

# Adults, Wellbeing and Health Overview and Scrutiny Committee

2 October 2017



## Quarter One 2017/18 Performance Management Report

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

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### Purpose of the Report

- 1 To present progress against the council's corporate performance framework for the Altogether Healthier priority theme for the first quarter of the 2017/18 financial year.

### Background

- 2 The council's partnership led Sustainable Community Strategy, setting out the vision for the county, and supporting council plan and service plans are due for review this year. There is a strong commitment to progressing the council's transformation programme, driven by a focus on delivering the best possible outcomes within available resources, and Cabinet agreed that an outcome based approach to planning is adopted. 2017/18 is a transition year as we review our vision, planning framework and associated performance management arrangements to ensure that they operate efficiently and are fit for purpose in the current climate.

### Performance Reporting Arrangements for 2017/18

#### Key Performance Questions

- 3 A review of our performance reporting arrangements has led to the development of a series of key performance questions (KPQs). These questions are aligned to the 'Altogether' framework of six priority themes, and are designed to facilitate greater scrutiny of performance.

Key Performance Questions
<i>Altogether Wealthier</i>
1. Do residents have good job prospects?
2. Do residents have access to decent and affordable housing?
3. Is County Durham a good place to do business?
4. Is it easy to travel around the county?
5. How well does tourism and cultural events contribute to our local economy?

<b>Key Performance Questions</b>	
<b><i>Altogether Better for Children and Young People</i></b>	
6.	Are children, young people and families in receipt of universal services appropriately supported?
7.	Are children, young people and families in receipt of early help appropriately supported?
8.	Are children and young people in receipt of social services appropriately supported and safeguarded?
9.	Are we being a good corporate parent for looked after children?
<b><i>Altogether Healthier</i></b>	
10.	Are our services improving the health of our residents and reducing health inequalities?
11.	Are people in need of adult social care supported to live safe, healthy and independent lives?
<b><i>Altogether Safer</i></b>	
12.	How effective are we at tackling crime and offending?
13.	How effective are we at tackling antisocial behaviour?
14.	How well do we reduce the misuse of drugs and alcohol?
15.	How well do we tackle abuse of vulnerable people including domestic abuse, child sexual exploitation and radicalisation?
16.	How do we keep our environment safe including roads and waterways?
<b><i>Altogether Greener</i></b>	
17.	How clean and tidy is my local environment?
18.	Are we reducing carbon emissions and adapting to climate change?
19.	How effective and sustainable is our collection and disposal of waste?
<b><i>Altogether Better Council</i></b>	
20.	How well do we look after our people?
21.	Are our resources being managed for the best possible outcomes for residents and customers?
22.	How good are our services to customers and the public?
23.	How effectively do we work with our partners and communities?

- 4 A more focused set of performance indicators has been developed to provide evidence to help answer these questions for those with corporate governance responsibilities. Development of performance reporting will continue throughout the year in particular to enhance reporting of qualitative aspects of performance as highlighted in the 2016 Ofsted inspection.
- 5 There are other areas of performance that are measured in more detailed monitoring across service groupings and if performance issues arise, these will be escalated for consideration by including them in the corporate report on an exception basis.

- 6 The performance indicators are 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 is tracked but no targets are set for indicators which are long-term and/or which the council and its partners only partially influence.
- 7 This report sets out our key performance messages from data released this quarter and a visual summary for the Altogether Healthier priority theme that presents key data messages from the new performance framework showing the latest position in trends and how we compare with others.
- 8 A comprehensive table of all performance data is presented in Appendix 3.
- 9 An explanation of symbols used and the groups we use to compare ourselves is in Appendix 2.
- 10 To support the complete indicator set, a guide is available which provides full details of indicator definitions and data sources for the 2017/18 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](mailto:performance@durham.gov.uk).

### **Key Performance Messages from Data Released this Quarter**

- 11 Positive progress has been made across health measures including 2,841 smoking quitters over 2016/17 exceeding the contracted target, although fewer quitters than last year. There is an increase in the use of e-cigarettes, which have become widely available and may be reducing numbers embarking on the stop smoking programme. The fall in smoking prevalence generally may also be contributing to the decline in use of smoking cessation services.
- 12 Mothers smoking at time of delivery has also reduced from last year and achieved the annual target but it is still higher than national rates. Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group (CCG) has the third highest rate in the North East and fifteenth highest of all CCGs in England. A steering group has been established to deliver an incentive scheme on behalf of DDES CCG. Women are registered through health professional referral, based on a specified criteria and can receive shopping vouchers if they successfully quit smoking. The government has set out an ambitious plan to make England, in effect, smoke-free in the next few decades. The new Tobacco Control Plan aims to significantly reduce smoking rates for the population by 2022, paving the way to a smoke-free generation. The plan also specifically aims to lower the smoking in pregnancy rate.

- 13 In relation to our adult social care support, our reablement and rehabilitation service is improving with a higher percentage of older people still at home three months after discharge from hospital. People who have achieved their desired outcomes from the adult safeguarding process remains high. Carers' satisfaction with the support and services they have received has fallen from 84.9% (2014/15) to 75.5%, in line with regional and national trends. Durham remains better than the national average but lower than the North East.
- 14 Four issues to highlight this quarter are:
- a. Inequality in life expectancy and healthy life expectancy
  - b. Mortality rate for deaths related to drug misuse
  - c. Breastfeeding prevalence
  - d. People receiving an assessment or review every 12 months
- 15 Life expectancy and mortality can be used as important measures of the overall health of County Durham's population and as an indicator of inequality both between and within areas.<sup>1</sup> The data for the period 2013 to 2015 show that although people in County Durham are living longer they are spending more time in poor health. Healthy life expectancy has not been rising over time and locally, between 2009 to 2011 and 2013 to 2015, it fell for both men and women. In terms of HLE the absolute gap between County Durham and England for men and women both increased (3.5 years to 5.4 years for men; 4.0 years to 7.1 years for women). There is significant inequality in LE and HLE within County Durham. The gap in LE between the most deprived and least deprived areas is 7.9 years for men and 7.7 years for women and these have not changed significantly over time. The gap in HLE between the most deprived and least deprived areas is greater for men (13.8 years) and women (14.5 years). Healthy life expectancy and premature mortality are closely linked with long-term conditions such as congenital heart disease, stroke and cancer being among the leading causes of premature mortality in County Durham. These make a major contribution to the life expectancy gap between County Durham and England as a whole.
- 16 Recent published information shows that the mortality rate for deaths related to drug misuse for the period 2014 to 2016 is significantly higher in the North East and in County Durham than England. National data show the highest number of deaths since comparable records began in 1993. Of the deaths, more than two-thirds were due to misuse of drugs<sup>2</sup>, and two-thirds of the deaths were men, in line with previous years. Those in their 40s have overtaken people in their 30s as being the age group with the highest mortality rate from drug misuse. This breakdown of gender and age is not yet available for County Durham.

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<sup>1</sup> Life expectancy (LE) tells us how long a child born today would be expected to live if they experienced the current mortality rates of the area they were born in throughout their lifetime. Healthy life expectancy (HLE) at birth is the average number of years a person would expect to live in very good or good health.

<sup>2</sup> Drug misuse is a subset of drug poisoning and is either: a death where the underlying cause is drug abuse or drug dependence, or a death where the underlying cause is drug poisoning and where any of the substances controlled under the Misuse of Drugs Act 1971 are involved.

- 17 Breastfeeding prevalence still requires improvement, being significantly lower than nationally and slightly below the North East rates. A multi-agency action plan to increase breastfeeding rates has been developed involving public health, health visitors, midwifery and children’s centre colleagues. Models of best practice are being looked at from other areas who have improved their rates. The implementation will require a wider system approach to tackle the social norms relating to breastfeeding in County Durham. The Best Beginnings Baby Buddy app has been created to help provide reliable and accurate information that is available 24 hours a day.
- 18 Adults in receipt of social care services should receive an assessment or review every 12 months. Between April and June 2017 performance was 87% and this needs further improvement, in particular within learning disability services. A deep dive analysis is currently being undertaken to look into this in more detail.
- 19 The CQC are to undertake a programme of local system reviews of health and social care in 20 local authority areas. Reviews are initially happening in twelve challenged areas and the identification of these areas is principally based on a dashboard of six key metrics from across the sector where health and social care work most closely together, and assesses local areas against their statistical nearest neighbours (CIPFA) and nationally. The dashboard will be reviewed in the autumn. A further eight sites for review are to be identified in the coming months. These reviews will include a review of commissioning across the interface of health and social care and an assessment of the governance in place for the management of resources and will look specifically at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old.
- 20 Durham is performing well on the majority of the six metrics (see Table 1 below) and the combined national ranking (based on the same 6 key indicators), where we rank 31 out of 152.

**Table 1 Performance dashboard: Six key metrics**

<b>Metric</b>	<b>National Rank (out of 152)</b>	<b>Nearest Neighbour rank (out of 16)</b>
Emergency Admissions (65+) per 100,000 65+ population	75	5
90th percentile of length of stay for emergency admissions (65+)	32	7
TOTAL Delayed Days per day per 100,000 18+ population	5	2
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services *	64	8

Proportion of older people (65 and over) who are discharged from hospital who receive reablement/rehabilitation services	76	6
Proportion of discharges (following emergency admissions) which occur at the weekend	133	15

\*based on 2016/17 data

- 21 The current measure for delayed transfers of care (DTC) from hospital shows Durham perform well with consistently low levels. The new Better Care Fund guidance has introduced a number of new proposals, including expectations about to what extent these would have to be reduced in the interface between health and social care, linking this target to the possibility of review of improved Better Care Fund funding in 2018/19 for areas that are performing poorly against the DTC target. The Local Government Association does not support these proposals, in particular the targets, as this does not take into consideration the overall volume of discharges (which are rising), the extreme financial pressures on councils, and the need for local flexibility. There will also be a change in the way this data is reported for 2017/2018 to make it more representative of the entire month instead of a snapshot of days. NHS Digital are undertaking work to investigate the impact of this change on the measure and will keep us informed of progress. As a result there is no data currently available for quarter one.

## Risk Management

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

## Key Data Messages by Altogether Theme

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

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<sup>3</sup> Images designed by Freepik from Flaticon

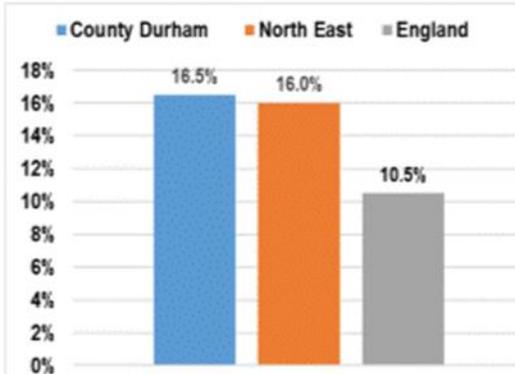
# Altogether Healthier

## Health of our residents

### Smoking in County Durham

Mothers smoking at time of delivery 2016/17 - 16.5%

- ✓ Improvement from 2015/16 figure (18.2%)
- ✓ Achieved annual target (17.2%)
- ✗ but still worse than North East (16%) and England (10.5%)
- ✗ DDES CCG rate is poor (19.1%)
- ◆ Incentive scheme for DDES area introduced



Smoking quitters - 2016/17



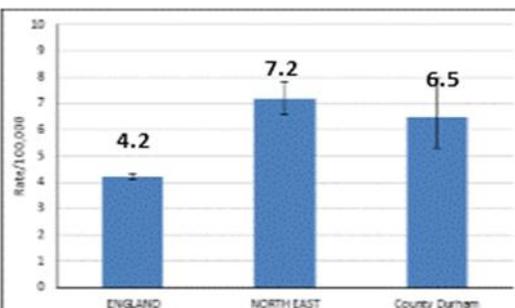
✓ **2,841** people quit smoking following support during 2016/17, exceeding the target of 2,311



**Breastfeeding at 6 - 8 weeks from birth (Apr - Jun 2017)**

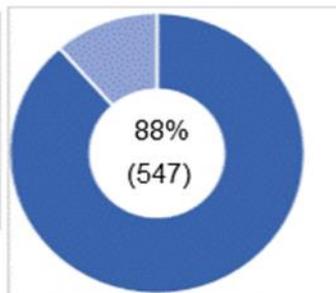
- ✗ 28.2% (down from 28.8% in Q1 2016/17)
- ✗ Lower than England (44.3%)
- ✗ Lower than North East (30.6%)

**Mortality rate (per 100,000) deaths for drugs misuse 2014 - 2016**



## Adult social care support

**Reablement Service** - people still at home 91 days after discharge from hospital Jan - Mar 2017



- ✓ Better than same period last year (85.2%)
- ↑ % of total people receiving reablement where no further service was required: 82.6% (from 81.7%)
- ↓ % of total people completing reablement who require no ongoing care/reduced care: 86.3% (from 88.5%)

**87.2%** (7,259) of people received an assessment (within 12 months) in the year ended June 2017, slightly higher than the same period last year of 87%

% of people who achieved their desired outcomes from the adult safeguarding process

96.1% (307/321 people) (Apr - Jun 2016)

95.6% (422/439 people) (Apr - Jun 2017)



**Adults 65+ admitted to care on a permanent basis**

181 admissions (172.0 per 100,000 population) (Apr - Jun 2017)

177 admissions (168.1 per 100,000 population) (Apr - Jun 2016)



**Number of bed days commissioned**

234,350 (Apr - June 2016)

218,918 (Apr - June 2017)



**Survey of Adult Carers in England 2016/17**

75.5% of carers satisfied with support and services (down from 84.9% in 2014 -15)

- ✓ Higher than England (71%)
- ✗ Lower than North East (77.5%)

## **Recommendations and reasons**

- 25 That the Adults, Wellbeing and Health 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

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## **Appendix 1: Implications**

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**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

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## Appendix 2: Report key

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### 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](mailto:performance@durham.gov.uk).

## Appendix 3: Summary of Key Performance Indicators

Table 1: Key Target and Tracker Indicators

Ref	PI ref	Description	Latest data	Period covered	Period target	Data 12 months earlier	Performance compared to 12 months earlier	Performance compared to National figure	Performance compared to *North East or **Nearest statistical neighbour figure		
<b>Altogether Healthier</b> <b>1. Are our services improving the health of our residents?</b>											
61	AHS 12	Percentage of mothers smoking at time of delivery	16.5	2016/17	17.2	18.1	GREEN	10.5	RED	16*	RED
62	AHS 13	Four week smoking quitters per 100,000 smoking population	3,010	2016/17	2,449	3,076	RED	No Data		No Data	
63	AHS 7	Male life expectancy at birth (years) [2]	78.1	2013-2015	Tracker	78.0	GREEN	79.5	AMBER	77.9*	GREEN
64	AHS 8	Female life expectancy at birth (years) [2]	81.2	2013-2015	Tracker	81.3	AMBER	83.1	RED	81.6*	AMBER
65	AHS 9	Healthy life expectancy at birth [Female]	57	2013-2015	Tracker	New indicator	NA	64.1	RED	60.1*	RED
66	AHS 10	Healthy life expectancy at birth [Male]	58	2013 - 2015	Tracker	New indicator	NA	63.4	RED	59.6*	RED
67	AHS 14	Excess weight in adults (Proportion of adults classified as overweight or obese)	67.6	2013-15	Tracker	69	GREEN	64.8	RED	68.6*	GREEN

Ref	PI ref	Description	Latest data	Period covered	Period target	Data 12 months earlier	Performance compared to 12 months earlier	Performance compared to National figure		Performance compared to *North East or **Nearest statistical neighbour figure	
68	AHS 11	Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population	15.7	2013 - 2015	Tracker	14.8	RED	10.1	RED	12.4*	RED
69	AHS 38	Prevalence of breastfeeding at 6-8 weeks from birth	28.2	Apr - Jun 2017	Tracker	28.8	RED	44.3	RED	30.6*	RED
70	AHS 40	Estimated smoking prevalence of persons aged 18 and over	17.9	2016	Tracker	19.0	GREEN	15.5	RED	17.2*	RED
71	AHS 41	Self-reported wellbeing - people with a low happiness score	11.4	2015/16	Tracker	New indicator	NA	8.8	RED	10.2*	RED
72	NS20	Participation in Sport and Physical Activity: active	62.2	2015/16	Tracker	New indicator	NA	65.4	RED	No Data	
73	NS21	Participation in Sport and Physical Activity: inactive	25.4	2015/16	Tracker	New indicator	NA	22	RED	No Data	

Ref	PI ref	Description	Latest data	Period covered	Period target	Data 12 months earlier	Performance compared to 12 months earlier	Performance compared to National figure	Performance compared to *North East or **Nearest statistical neighbour figure	
<b>2. Are people needing adult social care supported to live safe, healthy and independent lives?</b>										
74	AHS 18	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	172.0	Apr - Jun 2017	TBC	168.1	RED	628.2	843*	
75	AHS 20	Proportion of older people who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	88.5	Jan - Mar 2017	TBC	85.2	GREEN	82.7	GREEN	85.5* GREEN
76	AHS 16	Percentage of individuals who achieved their desired outcomes from the adult safeguarding process	95.6	Apr - Jun 2017	Tracker	96.1	AMBER	No Data	No Data	

Ref	PI ref	Description	Latest data	Period covered	Period target	Data 12 months earlier	Performance compared to 12 months earlier	Performance compared to National figure		Performance compared to *North East or **Nearest statistical neighbour figure	
77	AH17	Percentage of service users receiving an Assessment or Review within the last 12 months	87.2	Jul 2016 - Jun 2017	Tracker	87.0	GREEN	No Data		No Data	
78	AHS 21	Overall satisfaction of people who use services with their care and support	63.6	2016/17	Tracker	New indicator	NA	64.4	AMBER	67.2*	RED
79	AH22	Overall satisfaction of carers with the support and services they receive	75.5	2016/17	Tracker	New indicator	NA	41.2	GREEN	49.3*	GREEN
80	AHS 23	The proportion of adult social care service users who report they have enough choice over the care and support services they receive	73.1	2016/17	Tracker	New indicator	NA	No Data		No Data	

**Table 2: Other additional relevant indicators**

Ref	PI ref	Description	Latest data	Period covered	Period target	Data 12 months earlier	Performance compared to 12 months earlier	Performance compared to National figure	Performance compared to *North East or **Nearest statistical neighbour figure		
<b>Altogether Better for Children and Young People</b>											
<b>1. Are children, young people and families in receipt of universal services appropriately supported?</b>											
31	AHS 1	Under 18 conception rate per 1,000 girls aged 15 to 17	25.9	2015/16	Tracker	27.5	GREEN	20.4	RED	27.5*	GREEN
32	AHS 2	Proportion of five year old children free from dental decay	64.9	2014/15	Tracker	New indicator	NA	75.2	RED	72*	RED
33	AHS 3	Alcohol specific hospital admissions for under 18's (rate per 100,000)	67.5	2013/14 - 2015/16	Tracker	72.8	GREEN	37.4	RED	66.9*	AMBER
34	AHS 4	Young people aged 10-24 admitted to hospital as a result of self-harm	489.4	2011/12 - 2013/14	Tracker	504.8	GREEN	367.3	RED	532.2*	GREEN
35	AHS 5	Percentage of children aged 4 to 5 years classified as overweight or obese	24.3	2015/16 ac yr	Tracker	23.0	RED	22.1	RED	24.6*	GREEN
36	ASH 6	Percentage of children aged 10 to 11 years classified as overweight or obese	37	2015/16 ac yr	Tracker	36.6	AMBER	34.2	RED	37*	GREEN

Ref	PI ref	Description	Latest data	Period covered	Period target	Data 12 months earlier	Performance compared to 12 months earlier	Performance compared to National figure	Performance compared to *North East or **Nearest statistical neighbour figure		
<b>Altogether Safer</b>											
<b>3. How well do we reduce misuse of drugs and alcohol?</b>											
89	AHS 31	Percentage of successful completions of those in alcohol treatment	28.6	Oct 2015 - Sep 2016 (representations to Mar 2017)	38.3	30.2	RED	38.3	RED	33.2*	RED
90	AHS 32	Percentage of successful completions of those in drug treatment - opiates	6.2	Oct 2015 - Sep 2015 (representations to Mar 2017)	8.0	6.0	GREEN	6.6	RED	5.4*	GREEN
91	AHS 33	Percentage of successful completions of those in drug treatment - non-opiates	26.9	Oct 2015 - Sep 2016 (representations to Mar 2017)	49.1	33.0	RED	37.1	RED	29.2*	RED

