

Health and Wellbeing Board

3 November 2015



Joint Health & Wellbeing Strategy 2nd Quarter 2015/16 Performance Report

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

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) 2015-18.

Background

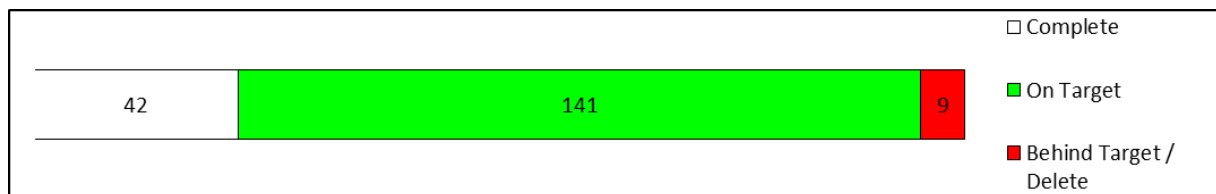
2. The Health & Wellbeing Board Performance Report is structured around the six strategic objectives of the JHWS and reports progress being made against the strategic actions and performance outcomes identified. This includes performance indicators linked to the Better Care Fund (BCF) and Clinical Commissioning 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

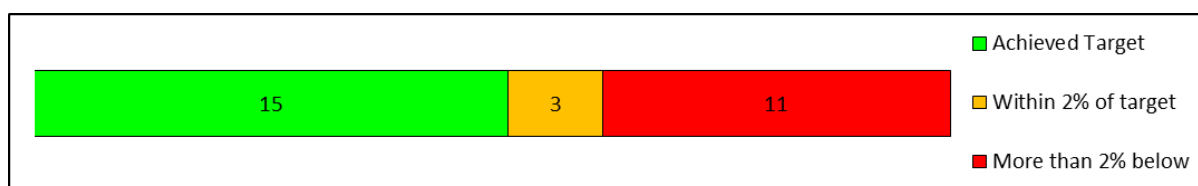
6. A detailed report to update on progress against 2015/16 Quality Premium Indicators is attached at **Appendix 3**.

Overview of Performance

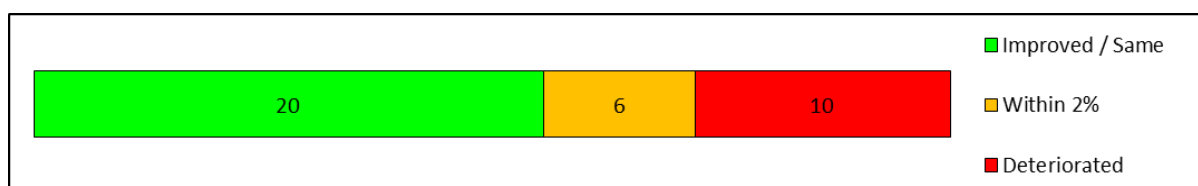
7. There are 193 actions within the JHWS 2015-19 Delivery Plan. Of these, 1 action is to be deleted and is included in this report under the relevant objective. Progress against the remaining 192 actions is as follows:



8. There are 9 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.
9. There are 90 Indicators on the JHWS Performance Scorecard. Since the last report, updated data is available for 59 indicators.
10. There are 29 indicators with targets where updated data is available and included in the report. **Performance against target** is as follows:



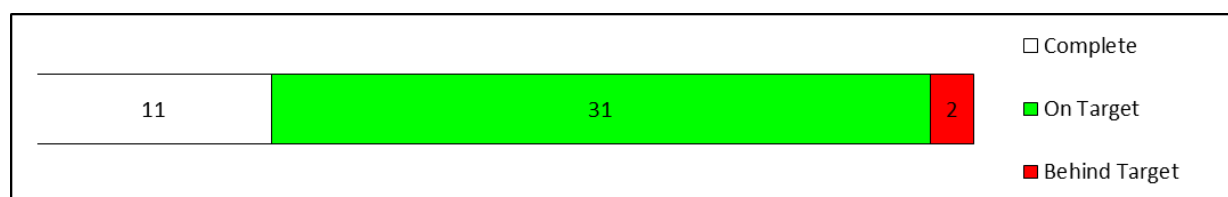
11. There are 36 indicators where updated data is available and it is possible to track **Direction of Travel**. Performance is as follows:



12. 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

13. There are 44 actions under objective 1. Progress is as follows:



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

- **Clarify safe and effective support pathways for self-harm, and raise awareness of key professionals that can be involved in complex cases.** The target date has been revised by Public Health from July 2015 to January 2016 to align with the development of the Children and Young People Mental Health, Emotional Wellbeing and Resilience Plan.
- **Implement recommendations from the review of universal, targeted and specialist Child and Adolescent Mental Health Services (CAMHS).** The target date has been revised by CCGs from July 2015 to November 2015 to align to the sign off of the “*Future in Mind - Children and Young People's Mental Health and Wellbeing Transformation Plan 2015-20*”, which will be signed off in November 2015. CCGs will begin to implement recommendations from the CAMHS review following this.

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



Performance indicators more than 2% below target (1 indicator):

Young Person’s Treatment for Substance Misuse

16. The percentage of young people leaving drug and alcohol treatment in a planned way did not achieve target for quarter 1 2015/16 and has decreased from 92% in the same period last year.

Same period last year	Indicator	Latest Data	Target 2015/16	National Average	North East Average	Direction of Travel
92% (Apr-Jun14)	Percentage of all exits from young person’s treatment which are care planned (alcohol and drugs)	77% (Apr-Jun15)	83%	80% (Apr-Jun15)	Not available	↓

17. This is the first set of data relating to the new Drug and Alcohol Service provided by Lifeline. There were 17 of 22 young people discharged in a planned way.
18. Of the 5 young people who exited in an unplanned way, 3 dropped out of the Service and 2 transferred to other Services (this can include reasons such as transferring to another substance misuse service in another authority or being taken into custody).

Other Areas for Improvement

Breastfeeding Initiation

19. Between April and June 2015, 56.1% of new mothers in County Durham initiated breastfeeding. This is a slight decrease from 57.1% during the same period last year. This is lower than the national average (73.8%) but above regional data (54.4%) for the same period.

Same period last year	Indicator	Latest Data	Target 2015/16	National Average	North East Average	Direction of Travel
57.1% (Apr-Jun14)	Breastfeeding initiation	56.1% (Apr-Jun15)	Tracker	73.8% (Apr-Jun15)	54.4% (Apr-Jun15) [Durham, D'ton & Tees Area Team]	↓

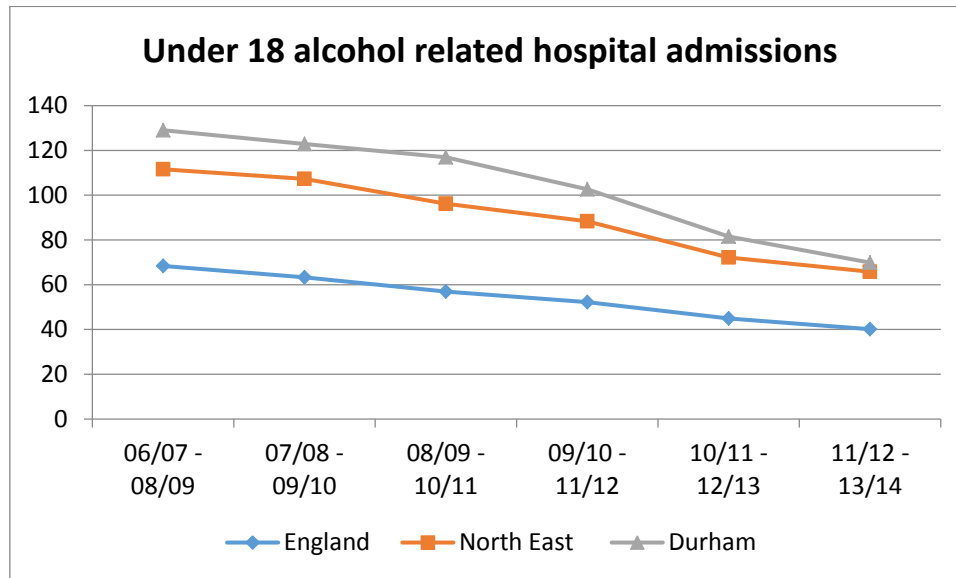
20. Performance ranges from 59.8% in North Durham CCG to 50.1% in Durham Dales, Easington and Sedgefield CCG.
21. A breastfeeding health equity audit will be undertaken in 2015/16 to better understand the population who are choosing to take up breastfeeding compared to those who aren't to better inform targeted programmes and interventions.
22. Other similar local authorities with higher breastfeeding rates who were identified from recent benchmarking activity will be contacted and Public Health are intending to visit them to identify any good practice which can be applied in County Durham.
23. Latest data (Apr-Jun 2015) for Breastfeeding at 6-8 weeks is 30.5%, which has improved from 28.9% in 2014/15 and is better than the regional average (28.4%). The national average is 45.2%.

Under 18 Hospital Admissions – Alcohol

24. The three-year average from April 2011 to March 2014 is 69.9 per 100,000 under 18 population, which is higher than the National (40.1) and Regional (65.8) averages.

Previous Data	Indicator	Latest data	Target	National Average	North East Average	Direction of Travel
81.5 (2010/11-2012/13)	Alcohol specific hospital admissions for under 18's (per 100,000 under 18 years population)	69.9 (2011/12-2013/14)	Tracker	40.1 (2011/12-2013/14)	65.8 (2011/12-2013/14)	↓

25. The chart below shows the progress that has been made in reducing the rate of alcohol specific hospital admissions for under 18's in Durham



26. Progress has also been made in reducing the gap between Durham and the England average. This has been supported by the previous alcohol strategy, including actions such as:

- The Alcohol Seizure Procedure, where alcohol is taken from young people before they are intoxicated and they receive a brief intervention from specialist treatment services.
- Colleges, schools and special schools participating in Social Norms campaigns.
- Targeted work has also taken place with identified licensees to prevent under-age sales.
- Improving the pathways between accident and emergency and specialist treatment services to ensure that all young people attending A&E due to alcohol receive a brief intervention.

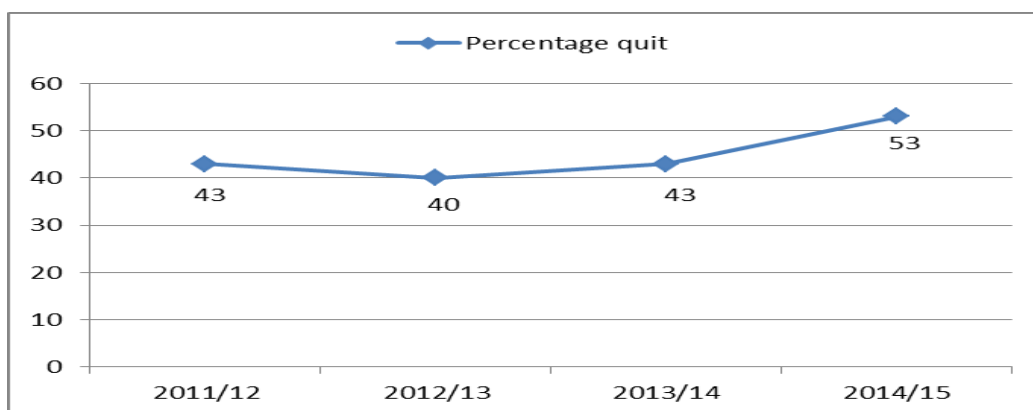
27. The reduction of alcohol specific hospital admissions will remain a priority in the forthcoming Alcohol Strategy.

Mothers smoking at time of delivery

28. Although the percentage of mothers smoking at the time of delivery has achieved target, performance is above regional and national averages.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
17.9% (Apr-Jun 2014)	Percentage of mothers smoking at time of delivery	18.1% (Apr-Jun15)	18.2%	10.7% (Apr-Jun15)	16.3% (Apr-Jun15)	↑

29. The number of pregnant women setting a quit date with the Stop Smoking Service (SSS) has continued to increase. Since the implementation in 2013 of the “babyClear pathway”, the North East’s regional approach to reducing maternal smoking rates, the SSS has seen significant increases in the percentage of women quitting. Between April-June 2015, this rose to 63% (48 of 76 women setting a quit date).



30. The “babyClear” initiative has provided:

- Training to all community midwives to facilitate delivery of a 3-minute intervention at booking. Identifying and referring smokers, and stressing the dangers of carbon monoxide (CO). Identification is largely based on routine CO monitoring of all women at booking and making CO screening standard midwifery practice.
- Training a small cohort of midwives to deliver more intensive “risk perception” interventions to pregnant women who continue to smoke at time of scan appointment.

Self-Harm – Young People

31. The three-year average from April 2011 to March 2014 shows Durham’s admission rate for 10-24 year olds is 489.4. This has reduced from 504.8 per 100,000 (Apr10-Mar13), but is higher than the national average of 367.3.

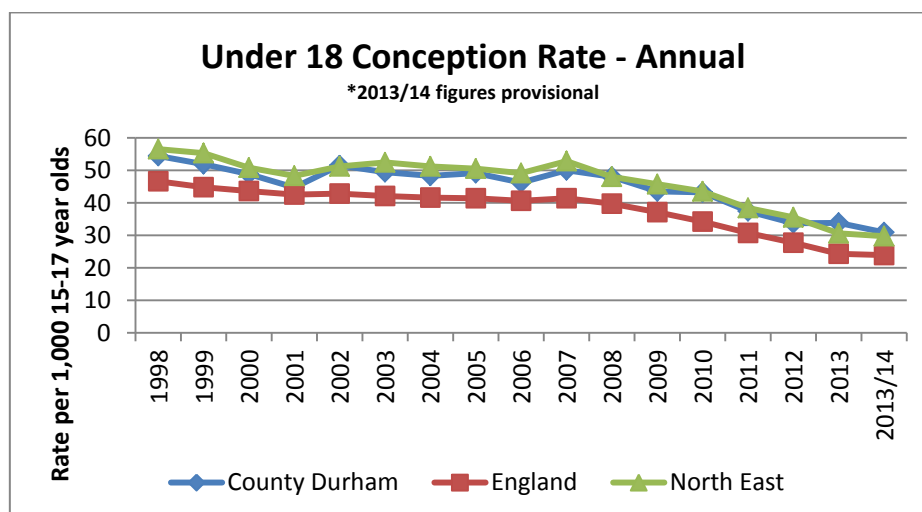
Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
504.8 (10/11-12/13)	Young people aged 10-24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10-24 years)	489.4 (11/12-13/14)	Tracker	367.3 (11/12 - 13/14)	Not available	↓

32. Children's Services Overview and Scrutiny Committee (OSC) requested further investigation into self-harm during 2014 and the recommendations from their report are being addressed through the Mental Health Partnership Board Self-Harm Group action plan. An update on progress to OSC is due in November 2015.
33. An update on progress against the priority to reduce the rates of suicide and self-harm within County Durham was presented to the Health and Wellbeing Board on 24 September 2015 by the Director of Public Health. This contained details of the work being undertaken in County Durham by partners to achieve this aim.
34. A three-year Children and Young People Mental Health, Emotional Wellbeing and Resilience Plan is currently out for consultation and will be presented to the Board on 3rd November 2015. This plan will focus on the delivery of 42 recommendations from the Department of Health policy document 'Future in Mind - Promoting, protecting and improving our children and young people's mental health and wellbeing'.
35. Data is published annually for this indicator and will next be available in June 2016. This will be a three-year average for April 2012 to March 2015.

Performance Highlights

36. Progress since the previous performance report includes:

- The sustained downward trend in the under 18 conception rate in County Durham has continued (see graph below). The rolling year figure to June 2014 is 29 per 1,000 15-17 year olds. The regional average is 29.8 and national average is 23.4.

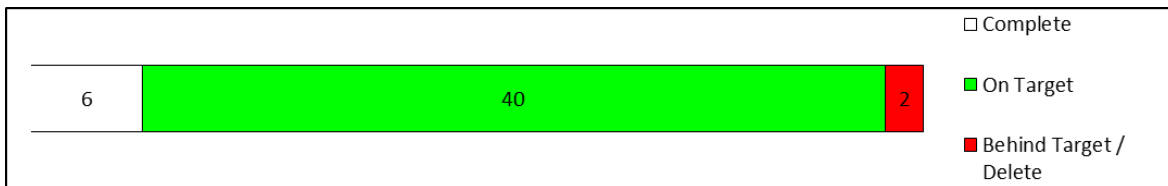


- A Children & Young People's Mental Health and Emotional Wellbeing network has been established for over 200 members of the C&YP workforce. The network focusses on programmes to improve the mental health and wellbeing of C&YP via electronic forms and quarterly meetings.

- A number of steps have been taken to develop an engagement network which gives young people aged 10-24 an avenue for seeking information about the risks of alcohol and giving them a voice to the police, including:
 - a mapping exercise of existing face-to-face forums;
 - an online police confidence survey for 16-24 year olds went live during Fresher's week;
 - the roll out of 'agenda days' which give C&YP an opportunity to communicate, offer views, and influence policing activity.

Objective 2: Reduce health inequalities and early deaths

37. There are 48 actions under this objective. Progress is as follows:



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

- **Implement the Dual Needs Strategy for individuals of all ages who have a learning disability, mental or behavioural disorder or dementia alongside a substance misuse issue.** The target date has been revised by Public Health from May 2015 to December 2015. The Dual Needs Strategy is now complete and the implementation plan will be complete in December 2015.
- **Implement a targeted approach to the Health Check programme in County Durham by reviewing the current patient pathway for cardiac services, including electrocardiograms (ECGs) and palpitations.** The target date has been revised by North Durham CCG from March 2016 to January 2017. Commencement of the review has been postponed for 6 months to allow additional focus on achievement of the NHS Constitutional standards.

39. There are 11 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 (6 indicators):

Potential Years of Life Lost (PYLL)

40. The County Durham CCGs did not achieve their QPI targets in 2014. Performance is below the national average.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
2,396.3 (2013)	Potential years life lost from amenable causes per 100,000 - DDES	2607.7 (2014)	2341	2064.5 (2014)	Not available	↑
2,286.5 (2013)	Potential years life lost from amenable causes per 100,000 - ND	2220.6 (2014)	2093	2064.5 (2014)	Not available	↓

41. NECS are currently liaising with NHS England regarding final achievement for the 2014/15 Quality Premium and the final outcome is expected shortly. Once confirmed this will be shared with the Board.
42. Causes considered amenable to health care are those from which premature deaths should not occur in the presence of timely and effective health care, such as infections, pneumonia/flu, diabetes and epilepsy. Plans in place to improve performance include:
- The co-ordination of primary care and community nursing by integrating key nursing services;
 - nursing support (ANP) to care homes;
 - GP weekend opening (Saturdays for pre-bookable, 111 diverts and walk-ins);
 - Vulnerable Adult Wraparound Service (VAWAS)/Frail Elderly;
 - Care plan reviews;
 - Out of hours 111 bypass number which ensures a GP contact.
 - The CCGs have also commissioned an Out-patient Parenteral Antibiotic Therapy (OPAT) service to support the prevention of a need for acute care.

Cancer Waiting Times – First Treatment within 62 Days

43. Performance in both County Durham CCGs is below target. DDES CCG is above the national average, but ND CCG is below the national average

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
83.5% (Jan-Mar15)	% of patients receiving 1st definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer - DDES CCG	82.9% (Apr-Jun15)	85%	81.8% (Apr-Jun15)	Not available	↓
90% (Jan-Mar15)	Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer - North Durham CCG	79.9% (Apr-Jun15)	85%	81.8% (Apr-Jun15)	Not available	↓

44. Performance levels continue to be reviewed monthly by the CCGs and the County Durham and Darlington cancer locality group meets bi-monthly, along with a cancer operations group set up last year across CCGs and providers.
45. The area of focus for both CCGs is the 62 day standard following under achievement being reported in the all three months of Quarter 1 2015/16. In July 2015 performance for ND and DDES CCG was reported as 87.1% and 86.1% respectively.
46. Further breach analysis is being undertaken by DDES and ND CCGs to understand why some CCGs perform poorly against the 62 day target when their local Hospital Trusts tend to achieve the target. Local Hospital Trust performance in relation to this indicator for the same period can be seen below. **NB** This includes all patients either admitted to hospital or not i.e. outpatient activity and treatment in other care settings.

Trust	Percentage
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	84.9%
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	85.8%
CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST	86.3%
ALL ENGLISH PROVIDERS	82.0%

47. All trusts have completed a self-assessment against key priorities for sustaining and improving cancer performance. The CDDFT return reported compliance against 4 out of 8 priorities and a further submission has been requested to identify actions and timescales for full compliance in October 2015.

Successful completions of drug treatment - opiates

48. The percentage of successful completions of drug treatment for opiates remained at 6.8% in 2014. This figure is below the 2014 target (8.4%) and below the national average for the same period (7.4%).

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	6.8% (2014)	8.4% (2014)	7.4% (2014)	Not available	↔

49. Lifeline took over the drug and alcohol treatment service across County Durham from 1st April 2015. The new recovery model is aimed at providing consistent, high quality, recovery focused interventions, irrespective of age or substance used. Experience from other regions is that it will take 6 months for the Lifeline service to become embedded. **The data included in this report pre-dates the Lifeline service, with the first official Lifeline data on drug treatment available in early 2016.**

Alcohol Treatment

50. The percentage of those in alcohol treatment between July 2014 – June 2015 who successfully complete treatment has declined to 32.5%. This is significantly below target of 37.6% and the national average of 39.1%.

Data same period last year	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
36.5% (Jul13-Jun14)	Successful completions as a %age of total number in treatment – Alcohol	32.5% (Jul14-Jun15)	37.6% (Jul14-Jun15)	39.1% (Jul14-Jun15)	Not available	↓

51. The data reported for the three month period of April – June 2015 relates to clients discharged from the Lifeline service. Although performance has deteriorated in the 12 months to 30th June 2015, this reduction is typical of a major service implementation when a new provider takes over. There are a number of major implementation issues that have been managed by Lifeline, including:
- The transition of clients which pre-date Lifeline i.e. the clients who completed treatment in the latest quarter commenced their treatment plan with the previous provider.
 - The transition of Lifeline staff to a new data management system.
 - The time to recruit and TUPE new staff to the Lifeline service and the provision of relevant training to embed the new recovery model.
 - The time needed to setup some of the new services such as the Recovery Academy in Durham and Newton Aycliffe. Lifeline have confirmed that all Recovery Academies will be up and running by the end of October 2015. This will mean that capacity within the RAD will provide a further 36 beds for treatment and improved outcomes.

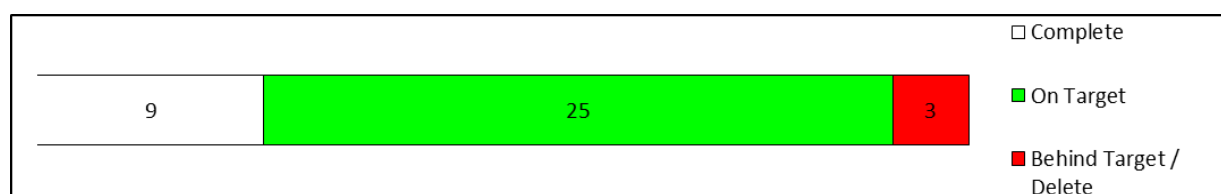
Performance Highlights

52. Progress since the previous performance report includes:
- Over 98% of patients in both CCGs received their first definitive treatment for cancer within 31 days of diagnosis. This exceeds target (96%) and the national average (97.4%).
 - Performance is above the national average in both CCGs in relation to the percentage of people learning disabilities who have had an annual health check (National average: 44.2%, DDES CCG: 46.7% and ND CCG: 60.3%)
 - Alcohol related hospital admissions have improved significantly, from 784.4 per 100,000 in 2013/14 to 728.3 in 2014/15 (provisional). This is significantly

below the North East average (820.3) but remains above the national rate (638.1).

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

53. There are 37 actions under this objective. Progress against the actions is as follows:



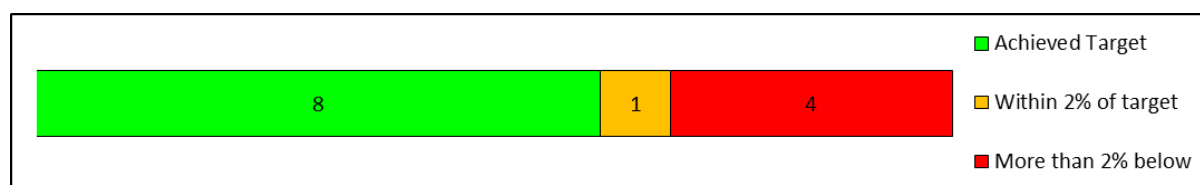
54. There is one action to be deleted, due to a Government decision to postpone Phase 2 reforms of the Care Act until 2020:

- **Implement the specific requirements of the Care Act 2014 for adult social care by reviewing the assessment process to take into account additional demand from self-funders**

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

- **Implement the specific requirements of the Care Act 2014 for adult social care by implementing an integrated transitions team.** Target date for the new Integrated Transitions Team has been revised from September 2015 to April 2016 by Durham County Council.
- **Extend access to primary care at weekends through the development of a new service, providing a wrap-around service for the most vulnerable patients.** Target has been revised by North Durham CCG from September 2015 to December 2015. Additional weekend opening hours went live in the Chester-le-St area from 3 October 2015, with Durham and Derwentside re-scheduled to December 2015.

56. There are 13 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):

Adults aged 65+ admitted to residential or nursing care (BCF Indicator)

57. The rate of 65+ permanent admissions to residential or nursing care is above target and above the rate at the same time in the previous year.

Same period last year	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
396.7 (Apr-Sep14)	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	361 (Apr-Sep15) [Prov]	337.8 (Apr-Sep15)	668.8 (2014-15 full year)	835.8 (2014-15 full year)	↓ Prov

58. **Please note this is provisional data for April – September 2015. Final data for the Better Care Fund will be submitted later in November 2015.**
59. Increasing complexity of cases has contributed to an increased number of permanent admissions - with an additional 22 admissions to specialist dementia beds between April-September 2015 when compared to the same period in 2014.
60. The number of residential/nursing beds purchased between Jul-Sep 2015 has decreased by 2.7% (6,501 fewer bed days) compared to the same period in the previous year.
61. Robust panels continue to 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.

Avoidable emergency admissions (BCF Indicator)

62. The rate of emergency admissions to hospital in April – June 2015 is worse than target and has increased compared to the same period last year.

Same period last year	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
2,970 (Apr-Jun14)	Avoidable emergency admissions per 100,000 population	2,986 (Apr-Jun15)	2,884 (Apr-Jun15)	Not available	Not available	↑

63. 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.

64. 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.
65. Both North Durham and DDES CCG's are working on a range of projects aimed at reducing inappropriate demand on A&E and Urgent Care, particularly for vulnerable, frail and elderly patients at higher risk of admission. Those specifically being progressed over the winter period 2015/16 are listed below:

North Durham CCG: Expansion of community matrons - Care homes and Practices (commenced Aug 15), Weekday Rapid Assessment slots (Oct 15), Frail Elderly Primary Care Home Assessment and Case Management (commenced Sept 15), Weekend Support for Vulnerable Patients (Oct 15), GP Practice weekend opening. The Weekend Support for Vulnerable Patients and GP Practice weekend opening will be supported by resilience monies during winter 2015/16.

A review of out of hours urgent care in North Durham is ongoing. North Durham CCG has set up a demand and activity management programme to focus on resolving the top 10 high admission areas.

DDES CCG: Weekend opening (in operation), Vulnerable Adults Wrap Around Service - VAWAS (in operation), GP variation work (ongoing). In addition, resilience monies are supporting various schemes to provide additional capacity over winter in DDES CCG area:

66. In addition to the above, the System Resilience Group across County Durham and Darlington has approved a range of schemes that will be delivered by County Durham and Darlington NHS Foundation Trust, Durham Police Authority and Durham County Council. A full list of schemes is available on request from either DDES or ND CCGs.

Antibiotic Prescribing in primary and secondary care - Antibiotics (QPI)

67. The rate of antibiotic prescribing is not achieving target in either CCG.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
Not reported	Antibiotic Prescribing in primary and secondary care - Antibiotics (QPI) DDES	1.459 (Apr-Jun15)	1.417 or less	Not available	Not available	N/A
Not reported	Antibiotic Prescribing in primary and secondary care - Antibiotics (QPI) ND	1.285 (Apr-Jun15)	1.259 or less	Not available	Not available	N/A

68. This is a Quality Premium Indicator, with a financial incentive linked to the achievement of the target of reducing prescribing rates of antibiotics.

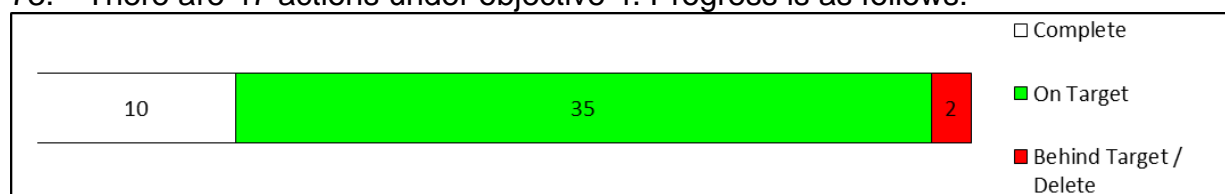
69. Although the current position is above the year-end target it is anticipated that further improvements will be made to bring performance below target by year-end.
70. The CCG has a workstream in place covering antibiotic stewardship which supports the 5 year antibiotic strategy across primary care. The CCG is also supporting the development of a regional antibiotic prescribing guide and is engaged in the antibiotic awareness campaign. Initiatives such as e-learning packages and an antibiotic App have been developed.
71. The local Trust also has an antibiotic work stream group and the CCG are represented on the HCAI group along with secondary care and Local Authority colleagues. The antibiotic guidelines were developed in conjunction with FT microbiologists.

Performance Highlights

72. Progress since the previous performance report includes:
- There has been an increase in the number of people in receipt of Telecare, from 315 per 100,000 population to 335.6 at 30 September 2015. This has exceeded the Better Care Fund target of 225 per 100,000.
 - The proportion of adult social care service users reporting that the help and support they receive has made their quality of life better is exceeding target; 91.9% against a target of 90%.
 - Between January – June 2015, 88% of older people were still living at home 3 months after they were discharged from hospital into reablement / rehabilitation services. This has exceeded target of 85.7%.
 - At 30 September 2015, 91% of adult social care service users were in receipt of self-directed support. This is better than latest national and regional benchmarking figures.
 - Delayed transfers of care from hospital (average days per month) are achieving the BCF and QPI targets set, both of which have linked financial incentives.

Objective 4: Improve Mental Health and Wellbeing of the Population

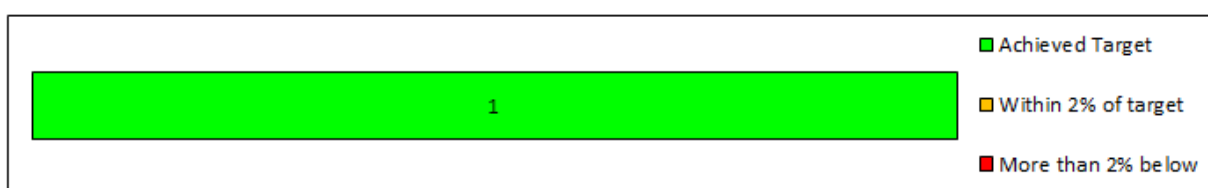
73. There are 47 actions under objective 4. Progress is as follows:



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

- **Implement the National Dementia Strategy and other national, regional and local dementia initiatives giving particular attention to: Producing a dementia health needs assessment (HNA).** The target date has been revised by Durham County Council Public Health from July 2015 to November 2015 when the dementia HNA will be complete.
- **Produce health related information in a format appropriate for the Gypsy Roma Traveller community.** The target date has been revised by Durham County Council Public Health from April 2015 to January 2016 as information initially produced has been reconsidered and a YouTube channel is currently under development.

75. There is 1 indicator with a target under Objective 4 for which new data is reported. Performance against target is as follows:



76. There are no performance indicators under objective 4 which are more than 2% below target.

Other Areas for Improvement

Health related quality of life for people with a long term mental health condition

77. Performance of both CCGs is below the national average. DDES CCG is ranked 91st of 114 CCGs with data reported for this period and ND CCG is 66th.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
0.379 (Jul13-Mar14)	Health related quality of life for people with a long term mental health condition - DDES (QPI)	0.468 (Jul14-Mar15)	TBC	0.527 (Jul14-Mar15)	0.479 Durham, Darlington and Tees Area Team (Jul13-Mar14)	↑
0.492 (Jul13-Mar14)	Health related quality of life for people with a long term mental health condition - ND (QPI)	0.503 (Jul14-Mar15)	TBC	0.527 (Jul14-Mar15)	0.479 Durham, Darlington and Tees Area Team (Jul13-Mar14)	↑

78. This is a Quality Premium Indicator, which has a financial incentive attached to achievement of the 2015/16 target. This measure will compare 2014/15 and 2015/16 data (which will be published in September 2016). Final data reported for 2014/15 was published in September 2015.

79. The data is sourced from the GP Patient Survey and provides the average 'health status score' for adults with a long-term mental health condition. A score

of between 0 and 1 is calculated, with the closer the score to 1 the 'better' the health-related quality of life.

80. Performance has improved in both CCGs, however, remains below the national average.
81. Work being undertaken which would impact upon performance includes:
- Implementation of the Integrated and Aligned Community Psychiatric Nurse and Primary Care Service providing care closer to home and improved access for patients;
 - The County Durham Mental Health implementation plan;
 - Development of the ARCH Recovery College, a learning centre where people with mental health issues, their carers and staff can enrol as students to attend mental wellbeing courses based on recovery principles.

Self-Harm Hospital Admissions

82. Admissions to hospital as a result of self-harm have increased; from 269.5 per 100,000 population in 2013/14 to 287.7 in 2014/15. This is above national and regional rates for 2013/14.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
269.5 (2012/13)	Hospital admissions as a result of self-harm (Age-sex standardised rate of emergency hospital admissions for intentional self-harm per 100,000 population)	287.7 (2013/14)	Tracker	203.2 (2013/14)	268.2 (2013/14)	↑

83. An update on progress against the reduction of rates of suicide and self-harm within County Durham was presented to the Health and Wellbeing Board on 24 September 2015 by the Director of Public Health. This report detailed the work being undertaken in County Durham by partners to achieve this aim.
84. The report identified that there were a total of 1,304 attendances for self-harm into the health care system within County Durham between April 2014 and February 2015, at a cost of £812,114. On average each attendance cost £622 and 82.1% were attendances of one day or less. The average age of the patients was 33.7 years old.

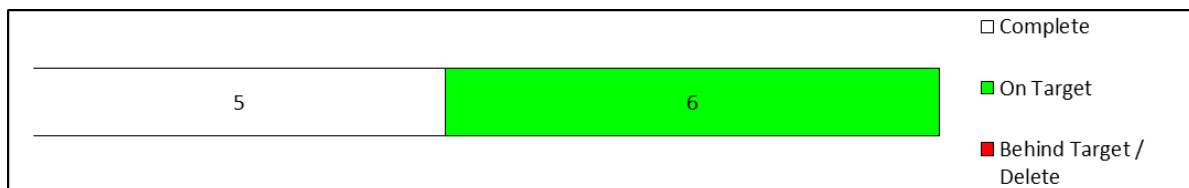
Performance Highlights

85. Progress since the previous performance report includes:

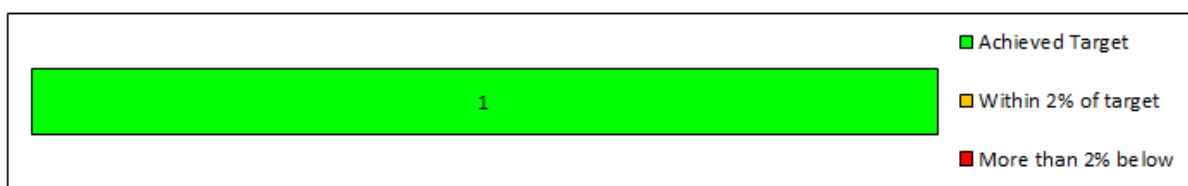
- There were 7.9% of adults in contact with secondary mental health services in employment at 30 September 2015. This is better than national (6.8%) and regional (5.1%) averages.
- Performance in relation to adult social care service users having as much social contact as they want is 48.7%, which is higher than national (44.7%) and regional (47.6%) averages.
- The recovery approach has been rolled out and embedded across all secondary mental health service area teams.
- To reduce the health inequalities between the Gypsy Roma Traveller (GRT) community and the general population, actions taken include the appointment of two GRT Health Trainers and a specialist Health Visitor for the community. Cultural awareness training for over 350 staff from social and health care has also taken place.

Objective 5: Protect vulnerable people from harm

86. There are 11 actions for objective 5. Progress against them is as follows:



87. There are 2 indicators with targets under Objective 5 for which new data is reported. Please note one indicator is not banded and is therefore not included in the chart below. Performance against target is as follows:



88. There are no performance indicators under objective 5 which are more than 2% below target.

Performance Highlights

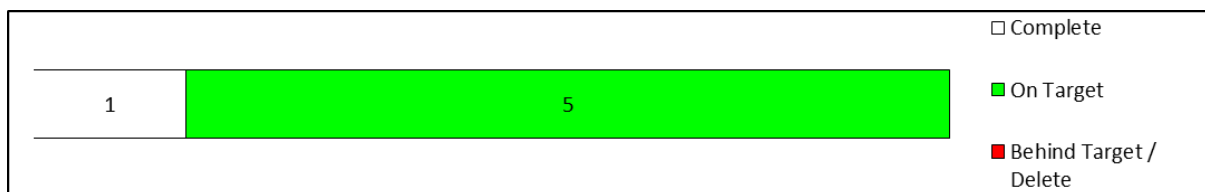
89. Progress since the previous performance report includes:

- The rate of children on a child protection plan in County Durham continues to decrease (33.9 per 10,000 children at 30 September 2015) and is significantly lower than national (42.1) and regional (59.3) rates.

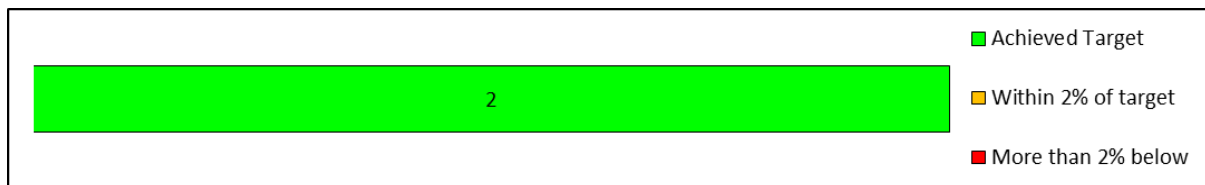
- Of the adult social care service users surveyed between April and August 2015, 94.4% reported that the services they use have made them feel safe and secure.
- 120 Environment, Health and Consumer Protection staff have completed level one online training in child sexual exploitation, and 74 front line officers have attended level 2 training, allowing increased early support to families with signs of vulnerability.

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

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



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



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

Performance Highlights

93. Progress since the previous performance report includes:

- The proportion of deaths in usual place of residence has improved in both CCGs and is above national and regional averages.
- The Improving Palliative Care and End of Life Commissioning Plan has begun to be implemented.

Medication-related safety incidents

94. As requested at the Health and Wellbeing Board on 23 July 2015, the latest available data in relation to the proportion of reported medication-related safety incidents is reported.

95. TEWV has the highest proportion of medication-related safety incidents reported and is the only organisation with a higher percentage than the national average.
96. Performance and direction of travel has been banded based upon the reporting methodology for this former 2014/15 QPI, which was to increase incident reporting rates.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
7.4% (Oct13-Mar14)	Reported number of medication-related safety incidents - CDDFT	8.7% (Oct14-Mar15)	N/A	10.3% (Oct14-Mar15)	N/A	↑
16.1% (Oct13-Mar14)	Reported number of medication-related safety incidents - TEWV	14.3% (Oct14-Mar15)	N/A	8.9% (Oct14-Mar15)	N/A	↓
7.9% (Oct13-Mar14)	Reported number of medication-related safety incidents – City Hospitals Sunderland NHS FT	9.8% (Oct14-Mar15)	N/A	10.3% (Oct14-Mar15)	N/A	↑
6.9% (Oct13-Mar14)	Reported number of medication-related safety incidents – North Tees & Hartlepool FT	7.6% (Oct14-Mar15)	N/A	10.3% (Oct14-Mar15)	N/A	↑

Recommendations

97. 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.

**Contact: Keith Forster, Strategic Manager – Performance & Information Management, Children & Adults Services;
Tel: 03000 26739**

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

Appendix 2 - Joint Health and Wellbeing Board Performance Scorecard: 2nd Quarter 2015/16

Key - Direction of Travel: **Improvement** **Deterioration of more than 2%** **Within 2%**

Previous Final Data		Indicator	Latest Data	Period Target	2015/16 Target	Direction of Travel against same period previous year	Data same period last year	Next Data Refresh	National	North East	Similar Councils
Strategic Objective 1: Children and young people make healthy choices and have the best start in life											
57.4% (2013/14)	57.6% (2014/15)	Breastfeeding initiation	56.1% (Apr-Jun15)		Tracker	↓	57.1% (Apr-Jun14)	Q3 (Jul-Sep15)	73.8% (Apr-Jun15)	54.4% (Apr-Jun15) [Durham, D'ton & Tees Area Team]	Not available
28.5% (2013/14)	28.9% (2014/15)	Prevalence of breastfeeding at 6-8 weeks from birth	30.5% (Apr-Jun15)		Tracker	↑	28.9% (Apr-Jun14)	Q3 (Jul-Sep15)	45.2% (Apr-Jun15)	28.4% (Apr-Jun15) [Durham, D'ton & Tees Area Team]	Not available
23.6% (2011/12)	21.9% (2012/13)	Percentage of children aged 4-5 classified as overweight or obese	23.8% (2013/14)		Tracker	↑	21.9% (2012/13)	Q3 (2014/15)	22.5% (2013/14)	24.4% (2013/14)	24.6% (2013/14)
38.4% (2011/12)	35.9% (2012/13)	Percentage of children aged 10-11 classified as overweight or obese	36.1% (2013/14)		Tracker	↑	35.9% (2012/13)	Q3 (2014/15)	33.5% (2013/14)	36.1% (2013/14)	35.2% (2013/14)
Not available	Not available	Number of young people referred to CAMHS who are seen within 9 weeks	81.7% (Apr-Sep15)		Tracker	N/A	Not available	Q3 (Oct-Dec15)	Not available	Not available	Not available
102.6 (09/10-11/12)	81.5 (10/11-12/13)	Alcohol specific hospital admissions for under 18's (rate per 100,000)	69.9 (11/12-13/14)		Tracker	↓	81.5 (2010/11-2012/13)	Q1 16/17 (12/13-14/15)	40.1 (2011/12-2013/14)	65.8 (2011/12-2013/14)	Not available
88% (2012/13)	74% (2013/14)	Percentage of exits from young person's substance misuse treatment that are planned discharges	77% (Apr-Jun15)		83%	↓	92%	Q3 (Jul-Sep15)	80% (Apr-Jun15)	Not available	Not available
7.7 (2011)	8.9 (2012)	Under 16 conception rate	7.9 (2013)		Tracker	↓	8.9 (2012)	Q3 (2014)	4.8 (2013)	7.4 (2013)	7.2 (2013)
33.7 (2012)	30.9 (2013/14)	Under 18 conception rate	29.0 (Jul13-Jun14)		Tracker	↓	33.8 (2013)	Q3 (Oct13-Sep14)	23.4 (Jul13-Jun14)	29.8 (Jul13-Jun14)	Not available
19.9% (2013/14)	19.0% (2014/15)	Percentage of mothers smoking at time of delivery	18.1% (Apr-Jun15)		18.2%	↑	17.9% (Apr-Jun14)	Q3 (Jul-Sep15)	10.7% (Apr-Jun15)	16.3% (Apr-Jun15)	Not available
4.0 (2009-11)	3.9 (2010-12)	Infant mortality rate	3.3 (2011-13)		Tracker	↓	3.9 (2010-12)	Q3 (2012-14)	4.1 (2011-13)	3.5 (2011-13)	3.8 (2011-13)
16.3 (2012/13)	15.1 (2013/14)	Emotional and behavioural health of Looked After Children (NB: lower score is better)	15.8 {Prov} (2014/15)		Tracker	↑	15.1	Q4 (2015/16)	13.9 (2013/14)	13.9 (2013/14)	14.6 (2013/14)
431.5 (2013/14)	532.3 (2014/15)	Emergency admissions for children with lower respiratory tract infections - DDES CCG (0-18 per 100,000 registered patients)	57.8 (Apr-Jul15)		Tracker	↓	75.7 (Apr-Jul14)	Q3 (Apr-Oct15)	394.9 [prov] (2014/15)	440.6 [Prov] (Oct13-Sep14) [Durham, D'ton & Tees Area Team]	Not available
467.6 (2013/14)	560.5 (2014/15)	Emergency admissions for children with lower respiratory tract infections - ND CCG (0-18 per 100,000 registered patients)	73.2 (Apr-Jul15)		Tracker	↑	62.4 (Apr-Jul14)	Q3 (Apr-Oct15)	394.9 [prov] (2014/15)	440.6 [Prov] (Oct13-Sep14) [Durham, D'ton & Tees Area Team]	Not available

Previous Final Data		Indicator	Latest Data	Period Target	2015/16 Target	Direction of Travel against same period previous year	Data same period last year	Next Data Refresh	National	North East	Similar Councils
Not available	504.8 (10/11-12/13)	Young people aged 10-24 admitted to hospital as a result of self-harm	489.4 (11/12-13/14)		Tracker	↓	504.8 (10/11-12/13)	Q1 2016/17 (12/13-14/15)	367.3 (11/12 - 13/14)	Not available	Not available

Previous Final Data		Indicator	Latest Data	Period Target	2015/16 Target	Direction of Travel against same period previous year	Data same period last year	Next Data Refresh	National	North East	Similar Councils
Strategic Objective 2: Reduce health inequalities and early deaths											
408.14 (2011)	394.18 (2012)	All cause mortality for persons aged under 75 years per 100,000 population	407.1 (2013)		Tracker	↑	394.18 (2012)	Q3 (2014)	337.97 (2013)	393.44 (2013)	Not available
96.6 (2009-11)	91.3 (2010-12)	Mortality from all cardiovascular diseases (including heart disease and stroke) for persons aged under 75 years per 100,000 population	88.8 (2011-13)		Tracker	↓	91.3 (2010-12)	Q3 (2012-14)	78.2 (2011-13)	88.9 (2011-13)	Not available
163.5 (2009-11)	164.2 (2010-12)	Mortality from cancer for persons aged under 75 years per 100,000 population	166.6 (2011-13)		Tracker	↑	164.2 (2010-12)	Q3 (2012-14)	144.4 (2011-13)	169.5 (2011-13)	Not available
10.3% (2013/14)	7.4% (2014/15)	Percentage of the eligible population who receive an NHS Health Check	1.9% (Apr-Jun15)	2% (Apr-Jun15)	8%	↑	1.5% (Apr-Jun14)	Q2 (Apr-Sep15)	2.2% (Apr-Jun15)	1.9% (Apr-Jun15)	Not available
22.1 (2009-11)	21.7 (2010-12)	Mortality from liver disease for persons aged under 75 years per 100,000 population	21.9 (2011-13)		Tracker	↑	21.7 (2010-12)	Q4 (2012-14)	17.9 (2011-13)	22.3 (2011-13)	Not available
42.1 (2009-11)	40.1 (2010-12)	Mortality from respiratory disease for persons aged under 75 years per 100,000 population	43.4 (2011-13)		Tracker	↑	40.1 (2010-12)	Q4 (2012-14)	33.2 (2011-13)	42.6 (2011-13)	Not available
2,408.1 (2012)	2,396.3 (2013)	Potential years life lost (PYLL) from amenable causes per 100,000 - DDES (QPI)	2607.7 (2014)	2341 (2014)	2191 (2015)	↑	2,396.3 (2013)	Q2 2016/17 (2015)	2064.5 (2014)	Not available	Not available
2,124.3 (2012)	2,286.5 (2013)	Potential years life lost (PYLL) from amenable causes per 100,000 - ND (QPI)	2220.6 (2014)	2093 (2014)	2016 (2015)	↓	2,286.5 (2013)	Q2 2016/17 (2015)	2064.5 (2014)	Not available	Not available
98.3% (Oct-Dec14)	97.7% (Jan-Mar15)	Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date) - DDES CCG	98.4% (Apr-Jun15)		96%	↑	98.2% (Apr-Jun14)	Q3 (Jul-Sep15)	97.4% (Apr-Jun15)	98.7% [Durham, D'ton & Tees Area Team] (Jan-Mar15)	Not available
99.1% (Oct-Dec14)	98.8% (Jan-Mar15)	Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date) - ND CCG	98.5% (Apr-Jun15)		96%	↑	97.3% (Apr-Jun14)	Q3 (Jul-Sep15)	97.4% (Apr-Jun15)	98.7% [Durham, D'ton & Tees Area Team] (Jan-Mar15)	Not available
81.1% (Oct-Dec14)	83.5% (Jan-Mar15)	Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer - DDES CCG	82.9% (Apr-Jun15)		85%	↑	78.9% (Apr-Jun14)	Q3 (Jul-Sep15)	81.8% (Apr-Jun15)	Not available	Not available
86.2% (Oct-Dec14)	90% (Jan-Mar15)	Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer - ND CCG	79.9% (Apr-Jun15)		85%	↓	81.9% (Apr-Jun14)	Q3 (Jul-Sep15)	81.8% (Apr-Jun15)	Not available	Not available
77.5 (2009-11)	77.9 (2010-12)	Male life expectancy at birth (years)	78 (2011-13)		Tracker	↑	77.9 (2010-12)	Q3 (2012-14)	79.4 (2011-13)	78 (2011-13)	Not available
81.4 (2009-11)	81.5 (2010-12)	Female life expectancy at birth (years)	81.3 (2011-13)		Tracker	↓	81.5 (2010-12)	Q3 (2012-14)	83.1 (2011-13)	81.7 (2011-13)	Not available

Previous Final Data		Indicator	Latest Data	Period Target	2015/16 Target	Direction of Travel against same period previous year	Data same period last year	Next Data Refresh	National	North East	Similar Councils
7.3% (2012)	6.8% (2013)	Successful completions as a percentage of total number in drug treatment - Opiates	6.8% (2014)	8.4%	9.4%	↔	6.8% (2013)	Q3	7.4% (2014)	Not available	Not available
36.1% (2012)	39.9% (2013)	Successful completions as a percentage of total number in drug treatment - Non Opiates	39.9% (2014)	40.8%	41.7%	↔	39.9% (2013)	Q3	39.2% (2014)	Not available	Not available
792.8 (2012/13)	784.4 (2013/14)	Alcohol related admissions to hospital per 100,000	728.3 [Prov] (2014/15)		Tracker	↓	784.4 (2013/14)	Q2 (Apr-Jun15)	638.1 (2014/15)	820.3 (2014/15)	Not available
43.7% (2012/13)	34.8% (2013/14)	Successful completions as a percentage of total number in treatment – Alcohol	32.5% (Jul14-Jun15)	37.6%	39.5%	↓	36.5% (Jul13-Jun14)	Q3	39.1% (Jul14-Jun15)	Not available	Not available
4,380 [4,134] (2013/14)	3,250.9 [3,068] (2014/15)	Four week smoking quitters per 100,000 smoking population [Number of quitters]	712 [672] (Apr-Jun15)	706 [666] (Apr-Jun15)	2,939 (2,774 quitters)	N/A	Not available	Q3 (Apr-Sep15)	Not available: New definition	Not available: New definition	Not available: New definition
21.2 (2011)	22.2 (2012)	Estimated smoking prevalence of persons aged 18 and over	22.7 (2013)		Tracker	↑	22.2 (2012)	Q3 (2014)	18.4 (2013)	22.3 (2013)	Not available
52.2 (2012)	51.4% (2013)	Proportion of physically active adults	55.5% (2014)		Tracker	↑	51.4% (2013)	Q2 2016/17 (2015)	57% (2014)	53.6% (2014)	Not available
Not available		Excess weight in adults (Proportion of adults classified as overweight or obese)	72.5 (2012)		Tracker	N/A	Not available	Data release date unknown	63.8 (2012)	68.0 (2012)	67.8 (2012)
79.3% (2012)	78.6% (2013)	The percentage of women in a population eligible for breast screening at a given point in time who were screened adequately within a specified period	77.9% (2014)		70%	↓	78.6% (2013)	Data release date unknown	75.9 (2014)	77.1 (2014)	75.8 (2013)
78.8% (2012)	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%	↑	77.7% (2013)	Data release date unknown	74.2 (2014)	76.1 (2014)	77.3 (2013)
N/A		The percentage of people eligible for bowel screening who were screened adequately within a specified period (PHOF 2.20iii) - Placeholder	Indicator under development		60%	N/A		Data release data unknown	Not available		
18.1% (2008/11)	16.8% (2009/12)	Excess winter deaths	19% (2010/13)		Tracker	↑		Q4 (2011/14)	17.4% (2010/13)	16% (2010/13)	Not available
Not available	Not available	Percentage of people with learning disabilities that have a health check - DDES	46.7% (2013/14)		Tracker	N/A	Not available	Data release unknown	44.2% (2013/14)	56.6% (2013/14)	Not available
Not available	Not available	Percentage of people with learning disabilities that have a health check - ND	60.3% (2013/14)		Tracker	N/A	Not available	Data release unknown	44.2% (2013/14)	56.6% (2013/14)	Not available
Strategic Objective 3: Improve the quality of life, independence and care and support for people with long term conditions											
8.7 (2012/13)	Not reported 2013/14	Carer reported quality of life	8.7 {Prov} (2014-15)		Tracker	↔	8.7 (2012/13)	Q4 (2015/16)	7.9 {Prov} (2014/15)	8.4 {Prov} (2014/15)	Not reported
48.1% (2012/13 National Survey)	47.9% (2013/14 Local Survey)	Overall satisfaction of carers with support and services they receive (Extremely/Very Satisfied) (BCF)	54.4% {Prov} (2014-15)		48-53%	↑	47.9% (2013/14 Local Survey)	Q4 (2015/16)	42.7% (2012/13 National Survey)	48.9% (2012/13 National Survey)	Not available

Previous Final Data		Indicator	Latest Data	Period Target	2015/16 Target	Direction of Travel against same period previous year	Data same period last year	Next Data Refresh	National	North East	Similar Councils
94.9% (2012/13)	94.5% (2013/14)	The percentage of service users reporting that the help and support they receive has made their quality of life better	91.9% (Apr-Aug15)		90%	↓	93.0% (Apr-Aug14)	Q3 (Apr-Nov15)	Not reported	Not reported	Not reported
Not available	89.8% (At 31-Mar-15)	Proportion of people using social care who receive self-directed support	91.0% (At 30-Sep-15)		90.0%	N/A	N/A	Q3 (At 31-Dec-15)	82.6% (At 31-Mar-15)	89.2% (At 31-Mar-15)	Not available
736.2 per 100,000 (2013/14)	820.9 per 100,000 (2014/15)	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care (BCF)	361 (Apr-Sep15) [Prov]	337.8 (Apr-Sep15)	710.4 per 100,000 (2015/16)	↓	396.7 (Apr-Sep14)	Q3 (Apr-Dec15)	668.8 (2014/15 ASCOF)	835.8 (2014/15 ASCOF)	Not available
Not available	946,730 (2014/15)	Number of residential/nursing care bed days for people aged 65 and over commissioned by Durham County Council	233,130 (Jul-Sep15)		Tracker	↓	239,631 (Jul-Sep14)	Q3 (Oct-Dec15)	Not available	Not available	Not available
89.4% (2013/14)	89.9% (2014/15)	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (BCF)	88% (Jan-Jun15)		85.7%	↓	89.8% (Jan-Jun14)	Q3 (Jan-Sep15)	82.5% (2013/14)	87.2% (2013/14)	85.3% (2013/14)
11.2 (2009/10)	12.1 (2010/11)	Emergency readmissions within 30 days of discharge from hospital	12.4 (2011/12)		Tracker	↑	12.1 (2010/11)	Data release date TBC	11.8 (2011/12)	12.7 (2011/12)	Not available
10.5 (2013/14)	7.7 (2014/15)	Delayed transfers of care from hospital per 100,000 population [Average number of patients delayed per month - 5-day snapshot] (ASCOF)	4.9 (Apr-Aug15)		Tracker	↓	8.3 (Apr-Aug14)	Q3 (Apr-Sep15)	11.2 (2014/15)	8.1 (2013/14)	7.9 (2013/14)
880.1 (2013/14)	N/A BCF targets based on 1/4ly Performance	Delayed transfers of care from hospital per 100,000 population [Monthly average] (BCF)	436 (Apr-Jun15)	808.3 (Apr-Jun15)	Quarterly targets only	↓	570.2 (Apr-Jun14)	Q3 (Apr-Sep15)	Not available	Not available	Not available
Not available	Not available	Delayed transfers of care which are an NHS responsibility - rate per 100,000 population [Monthly average] - DDES (QPI)	339 (Apr-Jul15) [85]		1,710 [143]	Not available	Not available	Q3 (Apr-Oct15)	Not available	Not available	Not available
Not available	Not available	Delayed transfers of care which are an NHS responsibility - rate per 100,000 population [Monthly average] - ND (QPI)	342 (Apr-Jul15) [86]		1,713 [143]	Not available	Not available	Q3 (Apr-Oct15)	Not available	Not available	Not available
2,062 (2011/12)	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	↑	2,085 (2012/13)	Data release date TBC	2,064 (2013/14)	2,051 (2013/14)	Not reported
601.5 (2011/12)	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	↑	636.0 (2012/13)	Q1 2016/17 (2014/15)	580 (2013/14)	651 (2013/14)	Not reported
70.9% (2011/12)	67.1% (2012/13)	Proportion of people feeling supported to manage their condition	67.3% (2013/14)		Tracker	↑	67.1% (2012/13)	Q3 (2014/15)	65.1% (2013/14)	68.7% (2013/34)	Not available
3034 (Oct-Dec14)	2984 (Jan-Mar14)	Avoidable emergency admissions per 100,000 population (BCF)	2986 (Apr-Jun15)	2884 (Apr-Jun15)	Quarterly targets only	↑	2970 (Apr-Jun14)	Q3 (Apr-Sep15)	Not available	Not available	Not available
292 (2014/15)	315 (At 30-Jun-15)	The number of people in receipt of Telecare per 100,000 (BCF)	335.6 (At 30-Sep-15)		225	↑		Q3 (At 31-Dec-15)	Not available	Not available	Not available

Previous Final Data		Indicator	Latest Data	Period Target	2015/16 Target	Direction of Travel against same period previous year	Data same period last year	Next Data Refresh	National	North East	Similar Councils
Not available	6.77% [estimated] (2012/13)	Prevalence of diabetes (recorded diabetes in the population registered with GP practices aged 17 and over)	6.9% (2013/14)		Tracker	↑		TBC	6.2% (2013/14)	6.5% (2013/14)	Not available
Not available	Not available	Antibiotic Prescribing in primary and secondary care - Antibiotics (QPI) DDES	1.459 (Apr-Jun15)		1.417 or below	N/A	Not reported	Q3 (Apr-Sep15)	Not available	Not available	Not available
Not available	Not available	Antibiotic Prescribing in primary and secondary care - Antibiotics (QPI) ND	1.285 (Apr-Jun15)		1.259 or below	N/A	Not reported	Q3 (Apr-Sep15)	Not available	Not available	Not available
Not available	Not available	Antibiotic Prescribing in primary and secondary care - Co-amoxiclav (QPI) DDES	6.2 (Apr-Jun15)		11.3 or less	N/A	Not reported	Q3 (Apr-Sep15)	Not available	Not available	Not available
Not available	Not available	Antibiotic Prescribing in primary and secondary care - Co-amoxiclav (QPI) ND	7.1 (Apr-Jun15)		11.3 or less	N/A	Not reported	Q3 (Apr-Sep15)	Not available	Not available	Not available
Not available	Not available	% of patients on a diabetes or COPD register that have received a flu immunisation and % of patients on a COPD register that have received pneumovacc in comparison to 2014/2015 rates (QPI)	Data not yet available		TBC	N/A		TBC	Not available	Not available	Not available
Strategic Objective 4: Improve mental health and wellbeing of the population											
18.3% (Oct-Dec13)	16.5% (Jan-Mar14)	Gap between the employment rate for those with a long term health condition and the overall employment rate	14.5% (Jan-Mar15)		Tracker	↓	16.5% (Jan-Mar14)	Q3 (Apr-Jun15)	13.1% (Jan-Mar15)	14.8% (Jan-Mar15)	Not available
Not available: New definition	Not available: New definition	Proportion of adults in contact with secondary mental health services in paid employment - County Durham	7.9% (Apr-Sep15)		Tracker	N/A	Not reported	Q3 (Apr-Dec15)	6.8% (2014/15)	5.1% (2014/15)	Not available
Not available	Not available	Proportion of adults in contact with secondary mental health services in paid employment - DDES (QPI)	6.3% (Apr-May15)		TBC	N/A	Not reported	Q3 (Apr-Dec15)	Not available	Not available	Not available
Not available	Not available	Proportion of adults in contact with secondary mental health services in paid employment - ND (QPI)	9.0% (Apr-May15)		TBC	N/A	Not reported	Q3 (Apr-Dec15)	Not available	Not available	Not available
Not available	Not available	Number of people with severe mental illness who are currently smokers (QPI)	Data not yet available		TBC	N/A	Not available	Q3 (2014)	Not available	Not available	Not available
Not available	0.379 (Jul13-Mar14)	Health related quality of life for people with a long term mental health condition - DDES (QPI)	0.468 (Jul14-Mar15)		TBC	↑	Not available	Sep-16	0.527 (Jul14-Mar15)	0.479 Durham, Darlington and Tees Area Team (Jul13-Mar14)	Not reported
Not available	0.492 (Jul13-Mar14)	Health related quality of life for people with a long term mental health condition - ND (QPI)	0.503 (Jul14-Mar15)		TBC	↑	Not available	Sep-16	0.527 (Jul14-Mar15)	0.479 Durham, Darlington and Tees Area Team (Jul13-Mar14)	Not reported
12.0 (2009-11) [181]	11.3 (2010-12) [172]	Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population [number of suicides]	13.4 (2011-13) [204]		Tracker	↑	11.3 (2010-12) [172]	Q4 (2012-14)	8.8 per 100,000 (2011-13)	10.6 per 100,000 (2011-13)	Not reported

Previous Final Data		Indicator	Latest Data	Period Target	2015/16 Target	Direction of Travel against same period previous year	Data same period last year	Next Data Refresh	National	North East	Similar Councils
343.1 (2011/12)	269.5 (2012/13)	Hospital admissions as a result of self-harm. (Age-sex standardised rate of emergency hospital admissions for intentional self-harm per 100,000 population)	287.7 (2013/14)		Tracker	↑	269.5 (2012/13)	Q2 2016/17 (2014/15)	203.2 (2013/14)	268.2 (2013/14)	Not available
365.4 (2010/11)	427.8 (2011/12)	Excess under 75 mortality rate in adults with serious mental illness per 100,000 population	413.2 (2012/13)		Tracker	↓	427.8 (2011/12)	Q3 (2013/14)	347.2 (2012/13)	Not reported	Not reported
Not available	51% (2013/14 National Survey)	Percentage of people who use adult social care services who have as much social contact as they want with people they like	48.7% (2014/15)		Tracker	↓	51% (2013/14 National Survey)	Q4 2016/17	44.7% (2014/15)	47.6% (2014/15)	Not available
55.2 (2012/13)	66 (2013/14)	Estimated diagnosis rate for people with dementia - DDES CCG	75.6 (2014/15)		Tracker	↑	66 (2013/14)	Feb-16	52.5 (2013/14)	Not reported	Not reported
52.6 (2012/13)	57.4 (2013/14)	Estimated diagnosis rate for people with dementia - North Durham CCG	67.3 (2014/15)		Tracker	↑	57.4 (2013/14)	Feb-16	52.5 (2013/14)	Not reported	Not reported
Strategic Objective 5: Protect vulnerable people from harm											
8.9% (2013/14)	14.8% (2014/15)	Percentage of repeat incidents of domestic violence (referrals to MARAC)	14.9% (Apr-Sep15)		Less than 25%	↑		Q3 (Apr-Sep15)	24% (2014)	28% (2014)	Not available
72.6% (2013/14)	90.5% (2014/15)	The proportion of people who use services who say that those services have made them feel safe and secure	94.4% (Apr-Aug15)		90%	↑	93.6% (Apr-Aug14)	Q3 (Apr-Nov15)	84.5% (2014/15)	88.8% (2014/15)	Not available
633 (2013-14)	497 (2014-15)	Number of children 's assessments where risk factor of parental mental health is identified	476 (Apr-Sep15)		Tracker	↓		Q3 (Apr-Dec15)	Not available	Not available	Not available
1045 (2013-14)	695 (2014-15)	Number of children's assessments where risk factor of parental domestic violence is identified	687 (Apr-Sep15)		Tracker	↓		Q3 (Apr-Dec15)	Not available	Not available	Not available
481 (2013-14)	383 (2014-15)	Number of children's assessments where risk factor of parental alcohol misuse is identified	315 (Apr-Sep15)		Tracker	↓		Q3 (Apr-Dec15)	Not available	Not available	Not available
386 (2013-14)	296 (2014-15)	Number of children's assessments where risk factor of parental drug misuse is identified	289 (Apr-Sep15)		Tracker	↑		Q3 (Apr-Dec15)	Not available	Not available	Not available
45.1 (at 31 March 14)	37.6 (at 31 Mar 15)	Number of children with a Child Protection Plan per 10,000 population	33.9 (At 30-Sep-15)		Tracker	↓	38.4 (At 30-Sep-14)	Q3 (as at Dec15)	42.1 (at 31 March 2014)	59.3 (at 31 March 2014)	54.8 (at 31 March 2014)
49.3% (2013/14)	50% (2014/15)	Percentage of adult safeguarding referrals substantiated or partially substantiated	53.8% (Apr-Sep15)		Tracker	↓	55.5% (Apr-Sep14)	Q3 (Apr-Dec15)	Not available	Not available	Not available
Strategic Objective 6: Support people to die in the place of their choice with the care and support that they need											
44.1% (2012/13)	45.4% (2013/14)	Proportion of deaths in usual place of residence -DDES CCG	45.6% (2014/15)		Tracker	↑		Q3 (2014)	45.6% (2014/15)	45.5% (2014/15)	Not available
45.6% (2012/13)	46.6% (2013/14)	Proportion of deaths in usual place of residence - North Durham CCG	49.2% (2014/15)		Tracker	↑		Q3 (2014)	45.6% (2014/15)	45.5% (2014/15)	Not available
Not reported	Not reported	Percentage of hospital admissions ending in death (terminal admissions) that are emergencies	91.0% (2010/11)		Tracker	N/A		Data release date TBC	89.7% (2010/11)	Not available	Not available
1406 (0.5%) (2013/14)	1726 (0.6%) (2014/15)	Number and percentage of patients in need of palliative care/support, as recorded on practice disease registers - DDES (QPI)	1,851 (Apr-Aug15)		1726	N/A		Data release unknown	0.3% (2013/14)	0.4% [Durham, D'ton & Tees Area Team] (2013/14)	Not available

Previous Final Data		Indicator	Latest Data	Period Target	2015/16 Target	Direction of Travel against same period previous year	Data same period last year	Next Data Refresh	National	North East	Similar Councils
762 (0.3%) (2013/14)	1190 (0.5%) (2014/15)	Number and percentage of patients in need of palliative care/support, as recorded on practice disease registers - ND (QPI)	1,265 (Apr-Aug15)		1190	N/A		Data release unknown	0.3% (2013/14)	0.4% [Durham, D'ton & Tees Area Team] (2013/14)	Not available

New data reported for all indicators in **bold**

Health and Wellbeing Board

3 November 2015

Quality Premium Indicator update
2015-16



Nicola Bailey, Chief Operating Officer, North Durham & Durham Dales, Easington and Sedgfield Clinical Commissioning Groups

Purpose of the Report

1. The purpose of this report is to update on progress of North Durham Clinical Commissioning Group (ND CCG) and Durham Dales, Easington and Sedgfield Clinical Commissioning Group (DDES CCG) 2015/16 Quality Premium Indicators.

Background

2. The 'quality premium' is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reductions in inequalities in access and in health outcomes.
3. The value of the QPI is equivalent to £5 per head of CCG population.
4. The national guidance on the QPI's was published in March 2015 and set out the measures for 2015/16 and the levels of improvement for CCGs to achieve in order to qualify for the quality premium.
5. The indicators chosen have already been presented to and agreed by the Health and Wellbeing Board.

Current Performance and details of on-going work

Reducing potential years of lives lost through causes considered amenable to healthcare (Nationally mandated indicator - 10% of total funding available)

6. This indicator measures the total number of years of life lost to causes considered amenable to healthcare, expressed as a rate per 100,000 population. Causes considered amenable to health care are those from which premature deaths should not occur in the presence of timely and effective health care.
7. It is difficult to forecast current performance against this indicator as data is only released annually in arrears.

8. Actions taking place in relation to this indicator include:

- the co-ordination of primary care and community nursing by integrating key nursing services;
- nursing support (ANP) to care homes;
- GP weekend opening (Saturdays for pre-bookable, 111 diverts and walk-ins);
- Vulnerable Adult Wraparound Service (VAWAS)/Frail Elderly; Care plan reviews;
- Out of hours 111 bypass number which ensures a GP contact.
- The CCG has also commissioned an Out-patient Parenteral Antibiotic Therapy (OPAT) service to support the prevention of a need to acute care.

		DDES	North Durham
Target 2015/16		2,191	2016
Most recent performance	2014	2608	2221
	2013	2396	2287
	2012	2408	2214

Improving antibiotic prescribing in primary and secondary care (Nationally mandated indicator - 10% of total funding available)

9. This QPI relates to a reduction in the number of antibiotics and broad spectrum antibiotics prescribed in primary care.
10. Although the current position is above the year-end target it is anticipated that further improvements will be made to bring performance below target by year end.
11. Actions taking place in relation to this indicator include:
- The CCG has a workstream covering antibiotic stewardship which supports the 5 year antibiotic strategy across primary care.
 - The CCG is also supporting the development of a regional antibiotic prescribing guide.
 - Initiatives such as e-learning packages on antibiotics and an antibiotic App have been developed.
 - The CCG is also engaged in the antibiotic awareness campaign.
 - County Durham and Darlington NHS Foundation Trust also has an antibiotic work stream group and the CCG are represented on the Health Care Acquired Infection group along with secondary care and Local Authority colleagues. The antibiotic guidelines were developed in conjunction with FT microbiologists.

		DDES	North Durham
Target 2015/16	Antibiotics	Below 1,417	Below 1,259
	Co-amoxiclav	Below 11.3	Below 11.3
Most recent performance – June 2015	Antibiotics	1459	1285
	Co-amoxiclav	6.2	7.1

Reduction in delayed transfers of care (Nationally mandated indicator - 30% of the funding available)

12. This indicator measures the average delayed transfers of care (delayed days) which are NHS responsibility per 100,000 population.
13. The monthly average for 2015/16 is significantly below the monthly average for 2014/15 and therefore it is anticipated that this indicator will be achieved for both CCGs.
14. Across County Durham there has been extensive work to support patient discharge from hospital in a timely manner including:
 - the development of a business case for multi-agency discharge scheme 7 days per week;
 - a patient choice leaflet is in development to encourage patients to think about their discharge;
 - a proposal to support the discharge of patients in particular over winter is in development;
 - monthly SITREPS across all sites relevant to the CCG.
 - The Durham Urgent Care transport and Discharge Vehicle Service is currently being reviewed, redesigned and procured.

	DDES	North Durham
Target 2014/15	1,710 (average 143)	1,713 (average 143)
Most recent performance	339 (average 85)	342 (average 86)

Reduction in the number of people with severe mental illness who are currently smokers (Nationally mandated indicator - 12.5% of the funding available)

15. The data reported identifies the percentage of people who are currently smokers with serious mental illness identified on GP systems.
16. Until baseline data is available it is difficult to forecast achievement of this indicator.

17. The CCG has offered incentives to improve the physical healthcare and screening offer in the areas of smoking cessation and weight reduction for people with long term mental health conditions. There is a CQUIN payment in place to reward excellent performance in the acute and community service of the local mental health provider.

	DDES	North Durham
Target 2015/16	Baseline data being calculated	Baseline data being calculated
Most recent performance – July 2015	40.38%	37.60%

Increase in the proportion of adults in contact with secondary mental health services who are in paid employment (Nationally mandated indicator - 12.5% of the funding available)

18. This indicator identifies the percentage of people in contact with secondary mental health services who are recorded as being in paid employment at their most recent assessment
19. Until baseline data is available it is difficult to forecast achievement of this indicator.
20. The CCG has commissioned a Recovery College service from Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) with the aim of increasing people in paid employment. An evaluation of the service has been produced by TEWV. This is being reviewed by a member of the delivery team with the aim of strengthening the service focus on outcomes.

	DDES	North Durham
Target 2015/16	Baseline data being calculated	Baseline data being calculated
Most recent performance – May 2015	6.3%	9.0%

Improvement in the health related quality of life for people with a long term mental health condition (Nationally mandated indicator - 5% of the funding available)

21. This indicator identifies the average weighted health status score for adults with a long-term condition and is sourced from the GP Patient Survey.

22. It is difficult to forecast current performance against this indicator as data is only released annually in arrears.

23. Actions taking place in relation to this indicator include:

- the implementation of the Integrated and Aligned Community Psychiatric Nurse and Primary Care Service providing care closer to home and improved access for patients,
- the implementation of the County Durham Mental Health implementation plan,
- the implementation of the Recovery College service for County Durham.

	DDES	North Durham
Target	Will be an increase on the baseline	Will be an increase on the baseline
Most recent performance	0.503	0.468

% of patients on a palliative care register (Local Indicator - 10% of the funding available)

24. Both CCG's are currently achieving this indicator for 2015/16.

25. The Demand Management team carries out audits along with consistent promotion of this initiative from the clinical leads and locality leads.

	DDES	North Durham
Target 2014/15	1726	1190
Most recent performance – to August 2015	1851	1265

% of patients on a diabetes or COPD register that have received a flu immunisation AND % of patients on a COPD register that have received Pneumovacc (Composite local indicator) (10% of the funding available)

26. Until data is available it is difficult to forecast achievement of this indicator.

27. Through key initiatives currently in place we are looking to maintain and sustain a reduction in admissions and re-admissions through the VAWAS and Frail Elderly schemes.

	DDES	North Durham
Target 2015/16	Awaiting performance from GP practices	Awaiting performance from GP

		practices
Most recent performance	Awaiting performance from GP practices	Awaiting performance from GP practices

28. A summary table is provide in Appendix 2 showing the position for both CCG's with Green showing indicators where we anticipate achievement and Amber showing indicators where we are unsure at this stage due to lack of regular data flows.

Recommendations

29. The Health and Wellbeing Board is recommended to:
- Note the content of this report and the progress in relation to the CCG quality premium indicators.

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Appendix 1: Implications

Finance

The 'quality premium' is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reductions in inequalities in access and in health outcomes.

The value of the QPI is equivalent to £5 per head of CCG population.

Staffing

No implications at this stage

Risk

Individual commissioning priorities will be impact assessed in terms of the risks and mitigating against these.

Equality and Diversity / Public Sector Equality Duty

There is a commitment to ensure that equality and human rights are integral to the CCG planning process.

Accommodation

No implications at this stage.

Crime and Disorder

No implications at this stage.

Human Rights

No implications at this stage.

Consultation

Consultation has taken place

Procurement

No implications at this stage.

Disability Issues

No implications at this stage.

Legal Implications

National Guidance on Quality Premium Indicators was published in March 2015.

Appendix 2 – Quality Premium Indicators – Summary Table

Quality Premium 2015/16					
Indicator			Percentage of Quality Premium	Estimated Value for DDES CCG	Estimated Value for ND CCG
National Indicators					
National Indicators	Reducing potential years of life lost		10.00%	141,445	121,461
	Urgent and emergency care	Delayed transfers of care which are an NHS responsibility	30.00%	424,335	364,383
	Mental Health	Reduction in the number of people with severe mental illness who are currently smokers	12.50%	176,806	151,826
		Increase in the proportion of adults in contact with secondary mental health services who are in paid employment.	12.50%	176,806	151,826
		Improvement in the health related quality of life for people with a long term mental health condition	5.00%	70,723	60,731
	Improving Antibiotic Prescribing		10.00%	141,445	121,461
Local Indicators					
CCG Local Indicator	Local Measure 1	An increase in the % of patients on a palliative care register in comparison to the 2014/2015 register	10.00%	141,445	121,461
	Local Measure 2	An increase in the % of patients on a diabetes or COPD register that have received a flu immunisation and % of patients on a COPD register that have received pneumovacc in comparison to 2014/2015 rates	10.00%	141,445	121,461
Total			100.00%	1,414,450	1,214,610