

# Adults, Wellbeing and Health Overview and Scrutiny Committee

1 October 2018

## Quarter One 2018/19 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 towards achieving the key outcomes of the council's corporate performance framework for the Altogether Healthier theme for the first quarter of the 2018/19 financial year.

### Summary

- 2 Health continues to be a challenging area for the county. Smoking remains one of the biggest causes of death and illness in the UK. It increases the risk of developing more than 50 serious health conditions, some of which are fatal or can cause irreversible long-term damage to health. Smoking prevalence has decreased in County Durham in the last year and is now not significantly different to regional and national figures. Commissioned smoking cessation services perform well and have exceeded contracted targets. However, mothers smoking during pregnancy remains a challenge with the Durham Dales, Easington and Sedgefield clinical commissioning group area having the highest rate (21.9%) in the North East and third highest nationally. A recent health equity audit shows that smoking prevalence is linked to areas of higher deprivation. Breastfeeding has long-term benefits for babies, lasting right into adulthood and also benefits the mother. Breastfeeding prevalence amongst new mothers is significantly lower in County Durham than the rest of the North East and nationally. Older people admitted to residential and nursing care on a permanent basis has increased in the last year and we are not achieving our Better Care Fund target.

### Performance Reporting Arrangements for 2018/19

- 3 Our performance management framework provides us with a valuable insight into the extent to which we are achieving our objectives and how effectively the council and its partners are meeting the needs of our residents. It enables us to regularly assess, report on and scrutinise performance to support the continuous improvement of our services.

- 4 It brings together key planning, monitoring and evaluation processes through an integrated suite of documents, including the Sustainable Community Strategy, Council Plan, Service Plans and the Medium Term Financial Plan, and demonstrates the contribution made at various levels of the organisation to our priority themes.

## **Overview of performance**

- 5 Altogether Healthier is one of six priority themes that forms the basis of our PMF. This report sets out the key messages relating to this priority theme structured around the following two areas of focus:
  - Are our services improving the health of our residents?
  - Are people needing adult social care supported to live safe, healthy and independent lives?
- 6 A comprehensive table of all performance data is attached as Appendix 2.

# ALTOGETHER HEALTHIER

## 1. Are our services improving the health of our residents?

### Smoking Quitters



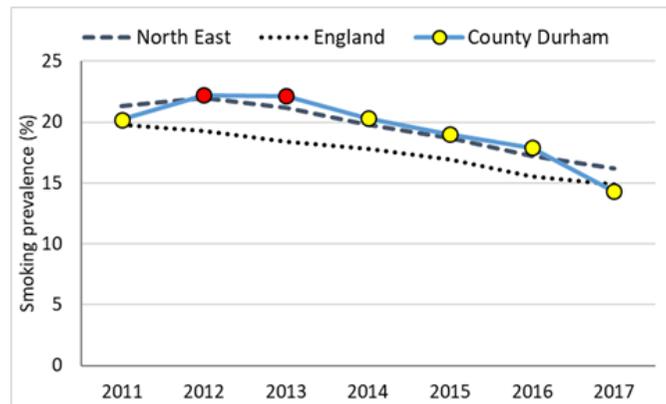
**2,497** people quit smoking with support between 1 April 2017 and 31 March 2018, exceeding the target of 2,401.



**Quit with Bella**

Quit with Bella is a stop smoking app: the world's first artificial intelligence powered stop smoking coach, using knowledge from hundreds of experts to provide a personal, friendly and expert service. <https://www.smokefreelifecountydurham.co.uk/Quit.aspx>

### Smoking Prevalence



	Statistically significantly higher than England
	Not statistically significantly higher than England

### Mothers Smoking at Time of Delivery



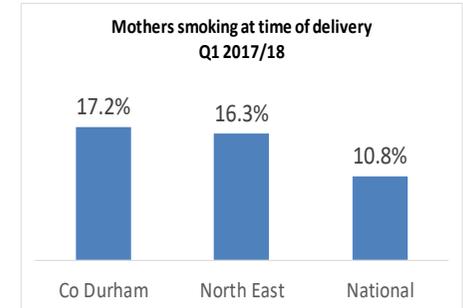
worse than same period last year (16.7%);



worse than England (10.8%) and North East (16.3%);



DDES CCG has the highest rate (21.9%) in the North East and third highest nationally;



### Solution 4 Health Stop Smoking Service (SSS)

<b>227</b>	pregnant women set a quit date with the SSS in 17/18;
<b>148</b>	65% women managed to quit (self-reported), compared to 55% in 2016/17;

### Prevalence of breastfeeding at 6-8 weeks



**28.2%** (Apr-Jun-17)

**29.2%** (Apr-Jun-18)

Although performance has increased slightly, levels are still low and it is still an issue.

Website [www.durham.gov.uk/beststartinlife](http://www.durham.gov.uk/beststartinlife) launched with key information to help parents and families make an informed choice about breastfeeding.

## Are our services improving the health of our residents?

- 7 Of the 13 indicators that support this area, percentage of mothers smoking at time of delivery has deteriorated since last year, missed target and is performing below national and regional averages. Male life expectancy at birth has deteriorated since last year and is below national average, male healthy life expectancy has also deteriorated since last year and is below national and regional averages. Prevalence of breastfeeding at 6-8 weeks; female life expectancy; female healthy life expectancy; excess weight in adults and the suicide rate are all performing below national and regional averages.
- 8 Between April 2017 and March 2018, 2,497 County Durham residents stopped smoking with support from the Stop Smoking Service (SSS). This has exceeded the SSS 2017/18 contract target of 2,401 smoking quitters.
- 9 Estimated smoking prevalence (persons aged 18 and over) is 14.3% for 2017 which has decreased from 2016 (17.9%) and for the first time, is not significantly different to both national (14.9%) and North East (16.2%) averages.
- 10 For 2017/18, 17.2% of mothers (844 out of 4,908) were smoking at time of delivery (SATOD) which is a decrease in performance from 2016/17 (16.7%). Challenging SATOD targets have been set for County Durham which reflect the government's Tobacco Control Plan to significantly reduce smoking rates for the population of England by 2022, paving the way for a smoke-free generation, which specifically aims to lower the smoking in pregnancy rate. The 2017/18 target of 15.9% has, however, not been achieved. Performance is worse than both national (10.8%) and regional (16.3%) rates.
- 11 Durham, Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group (CCG) has the highest rate (21.9%) in the North East and is the third highest of all CCGs in England. The reducing smoking in pregnancy incentive scheme currently being implemented in DDES aims to address this issue. Early data are showing good retention in the Stop Smoking Service (SSS) 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.
- 12 Overall, between April 2017 and March 2018, 227 pregnant women set a quit date with the SSS of whom 148 women quit (self-reported). This equates to 65% quitting, which is an increase from 2016/17 (55%).
- 13 A Health Equity Audit (HEA) of County Durham NHS Stop Smoking Service 2018 has been carried out to assess whether the County Durham NHS SSS is having an impact on health inequalities and also to provide a comparison with a previous HEA conducted in 2014. The findings and recommendations of the

2018 HEA, together with areas for further investigation, have been presented to the SSS and the Tobacco Control Alliance. A summary of key findings are as follows:

- Smoking prevalence has been decreasing over time for England, the North East and County Durham;
- County Durham is significantly worse than England for most indicators related to smoking, as set out in the [Local Tobacco Control Profiles](#);
- Levels of smoking in pregnancy remain high;
- The number of babies born to mothers who smoke is higher in the more deprived areas;
- There is a higher rate of pregnant women who smoke referred to the SSS, accessing the service and quitting, from the more deprived areas;
- There is a higher rate of people setting a quit date and quitting smoking who live in the more deprived areas of County Durham;
- The County Durham SSS has been successful in reducing the equity gap, seeing a consistent increase in the relative index of inequality for access and quit rates. This indicates that the service is contributing to a reduction in health inequalities;
- GP, pharmacy and specialist settings have higher rates of access and quitters in the more deprived areas. Services are continuing to perform well in terms of reducing inequalities.

14 Between April and June 2018, the percentage of mother's breastfeeding at 6-8 weeks is 29.2% (359 out of 1,230 mothers), which is an increase from the same period in 2017 but below latest data for both national and regional averages.

15 A breastfeeding call to action paper has been presented to Public Health Senior Management Team to support the active promotion of breastfeeding across the county, which includes a multi-agency communication plan and a review and relaunch of the breastfeeding friendly business scheme in June 2018. In conjunction with national breastfeeding week (20-26 June 2018) a new website [www.durham.gov.uk/beststartinlife](http://www.durham.gov.uk/beststartinlife) has been launched, with key information to help parents and families make an informed choice about breastfeeding. Parents can also access information to help them prepare for and stay healthy in pregnancy, along with advice and guidance on becoming a parent and baby's first year.

## ALTOGETHER HEALTHIER

### 2. Are people needing adult social care supported to live safe, healthy and independent lives?



**85.9%** (548) of people were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (Jan-Mar 2018).  
Target met, but performance lower than same period last year (88.5%).



**86.9%** of people received an assessment/ review within the last 12 months (Jun 2017 to Jun 2018) this is slightly down on the 12 months prior (87.2%).



**97.7%** of individuals achieved their desired outcomes from the adult safeguarding process, better than same period last year (95.7%).



#### Daily delayed transfers of care beds per 100,000 population



<b>3.2</b>	(May 2017)
<b>4.9</b>	(May 2018)



Better than averages for England (9.3) and the North East (8.2). DCC is ranked 20<sup>th</sup> in England.



#### Number of bed days commissioned



<b>899,637</b>	2017/18 (actual)
<b>894,732</b>	2018/19 (estimate)

The number of bed days commissioned is still on track to reduce for the fourth year in a row, although there has been a slight increase at quarter one (223,683) when compared to last year (218,918).



#### Adults aged 65+ per 100,000 population admitted to care on a permanent basis (Apr-Jun)



<b>191.0</b>	(Apr- Jun 2017)
<b>199.5</b>	(Apr-Jun 2018)



Target 154.9

## **Are people needing adult social care supported to live safe, healthy and independent lives?**

- 16 Of the eight indicators that support this area, older people at home 91 days after discharge from hospital into reablement/rehab; service users receiving an assessment or review in last 12 months; delayed transfer of care beds have all deteriorated since last year. Adults (65+) permanently admitted to residential or nursing care has missed target and deteriorated since last year. Carer satisfaction with support and services, and service users who report they have enough choice are below regional average and user satisfaction with care and support has deteriorated since last year and is below national and regional averages.
- 17 Through quarter one of 2018/19 there were 217 adults aged 65+ admitted on a permanent basis to residential or nursing care. This equates to a rate of 199.5 per 100,000 population. This is an increase of 8.5 per 100,000 from the 191.0 (203 admissions) recorded over the same period in 2017/18. This is a Better Care Fund (BCF) indicator with an annual target of 726.2 admissions per 100,000 population. The quarter one target of 154.9 per 100,000 has not been achieved.
- 18 Despite the rise in permanent admissions and the missed BCF target through quarter one, the number of bed days commissioned is on track to reduce in 2018/19 for the fourth year in a row. There were 223,683 bed days commissioned through quarter one, with a forecast of 894,732 across 2018/19, a 0.5% decrease from the 899,637 recorded through 2017/18.
- 19 All residential / nursing admissions continue to be scrutinised by team managers at an admissions panel to ensure consistency.
- 20 From January to March 2018, there were 638 discharges from hospital in reablement / rehabilitation services. Of those, 548 remained at home 91 days after their discharge (85.9%). This is a reduction in performance from the same period in 2017 when 88.5% remained at home.
- 21 This is a BCF indicator with an annual target of 85.9% which has been achieved through quarter one.
- 22 In quarter one of 2018/19, 97.7% of individuals (304 of 311) achieved their desired outcomes from the adult safeguarding process. This is the best quarterly performance recorded since the indicator began to be tracked in 2016/17.
- 23 Throughout May 2018, there were an average of 4.9 delayed transfers of care per day per 100,000 population. This is an increase from 3.2 in May 2017. Despite this increase, Durham continues to perform extremely well in delayed

transfers of care. The 4.9 average is better than the national average of 9.3 and the North East average of 8.2 over the same period. Durham was the 20th best performing local authority in England for delayed transfers of care in May 2018.

## **Risk Management**

24 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.

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

## **Recommendations and reasons**

26 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**

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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 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 performance indicators 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: Key Performance Indicators

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There are two types of performance indicators throughout this document:

- (a) Key target indicators – targets are set as improvements can be measured regularly and can be actively influenced by the council and its partners; and
- (b) Key tracker indicators – performance is tracked but no targets are set as they are long-term and/or can only be partially influenced by the council and its partners.

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 Strategy Team at [performance@durham.gov.uk](mailto:performance@durham.gov.uk)

### KEY TO SYMBOLS

	Direction of travel	Benchmarking	Performance against target
GREEN	Same or better than comparable period	Same or better than comparable group	Meeting or exceeding target
AMBER	Worse than comparable period (within 2% tolerance)	Worse than comparable group (within 2% tolerance)	Performance within 2% of target
RED	Worse than comparable period (greater than 2%)	Worse than comparable group (greater than 2%)	Performance >2% behind target

### 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.

More detail is available from the Strategy Team at [performance@durham.gov.uk](mailto:performance@durham.gov.uk)

## Key Target and Tracker Indicators

ALTOGETHER HEALTHIER										
1. Are our services improving the health of our residents?										
Ref	PI ref	Description	Latest data	Period covered	Comparison to					
					Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different
66	AHS 12	% of mothers smoking at time of delivery	17.2^	2017/18	15.9	16.7	10.8^	16.3^		
					RED	RED	RED	RED		
67	AHS 13	Four week smoking quitters per 100,000 smoking population [number of quitters]	3306.8 [2,497]	2017/18	3,180 [2,401]	3076.1 [2,903]				
					GREEN	GREEN				
68	AHS 7	Male life expectancy at birth (years)	78.0	2014/16	Tracker	78.1	79.5	77.8		
					N/a	AMBER	AMBER	GREEN		
69	AHS 8	Female life expectancy at birth (years)	81.3	2014/16	Tracker	81.2	83.1	81.5		
					N/a	GREEN	RED	AMBER		
70	AHS 9	Female healthy life expectancy at birth (years)	59	2014/16	Tracker	57	63.9	60.6		
					N/a	GREEN	RED	AMBER		
71	AHS 10	Male healthy life expectancy at birth (years)	59.1	2014/16	Tracker	59.7	63.3	59.7		
					N/a	AMBER	RED	AMBER		
72	AHS 14	Excess weight in adults (Proportion of adults classified as overweight or obese)	67.5	2015/16	Tracker	New PI	61.3	66.3		
					N/a	N/a	RED	AMBER		

## ALTOGETHER HEALTHIER

### 1. Are our services improving the health of our residents?

Ref	PI ref	Description	Latest data	Period covered	Comparison to					
					Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different
73	AHS 11	Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population	12.6	2014-2016	Tracker	15.7	9.9	11.6		
					N/a	GREEN	RED	RED		
74	AHS 38	Prevalence of breastfeeding at 6-8 weeks from birth	29.2	Apr-Jun 2018	Tracker	28.2	43.6	32.7		Oct-Dec 2017
					N/a	GREEN	RED	RED		
75	AHS 40	Estimated smoking prevalence of persons aged 18 and over	14.3	2017	Tracker	17.9	14.9	16.2		
					N/a	GREEN	GREEN	GREEN		
76	AHS 41	Self-reported wellbeing - people with a low happiness score	6.9	2016/17	Tracker	11.5	8.5	8.7		
					N/a	GREEN	GREEN	GREEN		
77	NS 21	Participation in Sport and Physical Activity: active	63.1	Nov 16–Nov 17	Tracker	59.5	61.8			
					N/a	GREEN	GREEN			
78	NS 22	Participation in Sport and Physical Activity: inactive	25.3	Nov 16–Nov 17	Tracker	28.0	25.7			
					N/a	GREEN	GREEN			

^provisional data

**ALTOGETHER HEALTHIER**
**2. Are people needing adult social care supported to live safe, healthy and independent lives?**

Ref	PI ref	Description	Latest data	Period covered	Comparison to					
					Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different
79	AHS 18	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	199.5	Apr–Jun 2018	154.9 <b>RED</b>	191.0 <b>RED</b>				
80	AHS 20	% of older people who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	85.9	Jan–Mar 2018	85.9 <b>GREEN</b>	88.5 <b>RED</b>	82.5 Not comparable	85.3 Not comparable		2016/17
81	AHS 16	% of individuals who achieved their desired outcomes from the adult safeguarding process	97.7	Apr–Jun 2018	Tracker N/a	95.6 <b>GREEN</b>				
82	AHS 17	% of service users receiving an assessment or review within the last 12 months	86.9	Jun 2017– Jun 2018	Tracker N/a	87.2 <b>AMBER</b>				
83	AHS 21	Overall satisfaction of people who use services with their care and support	63.6	2016/17	Tracker N/a	69.5 <b>RED</b>	64.7 <b>AMBER</b>	66.9 <b>RED</b>		
84	AHS 22	Overall satisfaction of carers with the support and services they receive (Biennial survey)	43.3	2016/17	Tracker N/a	New PI N/a	39.0 <b>GREEN</b>	45.7 <b>RED</b>		
85	AHS 19	Daily Delayed transfers of care beds, all per hospital per 100,000 population age 18+	4.9	May 2018	Tracker N/a	3.2 <b>RED</b>	9.3 <b>GREEN</b>	8.2 <b>GREEN</b>		
86	AHS 23	% 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 N/a	New PI N/a	67.6 <b>GREEN</b>	73.4 <b>AMBER</b>		

## Other additional relevant indicators

### ALTOGETHER BETTER FOR CHILDREN AND YOUNG PEOPLE

#### 1. Are children, young people and families in receipt of universal services appropriately supported?

Ref	PI ref	Description	Latest data	Period covered	Comparison to					
					Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different
35	AHS 1	Under 18 conception rate per 1,000 girls aged 15 to 17	21.3 <sup>^</sup>	2016/17	Tracker	25.9	18.5 <sup>^</sup>	24.8 <sup>^</sup>		
					N/a	GREEN	RED	GREEN		
36	AHS 2	% of five year old children free from dental decay	74.2	2016/17	Tracker	64.9	76.7	76.1		
					N/a	GREEN	RED	RED		
37	AHS 3	Alcohol specific hospital admissions for under 18s (rate per 100,000)	56.2	2014/15-2016/17	Tracker	67.5	34.2	64.8		
					N/a	GREEN	RED	GREEN		
38	AHS 4	Young people aged 10-24 admitted to hospital as a result of self-harm	400.8	2016/17	Tracker	420.8	404.6	425.3		
					N/a	GREEN	GREEN	GREEN		
39	AHS 5	% of children aged 4 to 5 years classified as overweight or obese	24.1 <sup>*</sup>	2016/17 academic year	Tracker	24.3	22.6	24.5		
					N/a	GREEN	RED	GREEN		
40	AHS 6	% of children aged 10 to 11 years classified as overweight or obese	37.7 <sup>*</sup>	2016/17 academic year	Tracker	37.0	34.2	37.3		
					N/a	AMBER	RED	AMBER		

## ALTOGETHER SAFER

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

Ref	PI ref	Description	Latest data	Period covered	Comparison to					
					Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different
95	AHS 31	% of successful completions of those in alcohol treatment	33.6	Dec 2016- Nov 2017 with reps to May 2018	28.0 <b>GREEN</b>	29.0 <b>GREEN</b>	38.6 <b>RED</b>	30.8 <b>GREEN</b>		
96	AHS 32	% of successful completions of those in drug treatment - opiates	6.0	Dec 2016 - Nov 2017 with reps to May 2018	6.0 <b>GREEN</b>	6.2 <b>AMBER</b>	6.6 <b>RED</b>	5.2 <b>GREEN</b>		
97	AHS 33	% of successful completions of those in drug treatment - non-opiates	30.6	Dec 2016 - Nov 2017 with reps to May 2018	26.4 <b>GREEN</b>	28.7 <b>GREEN</b>	36.7 <b>RED</b>	27.4 <b>GREEN</b>		