



Health and Partnerships Scrutiny Committee

Challenging performance, making a difference

Performance Management

- Council's Performance Management Framework adopted 2012
- Rigorous challenge of performance across service areas
 - Director and Chief Executive clinics
 - Lead Members' challenge
 - Scrutiny Committees



Why it matters

Robust performance management enables:

- Councils to take responsibility for their own performance
- Stronger accountability to local people drives further improvement
- Scrutiny Committees to inform their work programmes
- Councils to have a collective responsibility for performance in the sector as a whole, sharing good practice and improvement
- Allows Scrutiny and Overview Committees to challenge performance and hold the Executive to account



Role of Elected Members and Scrutiny

- To participate in performance management using the agreed PMF to monitor and challenge performance across the Council through:
 - All Elected Members - to promote local accountability by keeping residents informed e.g. about the key messages on how the Council is performing/the findings of a Peer Review/the challenges faced by the Council
 - Scrutiny Committees – annual performance presentation which may inform work for year ahead
 - Lead Members – quarterly clinics with Directors
 - Cabinet – quarterly exception reporting from Chief Executive's Clinics – Q2/3/4



Gathering outcomes information

- NHS Outcomes Framework
- Adult Social Care Outcomes Framework
- Public Health Outcomes Framework
- Children and Young People's Outcomes Framework (final draft awaited)

Each framework has a series of domains, objectives and performance measures

- Health and Social Care Delivery Plan



How are we doing?

	Measurement	What is better?	Darlington	England	Trend (5-year unless otherwise stated)
Life expectancy at 75 (female)	Years	Bigger	12.5	13.1	1 additional year
Life expectancy at 75 (male)	Years	Bigger	10.7	11.3	0.9 additional years
Potential years of life lost from causes considered amenable to health care (female)	Per 100,000 population	Smaller	1760.9	1918.6	Reduction of 1,256.5
Potential years of life lost from causes considered amenable to health care (male)	Per 100,000 population	Smaller	2592.4	2459.5	Increase of 81.1 years
Mortality from all causes considered preventable	Per 100,000 population	Smaller	159.1	146.1	N/A
Self reported well-being (% people with a low happiness score)	%	Smaller	27.1	29.0	N/A

How are we doing?

	Measurement	What is better?	Darlington	England	Trend (5-year unless otherwise stated)
Smoking prevalence of adults (18+)	%	Smaller	23.3	20.0	Increase of 4.2% (3 year trend)
Smoking status at time of delivery (% mothers smoking at time of delivery)	%	Smaller	19.6	13.2	Reduction of 1.7%
Smoking prevalence of adults with co-morbidity	%	Smaller	96.11	95.56	Increase of 2.16% (2 year trend)
Employment of people with mental illness	%	Bigger	30.8	28.1	Increase of 13% (4 year trend)
Employment of people with long term conditions	%	Bigger	60.6	58.6	Increase of 11.5%



Next steps

- To review performance measures to ensure they are fit for purpose and revise where necessary
- Minimise duplication by using nationally agreed frameworks
- Understand local context
- Use available information to inform and support Scrutiny Work Plan

