

# Health and Wellbeing Board

23rd July 2015



## Joint Health & Wellbeing Strategy 4<sup>th</sup> Quarter 2014/15 Performance Report

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### Report of Peter Appleton, Head of Planning & Service Strategy, Children & Adults Services, Durham County Council

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#### Purpose of Report

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

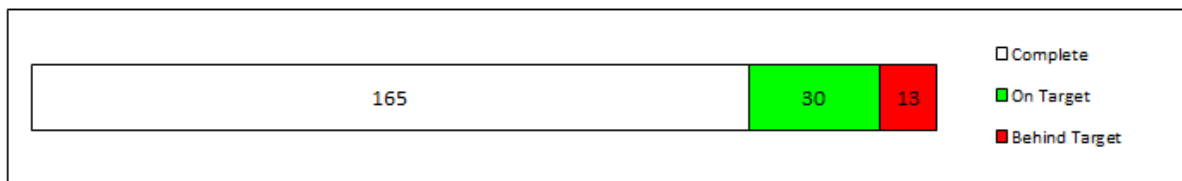
#### Background

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 (BCF) and Clinical Commissioning Group (CCG) Quality Premium Indicators (QPI).
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 the latest performance information available nationally, regionally and locally.
5. The following rating system is used for performance indicators and is consistent with the rating system used by the County Durham Partnership:

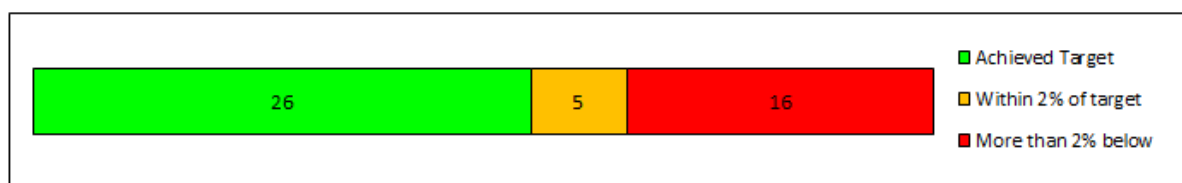
Performance Against Target	Direction of Travel	Performance Against Comparators	Banding
Target achieved or exceeded	Improved/Same	Better than comparator	Green
Performance within 2% of target	Within 2% of previous performance	Within 2% of comparator	Yellow
Performance more than 2% away from target	Deteriorated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

## Overview of Performance

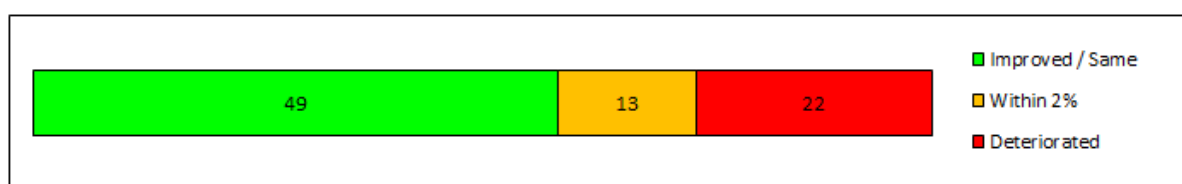
6. There are 209 actions within the JHWS 2014-17 Delivery Plan. Of these, 1 action is to be deleted and is included in this report under the relevant objective. Progress against the remaining 208 actions is as follows:



7. There are 13 actions where revised target dates have been set for the completion of the work. These actions are identified in this report under the relevant objectives.
8. There are 107 Indicators on the JHWS Performance Scorecard. Since the last report, updated data is available for 88 indicators.
9. There are 47 indicators with targets where updated data is available and included in the report. **Performance against target** is as follows:



10. There are 84 indicators where updated data is available and it is possible to track **Direction of Travel**. Performance is as follows:

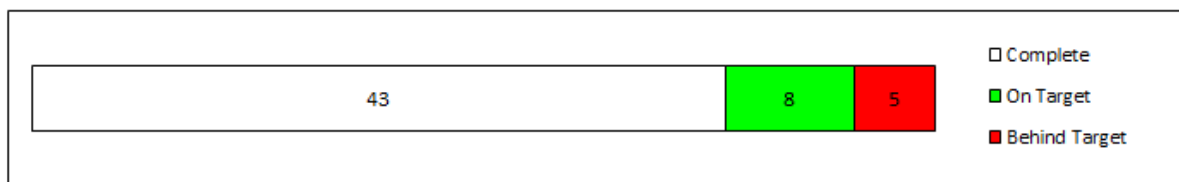


11. The following sections of the report are structured by JHWS Objective and provide updates about the following:

- Delivery Plan actions behind target/deleted
- Performance indicators more than 2% behind target
- Other areas for improvement i.e. where performance has a significantly deteriorating trend and/or is significantly behind the national average.
- Performance highlights

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

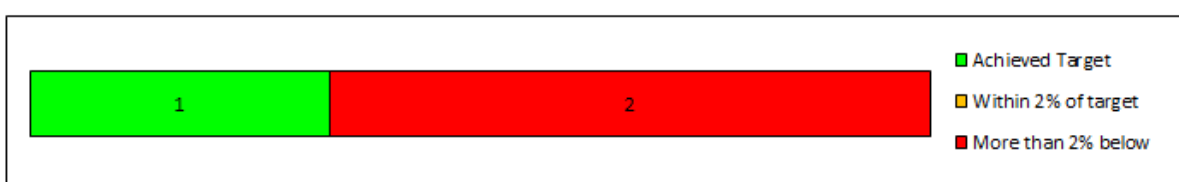
12. There are 56 actions under objective 1. Progress is as follows:



13. Revised targets dates have been set for the following actions:

- Implement recommendations from the review of universal, targeted and specialist Child and Adolescent Mental Health Services (CAMHS). The target completion date has been revised by the CCGs and Durham County Council (DCC) Public Health from April 2015 to July 2015.
- Work together to reduce incidents of self-harm by young people by clarifying 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 Durham County Council (DCC) Public Health from April 2015 to July 2015.
- Adopt a better use of technology by the CAMHS services, for example Skype. The target date has been revised by Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) from March 2015 to March 2016 to align to the award of funding for the setup of the Virtual Recovery College, which will improve the use of technologies across all services, including CAMHS.
- Develop the knowledge and skills of school based staff to identify and support vulnerable young people engaging in self-harm behaviours. Target revised by DCC Public Health from March 2015 to October 2015 to reflect the implementation of self-harm training within schools from October 2015.
- Develop relevant clinical protocols across agencies to ensure quality of care for Children and Young People involved in accidental injury. The target has been revised by DCC Public Health from May 2015 to October 2015 to enable further work to be undertaken with staff to develop awareness and support effective implementation.

14. There are 3 indicators with targets under Objective 1 for which new data is reported. Performance against target is as follows:



Performance indicators more than 2% below target (2 indicators):

### The number of young people in Tier 3 treatment with former 4Real Service

15. Numbers in treatment have shown a slight increase since 2013-14 but are still significantly below target.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
220 (2013-14)	Number of young people in Tier 3 treatment for drugs and alcohol with 4Real	227 (2014-15)	295 (2014-15)	Not available	Not available	↑

### The percentage of exits from young person's treatment that are planned discharges

16. Performance is behind target and less than the national average.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
74% (2013-14)	Percentage of exits from young person's treatment that are planned discharges	69% (2014-15)	79% (2014-15)	79% (2014-15)	n/a	↓

17. Performance in relation to exits from young person's treatment was consistently achieving target between April - December 2014 (83% for the period). However, the final quarter of the year (Jan - Mar 2015) had the highest number of young people discharged (95) with only 49% of these being planned discharges. The impact of the final quarter was to reduce performance to 69% for the full 2014/15 year.

18. A new contract for Drug and Alcohol Treatment Services (including young person's treatment) commenced with Lifeline on 1<sup>st</sup> April 2015 offering individuals and their families' integrated drug and alcohol treatment journeys, and to benefit from the positive influences of people attending who are in recovery.

### Other Areas for Improvement

#### Under 18 and under 16 conception rates

19. Although rates have fallen, they are both above the North East and national averages.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
33.8 (2013)	Under 18 conception rate	30.9 {Prov} (2014)	Tracker	23.9 {Prov} (2014)	29.7 {Prov} (2014)	↓
8.9 (2012)	Under 16 conception rate	7.9 (2013)	Tracker	4.8 (2013)	7.4 (2013)	↓

20. Actions being taken to continue this improvement include:
- The Teenage Pregnancy and Sexual Health Steering Group is undertaking a Health Needs Assessment to review under 18 and under 16 conceptions. This is due to be completed by September 2015 and will:
    - Map all commissioned and mainstream services with a remit to deliver to young people to prevent pregnancy, young people who are pregnant, and teenage parents;
    - Identify barriers and enablers to current delivery;
    - Produce a final report with recommendations to inform future service delivery.
21. Consultation and engagement events are being undertaken by Investing in Children to ensure key stakeholders provide input into the Health Needs Assessment and shape future service delivery.

**The number of emergency admissions for children with lower respiratory tract infections**

22. The rate of emergency admissions has increased in both North Durham & DDES CCGs and is above national and regional averages (2014-15 QPI)

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
431.5 (2013-14)	Emergency admissions for children with lower respiratory tract infections - Durham Dales Easington & Sedgfield (DDES) CCG (0-18 per 100,000 registered patients)	532.3 (Apr 14-Mar 15)	Tracker	372.9 (2013-14)	449.6* {Prov} (Oct 13-Sep 14)	↑
467.6 (2013-14)	Emergency admissions for children with lower respiratory tract infections - ND CCG (0-18 per 100,000 registered patients)	560.5 (Apr 14-Mar 15)	Tracker	372.9 (2013-14)	449.6* {Prov} (Oct 13-Sep 14)	↑

\*Durham, Darlington & Tees area team

23. North Durham and DDES CCGs worked with County Durham and Darlington NHS Foundation Trust to pilot a front of house assessment programme where children go directly to see a senior paediatrician/nurse practitioner on the children's ward to be assessed without admission. The pilot demonstrated a reduction in paediatric admissions. The pilots were operated at both University Hospital of North Durham and Darlington Memorial Hospital. However both pilots have ended due to a lack of suitably trained staff to run the scheme for the hours required.
24. For 2015/16, the CCGs have included a Commissioning for Quality and Innovation scheme to expand the children's community nursing service to include referrals from GPs to prevent admissions. Part of the scheme is the development of a local tariff to cover these visits as they would not attract a Payment By Results (PBR) tariff under the current arrangements.

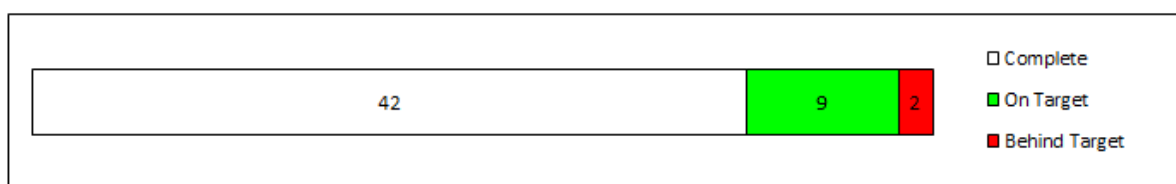
## Performance Highlights

25. Progress since the previous performance report includes:

- The Strategy for the Prevention of Unintentional Injuries in Children and Young People in County Durham has been agreed. This aims to reduce unintentional injuries in children and young people aged 0-19.
- Durham's percentage of mothers smoking at time of delivery decreased to 18.3% for the period October to December 2014. This is a 0.4 percentage points decrease from the same period of 2013. Durham has a lower percentage of mothers smoking than the latest North East average of 20.0% (Apr-Sept 2014), but is still behind the national average of 11.5%. For the period April to December 2014, 108 pregnant women accessed stop smoking support and quit smoking. This is an improvement on the 2013 figures when 81 women quit.

## Objective 2: Reduce health inequalities and early deaths

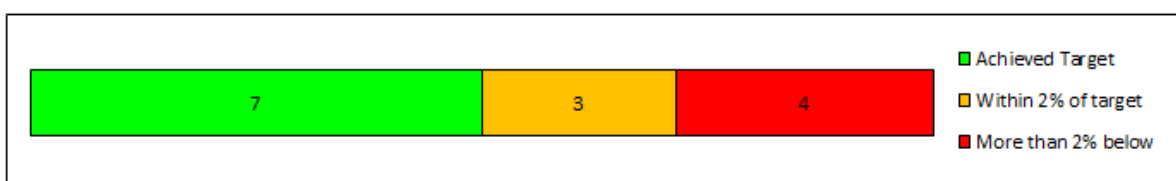
26. There are 53 actions under this objective. Progress is as follows:



27. Revised targets dates have been set for the following actions:

- Review of current cancer pathway to identify gaps in service provision e.g. diagnostics, which will result in improvements in cancer treatment time targets. The review is underway, and the target completion date has been revised by the CCGS from March 2015 to August 2015.
- Develop pathways to ensure that individuals with learning disabilities and behavioural problems have access to appropriate services to improve their physical health and wellbeing. The target date has been revised by the CCGs from April 2015 to March 2016 to reflect a 2 year *CQUIN (Commissioning for Quality and Innovation)* target relating to the physical health of patients with Learning Disabilities or a Mental Health problem.

28. There are 14 indicators with targets under Objective 2 for which new data is reported. Performance against target is as follows:



Performance indicators more than 2% below target (4 indicators):

**The percentage of the eligible (those with high prevalence of CVD risk factors) population who have received a health check**

29. Performance between April and December 2014 is below target and is behind the North East and National averages.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
10.3% (2013-14)	Percentage of the eligible population aged 40-74 who received an NHS Health Check	7.4% (2014-15)	8% (2014-15)	9.6% (2014-15)	8.25% (2014-15)	↓

30. 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 risk factors. The contract for 2015/16 was issued to providers at the end of May 2015 and performance will be monitored by Public Health. The target for 2015/16 will remain at 8%.

**Four week smoking quitters**

31. During April to December 2014 performance was below target and less than the same period in 2013.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
675 per 100,000 (2,875 quitters) (Apr-Dec 13)	Four week smoking quitters per 100,000 population	527.7 per 100,000 (2248) (Apr-Dec 14)	788 per 100,000 (3,369 quitters)	359 per 100,000 (Apr-Dec 2014)	436 per 100,000 (Apr-Dec 2014)	↓

32. The number of people accessing the Stop Smoking Service (SSS) across all services nationally, regionally and in county Durham continued to fall between April and December 2014 compared to the previous year. County Durham had the second lowest reduction in the north east region (-27%).

33. In County Durham 4303 people accessed SSS and set a quit date during Quarters 1 to 3. Of these, 52.2% did go on to quit, the highest quit rate across all North East services during this period and higher than 48.8% in the same period of the previous year.

34. Colleagues in Public Health suggest the impact of e-cigarettes may be one factor in the declining numbers accessing SSS, with smokers choosing to self-manage quit attempts rather than accessing support via the SSS.

35. Actions taken to tackle the declining numbers accessing the SSS include:

- A review of the SSS is currently underway. A soft market testing exercise took place in May 2015 and a Market Engagement Day was held in June 2015 to develop ideas for the service in future.
- In February 2015 PHE re-ran the Smokefree Homes and Cars campaign. Smoking in cars when someone under the age of 18 is present will be banned from 1 October 2015. the campaign featured on TV, radio, online and social media to encourage voluntary adoption before legislation comes into effect.

### Successful completions of people in drug treatment for opiate use

36. Between October 2013 and September 2014 performance was below target and below national performance.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
6.8% (2013)	Successful completions as a percentage of total number in drug treatment - Opiates	7.1% (Oct 13-Sep 14)	7.9%	7.6% (Jul 13-Jun 14)	6% (2013)	↑

37. Following the completion of the review of Drug and Alcohol Treatment services a new contract with Lifeline Project Ltd commenced on 1<sup>st</sup> April 2015. New and challenging targets have been agreed for 2015/16 including:

- 9.4% for successful completions of those in treatment for opiates.
- 41.7% for successful completions of those in treatment for non-opiates and
- 39.5% for successful completions of those in treatment for alcohol

### The percentage of women eligible for cervical screening who were screened adequately

38. Performance is behind target but better than national and North East averages, and has increased from the previous year.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
77.7% (2013)	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	78% (2014)	80%	74.2 (2014)	76.1 (2014)	↑

39. The screening programme is the responsibility of NHS England. The Director of Public Health has a local responsibility to monitor performance and has received assurance from the NHS England Area Team that take-up rates for County Durham are some of the best in the North East.



## Other Areas for Improvement

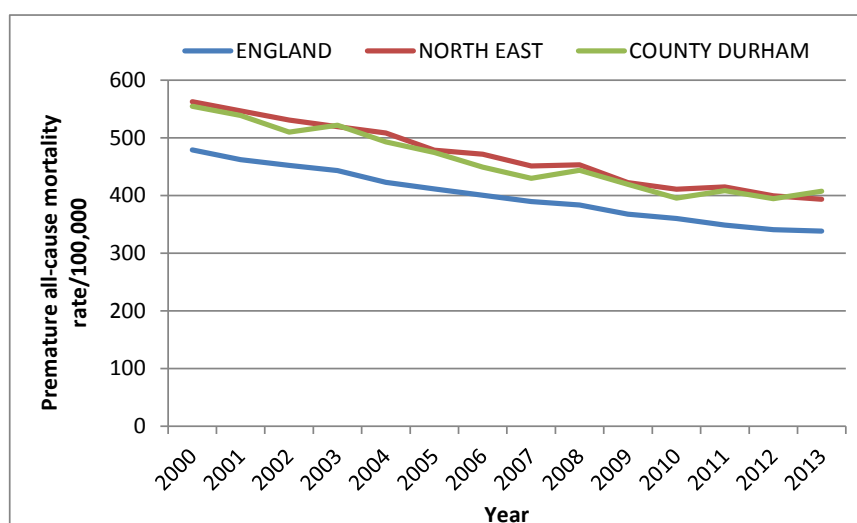
### **Under 75 all-cause mortality rate**

40. In 2013 the under 75 all-cause mortality rate has increased from 2012 rate and is higher than national and North East averages.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
394.18 (2012)	All cause mortality for persons aged under 75 years per 100,000 population	407.1 (2013)	Tracker	337.97 (2013)	393.44 (2013)	↑
91.3 (2010-12)	Mortality from all CvD (including heart disease and stroke) for persons aged under 75 per 100,000 population	88.8 (2011-13)	Tracker	78.2 (2011-13)	88.9 (2011-13)	↓
164.2 (2010-12)	Mortality from cancer for persons aged under 75 per 100,000 population	166.6 (2011-13)	Tracker	144.4 (2011-13)	169.5 (2011-13)	↑
21.7 (2010-12)	Mortality from liver disease for persons aged under 75 per 100,000 population	21.9 (2011-13)	Tracker	17.9 (2011-13)	22.3 (2011-13)	↑
40.1 (2010-12)	Mortality from respiratory disease for persons aged under 75 per 100,000 population	43.4 (2011-13)	Tracker	33.2 (2011-13)	42.6 (2011-13)	↑

41. The increase of 12.9 persons per 100,000 between 2012 and 2013 equates to an additional 72 deaths over one year. Public Health colleagues have confirmed that mortality rates can fluctuate between years, and that it is important to also consider the long term trend which shows that since 2000 the rate in County Durham has fallen by 26.6%. Regional and National averages have also seen significant reductions.

42. The graph below highlights the longer term trend for this indicator:



43. The long term trends for Under 75 mortality from cancers, circulatory disease and respiratory disease have reduced from 2001-3 to 2011-13.
44. However, the under 75 mortality rate from liver disease has risen slightly in the period 2011-13 and is above national averages. Additionally, the long term trend is an increase of 3.9 deaths per 100,000 from 2001-03 to 2011-13. Public Health is leading work with partners to develop the Alcohol Harm Reduction Strategy 2015/17 for County Durham, which is currently out for consultation. The strategy is scheduled for approval at the Safe Durham Partnership Board on the 29<sup>th</sup> September 2015.

### Excess Winter Deaths

45. During 2010-13 there were more winter deaths than during 2009-12. Durham's rate is higher than the national and North East rates, both of which also increased over the same period.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
16.8% (2009-12)	Excess Winter Deaths	19% (2010-13)	Tracker	17.4% (2010-13)	16% (2010-13)	↑

46. The longer term trend from 2006-09 to 2010-13 shows excess winter deaths reduced by 2.8 percentage points (134 fewer deaths) in County Durham. This is greater than the national decrease of 0.7 percentage points and the North East reduction of 2.5 percentage points over the same period.
47. Actions being taken include:
- The Warm and Healthy Homes programme is being funded by Public Health until March 2017 to help tackle excess winter deaths and cold related illness. It is one of many interventions addressing fuel poverty across the county as outlined in the County Durham Affordable Warmth Strategy 2015-20.
  - The following have been achieved up to the end of Quarter 4 2014/15:
    - 169 health and social care staff briefed about the programme. This has led to 130 referrals from staff.
    - 55 people received help such as insulation, replacement boilers and central heating.
    - 23 received a benefits check and 18 received a fire safety check.
48. A Winter Plan and System Resilience update is on the agenda for the July 2015 Health and Wellbeing Board which reviews the previous winter plan and makes recommendations for 2015/16. A further follow-up report is scheduled for January 2016.

### Performance Highlights

49. Progress since the previous performance report includes:
- The percentage of patients receiving their first definitive treatment for cancer within 31 days of diagnosis between January and March 2015 has exceeded

target (96.0%) and is higher than the national average (97.4%) in both CCG areas (DDES 97.7% and North Durham 98.8%).

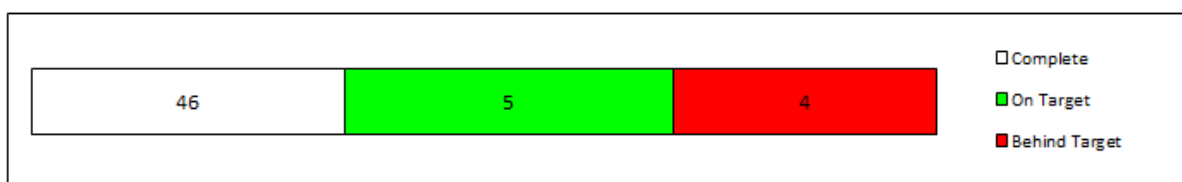
- The first County Durham Drug Strategy was agreed, which aims to prevent harm, restrict supply and sustain a future for individuals to live a drug free and healthy life, whilst minimising the impact on communities and families.
- From April 2015 Lifeline Project Ltd will deliver community based alcohol and drug misuse services from recovery centres across the county.
- Male life expectancy at birth (years) continues to rise in Durham, and is now at 78.0 for the period 2011-13. This is the same as the North East average. The national average is 79.4 years.
- Successful completions of people in alcohol treatment is 38% for 2014-15. This is above target (36.6%) and an improvement from 34.8% for 2013-14. The national average for 2014-15 of 39.2%.

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

50. There are 56 actions under this objective. 1 action has been deleted as follows:

51. Implement the Telehealth service. The pilot within the Intermediate Care Plus Service has not evaluated successfully and further work is required to decide if this model progresses.

52. Progress against the remaining 55 actions is as follows:

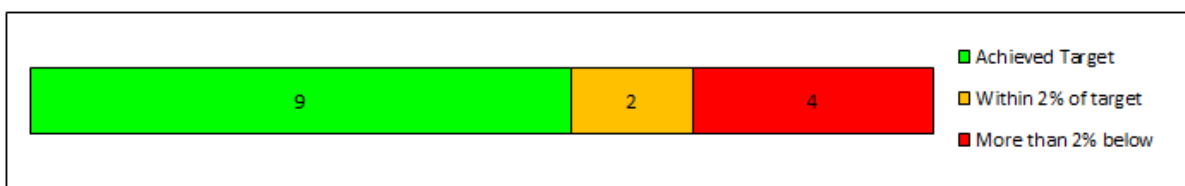


53. Revised targets dates have been set for the following actions:

- Complete the review of specialist residential care provision in relation to long term and complex mental health and learning disability clients to ensure that there is capacity to deal with complex needs. The Target date has been revised by Durham County Council from March 2015 to March 2016 to enable a wider strategic review of Mental Health accommodation needs to be carried out jointly with CCGs as part of the 'No Health Without Mental Health' implementation.
- Develop a community service for diabetes moving services out of hospital into the community through the development of a lead provider model. The target date has been revised by the CCGs from March 2015 to April 2016 to align with the CCGs Commissioning Intentions Delivery Plan.

- Help people to manage their own long term conditions through self-management programmes. This action relates to the Diabetes Service re-design and a Chronic Obstructive Pulmonary Disease (COPD) project. The target date has been revised by Community Services / Care Closer to Home Group from March 2015 to April 2016 to align with the CCGs Commissioning Intentions Delivery Plan.
- Develop preventative services in conjunction with key partners to meet gaps in provision. The target date has been revised by Durham County Council from March 2015 to March 2016 to reflect agreed changes to the scope of the action.

54. There are 15 indicators with targets under Objective 3 for which new data is reported. Performance against target is as follows:



Performance indicators more than 2% below target (4 indicators):

### Carer reported quality of life

55. Carer reported quality of life is behind target but is better than national and regional averages.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
8.7 (2012-13)	Carer reported quality of life	8.7 (2014-15)	9.0 (2014-15)	7.9 {Prov} (2014/15)	8.4 {Prov} (2014/15)	↔

56. This is a complex indicator from the Adult Social Care Outcomes Framework which combines and weights the individual responses to six questions from the Carers' Survey into a single score. The 6 questions relate to different aspects of quality of life include occupation, safety, inclusion, control etc. Although Durham is below the agreed local target, performance has been maintained from 2012-13 and is above the provisional national and North East average.

### Adults aged 18-64 admitted on a permanent basis to residential or nursing care

57. The number of adults aged 18-64 admitted on a permanent basis to residential or nursing care has increased since 2013-14, and is behind target and the North East and National averages.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
15.1 per 100,000 (2013-14)	Adults aged 18-64 per 100,000 population admitted on a permanent basis in the year to residential or nursing care	16.8 per 100,000 (2014-15)	14 per 100,000 (2014-15)	14.4 per 100,000 (2013-14)	14.4 per 100,000 (2013-14)	↑

58. Robust panels operate to ensure that only those in most need and who can no longer be cared for within their own home are admitted to permanent care. The numbers for this indicator are small (53 admissions in 2014-15) and performance can therefore fluctuate.

### Adults aged 65 and over admitted on a permanent basis to residential or nursing care

59. During 2014/15 the number of adults aged 65 and over permanently admitted to residential or nursing care has increased to a rate of 820.9 per 100,000 population. This has failed to achieve target and is higher than the 2013/14 national and North East outturn. (BCF Indicator)

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
736.2 per 100,000 (2013-14)	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	820.9 Per 100,000 (2014/15)	727 per 100,000 (2014/15)	650.6 (2013/14)	803.4 (2013/14)	↑

60. The actual numbers of people aged 65 and over who are admitted to permanent care have increased from 755 in 2013/14 to 836 in 2014/15.

61. Despite this increase, the longer term trend in the number of residential and nursing care bed days purchased by Durham County Council shows a 7% reduction since 2011-12, as demonstrated in the table below:

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
973,147 (2011-12)	The number of residential/nursing care bed days purchased by Durham County Council	904,437 (12/05/14-10/05/15)	N/A	N/A	N/A	↓

62. Factors which have contributed to increased permanent admissions in 2014/15 include:

- Increased pressures on the wider health community in County Durham, with older people a particularly vulnerable group. There has been a 5.4% increase in presentations to Accident and Emergency and a 2.4% increase in hospital discharge referrals.

- Increasing complexity of cases with an additional 21 people admitted to nursing care and 38 additional people admitted to specialist dementia care when compared to 2013/14.

63. Robust panels operate to ensure that only those in most need, who can no longer be cared for within their own home, are admitted to permanent care.

### Non-elective admissions into hospital

64. Non-elective admissions into hospital have increased and are behind target.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
2,929 (Jan-Mar 14)	Total non-elective admissions into hospital (general & acute), all age, per 100,000 population	3009 (Jan-Mar 15)	2,868 (Jan-Mar 15)	n/a	n/a	↑

65. This is a Better Care Fund indicator for 2015/16. It has a linked financial incentive for achievement of the target, which is a reduction of 3.5% in the actual number of non-elective admissions compared to the same period in the previous year. For the period January to March 2015 the target is 14,914 non elective admissions which gives a rate of 2,868 per 100,000 population.

66. The performance incentive funding will be based on the final quarter of 2014/15 and the first three quarters of 2015/16. In line with NHS England requirements, the data will be reported on a quarterly basis and used to compare performance to the same quarter of the previous year.

67. A number of initiatives are ongoing to review and improve admission avoidance services across the CCGs, including:

- The ongoing refinement of the Frail Elderly / Vulnerable Elderly Wrap Around Services.
- DDES CCG's GP weekend working, including expansion to focus on care home patients, and ND CCG's planned care scheme in primary care working with patients at risk of admissions over the weekend.
- The Urgent Care review
- North Durham CCG has set up a demand and activity management programme to focus on resolving the top 10 high admission areas.
- A review of paediatric admission avoidance services and the piloting of a paediatric admissions Commissioning for Quality and Innovation (CQUIN) in both CCG's.

### Other Areas for Improvement

#### Falls and injuries, and hip fractures

68. Rate of falls and injuries, and hip fractures in the over 65s have both increased since 2012-13 and are above regional and national averages.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
2,085 (2012-13)	Falls and injuries in the over 65s. (Age-sex standardised rate of emergency hospital admissions for falls or falls injuries in persons aged 65 and over per 100,000 population)	2159 (2013-14)	Tracker	2,064 (2013-14)	2,051 (2013-14)	↑
636.0 (2012-13)	Hip fractures in over 65s. (Age-sex standardised rate of emergency admissions for fractured neck of femur in persons aged 65 and over per 100,000 population)	674 (2013-14)	Tracker	580 (2013-14)	651 (2013-14)	↑

69. To support delivery on the local and national strategy for frail elderly DDES CCG are commissioning services described as vulnerable adults wrap around services. These services will compliment other commissioned services to ensure the best possible care and care planning for this cohort of patients. As part of this, a falls prevention assessment takes place. Monitoring will take place through the Clinical Quality Review Group with providers.
70. North Durham CCG are identifying the most frail elderly patients living in their own homes and carrying out a multi-faceted patient assessment using the Edmonton Frail Scale, which has a 'timed-up and go' test, lying/sitting and standing blood pressure test, a falls assessment, and medicine reviews for those on multiple medicines. As part of the pathway, a nurse from the patient's practice will work with other primary care clinicians to devise a care plan to treat any issues identified, including the risk of falling. The nurse will be responsible for ensuring any primary, community and secondary care services needed by the patient are delivered. The patient is reviewed and reassessed using the same assessment tools at least every year.
71. In care homes, residents will receive the same assessment as described above, but this will be undertaken by community matrons.
72. In secondary care, North Durham CCG are integrating existing acute and community elderly care clinics so the most frail patients have access to a comprehensive geriatric assessment and care planning.

### Performance Highlights

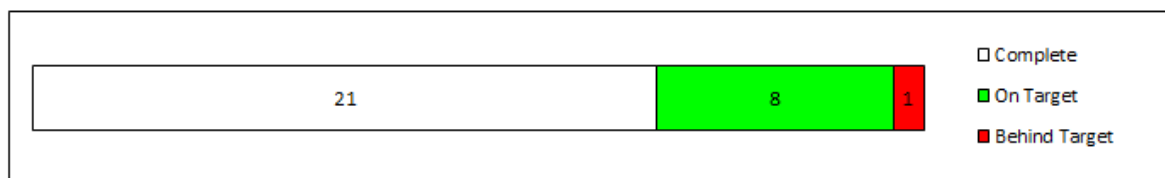
73. Progress since the previous performance report includes:
- The proportion of older people who were still at home 91 days after discharge into reablement/rehabilitation services is 89.9% for the period October to December 2014 (national monitoring period). This exceeds the target (85.4%)

and is better than national (82.5%) and regional (87.2%) averages in 2013/14. This is a Better Care Fund indicator.

- 65.3% of people had no ongoing care needs following completion of a reablement package in 2014-15. This is an improvement on 62.3% in 2013-14, and exceeds target (55.0%). The regional average is 60.2%.
- The number of carers receiving a specific carers' service, as a percentage of service users receiving community based services, has improved from 33.8% in 2013-14 to 39.4% in 2014-15. This is above the North East (31.9%) and national (33.5%) averages.
- The estimated diagnosis rate for people with dementia has risen in both CCGs and is well above the 2013/14 national average (52.5%). Performance in North Durham has risen from 57.4% in 2013-14 to 67.3% 2014-15 and in DDES from 66.0% 2013-14 to 75.6% 2014-15.
- The Dementia Strategy for County Durham and Darlington 2014-17 has been agreed.
- The rate of delayed transfers of care from hospital is 7.5 per 100,000 population (2014-15). This has decreased from 10.5 in 2013-14, and is better than the national average of 11.2 (2014/15).

#### Objective 4: Improve Mental Health and Wellbeing of the Population

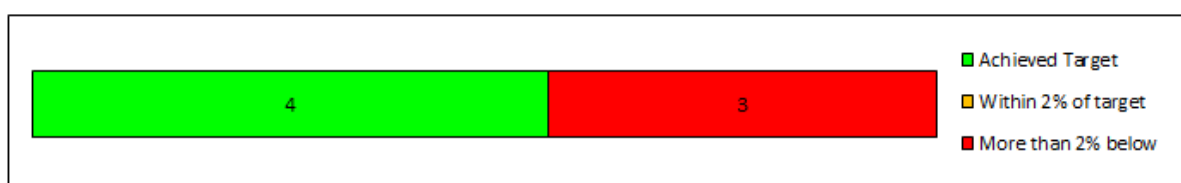
74. There are 30 actions under objective 4. Progress is as follows:



75. Revised targets dates have been set for the following actions:

- Develop integrated care pathways to address physical and mental health needs where appropriate. The Target date has been revised by the CCGs from December 2015 to March 2016 to reflect their commissioning intentions delivery plan.

76. There are 7 indicators with targets under Objective 4 for which new data is reported. Performance against target is as follows:





Performance indicators more than 2% below target (3 indicators):

### Recovery rate for IAPT treatment

77. The recovery rate of those completing IAPT treatment in Durham Dales, Easington and Sedgfield (DDES) CCG is behind target. (2014-15 QPI). The North Durham CCG recovery rate for 2014-15 was above target at 51.2%.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
45.4% (2013-14)	Improving Access to Psychological Therapies (IAPT): Recovery rate of those completing treatment - DDES	46.4% (2014-15)	50%	45.5% (Jan-Mar 14)	46.8% [Durham, D'ton & Tees Area Team] (Jan-Mar 14)	↑

78. The recovery rate measures the percentage of people that were above the clinical threshold before treatment but below the threshold following treatment. It considers factors such as anxiety and depression. Recovery occurs if that person subsequently scores below the clinical threshold on depression *and* anxiety.

79. Due to the existence of separate counselling service in DDES, the generic IAPT service deal with a higher proportion of more complex, severe need individuals who are less likely to move to a full recovery. The counselling service sees a higher proportion of individuals who are more likely to make a full recovery through therapy.

80. Discussions are ongoing with individual Clinical Commissioning Groups on transforming Counselling Services during 2015/16. The primary aim is to move the services into a position where they individually contribute towards the national targets shown.

81. The CCGs are to produce an update paper on talking therapies for discussion at the Health and WellBeing Board in September 2015.

### Access to IAPT

82. Access to IAPT is behind target in both CCGs, however access has improved since 2013-14 and is above the National average. (2014-15 QPI)

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
8.2% (2013-14)	Access to IAPT - DDES	11.6% (2014-15)	12.8%	9.5% (Dec 2013)	n/a	↑

9.1% (2013-14)	Access to IAPT - ND	11.8% (2014-15)	12.8%	9.5% (Dec 2013)	n/a	↑
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83. The completion of an improvement action plan agreed with the provider has resulted in a substantial improvement in month on month performance for both CCGs. However, achievement of key performance targets has been affected by staff vacancies.

84. Actions being taken to continue recent improvements include:

- Performance will be monitored closely to ensure the measures instigated through the improvement action plan continue to be applied.
- Recruitment to vacant posts is in progress and issues around vacancies, staff retention and recruitment will continue to be monitored.
- Achievement of minimum staffing levels is pivotal to sustaining performance and this will be reflected in the 2015/16 contract arrangements.

### Other Areas for Improvement

#### **Suicide rate**

85. The suicide rate in County Durham has increased, and is higher than the national and regional rates.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
11.3 per 100,000 (2010-12) [172]	Suicide rate	13.4 per 100,000 (2011-13) [204]	Tracker	8.8 per 100,000 (2011-13)	10.6 per 100,000 (2011-13)	↑

86. The long term trend shows that since 2001-03 the County Durham rate has increased by 29% compared to regional and national reductions of 6% and 16% respectively.

87. Actions being taken to tackle this 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 new early alert process was implemented in September 2014 which identifies people at risk of suicide within a maximum of 48 hours from an attempt.
- The 'Suicide Safer Communities' programme was agreed at the Mental Health Partnership Board in February 2015. This is an internationally accredited programme which supports community resilience and suicide prevention. The implementation plan is currently under development.

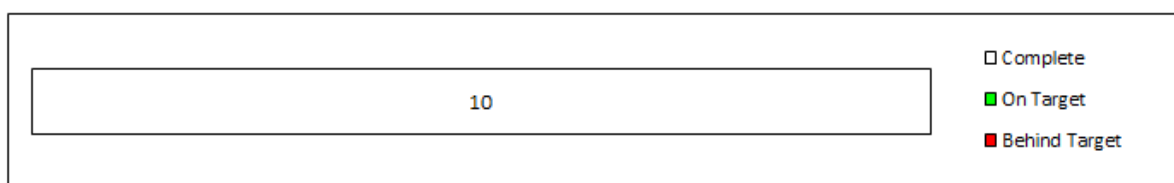
## Performance Highlights

88. Progress since the previous performance report includes:

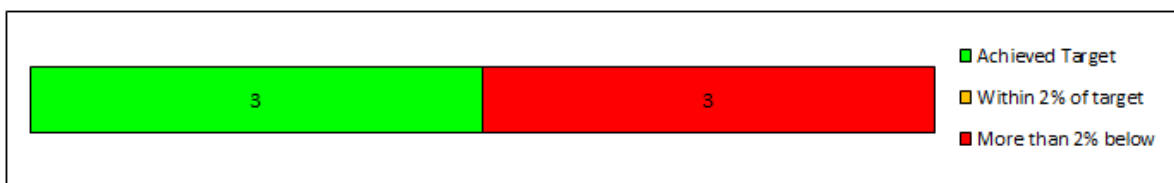
- The proportion of adults in contact with secondary mental health services who are in paid employment is 10.9% for 2014-15. This exceeds the target of 8% and is above the national average of 7.1%. This is a 2015-16 QPI.
- The Wellbeing for Life Service has been developed to help people to live well, and build on their capacity to be independent, resilient and maintain good health for themselves and those around them.
- In 2014-15, 84.1% of service users reported they have as much or adequate social contact with people as they like. This is an increase from 83.4% in 2013-14.
- In the 2014/15 national Carers Survey, 52.4% of Carers in Durham reported that they had as much social contact as they would like. The national average was 38% and regional average is 45.7%.

## Objective 5: Protect vulnerable people from harm

89. There are 10 actions for objective 5. Progress against them is as follows:



90. There are 6 indicators with targets under Objective 5 for which new data is reported. Performance against target is as follows:



Performance indicators more than 2% below target (3 indicators):

### **Children becoming the subject of a Child Protection plan for a second or subsequent time**

91. The percentage of children becoming the subject of a Child Protection plan for a second or subsequent time within 2 years of the previous plan ending has not achieved target and is higher than last year's outturn.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
8.0% (Apr-Sep 13)	%age of children becoming the subject of a Child Protection Plan for a second or subsequent time (within 2 years of a previous plan)	12.6% (Apr-Sep 14)	10.0%	n/a	n/a	↑

92. This indicator is from the DfE's national safeguarding framework (which became effective in 2013/14) and is also reported to the Children and Families Partnership.

93. The County Council is undertaking an analysis of identified child protection cases to understand the underlying factors behind performance. This will be completed by the end of July 2015.

### Medication-related safety incidents

94. TEWV and County Durham & Darlington Foundation Trust (CDDFT) have not achieved targets in relation to reporting medication-related safety incidents. (2014-15 QPI)

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
12.7% (Apr 13 – Sep 13)	Reported number of medication-related safety incidents - CDDFT	8.8% (Apr 14 – Sep 14)	10.0%	11% (Oct 13 - Sep14)	n/a	↓
17.0% (Apr 13 – Sep 13)	Reported number of medication-related safety incidents - TEWV	17.2% (Apr 14 – Sep 14)	26.0%	9.0% (Oct 13- Sep 14)	n/a	↑

95. CDDFT have designated medication safety officers and have implemented all the actions in the patient safety alert (*Improving medication error incident reporting and learning NHS/PSA/D/2014/005*) to improve reporting rates. They also produce a separate medication incident /safety report to the Clinical Quality Review Group (CQRG) with the CCG on a 6 monthly basis for scrutiny. The Trust has undertaken a number of campaigns across all their care groups to raise awareness with staff and to try and increase their incident reporting rates.

96. TEWV has implemented improvements to facilitate increased incident reporting, which should be fully implemented by September 2015.

97. Medication incidents are recorded via the Trust's incident reporting system. Incidents are assigned to the team looking after the patient at the time for investigation and resolution. The Patient Safety Pharmacist also scrutinises the data for themes and trends and uses them as a focus for targeting lessons learned which are discussed at the Safe Medication Practice Group. Learning

from incidents is also incorporated into the Medicines Management training for nursing staff, and junior doctor e-learning and face to face training.

98. The minutes from the Safe Medication Practice Group are also discussed at the Drugs and Therapeutics Committee. The Patient Safety Pharmacist also attends the Patient Safety Meeting to raise key points and to action plan on areas of particular concern. The patient safety pharmacist has also been involved in the Trust's larger project which is addressing incident reporting as a whole.

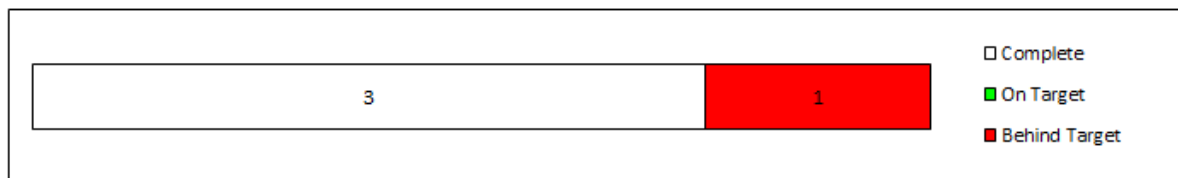
### Performance Highlights

99. Progress since the previous performance report includes:

- The number of children with a child protection plan has decreased from 45.1 per 10,000 population in March 2014 to 37.6 in March 2015. The Durham rate is now below the 2014 North East (59.3 March 2014) and national (42.1 March 2014) rates.
- The percentage of Children in Need referrals occurring within 12 months of a previous referral in 2014-15 was 22.8%. This is a decrease from 27.4% in 2013-14. The North East average is 22.9% (2013-14) and National is 23.4%.

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

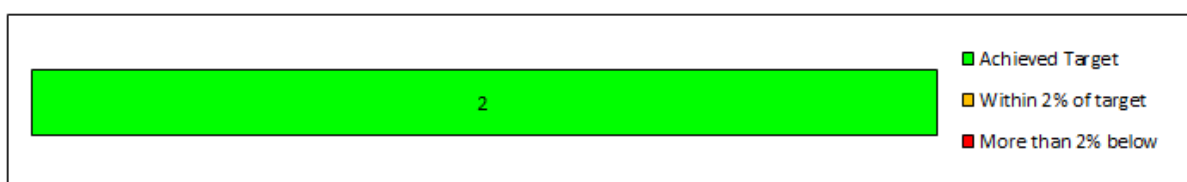
100. There are 4 actions under objective 6. Progress is as follows:



101. Revised targets dates have been set for the following action:

- Incorporate requirements for quality monitoring of end of life care in residential and nursing home contracts. The target date of April 2015 has not been achieved. The timeline will be reviewed by Durham County Council and CCGs at a Joint Commissioning meeting in July 2015.

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



103. There are no performance indicators under objective 6 which are more than 2% below target.

Performance Highlights

104. Progress since the previous performance report includes:

- The number of patients in need of palliative care/support as recorded on practice disease registers is now 1,726 (2014-15). This is above target for both CCG areas. (2014-15 and 2015-16 QPI)
- Deaths in usual place of residence have increased to 45.4% for DDES CCG and 47.4% for North Durham CCG for the year October 2013 to September 2014, from 44.5% in DDES and 45.5% in North Durham. Both CCGS are above the North East (44.5%) and National (45.1%) averages.

**Recommendations**

105. 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 action planning.

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**Appendix 1: Implications**


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<b>Finance</b>	Performance Management is a key activity in delivering efficiencies and value for money
<b>Staffing</b>	Performance management is a key element of resource allocation
<b>Risk</b>	Effective performance management can help to highlight and manage key risks
<b>Equality and Diversity / Public Sector Equality Duty</b>	None
<b>Accommodation</b>	None
<b>Crime and Disorder</b>	The Joint Health and Wellbeing Strategy includes actions which contribute to community safety priorities and includes an objective to protect vulnerable people from harm.
<b>Human Rights</b>	None
<b>Consultation</b>	The content of the performance management process has been agreed with the Board and has been part of the consultation on the JHWS
<b>Procurement</b>	None
<b>Disability Issues</b>	A range of indicators which monitor services to people with a disability are included within the performance system
<b>Legal Implications</b>	Performance management is crucial to ensure that key legal/statutory requirements are being discharged appropriately