

# Health and Wellbeing Board

17 November 2016

## Joint Health and Wellbeing Strategy 2016/19 Performance Report



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### Report of Peter Appleton, Head of Planning and Service Strategy, Durham County Council

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#### Purpose of the Report

- 1 To report the progress being made against the priorities and outcomes set in the County Durham Joint Health and Wellbeing Strategy (JHWS) 2016-19.

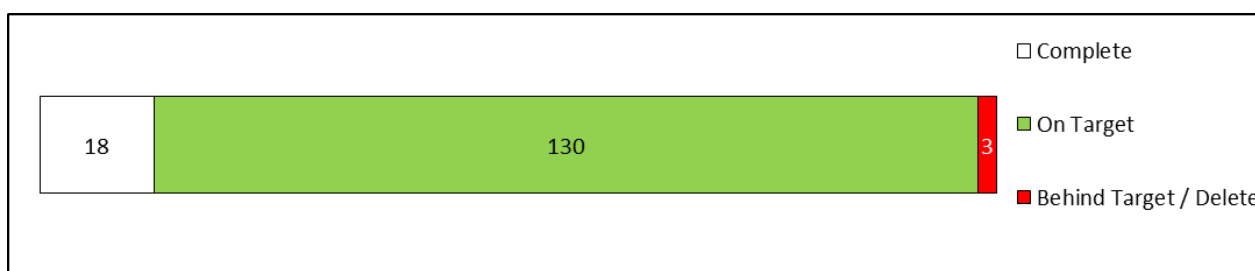
#### Background

- 2 The Health and Wellbeing Board Performance Report is structured around the six strategic objectives of the JHWS and reports progress being made against the strategic actions and performance outcomes identified. This includes performance indicators linked to the Better Care Fund (indicators are labelled as 'BCF') and Clinical Commissioning Group Quality Premium Indicators (indicators are labelled as 'QPI').
- 3 The Performance Scorecard, which includes all of the performance indicators within the JHWS, is attached at **Appendix 2**.
- 4 Due to the nature of the performance data being reported, there is significant variation in the time periods associated with each indicator. For example, several indicators have a time lag of over 12 months. This report includes the latest performance information available nationally, regionally and locally.
- 5 The following rating system is used for performance indicators and is consistent with the rating system used by the County Durham Partnership:

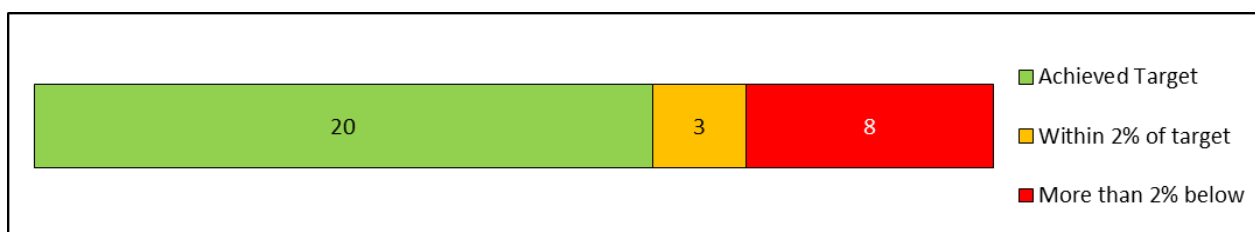
Performance Against Target	Direction of Travel	Performance Against Comparators	Banding
Target achieved or exceeded	Improved/Same	Better than comparator	Green
Performance within 2% of target	Within 2% of previous performance	Within 2% of comparator	Yellow
Performance more than 2% away from target	Deteriorated by more than 2%	More than 2% worse than comparator	Red

## Overview of Performance

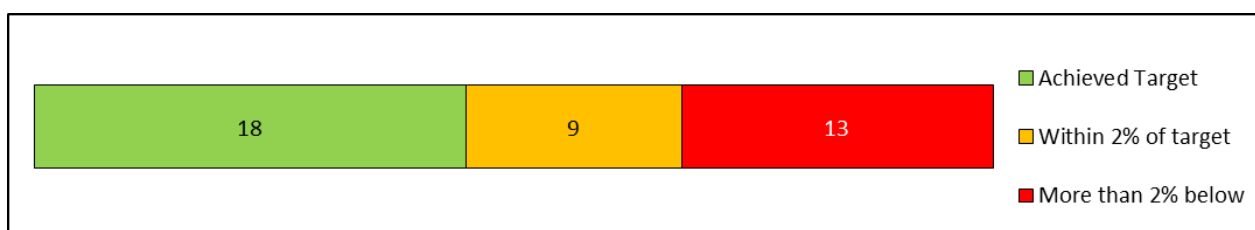
- 6 There are 151 actions within the JHWS 2016-19 Delivery Plan. Progress is as follows:



- 7 There are 92 Indicators in the JHWS Performance Scorecard. Since the last report, updated data is available for 59 indicators.
- 8 There are 31 indicators with targets where updated data is available and included in the report. **Performance against target** is as follows:



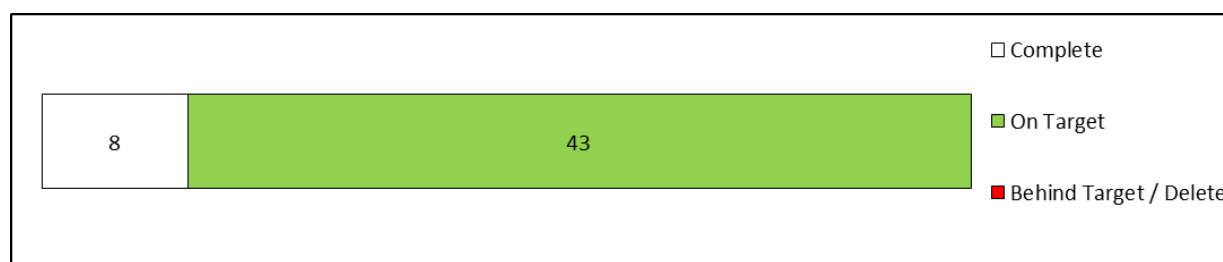
- 9 There are 40 indicators where updated data is available and it is possible to track **Direction of Travel**. Performance is as follows:



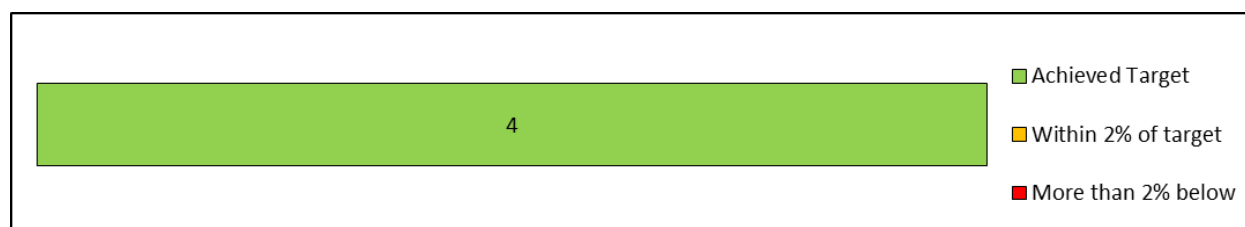
- 10 The following sections of the report are structured by JHWS Objective and provide updates about the following:
- Delivery Plan actions where revised dates have been agreed
  - Performance indicators more than 2% behind target
  - Other areas for improvement i.e. where performance has a significantly deteriorating trend and/or is significantly behind the national average
  - Highlights and achievements

## **Objective 1: Children and young people make healthy choices and have the best start in life**

11 There are 51 actions under Objective 1. Progress is as follows:



12 There are 4 target indicators under Objective 1 for which new data is reported. Performance against target is as follows:



### Areas for Improvement

#### **Breastfeeding**

13 Both breastfeeding PIs (initiation and prevalence) are below latest national and regional performance. Breastfeeding prevalence also has a declining trend compared to the previous year.

Previous Data	Indicator	Latest Data	Target 2016/17	National Average	North East Average	Direction of Travel
54.9% (Jul-Sep15)	Breastfeeding initiation	<b>57.4%</b> (Jul-Sep16)	Tracker	74.3% (2014/15)	60.1% (2014/15)	↑
29.6% (Jul-Sep15)	Prevalence of breastfeeding at 6-8 weeks from birth	<b>26.1%</b> (Jul-Sep16)	Tracker	43.5% (2015/16)	31.3% (2015/16)	↓

14 Public Health have completed a breastfeeding Health Equity Audit which aims to provide a better understanding of the population who are choosing to take up breastfeeding compared to those who are not and at what point mothers are most likely to stop breastfeeding. This will be used to inform targeted programmes and interventions to improve breastfeeding rates for County Durham. Findings will be presented to the Health and Wellbeing Board at the January meeting.

15 As part of the national and world breastfeeding awareness weeks in June and August 2016, health visitors instigated daily phone calls to all breast feeding

mothers once the midwife has transferred their care. This is to provide ongoing daily support during the first few weeks when mothers are most likely to stop breastfeeding.

- 16 Following discussions with One Point, the Infant Feeding Team, a service dedicated to supporting and promoting breastfeeding and safe formula feeding practices in line with UNICEF’s Baby Friendly Initiative (BFI), are keen to support Children’s Centres to achieve an appropriate form of breastfeeding accreditation, such as the UNICEF BFI Level 3, to ensure a high-level of breastfeeding support is available across the county.

### Percentage of children classified as overweight or obese

- 17 Latest data from the National Child Measurement Programme identifies that the percentage of children both aged 4-5 and 10-11 years old who are classified as overweight or obese has increased and is above the national average. Latest data is similar to the North East regional average.

Previous Data	Indicator	Latest Data	Target 2016/17	National Average	North East Average	Direction of Travel
23% (2014/15)	Percentage of children aged 4-5 classified as overweight or obese	<b>24.3%</b> (2015/16)	Tracker	22.1% (2015/16)	24.6% (2015/16)	↑
36.6% (2014/15)	Percentage of children aged 10-11 classified as overweight or obese	<b>37.2%</b> (2015/16)	Tracker	34.2% (2015/16)	37% (2015/16)	↑

- 18 An update from the Healthy Weight Alliance (HWA) highlights the strategic approach to obesity being taken as a result of County Durham becoming a national pilot for obesity. This update will be presented at this meeting of the Health and Wellbeing board. The report identifies strategic themes for tackling obesity as:
- Leading by example
  - Give every child the best start in life
  - Improving play, and
  - Engaging the whole system
- 19 The report also highlights progress being made and makes recommendations for future action.

### Mothers smoking at time of delivery (SATOD)

- 20 Although the percentage of mothers smoking at the time of delivery (SATOD) has achieved target and reduced, it remains higher than regional and national averages. Between April and June 2016, 217 of 1,310 mothers were smoking at time of delivery.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
18.1% (Apr-Jun15)	Percentage of mothers smoking at time of delivery	16.6% (Apr-Jun16)	17.2%	10.2% (Apr-Jun16)	15.6% (Apr-Jun16)	↓

- 21 In County Durham, SATOD ranges from 11.3% in North Durham CCG to 20.6% in Durham Dales, Easington and Sedgefield CCG. In total there were 217 mothers in the period who were SATOD, with 153 in DDES CCG which has the second highest SATOD rate in the North East and ninth-highest of all CCGs in England.
- 22 SATOD data is not currently available to a lower geographic area than CCG-level. The provision of data from all hospitals in the region is to be discussed at the next regional Public Health Intelligence leads meeting.
- 23 Fresh, the regional tobacco control programme, commissioned the 'babyClear' initiative to reduce exposure to smoke for unborn babies during pregnancy and to work with midwives and Foundation Trusts to ensure pregnant women who smoke get the best help to quit. Midwives in County Durham offer advice and support, including systematic carbon monoxide testing, as part of the routine tests all women receive at their first booking appointment.

#### Proportion of five year old children free from dental decay

- 24 The proportion of five year old children free from dental decay is 64.9%, which is lower than national and regional averages.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
Not available	Proportion of five year old children free from dental decay	64.9% (2014/15)	Tracker	75.2% (2014/15)	72% (2014/15)	N/A

- 25 An Oral Health Strategy for County Durham has been drafted by the Oral Health Strategy group. The strategy addresses the 21 recommendations to improve the oral health of our communities from the National Institute for Health and Care Excellence (NICE) Public Health 55 Guidance.
- 26 The draft strategy was agreed for consultation by the Health and Wellbeing Board at the July 2016 meeting. The final version will be presented to the Board at the January 2017 meeting for agreement.

27 The Oral Health Strategy aims to:

- reduce the population prevalence of dental disease – and specifically levels of dental decay in young children and vulnerable groups;
- reduce the inequalities in dental disease;
- ensure that oral health promotion programmes are evidence informed and delivered according to identified need.

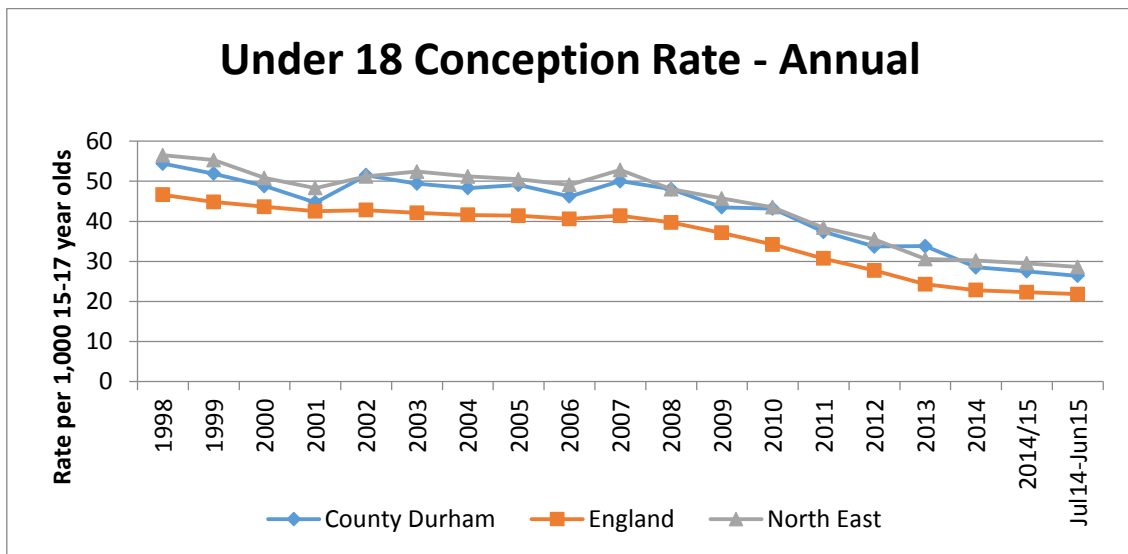
Performance Highlights

**Under 18 Conception Rate**

28 The under 18 conception rate in County Durham is at its lowest level since reporting first began in 1998. There were 222 conceptions in July 2014 - June 2015 compared to 499 in 1998.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
29 (Jul13-Jun14)	Under 18 conception rate per 1,000 15-17 year olds	26.4 (Jul14-Jun15)	Tracker	21.8 (Jul14-Jun15)	28.6 (Jul14-Jun15)	↓

29 The chart below shows the trend since 1998:



## Young Person's Treatment for Substance Misuse

- 30 The percentage of exits from young person's drug and alcohol treatment which are planned is 87% (33 of 38). This is exceeding target, has increased from the same period last year (77%) and is higher than the national average.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
77% (Apr-Jun15)	Percentage of all exits from young person's treatment which are planned (alcohol and drugs)	87% (Apr-Jun16)	80%	83% (Apr-Jun16)	Not available	↑

## Emergency admission rate for children with asthma (QPI)

- 31 Both CCGs are meeting QPI targets in relation to emergency admission rates for children with asthma for the April – August 2016 period.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
N/A	Emergency admission rate for children with asthma per 100,000 population aged 0-18 (QPI) - ND	66.84 (Apr-Aug16)	95	Not available	Not available	Not available
N/A	Emergency admission rate for children with asthma per 100,000 population aged 0-18 - (QPI) - DDES	91.10 (Apr-Aug16)	93.1	Not available	Not available	Not available

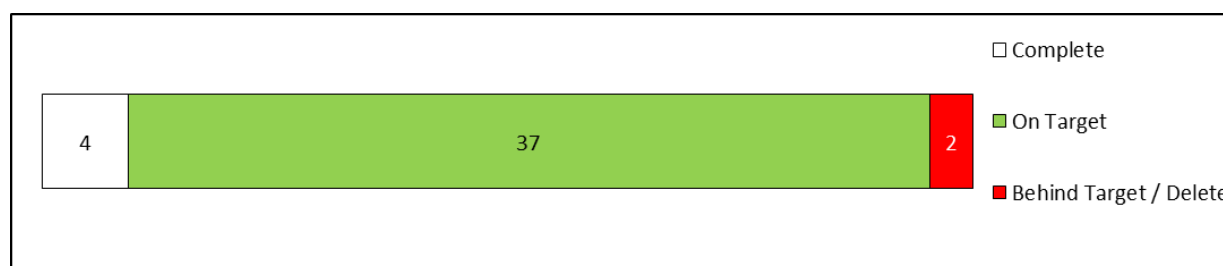
## Child and Adolescent Mental Health Services (CAMHS) Waiting Times

- 32 Between April and September 2016, 83.1% of young people referred to CAMHS were seen within 9 weeks. In quarter 2 (Jul-Sep16) this was 94.1%.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
77.3% (2015/16)	Number of young people referred to CAMHS who are seen within 9 weeks	83.1% (Apr-Sep16)	Tracker	Not available	Not available	↑

## **Objective 2: Reduce health inequalities and early deaths**

33 There are 43 actions under this objective. Progress is as follows:

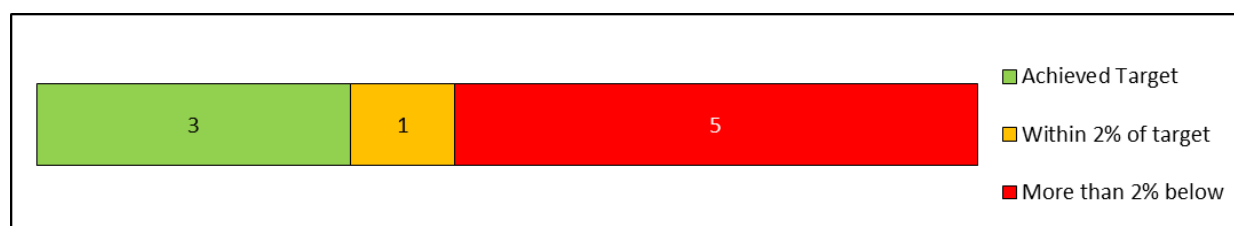


34 The 2 actions where performance is behind target are as follows:

- **Complete the Health Equity Audit for cancer and implement refreshed actions which are identified in this process (ND and DDES CCG)**
  - The Cancer Health Equity Audit (HEA) is not yet complete due to issues accessing the cancer mortality data at sub-County Durham level, which have now been resolved. The HEA will be shared with partners once complete with a revised target date from September 2016 to November 2016.
  
- **Develop a local diabetes strategy based on the strategic framework model for cardiovascular disease to target those people in County Durham who are most at risk by working with consultants and GP practices to deliver improved health outcomes for people with Diabetes (ND and DDES CCG)**
  - Target date revised from August 2016 to April 2017. In North Durham during 2016/17 GP Federations and GP Practices will begin to work towards achievement of the overall service aims and objectives. This will initially focus on developing the skills of Practice Staff, facilitating care provided in GP Practice settings, developing integrated working relationships with Secondary Care Consultants, Specialist Medical Practitioners and Diabetes Specialist Nurses and proactively contributing to the work of the Diabetes Groups and Diabetes Governance Board in preparation to deliver the service from 1st April 2017.
  - In DDES CCG, the new diabetes model has been rolling out in a phased approach within, with clinics operating under the new model in Durham Dales since July, and in some Sedgefield practices since August. In Easington and the remaining Sedgefield practices a series of initial practice visits is on-going, with specialist staff working with primary care staff to agree an action plan for implementation. Practices have shown great enthusiasm for providing this innovative new care model for their patients, and locality groups have been meeting monthly to address issues, share good practice and ensure practices are supported during this transition.



35 There are 9 indicators with targets under Objective 2 for which new data is reported. Performance against target is as follows:



Performance indicators more than 2% below target:

### Percentage of the eligible population who receive a health check

36 Between April and June 2016, 1.9% of the eligible population (2,990 of 158,690) have received a health check. This is slightly below target and in line with national and regional averages.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
1.9% (Apr-Jun15)	Percentage of the eligible population who receive a health check	1.9% (Apr-Jun 16)	2%	2% (Apr-Jun16)	1.8% (Apr-Jun16)	↔

37 A total of 2,990 health checks were undertaken between April – June 2016. Of these, 135 were undertaken on those patients identified as at high-risk of cardiovascular disease on GP Practice Registers.

38 In addition, a further 1,066 Mini Health ‘MOTs’ were undertaken in County Durham. These are not full health checks and are therefore not included in the nationally reported data, but are an important part of the Check4Life programme.

39 The current targeted approach will continue throughout 2016/17, with providers receiving £35 for a high risk patient health check.

40 A detailed report on the NHS Health Check programme within County Durham was presented to the Board at the 26 July 2016 meeting. This outlined proposals for a new delivery model to be commissioned from 1 April 2017. It was agreed that once the new delivery model is developed it will be presented to a future Health Wellbeing Board meeting.

## Cancer Waiting Times – First Treatment within 62 Days

- 41 The proportion of patients who receive first treatment for cancer within 62 days within DDES is not within 2% of the national 85% target.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
82.9% (Apr-Jun15)	% of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer - DDES CCG	<b>81.5%</b> (Apr-Jun16)	85%	82.2% (Apr-Jun16)	Not available	↓
79.9% (Apr-Jun15)	% of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer - ND CCG	<b>83.7%</b> (Apr-Jun16)	85%	82.2% (Apr-Jun16)	Not available	↑

- 42 The 62 day cancer waiting times standard remains an area of focus for both CCGs and providers in County Durham. Performance continues to be monitored through contract meetings and the CCG performance framework. Patient level breach analysis of the 62 day standard is being undertaken by both CCGs and providers to identify underlying causes and trends to help inform actions to improve patient pathways. The most common breach reasons identified are complex diagnostic pathways, capacity issues and 'other' reasons.
- 43 Initially, all providers were expected to achieve the cancer standards by the end of 2015/16. However the 2016/17 Planning Guidance has revised this to March 2017.
- 44 The performance of the main local hospital FTs in relation to this indicator is presented below. All of the main local providers to County Durham are performing above the national average. County Durham and Darlington NHS Foundation Trust (CDDFT) in particular are exceeding the national target.

Trust	Q1 (Apr-Jun16)
County Durham and Darlington NHS Foundation Trust	85.6%
North Tees and Hartlepool NHS Foundation Trust	83.4%
City Hospitals Sunderland NHS Foundation Trust	82.9%
<i>All English Providers</i>	82.2%

## Successful completions of drug treatment – Opiates

- 45 The number of people in drug treatment for opiate use between March 2015 and February 2016 was 1,493 with 77 successfully completing i.e. they did not re-present within the 6 months up to the end of August 2016. This equates to a 5.2% successful completion rate. This is below the target range, performance from the same period in the previous year and the national average.

Previous Data	Indicator	Latest Data	Target	National Average	Top Quartile	Direction of Travel
6.8%	Percentage of successful completions of those in drug treatment - opiates	<b>5.2%</b> (Mar15-Feb16 - Representations to Aug16)	>8.16%	<b>6.7%</b> (Mar15-Feb16 - Representations to Aug16)	8.16% - 16.80%	↓

### Successful completions of drug treatment – Non-Opiates

- 46 The number of people in drug treatment for non-opiate use between March 2015 and February 2016 was 622 with 140 successfully completing i.e. they did not re-present within the 6 months up to end of August 2016. This equates to a 22.5% successful completion rate. This is below the target range, performance from the same period in the previous year and the national average.

Previous Data	Indicator	Latest Data	Target	National Average	Top Quartile	Direction of Travel
40.9%	Percentage of successful completions of those in drug treatment – non-opiates	<b>22.5%</b> (Mar15-Feb16 - Representations to Aug16)	>40.87%	<b>36.8%</b> (Mar15-Feb16 - Representations to Aug16)	40.87% - 56.51%	↓

### Alcohol Treatment

- 47 The number of people in alcohol treatment between September 2015 and August 2016 was 1,068 with 291 successfully completed. This equates to a 27.2% successful completion rate, against the target of the national average (39.3%). It is also lower than in the same period last year.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
28.7% (Sep14-Aug15)	Percentage of successful completions of those in alcohol treatment	<b>27.2%</b> (Sep15-Aug16)	39.3%	<b>39.3%</b> (Sep15-Aug16)	Not available	↓

- 48 Public Health have developed a performance plan for Lifeline, the council's commissioned drug and alcohol treatment provider, which continues to be closely monitored on a monthly basis.
- 49 A new IT system went live on 3 October 2016 which it is anticipated will improve case management and enable enhanced local monitoring of successful completions.

### Other areas for improvement

#### **Estimated smoking prevalence of persons aged 18 and over**

- 50 The estimated smoking prevalence of persons aged 18 and over in County Durham has fallen to 19%, this however remains above regional and national averages.

Previous data	Indicator	Latest data	Target	National Average	North East Average	Direction of Travel
20.3% (2014)	Estimated smoking prevalence of persons aged 18 and over	<b>19%</b> (2015)	Tracker	<b>16.9%</b> (2015)	18.7% (2015)	↓

- 51 The Smokefreelife County Durham service, commenced on 1 April 2016, and is now available seven days a week, with services including a mobile clinic offered alongside a free telephone Quitline, text, email and traditional face-to-face support. The existing team have transferred over to the new provider to ensure continuity of care and a continuing strong relationship with pharmacists, GPs, midwives, hospital consultants, health care and voluntary sector professionals.

### Performance Highlights

#### **Proportion of physically active adults**

- 52 In the 2015 Active People Survey, the proportion of physically active adults in County Durham was 57.3%, which is higher than national and regional averages and has improved from 2014.

Previous data	Indicator	Latest data	Target	National Average	North East Average	Direction of Travel
55.5% (2014)	Proportion of physically active adults	<b>57.3%</b> (2015)	Tracker	57% (2015)	52.9% (2015)	↑

#### **Cancer Treatment within 31 Days**

- 53 Over 97% of patients in both CCGs received their first definitive treatment for cancer within 31 days of diagnosis (Decision to treat date). This exceeds target (96%) and meets the national average (97.5%).

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
98.4% (Apr-Jun15)	Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date) - DDES CCG	<b>97.5%</b> (Apr-Jun16)	96%	97.5% (Apr-Jun16)	N/A	↓
98.5% (Apr-Jun15)	Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date) - ND CCG	<b>99.4%</b> (Apr-Jun16)	96%	97.5% (Apr-Jun16)	N/A	↑

## Smoking Quitters

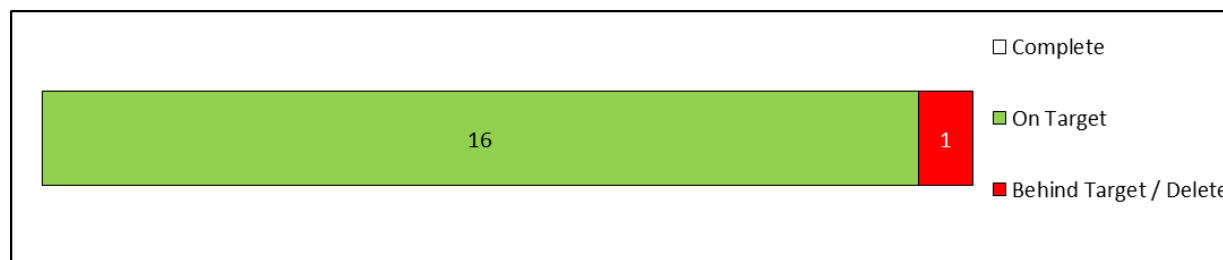
54 Between April and June 2016, 644 people quit smoking following support from the stop smoking service (SSS). This has achieved the SSS' contracted quarterly target of 555 quitters, however is lower than the 672 at the same point last year.

Previous data	Indicator	Latest data	Target	National Average	North East Average	Direction of Travel
712 [672 quitters] (Apr- Jun15)	Four week smoking quitters per 100,000 18+ smoking population [Number of quitters]	<b>682.4</b> [644 quitters] (Apr- Jun16)	588 [555 quitters]	N/A	N/A	↓

55 There has been a reduction in the overall number of quitters compared to last year. NHS Digital identify an increase in the use of e-cigarettes 'which have become widely available' as a potential factor. They also state that the 'fall in smoking prevalence' generally may also be contributing to the decline in use of smoking cessation services.

### Objective 3: Improve the quality of life, independence and care and support for people with long term conditions

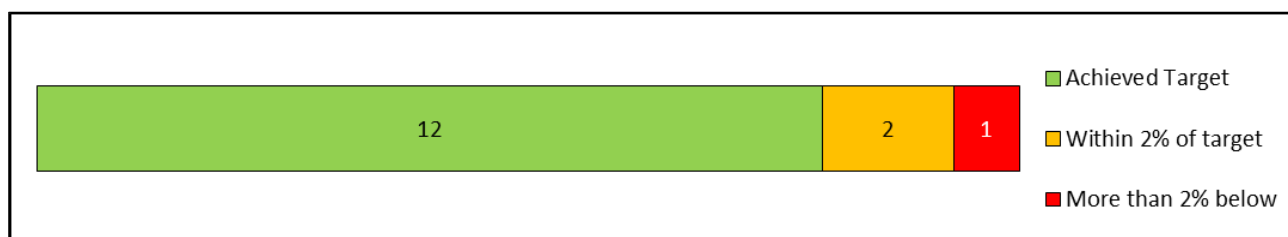
56 There are 17 actions under this objective. Progress against the actions is as follows:



57 The 1 action where performance is behind target is as follows:

- **Deliver a sustainable service to people in care homes, hospitals and supported living are cared for in the right way to regarding to ensure Deprivation of Liberty Safeguards (DoLS) are met.**
  - There is currently a backlog of DoLS applications within Adult Care. Additional staff have been appointed to assist and it is anticipated the backlog will be cleared by the revised target date of September 2017.

58 There are 15 indicators with targets under Objective 3 for which new data is reported. Performance against target is as follows:



Performance indicators more than 2% below target:

### Increase in the proportion of GP referrals made by e-referrals (QPI)

59 As at July 2016, the proportion of GP referrals made by e-referrals for DDES CCG was 74.8% which is below the QPI target of 80%. North Durham CCG is exceeding the target.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
Not available	Increase in the proportion of GP referrals made by e-referrals (QPI) - DDES	<b>74.8% (Jul16)</b>	20% increase on Mar16 outturn @ Mar17 or 80% @ Mar17	Not available	Not available	N/a
Not available	Increase in the proportion of GP referrals made by e-referrals (QPI) - ND	<b>85.7% (Jul16)</b>	20% increase on Mar16 outturn @ Mar17 or 80% @ Mar17	Not available	Not available	N/a

60 When GP Practices are unable to book secondary care outpatient appointments on the e-referrals system “Choose and Book”, the referral is ‘deferred to provider’ who then books a slot when available but this appointment does not appear in the utilisation figures. This is the main reason the 80% target has not been achieved in DDES CCG area and it is not due to non-use of the system by practices.

61 DDES CCG e-referrals performance level is not linked specifically to one hospital. DDES have a large number of practices over a large geographical area. This complex picture includes sites where the ‘slot issues’ are significantly high resulting in a lower e-referral utilisation rate.

Other areas for improvement

**Adults aged 65+ admitted to residential or nursing care (BCF)**

62 Between April and September 2016 the rate of 65+ permanent admissions to residential or nursing care per 100,000 populations is higher than the Better Care Fund target and has increased from the same period in 2015/16.

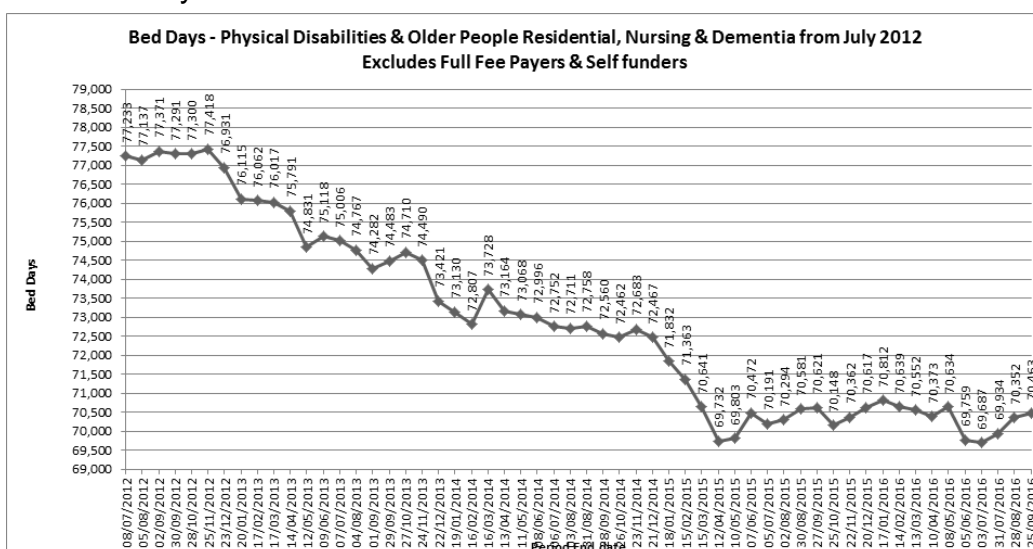
Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
356.2 (Apr-Sep 16)	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	<b>367.8</b> (Prov) (Apr-Sep16)	362.2	628.2 (2015/16 Adult Social Care Outcomes Framework [ASCOF])	843.0 (2015/16 ASCOF)	↑

63 The rate of 367.8 per 100,000 adults aged 65 and over relates to 387 actual admissions to permanent residential and nursing care. This is 6 more than the target of 381 and higher than the 371 admissions in the same period of 2015/16.

64 Of the 387 admissions, 138 were direct to specialist dementia care and 42 to nursing care. Complexity of care is increasing with an additional 16 admissions to dementia care compared to the same period last year. The average age of the 323 older people admitted to residential and nursing care this quarter was 85.4 years.

65 Panels continue to scrutinise permanent admissions to residential or nursing care homes in order to ensure that those who are unable to be supported safely at home are admitted to permanent care.

66 The following chart highlights the reduction in the number of bed days purchased by the council and that this is now plateauing; over the last 12 months the number of bed days purchased in each 4 week period has remained fairly consistent.





## Avoidable emergency admissions per 100,000 population (BCF)

67 Between April and June 2016, there were 2,993 avoidable emergency admissions to hospital per 100,000 population. Performance is slightly above the Better Care Fund target of 2956 and is similar to the same period in the previous year.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
2987 (Apr-Jun15)	Avoidable emergency admissions per 100,000 population (BCF)	<b>2993</b> (Apr-Jun16)	2956 (Apr-Jun16)	Not available	Not available	↑

68 A new condition imposed by NHS England is that a proportion of the BCF allocation is invested in NHS commissioned out-of-hospital services. This replaces the previous payment for performance linked to delivering a reduction in non-elective admissions in 2015/16.

69 Both ND and DDES CCG's continue to work on a range of projects aimed at reducing inappropriate demand on A&E and Urgent Care, particularly for vulnerable, frail and elderly patients at higher risk of admission.

70 Following the review of Intermediate Care+ services revised delivery models have been agreed. In particular, the Intermediate Care bed model has been revisited and will include provision of this function in a community hospital setting in the Dales locality. The independent sector provision for the rest of the county has been re-procured and the new contract started on 1 September 2016.

71 The Better Health Programme is underway to improve 'Not in Hospital' Services, looking closely at how primary, community and social care are connected in our area and how this can be improved in the future to meet increased demand. Locally, the priority themes for 2016/17 are:

- Discharge to Assess
- Development of Integrated Community Hubs

### Performance Highlights

#### Telecare (BCF)

72 There has been an increase in the number of people in receipt of Telecare when compared to the same period in 2015 and this has exceeded the Better Care Fund quarterly target.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
335.6 (At 30 Sep 15)	The number of people in receipt of Telecare per 100,000 (BCF)	<b>506.4</b> (At 30 Sep16)	454	Not available	Not available	↑



## Older People at Home 91 Days after Hospital Discharge following Reablement/ Rehabilitation Services (BCF)

73 Between January and June 2016, 86% of older people were still living at home 3 months after they were discharged from hospital into reablement / rehabilitation services. This has exceeded target and is better than national and regional benchmarking figures.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
88% (Jan-Jun15)	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (BCF)	86% (Jan-Jun 16)	86%	82.7% (2015/16 ASCOF)	85.5% (2015/16 ASCOF)	↓

## Delayed transfers of care from hospital (QPI and BCF)

74 Performance against all delayed transfers of care measures is positive in County Durham. Both DDES and ND CCGs are meeting QPI targets and the BCF measure is expected to achieve the April – September target.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
4.9 (Apr-Aug15)	Delayed transfers of care from hospital per 100,000 population (ASCOF)	3.8 (Apr-Aug 16)	Tracker	12.1 (2015/16)	5.6 (2015/16)	↓
742.4 (Apr-Aug15)	Delayed transfers of care from hospital per 100,000 population (BCF)	572.1 (Apr-Aug 16)	814 (Apr-Sep16)	Not available	Not available	↓
Not available	Delayed transfers of care from hospital per 100,000 population aged 18+ - DDES (QPI)	547.01 (Apr-Aug16)	632.6 (Apr-Aug 16)	Not available	Not available	Not available
Not available	Delayed transfers of care from hospital per 100,000 population aged 18+ - ND (QPI)	545.89 (Apr-Aug16)	631.2 (Apr-Aug 16)	Not available	Not available	Not available

75 There are a number of different measures of delayed discharges which are used for different purposes. Definitions for the indicators above are as follows:

- Measure 1 (Adult Social Care Outcomes Framework [ASCOF]): The average number of **people** per 100,000 population who are medically fit for discharge from a hospital bed (both acute and non-acute settings) where the discharge has been delayed and is attributable to either health or social care. Calculation is based on a single day every month;
- Measure 2 (BCF): The average number of **days** per 100,000 population that patients are delayed within the 3 month reporting period and the delay is attributable to either health or social care. Calculation is based on a full 3 month period and is a statutory indicator within the Better Care Fund;

- Measures 3 and 4 (QPI): The number of **days** per 100,000 population that patients are delayed which are attributable to the NHS. Calculation is based on full year and split by CCG.

### Self-Directed Support

- 76 As at 30 September 2016, 93.5% of adult social care service users were in receipt of self-directed support. This is above national and regional averages.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
91% (At 30 Sep 15)	Proportion of people using social care who receive self-directed support	<b>93.5%</b> (At 30 Sep 16)	90.0%	83.7% (2014/15)	91.9% (2014/15)	↑

### Antimicrobial resistance (AMR) Improving antibiotics prescribing in primary care (QPI)

- 77 For the period August 2015 to July 2016 both CCGs are meeting QPI targets for improving antibiotic prescribing in primary care

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
Not available	Improving antibiotics prescribing in primary care (QPI) DDES <i>a) reduction in antibiotics</i>	<b>1.322</b> (Aug15-Jul16)	less than 1.374	Not available	Not available	N/a
Not available	Improving antibiotics prescribing in primary care (QPI) DDES <i>b) reduction in broad spectrum antibiotics</i>	<b>5.9</b> (Aug15-Jul16)	less than 10	Not available	Not available	N/a
Not available	Improving antibiotics prescribing in primary care (QPI) ND <i>a) reduction in antibiotics</i>	<b>1,218</b> (Aug15-Jul16)	less than 1.221	Not available	Not available	N/a
Not available	Improving antibiotics prescribing in primary care (QPI) ND <i>b) reduction in broad spectrum antibiotics</i>	<b>6.6</b> (Aug15-Jul16)	less than 10	Not available	Not available	N/a

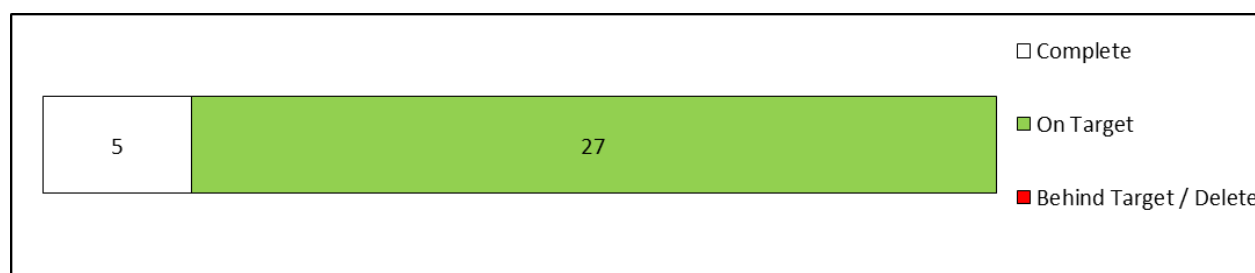
### Overall experience of making a GP appointment (QPI)

- 78 Both CCGs are meeting QPI targets in relation to patients overall experience of making a GP appointment.

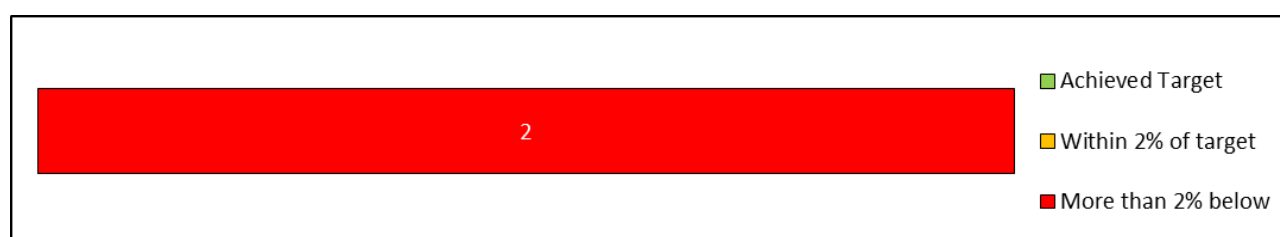
Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
Not available	Overall experience of making a GP appointment (QPI) DDES	<b>89.7%</b> (Q4 14/15 & Q215/16)	85% or 3 % points increase in July 2017	Not available	Not available	N/a
Not available	Overall experience of making a GP appointment (QPI) ND	<b>89%</b> (Q4 14/15 & Q215/16)	85% or 3 % points increase in July 2017	Not available	Not available	N/a

## **Objective 4: Improve Mental Health and Wellbeing of the Population**

79 There are 32 actions under objective 4. Progress is as follows:



80 There are 2 indicators with a target under Objective 4 for which new data is reported. Performance against target is as follows:



Indicators more than 2% behind target

### **Improving Access to Psychological Therapies (IAPT) Services: People entering IAPT services as a % of those estimated to have anxiety/depression (QPI)**

81 The percentage of those estimated to have anxiety/depression entering IAPT services in both CCG areas is below the QPI target.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
11.7% (2015/16)	People entering IAPT services as a % of those estimated to have anxiety/depression - ND	11.7% (Apr-Aug16)	15%	Not available	Not available	↑
12.1% (2015/16)	People entering IAPT services as a % of those estimated to have anxiety/depression - DDES	11.9% (Apr-Aug16)	15%	Not available	Not available	↓

82 Although below target, performance levels within IAPT services are anticipated to increase by CCGs following the future inclusion of current and historic data from relevant counselling services.

Other areas for improvement

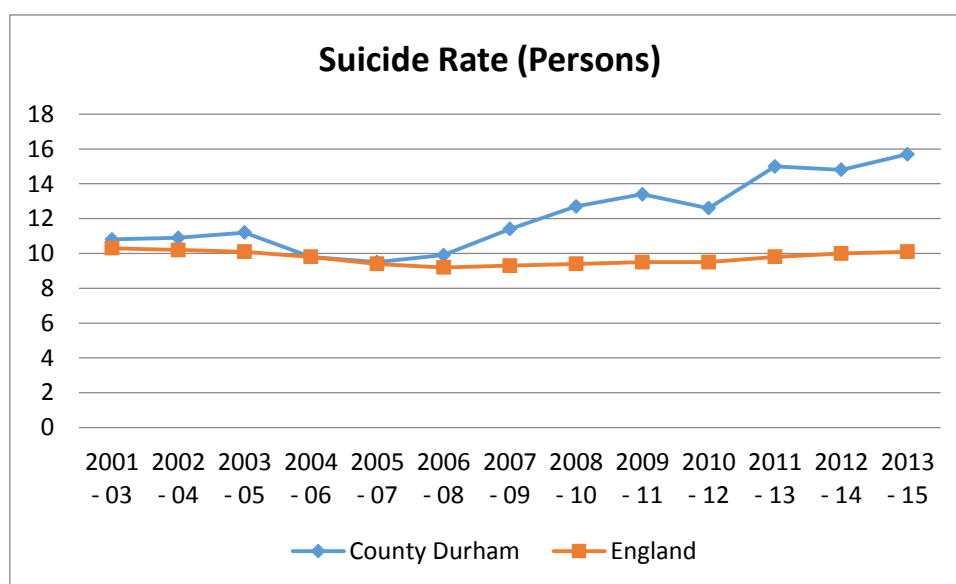
**Suicide Rate**

83 The suicide rate in County Durham has increased and remains above regional and national averages. In 2012-14 there were 202 suicides in the county, compared to 215 in 2013-15.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
14.8 (2012-14) [202]	Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population [number of suicides]	<b>15.7</b> (2013-15) [215]	Tracker	10.1 (2013-15)	12.4 (2013-15)	↑

84 County Durham has the second-highest rate of suicide in the region and the highest in its similar authority/neighbour group.

85 The chart below highlights the increasing trend in suicide in County Durham. Since 2001-03, the suicide rate in County Durham has increased 143 to 215 an increase of 45.4%. Regionally the number of suicides has increased by 9.7%, with the national rate reducing by 1.9%.



86 An audit of local suicide data has been undertaken by Public Health and this will be used alongside Public Health England’s ‘Local suicide prevention planning’ practice resource to support the development of County Durham’s Suicide Prevention Action Plan. This supports the national 2012 strategy ‘Preventing Suicide in England. A Cross Government Outcomes Strategy to save Lives’.

87 A report is to be presented to the Health and Wellbeing Board in March 2017.

88 Public Health have funded a suicide prevention training programme for 2016, which commenced in July 2016 and includes:

- ASIST - a two-day, interactive workshop that prepares caregivers to provide suicide life-assisting, first-aid intervention
- Mental Health First Aid Training - an educational course which teaches people how to identify, understand and help a person who may be developing a mental health issue.
- Suicide to Hope (s2H) - a one day recovery and growth workshop primarily designed for clinicians and other professional caregivers who work with persons recently at risk of and currently safe from suicide.

### Gap between the employment rate for those with a long-term health condition and the overall employment rate

89 The gap between the overall employment rate and that for those with a long-term health condition has increased and is above national and regional rates.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
16.5% (Jan-Mar15)	Gap between the employment rate for those with a long term health condition and the overall employment rate	<b>18.5%</b> (Jan-Mar16)	Tracker	13.3% (Jan-Mar16)	13.7% (Jan-Mar16)	↑

90 The main support for assisting people with long term health conditions into work are the Department for Work and Pensions (DWP) commissioned 'Work Programme' and 'Work Choices'. The Work Programme provides a two year one-time only support programme for referred Job Seeker Allowance (JSA) and Employment Support Allowance (ESA) clients.

91 The Work Programme contract started in June 2011. Following a peak in 2013, intake volumes have fallen as the contract enters its final stage. Through the Work Programme, job outcome rates have differed, with much lower rates for ESA clients (15%) than JSA clients (40+%).

92 Analysis suggests that those people with more labour market experience / fewest barriers have been assisted into work more quickly than those with multiple barriers / longer-term conditions. This was one of the drivers behind a new programme recently commissioned through European Social Fund monies across the North East. The DWP opt-in, due to commence in December 2016, will focus on those clients completing mainstream programmes but not securing sustained employment. The emphasis will be on engagement and attachment of ESA claimants.

93 Alongside this programme, the North East Mental Health Trailblazer will start delivery from November 2016. This is one of four pilots established by the government. Northumberland County Council (NCC) is project managing and employing delivery staff on behalf of NECA and working with IAPT providers in all seven local authority areas to host staff in clinical delivery teams. The pilot will see specialist mental health employment coaches work with clients progressing through IAPT services with an aim to secure increased employment outcomes as part of the recovery package.

Performance Highlights

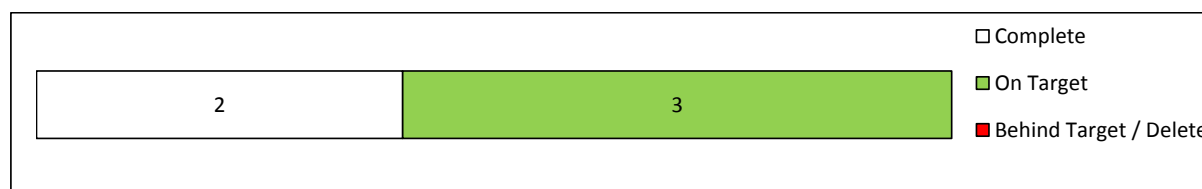
**Percentage of people who use adult social care services who have as much social contact as they want with people they like**

94 In the 2015/16 national Adult Social Care Survey, 49.2% of adult social care service users reported that they have as much social contact as they want with people they like

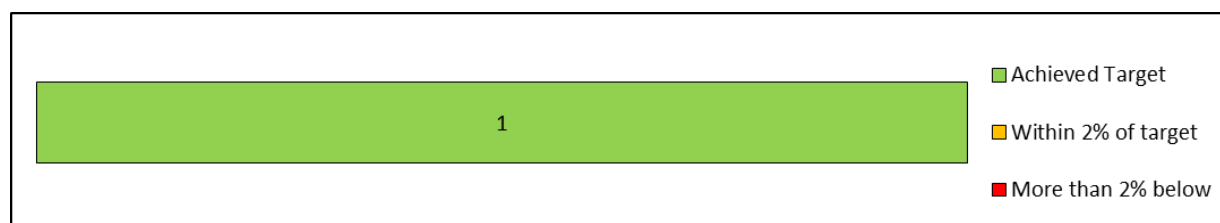
Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
48.7% (2014/15)	Percentage of people who use adult social care services who have as much social contact as they want with people they like	<b>49.2%</b> (2015/16)	Tracker	45.4% (2015/16)	49.9% (2015/16)	↑

**Objective 5: Protect vulnerable people from harm**

95 There are 5 actions for objective 5. Progress against them is as follows:



96 There is 1 indicator with a target under Objective 5 for which new data is reported. Performance against target is as follows:



Performance Highlights

**Percentage of repeat incidents of domestic violence (referrals to a Multi-Agency Risk Assessment conference MARAC)**

97 There were 209 cases discussed at the MARAC between April and September 2016, of which 34 were repeats. This equates to 16.3%.

Previous data	Indicator	Latest data	Target	National Average	North East Average	Direction of Travel
14.9% (Apr-Sep15)	Percentage of repeat incidents of domestic violence (referrals to MARAC)	16.3% (Apr-Sep16)	Less than 25%	25% (Jul14-Jun15)	29% (Jul14-Jun15)	↑

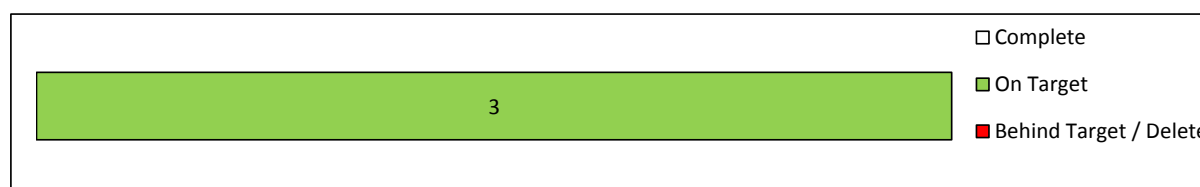
**People Who Use Services Who Say Those Services Make Them Feel Safe and Secure**

98 Latest data from the local Adult Social Care Survey (ASCS) shows that 92.5% of respondents reported that the social care services they use made them feel safe and secure. This has slightly decreased from the same period in 2015 but is above latest 2015/16 benchmarking data.

Previous data	Indicator	Latest data	Target	National Average	North East Average	Direction of Travel
94.4% (Apr-Aug 15)	Proportion of people who use services who say those services make them feels safe and secure	92.5% (Apr-Aug16)	Tracker	85.4% (2014-15)	88.9% (2014-15)	↓

**Objective 6: Support people to die in the place of their choice with the care and support that they need**

99 There are 3 actions under objective 6. Progress is as follows:



100 There are no indicators with targets under Objective 6 for which new data is reported.

## Performance Highlights

### Deaths in Usual Place of Residence

101 The proportion of deaths in usual place of residence in both CCGs is above national and regional averages.

2014/15	Indicator	2015/16	Target	National Average	North East Average	Direction of Travel
45.6% (2014/15)	Proportion of deaths in usual place of residence (DDES CCG)	<b>46.7%</b> (2015/16)	Tracker	45.8% (2015/16)	46.1% (2015/16)	↑
49.2% (2014/15)	Proportion of deaths in usual place of residence (North Durham CCG)	<b>48.8%</b> (2015/16)	Tracker	45.8% (2015/16)	46.1% (2015/16)	↓

### Recommendations

102 The Health and Wellbeing Board is recommended to:

- Note the performance highlights and areas for improvements identified throughout this report.
- Note the actions taking place to improve performance and agree any additional action planning.

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**Appendix 1: Implications**


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<b>Finance</b>	Performance Management is a key activity in delivering efficiencies and value for money
<b>Staffing</b>	Performance management is a key element of resource allocation
<b>Risk</b>	Effective performance management can help to highlight and manage key risks
<b>Equality and Diversity / Public Sector Equality Duty</b>	None
<b>Accommodation</b>	None
<b>Crime and Disorder</b>	The Joint Health and Wellbeing Strategy includes actions which contribute to community safety priorities and includes an objective to protect vulnerable people from harm.
<b>Human Rights</b>	None
<b>Consultation</b>	The content of the performance management process has been agreed with the Board and has been part of the consultation on the JHWS
<b>Procurement</b>	None
<b>Disability Issues</b>	A range of indicators which monitor services to people with a disability are included within the performance system
<b>Legal Implications</b>	Performance management is crucial to ensure that key legal/statutory requirements are being discharged appropriately