



Report of Jenny Haworth, Head of Strategy, Transformation and Partnerships

Purpose of the Report

- 1 To provide the final performance report (Q4 2018/19) related to the priorities and outcomes in the County Durham Joint Health and Wellbeing Strategy (JHWS) 2016-19.

Executive summary

- 2 There are 86 PIs which have been updated since the last reporting period, Quarter 2 of 2018/19.
- 3 Of these, 48 have an associated target:
 - 22 are achieving their target
 - 2 are within 2% of their target
 - 24 have failed to reach their target.
- 4 38 are trackers:
 - 19 have improved compared to the last reporting period
 - Performance has deteriorated for 7 PIs compared to the previous reporting period
 - 5 are within 2% of the last reporting period
 - 7 are indicators with no polarity.
- 5 Smoking at time of delivery has failed to reach its target and is well above the national average.
- 6 The number of young people admitted to hospital as a result of self-harm has seen a significant reduction.
- 7 We are also performing well in regard to treating those with eating disorders; there are 4 indicators and they are all achieving their target.

Recommendations:

8 The Health and Wellbeing Board is recommended to:

- Note the performance highlights and areas for improvement identified throughout this report.
- Note the actions taking place to improve performance.
- Note the performance against the 2017/18 and 2018/19 Quality Premium Indicators.

Background

- 9 During the life cycle of the Joint Health and Wellbeing Strategy (JHWS) 2016-19, a 6-monthly performance report has been provided to the Health and Wellbeing Board. This report is structured around the six strategic objectives of the JHWS and provides a final update on progress made against the strategic actions and performance outcomes.
- 10 Work is currently underway to develop a new Joint Health and Wellbeing Strategy 2019-23 and a new performance management framework will be agreed to underpin this.
- 11 The Performance Scorecard attached at **Appendix 2** includes all of the performance indicators within the JHWS 2016-19.
- 12 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.
- 13 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	
Performance within 2% of target	Within 2% of previous performance	Within 2% of comparator	
Performance more than 2% away from target	Deteriorated by more than 2%	More than 2% worse than comparator	

- 14 For the Clinical Commissioning Group Quality Premium Indicators, the rating system reflects that shown in the CCGs' combined performance report.

Performance Against Target	Banding
Target achieved or exceeded	
Data not available in the month of the CCG combined performance report to know target position	
Not achieving target	

Overview of Performance at Quarter 4, 2018/19

- 15 There were seven actions within the JHWS 2016-19 Delivery Plan carried forward into Quarter 4 of 2018/19. Of these, two are behind target with a revised date of March 2021, one is complete and four are on target.
- 16 The following sections of the report are structured by JHWS objective and provide updates about the following:
- Status of delivery plan actions
 - Areas for improvement
 - 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

- 17 There is one action carried forward into Quarter 4 of 2018/19, which is on target.

Areas for improvement

Smoking at time of delivery (SATOD)

- 18 The percentage of mothers smoking at the time of delivery for 2018/19 is 17.4% (852 out of 4,895 mothers), which has not achieved target and is above both the national and North East averages.

Previous Data	Indicator	Latest Data	Target 2018/19	National Average	North East Average	Direction of Travel
18.0% (2017/18)	Percentage of mothers smoking at time of delivery	17.4% (2018/19) [provisional]	14.7%	10.6% (2018/19) [provisional]	15.5% (2018/19) [provisional]	↓

- 19 SATOD ranges from 13.7% in North Durham Clinical Commissioning Group (ND CCG) to 20.5% in Durham Dales, Easington and Sedgfield Clinical Commissioning Group (DDES CCG). DDES is the highest SATOD rate in the North East and 6th highest of all CCGs in England.
- 20 A narrative change has been made away from the use of the term 'smoking in pregnancy' and toward 'tobacco dependency in pregnancy'. This is in line with a recommendation from the regional Local Maternity

System (LMS). The Integrated Care System health strategy group has also become a chief officer level champion of reducing tobacco dependency in pregnancy.

- 21 The 'Yale' group, which covers the central and southern integrated care partnerships, has identified reducing tobacco dependency in pregnancy as a key area for them to support the LMS and local delivery change. The Director of Adult and Health Services, Durham County Council is a member of this group.
- 22 The County Durham Tobacco Dependency in Pregnancy steering group has produced a three-year plan, endorsed by the Integrated Steering Group for Children, with an ambition to reduce tobacco dependency in pregnancy to 6% or less by 2022. A place-based pilot is currently being discussed in Shildon to work alongside the local community to address smoking at the time of delivery rates within Shildon. A 12-month action plan is currently in development for this piece of work which will link into the countywide Tobacco Dependency in Pregnancy Plan.

Other areas for improvement

Breastfeeding

- 23 Breastfeeding initiation falls to CDDFT, which is UNICEF Baby Friendly accredited and is due for reassessment in February 2021 - and will then hopefully be working towards Gold accreditation.
- 24 Breastfeeding initiation is showing a slight improvement, increasing to 57.8% from 57.7% for the same period last year. However, prevalence of breastfeeding at 6-8 weeks continues to fall. Both PIs remain well below the national average.

Previous Data	Indicator	Latest Data	Target 2018/19	National Average	North East Average	Direction of Travel
57.7% (2017/18)	Breastfeeding initiation	57.8% (2018/19)	Tracker	74.5% (2016/17)	59% (2016/17)	↑
29.0% (2017/18)	Prevalence of breastfeeding at 6-8 weeks from birth	28.6% (2018/19)	Tracker	46.4% (2018/19)	33.7% (2018/19)	↓

- 25 In 2018/19, 1,441 infants were breastfed at 6-8 weeks. During this period, new marketing material was produced to increase sign-up to the Breastfeeding Friendly County Durham Scheme and an Infant Feeding Conference was held. This was to raise awareness of the benefits of breastfeeding amongst practitioners and other stakeholders. It also

encouraged the sign up to support the Breastfeeding Call to Action which includes supporting mothers in their communities, supporting local businesses to be breastfeeding-friendly and addressing the social and cultural norms through education of children and young people.

- 26 The number of businesses signed up to the Breastfeeding Friendly County Durham scheme has increased to 155 (by the end of June 2019). Both Beamish Museum and East Durham College have received training and are now fully accredited.
- 27 County Durham and Darlington Fire and Rescue Service and both of the County Durham CCG's have now made contact with the Infant Feeding Practitioner and are currently in discussion for her to deliver training. The Fire and Rescue Service is keen to provide general education for its staff, as well as ensuring a more positive environment for staff returning to work following maternity leave. The service also wants to receive training so that it can share positive messages in relation to breastfeeding at partnership events, such as open days and public events. The Infant Feeding Practitioner is working with the Fire and Rescue Service to develop this.
- 28 Discussions with both Asda and Sainsbury's have been delayed. Harrogate and District NHS Foundation Trust is currently following up with key contacts to progress this.
- 29 The Infant Feeding Conference held in June 2019 was attended by almost 200 practitioners and stakeholders. Information provided at the conference was well received and keynote speakers shared valuable information in relation to messages around infant behaviours.
- 30 Durham County Council is currently progressing an audit of venues and contact points and a schedule of training is being delivered.

Overweight / Obese children (aged 4-5)

- 31 The percentage of children aged 4 to 5 classified as overweight or obese has continued to rise, increasing from 24.1% to 25% from Quarter 2 to Quarter 4 (2018/19).

Previous Data	Indicator	Latest Data	Target 2018/19	National Average	North East Average	Direction of Travel
24.3% (2015/16)	Percentage of children aged 4-5 classified as overweight or obese	25.0% (2017/18)	Tracker	22.4% (2017/18)	25.0% (2017/18)	↑

- 32 The strategic review of the child healthy weight pathway found that the existing Family Initiative Supporting Children's Health (FISCH) model in County Durham fails to engage and retain families and the numbers of clients achieving or sustaining positive outcomes raises concerns around the impact of the programme.
- 33 In March 2019, following this review and subsequent options appraisal, Public Health SMT agreed to introduce the HENRY¹ approach within the re-procurement of the 0-25 service and introduce an integrated, locality-based, children, young people and family focused physical activity offer within the context of the developing wellbeing model.

Percentage of patients seen with face to face second contact within 9 weeks of referral to CAMHS

- 34 The breakdown for the two CCGs is: ND CCG reports for April 2018 to February 2019 is 75.76% and DDES 74.5% for the same period.

Previous Data	Indicator	Latest Data	Target 2018/19	National Average	North East Average	Direction of Travel
90.6% (2017/18)	Percentage of patients seen with face to face second contact within 9 weeks of referral to CAMHS	75.8% (Apr 18-Feb 19)	90%	NA	NA	↓

- 35 For ND CCG, in February, the percentage of patients with a second contact within nine weeks of referral achieved 64.86% which was attributable to 39 breaches:
- 33 were due to capacity issues in the team and all were impacted by high demand for appointments.
 - 6 were attributable to data quality (where the patient has not yet been seen for a second appointment) and steps will be taken to correct PARIS.

¹ The Henry approach (Health, Exercise, Nutrition for the Really Young) is currently commissioned in around 35 local authority areas and has the strongest evidence base of any national healthy start initiative in the UK, with 'statistically significant' sustained changes reported in parenting, diet, physical activity, emotional wellbeing and lifestyle habits.

36 For DDES CCG, the percentage of CAMHS patients with a second contact within 9 weeks of referral target was not achieved in February, reporting 77.95%, which was attributable to 29 breaches:

- 23 were affected by capacity issues in the team.
- 6 were attributable to data quality.

37 Due to the under-performance throughout the year, the indicator is below the 90% threshold at 75.8%, however a month-on-month increase has been noted from October 2018.

Performance highlights

Eating Disorders

38 Across both PIs for eating disorders, both ND and DDES CCGs are performing well above target.

Previous Data	Indicator	Latest Data	Target 2018/19	National Average	North East Average	Direction of Travel
73.9% (2017-18)	Proportion of eating disorder patients seen within 4 weeks of referral for NICE approved treatment (routine) (DDES)	100% (YTD 2018-19)	75%	NA	NA	↑
Not available	Proportion of eating disorder patients seen within 1 week of referral for NICE approved treatment (urgent) (DDES)	100% (YTD 2018-19)	50%	NA	NA	NA
84.0% (2017-18)	Proportion of eating disorder patients seen within 4 weeks of referral for NICE approved treatment (routine) (ND)	83.3% (YTD 2018-19)	75%	NA	NA	↓
100% (2017-18)"	Proportion of eating disorder patients seen within 1 week of referral for NICE approved treatment (urgent) (ND)	100% (YTD 2018-19)	50%	NA	NA	↔

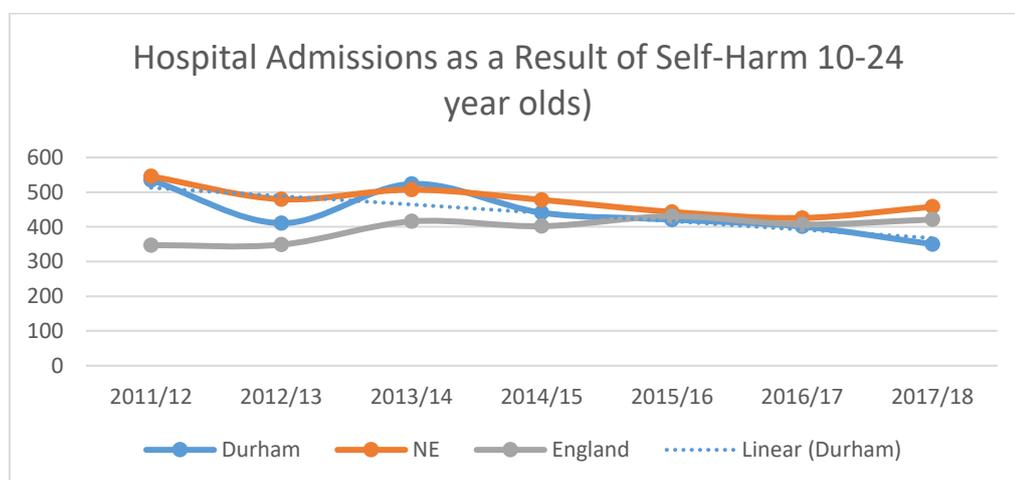
Young people aged 10-24 admitted to hospital as a result of self-harm

39 As the table below indicates, there has been a considerable reduction in the number of 10 to 24-year olds admitted to hospital as a result of self-harm. This measure is a rate per 100,000 and, as the 10 to 24-year old population of County Durham is circa 93,000, this is a considerable reduction in real terms as the count has reduced from 377 in 2016/17 to 326 in 2017/18 (13.5% reduction).

Previous Data	Indicator	Latest Data	Target 2018/19	National Average	North East Average	Direction of Travel
400.8 (2016/17)	Young people aged 10-24 admitted to hospital as a result of self-harm	350.1 (2017/18)	Tracker	421.2 (2017/18)	458.0 (2017/18)	↓

40 There has been a review of crisis services which aim to provide a swifter referral into CAMHS. Anecdotally, this has had a positive effect on reducing rates of self-harm.

41 The trend line for this PI in County Durham shows a continued reduction since 2011/12:



Objective 2: Reduce health inequalities and early deaths

42 There are 3 actions carried forward into Quarter 4 of 2018/19, two are behind target and one is on target. The outcome is to reduce mortality from cancers and circulatory diseases.

Areas for improvement

Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer – DDES CCG

- 43 DDES has failed to meet its target of 85% of patients receiving their first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer. However, there is a small improvement on the same period last year.

Previous Data	Indicator	Latest Data	Target 2018/19	National Average	North East Average	Direction of Travel
79.7% (Oct-Dec17)	Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer – DDES CCG	80.7% (Oct-Dec 18)	85.0%	82.3% (2017/18)	NA	↑

- 44 ND CCG has remained just above target at 85.6%.
- 45 In February 2019, DDES CCG achieved 70.93% against the threshold of 85%. Urology (6), Lung (5), Head & Neck (3), Lower GI (3), Upper GI (2), Gynae (2), Skin (2) and Haematology (2) were the pathways affected. Health care provider-initiated delay (10) was the main reason, along with winter pressures, including diagnostic waits for PET scans and long waiters coming through in February.
- 46 No CCG in the North East region achieved the 62-day target in February 2019.
- 47 The following actions have been taken:
- Two new permanent cancer navigators are now in post to join the one remaining member of staff. Staff continue to focus on lung and colorectal pathways, with flexibility to work across a number of pathways as and when required.
 - Cancer Alliance funding has been utilised to hold additional diagnostic sessions with local providers.
 - Weekly cancer Patient Tracking List (PTL) meetings have been revised within CDDFT. Detailed patient level discussions take

place for those patients within 14 days of breaching the 62-day target.

- The CCGs have been providing service improvement support to CDDFT cancer services from July 2018, following receipt of transformation funding from the Northern Cancer Alliance.

Successful completion as a percentage of total number in drug treatment – opiates and non-opiates recorded

48 Across both PIs (opiates and non-opiates) both targets were not met. Treatment for opiates has reduced from the same period last year and remains below both the national and North East averages. Treatment for non-opiates has improved on the same period last year and County Durham is performing well against the North East average but is a long way short of the national average.

Previous Data	Indicator	Latest Data	Target 2018/19	National Average	North East Average	Direction of Travel
6.0% (2017)	Successful completions as a percentage of total number in drug treatment – Opiates	5.1% (Oct17 – Sep18 representations to Mar19)	6.0%	6.5% (2017)	4.9% (2017)	↓
25.7% (2016)	Successful completions as a percentage of total number in drug treatment – Non-Opiates	28.3% (Oct17 - Sep18 representations to Mar19)	31.5%	36.9% (2017)	25.8% (2017)	↑

Four-week smoking quitters

49 Estimated smoking prevalence (persons aged 18 and over) has improved and for the first time is not significantly different to both national and regional averages. It is estimated that, in 2018, approximately 63,000 adults smoked, around 29,000 fewer than in 2012.

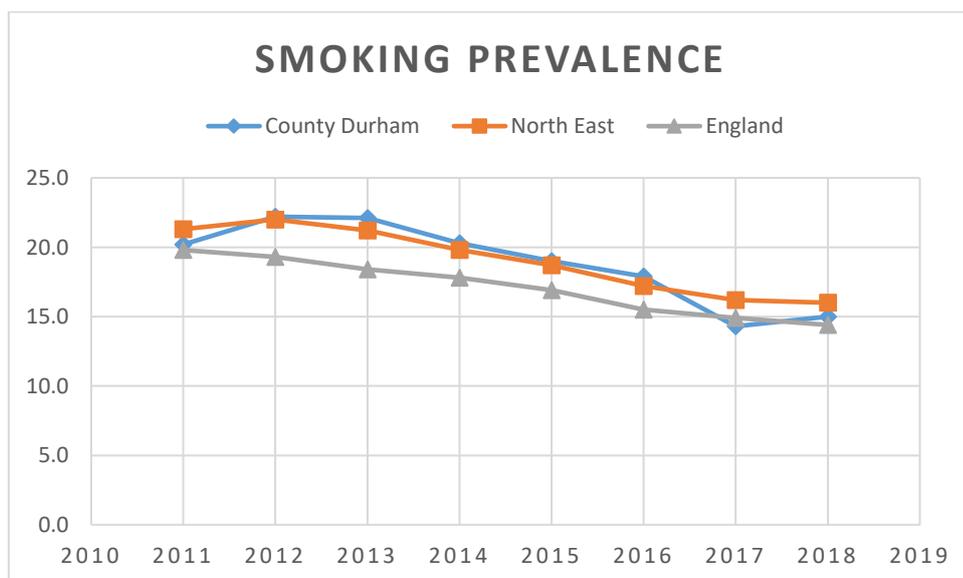
Previous Data	Indicator	Latest Data	Target 2018/19	National Average	North East Average	Direction of Travel
3306.8 [2497 quitters] (2017/18)	Four-week smoking quitters per 100,000 18+ smoking population [Number of quitters]	3063.1 [2313 quitters] (2018/19)	3311 [2500 quitters]	NA	NA	↓

50 Many residents stopped smoking with support from Stop Smoking Service (SSS) activities throughout 2018/19. However, the rate of four-week smoking quitters is relatively low for 2018/19 compared to the same period for the previous year. This indicator has missed its target.

51 Smoking causes 16 different types of cancer. Of the 6.7 million people who smoke in England, almost a third live in the North. This month has seen the launch of a mass media campaign, [#Quit16](#), targeted at those living in the North East, North West and Yorkshire and the Humber. The link then directs users to [Smoke Free Life County Durham](#).

52 The latest data release (2018) from the [Tobacco Control Profiles](#) indicates that the Durham smoking prevalence figures (15.0%) are above the England average (14.4%), however, below the regional average (16.0%).

53 Whilst there has been a continued reduction in smoking prevalence since 2011, this has slightly increased in Durham during 2018 (from 14.3% in 2017).



- 54 Throughout 2018/19, SSS activities to reduce smoking included promoting services within GP practices for smokers with long-term conditions and carrying out targeted locality-based campaigns with partner organisations such as Fresh and Public Health England. Campaigns included Stoptober, encouraging smokers to quit for 31 days in October; Quit 16, highlighting that smoking causes 16 types of cancer; Health Harms, focusing on the personal harm caused by smoking; and 'No Smoking Day', an annual health awareness day intended to help smokers quit.
- 55 The Director of Primary Care for DDES CCG has been identified as the CCG lead for Tobacco Control. Fresh North East undertook a DDES CCG "Time-out" event and reiterated the messages around making every contact count in relation to smoking for general practice, promoting Ask, Advise and Act at every opportunity. The CCG is looking at streamlining the referral process from general practice to the SSS to make it easier for people to get the support they need to quit smoking. General practices supported National No Smoking Day in March and the Quit 16 Campaign.

Performance highlights

Number of eligible people who receive a health check

- 56 As the data below indicates, uptake of the NHS Health Check has exceeded target and has increased from the same period last year.

Previous Data	Indicator	Latest Data	Target 2018/19	National Average	North East Average	Direction of Travel
8432 (2017/18)	Number of eligible people who receive a health check	9642 (2018/19)	9000	NA	NA	↑

Cancer Treatment

- 57 For both CCGs early treatment (within 31 days) for cancer is surpassing the target, however, ND CCG has seen a reduction of 2.4% which is statistically significant.

Previous Data	Indicator	Latest Data	Target 2018/19	National Average	North East Average	Direction of Travel
97.3% (Oct-Dec17)"	Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date) - DDES CCG	98.0% (Oct-Dec18)	96.0%	97.5% (2017-18)	NA	↑
99.4% (Oct-Dec17)"	Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date) – ND CCG	97.0% (Oct-Dec18)	96.0%	97.5% (2017-18)"	NA	↓

Quality Premium Indicators (QPI)

Endocrine, Nutritional & Metabolic problems

58 These local targets relate to patients with diabetes in each of the County Durham CCGs.

59 The target has been missed for 17/18, with final achievement at 53.9% for DDES against a target of 70%. This was mirrored for ND CCG, with final achievement of 42.8% against the same target of 70%.

Previous Data	Indicator	Latest Data	Target 2018/19	National Average	North East Average	Direction of Travel
NA	Endocrine, Nutritional & Metabolic problems (QPI) DDES - The percentage of patients newly diagnosed with diabetes in the preceding 1 April -31 March who have been referred to a structured education programme within 9 months after entry on to the diabetes register	53.9% (2017/18)	70%	NA	NA	NA

NA	Endocrine, Nutritional & Metabolic problems (QPI) ND - The percentage of patients newly diagnosed with diabetes in the preceding 1 April -31 March who have been referred to a structured education programme within 9 months after entry on to the diabetes register	42.8% (2017/18)	70%	NA	NA	NA
----	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------	-----	----	----	----

60 Despite repeated communications to practices and improved referral pathways, progress towards the target was slow. It became apparent in Q4 that there was a significant data quality issue relating to how practices were coding 'new episodes of diabetes'. The impact of this was that practices have indeed been referring the majority of the newly diagnosed type 2 diabetics for structured education, however, this has not been picked up by existing local data-reporting mechanisms or the National Diabetes Audit, as these look only at the outcomes for a population defined as newly diagnosed on the clinical system.

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

61 There no actions carried forward into Quarter 4 of 2018/19.

62 A separate report on the Better Care Fund (BCF) is being presented to the Health and Wellbeing Board on 30 July 2019, which includes an update on the BCF performance indicators.

Areas for improvement

Falls and injuries in the over 65s

63 The performance measures in the JHWS scorecard are taken from the Public Health Outcomes Framework, which provides benchmarking with national and regional data. These indicators have a time lag of over 12 months and show the trend over time.

64 The number of falls has increased from the same period last year and is above both the national and North East averages.

Previous Data	Indicator	Latest Data	Target 2018/19	National Average	North East Average	Direction of Travel
2346 (2016/17)	Falls and injuries in the over 65s. (Age-sex standardised rate of emergency hospital admissions for falls or falls injuries in persons aged 65 and over per 100,000 population)	2432 (2017/18)	Tracker	2170 (2017/18)	2320 (2017/18)	↑

Hip fractures in the over 65s

65 The number of hip fractures has also increased on the same period last year and again is above both the North East and national averages.

Previous Data	Indicator	Latest Data	Target 2018/19	National Average	North East Average	Direction of Travel
622 (2016/17)	Hip fractures in over 65s. (Age-sex standardised rate of emergency admissions for fractured neck of femur in persons aged 65 and over per 100,000 population)	680 (2017/18)	Tracker	578 (2017/18)	638 (2017/18)	↑

66 The local Falls Prevention Strategy 2018-21 includes actions from both a community and acute perspective, to reduce the number of falls and improve on performance.

67 A report was presented to the Health and Wellbeing Board on 8 May 2019, which provided an update on the significant work underway within the acute hospital sites to reduce the incidents of inpatient falls, as well as progress being made with regard to the Community Action Plan of the strategy. A positive impact on outcomes should be seen in the medium term.

68 As part of the Teams Around Patients performance management, North of England Commissioning Support (NECS) collects local data based

on a rate per 1,000 population (GP registered). The table below shows the latest local data for Q4 2018/19, provided by NECS.

Indicator	Actual - North Durham CCG / (Target)	Actual - DDES CCG / (Target)	Actual - County Durham / (Target)
Rate per 1,000 population of emergency admissions for injury from a fall (65+ years)	5.81 (5.22)	4.25 (4.44)	4.96 (4.79)
Rate per 1,000 population of emergency admissions for hip fractures (65+ years)	1.51 (1.55)	1.52 (1.69)	1.51 (1.63)

NHS Continuing Health Care

69 North Durham CCG failed to meet its target of less than 15% of assessments which took place in an acute hospital setting.

Previous Data	Indicator	Latest Data	Target 2018/19	National Average	North East Average	Direction of Travel
NA	NHS Continuing Health Care (QPI) ND b) full NHS CHC assessments take place in an acute hospital setting (QPI)	18.7% (Feb19)	less than 15.0%	NA	NA	NA

70 Assessment of eligibility for CHC should usually be deferred until an accurate assessment of future needs can be made, following post-acute recovery. To affect this accurate assessment, appropriate NHS funded post-acute recovery provision should be routinely available and used.

71 An action plan was formulated, with a 15% target by March 2018. ND is running between 10 and 20% monthly, with a quarterly figure of just 15%, so on target currently. Reduction is dependent on the discharge to assess work continuing, collaborative work with DCC and working closely with the discharge teams in hospital.

Overall experience of making a GP appointment

72 Both DDES and ND CCGs failed to meet their target of 85% for 2017/18. This is part of a survey commissioned by NHS England and conducted by Ipsos Mori.

Previous Data	Indicator	Latest Data	Target 2018/19	National Average	North East Average	Direction of Travel
73.0% (2016/17)	Overall experience of making a GP appointment (QPI) DDES	70.6% (2017/18)	85.0% or 3 percentage points increase in July 2018	68.6% (2017/18)	70.4% (2017/18) (North East and Yorkshire)	↓
76.0% (2016/17)	Overall experience of making a GP appointment (QPI) ND	72.2% (2017/18)	85.0% or 3 percentage points increase in July 2018	68.6% (2017/18)	70.4% (2017/18) (North East and Yorkshire)	↓

Performance highlights

Reducing Gram Negative Bloodstream Infections (GNBSIs) and inappropriate antibiotic prescribing in at risk groups

73 Both DDES and ND reduced GNBSIs and inappropriate antibiotic prescribing, however DDES failed to reach its target. ND is performing well above target and has continued to reduce GNBSIs since recording began in 2015/16.

Previous Data	Indicator	Latest Data	Target 2018/19	National Average	North East Average	Direction of Travel
Baseline 151 (2015/16)	Reducing Gram Negative Bloodstream Infections (GNBSIs) and inappropriate antibiotic prescribing in at risk groups a) reducing gram negative blood stream infections (BSI) across the whole health economy (QPI) ND	128 (Apr18-Feb19)	161	NA	NA	↓

Baseline 236 (2015/16)	Reducing Gram Negative Bloodstream Infections (GNBSIs) and inappropriate antibiotic prescribing in at risk groups a) reducing gram negative blood stream infections (BSI) across the whole health economy (QPI) DDES	235	10.0% reduction (or greater)	NA	NA	↓
------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----	------------------------------	----	----	---

74 ND has also reduced inappropriate antibiotic prescribing for UTI in primary care.

Previous Data	Indicator	Latest Data	Target 2018/19	National Average	North East Average	Direction of Travel
5,603	bii) reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care - number of Trimethoprium items prescribed (QPI) ND	3282 (Apr18-Feb 19)	10% reduction (or greater)	NA	NA	↓

Objective 4: Improve Mental health and Wellbeing of the Population

75 There are two actions carried forward into Quarter 4 of 2018/19; one is complete and the other is on target.

Areas for improvement

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

76 Between October and December 2018, the gap between the overall employment rate and the rate for those with a long-term health condition has decreased, compared to the same period in 2017, however it is above both the national and North East averages.

Previous Data	Indicator	Latest Data	Target 2018/19	National Average	North East Average	Direction of Travel
21.3% pts (Oct-Dec17)	Gap between the employment rate for those with a long-term health condition and the overall employment rate	16.9% pts (Oct-Dec 18)	Tracker	11.4%pts (Oct-Dec18)	14.3%pts (Oct-Dec18)"	↓

Performance highlight

Hospital admissions as a result of self-harm

77 Hospital admissions as a result of self-harm were 186.1 for 2017/18, which is down from 204.4 for 2016/17. Durham has performed better than the regional average and is just above the national average (within 2%).

Previous Data	Indicator	Latest Data	Target 2018/19	National Average	North East Average	Direction of Travel
204.4 (2016/17)	Hospital admissions as a result of self-harm. (Age-sex standardised rate of emergency hospital admissions for intentional self-harm per 100,000 population)	186.1 (2017/18)	Tracker	185.5 (2017/18)	243.5 (2017/18)	↓

Objective 5: Protect vulnerable people from harm

78 There is one action carried forward into Quarter 4 of 2018/19, which is on target.

Areas for improvement

Percentage of individuals who achieved their desired outcomes from the adult safeguarding process

79 The Quarter 4 data for 2018/19 is a rolling year and for this period 1817 out of 1910 people (94.8%) achieved their desired outcomes from the adult safeguarding process. This is a fall from the same period last year,

when 1742 out of 1811 people (96.2%) achieved their desired outcomes.

Previous Data	Indicator	Latest Data	Target 2018/19	National Average	North East Average	Direction of Travel
96.2% (2017/18)	Percentage of individuals who achieved their desired outcomes from the adult safeguarding process	95.1% (2018/19)	Tracker	NA	NA	↓

Performance highlight

80 As at 31st March 2019 there were 431 children on a child protection plan, which equates to a rate of 42.9 per 10,000 population. This is below latest national and North East averages and a decrease from the same period in 2018.

81 This is largely driven by a reduction in the number of CPP cases open for more than a year. This indicates that CP children are receiving more timely responses.

Previous Data	Indicator	Latest Data	Target 2018/19	National Average	North East Average	Direction of Travel
49.7 (at 31-Mar-18)	Number of children with a Child Protection Plan per 10,000 population	42.9 [Prov.] (at 31 Mar 19)	Tracker	45.0 (31 Mar 2018)	66.0 (31 Mar 2018)	↓

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

82 There are no actions carried forward into Quarter 4 of 2018/19 for objective 6.

Performance highlight

Deaths in Usual Place of Residence

83 The proportion of deaths in the usual place of residence in both CCGs is above the national and regional averages. DDES GGC has reduced slightly from 52.1% to 50.2% for the period April to December 2017.

Previous Data	Indicator	Latest Data	Target 2018/19	National Average	North East Average	Direction of Travel
52.1% (Apr17-Dec17)	Proportion of deaths in usual place of residence (DDES CCG)	50.2% (Apr18-Dec18)	Tracker	46.7% (Oct18-Dec18)	48.6% (Oct18-Dec18)	↓
51.7% (Apr17-Dec17)	Proportion of deaths in usual place of residence (North Durham CCG)	51.8% (Apr18-Dec18)	Tracker	46.7% (Oct18-Dec18)	48.6% (Oct18-Dec18)	↑

Contact: Stephen Tracey, Corporate Equality & Strategy Manager,
Transformation and Partnerships

Tel: 03000 268029

Email: Stephen.tracey@durham.gov.uk

Appendix 1: Implications

Legal Implications

Performance management is crucial to ensure that key legal / statutory requirements are being discharged appropriately.

Finance

Performance management is a key activity in delivering efficiencies and value for money.

Consultation

The content of the performance management process was agreed with the Health and Wellbeing Board and was part of the consultation on the Joint Health and Wellbeing Strategy (JHWS).

A new JHWS 2019-23 is being developed for County Durham and consultation is underway with stakeholders.

Equality and Diversity / Public Sector Equality Duty

None.

Human Rights

None.

Crime and Disorder

The Joint Health and Wellbeing Strategy includes actions which contribute to community safety priorities.

Staffing

Performance management is a key element of resource allocation.

Accommodation

None.

Risk

Effective performance management can help to highlight and manage key risks.

Procurement

None.

Appendix 2: Performance Scorecard

This is provided as a separate document (pdf).