

Health and Wellbeing Board

5 November 2014



Joint Health & Wellbeing Strategy 2nd Quarter 2014/15 Performance Report

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

Purpose of Report

1. To describe the progress being made against the priorities and outcomes set within the County Durham Joint Health & Wellbeing Strategy (JHWS) 2014-17.

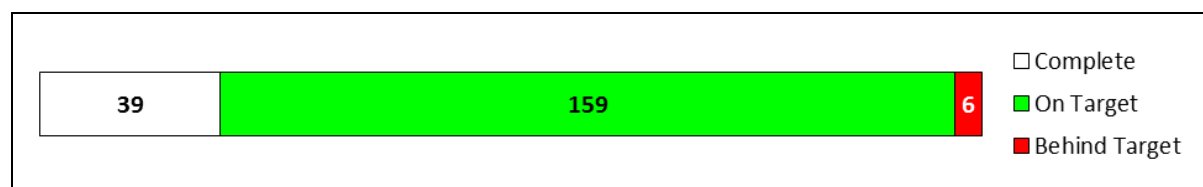
Background

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. This includes performance indicators linked to the Better Care Fund and Clinical Commissioning Group (CCG) Quality Premium Indicators, which are identified throughout this report.
3. The Performance Scorecard attached at **Appendix 2** includes performance indicators within the JHWS where updated data has been made available since the previous performance report in July 2014.
4. Those indicators where performance data has not been updated since the previous performance report are included for information only at **Appendix 3**. This information was considered at the Board meeting in July 2014.
5. This report also includes the latest performance information available nationally and regionally for benchmarking purposes.
6. The following rating system is used for performance indicators and is consistent with the rating system used by the County Durham Partnership:

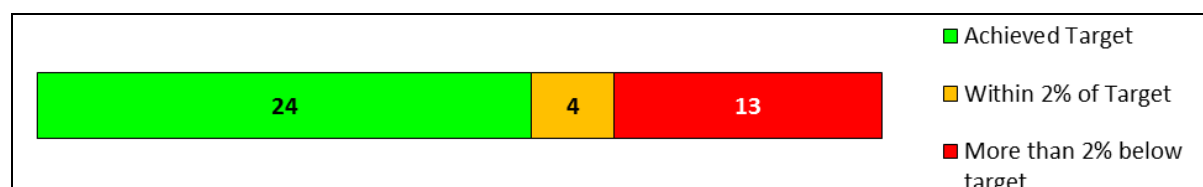
Performance Against Target	Direction of Travel	Performance Against Comparators	Banding
Target achieved or exceeded	Improved/Same	Better than comparator	Green
Performance within 2% of target	Within 2% of previous performance	Within 2% of comparator	Yellow
Performance more than 2% away from target	Deteriorated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

Overview of Performance

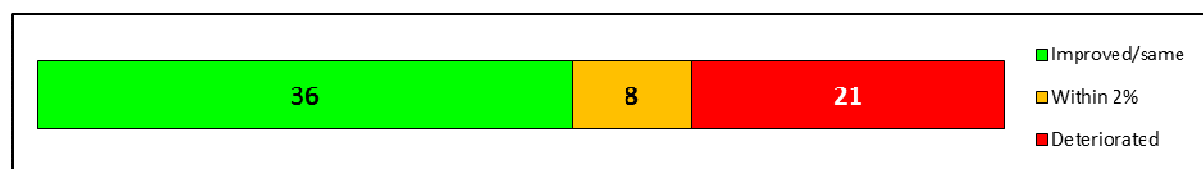
7. There are 211 actions within the JHWS 2014-17 Delivery Plan. Of these, 2 are to be deleted and 5 have been rescheduled (i.e. a decision has been taken by the responsible organisation to commence the action at a later date). These actions are highlighted in the report. Progress against the remaining 204 actions is as follows:



8. There are 41 indicators with targets where updated data is available and included in the report. **Performance against target** is as follows:



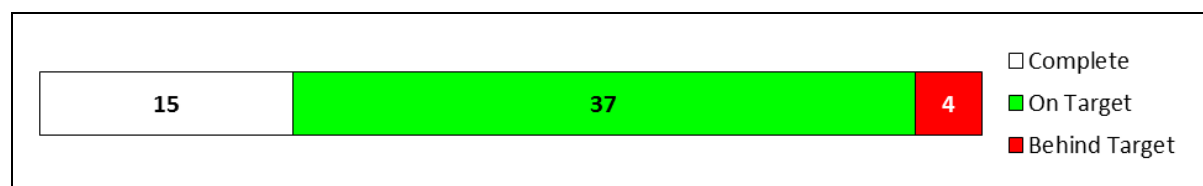
9. There are 65 indicators where updated data is available and it is possible to track **Direction of Travel**. Performance is as follows:



10. The following sections (structured by JHWS Objective) identify:
- Delivery Plan actions behind target/deleted/rescheduled
 - Performance indicators behind target,
 - Performance highlights and
 - Other areas for improvement i.e. where performance has a significantly deteriorating trend and/or is significantly behind the national average.

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

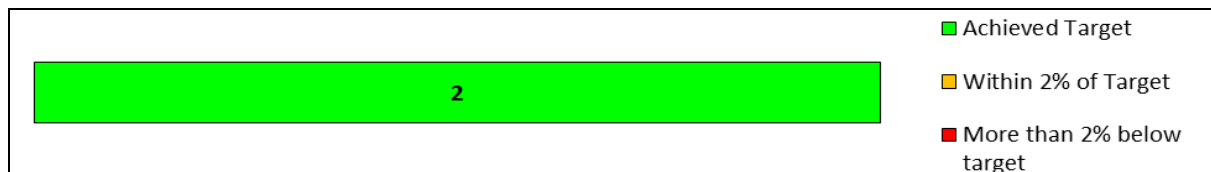
11. There are 56 actions under Objective 1. Progress is as follows:



12. The following 4 actions are behind target:

- Public Health, through their smoking cessation and smoke free family initiatives, to work with CCGs to reduce the number of children developing lower respiratory tract conditions. The target date has been revised by Public Health from March 2015 to March 2016.
- Work together to reduce incidents of self-harm by young people: Clarify safe and effective support pathways, and raise awareness of key professionals that can be involved in complex cases. The target date has been revised by Public Health from December 2014 to April 2015.
- Re-commission specialist short breaks (for children with a disability and their families) to ensure increased choice and value for money. The target date has been revised by Children & Adult Services (Commissioning) from November 2014 to June 2015.
- Develop SEN and Disability Strategy and implement recommendations. The target date has been revised by Children & Adult Services (Education) from September 2014 to November 2014.

13. There are 2 indicators with targets under Objective 1 for which new data is reported. Performance against target is as follows:



Performance Highlights

14. Progress since the previous performance report includes:

- Undertake an intelligence-led approach to tackling cheap and illicit tobacco and alcohol. An intelligence-led approach is firmly embedded. Raids take place on illicit tab houses on a regular basis as well as overt inspections of commercial premises including the use of tobacco sniffer dogs.
- Following review, commission children's Occupational Therapy and Speech and Language Therapy services. The contract has been awarded and the service will commence in December 2014.
- Introduce a Single Front Door (First Contact Service) for referrals *and* Introduce a single assessment framework. The First Contact Service was launched in April 2014 and Children's Services have implemented a single assessment framework.
- Implement suicide and attempted suicide early alert process for young people at risk of suicide or self-harm. A new early alert process was implemented in September 2014 which identifies suspected suicide and attempted suicide within a maximum of 48 hours.
- Between April and June 2014, 92% of exits from young person's treatment for drug and alcohol were planned discharges. This is better than target (79%) and the national average (82%).

- Between April and June 2014, 17.9% of mothers were smoking at time of delivery. This is a significant improvement from the corresponding period of the previous year (21.6%). Performance is better than the regional average (20.1%) but remains above the national rate (11.5%).

Other Areas for Improvement

Under 18 conception rate

15. Provisional data for April to June 2013 indicates that there were 84 under 18 conceptions. This equates to a rate of 38.9 per 1,000 15-17 year old females, which is an increase from the same period of the previous year. Durham's rate is higher than both the national and regional averages.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
34.4 (Apr-Jun12)	Under 18 conception rate	38.9 (Apr-Jun13)	Tracker	25.2 (Apr-Jun13)	32.1 (Apr-Jun13)	↑

16. Public Health colleagues advise that this indicator should be considered in terms of longer term trends, as quarterly can vary significantly. The long term trend for under 18 conceptions shows that the rate per 1,000 population in County Durham improved from 54.4 in 1998 to 33.7 in 2012, a reduction of 38.1%. Over the same period, the national rate decreased by 40.8% and the North East by 37.2%.
17. Actions being taken to reduce teenage conceptions include:
- The Teenage Pregnancy & Sexual Health Steering Group will undertake a health needs assessment (HNA), which will systematically review under 18 conceptions. The HNA will be completed by April 2015 and will lead to agreed priorities and resource allocation to ensure services are delivered based on need.
 - A social norms project has taken place in secondary schools across County Durham, which aimed to correct identified misperceptions of young people about sex and relationships to help change behaviour. A project report will be presented to Public Health Senior Management Team in December 2014 and the Teenage Pregnancy & Sexual Health Steering Group and Alcohol Steering Group in January 2015. All schools participating have received their own data to inform action planning.

Young people admitted to hospital as a result of self harm

18. In 2012/13 the rate of young people (aged 10-24) admitted to hospital as a result of self harm in County Durham was 410.5 per 100,000. This is significantly higher than the national average but is better than the North East.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
Not reported	Young people aged 10-24 admitted to hospital as a result of self-harm	410.5 (2012/13)	Tracker	346.3 (2012/13)	479.6 (2012/13)	N/A

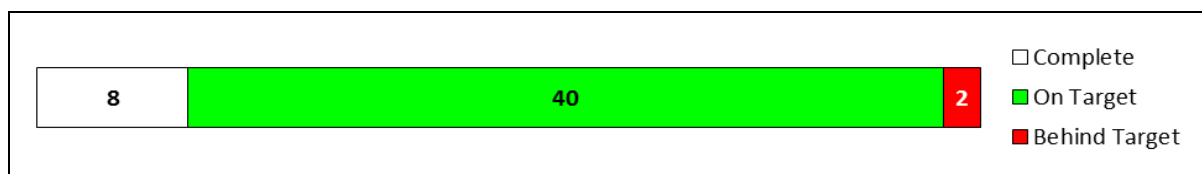
19. The 3-year pooled data for 2010/11 to 2012/13 indicates that County Durham had a rate of 504.8 per 100,000, which was an improvement from 561.8 for the previous period and was significantly better than the North East (532.2). This reduction had narrowed the gap between County Durham and England (352.3).

20. Actions to reduce self-harm include:

- A Suicide Prevention Group is in place to develop and implement an action plan aimed at reducing suicide and self-harm rates for all ages. A report on suicide, attempted suicide and self-harm, including recommendations for actions has been produced. The report is being considered by the Clinical Commissioning Groups before being presented to the Health and Wellbeing Board in the new year.

Objective 2: Reduce health inequalities and early deaths

21. There are 55 actions under Objective 2. Of these, 2 actions are to be deleted and 3 have been rescheduled. Progress against the other 50 actions is as follows:



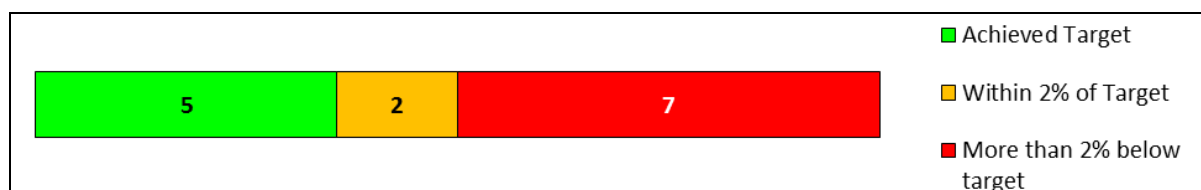
22. The 2 actions that are to be deleted are:

- Carry out a review of referrals thresholds for suspected cancer which will result in an increase in the diagnosis of cancer at an earlier stage
- Evaluate the primary care cancer risk assessment tool
 - These actions are to be deleted as there is a lack of evidence that a reduction in referrals thresholds will increase the diagnostic rate. The Clinical Commissioning Groups reduced the referrals thresholds for suspected cancer but this did not result in an increase in diagnoses.

23. The following 3 actions have been rescheduled by the Clinical Commissioning Groups (CCG) following re-prioritisation of activities i.e. these actions have been aligned to year 2 of the CCG delivery plan and the target date has been amended from March 2015 to March 2016:

- Implement the Experience Led Commissioning Stroke Prevention and management strategy and action plan
- Implement model of care for community stroke/transient ischemic attack (TIA) services which will reduce the number of incidences of stroke/TIA improved access to therapies and improved patient experience
- Evaluate the heart failure service in community/primary care

24. The following 2 actions are behind target:
- Undertake two “Fulfilling Lives” engagement events to seek the views of people with a learning disability on how they access universal services in their local communities. The target date has been revised by Children & Adult Services (Adult Care) from September 2014 to November 2014.
 - Develop an integrated and holistic wellbeing service: Complete phase one of the wellbeing approach, with a provider in place to deliver services from existing access points and community buildings. The target date has been revised by Public Health from September 2014 to November 2014.
25. There are 14 indicators with targets under Objective 2 for which new data is reported. Performance against target is as follows:



Indicators Behind Target

NHS Health Checks

26. From April to June 2014, 1.5% of eligible people received an NHS Health Check. Performance is below target, has reduced from 2.4% in the same period of 2013, and is below both the national and regional averages.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
2.4% (Apr-Jun13)	Percentage of the eligible population aged 40-74 who received an NHS Health Check	1.5% (Apr-Jun14)	2% (Apr-Jun14)	2.2% (Apr-Jun14)	2.1% (Apr-Jun14)	↓

27. Public Health has changed 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.
28. Durham’s Health Check programme has been recognised in a national bulletin by the NHS Health Check National Lead, who visited Claypath Medical practice and the ‘Check4Life’ bus in the city centre. The National Lead highlighted as good practice the IT system in the community outreach programme, which collects and transfers data from the NHS Health Check back to GPs.

Patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral

29. From April to June 2014, the percentage of patients receiving first definitive treatment within 62 days of an urgent GP referral across both Durham Dales,

Easington and Sedgefield (DDES) and North Durham CCGs was below target and lower than the national average.

Previous Data	Indicator	Latest Data	Target	National Average	Regional Average*	Direction of Travel
Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer						
88.0% (Apr-Jun13)	DDES CCG	78.9% (Apr-Jun14)	85%	83.9% (Apr-Jun14)	83.0% (Apr-Jun14)	↓
90.3% (Apr-Jun13)	North Durham CCG	81.9% (Apr-Jun14)	85%	83.9% (Apr-Jun14)	83.0% (Apr-Jun14)	↓

*Durham, Darlington & Tees Area Team

30. Three 'Be Clear on Cancer' campaigns ran concurrently earlier in the year, which resulted in an increase in demand for treatment. Actions being taken to improve performance include:
- The Durham, Darlington & Tees Area Team and North of England Strategic Clinical Network are being invited to the County Durham & Darlington Cancer Operations Group on 24th October 2014 to discuss with local commissioners and providers how they can support in trying to improve cancer performance.
 - The Area Team are in the process of setting up a Task & Finish group to review Cancer 62 day performance across the region.
 - A questionnaire has been sent to all Lung Multi Disciplinary Team Leads across the North East to understand how the early part of the pathway is managed. Results will be analysed and discussed at the next Lung Network Site Specific Group to assess if there is an opportunity to enable earlier diagnosis.
31. Specific actions being undertaken in Durham Dales, Easington and Sedgefield CCG include:
- North Tees & Hartlepool Foundation Trust has implemented a series of initiatives:
 - Daily and Weekly Patient Target List meetings are in place.
 - Departments are being held to account to ensure clinic letters are typed within 24 hours to reduce delay between appointments.
 - From 1st October 2014 a pilot commenced for patients to progress direct to a CT scan where they have had a chest x-ray and the Radiologist considers it to be highly suggestive of lung cancer. This will result in patients attending their first appointment with a CT result and potentially removing 10–14 days from the pathway.
32. Specific actions being undertaken in North Durham CCG include:
- Lung and Urology are common areas for breaches to occur and detailed analysis is being undertaken for the last 6 months to determine if there are opportunities for local pathway redesign to improve performance.
 - In Urology, City Hospitals Sunderland has a detailed action plan in place to address performance issues. This is being monitored through contract management meetings.

Successful completions of those in drug treatment – opiates

33. Successful completions of those in drug treatment for opiates has not achieved target and is lower than the national average.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
7.3% (Re-presentations from Jan-Jun13)	Successful completions as a percentage of total number in drug treatment – Opiates	6.8% (Re-presentations from Jan-Jun14)	7.9%	7.7% (2013)	Not available	↓

34. Actions being taken to improve performance include:
- The Drug and Alcohol Service is currently being reviewed and the new integrated model, which will have a greater focus on recovery, will be in place from April 2015.
 - A new process for ensuring the appropriate recording of re-presentations, so that any individual returning to treatment services within the first 6 months of discharge will be recorded as receiving recovery support and not as a re-presentation unless assessed as requiring structured interventions.

Four week smoking quitters

35. Between April and June 2014, there were 817 four week smoking quitters (a rate of 191.1 per 100,000). Performance was below the quarterly target of 293 per 100,000 and declined from the same period of the previous year.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
257 per 100,000 (1,092) (Apr-Jun13)	Four week smoking quitters per 100,000 population	191.1 per 100,000 (817) (Apr-Jun14)	293 per 100,000	688 per 100,000 (2013/14)	932 per 100,000 (2013/14)	↓

36. Actions being taken to improve performance include:
- Public Health is undertaking a review of the Stop Smoking Service, which is due to be completed by June 2015.
 - Fresh, the regional tobacco programme funded by all North East Local Authorities, began to re-run the “Don’t be the 1” media campaign in mid-August. The aim of this campaign is to increase concern levels among local smokers before the positive support of Stoptober in Quarter 3 to increase sign-ups and registrations with the Stop Smoking Service.
37. Whilst County Durham is currently performing below target, an important aspect of service delivery is quality assurance:
- The success rate of quitters has continued to rise. In Quarter 1, 52% of those setting a quit date did quit smoking, in comparison to 49% in the same quarter of the previous year.

- In a national study to measure longer term quitters at 12 months, the Stop Smoking Service achieved a higher percentage of validated quitters (10%) in comparison to the national average (8%).

Potential years life lost from amenable causes (CCG Quality Premium Indicator)

38. Potential years life lost from amenable causes has not achieved target and is higher than the national average.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
2,408.1 (2012)	Potential years life lost from amenable causes per 100,000 – DDES CCG	2,396.3 (2013)	2,341	2,027.4 (2013)	2338.1 (2013)	↓
2,124.3 (2012)	Potential years life lost from amenable causes per 100,000 – ND CCG	2,286.5 (2013)	2,093	2,027.4 (2013)	2338.1 (2013)	↑

39. The Clinical Commissioning Groups have a programme of work around long term conditions and ambulatory sensitive care conditions with a specific focus on Chronic Obstructive Pulmonary Disease, diabetes and dementia. This work involves clinical leads from primary care and secondary care and Public Health consultants.

Performance Highlights

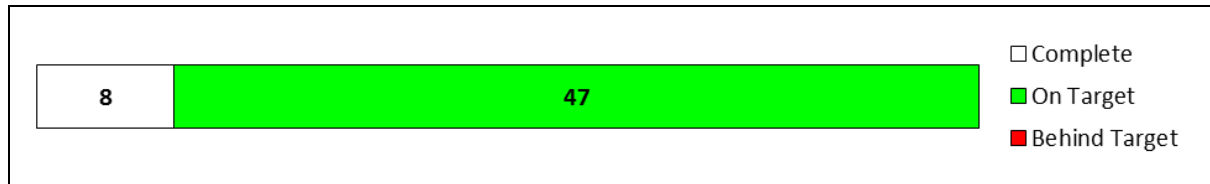
40. Progress since the previous performance report includes:

- Implement the Tobacco Alliance Action Plan. The Action Plan was developed and signed off by Children & Adult Services and Cabinet and is monitored quarterly.
- Implement Eye Check Pilot for people with learning disabilities. The contract for this service is now in place.
- Commission a Warm and Healthy Homes project integral to the Warm Up North programme. This programme is delivered by Regeneration & Economic Development and is linked to the Warm Up North scheme through British Gas.
- Undertake Health Equity Audits and Undertake Health Needs Assessments. A cancer Health Equity Audit and a Health Needs Assessment (HNA) of eye health have been completed. A dementia HNA is underway.
- Both Clinical Commissioning Groups are exceeding the 96% target for the percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis. North Durham achieved 97.3% between April and June 2014, with DDES at 98.2% for the same period.

- Alcohol related admissions to hospital have reduced to 184.6 per 100,000 during April to June 2014 from 198.1 in the same period of the previous year. This is better than the North East average (206.5) but higher than the national rate (152.8).

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

41. There are 56 actions under Objective 3. Of these, 1 action has been rescheduled. Progress against the other 55 actions is as follows:



42. The following action has been rescheduled:

- Review and implement the home equipment loans service for adults and children and determine a sustainable service model to cope with increasing demand. The review and re-commissioning of the Home Equipment Loans Service has been planned by the CCGs to start in October 2014, with the new service to commence in June 2015. The procurement plan was put back due to the need for some technical information relating to stock from the current provider. The target date has been revised by the CCGs from March 2015 to June 2015.

43. There are 11 indicators with targets under Objective 3 for which new data is reported. Performance against target is as follows:



Indicator Behind Target

Adults aged 18-64 admitted to residential / nursing care

44. The number of adults aged 18-64 admitted on a permanent basis to residential or nursing care between April and September 2014 was 8.6 per 100,000. This is an increase from the same period of the previous year (5.4) and has not achieved target.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
5.4 per 100,000 (Apr-Sep13)	Adults aged 18-64 per 100,000 admitted on a permanent basis to residential or nursing care	8.6 (Apr-Sep14)	7.6 per 100,000 (Apr-Sept 14)	14.4 (2013/14)	16.6 (2013/14)	↑

45. There has been an increase in the number of complex younger disabled people and a lack of alternative supported housing provision, particularly for those with brain injuries. Additionally, Learning Disability Services are reducing high cost supported housing and using residential care, where appropriate, for older people with learning disabilities. All admissions have been screened and no inappropriate admissions have been identified.

Performance Highlights

46. Progress since the previous performance report includes:
- Introduce 'Time to Think' opportunities as part of the intermediate care continuum, allowing individuals the opportunity to consider their options or alternatives to long term care. This has been completed as part of the implementation of the Integrated Short-term Intervention Service.
 - Develop a post-diagnosis support service in County Durham (Autism). The contract was awarded to MAIN to deliver services from May 2014.
 - Review wheelchair service. The review has been completed and an options paper is with North Durham and DDES CCGs for approval.
 - In the 12 months to end of September 2014, the proportion of carers receiving a specific carers service as a percentage of service users receiving community based services was 38.2%. This is an increase from 37.9% in the same period of the previous year and is higher than national and regional averages.
 - Children & Adult Services continue to refer carers to Durham County Carers Support for assessment and support. The number of carers registered with Durham County Carers Support has increased from 8,065 in 2011/12 to 10,501 in June 2014.
 - The number of adults aged 65 and over admitted on a permanent basis to residential or nursing care between April and September 2014 was 358.4 per 100,000 population aged 65 and over, which has achieved the profiled target (387.9). This is a Better Care Fund Indicator.
 - The proportion of older people still at home 91 days after discharge from hospital into a reablement/rehabilitation service was 89.8%, which is achieving target (85.6%) and is better than national (81.9%) and regional (87.2%) averages.
 - The percentage of people with no ongoing care needs following completion of a reablement service is 64.6% which has exceeded target (55%).
 - The latest figure (April – August 2014) for delayed transfers of care in Durham is 8.3 per 100,000 population. This is lower than the national average (10.1). Delays attributable to adult social care (1.5 per 100,000 population) are also

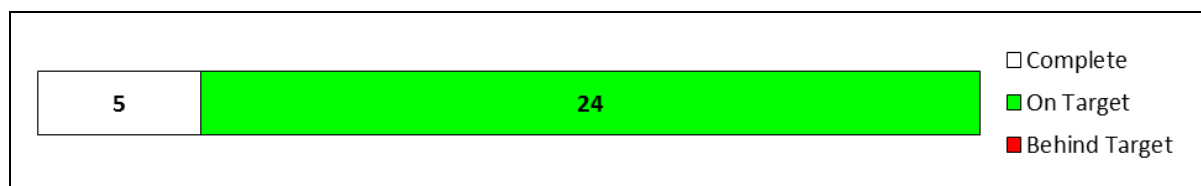
lower than the national average (3.2). As part of the monitoring of the Better Care Fund, the number of bed days delayed is being tracked against quarterly targets. There has been an increase in the numbers of delayed days attributable to the NHS within the Acute Sector in July and August 2014:

Month	April	May	June	July	August
Number of bed days delayed attributable to NHS	464	706	639	852	748

A meeting was held on the 8th October 2014 which was attended by representatives from County Durham and Darlington NHS Foundation Trust, Durham County Council, North East Commissioning Support, the regional NHS team and Clinical Commissioning Groups to discuss performance in relation to delayed transfers of care. Delays in completing Continuing Health Care assessments was identified as the main pressure on delayed transfers and a further meeting is convened for the 18th November 2014 to discuss how this process can be streamlined.

Objective 4: Improve Mental Health and Wellbeing of the Population

47. There are 30 actions under Objective 4. Of these, 1 action has been rescheduled. Progress against the other 29 is as follows:



48. The following action has been rescheduled:

- Develop an integrated primary care mental health model.
 - This has been delayed for 12 months following an extensive engagement process with GPs. This postponement will allow CCGs to examine alternatives to the model, engage with potential providers and fully mobilise any new services. The target date has been amended from March 2015 to March 2016.

49. There are 6 indicators with targets under Objective 4 for which new data is reported. Performance against target is as follows:



Indicators Behind Target

Improving Access to Psychological Therapies (IAPT) (CCG Quality Premium Indicators)

50. The recovery rate of those completing IAPT treatment in DDES CCG between April and August 2014 was 46.6%. Performance did not achieve the target. North Durham CCG performance was 51.1% and exceeded target.
51. Access to IAPT treatment is below target in both CCG areas but has exceeded the latest national performance.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
45.4% (2013/14)	IAPT: Recovery rate of those completing treatment – DDES CCG	46.6% (Apr-Aug14)	50% [1410]	45.5% (Jan-Mar14)	46.8% (Jan-Mar 14)	↑
52.5% (2013/14)	IAPT: Recovery rate of those completing treatment – ND CCG	51.1% (Apr-Aug14)	50% [1238]	45.5% (Jan-Mar14)	46.8% (Jan-Mar 14)	↓
8.2% (2013/14)	Access to IAPT – DDES CCG	12.3% (Apr-Aug14)	12.8%	9.5% (Dec 2013)	Not available	↑
9.1% (2013/14)	Access to IAPT – ND CCG	12.1% (Apr-Aug14)	12.8%	9.5% (Dec 2013)	Not available	↑

* Durham, Darlington & Tees Area Team.

52. The provider of IAPT services and the Clinical Commissioning Groups have improved performance during 2013/14 through the operation of a jointly agreed remedial action plan. The provider is under a performance notice whereby if the action plan is not adhered to they are in breach of contract. The action plan is ongoing and key issues that are being addressed are staffing recruitment and retention, publicity and promotion of the service and patient retention.
53. Within County Durham therapy is also provided by counselling services; these services are not currently counted in the IAPT minimum datasets. The CCGs are looking into possible solutions to ensure all therapy provision counts towards these targets.

Performance Highlights

54. Progress since the previous performance report includes:
- Provide a forum where the voice of the armed services community can be heard and can help influence service development. The Armed Forces Forum meets twice per year and a dedicated page for support available for the Armed Forces community is on the new Durham County Council Website.
 - Implement the Recovery College to offer training opportunities for people with mental health difficulties to gain a better understanding of their difficulties and how to manage them as well as providing opportunities to learn from others

with similar experiences. The Recovery College officially opened in September 2014, offering a range of courses.

- Implement specialist mental health advocacy services *and* Implement supported living (Richmond Fellowship) service. These are contracted services which are in place.
- The proportion of adults in contact with secondary mental health services who are in paid employment is 10.8% in the 12 months to September 2014. This is exceeding target (9%) and is above the 2013/14 national average (97.1%).
- The percentage of service users who have as much social contact as they would like was 85.3% between April and September 2014 and is exceeding target (80%).

Other Areas for Improvement

Self-reported wellbeing

55. Self-reported wellbeing in County Durham is worse than the national averages (low percentages represent good performance). However, performance has improved for all indicators in comparison to the previous year.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
Self-reported wellbeing						
8.8 (2012/13)	People with a low satisfaction score (% of respondents scoring 0-4 to "how satisfied are you with your life nowadays?")	6.1% (2013/14)	Tracker	5.6% (2013/14)	6.5% (2013/14)	↓
6.4 (2012/13)	People with a low worthwhile score (% of respondents scoring 0-4 to "To what extent do you feel the things you do in your life are worthwhile?")	5.6% (2013/14)	Tracker	4.2% (2013/14)	5.0% (2013/14)	↓
14.8 (2012/13)	People with a low happiness score (% of respondents scoring 0-4 to "How happy did you feel yesterday?")	13.0% (2013/14)	Tracker	9.7% (2013/14)	11.6% (2013/14)	↓
25.4 (2012/13)	People with a high anxiety score (% of respondents scoring 6-10 to "How anxious did you feel yesterday?")	21.5% (2013/14)	Tracker	20.0% (2013/14)	21.6% (2013/14)	↓

56. The four personal wellbeing questions are part of the Annual Population Survey, administered by the Office of National Statistics. This is a very large household survey which uses both face-to-face and telephone interviewing methods and provides a representative sample of people aged 16 and over living in residential households in the UK.

57. Actions being taken to improve self-reported wellbeing include:
- The implementation of the Public Mental Health Strategy. The primary purpose of the Strategy is to reduce the number of people developing mental health problems through promotion of good mental health, prevention of mental ill-health, and improving the quality of life for those with poor mental health through early identification and recovery.

Hospital admissions as a result of self-harm

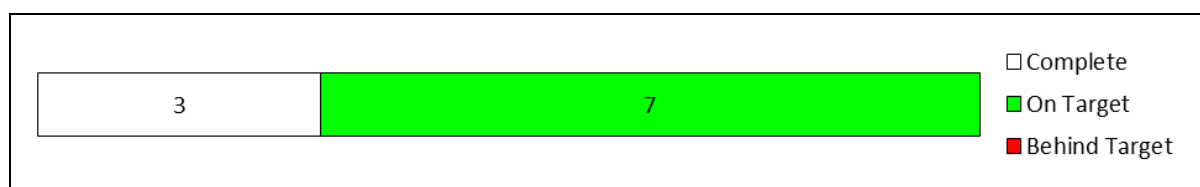
58. Latest data for hospital admissions as a result of self-harm is significantly higher than the national average.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
343.1 (2011/12)	Hospital admissions as a result of self-harm. (Age-sex standardised rate of emergency hospital admissions for intentional self-harm per 100,000)	269.5 (2012/13)	Tracker	188.0 (2012/13)	292.8 (2012/13)	↓

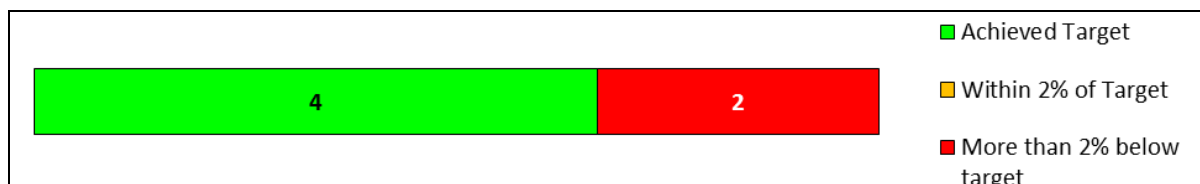
59. A Suicide Prevention Group is in place to develop and implement an action plan aimed at reducing suicide and self-harm rates for all ages. A report on suicide, attempted suicide and self-harm, including recommendations for actions has been produced. The report is being considered by the Clinical Commissioning Groups before being presented to the Health and Wellbeing Board in the new year.
60. A workshop is planned for February 2015 with all key partners to work through example scenarios and develop pathways which enable access to a range of services from community provision, GP to secondary mental health services. The example scenarios are being collated through the suicide and attempted suicide early alert pilot which began in late September 2014.

Objective 5: Protect vulnerable people from harm

61. There are 10 actions under Objective 5. Progress is as follows:



62. There are 6 indicators with targets for Objective 5 for which new data is reported. Performance is as follows:



Indicators Behind Target

Reported number of medication-related safety incidents (CCG Quality Premium Indicators)

63. The percentage of reported medication-related safety incidents is below target in both Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and CDDFT.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
9.4% (Oct12-Mar13)	Reported number of medication-related safety incidents - CDDFT	7.4% (Oct13-Mar14)	10%	10.3% (Oct13-Mar14)	Not available	↓
24% (Oct12-Mar13)	Reported number of medication-related safety incidents - TEWV	16.1% (Oct13-Mar14)	26%	9.0% (Oct13-Mar14)	Not available	↓

64. Improving the reporting of medication-related safety incidents is a major contributing factor to Domain 5 of the NHS Outcomes Framework: 'Treating and caring for people in a safe environment and protecting them from avoidable harm'. Research shows that organisations which regularly report more patient safety incidents usually have a stronger learning culture where patient safety is a high priority, thereby driving improvement in the safety of care received by patients.
65. County Durham and Darlington NHS Foundation Trusts performance of 7.4% is below the large acute trust average of 10.3%. Incident reporting in general is being monitored by the Clinical Quality Review Group (CQRG) and CDDFT is looking at ways of improving reporting to increase their position against their peers over the forthcoming 6 months through campaigns and training, including through care groups and the Trust medicines bulletin.
66. TEWV report more medication incidents than other Mental Health Trusts, with performance of 16.1% compared to the mental health trust average of 9.0%. As above, the CQRG receive specific reports on medication incidents, whilst TEWV continue to deliver reporting campaigns throughout the Mental Health divisions.

Performance Highlights

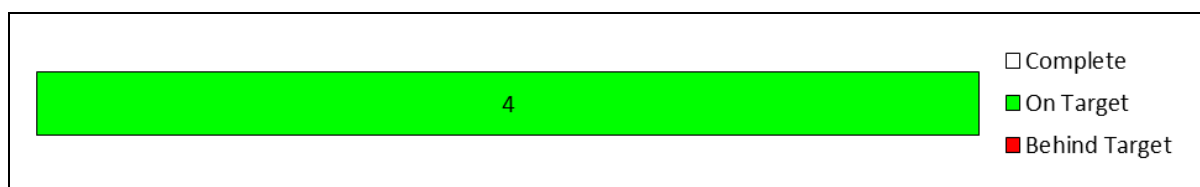
67. Progress since the previous performance report includes:
- Review Safeguarding Framework to clarify the working arrangements between the Safeguarding Adults Board (SAB) and Local Safeguarding

Children's Board (LSCB) and the relationships with the Health & Wellbeing Board, Children & Families Partnership and Safe Durham Partnership. The Safeguarding Framework was approved by the SAB and LSCB in July/ August 2014.

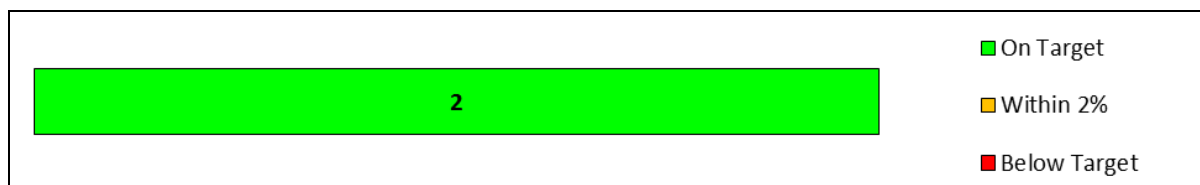
- Ensure all partners are aware of overarching safeguarding procedures by ensuring they are represented on the SAB and LSCB. Attendance at the SAB/LSCB is reviewed annually. It includes representatives from Children & Adults Services, Public Health, Health Trusts and Durham Constabulary.
- Between April and June 2014, 14.1% of presentations at the Multi Agency Risk Assessment Conference (MARAC) were repeat victims, which continues to achieve the target of 25%. Performance is better than the average repeat referral rate for England (24%) and the North East (28%).
- The number of children with a Child Protection Plan at the end of September 2014 is 38.4 per 10,000 population. This is significantly lower than the latest regional average at March 2013 (51.1) and close to the national average (37.9).
- The rate of looked after children at September 2014 is 61 per 10,000 population, which is lower than the latest North East average at March 2013 (80) and similar to the national average (60).

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

68. There are 4 actions under Objective 6. Progress is as follows:



69. There are 2 indicators with targets under Objective 6 for which new data is reported. Performance is as follows:



Performance Highlights

70. Progress since the previous performance report includes:

- The proportion of deaths in usual place of residence has increased across both CCG areas in 2013/14. In Durham Dales, Easington and Sedgefield CCG the figure was 45.4%. In North Durham CCG the figure was 46.6%.

The national average for the same period is 44.7% and North East average is 44.6%.

- The number of patients in need of palliative care/support as recorded on practice disease registers is above target for both CCG areas between April and August 2014. In Durham Dales, Easington and Sedgefield CCG the figure was 653 against a target of 598. In North Durham CCG the figure was 708 against a target of 304. This is a CCG Quality Premium Indicator.

Recommendations

71. 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