASAS7	Percentage of successful completions of those in drug treatment - opiates (Also in Altogether Safer)	5.7	Jul 2015 - Jun 2016 (representations to Dec 2016)	8.2	RED	5.8	AMBER	6.6		England Jul 2015 - Jun 2016 (representations to Dec 2016), NE 2015
30	CASAS8	Percentage of successful completions of those in drug treatment - non-opiates (Also in Altogether Safer)	26.3	England Jul 2015 - Jun 2016 (representations to Dec 2016)	43.6	RED	37.3	RED	36.7		England Jul 2015 - Jun 2016 (representations to Dec 2016), NE 2015
31	CASCYP8	Percentage of mothers smoking at time of delivery (Also in Altogether Better for Children and Young People)	16.7	Jul - Sep 2016	17.2	GREEN	18.1	GREEN	10.4	16*	Jul - Sep 2016
32	CASAH1	Four week smoking quitters per 100,000 smoking population	1,399	Apr - Sep 2016	1,126	GREEN	1,353	GREEN			
33	CASAH11	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	549.3	Apr - Dec 2016	565.6	GREEN	578.9	GREEN			
34	CASAH12	Percentage of adult social care service users that receive self-directed support such as a direct payment or personal budget	93.7	As at 31 December 2016	90.0	GREEN	90.1	GREEN	86.9	95.4*	2015/16

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
									GREEN	AMBER	
35	CASAH 14	Proportion of older people who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	87.8	Jan - Sep 2016	86.0	GREEN	87.7	GREEN	82.7	85.5*	2015/16
									GREEN	GREEN	
36	CASAH 24	Percentage of people who use services who have as much social contact as they want with people they like	49.2	2015/16	50.0	AMBER	48.7	GREEN	45.4	49.9*	2015/16
									GREEN	AMBER	

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											
132	CASCYP 18	Percentage of children in Reception (aged 4 to 5 years) classified as overweight or obese (Also in Altogether Better for Children and Young People)	24.3	2015/16 ac yr	23.0	RED	23.0	RED	22.1 RED	24.6* GREEN	2015/16 ac yr
133	CASCYP 19	Percentage of children in year 6 (aged 10 to 11 years) classified as overweight or obese (Also in Altogether Better for Children and Young People)	37.2	2015/16 ac yr	36.6	AMBER	36.6	AMBER	34.2 RED	37* AMBER	2015/16 ac yr
134	CASAH 18	Male life expectancy at birth (years)	78.1	2012-14	78.0	GREEN	78.0	GREEN	79.5 AMBER	78* GREEN	2012-14
135	CASAH 19	Female life expectancy at birth (years)	81.4	2012-14	81.3	GREEN	81.3	GREEN	83.2 RED	81.7* AMBER	2012-14
136	CASAH6	Under 75 mortality rate from cardiovascular diseases (including heart disease and stroke) per 100,000 population	83.0	2013-2015	81.7	AMBER	81.7	AMBER	74.6 RED	85.1* GREEN	2013-2015
137	CASAH7	Under 75 mortality rate from cancer per 100,000 population	163.2	2013-2015	168.6	GREEN	168.6	GREEN	138.8 RED	162.7* AMBER	2013-2015
138	CASAH9	Under 75 mortality rate from respiratory disease per 100,000 population	42.5	2013-2015	41.8	AMBER	41.8	AMBER	33.1 RED	41.9* AMBER	2013-2015

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
139	CASAH8	Under 75 mortality rate from liver disease per 100,000 population	21.8	2013-2015	20.1	RED	20.1	RED	18.0	24.4* GREEN	2013-2015
140	CASAH 23	Percentage of registered GP patients aged 17 and over with a diagnosis of diabetes	7.0	2014/15	6.9	AMBER	6.9	AMBER	6.4	6.7* RED	2014/15
141	CASAH 20	Excess winter deaths (%) (3 year pooled)	19.7	2012-2015	16.8	RED	16.8	RED	19.6	19.3* RED	2012-2015
142	CASAH 22	Estimated smoking prevalence of persons aged 18 and over	19.0	2015	20.3	GREEN	20.3	GREEN	16.9	18.7* RED	2015
143	CASAH 25	Number of residential/nursing care bed days for people aged 65 and over commissioned by Durham County Council	232,154	Oct - Dec 2016	234,603	NA	233,777	NA			
144	CASAH 13	Percentage of service users reporting that the help and support they receive has made their quality of life better	88.0	Apr - Nov 2016	88.2	AMBER	91.4	AMBER	92.2	93.1* AMBER	2015/16
145	CASAH 20i	Delayed transfers of care from hospital per 100,000 population	3.9	Apr - Nov 2016	3.8	RED	4.4	GREEN	14.9	5.6* GREEN	Apr - Nov 2016
146	CASAH 20ii	Delayed transfers of care from hospital, which are fully or partially attributable to adult social care, per 100,000 population	0.6	Apr - Nov 2016	0.4	RED	1.1	GREEN	6.2	1.1* GREEN	Apr - Nov 2016
		Suicide rate (deaths from suicide and injury of	15.7	2013 - 2015	14.8	RED	14.8	RED	10.1	12.4*	2013 - 2015

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
		undetermined intent) per 100,000 population (Also in Altogether Safer)							RED	RED	
148	CASCYP 26	Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10 to 24 years) (Also in Better for Children and Young People)	489.4	2011/12 - 2013/14	504.8	GREEN	504.8	GREEN	367.3	532.2*	England 2011/12-2013/14 NE 2010/11-2012/13
149	NS11	Percentage of the adult population (aged 16+) participating in at least 30 minutes sport and active recreation of at least moderate intensity on at least three days a week	24.0	Apr 2014 - Mar 2016	25.0	RED	24.9	RED			

