

Health and Wellbeing Board

26 July 2016

Joint Health and Wellbeing Strategy 2015-16 Performance Report



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

Purpose of the Report

- 1 To report the progress being made against the priorities and outcomes set in the County Durham Joint Health and Wellbeing Strategy (JHWS) 2015-18.

Background

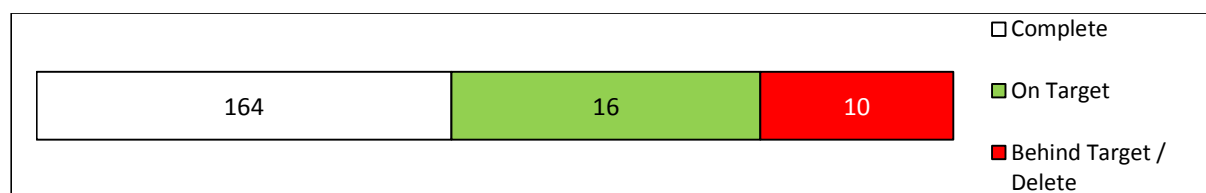
- 2 The Health and Wellbeing Board Performance Report is structured around the six strategic objectives of the JHWS and reports progress being made against the strategic actions and performance outcomes identified. This includes performance indicators linked to the Better Care Fund (indicators are labelled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

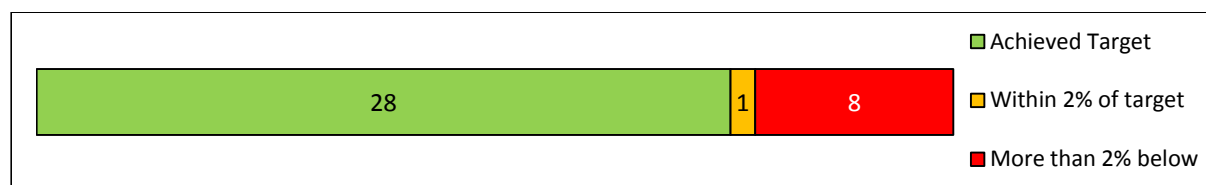
- 6 A separate report will be presented to the Health and Wellbeing Board in relation to Q4 2015/16 Better Care Fund performance at this meeting.

Overview of Performance

- 7 There are 190 actions within the JHWS 2015-18 Delivery Plan. Progress is as follows:



- 8 There are 10 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 92 Indicators on the JHWS Performance Scorecard. Since the last report, updated data is available for 82 indicators.
- 10 There are 37 indicators with targets where updated data is available and included in the report. **Performance against target** is as follows:



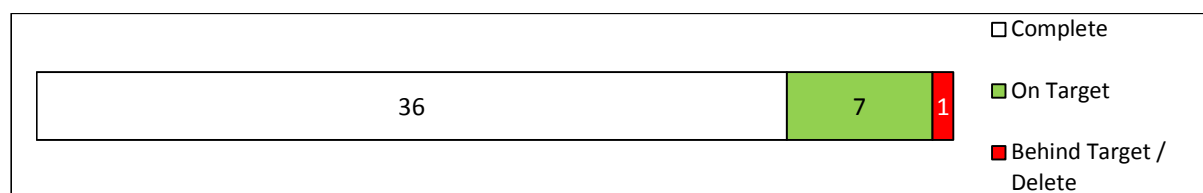
- 11 There are 62 indicators where updated data is available and it is possible to track **Direction of Travel**. Performance is as follows:



- 12 The following sections of the report are structured by JHWS Objective and provide updates about the following:
- Delivery Plan actions where revised dates have been agreed
 - 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.
 - Highlights and Achievements

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

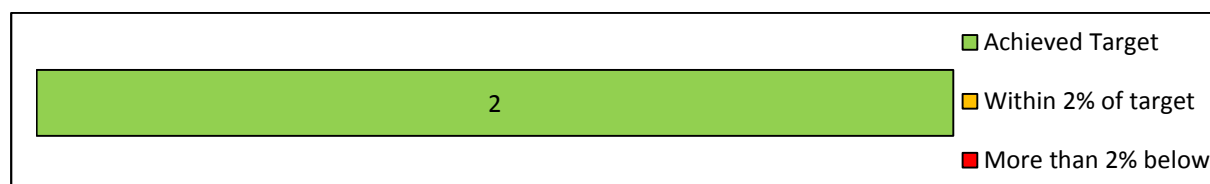
13 There are 44 actions under Objective 1. Progress is as follows:



Delivery Plan actions where revised dates have been agreed

14 **Evaluate the sheds model for young people:** The target date has been revised from March 2016 to September 2016 by Durham County Council. The number of young people's CREE groups increased in Quarter 4 and the Young People's CREE Steering Group agreed to include the new groups in the evaluation. The evaluation started in early May and will be completed by September 2016.

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



Areas for Improvement

Breastfeeding

16 Between January and March 2016, both breastfeeding initiation and prevalence have reduced from the same period last year and are below national and regional averages.

Previous data	Same period last year	Indicator	Latest Data	Target 2015/16	National Average	North East Average	Direction of Travel
57.6% 2014/15	55.9% (Jan-Mar15)	Breastfeeding initiation	51.4% (Jan-Mar16)	Tracker	73.8% (Apr-Jun15)	54.4% (Apr-Jun15) [Durham, D'ton & TeesArea Team]	↓
28.9% (2014/15)	28.8% (Jan-Mar15)	Prevalence of breastfeeding at 6-8 weeks from birth	23.9% (Jan-Mar16)	Tracker	45.2% (Apr-Jun15)	28.4% (Apr-Jun15) [Durham, D'ton & Tees Area Team]	↓

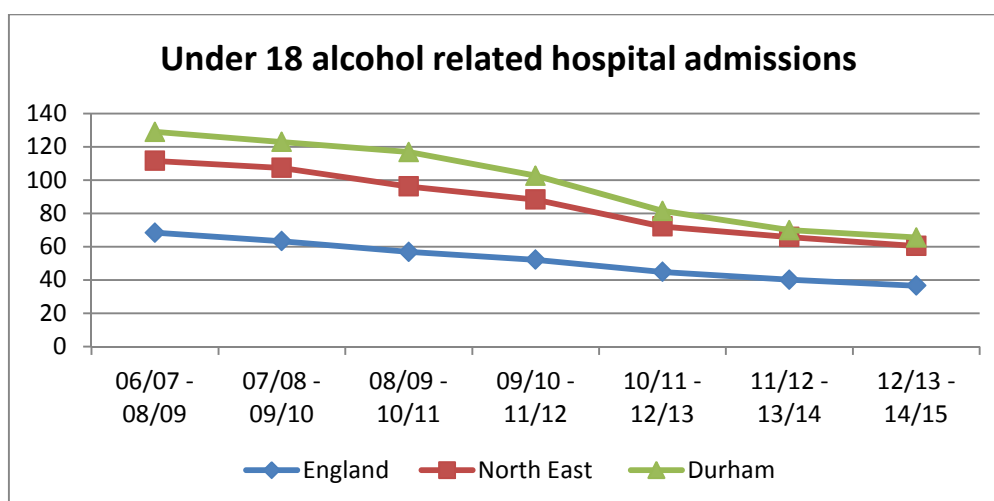
- 17 A breastfeeding health equity audit is currently being undertaken to better understand the population who do not breastfeed compared to those who do. This is due to be complete in July 2016. This will better inform targeted programmes and interventions to improve breastfeeding rates for County Durham. Lessons from other similar local authorities with higher breastfeeding rates will be also explored to inform local approaches.
- 18 Promotion of breastfeeding will take place during the seven weeks between national and world breastfeeding awareness weeks (20th June – 7th August 2016) with the aim of increasing the number of mothers initiating breastfeeding and continuing beyond 6-8 weeks. During this period activities will include:
- Health Visitors and Midwives promoting breastfeeding and support via the breastfeeding cafés;
 - Midwives 'proactively' telephoning breastfeeding mothers to offer support;
 - Children's Centres and One Point hubs will provide ongoing breastfeeding promotion and signposting.

Alcohol specific hospital admissions for under 18's

- 19 Alcohol specific hospital admissions for under 18 year olds have decreased to 65.5 per 100,000 in 2012-15. However they remain higher than the national (36.6) and North East (60.4) averages.

2011-14	Indicator	2012-15	Target	National Average	North East Average	Direction of Travel
69.9	Alcohol specific hospital admissions for under 18's (per 100,000 under 18 years population)	65.5	Tracker	36.6 (2012-15)	60.4 (2012-15)	↓

- 20 The following graph shows the reducing trend in admissions within County Durham from 2006/07, alongside national and regional trends.



- 21 Work in this area has been supported by previous alcohol strategies and remains a priority of the *Reframing alcohol*; Alcohol Harm Reduction (AHR) strategy 2015-2020. Actions supporting the AHR strategy include:
- Supporting schools, colleges and youth settings to provide effective education on alcohol to children and young people as part of the resilience framework;
 - Working with retailers to restrict the products that appeal to children and young people and to restrict advertising of such products;
 - Promoting alcohol free schools, play areas and soft play areas to ensure that areas where our children and young people routinely go should be alcohol free;
 - Carrying out test purchase operations and age verification testing on both on and off-licence premises.
- 22 In 2015/16, Durham Constabulary Police made 1,065 alcohol seizures from persons under the age of 18. If appropriate, a referral for the young person can then made to Lifeline as part of a new pathway.

Mothers smoking at time of delivery

- 23 Although the percentage of mothers smoking at the time of delivery (SATOD) has achieved target, it remains higher than regional and national averages.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
19.0% (2014/15)	Percentage of mothers smoking at time of delivery	18.1% (2015/16)	18.2%	10.6% (2015/16)	16.7% (2015/16)	↓

- 24 SATOD ranges from 15.1% in North Durham CCG to 20.7% in Durham Dales, Easington and Sedgefield CCG. DDES CCG has the second highest SATOD rate in the North East and sixth-highest of all CCGs in England.
- 25 DDES CCG are working with local maternity services and DCC colleagues to develop a new maternity specification for all providers. This will include a more robust data set and regular monitoring of SATOD. DDES CCG have also raised performance with the Head of Midwifery Services.
- 26 Fresh, the regional tobacco control programme, commissioned the 'babyClear' initiative to reduce exposure to smoke for unborn babies during pregnancy and to work with midwives and Foundation Trusts to ensure pregnant women who smoke get the best help to quit. Midwives offer advice and support, including systematic carbon monoxide testing as part of routine tests all women receive at first booking appointment.
- 27 The number of pregnant women setting a quit date that do then quit has continued to rise. In 2015/16, 60% (143 of 237) of pregnant women setting a quit date actually quit, compared to 43% in 2011/12.

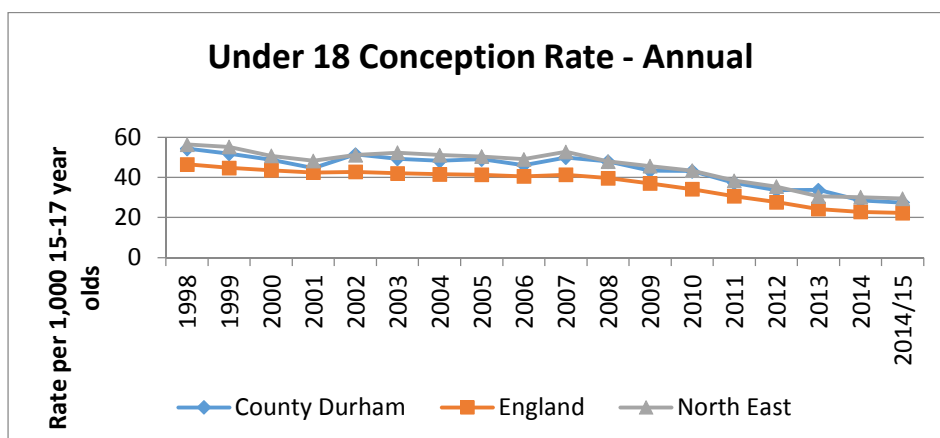
- 28 Solutions4Health (County Durham's Stop Smoking Service provider) continue to work closely with maternity services ensuring the 'babyClear pathway' is implemented in partnership with midwifery and health visiting services.

Performance Highlights

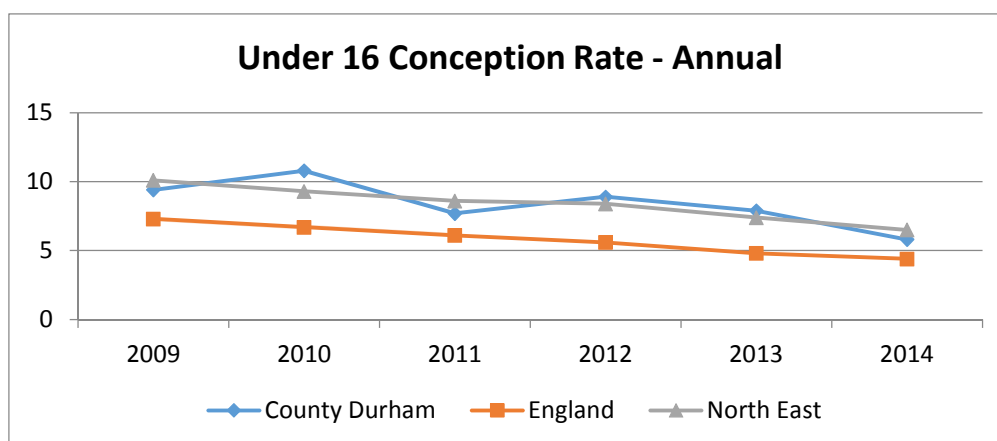
- 29 Latest figures show that the conception rates for girls aged 13-15 and 15-17 years have reduced and are below regional averages. The rates continue to be higher than national averages.

Apr13-Mar14	Indicator	Apr14 - Mar15	Target	National Average	North East Average	Direction of Travel
30.9	Under 18 conception rate per 1,000 15-17 year olds	27.5	Tracker	22.3 (Apr14-Mar15)	29.5 (Apr14-Mar15)	↓
7.9 (2013)	Under 16 conception rate per 1,000 13-15 year olds	5.8 (2014)	Tracker	4.4 (2014)	6.5 (2014)	↓

- 30 The under 18 conception rate in County Durham is at its lowest since reporting first began in 1998 when it was 54.4 per 1,000. The chart below shows the trend over this time period.



- 31 The under 16 conception rate, although fluctuating between years, also shows a reducing trend from 2009:



Young Person's Treatment for Substance Misuse

- 32 The percentage of exits from young person's drug and alcohol treatment which are planned is 86% (112 of 130). This has exceeded target, has increased from 2014/15 last year (69%) and is higher than the national average.

Q4 2014/15	Indicator	Q4 2015/16	Target 2015/16	National Average	North East Average	Direction of Travel
69%	Percentage of all exits from young person's treatment which are planned (alcohol and drugs)	86.0% (Apr15-Mar16)	79%	79% (Apr15-Mar16)	Not available	↑

- 33 Of the 18 unplanned exits from substance misuse treatment in 2015/16, 13 young people dropped out of treatment, 3 declined and 2 transferred either to another area or into custody.

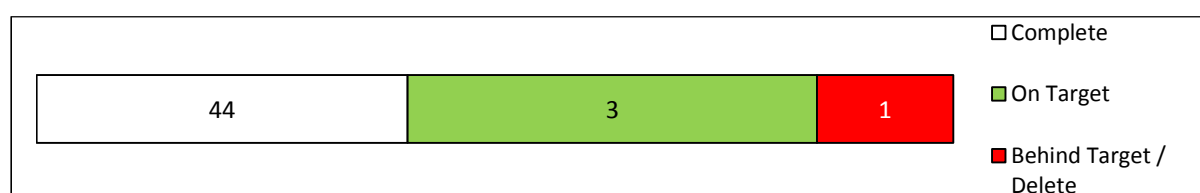
Young Person's Self-Harm

- 34 The rate of admissions for self-harm per 100,000 10-24 year old population has decreased from 523.5 in 2013/14 (508 admissions) to 440.3 in 2014/15 (424 admissions).

2013/14	Indicator	Q4 2015/16	Target 2015/16	National Average	North East Average	Direction of Travel
523.5 (2013/14)	Young people aged 10-24 admitted to hospital as a result of self-harm	440.3 (2014/15)	Tracker	398.8	477.7	↓

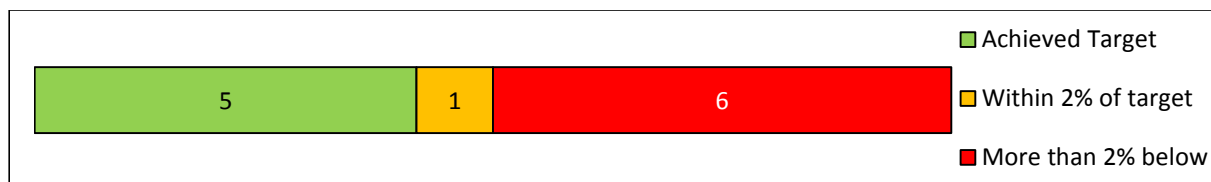
Objective 2: Reduce health inequalities and early deaths

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



Delivery Plan actions where revised dates have been agreed

- 36 **Evaluate participant impact (in the Food and Health Action Plan for County Durham) utilising the Warwick Edinburgh Mental Wellbeing Tool:**
The target date has been revised by Durham Community Action (DCA) from March 2016 to July 2017. This method of evaluation has not yet been used as it has not been deemed appropriate to date with the projects DCA have been involved with. Additional evaluation tools are being considered.
- 37 There are 12 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:

Percentage of the eligible population who receive a health check

38 In 2015/16, 7% of the eligible population (11,474 of 163,780) have received a health check. This is below target, performance in 2014/15 and lower than the regional and national averages.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
7.4% (2014/15)	Percentage of the eligible population who receive a health check	7% (2015/16)	8%	9% (2015/16)	7.5% (2015/16)	↓

- 39 A detailed report on improving performance of the NHS Health Check programme within County Durham will be presented to the Board at this meeting.
- 40 In addition to the 11,474 health checks undertaken in 2015/16 reported in the nationally defined indicator, a further 5,028 Mini Health 'MOTs' were undertaken in County Durham.
- 41 While Mini Health 'MOTs' come under the banner of the Check4Life / Health Check programme they do not themselves constitute a full Health Check (blood is not taken to provide a lipid profile and are open to a wider age bracket than national Health Checks). As a result, activity levels of Mini Health MOTs are not reported to NHS England and they do not form part of the national measure above.

Cancer Waiting Times – First Treatment within 62 Days

42 The proportion of patients who receive first treatment for cancer within 62 days has not achieved target.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
81.2% (2014/15)	% of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer - DDES CCG	81.3% (2015/16)	85%	82.2% (2015/16)	Not available	↑
85.5% (2014/15)	% of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer - ND CCG	83.9% (2015/16)	85%	82.2% (2015/16)	Not available	↓

- 43 The 62 day cancer waiting times standard remains an area of focus for both CCGs and providers in County Durham. Performance levels are reviewed monthly by the CCGs, following under achievement in all 4 quarters of 2015/16 for DDES CCG and for quarters 1, 2 and 4 for ND CCG. The County Durham and Darlington Cancer Locality Group meets bi-monthly, together with a Cancer Operations Group which was set up in 2015 across CCGs and providers.
- 44 At provider level, the main local hospital trust performance in relation to this indicator for April 2015 to March 2016 can be seen below. All of the main local providers to County Durham, where the majority of DDES and ND CCG patients would receive treatment, are performing above the national average.

Trust	Percentage
County Durham and Darlington NHS Foundation Trust	86.5%
North Tees and Hartlepool NHS Foundation Trust	83.9%
City Hospitals Sunderland NHS Foundation Trust	83.1%
<i>All English Providers</i>	82.4%

- 45 Patient level breach analysis of the 62 day standard is being undertaken by both CCGs and providers to identify underlying causes and trends to help inform actions to improve patient pathways. The most common breach reasons identified are complex diagnostic pathways and/or capacity issues.
- 46 The cancer Strategy '*Achieving World-Class Cancer Outcomes; a Strategy for England 2015-2020*' published in July 2015, acknowledges these capacity issues, particularly meeting demand in the area of diagnostics. Initially, all Trusts were expected to achieve the cancer standards by the end of 2015/16; however, the 2016/17 Planning Guidance has revised this to March 2017.

Successful completions of drug treatment – Opiates

- 47 The number of people in drug treatment for opiate use between October 2014 and September 2015 was 1,459 of which 88 successfully completed, i.e. they did not re-present within 6 months. This equates to a 6.0% successful completion rate. This is below target, performance from the same period in the previous year and the national average.

2014/15	Indicator	Latest Data	Target	National Average	North East Av.	Direction of Travel
7.1% (Oct 13- Sep 14)	Percentage of successful completions of those in drug treatment - opiates	6.0% (Oct 14- Sep 15)	9.4%	6.8% (Oct 14- Sep 15)	Not available	↓

Successful completions of drug treatment – Non-Opiates

- 48 The number of people in drug treatment for non-opiate use between October 2014 and September 2015 was 631, of which 208 successfully completed. This is a 33% successful completion rate, which is below target and below performance from the same period in the previous year and the national average.

2014/15	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
40.1% (Oct 13- Sep 14)	Percentage of successful completions of those in drug treatment – non-opiates	33.0% (Oct 14- Sep 15)	41.7%	37.3% (Oct 14- Sep 15)	Not available	↓

Alcohol Treatment

49 The number of people in alcohol treatment between April 2015 and March 2016 was 1,069, of which 255 successfully completed. This equates to a 23.9% successful completion rate. It is also lower than the same period in 2014/15 and latest national performance.

2014/15	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
38.0% (Apr 14- Mar 15)	Percentage of successful completions of those in alcohol treatment	23.9% (Apr 15- Mar 16)	39.5%	39.2% (Apr 15- Mar 16)	Not available	↓

50 Successful completions from drug and alcohol treatment have deteriorated since the previous performance report presented on 3 November 2015. It should be noted that successful completions for drug treatment (opiates and non-opiates) includes 6 months' data from the former drug and alcohol treatment provider. Alcohol data is for a full 12 months of the Lifeline service.

51 Durham County Council are working closely with Lifeline to monitor an agreed performance plan on a monthly basis. Actions within the plan include:

- Developing specific, intensive recovery programmes to reduce time in treatment for non-opiate clients and investigating current prescribing methods to develop programmes for reduction for long-term opiate clients.
- Improving pathways to the treatment service to increase referrals, including hospital and criminal justice pathways.
- Increasing the identification of clients lost to follow-up treatment and enhancing performance management of caseloads.
- Procuring a new IT system and undertaking a data cleanse to ensure data quality.

Other Areas for Improvement

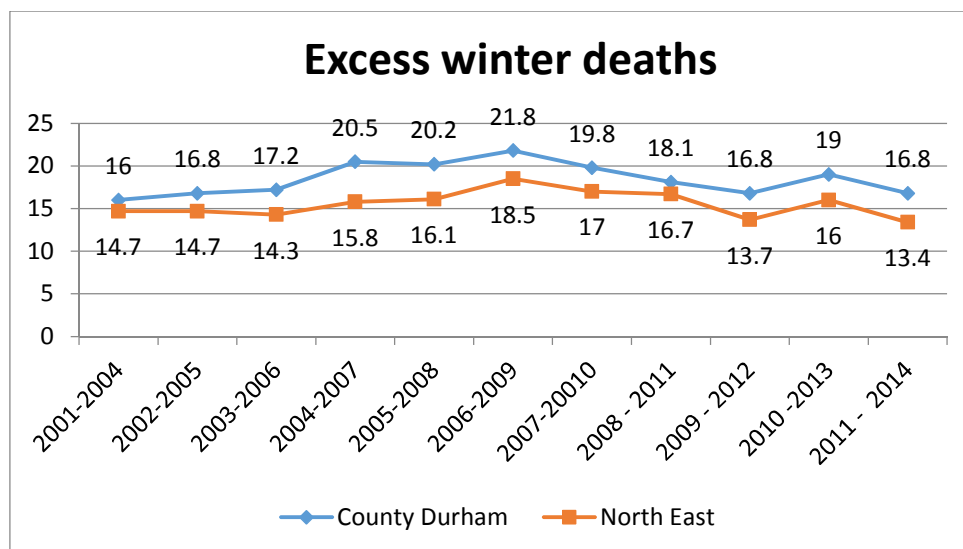
Excess Winter Deaths

52 Excess winter deaths have decreased, however they remain higher than the national and regional averages.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
19% (2010-13)	Excess winter deaths	16.8% (2011/14)	Tracker	15.6% (2011/14)	13.4% (2011/14)	↓

53 During 2011-14 there were 16.8% more deaths (an additional 849) in winter months than non-winter months, which has decrease from 19% (944 additional deaths) in 2010-13.

54 The number of excess winter deaths (EWD) depends upon many factors, such as the temperature and the level of disease in the population as well as how well equipped people are to cope with the drop in temperature. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population. As illustrated in the graph below, fluctuations are evident in excess winter death rates over time.



55 County Durham’s Severe Weather Planning Group has developed a Cold Weather Plan which aims to help reduce excess winter deaths by addressing root causes and targeting the county’s most vulnerable residents. This includes the Warm & Healthy Homes project. Frontline care staff who visit people in their homes can make a referral into the programme. In 2015/16:

- 193 referrals were made and 100% received energy efficiency advice
- 101 homes had measures installed including insulation, boilers and central heating
- 43 benefit checks were undertaken
- 37 fire safety checks were delivered

56 Additionally there were 1,457 referrals to Warm Up North in 2015/16 from residents of County Durham. A total of 515 private sector properties benefited from an energy efficiency improvement.

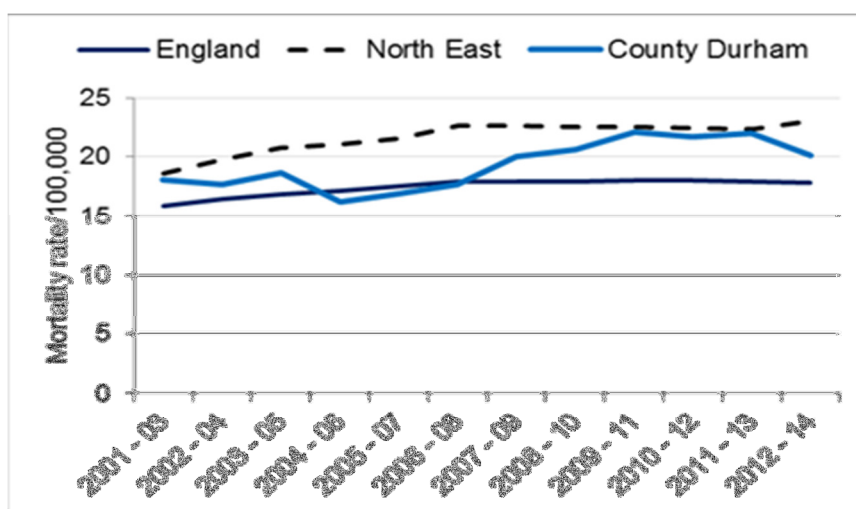
Premature (Under 75) Mortality Rate – Liver Disease

57 The premature mortality rate for liver disease in County Durham (2012-14) reduced to 20.1 per 100,000. This is lower than the North East rate but higher than the England.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
21.9 (2011-13)	Mortality from liver disease for persons aged under 75 years per 100,000 population	20.1 (2012-14)	Tracker	17.8 (2012-14)	23 (2012-14)	↓

58 Premature liver disease mortality rates have been rising over time in County Durham and England. Between 2002-04 and 2012-14 rates rose by 14% locally and 15% nationally. The gap between County Durham and England has varied during this time. The gap is currently 2.3 per 100,000 population (2012-14).

59 The chart below demonstrates the trend in premature mortality from liver disease since 2001-3.



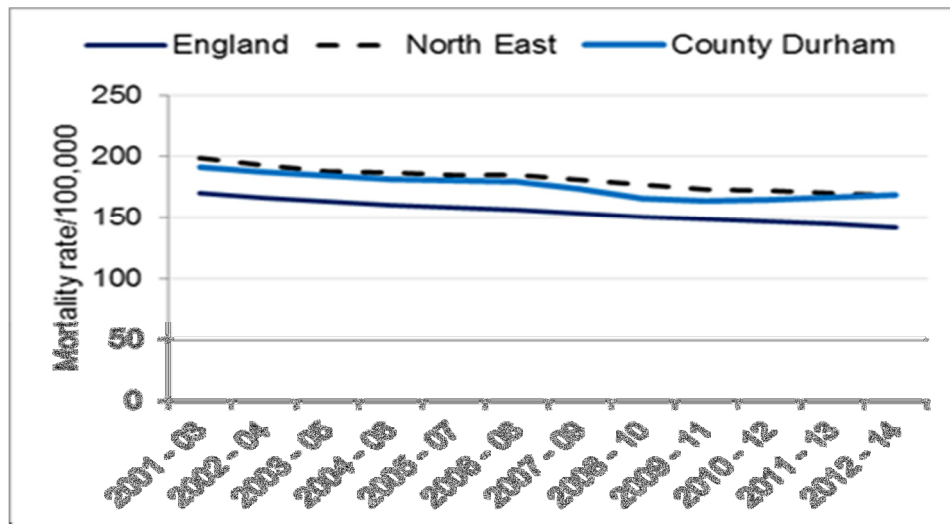
Premature (Under 75) Mortality Rate – Cancer

60 The premature mortality rate for cancer in County Durham (2012-14) has increased slightly to 168.6 per 100,000. This was higher than in England but slightly lower than the North East.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
166.6 (2011-13)	Mortality from cancer for persons aged under 75 years per 100,000 population	168.6 (2012-14)	Tracker	141.5 (2012-14)	167.9 (2012-14)	↓

61 Premature cancer mortality rates have been falling over time in County Durham and England. Between 2002-04 and 2012-14 rates reduced by 10% locally and 15% nationally.

62 The chart overpage demonstrates the trend since 2001-03.



63 Between 2009-11 and 2012-14 the rate has increased by 5.1 per 100,000 population. Over this period, the rate for Females has increased by 7.0 per 100,000, and for males by 2.6 per 100,000.

64 The Cancer Health Equity Audit, last completed in 2013, is due to be refreshed in September 2016. This will analyse the different mortality rates of Males and Females from different cancers in different areas across the county.

Performance Highlights

Cancer Treatment within 31 Days

65 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%).

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
97.7% (Jan-Mar15)	Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date) - DDES CCG	98.5% (Jan-Mar16)	96%	97.4% (Jan-Mar16)	N/A	↑
98.8% (Jan-Mar15)	Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date) - North Durham CCG	99.4% (Jan-Mar16)	96%	97.4% (Jan-Mar16)	N/A	↑

Alcohol related hospital admissions

66 Provisional alcohol related hospital admissions data shows an improvement. The April – December 2015 rate is below the North East rate but remains above the national rate.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
569.2 (Apr-Dec14)	Alcohol related admissions to hospital per 100,000	545.2 (Apr-Dec15)	Tracker	490.5 (Apr-Dec 2015)	622.3 (Apr-Dec 2015)	↓

Smoking Quitters

67 In 2015/16, 2,903 people quit smoking following support from stop smoking services (SSS). This achieved the SSS target of 2,774 quitters.

2014/15	Indicator	2015/16	Target	National Average	North East Average	Direction of Travel
3,250.9 [3,068]	Four week smoking quitters per 100,000 18+ smoking population [Number of quitters]	3076.1 [2,903]	2,939 (2,774 quitters)	N/A	N/A	↓

Delivery Plan Highlights

68 Implemented smoke free play areas through the installation of advisory signs at 155 fenced play areas, skate parks and multi-use games areas.

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

69 There are 34 actions under this objective. Progress against the actions is as follows:

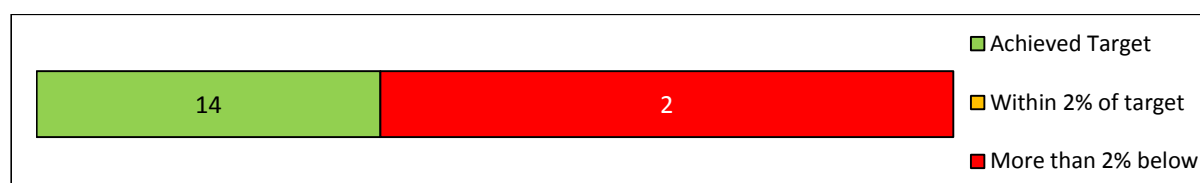


Delivery Plan actions where revised dates have been agreed

70 **Complete the review of specialist residential care, to ensure that there is capacity to deal with complex needs:** The review has been delayed due to resource/capacity issues following service restructures. The target date has been revised from March 2016 to December 2016 by Durham County Council.

71 **Increase capacity in the operational teams, to enable closer working with local authority partners on managing the applications and administration requirements of personal health budgets:** Target has been revised by CCGs from March 2016 to September 2016. A new Project Manager has been identified, and further discussions are to take place between both CCGs to agree processes and resourcing for Personal Health Budgets.

72 There are 16 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:

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

73 The 2015/16 rate of 65+ permanent admissions to residential or nursing care is above the Better Care Fund target but has decreased from 2014/15.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
820.9 (2014-15)	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	736.3 (2015/16)	710.4 (2015/16)	668.8 (2014/15)	835.8 (2014/15)	↓

74 There were 767 people aged 65 and over admitted to permanent residential or nursing care. This did not achieve the target of 740 admissions but is a reduction from 836 admissions in 2014/15.

75 Robust panels continue to operate to ensure that only those who can no longer be properly cared for within their own home are admitted to permanent care.

76 Although the rate of older people admitted to residential or nursing care has increased, the actual number of residential/nursing beds purchased by the council has reduced by 2% from 946,730 in 2014/15 to 928,413 in 2015/16.

77 Analysis shows the average age of those admitted to residential care has increased from 84.93 years in 2007/8 to 86.46 years in 2015/16. Additionally, the length of stay in residential care has decreased from 637 days in 2007/8 to 549 days in 2015/16. Length of stay in nursing care has reduced from 324 days in 2007/8 to 313 days in 2015/16.

Avoidable emergency admissions per 100,000 population (BCF)

78 The rate of avoidable emergency admissions is above target but below the rate for the same period of the previous year.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
3009 (Jan-Mar15)	Avoidable emergency admissions per 100,000 population (BCF)	2984 (Jan-Mar16)	2904 (Jan-Mar16)	Not available	Not available	↓

79 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.

- 80 Performance incentive funding which is based on the final quarter of 2014/15 and the first three quarters of 2015/16 has resulted in the majority of this funding being received.
- 81 Both North Durham and DDES CCG's continue to work 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.
- 82 Following the review of Intermediate Care+ services revised delivery models have been agreed. In particular, the IC bed model has been revisited and will include provision of this function in a community hospital setting in the Dales locality. The independent sector provision for the rest of the county is currently being re-procured with a contract start date of September 2016.
- 83 Through the Better Health Programme work is underway to improve 'Not In Hospital' Services, looking closely at how primary, community and social care are connected in our area and how this can be improved in the future to meet increased demand. Further public engagement events are being held in July 2016.

Performance Highlights

% 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)

- 84 Data to March 2016 indicates that both CCG achieved the target to qualify for the QPI payment.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
Not available	% of patients on a diabetes or COPD register that have received a flu immunisation <i>and</i> % of patients on a COPD register that have received pneumovacc in comparison to 2014/2015 rates (QPI) - DDES	77.4%	75.2% or more	Not available	Not available	N/A
Not available	% of patients on a diabetes or COPD register that have received a flu immunisation <i>and</i> % of patients on a COPD register that have received pneumovacc in comparison to 2014/2015 rates (QPI) - ND	78.7%	78.3% or more	Not available	Not available	N/A

Antibiotic Prescribing (QPI)

- 85 Targets have been met for antibiotic prescribing in primary and secondary care for antibiotics and co-amoxiclav.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
Not available	Antibiotic Prescribing in primary and secondary care - Antibiotics (QPI) DDES	1,356 (2015/16)	1,417 or below	Not available	Not available	N/A
Not available	Antibiotic Prescribing in primary and secondary care - Antibiotics (QPI) ND	1,225 (2015/16)	1,259 or below	Not available	Not available	N/A
Not available	Antibiotic Prescribing in primary and secondary care - Co-amoxiclav (QPI) DDES	6.1 (2015/16)	11.3 or less	Not available	Not available	N/A
Not available	Antibiotic Prescribing in primary and secondary care - Co-amoxiclav (QPI)ND	6.9 (2015/16)	11.3 or less	Not available	Not available	N/A

Telecare (BCF)

86 There has been an increase in the number of people in receipt of Telecare and this has exceeded the Better Care Fund target.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
335.6 (at 30-9-15)	The number of people in receipt of Telecare per 100,000 (BCF)	474.1 (2015/16)	225	Not available	Not available	↑

Adult Social Care Service User Quality of Life

87 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; 91.6% against a target of 90%.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
94.5% (2013/14)	The % of service users reporting that the help and support they receive has made their quality of life better	91.6% (Apr15-Feb16)	90%	Not available	Not available	↓

Older People at Home 91 Days after Hospital Discharge following Reablement/ Rehabilitation Services (BCF)

88 Between January - December 2015, 87.2% of older people were still living at home 3 months after they were discharged from hospital into reablement / rehabilitation services. This has exceeded target and is better than national and regional benchmarking figures.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
89.6% (Jan-Dec14)	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (BCF)	87.2% (Jan-Dec15)	85.7%	82.1% (2014/15)	86.4% (2014/15)	↑

Self-Directed Support

89 As at 31 March 2016, 92.6% of adult social care service users were in receipt of self-directed support. This is better than latest national and regional benchmarking figures.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
89.8% (At 31-Mar-15)	Proportion of people using social care who receive self-directed support	92.6% (2015/16)	90.0%	83.7% (2014/15)	91.9% (2014/15)	↑

Delayed Transfers of Care (BCF and QPI)

90 All Delayed transfers of care from hospital (average days per month) indicators have achieved their related targets.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
7.7 (2014/15)	Delayed transfers of care from hospital per 100,000 population (ASCOF)	4.6 (2015/16)	Tracker	11.1 (2014/15)	7.4 (2014/15)	↓
452.3 (Jan-Mar15)	Delayed transfers of care from hospital per 100,000 population (BCF)	427 (Jan-Mar16)	802.3 (Jan-Mar16)	Not available	Not available	↓
Not reported in 2014/15	Delayed transfers of care which are an NHS responsibility - rate per 100,000 population [Monthly average] - DDES (QPI)	998 (2015/16) [83]	1,710 [143]	Not available	Not available	N/A
Not reported in 2014/15	Delayed transfers of care which are an NHS responsibility - rate per 100,000 population [Monthly average] - ND (QPI)	1004 (2015/16) [84]	1,713 [143]	Not available	Not available	N/A

91 There are a number of different measures of delayed discharges which are used for different purposes. Definitions for the indicators above are as follows:

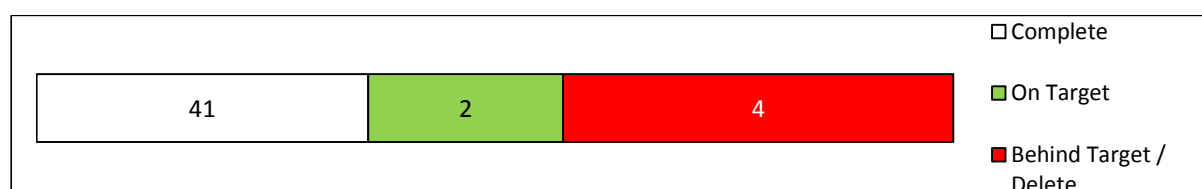
- Measure 1 (ASCOF): The average number of **people** per 100,000 population who are medically fit for discharge from a hospital bed (both acute and non-acute settings) where the discharge has been delayed and is attributable to either health or social care. Calculation is based on a single day every month;
- Measure 2 (BCF): The average number of **days** per 100,000 population that patients are delayed within the 3 month reporting period and the delay is attributable to either health or social care. Calculation is based on a full 3 month period and is a statutory indicator within the Better Care Fund;
- Measures 3 and 4 (QPI): The number of **days** per 100,000 population that patients are delayed which are attributable to the NHS. Calculation is based on full year and split by CCG.

Delivery Plan Highlights

- 92 The Intermediate Care + Service was successfully implemented and evaluated in October 2015. The IC+ service responded to over 9,500 referrals in 2014-15.

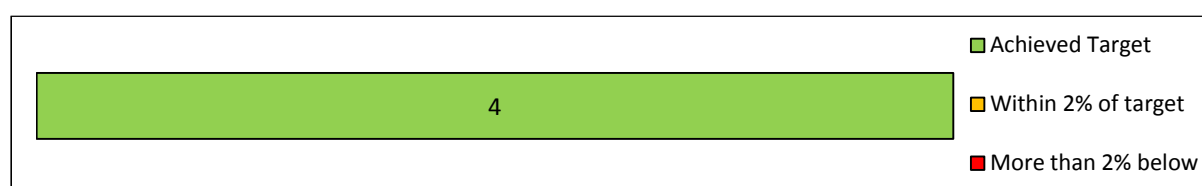
Objective 4: Improve Mental Health and Wellbeing of the Population

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



Delivery Plan actions where revised dates have been agreed

- 94 **Implement the refreshed Physical Activity Framework:** The target date has been revised by Durham County Council Neighbourhood Services from March 2016 to July 2016 July 2016 when the final draft will be presented to the inaugural meeting of the Active Durham Partnership for agreement.
- 95 **Improve ambulance response times for mental health patients:** The target date has been revised from March 2016 to December 2016 by ND CCG. CCGs are considering a joint response to the issue following the reduction in funding for the Urgent & Emergency Care Vanguard and to have a solution in place by the revised target date.
- 96 **Develop integrated care pathways to address physical and mental health needs where appropriate:** The target date has been revised from March 2016 to March 2017 by DDES and ND CCGs. A group has been initiated to take the development of the integrated care pathways forward and a detailed action plan will be developed at the first meeting in July 2016.
- 97 **Work together to reduce the health inequalities between the Gypsy Roma Traveller community and the general population - Produce health related information in a format appropriate for the community:** The target date has been revised from January 2016 to January 2017 by Durham County Council Public Health to ensure full engagement with the GRT community.
- 98 There are 4 indicators with a target under Objective 4 for which new data is reported. Performance against target is as follows:



Areas for Improvement

Suicide Rate

99 The suicide rate (deaths from suicide and injury of undetermined intent) in Durham has fallen slightly to 13.3 per 100,000 population for 2012-14. The rate is higher than both national and regional rates.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
13.4 (2011-13) [204]	Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population [number of suicides]	13.3 (2012-14) [202]	Tracker	8.9 (2012-14)	11 (2012-14)	↓

100 Between 2001-03 and 2012-14 the suicide rate locally has increased by around 38% compared to an increase of approximately 9% regionally. Over the same period the rate for England has fallen by around 3%.

101 The Public Mental Health Strategy refresh for 2017-2020 includes the development of a Suicide Prevention Framework for County Durham. The draft strategy for consultation will be presented to the Health and Wellbeing Board in September 2016.

102 A detailed report on suicide and self-harm was presented to the Health & Wellbeing Board in September 2015 by the Director of Public Health.

103 Specific programmes commissioned in County Durham linked to suicide prevention include;

- The social prescribing programme delivers 10 week interventions or prescriptions. 1,600 people access this service annually. Evaluation of service shows improved wellbeing scores, increased social interaction and increased confidence in 80% of participants.
- Specialist debt advice service provided by County Durham Citizens Advice Bureau targets those with poor mental health. A dedicated post for suicide prevention within the Welfare Rights service provides outreach to those most at risk.
- A community suicide prevention programme of 'sheds' which can improve the mental wellbeing of men by providing a space that facilitates learning and addresses issues of social isolation. Further 'sheds' were developed for women and young people all facilitated by community members who were trained to become suicide prevention champions. There are now 43 'sheds' in County Durham.

Excess under 75 mortality rate in adults with serious mental illness per 100,000 population

104 The excess under 75 mortality rate for adults with serious mental illness is 485.4 per 100,000 population for 2013/14. This is above the national average and has increased from 2012/13.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
413.2 (2012/13)	Excess under 75 mortality rate in adults with serious mental illness per 100,000 pop	485.4 (2013/14)	Tracker	351.8 (2013/14)	Not available	↑

105 County Durham has the fourth highest excess under 75 mortality rate for adults with serious mental illness of the 12 North East local authorities.

106 The Mental Health and Wellbeing Needs Assessment will be complete by July 2016. This will feed into the refresh of the Public Mental Health Strategy for 2017-2020).

Performance Highlights

Smokers who have severe mental illness (QPI)

107 Both DDES and ND CCGs have achieved target and achieved reductions in the proportion of people with severe mental illness who smoke.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
42.8% (772) (2014/15)	Number of people with severe mental illness who are currently smokers - DDE	40.3% (1123) (2015/16)	40.50%	40.5% (2014/15)	Not available	↓
38.7% (587) (2014/15)	Number of people with severe mental illness who are currently smokers - ND	36.8% (774) (2015/16)	37.55%	40.5% (2014/15)	Not available	↓

Proportion of adults in contact with secondary mental health services in paid employment (QPI)

108 Both CCGs have achieved target and increased the proportion of adults in contact with secondary mental health services who are in paid employment.

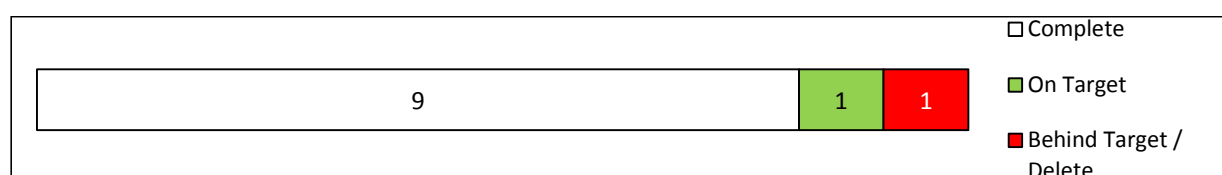
Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
Not available	Proportion of adults in contact with secondary mental health services in paid employment - ND	21.2% (2015/16)	8.7% or more	Not available	Not available	N/A
Not available	Proportion of adults in contact with secondary mental health services in paid employment - DDES	11.1% (2015/16)	6.3% or more	Not available	Not available	N/A

Delivery Plan Highlights

- 109 Public Health completed a dementia health needs assessment, which will be shared with stakeholders during 2016/17.
- 110 The Fire and Rescue Service has signed the Dementia Pledge and committed the Service to becoming more Dementia Friendly. To enable this they have trained 6 Dementia Champions and all operational crews who deliver Safe and Well-being visits and a range of other staff are now trained as Dementia Friends.

Objective 5: Protect vulnerable people from harm

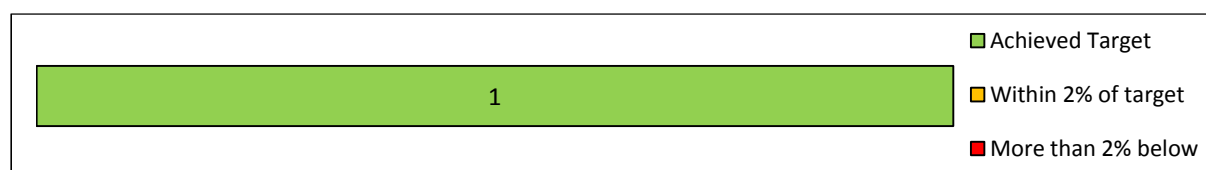
111 There are 11 actions for objective 5. Progress against them is as follows:



Delivery Plan action where revised date has been agreed

112 **Embed the phase 2 Stronger Families Programme by rolling-out the use of the Family Outcome Plan through delivering to partner agencies, staff engagement sessions; briefings and Learning Network events.** The target has been revised from March 2016 to March 2017 by the Think Family Partnership. Further work is required to embed the use of the Family Outcome Framework, including IT system developments and further staff development and training.

113 There is 1 indicator with a target under Objective 5 for which new data is reported. Performance against target is as follows:



Performance Highlights

MARAC Repeat Victims

114 There were 14.8% of presentations to the Multi-Agency Risk Assessment Conference (MARAC) during 2015/16 which were repeat victims.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
14.8% (2014/15)	Percentage of repeat incidents of domestic violence	14.8% (2015/16)	Less than 25%	25% (Jul14-Jun15)	29% (Jul14-Jun15)	↔

Child Protection Plans

115 The rate of children on a child protection plan in County Durham continues to decrease and is lower than national and regional rates.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
37.6 (as at 31-Mar-15)	Rate of children with a Child Protection Plan per 10,000 population	35.1 [Prov] (as at 31-Mar-16)	Tracker	42.9 (as at 31 Mar 2015)	59.5 (as at 31 Mar 2015)	↓

People Who Use Services Who Say Those Services Make Them Feel Safe and Secure

116 Provisional data from the 2015-16 national Adult Social Care Survey (ASCS) shows that 91.4% of respondents reported that the social care services they use made them feel safe and secure. This has increased from 2014/15 and is above latest benchmarking data.

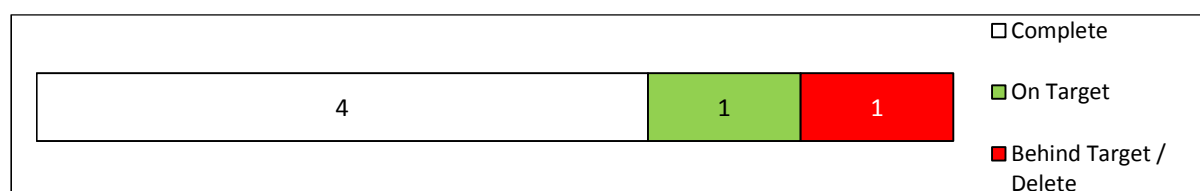
2014/15	Indicator	2015/16	Target	National Average	North East Average	Direction of Travel
90.5%	Proportion of people who use services who say those services make them feels safe and secure	91.4% [Prov]	90%	84.5% (2014-15)	88.8% (2014-15)	↑

Delivery Plan Highlights

- Piloted an integrated model to work with families affected by domestic abuse and evaluated this
- Consulted upon and implemented the first strategic plan for the new statutory Safeguarding Adults Board, in line with the requirements of the Care Act 2014

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

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

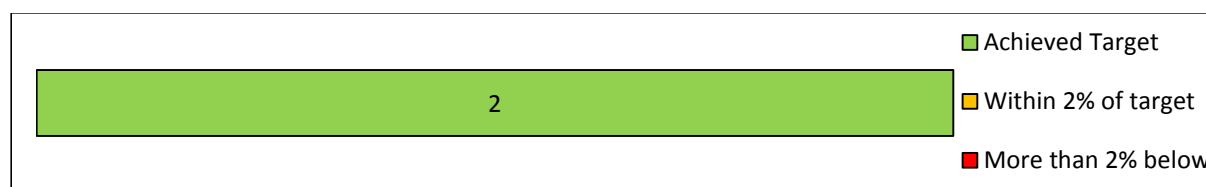


Delivery Plan actions where revised dates have been agreed

- **Employ Palliative care consultants and specialist nurses to support 24/7 access to advice and face to face assessments:** The target date has been revised from March 2016 to December 2016 by DDES and ND CCGs. The CCGs have been unable to recruit to palliative care consultant and specialist

nurse posts. A review of the medical model was held on 6 June 2016 with key providers.

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



Performance Highlights

Palliative Care and Support (QPI)

119 Both CCGs have achieved 2015/16 targets for the number of patients in need of palliative care/support, as recorded on practice disease registers.

2014/15	Indicator	2015/16	Target	National Average	North East Average	Direction of Travel
1721 (0.6%) (2014/15)	Number and percentage of patients in need of palliative care/support, as recorded on practice disease registers - DDES (QPI)	1,950 (0.6%) (2015/16)	1726	0.3% (2014/15)	0.5% [Durham, D'ton & Tees Area Team] (2014/15)	↑
1191 (0.5%) (2014/15)	Number and percentage of patients in need of palliative care/support, as recorded on practice disease registers - ND (QPI)	1,280 (0.5%) (2015/16)	1190	0.3% (2014/15)	0.5% [Durham, D'ton & Tees Area Team] (2014/15)	↑

Deaths in Usual Place of Residence

120 The proportion of deaths in usual place of residence has improved in both CCGs and is above national and regional averages.

2014/15	Indicator	2015/16	Target	National Average	North East Average	Direction of Travel
45.6% (2014/15)	Proportion of deaths in usual place of residence (DDES CCG)	46% (2015)	Tracker	46% (2015)	46.5% (2015)	↑
49.2% (2014/15)	Proportion of deaths in usual place of residence (North Durham CCG)	50.4% (2015)	Tracker	46% (2015)	46.5% (2015)	↑

Delivery Plan Highlights

- The rapid response service has been re-procured and went live on 1st April 2016. Marie Curie is the service provider.
- Staff have been successfully recruited to the community based Lymphoedema clinics in DDES CCG and these have been extended to North Durham CCG.

Recommendations

121 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.
- Note the delivery plan actions where revised dates have been agreed by partners.
- Note performance against the 2015/16 Quality Premium Indicators

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Appendix 1: Implications

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