

Health and Wellbeing Board

15th November 2013



Joint Health & Wellbeing Strategy 2nd Quarter 2013/14 Performance Report

Report of Peter Appleton, Head of Planning & Service Strategy, Children & Adults Services

Purpose of the Report

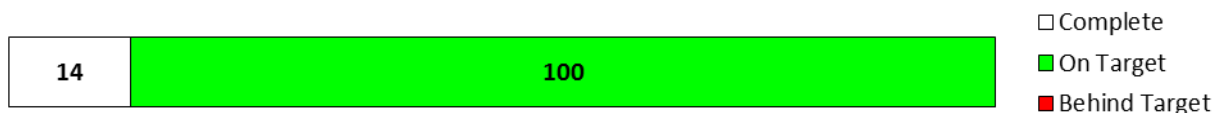
1. To present the first performance report to the Board to describe the progress being made against the priorities and outcomes set within the County Durham Joint Health & Wellbeing Strategy (JHWS) 2013-17.

Background

2. The Health & 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.
3. The Performance Scorecard, which includes all of the performance indicators within the JHWS, is attached at **Appendix A**.
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. The information in this report includes the latest performance information available nationally, regionally and locally.

Overview of Progress Against Actions in Delivery Plan

5. There are 114 actions within the JHWS 2013-17 Delivery Plan. Progress in Quarter 2 is as follows:



The 14 completed actions are identified in **Appendix B**

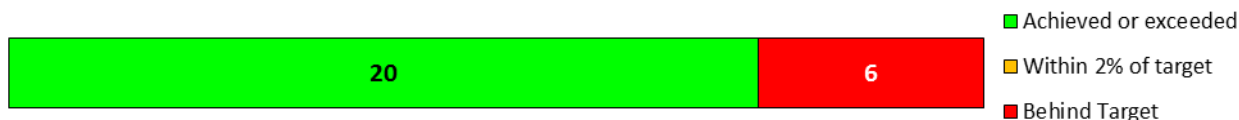
6. The Board is asked to note that the following action, which relates to Strategic Objective 2: Reduce health inequalities and early deaths, is being reviewed:
 - **Work with Clinical Commissioning Groups to ensure universal access to the Health Check Programme in County Durham by increasing the uptake of Health Checks from community providers**
 - See paragraph 35 for changes being considered to Health Checks.

Overview of Delivery Plan Performance Indicators

7. The following rating system is used to illustrate performance levels and is consistent with performance reporting to 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

8. There are 26 indicators with targets for which data is reported. **Performance against target** is as follows:



The six indicators which have not achieved target are included in the narrative below and are identified with ().*

9. There are 55 indicators where it is possible to track **Direction of Travel**. Performance is as follows:



10. The following pages of this report identify the performance highlights and areas for improvement which are for the attention of the Board.

Performance Highlights (paragraphs 11 to 23)

11. The following section identifies key achievements based on the latest performance data available.

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

12. Percentage of exits from young person's treatment for alcohol and substance misuse that are planned discharges is better than target and is above national performance.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
88% (2012/13)	Percentage of exits from young person's treatment that are planned discharges	89% (Apr-Jun 2013)	79%	80% (Apr-Jun 2013)	Not available	↑

13. Under 18 conception rate in County Durham has continued the downward trend and is better than the North East region, though it is still worse than the national average.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
37.4 (Jan-Dec 2011)	Under 18 conception rate per 1,000 15-17 year old women	34.3 (Apr-Jun 2012)	Tracker (no target required)	28.4 (Apr-Jun 2012)	35.6 (Apr-Jun 2012)	↓

14. The latest full year under 18 conception data relates to 2011 and shows that the rate in County Durham decreased from 54.4 (1998 baseline) to 37.4 in 2011. Over the same time period the national rate decreased from 47.1 to 30.9, whilst the North East average fell from 56.5 to 38.4.

15. The latest provisional quarterly data (April to June 2012) shows 74 conceptions, which equates to a conception rate of 34.3 per 1,000 girls aged 15-17 years. The quarterly rate in County Durham is better than the North East (35.6) and Statistical Neighbours (39.1) but is worse than the National rate of 28.4.

16. Actions being taken to reduce teenage conceptions include:

- A social norms project commenced in the 2012/13 Academic Year in all secondary schools. It aims to gather views and perceptions of children and then use these to positively influence the culture in schools through enabling staff to have appropriate conversations about sexual health and wellbeing with young people and also signposting to appropriate services.
- Public Health is currently developing a Resilience Strategy and delivery plan to reduce teenage conceptions and improve sexual health.
- Sex & Relationship Education (SRE) Framework is to be finalised in November 2013. Delivery of the SRE Framework will include guidance for professionals and school staff to support parents and carers to discuss sex and relationship and provide effective messages to young people.
- A Communication & Engagement Strategy is to be developed and Public Health will engage with young people in order to assess their preferred methods of communication (e.g. the types of media to utilise) for messages relating to the SRE Framework, the social norms work, and the sexual health and wellbeing agenda as a whole.

Objective 2: Reduce health inequalities and early deaths

17. Excess winter deaths have decreased in County Durham and are lower than the national rate.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
19.8% (2007-10)	Excess Winter Deaths – the excess of deaths in winter compared with non-winter months (August to July) expressed as a percentage	18.1% (2008-11)	Tracker (no target required)	19.1% (2008-11)	16.7% (2008-11)	↓

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

18. Proportion of people who use services who have control over their daily life is well above target (based on local data).

Previous Data	Indicator	Latest Data*	Target	National Average	North East Average	Direction of Travel
84.4% (2012/13)	Proportion of people who use services who have control over their daily life	95% (Apr-Aug 2013)	80.1%	75.9% (2012/13)	75.7% (2012/13)	↑

PLEASE NOTE: Latest data is taken from the local survey of adult social care users. 2012/13 performance for County Durham and comparators is sourced from the National Adult Social Care Survey and is used for banding Durham's performance against national/regional averages.

19. Admissions to residential or nursing care have decreased and exceeded targets.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
13.4 (2012/13)	Adults aged 18-64 per 100,000 population admitted on a permanent basis in the year	5.4 (Apr-Sep 2013)	8.8	14.9 (2012/13)	15.3 (2012/13)	↓
840.7 (2012/13)	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year	340.6 (Apr-Sep 2013)	472.0	708 (2012/13)	861 (2012/13)	↓

20. Percentage of people with no ongoing care needs following completion of provision of a reablement package has increased and exceeded the target.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
60.3% (2012/13)	Percentage of people who have no ongoing care needs following completion of provision of a reablement package	62.0% (Apr-Sep 2013)	55%	Not available	Not available	↑

Objective 5: Protect vulnerable people from harm

21. Repeat incidents of domestic violence have decreased and are well within target.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
13% (2012/13)	Percentage of repeat incidents of domestic violence	7.8% (Apr-Sep 2013)	Less than 25%	24.3% (Jul 12 - Jun 13)	Not available	↓

22. The proportion of people who use services who say that those services have made them feel safe and secure is well above target (based on local data).

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
86.8% (2012/13)	The proportion of people who use services who say that those services have made them feel safe and secure	93.4% (Apr-Aug 2013)	75%	77.9% (2012/13)	79.4% (2012/13)	↑

PLEASE NOTE: Latest data is taken from the local survey of adult social care users. 2012/13 performance for County Durham and comparators is sourced from the National Adult Social Care Survey and is used for banding Durham's performance against national/regional averages.

23. Children becoming the subject of a Child Protection (CP) Plan for a second or subsequent time has reduced and is better than national.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
16.9% (2012/13)	Children becoming the subject of a CP Plan for a second or subsequent time	13.6% (Apr-Sep 2013)	15.0%	13.8% (2011/12)	12.4% (2011/12)	↓

Areas for Improvement (paragraphs 24 to 66)

24. The following section identifies areas for improvement based on the latest performance data available. Areas for further attention have been identified when performance in County Durham is below target, displays a deteriorating trend, or is significantly worse than the national average.

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

25. Breastfeeding Initiation and Prevalence rates in County Durham are significantly lower than the national rate and also below regional levels.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
58.8 (2012/13)	Breastfeeding Initiation - percentage of new mothers known to have put the baby to the breast or given the baby breast milk within 48 hours of birth	56.9% (Jul-Sep 2013)	Tracker (no target required)	73.9% (2012/13)	59.3% (2012/13)	↓
28.1 (2012/13)	Breastfeeding Prevalence - the percentage of infants due for 6-8 weeks check recorded as totally or partially breastfed	26.4% (Jul-Sep 2013)	Tracker (no target required)	47.2% (2012/13)	31.2% (2012/13)	↓

26. Actions to increase breastfeeding include:

- Completion of the UNICEF action plan by March 2014 by County Durham & Darlington Foundation Trust (CDDFT). This underpins CDDFT's work towards UNICEF's Baby Friendly Initiative and to achieve accreditation of maternity and community facilities that adopt internationally recognised standards of best practice in the care of mothers and babies.
- Rolling out telecontact in the One Point Service – a daily telephone call to mothers, up to and including 10 days following birth, to support breastfeeding on days when there is no other planned contact with Health Visitors.
- Public Health has commissioned the National Childbirth Trust to train mothers who have previously breastfed to support new mothers.
- A website (www.breastmilk.co.uk) and Facebook page have been developed by County Durham & Darlington Foundation Trust to provide information.
- A radio campaign was launched in County Durham during national breastfeeding week in June 2013.

27. Alcohol specific hospital admissions for under 18's per 100,000 population in County Durham are higher than the North East and more than double the national rate.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
122 (2007/8-2009/10)	Alcohol specific hospital admissions for under 18's (rate per 100,000)	116 (2008/9-2010/11)	Tracker (no target required)	55.8 (2008/9-2010/11)	96.5 (2008/9-2010/11)	↓

28. Actions being taken to reduce admissions include:

- All secondary schools across County Durham are taking part in the social norms work commissioned by Durham County Council. This project aims to gather the views of young people (including alcohol-related issues) and then compares their perceptions against actual behaviours. This information is then feedback to them to positively impact on their behaviour and perceptions.
- Targeted schools are accessing alcohol education through the 4Real Alcohol Education Worker.
- Pathways for referrals to 4Real Brief Intervention workers have been developed through the Alcohol Seizure Policy across County Durham.
- Children and Young People's Overview and Scrutiny Committee are to undertake a review of Alcohol and Substance Misuse by Young People.

29. Percentage of mothers smoking at time of delivery has reduced but is significantly higher than the national average.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
21.3% (2011/12)	Percentage of mothers smoking at time of delivery	19.9% (2012/13)	Not set for 2012/13	12.7% (2012/13)	19.7% (2012/13)	↓

30. Work continues between maternity services and stop smoking services to increase referrals and uptake of the stop smoking service by pregnant women. County Durham and Darlington are in the first phase of services (maternity and stop smoking services) to be involved in the regional babyClear project; the North East's approach to reducing maternal smoking rates.
31. The September 2013 Progress Report from the babyClear steering group detailed that for County Durham and Darlington:
- A total of 101 midwives, Maternity Care Assistants and Health Care Assistants have been trained to facilitate delivery of a 3-minute intervention at first contact with maternity services (first booking appointment).
 - Ten administrative staff have been trained on how to convert pregnancy leads of mothers who smoke into appointments attended with the Stop Smoking Service.
 - Eight midwives have completed Risk Perception Masterclass training, with two more to be trained. This cohort of midwives will deliver more intensive “risk perception” interventions to pregnant women who continue to smoke at time of scan appointment. To date, 27 women have received the “risk perception” intervention; 24 of whom went on to engage with the stop smoking service.

Objective 2: Reduce health inequalities and early deaths

32. Take up of the NHS Health Check programme increased during Quarter 1 in comparison to the same period of last year but the uptake of Health Checks is below target and is not expected to exceed the 2012/13 total. (*)

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
14.2% (2012/13)	Percentage of eligible people (aged 40-74) who receive a NHS Health Check	2.4% (Apr-Jun 2013)	5%	1.9% (Apr-Jun 2013)	2.3% (Apr-Jun 2013)	↑

33. Between April and June 2013 there were 3,936 Health Checks undertaken, which equates to 2.4% of eligible people. Performance is below the target of 5% but was an improvement from 0.8% (1,336 Health Checks) during the same period of the previous year.

34. Developments for 2013/14 to increase the number of Health Checks include:
- A new IT system that will transfer data on all Check4Life Health Checks in community settings to the person's GP practice. Approximately 70% of GP practices are now using this system with work ongoing to roll this out across the county. Public Health has commissioned the North of England Commissioning Support Unit (NECS) to carry out a Health Equity Audit of Health Check data on GP practice systems.
 - Expansion of the community Check4Life programme, with Health Checks now offered in 30 pharmacies and a range of community settings across the county.
 - The Check4Life bus will be visiting various locations across the county from October 2013 to March 2014 and will enable people to attend on the day for

their Health Check and to discuss the results with a Check4Life Health Advisor afterwards.

35. Public Health is considering changing the focus of Health Checks from a universal to a targeted approach. This would involve expanding the community based Check4Life programme in areas with a high prevalence of Cardiovascular Disease (CVD) risk factors and GP Practices targeting those eligible people with an estimated high risk of CVD.

36. The main advantages of changing from a universal to a targeted approach are: the identification and management of more people at a high risk of CVD; promoting lifestyle interventions where it is most needed; and having a greater impact on health inequalities. However, the requirement to secure continuous improvement in the percentage of eligible people participating in health checks will not be met.

37. The CVD Prevention Framework will be presented to the Health & Wellbeing Board for approval in March 2014.

38. Mortality rates (deaths per 100,000 population) in County Durham are significantly higher than those nationally.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
71.6 (2010)	Mortality from all cardiovascular diseases (including heart disease and stroke) for persons aged under 75 years per 100,000 population	70.6 (2011)	Not set for 2011	58 (2011)	68.6 (2011)	↓
115.6 (2010)	Mortality from cancer for persons aged under 75 years per 100,000 population	120.7 (2011)	Not set for 2011	107 (2011)	125.7 (2011)	↑
Not available	Mortality from liver disease for persons aged under 75 years per 100,000 population	17.9 (2009-11)	Not set for 2009-11	14.4 (2009-11)	18.3 (2009-11)	N/A
Not available	Mortality from respiratory disease for persons aged under 75 years per 100,000 population	28.5 (2009-11)	Not set for 2009-11	23.4 (2009-11)	28.8 (2009-11)	N/A

Mortality from all cardiovascular diseases (including heart disease and stroke) for persons aged under 75 years per 100,000 population

39. Annual premature cardiovascular disease (CVD) mortality rates in County Durham have reduced by 47.1% from 133.4 per 100,000 in 2001. This decrease is better than national (46.3%) and the North East (46.5%) reductions. The gap to the national rate has narrowed from 25.5 per 100,000 in 2001 to 12.7 in 2011.

40. 3-year pooled data for County Durham shows a decreasing trend, from 125.8 in 2001-03 to 72.7 in 2009-11 (42% reduction). The England rate is 62.9 for 2009-11.

41. Actions to reduce the mortality rate from CVD include:

- Consideration of targeting Health Checks at areas/people with an estimated high risk of CVD
- The Smokefree Tobacco Control Alliance's five-year plan to reduce smoking prevalence was approved by the Health Improvement Partnership in July 2013.
- The CVD Prevention Framework will be presented to the Health & Wellbeing Board for approval in March 2013.

Mortality from cancer for persons aged under 75 years per 100,000 population

42. Whilst there can be a degree of fluctuation in year-on-year rates, from 2001 to 2011 annual premature cancer mortality rates fell by over 16% in County Durham (compared to 15% nationally). The gender breakdown shows that male rates fell by 20% (17% nationally) and female rates fell by 11% (14% nationally).

43. The 3-year pooled data (2009-11) for County Durham shows a rate of 120.0 per 100,000. This has decreased from 140.4 in 2001-03. England rate is 108.4 in 2009-11.

44. A health equity audit is being undertaken by Public Health and CCGs to identify variances in cancer detection and diagnosis rates across the county. The focus of this is upon increasing earlier diagnosis as this is expected to have the most impact upon the under 75 mortality rate. The first health equity audit meeting was held in June 2013 and the audit is due to be completed by autumn 2013.

45. Successful completions as a percentage of total number in drug treatment for opiates and non-opiates are well below target. (*)

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
8% (2012/13)	Successful completions as a percentage of total number in drug treatment - Opiates	7% (Apr-Jun 2013)	11%	8%	Not available	↓
33% (2012/13)	Successful completions as a percentage of total number in drug treatment - Non Opiates	36% (Apr-Jun 2013)	48%	40%	Not available	↑

46. The provision of treatment through the Recovery Academy Durham (RAD) has temporarily reduced due to a lack of availability of appropriate supported housing, which is a requirement of access to treatment. The RAD usually contributes to a large proportion of successful completions in County Durham and so the reduction of this resource can have a significant impact on this indicator. Three new properties have been identified and will be available for use from November 2013.

47. Four week smoking quitters is below target and has decreased from the same period of the previous year. (*)

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
1,165 [4,949 quitters] (2012/13)	Four week smoking quitters per 100,000 population	257 [1,092 quitters] (Apr-Jun 2013)	286 [1,215 quitters] (Apr-Jun 2013)	944 (2011/12)	1,318 (2011/12)	↓

48. All North East services have seen a decrease in the number of 'Quit Dates Set' by smokers compared to last year. This continues a trend seen over the last year of sharply declining throughput. When comparing 2013/14 Quit Dates Set against the peak year of 2011/12, throughput in Quarter 1 has fallen by more than 3,300 clients (or 21%) over the last 2 years. Regionally in Quarter 1 this year there were approximately 1,900 (13.6%) clients fewer than Quarter 1 2012/13. County Durham is 9.3% down on quarter one last year.

49. The number of quitters has also reduced due to the fact that from April 2013 the stop smoking figures for the Local Authority area no longer take into account those quitters who reside in the prison community. This change in the national definition of the indicator will impact more on County Durham than other local authorities due to the presence of three prisons within the county.

50. 'Stoptober' was officially launched on Monday 9th September. Smokers will be able to take advantage of free support including a Stoptober support pack, a daily messaging service and Stoptober mobile app. As a result, it is expected that the number of quitters will increase in Quarter 3.

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

51. The proportion of people using social care who receive direct payments is lower in County Durham is below national and regional rates. (*)

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
9.1% (2012/13)	Proportion of people using social care who receive direct payments	8.5% (Oct-Sep)	9%	16.4% (2012/13)	12.5% (2012/13)	↓

52. Direct Payments are a cash budget provided to service users to facilitate the purchase of their own care. Performance in Durham is below national and regional averages, has not achieved target, and shows a decline in performance in the most recent 12 month period

53. External consultants People Too are currently undertaking a fundamental review of direct payments and will report to Children & Adult Services Management Team in November.

Objective 4: Improve mental health and wellbeing of the population

54. Self-harm and Suicides rates in County Durham are significantly higher than the national rates.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
354.6 (2010/11)	Hospital admissions as a result of self-harm (all ages)	343.1 (2011/12)	Tracker (no target required)	207.9 (2011/12)	Not available	↓
Not available	Suicide rate per 100,000 population	11.5 (2009-11)	Tracker (no target required)	7.9 (2009-11)	9.3 (2009-11)	N/A

55. For children and young people aged 0-17 years, the rate in County Durham of hospital admissions as a result of self-harm was 228 per 100,000 population. This was almost double the national rate of 116 per 100,000 population.

56. Self-harm can be a risk factor for subsequent suicide. It occurs in all sections of the population but is more common among those who are socio-economically disadvantaged or those who are single or divorced, live alone, are single parents or have a severe lack of social support.

57. Analysis from the County Durham Suicide Audit shows:

- 81% of suicides from 2005 to 2012 were male, with a peak age of 40-49;
- 62% were divorced;
- 32% lived alone;
- Hanging was identified as the most common method used;
- 58.9% were found to have diagnosed mental health problems;
- 30% were recorded as alcohol dependent;
- 13% were recorded as users of illicit drugs;
- 39.2% had a history of self-harm;
- 26% had experienced a relationship or family breakdown;
- 17% were recently bereaved;
- 12% were in financial difficulty.

58. The Public Mental Health Strategy, which has the objective to reduce the suicide and self-harm rate in County Durham, is being presented to the Board on the 15th November 2013 for approval.

59. Excess under 75 mortality rate in adults with serious mental illness has decreased in County Durham but is significantly higher than the national rate.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
1241.3 (2009/10)	Excess under 75 mortality rate in adults with serious mental illness per 100,000 population	1064 (2010/11)	Tracker (no target required)	921 (2010/11)	Not available	↓

60. Life expectancy is on average 10 years lower for people with mental health problems due to poor physical health. The Public Mental Health Strategy therefore includes the objectives:

- Improve physical health of people with poor mental health through integration of mental health into existing programmes and targeted approach to those experiencing mental ill-health
- Improve early detection and intervention for mental ill-health across lifespan

61. Actions within the Strategy include:

- Improve access to lifestyle advice including stop smoking and weight management services within community venues.
- Co-ordinate services to promote healthy lifestyles and reduce health risk behaviours.
- Promote the delivery of physical health checks.

62. The Strategy is being presented to the Board on the 15th November 2013 for approval.

Objective 5: Protect vulnerable people from harm

63. Percentage of Children in Need (CIN) referrals occurring within 12 months of previous referral has increased significantly and is above the national average. (*)

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
16.8% (2012/13)	Percentage of CIN referrals occurring within 12 months of previous referral	30.6% (Apr-Sep 2013)	21.0%	26.1% (2011/12)	23.8% (2011/12)	↑

64. The restructuring of services as part of the Children's Care Transformation Project, including the introduction of a structured front of house service between Children's Care and the One Point Service, is to ensure more effective and earlier interventions and therefore reduce the re-referral rate.

65. The Strategic Manager Safeguarding Children has undertaken a mini-audit of re-referrals (10 cases) which demonstrated that cases which were closed were being re-referred for similar issues within 12 months. Findings of this audit will be focused on at the next round of Children's Care Practitioner Briefings in December 2013.

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

66. No performance issues have been identified in relation to objective 6.

Recommendations

67. The Health and Wellbeing Board is recommended to:

- a. Note the performance highlights and areas for improvements identified throughout this report.
- b. Note the actions taking place to improve performance and agree any additional actions where relevant.

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