

Adults, Wellbeing and Health Overview and Scrutiny Committee

6 July 2018



Quarter Four 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 fourth quarter of the 2017/18 financial year.

Performance Reporting Arrangements for 2017/18

- 2 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.
- 3 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.
- 4 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.
- 5 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. A comprehensive table of key performance questions and performance data is presented in Appendix 3. An explanation of symbols used and the groups we use to compare ourselves is in Appendix 2.

- 6 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 and can be requested from the Corporate Planning and Performance Team at performance@durham.gov.uk.

Key Performance Messages from Data Released this Quarter

- 7 Positive progress has been made across some key health measures including improved self-reported wellbeing and 1,860 smoking quitters between April and December 2017, exceeding the contracted target. In terms of adult social care, low levels of delayed transfers of care from hospital continue, better than the same period last year and national and regional averages. Although the number of adults admitted on a permanent basis to residential or nursing care was higher than target, the number of bed days commissioned has reduced by 3% in 2017/18. Funding for adult social care was announced by Government in the Spring 2017 budget and as part of the Improved Better Care Fund, Durham was allocated £25 million (£13 million was allocated for 2017/18, a further £8 million for 2018/19 and a final £4 million for 2019/20). This money was additional to current budgeted spend to be used for the purposes of meeting adult social care needs; reducing pressures on the NHS and stabilising the social care provider market.
- 8 Two ongoing performance challenges reported throughout this year are:
 - (a) Breastfeeding prevalence;
 - (b) Mothers smoking at time of delivery:
- 9 Although breastfeeding prevalence has increased from last year, this is still an issue, as levels remain low. Evidence clearly shows that breastfeeding improves the health of both mother and baby and yet there remains inequalities in women choosing to breastfeed. Plans to support the active promotion of breastfeeding across the County include a multi-agency communication plan and a review and relaunch of the breastfeeding friendly business scheme in June 2018. Revised public health priorities and ambitions identify aspirational improvement targets for the next 10 years to reduce inequalities and narrow the gap both within the County and against England.
- 10 Mothers smoking at time of delivery has increased and is significantly higher than national and regional rates. Durham Dales, Easington and Sedgefield (DDES) has the second highest rate in the North East and sixth highest of all CCGs in England. The best start in life is a public health strategic priority for County Durham, which aligns with national and regional policy direction. Reducing smoking at time of delivery will impact significantly on clinical and safety outcomes for both mothers and babies and will work to address significant health inequalities. The incentive scheme to reduce smoking in pregnancy, currently being implemented in DDES, aims to address the high variance in smoking in pregnancy between DDES and North Durham. Early data is showing good retention in the stop smoking service amongst these women. However, the challenges of reducing smoking in pregnancy is evident as 61% of those recruited to the scheme live with a smoker. The full evaluation of the incentive scheme will be available late summer 2018. Between April and December 2017, 179 pregnant women set a quit date with

the Stop Smoking Service of whom 119 (66%) women quit (self-reported) which is an improvement from the same period in 2016/17 (56%).

- 11 New data released this quarter highlight the following issues:
 - (a) Life expectancy;
 - (b) Healthy life expectancy;
 - (c) Mortality rate from preventable causes.

- 12 Life expectancy and healthy life expectancy can be used as important measures of the overall health of County Durham's population. Mortality can also be used as an effective measure of health and wellbeing and inequality within and between areas. Reductions in premature mortality over time can demonstrate improvement in the health status of the population as a whole and results in increases in life expectancy. The data shows that people in County Durham are living longer but that there is still a significant gap between the life expectancy of men and women in County Durham and the England average. Healthy life expectancy is the average number of years a person would expect to live in very good or good health and although this has increased since the previous reporting period (2013 - 2015), there is also still a significant gap between County Durham and England for both men and women. The mortality rate from causes considered preventable continues to decrease and the gap between England and County Durham has narrowed, although it remains significantly higher. The overarching public health priority for County Durham is to reduce the gap in healthy life expectancy, which includes work to reduce smoking levels and developing work on a health and social care plan for County Durham.

- 13 Key performance messages reported to other overview and scrutiny committees which may be of interest to this committee are as follows:

- 14 In relation to child health, under 18 conceptions continue to reduce; they are now at the lowest level since recording began in 1998. However, the level in County Durham remains significantly higher than the England rate. The Public Health Intelligence Team are to analyse data to identify hotspots in the County and enable targeted action to be taken. County Durham's Teenage Pregnancy Partnership Board continues to implement the 2016-18 action plan delivering both universal and targeted interventions.

- 15 Although there have been more successful completions of those in drug and alcohol treatment compared to the same period last year, levels remain below target. Successful completions for opiate users are however, in line with national averages. The newly commissioned drug and alcohol recovery service in County Durham was launched on 1 February 2018 and a comprehensive contract monitoring process has been established to monitor future progress.

Risk Management

- 16 Effective risk management is a vital component of the council's governance arrangement. The council's risk management process sits alongside our change programme and is incorporated into all significant change and improvement projects.
- 17 There are no key risks in delivering the objectives of this theme.

Key Data Messages by Altogether Theme

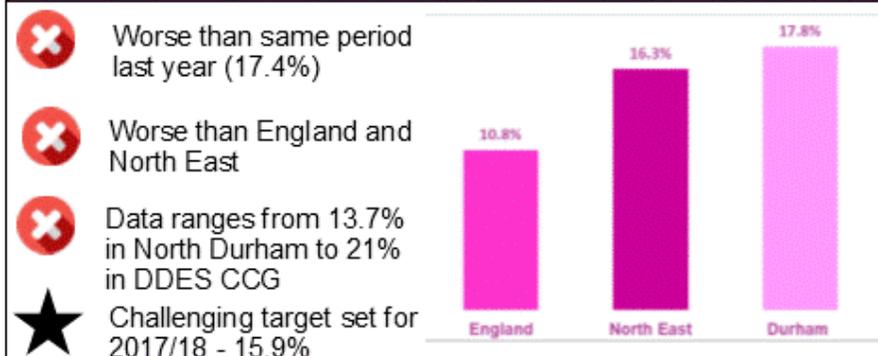
- 18 The next section provides a summary of key data messages for the Altogether Healthier priority theme. The format of the Altogether theme provides a snapshot overview aimed to ensure that key performance messages are easy to identify¹. The Altogether theme is supplemented by information and data relating to the complete indicator set, provided at Appendix 3.

¹ Images designed by Freepik from Flaticon

Altogether Healthier

Health of our residents

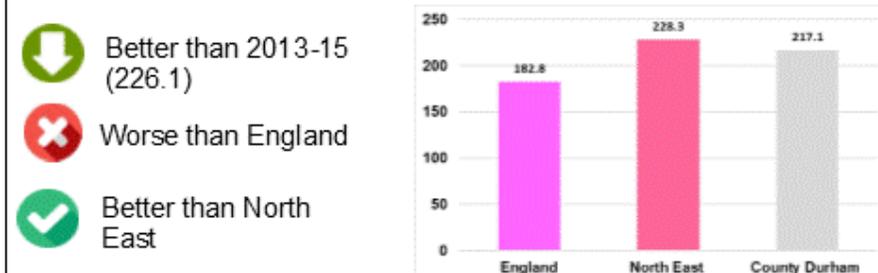
Mothers smoking at time of delivery Oct - Dec 2017



Smoking quitters - April - December 2017



Mortality Rate - per 100,000 pop from preventable causes (2014 - 2016)

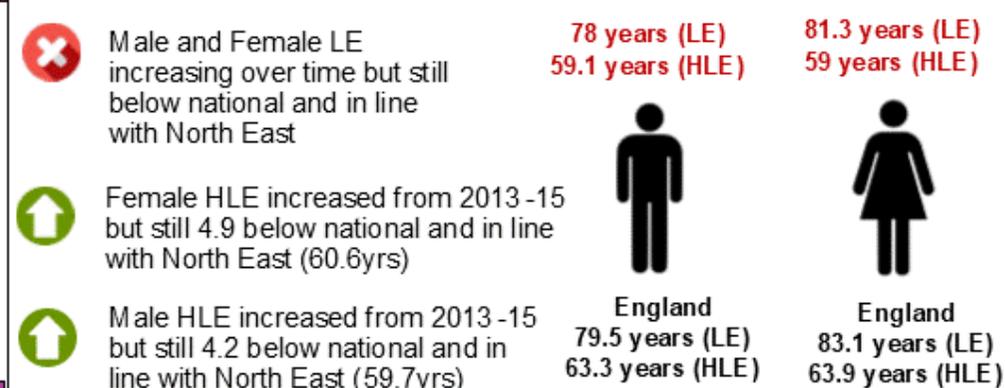


Low wellbeing (self reported) (2014 - 2016)



Health of our residents

Life Expectancy (LE) and Healthy Life Expectancy (HLE) 2014 - 2016



Prevalence of breastfeeding at 6 -8 weeks



Adult Social Care

Daily Delayed transfers of care beds per 100,000 population - February 2018



86.4% of people received an assessment/review within the last 12 months (year ended Mar 2018), down from 87.2% (Mar 2017)

Adults aged 65+ per 100,000 population admitted to care on a permanent basis: Apr 2017 to Feb 2018



Recommendations and reasons

- 19 That the Adults, Wellbeing and Health Overview and Scrutiny Committee receive the report and consider any performance issues arising therewith.

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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 period/benchmark
- ✗ Performance is poor or worse than comparable period/benchmark
- ↔ Performance has remained static or is in line with comparable period/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 figure **Nearest statistical neighbour figure	Period covered		
Altogether Healthier												
1. Are our services improving the health of our residents?												
63	AHS1 2	Percentage of mothers smoking at time of delivery	17.8	Oct - Dec 2017	15.9	17.4	RED	10.8	RED	16.3*	RED	Oct - Dec 2017
64	AHS1 3	Four week smoking quitters per 100,000 smoking population	2,463	Apr - Dec 2017	2,258	2,025	GREEN					
65	AHS7	Male life expectancy at birth (years) [1]	78.0	2014-2016	Tracker	78.1	AMBER	79.5	AMBER	77.8*	GREEN	2014-2016
66	AHS8	Female life expectancy at birth (years) [1]	81.3	2014-2016	Tracker	81.2	GREEN	83.1	RED	81.5*	AMBER	2014-2016
67	AHS9	Healthy life expectancy at birth [Female]	59	2014-2016	Tracker	57	GREEN	63.9	RED	60.6*	RED	2014-2016
68	AHS1 0	Healthy life expectancy at birth [Male]	59.1	2014-2016	Tracker	58	GREEN	63.3	RED	59.7*	AMBER	2014-2016
69	AHS1 4	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
70	AHS1 1	Suicide rate (deaths from suicide and injury of undetermined)	12.6	2014 - 2016	Tracker	15.7	GREEN	9.9	RED	11.6*	RED	2014 - 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 figure **Nearest statistical neighbour figure	Period covered			
		intent) per 100,000 population											
71	AHS38	Prevalence of breastfeeding at 6-8 weeks from birth	28.9	Jan - Mar 2018	Tracker	26.8	GREEN	43.7	Not comparable	33*	Not comparable	Oct - Dec 2017	
72	AHS40	Estimated smoking prevalence of persons aged 18 and over	17.9	2016	Tracker	19.0	GREEN	15.5	RED	17.2*	RED	2016	
73	AHS41	Self-reported wellbeing - people with a low happiness score	6.9	2016/17	Tracker	11.5	GREEN	8.5	GREEN	8.7*	GREEN	2016/17	
74	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	
75	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?													
76	AHS18	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	691.7	Apr 2017 - Feb 2018		677.0	764.1	GREEN	628.2	Not comparable	843*	Not comparable	2015/16
77	AHS20	Proportion of older people who were still at home 91 days after discharge from	89.1	Jan - Dec 2018		85.9	87.8	GREEN	82.7	Not comparable	85.5*	Not comparable	2015/16

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 figure **Nearest statistical neighbour figure		Period covered
		hospital into reablement/ rehabilitation services										
78	AHS16	Percentage of individuals who achieved their desired outcomes from the adult safeguarding process	96.2	Apr 2017 - Mar 2018	Tracker	95.6	GREEN					
79	AHS17	Percentage of service users receiving an Assessment or Review within the last 12 months	86.4	Apr 2017 - Mar 2018	Tracker	87.2	AMBER					
80	AHS21	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
81	AHS22	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	AHS19	Daily Delayed transfers of care beds, all per hospital per 100,000 population age 18+	3.4	Feb 2018	Tracker	3.6	GREEN	11.9	GREEN		GREEN	At November 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 figure **Nearest statistical neighbour figure		Period covered
83	AHS2 3	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

[\[1\] Data 12 months earlier amended/refreshed](#)

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 figure **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?												
33	AHS1	Under 18 conception rate per 1,000 girls aged 15 to 17	21.6	Jan 2016 - Dec 2016	Tracker	26.4	GREEN	18.8	RED	24.6*	GREEN	Jan 2016 - Dec 2016
34	AHS2	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
35	AHS3	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
36	AHS4	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
37	AHS5	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
38	ASH6	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

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 figure **Nearest statistical neighbour figure	Period covered		
3. How well do we reduce misuse of drugs and alcohol?												
92	AHS3 1	Percentage of successful completions of those in alcohol treatment	31.9	Oct 2016 - Sep 2017 with reps to Mar 2018	38.4	28.6	GREEN	38.6	RED	30.8*	GREEN	Oct 2016 - Sep 2017 with reps to Mar 2018
93	AHS3 2	Percentage of successful completions of those in drug treatment - opiates	6.4	Oct 2016 - Sep 2017 with reps to Mar 2018	7.8	6.2	GREEN	6.6	GREEN	5.2*	GREEN	Oct 2016 - Sep 2017 with reps to Mar 2018
94	AHS3 3	Percentage of successful completions of those in drug treatment - non-opiates	30.1	Oct 2016 - Sep 2017 with reps to Mar 2018	44.2	26.9	GREEN	36.6	RED	27.4*	GREEN	Oct 2016 - Sep 2017 with reps to Mar 2018

