

Health and Wellbeing Board

26 July 2017

Joint Health and Wellbeing Strategy 2016-19 Performance Report



Report of Peter Appleton, 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) 2016-19.

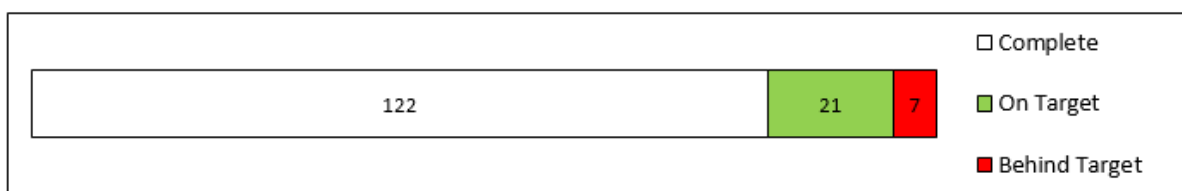
Background

- 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

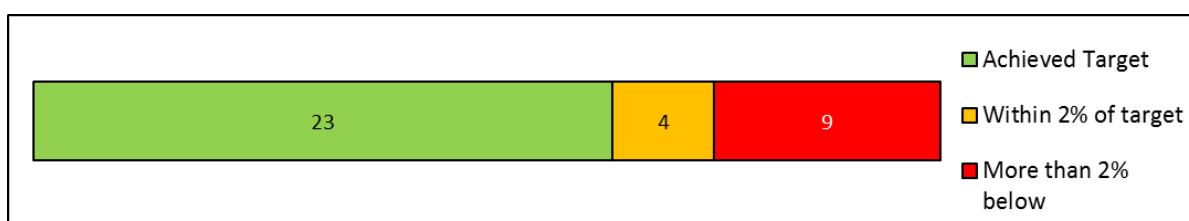
Overview of Performance

- 6 There are 150 actions within the JHWS 2016-19 Delivery Plan. Progress is as follows:

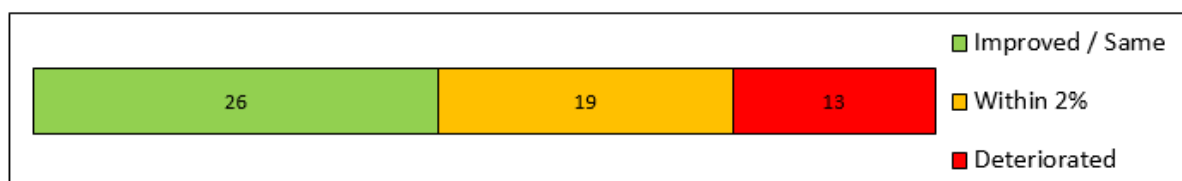


- 7 There are 92 Indicators in the JHWS Performance Scorecard. Since the last report, updated data is available for 73 indicators.

- 8 There are 36 indicators with targets where updated data is available and included in the report. **Performance against target** is as follows:



- 9 There are 58 indicators where updated data is available and it is possible to track **Direction of Travel**. Performance is as follows:

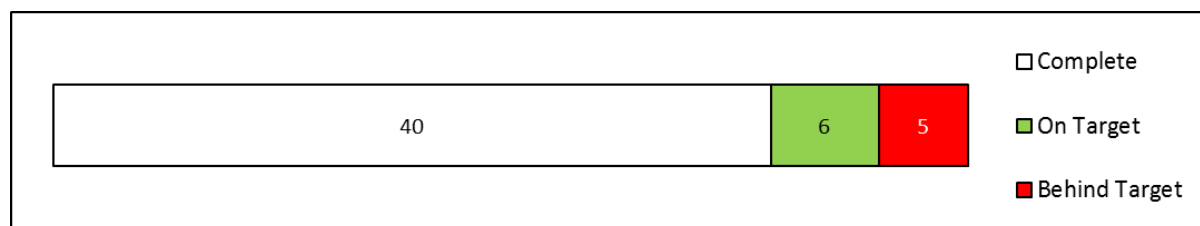


- 10 The following sections of the report are structured by JHWS Objective and provide updates about the following:

- 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

11 There are 51 actions under Objective 1. Progress is as follows:



12 The 5 actions where performance is behind target are as follows:

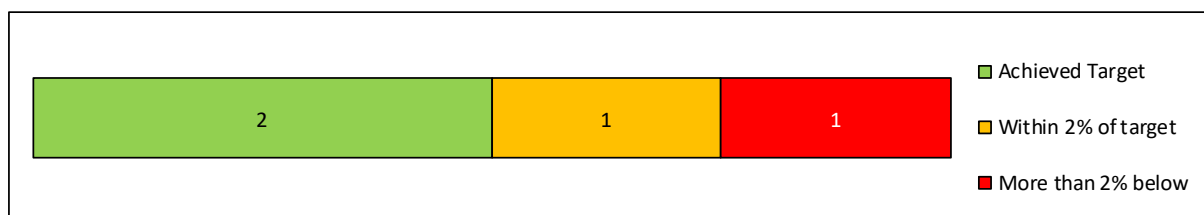
- **Implement the County Durham Teenage Pregnancy and Teen Parent delivery plan 2016-18 by:**

Undertaking consultations with young people who are Looked after Children (LAC) and Care Leavers (CL) to identify their sex and relationships education (SRE) needs in order to ensure they receive suitable SRE information and support.

- The target date has been revised from December 2016 to September 2017. This will allow time for a rapid review of the current health needs including SRE / sexual health. A more robust Health Needs Assessment (HNA) for LAC / CL will be considered by children's management team following the presentation of the initial findings from the initial health needs review in September. The corporate parenting panel will be sighted on any work undertaken.
- **Review the integrated sexual health service and re-procure for October 2017 to improve public sexual health, including reduction in Blood Borne Virus rates.**
 - The review of the Sexual Health Service was completed in February 2017. However, due to the additional transition time required to procure a clinical service, the existing contract with County Durham and Darlington Foundation Trust (CDDFT) has been extended for 3 months. The revised target date is January 2018 to reflect the new contract commencement date. The revised target date is on target.
- **Undertake a strategic review of preventative mental health and suicide prevention services and re-procure where necessary.**
 - A review of mental health / suicide prevention services has been undertaken. Activity to plan the commissioning and re-procurement of services is still underway and existing contracts have been rolled forward to allow for this.

- There has been a phased approach to the implementation of the new mental health model which has required additional time for more in-depth reviews.
- Target date revised from December 2016 to October 2017.
- **Develop specific web pages for parents/carers giving information on preventing self-harm and how to support their children. These pages are to be designed by, or with direct involvement of, young people who have knowledge of self-harm and emotional health and wellbeing such as help4teens.co.uk.**
 - Work is progressing under the Durham Local Safeguarding Children's Board (LSCB) - a self-harm pathway was presented to the LSCB meeting in October 2016. The pathway and links to MindEd family pages will be uploaded on the LSCB website (MindEd is a free educational resource on children and young people's mental health for adults).
 - The development of the Children and Young People's Portal continues with a go-live date expected of July 2017.
- **Identify evidence based interventions for those at high risk of self harm including:**
 - **Looked after children and care leavers**
 - **Young carers**
 - **Those engaged with criminal justice system**
 - **Those who have experienced violence and abuse**
 - **Children, young people and families from Gypsy Roma Traveller communities**
 - **Preventing suicide among trans young people**
 - Work is still ongoing to ensure that the needs of vulnerable young people who are at high risk of self-harm are embedded in revised strategies.
 - There has been a phased approach to the implementation of the new mental health model which has required additional time for more in-depth reviews.
 - Initial target date of December 2016 has been revised to August 2017.

13 There are 4 target indicators under Objective 1 for which new data is reported. Performance against target is as follows:



Performance indicators more than 2% below target:

Emergency admission rate for children with asthma - (QPI)

- 14 The emergency admission rate for children with asthma per 100,000 population aged 0-18 in DDES for 2016/17 is 240.17 which has not achieved the QPI target of 223.4. Within North Durham, this is 228.87 per 100,000 population aged 0-18 which has marginally missed the QPI target of 228.

Previous Data	Indicator	Latest Data	YTD Target	National Average	North East Average	Direction of Travel
N/A	Emergency admission rate for children with asthma per 100,000 population aged 0-18 (QPI) ND	228.87 (Apr16-Mar17)	228	Not available	Not available	Not available
N/A	Emergency admission rate for children with asthma per 100,000 population aged 0-18 - (QPI) DDES	240.17 (Apr16-Mar17)	223.4	Not available	Not available	Not available

Areas for Improvement

Breastfeeding

- 15 Both breastfeeding PIs (initiation and prevalence) are below latest national and regional performance.

Previous Data	Indicator	Latest Data	Target 2016/17	National Average	North East Average	Direction of Travel
51.4% (Jan-Mar16)	Breastfeeding initiation	54.4% (Jan-Mar 17)	Tracker	74.3% (2014/15)	60.1% (2014/15)	↑
23.9% (Jan-Mar16)	Prevalence of breastfeeding at 6-8 weeks from birth	26.8% (Jan-Mar 17)	Tracker	44.1% (Oct-Dec 16)	32.6% (Oct-Dec 16)	↑

- 16 Public Health, Health Visitors, Midwifery and Children's Centre colleagues are working together to finalise a multi-agency action plan to increase breastfeeding rates. The plan will outline specific details on universal and targeted actions to increase 6-8 week breastfeeding rates. Models of best practice are being looked at from other areas who have improved their rates. This will be fully implemented from July 2017 and will require a wider system approach to tackle the social norms relating to breastfeeding in County Durham.
- 17 The Best Beginnings 'Baby Buddy' app has been created with mums, midwives and doctors to help provide reliable and accurate information that is available 24 hours a day. The launch of the app was held on 7 July 2017.

Admission episodes for alcohol specific conditions - under 18's (rate per 100,000)

- 18 Latest data from the Local Alcohol Profile (LAPE) identifies that the rate of hospital admission episodes for alcohol specific conditions for under 18's per 100,000 is 67.5 which is significantly above the national average, however similar to the North East regional average.

Previous Data	Indicator	Latest Data	Target 2016/17	National Average	North East Average	Direction of Travel
72.8 (12/13-14/15)	Admission episodes for alcohol specific conditions - under 18's (rate per 100,000)	67.5 (13/14-15/16)	Tracker	37.4 (2013/14-2015/16)	66.9 (2013/14-2015/16)	↓

- 19 Public Health and Durham Constabulary are currently working with CDDFT to further interrogate A&E data in relation to alcohol admissions for both adults and under 18. All partners have met to benchmark current pathways and enhance the connectivity between CDDFT and the current Drug and Alcohol Service. A new bespoke pathway has been included in the specification for the new drug and alcohol recovery Service which will be commissioned in 2017/18.
- 20 The Alcohol Seizures Pathway, a partnership approached aimed at managing a response to any underage young person caught by Durham Constabulary in the possession of alcohol, is in place. Depending on their age and need for consent, the young person is referred by the Police to the Drug and Alcohol Recovery Service and then contacted for an offer of prevention or early intervention sessions, based mainly in school. If there is a difficulty in identifying the young person, the Drug and Alcohol Recovery Service will visit the local school in the area to provide:
- General awareness raising session about alcohol harm – usually in assembly
 - A year group session for the targeted age group
 - One-to-one session or group work with the identified young person(s). This is also followed up with the family if deemed appropriate
 - Entry into the Drug and Alcohol Recovery Service for more fostering support which also involves the family
- 21 The damaging effects that alcohol can have on residents, their families, the surrounding community and the emergency services has been recognised in a month long campaign led by the Police, Crime and Victims' Commissioner for County Durham and Darlington. Launched on 12th June 2017 the campaign will raise awareness and gather public perception on a variety of topical issues around alcohol consumption, which will inform future policy decisions.
- 22 The four-week campaign has a different theme each week. They are: the impact on emergency services, drink driving, health and well-being, and ending with a focus on young people and retailers.

- 23 The campaign will also highlight issues raised by other organisations at local, regional and national levels, around the effects on health, anti-social behaviour (both adults and young people), domestic violence and abuse and underage drinking.

Mothers smoking at time of delivery (SATOD)

- 24 The percentage of mothers smoking at the time of delivery (SATOD) has achieved target but remains higher than regional and national averages. In 2016/17, 867 of 5,241 mothers in County Durham (16.5%) were smoking at the time of delivery.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
18.1% (2015/16)	Percentage of mothers smoking at time of delivery	16.5% (2016/17)	17.2%	10.5% (2016/17)	16% (2016/17)	↓

- 25 SATOD ranges from 13.4% in North Durham CCG to 19.1% in DDES CCG. DDES has the third highest SATOD rate in the North East and fifteenth highest of all CCGs in England.
- 26 NHS England have allocated funding (£75,000) to Clinical Commissioning Groups (CCGs) with higher than England average 'Smoking at Time of Delivery' (SATOD).
- 27 A steering group has been established to deliver an incentive scheme on behalf of DDES CCG made up of the Public Health tobacco control lead, Stop Smoking Service pregnancy lead, maternity service leads and 0-19 leads within CDDFT.
- 28 Women are recruited via health professional referral based on the following criteria: Teen pregnancy; Living in an area of deprivation/high smoking prevalence; Living with a smoker/s; Smoked throughout previous pregnancy; Judgement of the relevant health care professional
- 29 Participating women can receive a maximum of £260 'Love to Shop' vouchers (which cannot be spent on tobacco or alcohol) if recruited in the early weeks of pregnancy and are still quit at 12 weeks following childbirth. This is £10 for each week the women remained quit and a final £60 voucher if still quit a 12 weeks post-partum. Vouchers are only issued once declared smoke free by a validated carbon monoxide (CO) test. In addition to this the woman's 'significant other support' can then also receive 2 gift cards with a combined value of £40, if the woman is still quit to 12-weeks following childbirth and they themselves are also smoke free (CO validated).

Other areas for improvement

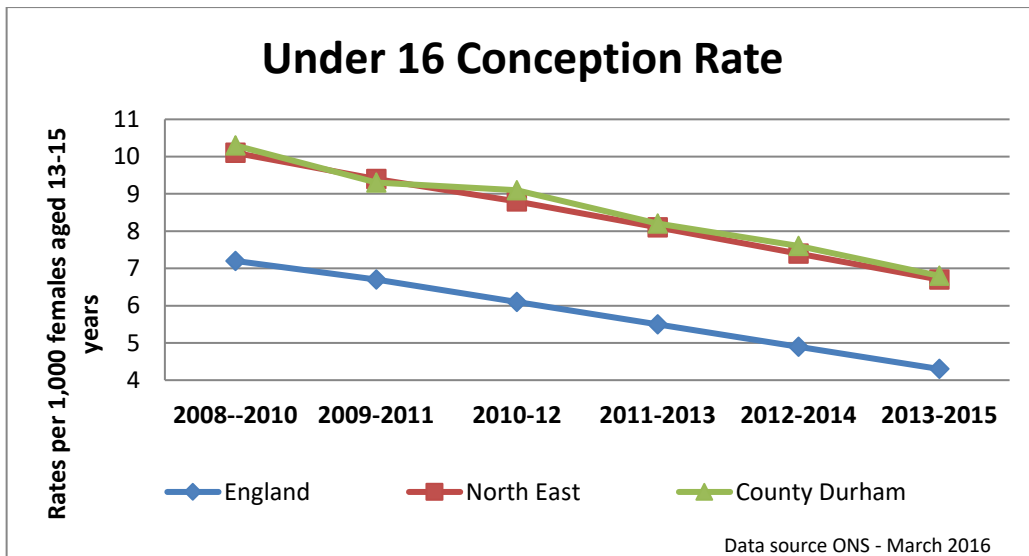
Teenage Conceptions

30 Although sustained downward trends in teenage conceptions are evident, both under 16 and under 18 conceptions remain higher than the national average.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
5.8 (2014)	Under 16 conception rate per 1,000 girls aged 13-15 years	6.6 (2015)	Tracker	3.7 (2015)	6.2 (2015)	↑
28.5 (2014)	Under 18 conception rate per 1,000 15-17 year old women	26.4 (2015)	Tracker	20.8 (2015)	28 (2015)	↓

31 Under 18 conceptions continue to decrease; in 2015, there were 219 conceptions. This compares to 499 in 1998 when recording began. Of the 219 under 18 conceptions, 50 were girls aged under 16. This has reduced from 81 in 2009 (when data recording began).

32 It should be noted that annual data identifies a slight increase in under 16 conceptions, however this relates to only 4 additional conceptions and the three-year rolling data continues to highlight a downward trend:



33 The County Durham Teenage Pregnancy Partnership Board continues to implement the 2016-18 action plan which aims to reduce teenage pregnancy and support young parents. Partners are working in schools improve and sustain the quality of Sex and Relationship Education (SRE). This will increase staff confidence to discuss SRE and signpost to appropriate services, ensure robust SRE policies are in place that reflect the needs of the student population, and ensure that schools have a planned programme of SRE in place.

Performance Highlights

Young People (aged 10-24) admitted to hospital as a result of Self-Harm

- 34 The young person's self-harm admission rate has reduced and is now below comparator averages.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
440.3 (2014/15)	Young People (aged 10-24) admitted to hospital as a result of Self-Harm	420.8 (2015/16)	Tracker	430.5 (2015/16)	442.9 (2015/16)	↓

Young Person's Treatment for Substance Misuse

- 35 The percentage of exits from young person's drug and alcohol treatment which are planned is 91% (167 of 183). This is exceeding target, has increased from the same period last year (86%) and is higher than the national average.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
86% (2015/16)	Percentage of all exits from young person's treatment which are planned (alcohol and drugs)	91% (2016/17)	82%	82% (2016/17)	Not available	↑

Child and Adolescent Mental Health Services (CAMHS) Waiting Times

- 36 Between April 2016 and March 2017, 89.1% of young people referred to CAMHS (1,822 of 2,045) were seen within 9 weeks, which was an increase compared to 2015/16 (77.3%). Whilst contact performance has improved, further work is required to understand the effectiveness of work and capacity issues in CAMHS. The HWB may wish to receive a further report from the healthy child programme board regarding CAMHS.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
77.3% (2015/16)	Number of young people referred to CAMHS who are seen within 9 weeks	89.1% (2016/17)	Tracker	Not available	Not available	↑

Infant Mortality

37 The infant mortality rate is lower in County Durham than in comparator groups.

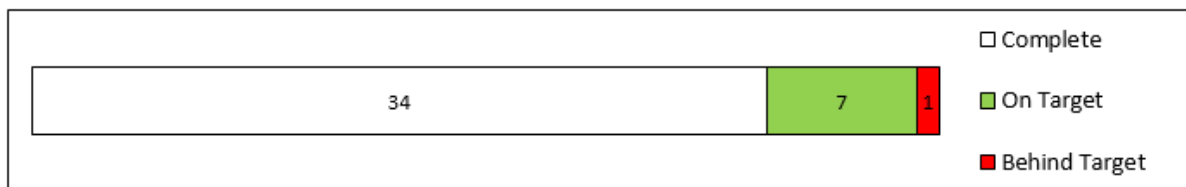
Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
3.4 (2012-14)	Infant Mortality rate	3.4 (2013-15)	Tracker	3.9 (2013-15)	3.6 (2013-15)	↔

Health and Wellbeing Board Achievements and Future Work

- 38 Following the successful evaluation the CAMHS Crisis Service pilot, the CCGs have continued to invest in the service, which operates 08:00-22:00, seven days per week. All three CCGs in the TEWV area have recently committed to increase funding to deliver a 24/7 crisis service model. A successful funding bid was also made to the Accelerator Project which will allow development of a model for intensive home treatment for children and young people with complex needs; extending the period of intensive support beyond the current 72 hours offered by the CAMHS Crisis Service.
- 39 To support the 0-19 Healthy Child Programme in County Durham, a Healthy Child Programme Board has been established as a sub-group of the Health and Wellbeing Board, to provide a specific focus on health issues affecting children, young people and families to reduce health inequalities and deliver improved health and wellbeing outcomes.
- 40 All school nurses are being trained in mental health first aid, and a number are being trained to become specialist Quit Smoking Advisors, who support young people to stop smoking.
- 41 The Healthy Weight Alliance, a sub group of the HWB who work to tackle obesity in County Durham, has become part of a national pilot to tackle obesity. Part of this work involves working in the community through breastfeeding cafes and peer support groups to educate people about the benefits of breastfeeding, and how it links to reduced obesity in children.
- 42 In partnership with Newcastle University a project is being finalised which will assist in understanding the cultural challenges of weight gain in infancy. This three year programme will also focus on improving the early years health professional's approach to discussing weight with parents.
- 43 AAPs are instrumental in improving opportunities for physical activity within their communities. The 'Ready Set Go' programme in South West Durham, aims to improve physical literacy amongst early years and work is now ongoing to consider how to expand the programme across County Durham.
- 44 The slow to 20 for safer streets programme reduces traffic casualties and makes our communities safer places to play. Road safety education and cycling schemes are included, to equip children with the skills they need.

Objective 2: Reduce health inequalities and early deaths

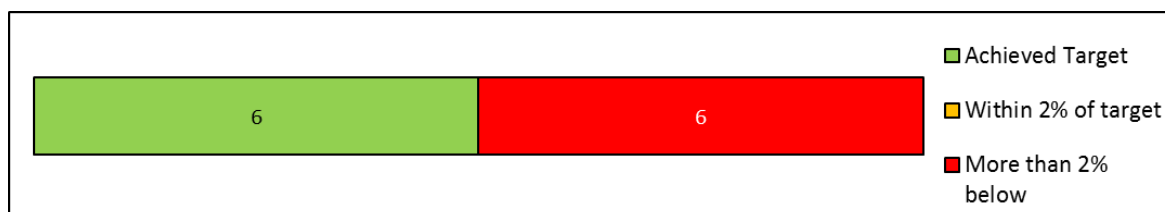
45 There are 42 actions under this objective. Progress is as follows:



46 The action where performance is behind target is as follows:

- **Target GP surgeries with the highest number of COPD patients, offering patients the range of Warm and Healthy Homes interventions and monitor the impact on their health and wellbeing.**
 - The project was originally due to start in March 2017. However, delays in securing funding for the evaluation of the project have meant that the project has been delayed until September 2017. A funding proposal is due to be submitted to Energy Action Grants Agency (EAGA) in July 2017.
 - The practice have been informed of the delay.

47 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

48 In 2016/17, 6.9% of the eligible population (10,982 of 158,690) have received a health check. This is below target of 8% and regional (7.3%) and national averages (8.5%).

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
7% (2015/16)	Percentage of the eligible population who receive a health check	6.9% (2016/17)	8%	8.5% (2016/17)	7.3% (2016/17)	↑

- 49 A total of 10,982 health checks were carried out between April 2016 and March 2017, of these 694 were undertaken on those identified as at high-risk of cardiovascular disease on GP Practice Registers.
- 50 In addition, a further 2,882 Mini Health ‘MOTs’ were undertaken in County Durham. Whilst Mini Health ‘MOTs’ come under the banner of the Check4Life / Health Check programme they do not themselves constitute a full Health Check. 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 reported.
- 51 A new Health Check service was commissioned from 1 April 2017. All GP practices in County Durham are signed up and will offer targeted health checks to those at risk of high-CVD, as well as health checks on all of those eligible alongside community based organisations i.e. pharmacies.
- 52 In 2017/18, a new measure number of people who have received an NHS Health Check with a contacted (GP and community based) annual target of 9,500 checks will replace the current indicator.

Cancer Waiting Times – First Treatment within 62 Days

- 53 Neither DDES nor North Durham CCGs are meeting the national target for the proportion of patients who receive first treatment for cancer within 62 days. North Durham CCG is however close to target and above the national average.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
81.3% (2015/16)	% of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer - DDES CCG	81.7% (2016/17)	85%	82.1% (2016/17)	Not available	↑
83.9% (2015/16)	% of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer - ND CCG	84.5% (2016/17)	85%	82.1% (2016/17)	Not available	↑

- 54 The 62 day cancer waiting times standard remains an area of focus for both CCGs and providers in County Durham. The most common breach reasons identified are complex diagnostic pathways, medical reasons and patient choice.
- 55 DDES CCG did not meet the 85% target in the three consecutive months of quarter 4 2016/17 and report actions to address this non-achievement as follows:
- CDDFT Service Development Improvement Plan (SDIP) for 2017/18 now in draft with key focus on areas requiring improvement e.g. lung and breast pathways.
 - Trial of direct access to computerised tomography CT for lung agreed in 3 practices in Darlington for 3 months commenced on 03/04/17, before brief evaluation and roll out across CDDFT Trust wide in order to reduce 62 day breaches attributable to lung pathways.

- Cancer groups across the region to use the intelligence around cancer breaches which the Safeguard Incident and Risk Management System (SIRMS) can provide to better inform and challenge conversations around operational performance. Report discussed at the County Durham and Darlington operational meeting group.
- Public Health England (PHE) are undertaking a review of screening services, outcomes are awaited.
- Patient journey mapping taking place (urology and GI to be focused upon) to reduce delays in pathways attributable to patient choice.

56 The performance of the main local hospital NHS FTs in relation to this indicator is presented below. CDDFT and North Tees and Hartlepool FT are performing above the national average. CDDFT are exceeding the national target.

Trust	2016/17
North Tees and Hartlepool NHS Foundation Trust	86.4%
County Durham and Darlington NHS Foundation Trust	85.4%
City Hospitals Sunderland NHS Foundation Trust	84.0%
<i>All English Providers</i>	82.1%

Successful completions of drug and alcohol treatment

57 Performance in relation to drug and alcohol treatment remains a concern, with successful completions below target for alcohol, opiates and non-opiates. The latest data relates to clients exiting treatment between October 2015 – September 2016, with re-presentations within 6 months up to March 2017.

DURHAM	Same period previous year	Representations to Mar17	DoT	Target
Opiates	6.0%	6.2%	↑	<8.0%
Non-opiates	33.0%	26.9%	↓	<43.6%
Alcohol	30.2%	28.6%	↓	38.3%

58 A performance plan has been developed by the council's commissioned drug and alcohol treatment provider, which continues to be closely monitored on a monthly basis. Provider, Stakeholder, Service User and Members Briefing events have recently been held to consult upon the design of a new service, which will focus on community outreach model aimed at providing more locally accessible services. The date for the procurement process to begin still requires confirmation at this stage.

Cervical Cancer Screening

59 The percentage of women eligible for cervical screening as at 31 March 2016 who were screened adequately within County Durham is 76.9% for 2016 against a national target of 80%. Only two local authorities in the country have achieved the 80% target.

Previous Data	Indicator	Latest Data	Target	National Average	North East	Direction of Travel
77.6% (2015)	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	76.9% (2016)	80%	72.7% (2016)	75.2% (2016)	↓

60 Please note that although this indicator has not achieved the target set nationally of 80%, benchmarking identifies County Durham as the second best performing local authority in the region and performance is significantly above the England average.

61 Whilst the CCGs do not directly commission cancer screening services they actively promote the uptake of screening opportunities via their Macmillan Primary Care Nurses and Cancer Research UK Health Professional Engagement Facilitator by visiting GP practices. Cancer Research UK have carried out joint visits to practices with low uptake of screening to support them with examples of good practice along with CCGs Cancer Lead Macmillan GP.

Other areas for improvement

Mortality Rates and Early Deaths

62 A mixed picture is presented in relation to premature (under 75) mortality rates per 100,000 population for 2013-15 in County Durham. Early deaths from Liver Disease have got significantly worse since 2012-14. Cancer has reduced, but is still significantly above the England average. Long-term, there is an improvement from 2001-03.

Mortality Rate (per 100,000 population)	Durham (2012-14)	Durham (2013-15)	DoT	North East	England
Cardiovascular diseases (including heart disease and stroke)	81.7	83	↑	85.1	74.6
Cancer	168.6	163.2	↓	162.7	138.8
Liver disease	20.1	21.8	↑	24.4	18
Respiratory diseases	41.8	42.5	↑	41.9	33.1

NB: All rates are per 100,000 population

63 Lifestyle choices and social, economic and environmental factors also have a direct impact. Lifestyle factors include stopping or reducing smoking, promoting safe and sensible drinking, getting people to be more active and improving their diet. There are a number of programmes that Public Health leads or contributes which aim to impact upon these, including:

- County Durham **Tobacco Control** Alliance leads on smoking cessation. The council is also the lead commissioner of the regional tobacco programme 'Fresh'. County Durham has experienced a steady drop in smoking prevalence over the last three years, resulting in a 3.2% drop since 2012. The Stop Smoking Service is currently exceeding its targeted number of quitters.

- The **NHS Health Checks** programme has recently been reviewed with a GP federation based programme offering broad access and the community outreach programme supporting those who do not engage with primary care. The new service will remain targeted toward those with a high-risk of CVD.
- Public Health are also currently seeking additional funding from the British Heart Foundation to compliment the community health check programme with additional capacity to provide an extra 2,000 blood pressure measurements per year in addition to those conducted as part of an NHS Health Check.
- The local roll out of the national **NHS Diabetes Prevention Programme** has been underway since April 2016. This is led by the two CCGs with advice from Public Health. It aims to identify people at high risk of developing Type 2 diabetes and offer them support designed to lower their risk.

Life Expectancy

- 64 The latest data (2013-15) shows that male life expectancy stands at 79.5 years for England, 77.9 years for the North East and 78.1 years for County Durham. For County Durham, this is an increase of 0.1 year since 2012-14. Male life expectancy in County Durham is significantly lower than England; there is a gap of 1.4 years. Male life expectancy has been increasing over time at a county, regional and national level. Compared to 2000-02 men in County Durham now live 3.4 years longer
- 65 The latest data (2013-15) shows that female life expectancy at birth stands at 81.2 years for County Durham. Although this is a 0.1 year decrease when compared to 2012-14 (81.3 years) female life expectancy has been increasing over time at a county, regional and national level. Compared to 2000-02 women in County Durham live 1.9 years longer. Female life expectancy in County Durham is significantly lower than England (83.1 years); there is a gap of 1.8 years. For the North East female life expectancy is 81.6 years. Female life expectancy also reduced slightly from 2012-14 in both comparator groups.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
78 (2012-14)	Male life expectancy at birth (years)	78.1 (2013-15)	Tracker	79.5 (2013-15)	77.9 (2013-15)	↑
81.3 (2012-14)	Female life expectancy at birth (years)	81.2 (2013-15)	Tracker	83.1 (2013-15)	81.6 (2013-15)	↓

Performance Highlights

Cancer Treatment within 31 Days

- 66 Over 97% of patients in both CCGs received their first definitive treatment for cancer within 31 days of diagnosis (Decision to treat date). This exceeds target (96%) and the national average (94.4%).

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
97.8% (Oct-Dec16)	Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date) - DDES CCG	97.2% (Jan-Mar17)	96%	94.4% (Jan-Mar17)	N/A	↓
99.4% (Oct-Dec16)	Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date) - ND CCG	98.2% (Jan-Mar17)	96%	94.4% (Jan-Mar17)	N/A	↓

Smoking Quitters

67 Between April 2016 and March 2017, 2,841 people quit smoking following support from the stop smoking service (SSS). This has achieved the SSS' contracted yearly target of 2,311 quitters, although there has been a reduction in the overall number of quitters since last year. There is an increase in the use of e-cigarettes which have become widely available and may be reducing numbers embarking on the stop smoking programme. The fall in smoking prevalence generally may also be contributing to the decline in use of smoking cessation services.

Previous data	Indicator	Latest data	Target	National Average	North East Average	Direction of Travel
3076.1 [2,903] (2015/16)	Four week smoking quitters per 100,000 18+ smoking population [Number of quitters]	3010.4 (2,841 quitters) (2016/17)	2449 [2,311 quitters]	N/A	N/A	↓

Breast and Bowel Cancer Screening

68 In addition to County Durham being the second best performing authority in the regional in relation to cervical cancer screening, both breast and bowel

Previous data	Indicator	Latest data	Target	National Average	North East Average	Direction of Travel
77.8% (2015)	Breast Cancer Screening	78.1% (2016)	70%	75.5% (2016)	77.3% (2016)	↓
61.2% (2015)	Bowel Cancer Screening	60.9% (2016)	60%	57.9% (2016)	59.4% (2016)	↓

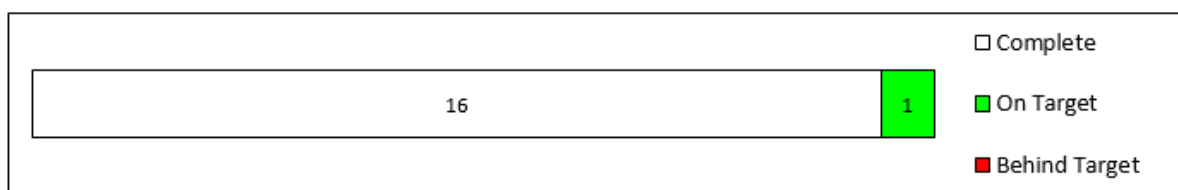
Health and Wellbeing Board Achievements and Future Work

69 The National Diabetes Prevention Programme has entered the second year of the two year contract and the programme is now established in at least 2 practices (and up to 6) in each locality across County Durham. Implementation Plan key milestones are on track. Together, the CCGs and the Provider are to submit a request to NHS England for an uplift in the allocation of programme places, to allow more people at risk of diabetes to access the programme in 17/18.

- 70 The Warm and Health Homes programme trained 120 frontline health and social care staff. This generated 86 referrals all of whom were provided with energy efficiency advice, 17 had a benefit check, 11 received a fire safety check and 27 accessed Public Health funding for measures such as new central heating or boiler.
- 71 Macmillan Joining the Dots County Durham a partnership project between Durham County Council and Macmillan Cancer Support has undertaken patient and carer engagement to identify the unmet needs of people affected by cancer through surveys, in-depth interviews and outreach visits; identifying and mapping current services that are available to meet people's holistic needs in the community. The project has recently recruited 10 coproduction volunteers who will be helping to co-design the operational model and the project funding has been extended for two further years until March 2020.
- 72 The County Durham tobacco control alliance, a sub group of the HWB, delivers tobacco control activities. A peer assessment of this group particularly acknowledged the Health and Wellbeing Board's vision and leadership in tobacco control. Smokefreelife County Durham has been running Quit and Get Fit programmes for smokers who want to quit. They can take part in organised Zumba or Bootcamp sessions, as well as access specialist support and medications.

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

- 73 There are 17 actions under this objective. Progress against the actions is as follows:



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



Performance indicators more than 2% below target:

Overall satisfaction of carers with support and services they receive (BCF)

75 The overall satisfaction of carers with support and services they receive is 43.3% which is below the Better Care Fund target and north east average and a significant decrease from 2014/15.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
54.4% (2014/15)	Overall satisfaction of carers with support and services they receive	43.3% (2016/17)	46.0% - 54.0%	41.2% (2014/15)	49.3% (2014/15)	↓

76 Analysis has identified that carer satisfaction decreases with the length of time someone has been a carer. Further work will be undertaken to explore the survey findings with Durham County Carers Support and effects of austerity on cared-for packages and links to carer satisfaction. Benchmarking for 2016/17 will be available in August 2017.

Avoidable emergency admissions per 100,000 population (BCF)

77 Between January and March 2017, there were 3,022 avoidable emergency admissions to hospital per 100,000 population. Performance is above the Better Care Fund target of 2930 and performance in the same period in the previous year (2,984).

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
2,984 (Jan-Mar 16)	Avoidable emergency admissions per 100,000 population (BCF)	3,022 (Jan-Mar17)	2,930 (Jan-Mar17)	Not available	Not available	↑

78 It has been recognised that more detailed analysis of the specialities most affected by non-elective admissions (i.e. age range of children and adults, paediatric and geriatric admission reason and source of admission) is needed to further understand performance, which has not met BCF targets in all four quarters of 2016/17.

79 A detailed report on BCF performance, with an analysis carried out by CCGs, will be presented to the Health and Wellbeing Board on 26th July 2017.

Other areas for improvement

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

80 Between April 2016 and March 2017 the rate of 65+ permanent admissions to residential or nursing care per 100,000 populations is higher than the Better Care Fund target and has increased from the same period in 2015/16.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
736.3 per 100,000 (2015/16)	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	764.1 [Prov] (2016/17)	750.8 per 100,000 (2016/17)	628.2 (2015/16)	843.0 (2015/16)	↑

81 The rate of 764.1 per 100,000 adults aged 65 and over relates to 804 actual admissions to permanent residential and nursing care. This is 14 more than the target of 790 and higher than the 767 admissions in 2015/16.

82 Of the 804 admissions, 294 were direct to specialist dementia care and 95 to nursing care. Complexity of care is increasing with an additional 38 admissions to dementia care compared to the same period last year. The average age of older people admitted to residential and nursing care in 2016/17 was 86.8 years.

83 Over the last 12 months, after an increase in summer/autumn 2016, the number of bed days purchased in each 4-week period has reduced.

84 Panels continue to scrutinise permanent admissions to residential or nursing care homes in order to ensure that those who are unable to be supported safely at home are admitted to permanent care.

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)

85 The rate of emergency hospital admissions for falls and injuries in persons aged 65 and over per 100,000 population is 2,239 for 2015/16, which is higher than the national rate for the same period and an increase from the rate in 2014/15.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
2,183 (2014/15)	Falls and injuries in the over 65s per 100,000 population	2,239 (2015/16)	Tracker	2,169 (2015/16)	2,257 (2015/16)	↑

86 The difference in rates between 2014/15 and 2015/16 results from just under 100 additional emergency admissions in the 12 month period.

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)

87 The rate emergency admissions for hip fractures in persons aged 65 and over per 100,000 population is 655 for 2015/16, which is higher than the national rate for the same period and an increase from the rate for 2014/15.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
615 (2014/15)	Hip fractures in over 65s per 100,000 population	655 (2015/16)	Tracker	589 (2015/16)	679 (2015/16)	↑

88 The difference in rates between 2014/15 and 2015/16 results from 44 additional hip fractures in the 12 month period.

89 'Falls and injuries in the over 65s' and 'Hip fractures in the over 65s' are to be addressed in the joint commissioning group. A report will be submitted to the HWB on the 20th March 2018.

Performance Highlights

Telecare (BCF)

90 There has been an increase in the number of people in receipt of Telecare when compared to the same period in 2016 and this has exceeded the Better Care Fund target.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
474.1 (At 31 Mar16)	The number of people in receipt of Telecare per 100,000 (BCF)	541.7 (At 31 Mar17)	454	Not available	Not available	↑

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

91 Between April 2016 and March 2017, 87.8% 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 latest national and regional benchmarking figures.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
85.7% (2015/16)	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (BCF)	87.8% (2016/17)	86%	82.7% (2015/16)	85.5% (2015/16)	↑

Delayed transfers of care from hospital (QPI and BCF)

92 Performance against all delayed transfers of care measures is positive in County Durham. Both DDES and NC CCGs are meeting QPI targets.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
4.7 (2015/16)	Delayed transfers of care from hospital per 100,000 population (ASCOF)	3.8 [Prov] (2016/17)	Tracker	15.1 [Prov] (2016/17)	5.6 (2015/16)	↓
1.2 (2015/16)	Delayed transfers of care from hospital attributable to adult social care per 100,000 population (ASCOF)	0.7 (2016/17)	Tracker	6.4	Not available	↓
315 (Oct-Dec 16)	Delayed transfers of care from hospital per 100,000 population (BCF)	313 (Jan-Mar 17)	417.2 (Jan-Mar 17)	Not available	Not available	↓
Not available	Delayed transfers of care from hospital per 100,000 population aged 18+ - DDES (<i>QPI</i>)	3.31 (2016/17)	4.15	Not available	Not available	Not available
Not available	Delayed transfers of care from hospital per 100,000 population aged 18+ - ND (<i>QPI</i>)	3.35 (2016/17)	4.14	Not available	Not available	Not available

93 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 (ASCOF) This is a two part measure that reflects Measure 1 and the average number of delayed transfers of care (for those aged 18 and over) on a particular day taken over the year, that are attributable to social care or jointly to social care and the NHS. This is the average of the 12 monthly snapshots.
- Measure 3 (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 4 and 5 (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.

Self-Directed Support

- 94 As at 31 March 17, 92.4% of adult social care service users were in receipt of self-directed support. This is above target and the national average.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
92.8% (At 31 Mar16)	Proportion of people using social care who receive self-directed support	92.4% (as at 31 Mar17)	90.0%	86.9% (2015-16)	95.4% (2015-16)	↓

Antimicrobial resistance (AMR) - Improving antibiotics prescribing in primary care (QPI)

- 95 In the twelve months ending March 2017 both CCGs met QPI targets for improving antibiotic prescribing in primary care.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
1.356 (Apr 15 – Mar 16)	Improving antibiotics prescribing in primary care (QPI) DDES <i>a) reduction in antibiotics</i>	1.311 (Apr 16 – Mar 17)	less than 1.374	Not available	Not available	↓
6.81 (Apr 15 – Mar 16)	Improving antibiotics prescribing in primary care (QPI) DDES <i>b) reduction in broad spectrum antibiotics</i>	6.31 (Apr 16 – Mar 17)	less than 10	Not available	Not available	↓
1.225 (Apr 15 – Mar 16)	Improving antibiotics prescribing in primary care (QPI) ND <i>a) reduction in antibiotics</i>	1.198 (Apr 16 – Mar 17)	less than 1.221	Not available	Not available	↓
9.47 (Apr 15 – Mar 16)	Improving antibiotics prescribing in primary care (QPI) ND <i>b) reduction in broad spectrum antibiotics</i>	5.44 (Apr 16 – Mar 17)	less than 10	Not available	Not available	↓

- 96 The CCGs have continued to work closely with local microbiologists and infection control to reduce overall antibiotic prescribing.
- 97 Work has continued in line with the National Institute for Health and Care Excellence's guideline NG15: Antimicrobial Stewardship, with an update against these guidelines planned for early 17/18. Work around the new 2017-19 Quality Premium has also started towards the end of 16/17, and will continue into the new financial year. This will involve working across boundaries with secondary care, Public Health teams and Infection Prevention and control teams. This will build on previous work to reduce antibiotic consumption. It will also focus on the national priority to reduce gram negative bacteraemia, especially those associated with urine infections.

Health and Wellbeing Board Achievements and Future Work

- 98 The HWB has agreed the spending plans for the Better Care Fund which has invested in services to support the integration of health and social care. This

includes Intermediate Care Plus which provides one route into all intermediate care services, prevents unnecessary admission to hospitals or premature admission to care homes, and promotes independence and faster recovery from illness and timely discharge from hospital.

- 99 The HWB (through the Better Care Fund) has invested in services to support carers including NHS Personalised Carer Support Fund supports carers to take time out from their caring role and allow them to recharge their batteries. This can be in the form of a therapy voucher, gym membership, attending a course, a holiday etc.
- 100 Funding of £380,000 is managed by Durham County Carers Support and The Bridge Young Carers Service, who are monitored by Durham County Council, to ensure the carers are getting value from the funding pot.

Objective 4: Improve Mental Health and Wellbeing of the Population

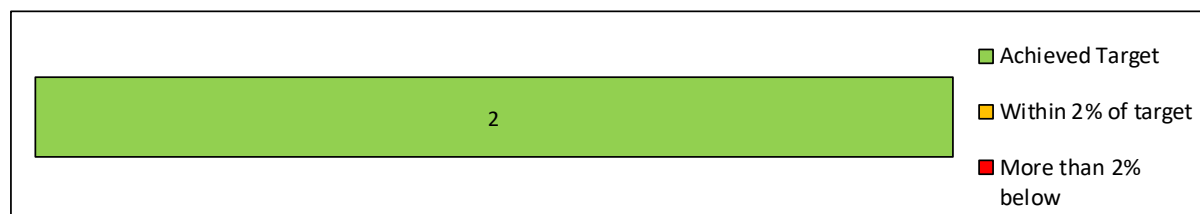
101 There are 32 actions under objective 4. Progress is as follows:



102 The action which is behind target is as follows:

- **Develop a new recovery-focused mental health service in Meadowfield, to provide an accommodation advice and resource centre for people with mental health needs**
 - There have been delays in planning and subsequently building the accommodation. Target date revised from April to September 2017.

103 There are 2 indicators with a target under Objective 4 for which new data is reported. Performance against target is as follows:



Indicators more than 2% behind target

104 There are no indicators under objective 4 which are more than 2% behind target.

Other areas for improvement

Gap between the employment rate for those with a long-term health condition and the overall employment rate

105 The gap between the overall employment rate and that for those with a long-term health condition has increased and is above national and regional rates. Durham has the 18th highest employment gap of 148 local authorities.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
20% (Jul-Sep15)	Gap between the employment rate for those with a long term health condition and the overall employment rate	20.2% (Jul-Sep16)	Tracker	12.6% (Jul-Sep16)	16.7% (Jul-Sep16)	↑

106 Commencing in January 2017 and working with delivery partners, Working Links are delivering the European Social Fund Department for Work and Pensions (DWP) Opt-In programme which supports long-term unemployed people in the North East Local Enterprise Partnership area, who have exited the DWP work programme but have not secured sustained employment. The programme has a focus on dealing with the issues of client groups with multiple barriers to employment including often complex health needs. Working with these priority group participants over a maximum continuous period of 52 weeks the delivery model focuses on continuous engagement, employer sales sessions, health and wellbeing sessions, IT literacy and social inclusion activities.

107 Alongside this programme, the North East Mental Health Trailblazer has commenced delivery. This is one of four pilots established by the government. Work is underway in County Durham to develop the Improving Access to Psychological Therapies service (IAPT) to deliver support to those with long term health conditions with the aim to secure increased employment outcomes as part of the recovery package. The service recently received a visit from the NHS England Intensive Support Team and actions are to be developed based upon this feedback.

Performance Highlights

Hospital admissions as a result of self-harm. (Age-sex standardised rate of emergency hospital admissions for intentional self-harm per 100,000 population)

108 The rate of hospital admissions as a result of self-harm per 100,000 population is 197.2 for 2015/16 which is a decrease from 2014/15 and below the North East average.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
238.4 (2014/15)	Hospital admissions as a result of self-harm	197.2 (2015/16)	Tracker	196.5 (2015/16)	230.5 (2015/16)	↓

Percentage of people who use adult social care services who have as much social contact as they want with people they like

109 In the 2015/16 national Adult Social Care Survey, 49.2% of adult social care service users reported that they have as much social contact as they want with people they like

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
49.2% (2015/16)	Percentage of people who use adult social care services who have as much social contact as they want with people they like	49.2% [Prov] (2015/16)	Tracker	45.4% (2015/16)	49.9% (2015/16)	↔

Improving Access to Psychological Therapies (IAPT) Services: People entering IAPT services as a % of those estimated to have anxiety/depression (QPI)

110 Both DDES and ND CCGs have achieved the QPI target for people entering IAPT services as a percentage of those estimated to have anxiety/depression.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
11.7% (2015/16)	People entering IAPT services as a % of those estimated to have anxiety/depression - ND	20.2% (2016/17)	15%	Not available	Not available	↑
12.1% (2015/16)	People entering IAPT services as a % of those estimated to have anxiety/depression - DDES	19.6% (2016/17)	15%	Not available	Not available	↑

Health and Wellbeing Board Achievements and Future Work

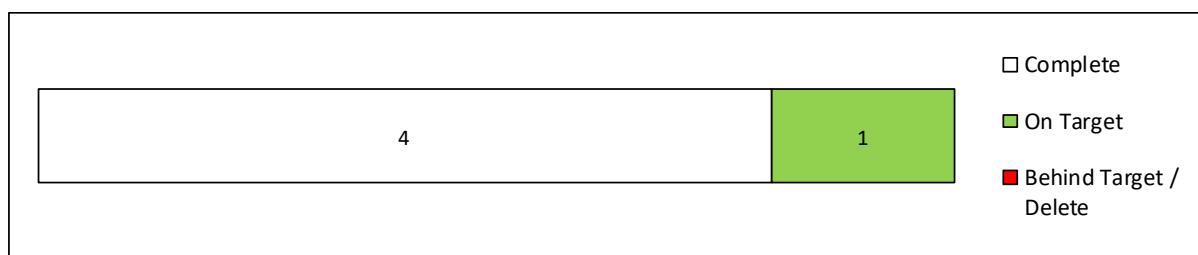
111 The refreshed Dementia Strategy / 'plan on a page' is complete and has been signed off by the Carers Strategy Group.

112 There are a number of dementia friendly projects which have been delivered across the county as part of the implementation of the Dementia Strategy agreed by the HWB. These include Dementia Friendly Communities, which have been established at Spennymoor, Bishop Auckland and Stanley. Progress in establishing Dementia Friendly Communities is being made at Barnard Castle, Chester le Street, Trimdon and Evenwood. Dalton Park Retail Centre in Murton is becoming 'dementia friendly'. The Centre has agreed to use appropriate signage in new retail units and the cinema will work more 'dementia friendly'. All staff will also complete 'Dementia Friends' training.

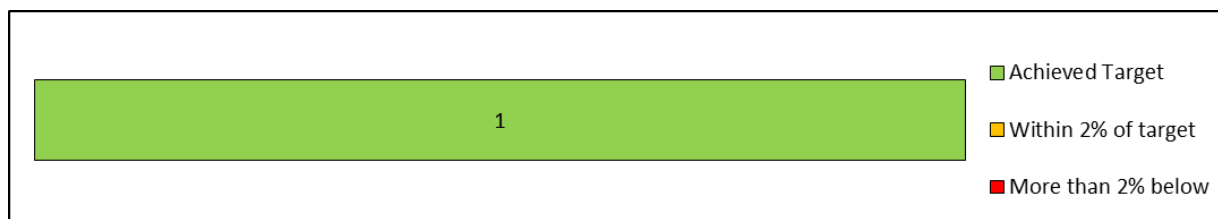
- 113 Since February 2016, over 800 referrals have been made to the Dementia Adviser Service, which include referrals from GPs, Social Care, community psychiatric nurses, and self-referrals. Referral pathways have also been established with Durham County Carers Support and County Durham and Darlington Fire and Rescue Service.
- 114 Dementia Connect has been established as the main web based dementia information site. The site has been populated with comprehensive and up to date information on dementia services and resources. Advice and guidance has been sent out to relevant organisations to publicise the website (including GP systems) and to enable them to delete /add services as appropriate.
- 115 County Durham and Darlington Fire & Rescue Service carry out Safe and Wellbeing visits which expand on their home fire safety advice to include a wellbeing assessment covering loneliness and isolation, dementia, smoking cessation, alcohol harm, trips and falls and winter warmth, with referrals being made where necessary to relevant partner agencies; making every contact count.

Objective 5: Protect vulnerable people from harm

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



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



Other Areas for Improvement

Children with a Child Protection Plan

118 The number of children with a Child Protection Plan continues to increase – There are 501 as at 31-Mar-17. The rate (50.0) is now higher than the England average (43.1) but remains well below the North East (59.6) and Statistical Neighbours (59.3).

As at 31 Mar 2016	Indicator	As at 31 Mar 2017	Target	National Average	North East Average	Direction of Travel
34.9	Rate of children with a Child Protection Plan per 10,000 population	50.0	Tracker	43.1 (31 Mar 2016)	59.6 (31 Mar 2016)	↑

119 Analytical work is ongoing within Durham County Council to determine any factors which may have impacted upon the increase.

Performance Highlights

Percentage of repeat incidents of domestic violence (referrals to MARAC)

120 There were 209 cases discussed at the MARAC between April and September 2016, of which 34 were repeats. This equates to 16.3%.

Previous data	Indicator	Latest data	Target	National Average	North East Average	Direction of Travel
14.9% (Apr-Sep15)	Percentage of repeat incidents of domestic violence (referrals to MARAC)	16.3% (Apr-Sep16)	Less than 25%	25% (Jul14-Jun15)	29% (Jul14-Jun15)	↑

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

121 Latest data from the local Adult Social Care Survey (ASCS) shows that 93.1% of respondents reported that the social care services they use made them feel safe and secure. This has slightly decreased from the same period in 2015 but is above latest 2015/16 benchmarking data.

Previous data	Indicator	Latest data	Target	National Average	North East Average	Direction of Travel
94.1% (Apr 15-Feb 16)	Proportion of people who use services who say those services make them feels safe and secure	93.1% (Apr 16-Feb17)	Tracker	85.4% (2015/16)	88.9% (2015/16)	↓

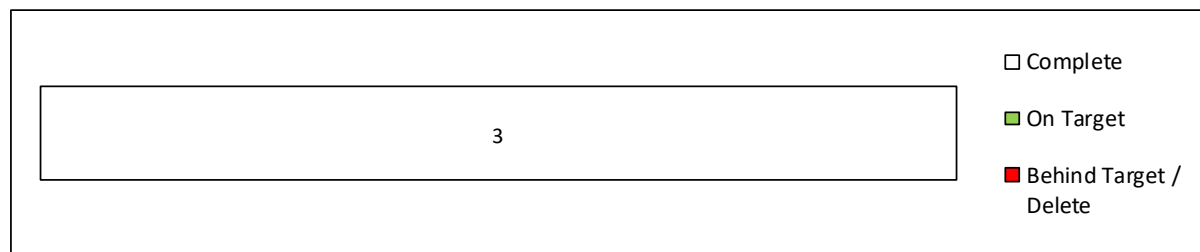
Adult Social Care Safeguarding

122 Almost 95% of adult social care service users achieved the desired outcomes from the adult safeguarding process

Previous data	Indicator	Latest data	Target	National Average	North East Average	Direction of Travel
N/A	Percentage of individuals who achieved their desired outcomes from the adult safeguarding process	94.9% (2016/17)	Tracker	Not available	Not available	N/A

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

123 There are 3 actions under objective 6. Progress is as follows:



124 There are no indicators with targets under Objective 6 for which new data is reported.

Performance Highlights

Deaths in Usual Place of Residence

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

2014/15	Indicator	2015/16	Target	National Average	North East Average	Direction of Travel
46.1% (2015)	Proportion of deaths in usual place of residence (DDES CCG)	48.5% (2016)	Tracker	45.8% (2016)	46.5% (2016)	↑
50.4% (2015)	Proportion of deaths in usual place of residence (North Durham CCG)	49.6% (2016)	Tracker	45.8% (2016)	46.5% (2016)	↓

Health and Wellbeing Board Achievements

126 The HWB have signed up to the Motor Neurone Disease (MND) Charter. The Charter was created to help raise awareness and campaign to improve services for people with MND and their carers at a local level.

127 AAP's are supporting the HWB to ensure people receive high quality care towards the end of their life as part of the Improving Palliative Care and End of Life Plan agreed by the HWB.

Recommendations

128 The Health and Wellbeing Board is recommended to:

- Note the performance highlights and areas for improvement identified throughout this report;

- Note the falls and hip fractures, and CAMHS reports that will be presented to the board at forthcoming meetings;
- Note performance against the 2016/17 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