

Health and Wellbeing Board

3 July 2014



Joint Health & Wellbeing Strategy Annual 2013-2014 Performance Report

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

Purpose of the Report

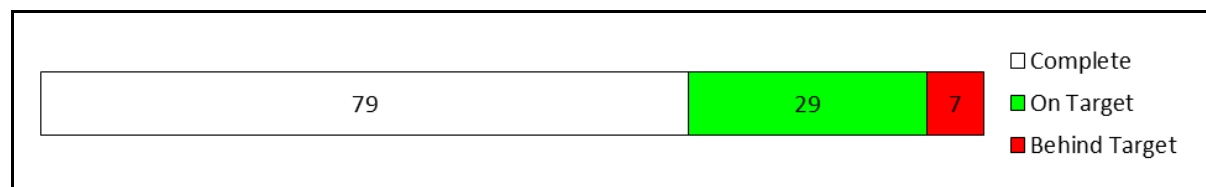
1. The purpose of this report is to describe the progress being made against the priorities and outcomes set within the County Durham Joint Health & Wellbeing Strategy (JHWS) 2013-17.

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 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 latest performance information available nationally, regionally and locally.

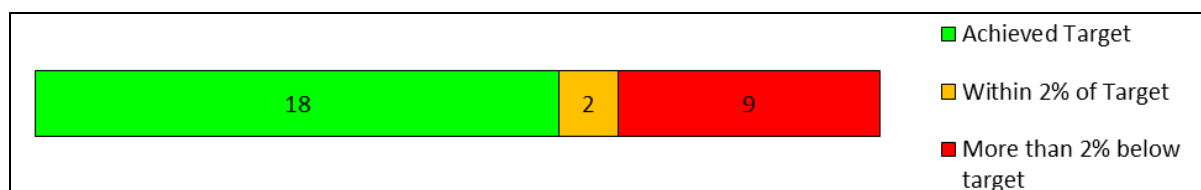
Overview of Performance

5. There are 115 actions within the JHWS 2013-17 Delivery Plan. Progress is as follows:

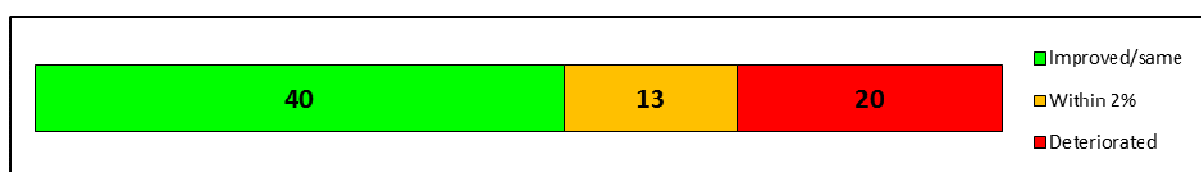


6. There are 7 actions where revised target dates have been set for the completion of the work. These actions have been included in the refreshed JHWS Delivery Plan for 2014-17. The 7 actions are detailed within this report under the relevant objective.

7. There are 29 indicators with targets for which new data is reported.
Performance against target is as follows:



8. The indicators which are below target are detailed within this report under the relevant objective.
9. There are 73 indicators where it is possible to track **Direction of Travel**.
 Performance is as follows:



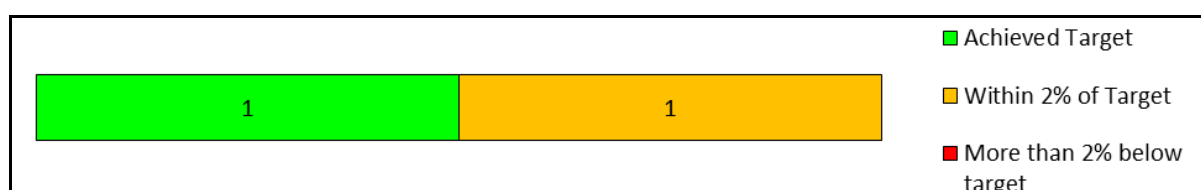
10. The following sections (structured by JHWS Objective) identify those Delivery Plan actions and indicators behind target, performance highlights and other areas for improvement i.e. where performance has a deteriorating trend and/or is significantly worse than the national average.

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

11. There are 26 actions under Objective 1. Progress is as follows:



12. The action where a revised target date has been set is:
- Decommission children's Occupational Therapy and Speech and language Therapy services and re-commission for 2014/15. Target date revised from March 2014 to September 2014.
13. There are 2 indicators with targets under Objective 1 for which data is reported.
 Performance against target is as follows:



Indicators Behind Target

14. There are no indicators which are 'Below Target' within this objective.

Performance Highlights

15. Under 18 conceptions continue to decrease and the gap is closing with the national rate.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
37.4 (2011)	Under 18 conception rate (annual data)	33.7 (2012)	Tracker (no target required)	27.9 (2012)	35.5 (2012)	↓

16. The latest under 18 conceptions data for October to December 2012 shows the County Durham rate was 26.7 per 1,000 (58 conceptions), which is an improvement from 35.3 during the same period of 2011. This is significantly better than the North East rate (31.5) and similar to the England average (26.3).

17. However, the under 16 conception rate rose from 7.7 per 1,000 girls aged 13-15 years to 8.9 (76 conceptions) and is above the national rate of 5.6.

18. Actions being taken to tackle under 16/18 conceptions include:

- The social norms project is taking place with secondary schools across County Durham. This work aims to correct identified misperceptions of young people about sex and relationships, alcohol and smoking to help change behaviour. An end project report will be produced by September 2014 and presented to Public Health Management Team, the Alcohol Harm Reduction Group, and the Teenage Pregnancy & Sexual Health Steering Group.
- The Teenage Pregnancy & Sexual Health Steering Group is to map Sex & Relationships Education service provision against teenage pregnancy hot spot areas to inform targeted delivery by September 2014.

Other Areas for Improvement

19. The percentage of children in Year 6 who are classified as overweight or obese reduced from the previous year but is worse than national and regional averages.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
38.4% (2011/12 Ac Yr)	Percentage of children aged 10-11 (Year 6) classified as overweight or obese	35.9% (2012/13 Ac Yr)	Tracker (no target required)	33.3% (2012/13)	35.7% (2012/13)	↓

20. Whilst Year 6 compares unfavourably with national and regional averages, this is not the case at Reception level (aged 4-5), where performance (21.9%) is better than the national (22.2%) and regional (24.1%) rates.

21. Actions being taken to tackle this issue include:
- A Healthy Weight Alliance for County Durham has been launched to promote healthy weight in the county.
 - A Healthy Weight Framework is currently being developed to support delivery. The main focus is to reduce the inequality gap between Reception and Year 6 and continue to provide support to families to achieve a healthy weight.

22. Alcohol specific hospital admissions for under 18's per 100,000 population in County Durham have reduced but remain higher than the North East and almost double the national rate.

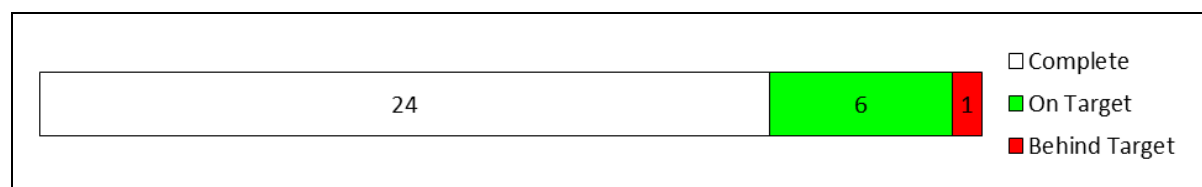
Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
102.6 (2009/10-2011/12)	Alcohol specific hospital admissions for under 18's (rate per 100,000)	81.5 (2010/11-2012/13)	Tracker (no target required)	44.9 (2010/11-2012/13)	72.2 (2010/11-2012/13)	↓

23. The Alcohol Harm Reduction Group's priorities for 2014/15 include under 18 drinking, reduction of hospital admissions for alcohol, perceptions of young people drinking, and proxy provision of alcohol. An action plan and framework for operational delivery are currently being developed.

24. Work already taking place includes:
- implementation of the Partnership alcohol seizure procedure, which aims to confiscate alcohol from young people before they get drunk;
 - alcohol education in schools by 4Real;
 - social norms work in secondary schools to alter young people's perceptions in relation to drinking alcohol;
 - treatment pathways between Treetops (paediatric ward) and 4Real are in place; and training of GP's and Pharmacists in identification and brief advice.

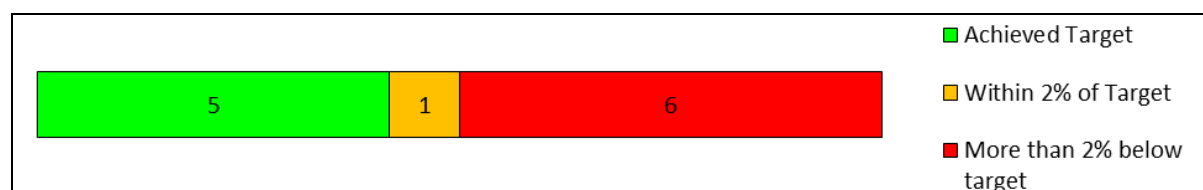
Objective 2: Reduce health inequalities and early deaths

25. There are 31 actions under Objective 2. Progress is as follows:



26. The action where a revised target date has been set is:
- Implementation of the Experience Led Commissioning Stroke Prevention and management strategy and action plan. Target date revised by CCG from 31st March 2014 to 31st March 2015.

27. There are 12 indicators with targets under Objective 2 for which data is reported. Performance against target is as follows:



Indicators Behind Target

28. The following 6 performance indicators are behind target:

29. **Take up of NHS Health Checks is below target at the end of Quarter 3 but is better than the national and regional averages.**

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	10.3% (2013/14)	20%	10.4% (2013/14)	9.0% (2013/14)	↓

30. Actions being taken to tackle this issue include:

- Public Health is changing the focus of health checks from a universal to a targeted approach aimed at those with a high prevalence of cardiovascular disease (CVD) risk factors. There are planned to be 71 GP practices taking part in total with 20 practices already involved in the initial pilot and training has been provided to staff.
- The Check4Life bus visited various locations across the county from October 2013 to March 2014 and enabled people to attend on the day for their Health Check and discuss the results with a Check4Life Health Advisor.

31. **The all cause under 75 mortality rate improved from the previous year but did not achieve target and is significantly worse than the national rate.**

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
307.0 (2011)	Mortality for persons aged under 75 per 100,000	294.6 (2012)	288 (2012)	256.4 (2012)	298.3 (2012)	↓

32. See paragraphs 45 to 51 for further information on mortality rates from specific causes.

33. Successful completions of those in drug treatment have not achieved targets and are below the 2012 national averages.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
7.4% (Apr12-Mar13)	Successful completions as a percentage of total number in drug treatment – Opiates	7.2% (Jul12-Jun13)	11%	8.2% (2012)	N/A	N/A
35.3% (Apr12-Mar13)	Successful completions as a percentage of total number in drug treatment – Non-opiates	36.9% (Jul12-Jun13)	48%	40.2% (2012)	N/A	N/A

34. Actions being taken to tackle this issue include:

- Three performance clinics were held in December 2013 to address key areas of underperformance, including successful completions. An action plan was agreed by the Drug Provider Partnership Board.
- Operational staff encouraging individuals in treatment to attend and engage with mutual aid meetings.
- The introduction of Entry to Service plans which set out an individual's journey through treatment to prevent them becoming 'stuck' in treatment.
- Clinic staff are reviewing guidance and policy in relation to individuals accessing opiate treatment who have been maintained on methadone on a long term basis to look at incentives for moving these through treatment.
- The Drug & Alcohol Service is currently being reviewed and the new integrated model will be in place from January 2015 which will have a greater focus on recovery.

35. Targets for 2014/15 have been reduced to the national average for both indicators.

36. The number of smoking quitters is below target and has declined from the previous year, whilst smoking prevalence in County Durham is worse than national and regional averages.

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	675 [2,875 quitters] (Apr-Dec 2013)	749 [3,192 quitters] (Apr-Dec 2013)	470 (Apr-Dec 2013)	691 (Apr-Dec 2013)	↓

37. Between April and December 2013, County Durham saw a 14% decrease in people accessing the Stop Smoking Service whilst there has been a 12.8% drop regionally. Colleagues in Public Health suggest the impact of e-cigarettes may be one factor in the declining numbers.

38. The full year target for 2013/14 is for 5,066 quitters, which equates to a rate of 1,193 per 100,000 population. As a result of the reducing engagement of

smokers with the Stop Smoking Service, the target for 2014/15 has been reduced to 4,813 quitters, a rate of 1,133 per 100,000.

39. Latest Public Health England data (January-December 2012) shows an estimated smoking prevalence for persons aged 18 and over of 22.2% in County Durham. This was an increase from 21.2% in 2011 and was worse than the national average of 19.5% and similar to the North East rate of 22.1%.
40. Actions taken to tackle this issue include:
- Fresh, the regional tobacco programme funded by all North East Local Authorities, launched the 'Don't Be the 1' campaign with a TV advert and website on 11th February 2014 followed by radio and cinema adverts. The campaign features stories of local people and highlights how one in two long term smokers will die prematurely.
 - National 'No Smoking Day' was the 12th March 2014 with the theme 'V for Victory'. There was local media coverage in the Northern Echo and Spennynews. An 8 day awareness campaign was held in Durham. A combination of supermarket stands, outdoor events and roving events generated 76 leads for the service.

41. The screening rate for cervical cancer is above national and regional averages but decreased from the previous year and was below target.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
78.8% (2012)	The percentage of women in a population eligible for cervical screening at a given point in time who were screened adequately within a specified period	77.8% (2013)	80%	73.9% (2013)	75.9% (2013)	↓

42. The Cervical Cancer Screening Programme is the responsibility of Public Health England; however, the Director of Public Health has an assurance role on behalf of the local authority.
43. Actions being taken to tackle this issue include:
- The Director of Public Health has arranged to meet with the NHS England Area Team lead for the screening and immunisation programmes to clarify actions being undertaken to increase uptake rates.

Performance Highlights

- 44. Patients receiving first definitive treatment for cancer within 31 days from diagnosis exceeded target and is higher than the national average in both CCG areas.**

Previous Data	Indicator	Latest Data	Target	National Average	North East Average*	Direction of Travel
Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date)						
97.4% (Jul-Sep 13)	DDES CCG	99.5% (Oct-Dec 13)	96%	98.2% (Oct-Dec 13)	99.1% (Oct-Dec 13)	↑
99.3% (Jul-Sep 13)	North Durham CCG	98.4% (Oct-Dec 13)			99.1% (Oct-Dec 13)	↓

*Durham, Darlington & Tees Area Team

Other Areas for Improvement

- 45. When comparing data from 2001-03 to 2010-12, there have been long term downward trends in under 75 mortality rates from cardiovascular diseases (CvD) including heart disease and stroke, cancer, and respiratory disease. Under 75 mortality rates in County Durham are better than the North East but worse than the national averages.**

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
96.6 (2009-11)	Mortality from all CvD (including heart disease and stroke) for persons aged under 75 per 100,000 population	91.3 (2010-12)	Tracker (no target required)	81.1 (2010-12)	92.4 (2010-12)	↓
163.5 (2009-11)	Mortality from cancer for persons aged under 75 per 100,000 population	164.2 (2010-12)	Tracker (no target required)	146.5 (2010-12)	171.4 (2010-12)	↑
42.1 (2009-11)	Mortality from respiratory disease for persons aged under 75 per 100,000 population	40.1 (2010-12)	Tracker (no target required)	33.5 (2010-12)	42.2 (2010-12)	↓
22.1 (2009-11)	Mortality from liver disease for persons aged under 75 per 100,000 population	21.7 (2010-12)	Tracker (no target required)	18.0 (2010-12)	22.3 (2010-12)	↓

46. The key points to note from the above table are as follows:

Under 75 mortality from CvD (including heart disease and stroke)

47. There has been a downward trend for under 75 mortality from CVD at a county, regional and national level. The rate in County Durham improved from 169.9 per 100,000 population (2001-03) to 91.3 (2010-12), which equates to 813 fewer deaths in the 3-year period and a decrease of 46%. This is a greater reduction than nationally (42% decrease).

48. Actions being taken to tackle this issue include:
- The CVD Prevention Framework will be presented to the Health & Wellbeing Board for approval in November 2014.

Under 75 mortality from cancer

49. There has been a long term downward trend for under 75 mortality from cancer at a county, regional and national level, with a reduction of 14% for each level over the last 12 years. The rate in County Durham improved from 191.2 (2001-03) to 164.2 (2010-12), however, it increased slightly from the 2009-11 figure of 163.5.

50. Actions being taken to tackle this issue include:
- Public Health completed a Health Equity Audit in February 2014, with the headline findings as follows:
 - For both CCG areas, premature mortality rates for cancer are higher in those areas of greatest deprivation.
 - Early deaths from lung cancer in females are increasing in both CCG areas and are significantly higher than the England average.
 - Early death rates from bowel cancer in males are increasing in North Durham compared with overall decreases in County Durham and England.
 - There is large variation in key cancer outcome measures between GP practices across County Durham.
 - Public Health has shared the findings of the audit with CCG colleagues through the Cancer Action Networks to help inform future CCG developments and action planning.

Under 75 mortality from liver disease

51. The County Durham rate has increased by 21% from 2001-03, which is similar to the rise in the North East (+20%) but worse than the increase seen in England as a whole (+14%). The County Durham rate for 2010-12 (21.7) was a slight improvement from 22.1 for 2009-11.

52. Alcohol related admissions to hospital are significantly higher than the national average.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
801 (2011/12)	Alcohol related admissions to hospital per 100,000	794 (2012/13)	Tracker (no target required)	637 (2012/13)	856 (2012/13)	↓

53. Actions being taken to reduce alcohol related hospital admissions include:
- Public Health will continue to commission screening and brief interventions in pharmacies and through GP practices.
 - Research into alcohol use by men aged 25-44 by the Community Alcohol Service and the development of an action plan by January 2015.
 - Public Health is undertaking an evaluation of the Recovery Academy Durham, which is to be completed by October 2014.

- Balance is undertaking awareness raising of the impact of alcohol on health.
- An evaluation of the effectiveness of the Alcohol Hospital Liaison Team, which is to be completed by January 2015.
- Work is being undertaken with AgeUK to develop a comprehensive action plan in relation to alcohol and older adults. This is due to be completed by January 2015.
- The Drug & Alcohol Service is currently being reviewed and the new integrated model will be in place from January 2015 which will have a greater focus on recovery.

54. Excess weight in adults is higher than national and regional averages.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
Not available	Excess weight in adults (proportion of adults classified as overweight or obese)	72.5% (2012)	Tracker (no target required)	63.8% (2012)	68.0% (2012)	N/A

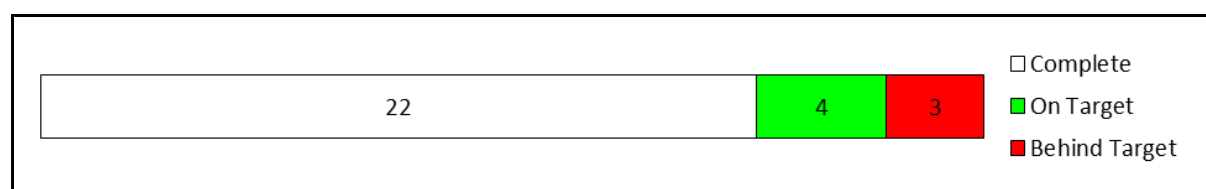
55. This indicator is sourced from self-reported height and weight from respondents to the Active People Survey. However, it is known that adults tend to underestimate their weight and overestimate their height when providing self-reported measurements. Public Health England therefore applies an adjustment factor to obtain an estimate of the true height and weight of an individual.

56. Actions being taken to tackle this issue include:

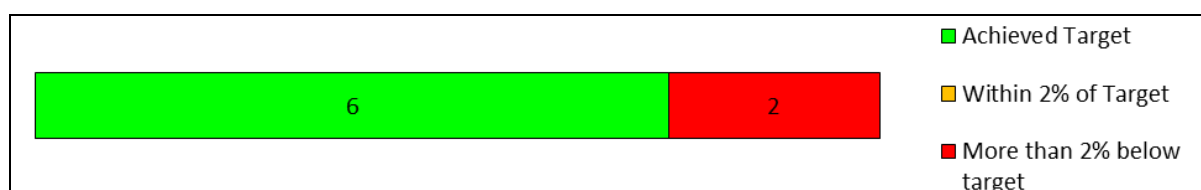
- The Healthy Weight Strategy Group has developed the draft Healthy Weight Framework, the aim of which is to achieve a sustained improving trend in healthy weight for all adults in County Durham by 2020. The Framework is subject to extensive consultation between April and September 2014 and is due to be presented to the Health & Wellbeing Board in November 2014.

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

57. There are 29 actions under Objective 3. Progress is as follows:



58. There are 3 actions where a revised target date has been set as follows:
- Having regard to evaluation of the various locality schemes and national good practice to develop improved clinical and pharmacy support to vulnerable older people living in care/nursing homes. Target date revised from March 2014 to March 2015
 - Roll out improvements to care planning and case management in nursing homes. Target date revised from March 2014 to March 2015.
 - Improve health related quality of life for people with long term conditions by reducing unplanned hospitalisation for chronic ambulatory sensitive conditions. Revised target date to be set by ISIS (Integrated Short-term Intervention Service) Operational Group in late June 2014.
59. There are 8 indicators with targets under Objective 3 for which data is reported. Performance against target is as follows:



Indicators Behind Target

60. **The percentage of carers assessments as a proportion of all social care assessments increased from the previous year but did not achieve target.**

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
32.4% (2012/13)	Percentage of carers assessments as a proportion of all social care assessments	35.6% (2013/14)	37%	Not available	Not available	↑

61. The profile of carers has increased with the Care Act 2014 and there is now a duty on local authorities to meet a carer's eligible needs. The principle of promoting wellbeing in the Care Act also applies to carers as well as those being cared for.
62. Actions to be taken are:
- The need to consider and incorporate the needs of carers within service user assessments will be reinforced with social work practitioners. The local authority will also develop capacity for independent assessment arrangements for those carers who request a separate assessment or where the circumstances of the 'cared for' and carer are in conflict.

63. Permanent admissions to residential or nursing care increased for adults aged 18-64 year old in comparison to the previous year.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
13.5 (2012/13)	Adults aged 18-64 per 100,000 population admitted on a permanent basis in the year to residential or nursing care	15.1 (2013/14)	14	15.0 (2012/13)	15.4 (2012/13)	↑

64. During 2013/14 there were 48 admissions to residential or nursing care for adults aged 18-64, an increase from 45 in the previous year. All such admissions have been screened by Adult Care and there were no inappropriate admissions identified.

Performance Highlights

65. Social care service users offered self-directed support exceeded the target and is higher than 2012/13 national and regional averages.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
60.0% (2012/13)	Social care service-users offered self-directed support (direct payments and individual budgets)	60.1% (2013/14)	55%	55.5% (2012/13)	51.9% (2012/13)	↑

66. Older people at home 91 days after discharge into reablement/rehabilitation services has improved, exceeded the target and is better than national and regional averages, whilst the percentage of people who have no ongoing care needs following reablement increased and exceeded the target.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
85.4% (Oct-Dec 2012)	Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	89.4% (Oct-Dec 2013)	85%	81.5% (2012/13)	84.9% (2012/13)	↑
60.3% (2012/13)	Percentage of people who have no ongoing care needs following completion of provision of a reablement package	62.3% (2013/14)	55%	Not available	Not available	↑

67. Permanent admissions to residential or nursing care for adults aged 65+ reduced significantly from 2012/13 and is better than the regional average.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
809.7 (2012/13)	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	736.2 (2013/14)	850	697.2 (2012/13)	831.4 (2012/13)	↓

Other Areas for Improvement

68. Delayed transfers of care have increased slightly and are higher than the national average.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
10.7 per 100,000 (2012/13)	Delayed transfers of care from hospital per 100,000 population	10.8 per 100,000 (2013/14)	Tracker (no target required)	9.2 per 100,000 (2013/14)	Not available	↑

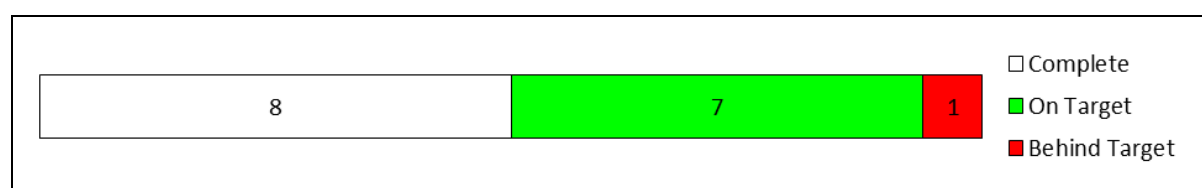
69. The majority of delays are attributable to NHS reasons. Delays which are fully or partly attributable to adult social care (1.0 per 100,000) have reduced and are significantly better than the national rate (3.0 per 100,000).

70. Actions being taken to tackle this issue include:

- Weekly conference calls are now in place involving staff from Continuing Health Care, Discharge Management, Intermediate Care and Social Care to try and expedite patient discharges.

Objective 4: Improve Mental Health and Wellbeing of the Population

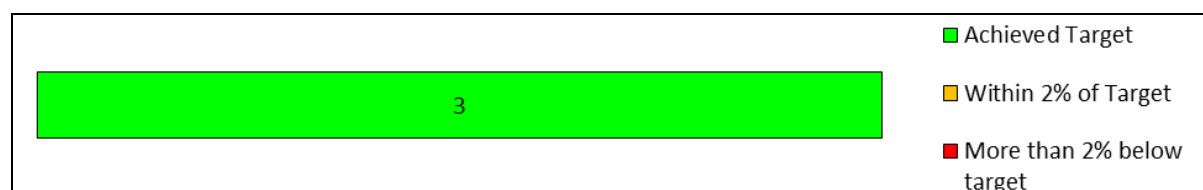
71. There are 16 actions under Objective 4. Progress is as follows:



72. The action where a revised target date has been set is:

- Implement the recommendations of the review of the Care Programme Approach (CPA) to address employment needs. Target date revised from March 2014 to October 2015.

73. There are 3 indicators with targets under Objective 4 for which data is reported. Performance against target is as follows:



Indicators Behind Target

74. There were no performance indicators behind target for this objective

Performance Highlights

75. The proportion of adults in contact with secondary mental health services who are in paid employment and settled accommodation have exceeded targets and are better than national averages.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
11% (2012/13)	Proportion of adults in contact with secondary mental health services in paid employment	10.9% (2013/14)	9%	8.8% (2012/13)	6.8% (2012/13)	↓
89.2% (2012/13)	Percentage of adults receiving secondary mental health services known to be in settled accommodation at the time of their most recent assessment, formal review or multi disciplinary care planning meeting	88.5% (2013/14)	85%	58.5% (2012/13)	Not available	↓

Other Areas for Improvement

76. The suicide rate in County Durham is higher than the national and regional rates, whilst hospital admissions as a result of self-harm is significantly higher than the national average but better than the North East rate.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
12.0 (2009-11)	Suicide rate per 100,000 population	11.3 (2010-12)	Trackers	8.5 (2009-11)	9.8 (2009-11)	↓
354.6 (2010/11)	Hospital admissions as a result of self-harm per 100,000 population	343.1 (2011/12)	(no target required)	207.9 (2011/12)	353.7 (2011/12)	↓

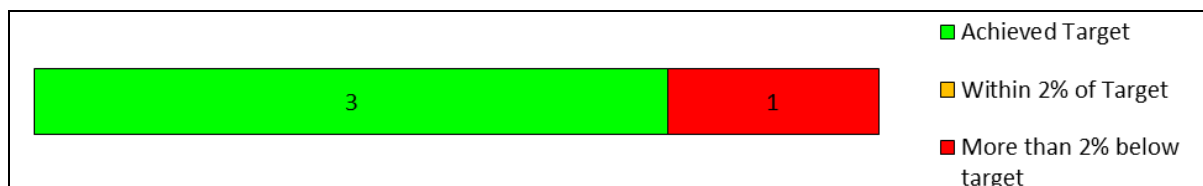
77. Actions being taken to tackle this issue include:
- A Suicide Prevention Group is in place to develop and implement the action plan aimed at reducing the suicide and self-harm rates.

Objective 5: Protect vulnerable people from harm

78. There are 7 actions for Objective 5. Progress is as follows:



79. There are 4 indicators with targets for Objective 5 for which data is reported. Performance is as follows:



Indicators Behind Target

80. **Percentage of Children in Need referrals occurring within 12 months of previous referral has increased and is above national and regional averages.**

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	28.5% [Prov] (2013/14)	21.0%	24.9% (2013/14)	22.5% (2013/14)	↑

81. Actions being taken to tackle this issue include:
- The Head of Children's Services has reminded Team Managers that, as per the Children in Need procedures, cases with continuing needs should only be closed if a Team Around the Family is in place to provide ongoing support as part of the de-escalation process.
 - The new First Contact Service came into operation on the 7th April 2014. This service provides a single front door, with the aim of providing: more consistent decision making on need; an appropriate response proportionate to need; a reduction in inappropriate referrals to social care services; and more effective action being taken resulting in fewer cases being re-referred.

Performance Highlights

82. Repeat incidents of domestic violence referrals to the Multi Agency Risk Assessment Conference (MARAC) have decreased and are significantly below the national and regional averages.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
12.6% (2012/13)	Percentage of repeat incidents of domestic violence (referrals to MARAC)	8.9% (2013/14)	Less than 25%	24% (2013)	28% (2013)	↓

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

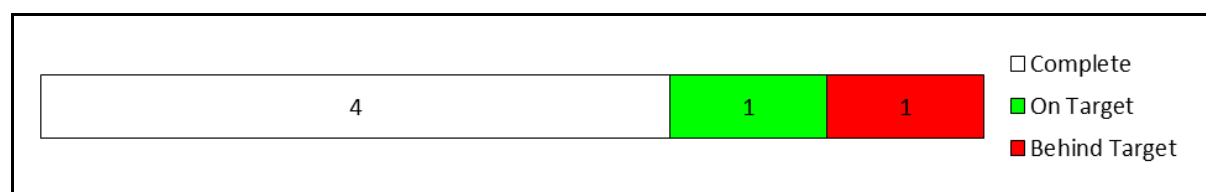
Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
16.9% (2012/13)	Children becoming the subject of a CP Plan for a second or subsequent time	14.7% [Prov] (2013/14)	15.0%	14.9% (2012/13)	15.0% (2012/13)	↓

Other areas for improvement

84. There are no other areas for improvement identified for Objective 5.

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

85. There are 6 actions under Objective 6. Progress is as follows:



86. The action where a revised target date has been set is:

- Progress advanced/anticipatory care planning for end of life patients. Target revised from March 2014 to March 2015.

87. There are no indicators with targets under Objective 6.

Recommendations

88. 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 actions where relevant.

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Appendix 1: Implications

Finance - Performance Management is a key activity in delivering efficiencies and value for money

Staffing - Performance management is a key element of resource allocation

Risk - Effective performance management can help to highlight and manage key risks

Equality and Diversity / Public Sector Equality Duty - None

Accommodation - None

Crime and Disorder - The Joint Health and Wellbeing Strategy includes actions which contribute to community safety priorities and includes an objective to protect vulnerable people from harm.

Human Rights - None

Consultation - The content of the performance management process has been agreed with the Board and has been part of the consultation on the JHWS

Procurement - None

Disability Issues - A range of indicators which monitor services to people with a disability are included within the performance system

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