

Health and Wellbeing Board

11 March 2015

Refresh of the Joint Health and Wellbeing Strategy 2015-18



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Purpose of the Report

1. The purpose of this report is to present the refresh of the Joint Health and Wellbeing Strategy (JHWS) 2015-18 for agreement.

Background

2. Consultation took place between October 2014 and February 2015 on the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS) and has included children and young people, service users, patients, members of the public, voluntary and community organisations, Overview and Scrutiny Committees, Area Action Partnerships and NHS colleagues. The consultation closed on 9th February 2015.
3. The Health and Wellbeing Board received a presentation of the summary of the key messages from the JSNA and also the draft JHWS document for comment at its meeting on 28th January 2015.
4. The JHWS is informed by the Director of Public Health County Durham's Annual Report and the JSNA which provides an overview of health and wellbeing needs of the local population. A summary of the key messages from the JSNA 2014 are shown in Appendix 2.

Development of the refresh JHWS

5. Work has progressed in developing a final version of the JHWS 2015-18. This has included analysing consultation responses to support the development of additional strategic actions and mapping the Better Care Fund (BCF) work programmes against the strategic actions in the JHWS to ensure that the work on integration and transformation is fully reflected.
6. Work has also taken place to consider the NHS England Planning Guidance and align the Clinical Commissioning Group Commissioning Intentions to the JHWS, where appropriate.

7. The vision for the JHWS has been re-affirmed as “**Improve the health and wellbeing of the people of County Durham and reduce health inequalities**”.

Strategic Objectives and Outcomes Framework

8. A Strategic Objectives and Outcomes Framework has been agreed by the Health and Wellbeing Board. Following consultation feedback, the ordering of some of the outcomes has been changed to reflect more of a life course approach with preventative outcomes such as ‘reduced levels of tobacco related ill health’ and ‘increased physical activity and participation in sport and leisure’ placed first under objectives 2 and 4 respectively.
9. This framework has been included in the refresh of the JHWS as follows:

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

- i. Reduced childhood obesity
- ii. Improved early health intervention services for children and young people

Strategic Objective 2: Reduce health inequalities and early deaths

- i. Reduced levels of tobacco related ill health
- ii. Reduced obesity levels
- iii. Reduced levels of alcohol and drug related ill health
- iv. Reduced mortality from cancers and circulatory diseases
- v. Reduced excess winter deaths

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

- i. Adult care services are commissioned for those people most in need
- ii. Increased choice and control through a range of personalised services
- iii. Improved independence and rehabilitation
- iv. Improved joint commissioning of integrated health and social care

Strategic Objective 4: Improve mental and physical wellbeing of the population

- i. Increased physical activity and participation in sport and leisure
- ii. Maximised independence
- iii. Increased social inclusion
- iv. Reduced self-harm and suicides

Strategic Objective 5: Protect vulnerable people from harm

- i. Provide protection and support to improve outcomes for victims of domestic abuse and their children

- ii. Safeguarding children and adults whose circumstances make them vulnerable and protect them from avoidable harm

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

- i. Improved End of Life Pathway
10. The JHWS links to other thematic partnership plans and has shared objectives with the Children, Young People and Families Plan: “Children and young people make healthy choices and have the best start in life” and the Safe Durham Partnership Plan “Protect vulnerable people from harm”.

Strategic Actions

11. The JHWS includes a number of Strategic Actions that identify the key areas of work which the Health and Wellbeing Board will focus on, linked to objectives and outcomes.
12. Work has been undertaken to streamline the number of Strategic Actions from 60 to 51 with many actions now being grouped together under common themes, for example the prevention and treatment of cancers. A number of actions also have amended wording.
13. Following feedback at the Health and Wellbeing Board meeting in January, an action that reflects the vision of the Urgent Care Strategy has been added:
 - **Implement the Urgent Care Strategy to ensure that patients are seen by the right health/social care professional, in the right setting, at the right time, to the highest quality and in the most efficient way providing the best outcome for the patient.**
14. An additional action has also been added in relation to Carers, which reflects consultation feedback, ensures alignment with the Better Care Fund and supports a recommendation from the Peer Challenge Team.
 - **Support people with caring responsibilities to identify themselves as carers so they can access the information, advice and support that is available.**
15. The relationship between the Health and Wellbeing Board and the Area Actions Partnerships has also been strengthened in the narrative.
16. A full version of the revised Joint Health and Wellbeing Strategy 2015-18 is attached in Appendix 3 for agreement.

County Durham Partnership Away Day

17. In November 2014, the County Durham Partnership hosted an event to share good practice, shape the future of partnership working across the county and to launch the revised Sustainable Community Strategy 2014/30. Workshops were dedicated to each of the following cross cutting issues:
 - Job creation
 - Mental wellbeing
 - Stronger families
 - Volunteering
 - Inequalities
 - Alcohol
18. The session highlighted how a broader perspective to these key issues can add value to existing work programmes to ensure that the work of the County Durham Partnership makes a real difference to facilitate change in the longer term to improve outcomes for local people. Following the event, an action plan was developed. The relevant sections of the action plan, along with how the Health and Wellbeing Board is responding to the actions through its sub-groups and strategies is shown in Appendix 4.

JHWS Delivery Plan

19. More detailed actions outlining the work taking place to achieve the Strategic Actions will be included in the JHWS Delivery Plan. This will include target dates for when actions will be achieved. This will be presented to the Health and Wellbeing Board for agreement on 23rd July 2015.

JHWS Performance Management arrangements

20. The performance indicators included within the JHWS 2015-18 have been developed taking account of the views of key partners on the Health and Wellbeing Board. The indicator set includes the key indicators from the Better Care Fund.
21. Although the guidance for the CCG Quality Premium Indicators (QPI's) was due in February 2015, it has not been published and consequently it is not possible to finalise the QPI's within the performance framework for the Board. The Health and Wellbeing Board has already agreed delegated authority arrangements for the QPIs.
22. The Board are also asked to note that an additional indicator from the JHWS in relation to social inclusion has been included within the subset of indicators which are reported to the County Durham Partnership. The indicator is 'Percentage of people who use services who have as much

social contact as they want with people they like'. Durham is currently above North East and England averages for this indicator.

23. A placeholder indicator is also included in relation to Child and Adolescent Mental Health Services (CAMHS). This follows a request from Children and Young People's Overview and Scrutiny Committee to review the existing measure (new referrals to CAMHS) with the aim of identifying an alternative indicator which can provide a more informed overview of the performance of the service. This is currently being discussed with Tees, Esk and Wear Valley NHS Foundation Trust and the agreed indicator will be included in performance reporting to the Board.
24. Indicators in the JHWS will be reported to the HWB on a six monthly basis, along with progress against the actions identified within the JHWS Delivery Plan. A full list of indicators is included at Appendix 5.
25. There are two types of indicator included in the JHWS. Tracker indicators will not have set targets for improvement due to the long-term nature of the indicator and/or the council and its partners only being able to partially influence change. The focus will be on monitoring trends over time and performance levels in relation to regional and national averages. Target indicators are those where it is possible to influence performance levels and consequently annual targets can be set.
26. For those indicators where it is possible to set annual targets, proposals have been developed with lead officers and are included in Appendix 5 for agreement by the Health and Wellbeing Board.

Timeline for the JHWS

27. The Health and Wellbeing Board is requested to note the following key dates for the development of the refresh of the JHWS 2015 – 2018:
 - HWB receives final version of JHWS 2015-18 for agreement including performance indicators – **11th March 2015**.
 - Cabinet receives refreshed JHWS 2015-18 – **15th April 2015**.
 - CCGs receive refreshed JHWS 2015-18 – **May 2015**.
 - HWB receives JHWS Delivery Plan 2015-18 – **23rd July 2015**.

Recommendations

28. The Health and Wellbeing Board is recommended to:

- Agree the JHWS 2015/18.
- Agree the JHWS Delivery Plan is presented to the July Health and Wellbeing Board meeting

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Appendix 1: Implications

Finance - The demographic profile of the County in terms of both an ageing and projected increase in population will present future budget pressures to the County Council and NHS partners for the commissioning of health and social care services.

Staffing - No direct implications.

Risk - No direct implications.

Equality and Diversity / Public Sector Equality Duty - Equality Impact Assessments have been completed for both the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy (JHWS).

Accommodation - No direct implications.

Crime and Disorder – The following strategic action is included in the JHWS: ‘Work together to address the health and social needs of vulnerable people who come into contact with the Criminal Justice System’.

Human Rights - No direct implications.

Consultation - Consultations have taken place with over 400 key partners and organisations including service users, carers and patients as part of the refresh, to ensure the strategy continues to meet the needs of people in the local area and remains fit for purpose for 2015-18.

Procurement - The Health and Social Care Act 2012 outlines that commissioners should take regard of the JSNA and JHWS when exercising their functions in relation to the commissioning of health and social care services.

Disability Issues – Issues in relation to disability have been considered throughout the development of the JSNA and the JHWS.

Legal Implications - The Health and Social Care Act 2012 places clear duties on local authorities and Clinical Commissioning Groups (CCGs) to prepare a JSNA and JHWS through the HWB. The local authority must publish the JHWS.

Appendix 2

JSNA Key Messages

Demographics

- Population projections indicate that by 2021 the county's population will have increased by 4.6% to 539,900 people, rising to 560,700 people by 2030, which is an 8.7% increase from 2013.
- Since 2001, the population aged 65+ years has increased by 21.2%, an increase of 17,200 people, which is proportionally more than the 14.6% increase regionally and 18.8% nationally. In 2013, around one in five people (19.2%) were aged 65 or over, higher than both regional (18.4%) and national (17.4%) comparisons.
- The 65+ age group is projected to increase from almost one in five people in 2013 (19.2%) to nearly one in four people (24.5%) by 2030, which equates to an increase of 39.8% from 99,000 to 138,400 people.
- The proportion of the county's population aged 85+ is predicted to increase more acutely, from 2.2% in 2013 to 3.9% in 2030, doubling in terms of numbers from 11,300 to 22,000.

Examples of improvements in health and social care

- Life expectancy has improved for both males (77.9) and females (81.5) but is still below the England average of 79.2 for males and 83.0 for females (based on 2010/12 data).
- Mortality rates from the major causes of death (CVD, cancer, stroke, COPD) have fallen significantly over time, in many cases faster than nationally, however they remain significantly higher than England (based on 2010/12 data).
- The rate of permanent admissions to residential or nursing care for clients aged 65+ has reduced from 907 per 100,000 population during 2011/12 to 736 per 100,000 during 2013/14.
- As people are supported in their own homes for longer, the average age of permanent admission for older people into residential care continues to show a steady increase from 85.5 years in 2010/11 to 86.63 years in 2013/14.
- In 2013/14 there were 1,450 referrals to the in-house reablement service, an increase of 7.3% on the previous year (1,351). 81.1% of people completing reablement achieved their goals.
- In 2013/14, there were 7,931 older people in receipt of personal budgets - this is an increase of 20.8% when comparing 2010/11 figures (6,566).
- Physical activity levels for children in County Durham are higher than the English average. 56.7% of children in years 1-13 spend at least 3 hours per week on high quality PE and school sport, compared to 55.1% nationally.

- As of October 2014, County Durham's Stronger Families programme has identified and worked with 1,695 families. 932 of these families have been 'turned around' through the Stronger Families programme.
- The proportion of women who start to breastfeed has risen from 56.1% in 2010/11 to 57.4% in 2013/14. This remains lower than the national average (73.9%).
- Teenage conception rates (33.7 per 1,000) are greater than the England average (27.7 per 1,000), but lower than the North East average (35.5 per 1,000) and have been falling over time (1998-2012).

Summary of Key Messages

- Males from the most affluent areas will live 7 years longer than those from the most deprived areas. Females in the most affluent areas will live 7.2 years longer than those in the most deprived areas.
- 23% of children aged under 16 years live in poverty compared with the England average of 20.6%.
- On average in County Durham around 1,075 people died per year from smoking-related causes in the period 2010-12. Smoking-related death rates are significantly higher in County Durham than England.
- During 2012/13, 19.9% of mothers in County Durham were smoking at delivery, compared to 12.7% nationally and 19.7% regionally.
- The prevalence of excess weight for 10-11 year olds (35.9%) is higher than the England average of 33.3% (2012/2013).
- Excess weight in adults (72.5%) is significantly higher than England (63.8%) but not significantly different to the North East (68%). (County Durham Health Profile 2014.)
- County Durham's under-18 alcohol specific hospital admission rate in 2012/13 was 81.5 per 100,000, higher than the regional rate of 72.2 (Local Alcohol Profiles for England 2014). County Durham is ranked 18th worst out of 326 local authorities.
- Around 19,000 people aged 65+ are lonely, with over 10,000 experiencing intense loneliness.
- Admissions to hospital (2012/13) as a result of self-harm (aged 10-24) are significantly higher (410.5 per 100,000) than England (346.3 per 100,000).
- Between 2011/13, suicide rates were significantly higher (13.4) than England (8.8) per 100,000 population.
- Most recent data shows that 52% of children who live in our most deprived areas achieved a good level of development (Early Years Foundation Stage). The gap in outcomes between these children and their peers is 10%.
- The number of carers aged 65+ providing unpaid care is set to increase by 30.6% by 2030 (from 14,911 in 2014 to 19,481).
- In 2013/14 there were 293 adults with autism aged 18-64 years in county Durham, an increase of 3% from 2012/13.
- Abuse or neglect continues to be the most significant type of primary need encountered across the county with regard to children in need.

- The number of adults referred and assessed with mental health needs increased year on year across County Durham, by 23.4% for referrals and by 22.9% for assessments when comparing 2010/11 figures with 2013/14.
- In County Durham, overall satisfaction of people who use services for their care and support increased from 62.4% in 2011/12 to 64.3%. This is above the England average (63.7%).

Appendix 3

Refresh of County Durham JHWS attached as a separate document

Appendix 4

County Durham Partnership Away Day Action Plan

The following is a summary of actions identified at the County Durham partnership Away Day:

Action	Response
Targeted promotion with GPs and health care services on the projects discussed (dementia and Silvertalk)	<p>The following action is included in the Dementia Strategy:</p> <ul style="list-style-type: none"> • deliver improved dementia training more widely to all key staff including GPs and frontline staff <p>The Community Services and Care Closer to Home Group is the sub-group of the Health and Wellbeing Board that has responsibility for dementia. There is also a Dementia Clinical Lead and Development Manager. Dementia Services will be promoted to GPs through these mechanisms.</p> <p>Information on Silvertalk will be promoted with GPs through Practice Manager meetings.</p>
Link to local businesses re Dementia Care provision e.g. staff training, physical appearance	<p>The following action is included in the Dementia Strategy which will engage local businesses in training staff and adapting their premises so that they are more suitable for people who suffer from dementia:</p> <ul style="list-style-type: none"> • pilot projects to enable Dementia Friendly Communities to be rolled out over the next three years
Develop a network of navigators and volunteers who can signpost residents to local services which could be linked to GPs surgeries or Wellbeing Hubs. This would help alleviate pressures on GPs surgeries.	<p>The following action is also included in the CAS Service Plan for 2015-18:</p> <p>Develop a neighbourhood network model, linked to the Wellbeing for Life service, to empower people in communities to develop their knowledge and skills to promote their own wellbeing and improve individual and community resilience</p>
Better messages for children and young people to discourage hidden use of alcohol	<p>A consultation event took place on 6th February in relation to the new Alcohol Harm Reduction Strategy.</p> <p>Actions from the County Durham Partnership Away Day will be incorporated into the new strategy.</p>
Promote alternatives to alcohol in towns and villages including national campaigns such as Dry January	
Increase the promotion and understanding of units and strengths including shots as well as the usual wine/lager etc	

Action	Response
<p>Focus work with young males/men to improve mental wellbeing as these are the group least likely to access services</p>	<p>The following action has been included in the County Durham Implementation Plan of the “No Health without Mental Health” National Strategy:</p> <p>Explore opportunities to embed co-production and peer support models within contracts</p> <p>We will continue to roll out the CREE project which is aimed at reducing suicide and self harm in males. The scheme, also known as Men’s Sheds, provides opportunities for groups of men that have been identified as at risk of suicide or self harm to get together to provide peer support and receive help and advice in a supported environment. e.g. advice on welfare rights, help with finances and having a healthy meal.</p>
<p>Recognise the importance of local ‘community activists’ and the role they can play in supporting people who may never access mainstream services</p>	<p>The CREE (Men’s Sheds) project enlists the help of Community Champions to identify men who are at risk of suicide or self harm.</p>
<p>Utilise existing volunteers and expand their skills and knowledge to enable them to offer specialist support</p>	<p>Volunteers are utilised in the Recovery College which aims to equip people with mental health needs with the skills and knowledge they need to manage their recovery, have hope and gain more control over their lives. All courses are developed and delivered in co-production with people who have lived experience of mental health issues. This links to the following action from the County Durham Implementation Plan of the “No Health without mental health” National Strategy:</p> <p>Explore opportunities to embed co-production and peer support models within contracts</p>
<p>Remove the stigma - ‘it’s good to talk’</p>	<p>One of the objectives of the government’s No Health without Mental Health strategy is:</p> <p>Fewer people will experience stigma and discrimination</p> <p>The following priorities have been identified in the Co Durham Mental Health Implementation Plan:</p> <p>Work with the voluntary and community sector to develop opportunities for early identification of those people at risk of social isolation</p> <p>Undertake local campaigns to raise awareness as well as taking an active part in any regional or national campaigns</p> <p>Time to Change is an organisation that focuses on ending mental health stigma and discrimination. It is a member of</p>

	<p>the Mental Health Provider Forum and regularly provides updated on the work to tackle this issue.</p>
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As part of the Public Mental Health Strategy a Task group has been established to develop a plan in relation to mental health stigma.

Appendix 5

2015-18 Joint Health & Wellbeing Strategy Performance Framework

Indicators shaded in grey are included in the County Durham Partnership Basket of Indicators.

Indicator	National Average	Regional Average	2013/14 Performance	2014/15 Performance or Latest Data	2014/15 Target	2015/16 Target	2016/17 Target	2017/18 Target
Strategic Objective 1 - Children and young people make healthy choices and have the best start in life								
Breastfeeding initiation	74.4% (Jul-Sep 2014)	54% [Area Team] (Jul-Sep 2014)	57.4% (2013/14)	56.4% (Oct-Dec 2014)	Tracker	Tracker indicator - no target required		
Prevalence of breastfeeding at 6-8 weeks from birth	47.2% (2012/13)	28.1% [Area Team] (Jul-Sep 2014)	28.5% (2013/14)	27.7% (Oct-Dec 2014)	Tracker	Tracker indicator - no target required		
Percentage of children aged 4-5 classified as overweight or obese	22.5% (2013/14)	24.4% (2013/14)	21.9% (2012/13)	23.8% (2013/14)	Tracker	Tracker indicator - no target required		
Percentage of children aged 10-11 classified as overweight or obese	33.5% (2013/14)	36.1% (2013/14)	35.9% (2012/13)	36.1% (2013/14)	Tracker	Tracker indicator - no target required		
Placeholder: CAMHS indicator	Indicator to be agreed with TEWV							
Alcohol specific hospital admissions for under 18's (per 100,000 under 18 years population)	44.9 (2010-13)	72.2 (2010-13)	102.6 (2009-12)	81.5 (2010-13)	Tracker	Tracker indicator - no target required		
Percentage of exits from young person's substance misuse treatment that are planned discharges	80% (Jul-Sep 2014)	N/A	74% (2013/14)	83% (Jul-Sep 2014)	79%	83%	Not set	Not set
Under 16 conception rate	5.6 (2012)	8.4 (2012)	7.7 (2011)	8.9 (2012)	Tracker	Tracker indicator - no target required		
Under 18 conception rate	24.5 (2013)	30.6 (2013)	33.7 (2012)	33.8 (2013)	Tracker	Tracker indicator - no target required		
Percentage of mothers smoking at time of delivery	11.5% (Apr-Sep 2014)	18.1% [Area Team] (Apr-Sep 2014)	19.9% (2013/14)	19.9% (Jul-Sep 2014)	20.5%	18.2%	17.2%	16.6%

Indicator	National Average	Regional Average	2013/14 Performance	2014/15 Performance or Latest Data	2014/15 Target	2015/16 Target	2016/17 Target	2017/18 Target
Infant mortality rate	4.1 (2011-13)	3.5 (2011-13)	3.9 (2010-12)	3.3 (2011-13)	Tracker	Tracker indicator - no target required		
Emotional and behavioural health of Looked After Children	13.9 (2013/14)	13.9 (2013/14)	16.3 (2012/13)	15.1 (2013/14)	Tracker	Tracker indicator - no target required		
Emergency admissions for children with lower respiratory tract infection	368.6 [Prov] (2013/14)	443.4 [Prov] [Area Team] (2013/14)	DDES: 431.5 ND: 467.6 [Prov] (2013/14)	DDES: 75.7 ND: 62.4 (Apr-Jul 14)	Tracker	Tracker indicator - no target required		
Young people aged 10-24 admitted to hospital as a result of self-harm per 100,000 population	346.3 (2012/13)	479.6 (2012/13)	N/A	410.5 (2013/14)	Tracker	Tracker indicator - no target required		
Strategic Objective 2 - Reduce health inequalities and early deaths								
Mortality rate from all causes for persons aged under 75 years	340.8 (2012)	399.5 (2012)	408.1 (2011)	394.2 (2012)	Tracker	Tracker indicator - no target required		
Mortality rate from all cardiovascular diseases (including heart disease and stroke) for persons aged under 75 years	78.2 (2011-13)	88.9 (2011-13)	91.3 (2010-12)	88.8 (2011-13)	Tracker	Tracker indicator - no target required		
Mortality rate from all cancers for persons aged under 75	144.4 (2011-13)	169.5 (2011-13)	164.2 (2010-12)	166.6 (2011-13)	Tracker	Tracker indicator - no target required		
Percentage of eligible people who receive an NHS health check	4.6% (Apr-Sep 2014)	4.0% (Apr-Sep 2014)	10.3% (2013/14)	3.5% (Apr-Sep 2014)	8%	8%	8%	8%
Mortality rate from liver disease for persons aged under 75 years	17.9 (2011-13)	22.3 (2011-13)	21.7 (2010-12)	21.9 (2011-13)	Tracker	Tracker indicator - no target required		
Mortality rate from respiratory diseases for persons aged under 75 years	33.2 (2011-13)	42.6 (2011-13)	40.1 (2010-12)	43.4 (2011-13)	Tracker	Tracker indicator - no target required		
Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis	97.7% (Apr-Jun 2014)	98.1% [Area Team] (Apr-Jun 2014)	DDES: 98.9% ND: 96.5% (Jan-Mar 2014)	DDES: 98.2% ND: 97.3% (Apr-Jun 14)	96%	96%	96%	96%
Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer	83.9% (Apr-Jun 2014)	83.0% [Area Team] (Apr-Jun 2014)	DDES: 84.1% ND: 78.7% (Jan-Mar 2014)	DDES: 78.9% ND: 81.9% (Apr-Jun 14)	85%	85%	85%	85%

Indicator	National Average	Regional Average	2013/14 Performance	2014/15 Performance or Latest Data	2014/15 Target	2015/16 Target	2016/17 Target	2017/18 Target
Male life expectancy at birth	79.4 (2011-13)	78.0 (2011-13)	77.9 (2010-12)	78.0 (2011-13)	Tracker	Tracker indicator - no target required		
Female life expectancy at birth	83.1 (2011-13)	81.7 (2011-13)	81.5 (2010-12)	81.3 (2011-13)	Tracker	Tracker indicator - no target required		
Successful completions as a percentage of total number in drug treatment – Opiates	7.8% (2013/14)	6.0% (2013)	7.4% (Jul12-Jun13)	6.8% (Apr13-Mar14)	7.9%	9.4%	Not set	Not set
Successful completions as a percentage of total number in drug treatment – Non Opiates	38.4% (2013/14)	31.2% (2013)	36.6% (Jul12-Jun13)	36.3% (Apr13-Mar14)	40.4%	41.7%	Not set	Not set
Alcohol-related admissions to hospital per 100,000 population	159.75 [prov] (Jul-Sep 2014)	209.99 [prov] (Jul-Sep 2014)	784 [prov] (2013/14)	187.9 [prov] (Jul-Sep 2014)	Tracker	Tracker indicator - no target required		
Successful completions as a percentage of total number in treatment – Alcohol	39.5% (Oct13-Sep14)	N/A	34.8% (Apr13-Mar14)	34.8% (Oct13-Sep14)	36.6%	39.5%	Not set	Not set
Four week smoking quitters per 100,000 smokers aged 16+	3,524 (2013/14)	4,216 (2013/14)	4,355 (2013/14)	1,670 (Apr-Sep 2014)	N/A	2,939	Not set	Not set
Estimated smoking prevalence of persons aged 18 and over	18.4% (2013)	22.3% (2013)	22.2% (2012)	22.7% (2013)	Tracker	Tracker indicator - no target required		
Proportion of physically active adults	55.6% (2013)	52.8% (2013)	52.2% (2012)	53.4% (2013)	Tracker	Tracker indicator - no target required		
Excess weight in adults	63.8% (2012)	68.0 (2012)	N/A	72.5% (2012)	Tracker	Tracker indicator - no target required		
Percentage of women eligible for breast screening who were screened adequately within a specified period	75.9% (2014)	77.1% (2014)	78.6% (2013)	77.9% (2014)	70%	70%	70%	70%
Percentage of women eligible for cervical screening who were screened adequately within a specified period	74.2% (2014)	76.1% (2014)	77.7% (2013)	78.0% (2014)	80%	80%	80%	80%
Percentage of people eligible for bowel screening who were screened adequately within a specified period	Indicator under development							
Excess winter deaths	16.5% (2009-12)	13.7% (2009-12)	18.1% (2008-11)	16.8% (2009-12)	Tracker	Tracker indicator - no target required		

Indicator	National Average	Regional Average	2013/14 Performance	2014/15 Performance or Latest Data	2014/15 Target	2015/16 Target	2016/17 Target	2017/18 Target
Percentage of people with learning disabilities that have had a health check	44.2% (2013/14)	N/A	N/A	DDES: 46.7% ND: 60.3% (2013/14)	Tracker	Tracker indicator - no target required		
Strategic Objective 3 - Improve the quality of life, independence and care and support for people with long term conditions								
Carer reported quality of life	8.1 (2012/13 National Survey)	8.6 (2012/13 National Survey)	8.7 (2012/13 National Survey)	8.7 [prov] (2014/15 National Survey)	Tracker	Tracker indicator - no target required		
Overall satisfaction of carers with support and services they receive	42.7% (2012/13 National Survey)	48.9% (2012/13 National Survey)	48.1% (2012/13 National Survey)	54.4% [prov] (2014/15 National Survey)	Not set	48-53%	Not set	Not set
Percentage of service users reporting that the help and support they receive has made their quality of life better	90.0% (2013/14 National Survey)	91.0% (2013/14 National Survey)	90.8% (2013/14 National Survey)	92.7% (Apr-Dec 2014 Local Survey)	93.0%	90%	90%	90%
Proportion of people using social care who receive self-directed support	61.9%* (2013/14)	60.6%* (2013/14)	60.1%* (2013/14)	59.3%* (YE Dec 2014)	56.5%*	90%**	90%**	90%**
	<i>OLD definition in Adult Social Care Outcomes Framework*</i>					<i>**NEW definition in Adult Social Care Outcomes Framework</i>		
Adults aged 65+ admitted on a permanent basis in the year to residential or nursing care per 100,000 population	650.6 (2013/14)	803.4 (2013/14)	718.2 (2013/14)	604.9 (Apr-Dec 2014)	727	710.4	Not set	Not set
Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	82.5% (2013/14)	87.2% (2013/14)	89.4% (2013/14)	89.5% (Jan-Sep 2014)	85.4%	85.7%	Not set	Not set
Emergency readmissions within 30 days of discharge from hospital	11.8 (2011/12)	N/A	12.1 (2010/11)	12.4 (2011/12)	Tracker	Tracker indicator - no target required		
Delayed transfers of care from hospital per 100,000 population	9.6 (2013/14)	8.1 (2013/14)	10.4 (2013/14)	8.7 (Apr-Nov 2014)	Tracker	Tracker indicator - no target required		

Indicator	National Average	Regional Average	2013/14 Performance	2014/15 Performance or Latest Data	2014/15 Target	2015/16 Target	2016/17 Target	2017/18 Target
Falls and injuries in the over 65s	2,011 (2012/13)	2,172 (2012/13)	2,062 (2011/12)	2,085 (2012/13)	Tracker	Tracker indicator - no target required		
Hip fractures in the over 65s	568.1 (2012/13)	627.8 (2012/13)	601.5 (2011/12)	636.0 (2012/13)	Tracker	Tracker indicator - no target required		
Proportion of people feeling supported to manage their condition	65.1% (2013/14)	68.7% (2013/14)	67.1% (2012/13)	67.3% (2013/14)	Tracker	Tracker indicator - no target required		
Avoidable emergency admissions per 100,000 population	N/A	N/A	2,984 (Jan-Mar 2014)	3,034 (Oct-Dec 2014)	2,868 (Jan-Mar 2015)	2,884 (Apr-Jun15) 2,864 (Jul-Sep15)	2,916 (Oct-Dec15) 2,756 (Jan-Mar16)	
Number of people in receipt of Telecare per 100,000	N/A	N/A	206.0 (31-Mar-14)	Reported Quarter 4	215	225	Not set	Not set
Prevalence of diabetes	6.21% (2013/14)	6.53% (2013/14)	6.77% [estimated] (2012/13)	6.89% (2013/14)	Tracker	Tracker indicator - no target required		
Strategic Objective 4 - Improve the mental and physical wellbeing of the population								
Gap between the employment rate for those with long term health conditions and the overall employment rate	8.7 (2013/14)	11.0 (2013/14)	N/A	13.2 (2013/14)	Tracker	Tracker indicator - no target required		
Proportion of adults in contact with secondary mental health services in paid employment	7.0% (2013/14)	5.1% (2013/14)	5.2% (2013/14)	11.1% (YE Dec 2014)	Tracker	Tracker indicator - no target required		
Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population	8.8 (2011-13)	10.6 (2011-13)	11.3 (2010-12)	13.4 (2011-13)	Tracker	Tracker indicator - no target required		
Hospital admissions as a result of self-harm	188.0 (2012/13)	292.8 (2012/13)	343.1 (2011/12)	269.5 (2012/13)	Tracker	Tracker indicator - no target required		
Excess under 75 mortality rate in adults with serious mental illness	337.4 (2011/12)	N/A	365.4 (2010/11)	427.8 (2011/12)	Tracker	Tracker indicator - no target required		
Percentage of people who use adult social care services who have as much social contact as they want with people they like	44.5% (2013/14 National Survey)	48.6% (2013/14 National Survey)	51.0% (2013/14 National Survey)	49.7% (Apr-Aug 2014 Local Survey)	Not set	50%	50%	50%

Indicator	National Average	Regional Average	2013/14 Performance	2014/15 Performance or Latest Data	2014/15 Target	2015/16 Target	2016/17 Target	2017/18 Target
Estimated diagnosis rate for people with dementia	48.7 (2012/13)	N/A	DDES: 51.5% ND: 49.7% (2011/12)	DDES: 55.2% ND: 52.6% (2012/13)	Tracker	Tracker indicator - no target required		
Strategic Objective 5 - Protect vulnerable people from harm								
Percentage of repeat incidents of domestic violence	24% (Jul13-Jun14)	27% (Jul13-Jun14)	8.9% (2013/14)	14.6% (Apr-Dec 2014)	Less than 25%	Less than 25%	Less than 25%	Less than 25%
Proportion of people who use services who say that those services have made them feel safe and secure	79.1% (2013/14 National Survey)	78.2% (2013/14 National Survey)	72.6% (2013/14 National Survey)	93.9% (Apr-Dec 2014 Local Survey)	85%	90%	90%	90%
Number of children's assessments where risk factor of parental domestic violence is identified	N/A	N/A	N/A	1,045	Tracker	Tracker indicator - no target required		
Number of children's assessments where risk factor of parental mental health is identified	N/A	N/A	N/A	633	Tracker	Tracker indicator - no target required		
Number of children's assessments where risk factor of parental alcohol misuse is identified	N/A	N/A	N/A	481	Tracker	Tracker indicator - no target required		
Number of children's assessments where risk factor of parental drug misuse is identified	N/A	N/A	N/A	386	Tracker	Tracker indicator - no target required		
Number of children with a Child Protection Plan per 10,000 population	42.1 (March 2014)	59.3 (March 2014)	45.5 (March 2014)	35.9 (December 2014)	Tracker	Tracker indicator - no target required		
Percentage of adult safeguarding referrals substantiated or partially substantiated	N/A	N/A	49.3% (2013/14)	51.9% (Apr-Dec 2014)	Tracker	Tracker indicator - no target required		
Strategic Objective 6 - Support people to die in the place of their choice with the care and support that they need								
Proportion of deaths in usual place of residence	44.7% (2013/14)	44.6% (2013/14)	DDES: 44.1% ND: 45.6% (2012/13)	DDES: 45.4% ND: 46.6% (2013/14)	Tracker	Tracker indicator - no target required		

Indicator	National Average	Regional Average	2013/14 Performance	2014/15 Performance or Latest Data	2014/15 Target	2015/16 Target	2016/17 Target	2017/18 Target
Percentage of hospital admissions ending in death (terminal admissions) that are emergencies	89.7% (2010/11)	N/A	N/A	91.0% (2010/11)	Tracker	Tracker indicator - no target required		