

Adults, Wellbeing and Health Overview and Scrutiny Committee

13 April 2018



Quarter Three 2017/18 Performance Management Report

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

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 2017/18 financial year.

Background

- 2 This year, the Sustainable Community Strategy, setting out the vision for the county, and supporting Council Plan and service plans are due for review. With a strong commitment to progressing the council's transformation programme, driven by a focus on delivering the best possible outcomes within available resources, 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 Our performance reporting arrangements have been developed around a series of key performance questions aligned to the Altogether framework of six priority themes, and are designed to facilitate greater scrutiny of performance. The set of performance measures provides an indication 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 by the 2016 Ofsted inspection.
- 4 There are other areas of performance that are measured through 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.

- 5 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.
- 6 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.
- 7 A comprehensive table of all performance data is presented in Appendix 3.
- 8 An explanation of symbols used and the groups we use to compare ourselves is in Appendix 2.
- 9 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 or can be requested from the Corporate Planning and Performance Team at performance@durham.gov.uk.

Key Performance Messages from Data Released this Quarter

- 10 Across health measures, positive progress has been made including 1,315 smoking quitters between April and September 2017, exceeding the contracted target. Participation in sport and physical activity in County Durham is higher than the national average and most North East authorities (Active Lives Survey), although there has been a slight drop compared to last year, mainly due to the change in the definition of activity, which now excludes gardening. In terms of adult social care, we continue to have low levels of delayed transfers of care from hospital, which are better than the same period last year and national and regional averages. In November 2017, Durham had the fourth lowest rate in the country. More people have achieved their desired outcomes from the adult safeguarding process and there has been a slight improvement in the percentage of those in receipt of social care services receiving an assessment or review every 12 months. Further improvement is still required and this is being looked at in detail to better understand the issues and identify possible solutions.
- 11 Two ongoing performance challenges this quarter are:
 - a. Breastfeeding prevalence;
 - b. Mothers smoking at time of delivery.
- 12 Breastfeeding prevalence has decreased slightly this quarter compared to the same period last year. Despite the evidence of the benefits of prolonged

exclusive and partial breastfeeding to the infant's health and development, England has one of the lowest breastfeeding rates in Europe, with some areas of County Durham recorded as having the lowest breastfeeding rates in England. A health equity audit (HEA) was undertaken which identified and measured the inequality in breastfeeding within County Durham. One of the findings was that the distribution of breastfeeding prevalence is unequal, with lower rates in the more deprived areas, for example in the Durham City locality, 37.5% of infants are breastfed at 6 to 8 weeks compared to 20.6% in Easington. The HEA also identified that the proportion of white mothers who breastfeed is lower than all other ethnic groups. In County Durham, white mothers accounted for 90% of all pregnancies (see appendix 4, chart 1). County Durham's black, minority ethnic (BME) population is 1.8% and analysis has been undertaken to look at breastfeeding prevalence in other local authorities with 2% or less BME populations (see table below). Findings and recommendations from the HEA have been developed into a local action plan alongside national guidance.

Local Authority	BME Population	2016/17 Breastfeeding Prevalence
Cornwall (inc Isles of Scilly)	1.8	48.6%
East Riding of Yorkshire	1.9	44.3%
Northumberland	1.6	35.5%
County Durham	1.8	27.9%
Redcar and Cleveland	1.5	24.9%
St. Helens	2	22.4%

- 13 Mothers smoking at time of delivery has increased and is significantly higher than national and regional rates. Durham Dales, Easington and Sedgfield (DDES) Clinical Commissioning Group (CCG) has the highest rate in the North East and is sixth highest of all CCGs in England. The incentive scheme, which began in April 2017 offering shopping vouchers to women who quit smoking whilst pregnant, continues to be monitored. In County Durham, 126 pregnant women setting a quit date with the service between April and September 2017, of which 78 women quit (self-reported). This equates to 62% quitting, which is an improvement (57%) from the same period in 2016/17. A total of 615 referrals were made to the Stop Smoking Service (SSS) and 408 appointments attended by pregnant women. Healthwatch County Durham (HWCD) has undertaken engagement and research to help North Durham and DDES CCGs understand experiences of smoking during pregnancy. This research indicated that women do generally understand the risks to themselves and their babies and had sufficient information and support to stop smoking. In addition to those who quit through the SSS there

will be a number of women who quit as a result of midwife intervention and self-quitters without SSS support.

- 14 New data released this quarter highlight two performance issues:
 - (a) Suicide rate;
 - (b) Excess weight in adults.

- 15 Although the rate of suicides in County Durham during 2014-16 has improved compared to 2013-15 and the rate is the lowest it has been since 2007-09, it is still higher than the North East and significantly higher than England (although the gap is closing). County Durham is ranked 127th of 149 local authorities (low is good) and 5th of the 12 North East local authorities. This is an improvement given that County Durham has been second only to Middlesbrough over the last few years. The North East has the highest suicide rate of all English regions. Of the 174 suicides in County Durham in 2014-16, 130 were males and 44 females. The male suicide rate (19.2) remains higher than females (6.2) as it is nationally. County Durham's male suicide rate is significantly higher than the male England average (15.3) whilst County Durham's female rate (6.2) is slightly above England (4.8). A scrutiny review of Suicide Rates and Mental Health and Wellbeing in County Durham is being undertaken and has completed its evidence gathering and a further meeting of the review group will be held to identify key findings and recommendations for inclusion within the review report. A strategic review of community mental health, public mental health and preventative services has recently been conducted with the CCGs and partners. This has led to the development of a new preventative mental health and wellbeing model, which will include a refreshed suicide prevention plan. Suicide prevention, with a focus on workforce and reducing stigma, will be the focus of the LGA prevention at scale programme, which aims to improve the scale and focus of prevention initiatives.

- 16 The proportion of adults (aged 18+) classified as overweight or obese is above national and North East averages. Durham County Council is one of four local authorities who are working on Public Health England's three year programme, delivered by Leeds Beckett University, to develop a whole system approach to tackle obesity. A number of goals have been identified and agreed with partners, which includes work to tackle sugar consumption.

- 17 As reported at quarter one, the CQC are undertaking a programme of local system reviews of health and social care in 20 local authority areas. 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. Reviews have already commenced in the initial twelve challenged local authority areas and a further eight local authorities have now been identified for review. Durham is not one of the local authorities identified for review as we are performing well on the majority of the six metrics (see table below) and the combined national ranking (based on the same six key indicators), where we rank 16 out of 152 (low is good).

Metric	National Rank (out of 152)	Nearest Neighbour rank (out of 16)
Emergency Admissions (65+) per 100,000 65+ population	75	5
90th percentile of length of stay for emergency admissions (65+)	23	6
TOTAL Delayed Days per day per 100,000 18+ population	5	3
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services *	41	4
Proportion of older people (65 and over) who are discharged from hospital who receive reablement/rehabilitation services	43	5
Proportion of discharges (following emergency admissions) which occur at the weekend	118	10

*based on 2016/17 data. Latest data in the index.

- 18 Key performance messages reported to other overview scrutiny committees which may be of interest to this committee are as follows:
- 19 In relation to child health, under 18 conceptions continue to reduce; they are now at the lowest level since recording began in 1998 but still remain significantly higher than in England.
- 20 New childhood obesity figures have been released and almost one in four Durham children are overweight or obese at reception (aged four to five years), and it rises to more than one in three at year six (aged 10 to 11 years). Excess weight amongst both reception and year six children in Durham are higher than those nationally. A recent review of the Family Initiate Supporting Children's Health weight management programme identified the potential benefit of lowering the age range for delivery of the programme to school years 1 to 2 rather than in years 4 and 5. The council is working with partners in Early Years settings to promote healthy eating and good oral health and to engage these settings in the Sugar Smart Durham campaign.
- 21 Successful completions of those in drug and alcohol treatment have increased compared to the same period in the previous year. They do however remain below target. It is extremely encouraging to note that successful completions for opiate users are in line with national averages. Positive trends have been evident for alcohol and opiates but non opiates have dipped in the last couple of months (see appendix 4, charts 2 - 4). The council have recently commissioned a new drug and alcohol recovery service in County Durham with Developing Initiatives for Support in the Community (DISC), which was launched on 1 February 2018. This service will move to a community outreach provision involving use of local assets such as pharmacies and community buildings.

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 format¹ 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.

¹ Images designed by Freepik from Flaticon

Altogether Healthier

Health of our residents

Mothers smoking at time of delivery July - Sep 2017

- Worse than same period last year (16.8%)
- Worse than England and North East
- Data ranges from 13.6% in North Durham to 21.3% in DDES CCG
- Challenging target set for 2017/18 - 15.9%



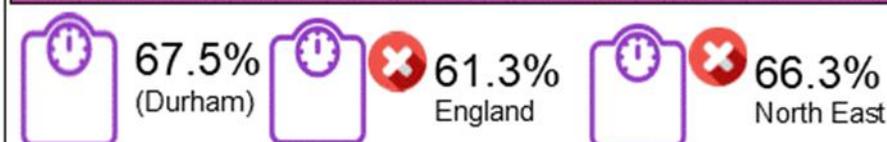
Smoking quitters - April - September 2017

1315 people quit smoking following support between April and September 2017, exceeding the target of 1104

Sport England Active Lives Survey - May 2016 - May 2017

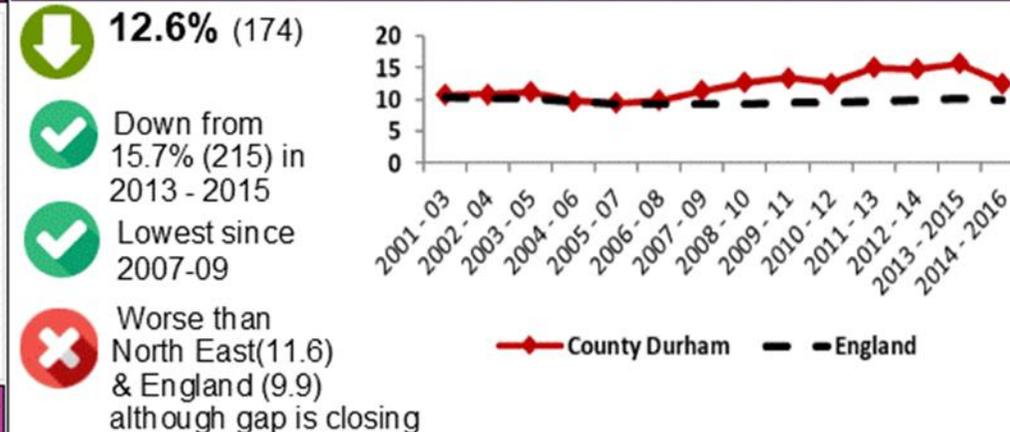
Participation in Sport and Physical activity	Durham 2015/16	Durham 2016/17	National 2016/17
Inactive: less than 30 mins per week	25.4%	24.5%	25.6%
Active - 150 + mins per week	62.2%	60.9%	60.6%

Excess Weight in Adults - (2015 - 2016)



Health of our residents

Suicide rates per 100,000 population 2014 - 2016



Prevalence of breastfeeding at 6 - 8 weeks

29.1% (Oct - Dec 2017)

29.8% (Oct - Dec 2016)

Health Equality Audit findings:

- ◆ Lower rates in more deprived areas
- ◆ Lower rates in white mothers than other ethnic groups

Adult Social Care

Daily Delayed transfers of care beds per 100,000 population - November



88.8% of people received an assessment/review within the last 12 Months (year ended Dec 2017) up from 83.7% (Dec 2016) and 87.3% last quarter (Sep 2017)

96% of individuals achieved their desired outcomes from the adult safeguarding process (Apr - Dec 2017) up from 95.4% (Apr - Dec 2016)

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

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 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	Period covered		
Altogether Healthier												
1. Are our services improving the health of our residents?												
62	AHS 12	Percentage of mothers smoking at time of delivery	17.8	Jul - Sep 17	15.9	16.8	RED	11	RED	16.2*	RED	Jul - Sep 17
63	AHS 13	Four week smoking quitters per 100,000 smoking population	1,741	Apr - Sep 2017	1,462	1,399	GREEN					
64	AHS7	Male life expectancy at birth (years) [2]	78.1	2013-2015	Tracker	78.0	GREEN	79.5	AMBER	77.9*	GREEN	2013-2015
65	AHS8	Female life expectancy at birth (years) [2]	81.2	2013-2015	Tracker	81.3	AMBER	83.1	RED	81.6*	AMBER	2013-2015
66	AHS9	Healthy life expectancy at birth [Female]	57	2013-2015	Tracker	New indicator	NA	64.1	RED	60.1*	RED	2013-2015
67	AHS 10	Healthy life expectancy at birth [Male]	58	2013 - 2015	Tracker	New indicator	NA	63.4	RED	59.6*	RED	2013-2015

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		Period covered
68	AHS 14	Excess weight in adults (Proportion of adults classified as overweight or obese)	67.5	2015/16	Tracker	New indicator	NA	61.3	RED	66.3*	AMBER	2015/16
69	AHS 11	Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population	12.6	2014 - 2016	Tracker	15.7	GREEN	9.9	RED	11.6*	RED	2014 - 2016
70	AHS 38	Prevalence of breastfeeding at 6-8 weeks from birth	29.1	Oct - Dec 2017	Tracker	29.8	RED	42.8	Not comparable	33.3*	Not comparable	Jul - Sep 2017
71	AHS 40	Estimated smoking prevalence of persons aged 18 and over	17.9	2016	Tracker	19.0	GREEN	15.5	RED	17.2*	RED	2016
72	AHS 41	Self-reported wellbeing - people with a low happiness score	11.5	2015/16	Tracker	New indicator	NA	8.8	RED	10.2*	RED	2015/16
73	NS21	Participation in Sport and Physical Activity: active	60.9	May 2016 - May 2017	Tracker	62.2	RED	60.6	GREEN			May 2016 - May 2017

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		Period covered
74	NS22	Participation in Sport and Physical Activity: inactive	24.5	May 2016 - May 2017	Tracker	25.4	GREEN	25.6	GREEN			May 2016 - May 2017
2. Are people needing adult social care supported to live safe, healthy and independent lives?												
75	AHS 18	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	521.6	Apr - Dec 2017	553.6	549.3	GREEN	628.2	Not comparable	843*	Not comparable	2015/16
76	AHS 20	Proportion of older people who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	89.5	Mar - Sep 2017	85.9	87.9	GREEN	82.7	Not comparable	85.5*	Not comparable	2015/16
77	AHS 16	Percentage of individuals who achieved their desired outcomes from the adult safeguarding process	96	Apr - Dec 2017	Tracker	95.4	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		Period covered
78	AH17	Percentage of service users receiving an Assessment or Review within the last 12 months	88.8	2017	Tracker	83.7	GREEN					
79	AHS 21	Overall satisfaction of people who use services with their care and support	63.6	2016/17	Tracker	New indicator	NA	64.4	Not comparable	67.2*	Not comparable	2015/16
80	AH22	Overall satisfaction of carers with the support and services they receive	43.3	2016/17	Tracker	New indicator	NA	41.2	Not comparable	49.3*	Not comparable	2014/15
82	AHS 19	Daily Delayed transfers of care beds, all per hospital per 100,000 population age 18+	2.6	At November 2017	Tracker	3.6	GREEN	11.9	GREEN	4.9*	GREEN	At November 2017
81	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	67.6	GREEN	NA		2016/17

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	Period covered		
Altogether Better for Children and Young People												
1. Are children, young people and families in receipt of universal services appropriately supported?												
32	AHS 1	Under 18 conception rate per 1,000 girls aged 15 to 17	22.4	Oct 2015 - Sep 2016	Tracker	26.1	GREEN	19.3	RED	25.2*	GREEN	Oct 2015 - Sep 2016
33	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	2014/15
34	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	2013/14 - 2015/16
35	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	England - 2011/12 - 2013/14 NE - 2010/11 - 2012/13
36	AHS 5	Percentage of children aged 4 to 5 years classified as overweight or obese	24.1	2016/17 ac yr	Tracker	24.3	GREEN	22.6	RED	24.5*	GREEN	2016/17 ac yr

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	Period covered		
37	ASH 6	Percentage of children aged 10 to 11 years classified as overweight or obese	37.7	2016/17 ac yr	Tracker	37.0	AMBER	34.2	RED	37.3*	AMBER	2016/17 ac yr

Altogether Safer
3. How well do we reduce misuse of drugs and alcohol?

89	AHS 31	Percentage of successful completions of those in alcohol treatment	38.6	Jul 2016 - Jun 2017 with representations to Dec 2017	38.6	28.1	GREEN	38.6	RED	30.8*	Not comparable	England Jul 2016 - Jun 2017 with rep to Dec 2017 NE: 2016
90	AHS 32	Percentage of successful completions of those in drug treatment - opiates	6.8	Jul 2016 - Jun 2017 with representations to Dec 2017	7.9	5.7	GREEN	6.7	GREEN	5.2*	Not comparable	England Jul 2016 - Jun 2017 with rep to Dec 2017 NE: 2016

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		Period covered
91	AHS 33	Percentage of successful completions of those in drug treatment - non-opiates	27.6	Jul 2016 - Jun 2017 with rep to Dec 2017	45.4	26.3	GREEN	36.8	RED	27.4*	Not comparable	England Jul 2016 - Jun 2017 with rep to Dec 2017 NE: 2016

[\[2\] Data 12 months earlier amended/refreshed](#)

Appendix 4: Volume Measures

Chart 1:

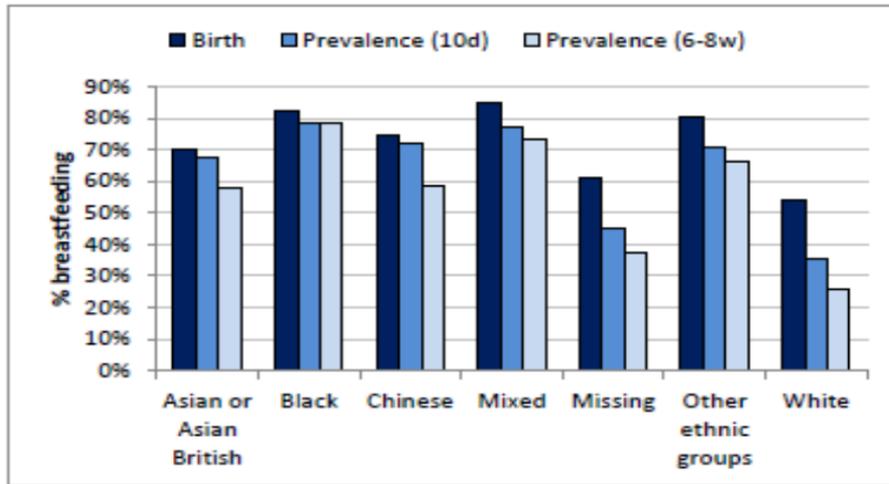


Chart 2:

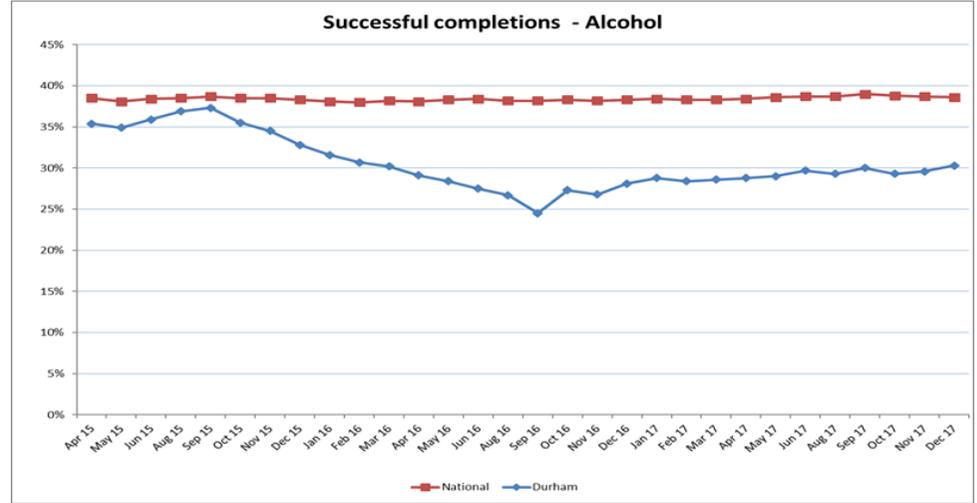


Chart 3:

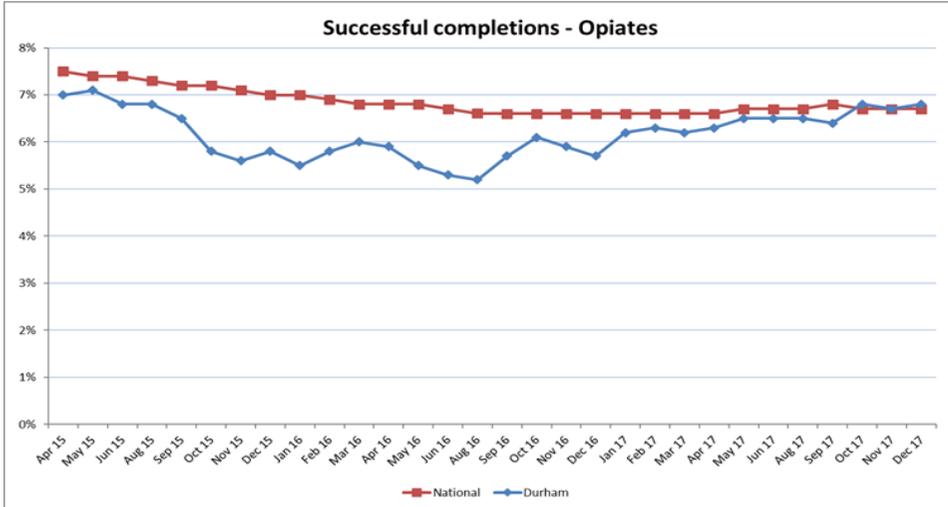


Chart 4:

