

Health and Wellbeing Board

29 November 2018

Joint Health and Wellbeing Strategy 2016-19 Performance Report



Report of Jenny Haworth, Head of Strategy, Transformation and Partnerships

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

- 6 For the Clinical Commissioning Group Quality Premium Indicators the rating system reflects that shown in the CCGs combined performance report.

Performance Against Target	Banding
Target achieved or exceeded	Green
Data not available in the month of the CCG combined performance report to know target position	Yellow
Not achieving target	Red

Overview of Performance

- 7 There were 11 actions within the JHWS 2016-19 Delivery Plan carried forward into quarter 2 2018/19. Of these 3 are complete, 6 are on target, 1 has been deleted and 1 is behind target as at 30th September 2018.
- 8 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
 - Areas for improvement
 - 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

- 9 There is 1 action carried forward into quarter 2 of 2018/19 for objective 1; which is on target.

Areas for Improvement

Smoking at time of delivery

- 10 The percentage of mothers smoking at time of delivery is 16.9% (202 out of 1,194 mothers), which has not achieved target and is above national and north east averages.

Previous Data	Indicator	Latest Data	Target 2018/19	National Average	North East Average	Direction of Travel
19.6% (Apr-Jun17)	Percentage of mothers smoking at time of delivery	16.9% [Prov] (Apr-Jun18)	14.7%	10.4% [Prov] (Apr-Jun18)	15.1% [Prov] (Apr-Jun18)	↓

- 11 SATOD ranges from 10.9% in North Durham CCG to 21.4% in DDES CCG. DDES is the second highest SATOD rate in the North East and sixth highest of all CCGs in England.
- 12 The reducing smoking in pregnancy incentive scheme implemented in DDES aims to address this issue, which is not without its challenges. A full evaluation of the scheme is currently being finalised and is to be presented to the next meetings of the Tobacco Control Alliance and Smoking in Pregnancy steering group, which is to be re-established. Additionally the Stop Smoking Service (SSS) is trialling automatic home visits for pregnant women who have not been contactable following their midwife referral and the DDES incentive scheme has been extended to February 2019. A local workshop to raise the profile of Smoking in Pregnancy in County Durham is also to be held in November 2018.
- 13 Overall between April and June 2018, 34 pregnant women set a quit date with the Stop Smoking Service of which 25 women quit (self-reported). This equates to 74% quitting, which is an improvement from the same period in 2016/17 (68%).

Other areas for improvement

Breastfeeding

- 14 Both breastfeeding PIs (initiation and prevalence) show a slight decrease from the same period in 2017 and remain below latest national performance.

Previous Data	Indicator	Latest Data	Target 2016/17	National Average	North East Average	Direction of Travel
57.9% (Jul-Oct 17)	Breastfeeding initiation	57.8% [CCG data combined] (Jul-Oct 18)	Tracker	74.5% (2016/17)	59% (2016/17)	↓
29.9% (Jul-Sep 17)	Prevalence of breastfeeding at 6-8 weeks from birth	29.6% (Jul-Sep18)	Tracker	44.4% (Apr-Jun18)	32.5% (Apr-Jun18)	↓

- 15 Work continues on the breastfeeding call to action to support the active promotion of breastfeeding across the county. New marketing material including stickers and leaflets have been produced for the Breastfeeding Friendly County Durham Scheme and the Infant Feeding Coordinator at HDFT is working on increasing sign up to the scheme. The Growing Healthy 0-5 Health Visiting services in County Durham and Darlington were successful with their Gold Baby Friendly assessment by Unicef, with feedback from mothers rating the teams very highly for being kind and considerate. An Infant Feeding Conference is being arranged for June 2019 aimed at practitioners and other stakeholder in order to raise awareness of the benefits of breastfeeding.

Proportion of five year old children free from dental decay

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
64.9% (2014/15)	Proportion of five year old children free from dental decay	74.2% (2016/17)	Tracker	76.7% (2016/17)	76.1% (2016/17)	↑

- 16 The proportion of five year old children free from dental decay is 74.2% which is an improvement from 2014/15 but below both national (76.7%) and north east performance (76.1%).
- 17 The [County Durham Oral Health Strategy](#) was agreed at a meeting of the Health and Wellbeing Board on the 31st January 2017 (item 11) and good progress is being made on its actions. Partnership work has been underway with nurseries in the top 30% most deprived communities to implement tooth brushing schemes. There is ongoing work with the [Sugar Smart pledge](#) to reduce the availability of sugary snacks in community venues and the better promotion of water as the drink of choice. The Health and Wellbeing Board have also agreed to the next stage of testing the feasibility of expanding the community water fluoridation scheme for County Durham.

Eating Disorders

- 18 DDES and ND CCGs report non-compliance for the proportion of eating disorder patients seen within 4wks of referral for NICE approved treatment. For

NDCCG 50% of eating disorder patients referred on a routine basis were seen within 4 weeks of referral for NICE approved treatment. Underachievement was due to 1 patient choice in June 2018.

Previous data	Indicator - Child and Adolescent Mental Health	Actual	Target
n/a	CYPED - % of eating disorder patients seen within 4wks of referral for NICE approved treatment -ND	66.67% (YTD Jun18)	75%
n/a	CYPED - % of eating disorder patients seen within 1 week of referral for NICE approved treatment - ND	100% (YTD Jun18)	50%
n/a	CYPED - % of eating disorder patients seen within 4wks of referral for treatment - DDES	73.9% (YTD May18)	75%
n/a	CYPED - % of eating disorder patients seen within 1 week of referral for NICE approved treatment - DDES	n/a	50%

- 19 Due to low numbers of referrals, the eating disorder standard can easily be impacted by 1 breach within month. A watch and wait approach will be taken as for the past 9 months this target has achieved above the threshold.

Percentage of patients seen with face to face second contact within 9 weeks of referral to CAMHS

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
91.7% (Apr-Jun17)	Percentage of patients seen with face to face second contact within 9 weeks of referral to CAMHS	86.8% (Apr-Jun18)	Tracker	Not available	Not available	↓

- 20 ND CCG reports under performance in April and May 2018 which impacted on the overall quarterly performance, but with achievement of this measure in June 2018.
- 21 However DDES CCG reports 12 breaches during quarter 1 2018, the majority due to capacity within the team. Additionally the service has noted a sustained increase in external referrals with respect to Durham and Darlington patients between January and June 2018 compared to the same period in 2017. Previously experienced seasonal fluctuations in the referral rates are no longer occurring, which are impacting on caseloads and appointment availability. There were also delays in recruiting to new posts but appointments were given at the earliest opportunity. Commissioners are aware of ongoing issues with recruitment for CAMHS posts and capacity issues within the team, for which Commissioner led reviews across the Sustainability and Transformation plans (STP) footprint are underway to try and understand the reasons behind this and provide recommendations to progress.

Infant Mortality

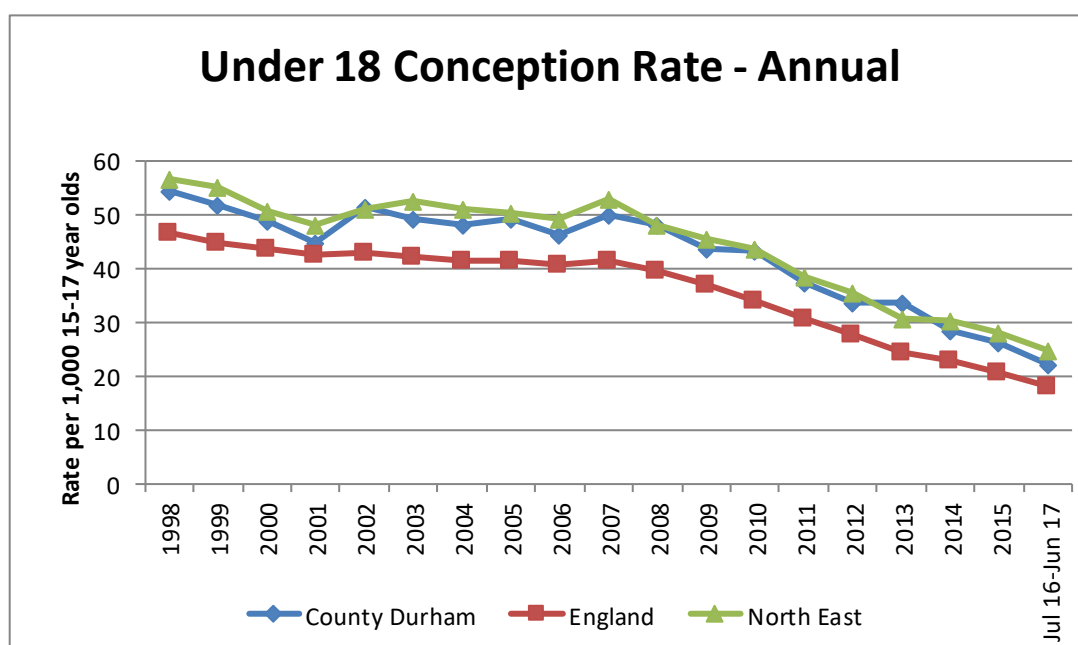
Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
4.6 (2014-16)	Infant Mortality rate (aged under 1 year per 1000 live births)	4.3 (2015-17)	Tracker	3.9 (2015-17)	3.3 (2015-17)	↓

- 22 The infant mortality rate is 4.3 (2015-17) which is above (although not statistically different from) national and northeast averages.

Performance Highlights

Teenage Conceptions

- 23 Under 18 conceptions continues to decrease following a sustained downward trend in as illustrated by the following chart.



- 24 The number of under 18 conceptions has reduced from 499 in 1998 (when recording began) to 174 conceptions in the period July 2016 to June 2017. However, latest under 18 conception data remains higher than the national average.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
24.1 (Jul15-Jun16)	Under 18 conception rate per 1,000 15-17 year old women	22.3 (Jul16-Jun17)	Tracker	18.2 (Jul16-Jun17)	24.6 (Jul16-Jun17)	↓

- 25 The Teenage Pregnancy Steering Group are in the process of establishing a revised action plan for 2018 / 20. This will include recommendations from the looked After children (LAC) health needs assessment to ensure that all looked

after children and care leavers have access to high quality relationship and sex education (RSE) and appropriate sexual health services including appropriate contraception.

Young Person's Treatment for Substance Misuse

- 26 The percentage of exits from young person's drug and alcohol treatment which are planned is 91% (40 of 44). This is exceeding target, and is higher than the national average.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
90% (Apr-Jun17)	Percentage of all exits from young person's treatment which are planned (alcohol and drugs)	91% (Apr-Jun18)	79%	79% (Apr-Jun18)	Not available	↑

Objective 2: Reduce health inequalities and early deaths

- 27 There are 4 actions carried forward into quarter 2 of 2018/19, 1 is complete and 3 are on target.

Areas for Improvement

Successful completions of drug and alcohol treatment

- 28 Of the three Public Health Outcomes Framework (PHOF) measures relating to the successful completions of drug and alcohol treatment, the opiate and non-opiate measures are below target, however the alcohol measure is above target. All three PHOF measures are below the national average.

2017/18 Baseline	Indicator	Latest Data	Target (2018/19)	National Average	North East	Direction of Travel
5.5%	Percentage of successful completions of those in drug treatment - opiates	5.2% (Apr17 - Mar18 representations to Sep 18)	>6%	6.3% (Apr17 - Mar18 representations to Sep 18)	5.2% (2016)	↓
28.8%	Percentage of successful completions of those in drug treatment - non-opiates	27.8% (Apr17 - Mar18 representations to Sep 18)	>31.5%	36.4% (Apr17 - Mar18 representations to Sep 18)	27.4% (2016)	↓
32.6%	Percentage of successful completions of those in alcohol treatment - alcohol	31.7% (Apr17 - Mar18 representations to Sep 18)	28.1%	39.0% (Apr17 - Mar18 representations to Sep 18)	30.8% (2016)	↓

- 29 The County Durham Drug and Alcohol Recovery Service for adults, young people and family members affected by substance misuse was launched on February 1st, 2018 and continues to transition into the new model. A Care Quality Commission (CQC) inspection was undertaken in October 2018 will

further direct the attainment of a high quality standard for service delivery in the first year of service implementation.

- 30 A comprehensive contract monitoring process has been established with the new service provider and a baseline tracker for 2018/19. This will be reviewed and new targets set for 2019/20 as the service fully embeds.

Diabetes Structured Education Programme (QPI) (local measure)

- 31 Data for the percentage of patients newly diagnosed with diabetes in the preceding 1 April - 31 March who have been referred to a structured education programme (DESMOND) within 9 months after entry on to the diabetes register indicates that both DDES and ND CCGs have missed target for 2017/18. However this data is now under review following the significant data quality issue identified at quarter 4 2017/18 relating to how practices were coding 'new episodes of diabetes'. A data update for both 2017/18 and 2018/19 when similar targets will apply, will be reported at quarter 4

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
50.9% (Aug 2017)	The percentage of patients newly diagnosed with diabetes in the preceding 1 April -31 March who have been referred to a structured education programme within 9 months after entry on to the diabetes register (QPI) DDES	56.3% (Mar 2018)	70%	Not available	Not available	N/a
37.7% (Aug 2017)	The percentage of patients newly diagnosed with diabetes in the preceding 1 April -31 March who have been referred to a structured education programme within 9 months after entry on to the diabetes register (QPI) ND	42% (Mar 2018)	70%	Not available	Not available	N/a

Smoking Quitters

- 32 Between April and June 2018, 556 people quit smoking following support from the stop smoking service (SSS). This has not achieved the SSS' contracted quarterly target of 600 quitters.

Previous data	Indicator	Latest data	Target	National Average	North East Average	Direction of Travel
888.6 (671 quitters) (Apr-Jun17)	Four week smoking quitters per 100,000 18+ smoking population [Number of quitters]	736.3 [556 quitters] (Apr-Jun18)	795 [600 quitters]	N/A	N/A	↓

- 33 In 2017 for the first time County Durham's smoking prevalence figures (14.3%) are below the England average (14.9%) and North East Region (16.2%), (see [Tobacco Control Profiles](#)). The drop in prevalence and the extreme cold

weather in March/April 2018 has been reflected in the reduction of referrals into the SSS in quarter one and subsequently those setting a quit date. A SSS improvement plan has been put in place with SSS promotion in GP practices for long term conditions, patients who smoke and targeted locality-based [Stoptober](#) activity. Performance will continue to be monitored via the quarterly contract review meetings.

Excess winter deaths

- 34 The percentage of winter deaths is 23.1% (2014-17) which is above (although not statistically different from) national and regional averages.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
19.7% (2013-16)	Excess winter deaths	23.1% (2014-17)	Tracker	17.9% (2013/16)	17.4% (2013/16)	↑

- 35 Since October 2017 Durham County Council have worked with partner organisations to install 150 new gas central heating boilers in homes across the county, as well as wall and roof insulation measures. In July 2018 the Warm Homes scheme was named the best small scale project at the North East Energy Efficiency Awards and in September 2018 the scheme won the North East Regional energy efficiency award and was also runner up at the national energy efficiency awards for the work in the areas of domestic energy efficiency and tackling fuel poverty.

Excess weight in adults

- 36 Excess weight in adults is 67.7% (2016/17) which is above (and statistically different from) national but below north east averages.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
67.5% (2015/16)	Excess weight in adults (aged 18+) (Proportion of adults classified as overweight or obese)	67.7% (2016/17)	Tracker	61.3% (2016/17)	66.1% (2016/17)	↑

- 37 The Healthy Weight Alliance has a long term vision to: halt the rise in obesity in *County Durham by 2022 and, by focussing resources upon addressing inequalities, see a sustained decline in obesity rates locally to below England national average by 2025.*
- 38 Joint work between Durham County Council's public health and spatial policy teams to support the achievement of this vision include a policy to minimise the potential detrimental impacts of hot food takeaways specifically in areas of existing high proliferation and to promote healthy lifestyles among children and young people and proposing restrictions for future applications.
- 39 Work is also being developed by public health concurrently to support Licensing staff and Environmental Health and Consumer Protection staff to

begin a dialogue with existing out of home food providers to more widely promote a healthier food and drink offer.

Other Areas for Improvement

Number of eligible people who receive a health check

40 The number of eligible people who received a health check is 4309 for the period April to September 2018. Performance has achieved 96% of the quarterly contract target and it is anticipated that the service will achieve the annual target of 9000 health checks completed.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
2096 (Apr-Sep17)	Number of eligible people who receive a health check	4309 (Apr-Sep18)	4500	Not available	Not available	↑

Mortality measures

41 Latest data for mortality measures are detailed in the table below. All measures are above the national average. Mortality from liver disease is also above the north east average and performance has deteriorated since 2014-15.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
407.1 (2014)	All-cause mortality for persons aged under 75 years per 100,000 population	385.87 (2015)	Tracker	334.43 (2015)	397.2 (2015)	↓
79.2 (2014-16)	Mortality from all cardiovascular diseases (including heart disease and stroke) for persons aged under 75 years per 100,000 population	78.2 (2015-17)	Tracker	72.5 (2015-17)	82.9 (2015-17)	↓
159.6 (2014-16)	Mortality from cancer for persons aged under 75 years per 100,000 population	150.1 (2015-17)	Tracker	134.6 (2015-17)	155.9 (2015-17)	↓
22.6 (2014-16)	Mortality from liver disease for persons aged under 75 years per 100,000 population	26.1 (2015-17)	Tracker	18.5 (2015-17)	25.2 (2015-17)	↑
42 (2014-15)	Mortality from respiratory disease for persons aged under 75 years per 100,000 population	42.8 (2015-17)	Tracker	34.3 (2015-17)	44.2 (2015-17)	↑

- 42 Mortality and life expectancy can be used as important measures of the overall health of County Durham's population and as an indicator of inequality both between and within areas. Reductions in premature mortality over time can demonstrate improvement in the health status of the population as a whole and result in increases in life expectancy. Reducing health inequalities and early deaths is one of six strategic objectives of the County Durham Joint Health and Wellbeing Strategy. In order to achieve these strategic objectives, focus must include action to address the social determinants of health.

Performance Highlights

Cancer Treatment within 31 Days

- 43 Published data shows that over 98% of patients in both CCGs received their first definitive treatment for cancer within 31 days of diagnosis (Decision to treat date) which exceeds target (96%) and is above the national average.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
98.0% (Apr-Jun17)	Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date) - DDES CCG	99.2% (Apr-Jun18)	96%	97.5% (Apr-Jun18)	N/A	↑
99.1% (Apr-Jun17)	Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date) - ND CCG	98.6% (Apr-Jun18)	96%	97.5% (Apr-Jun18)	N/A	↓

Cancer Waiting Times – First Treatment within 62 Days

- 44 Published data for the first treatment for cancer within 62 days of an urgent GP referral for suspected cancer, shows that DDES CCG is achieving target (85%), with ND CCG slightly below target. Both CCGs show an improved direction of travel from the same period in 2017 and are above the national averages.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
83.0% (Apr-Jun 17)	Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer - DDES CCG	85.0% (Apr-Jun18)	85%	80.8% (Apr-Jun18)	N/A	↑
82.9% (Apr-Jun17)	Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer - North Durham CCG	84.3% (Apr-Jun18)	85%	80.8% (Apr-Jun18)	N/A	↑

- 45 Key actions identified to address previous performance issues highlighted at quarter 4 2017/18 i.e. cancer navigator posts, improved patient care pathways and weekly patient tracking continue to be embedded during 2018/19. These

improvements are intended to smooth out the monthly variance of this measure by identifying delays and targeting pathways where breaches occur most often.

- 46 The performance of the main local hospital NHS FTs in relation to this indicator is presented below.

Trust	Jun2018	YTD to Jun18
County Durham and Darlington NHS Foundation Trust	Not available	88.4%
North Tees and Hartlepool NHS Foundation Trust	76.7%	83.3%
City Hospitals Sunderland NHS Foundation Trust	84.7%	83.6%
<i>All English Providers</i>	Not available	84.5%

Estimated smoking prevalence

- 47 The estimated smoking prevalence of persons aged 18 and over is 14.3% for 2017, which had reduced from 2016 and is below both the national and north east averages.

Previous data	Indicator	Latest data	Target	National Average	North East Average	Direction of Travel
17.9% (2016)	Estimated smoking prevalence of persons aged 18 and over	14.3% (2017)	Tracker	14.9% (2017)	16.2% (2017)	↓

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

- 48 There is 1 action carried forward to quarter 2 of 2018/19. This action has been deleted as follows:

Deliver a sustainable service to people in care homes, hospitals and supported living are cared for in the right way to regarding to ensure Deprivation of Liberty Safeguards are met.

- The DoLS team has adopted a risk based approach to screening new referrals, completing new work and addressing the previously reported backlog. The service area continues to performance manage the overall number of cases completed each quarter and resources have been successfully reconfigured to manage a significantly increased workload, ensuring that a sustainable service is delivered.'

Areas for Improvement

Emergency Demand Management indicators (QPI)

- 49 The latest data for the following 2018/9 QPIs together with achievement/non achievement is shown below.

Previous Data	Indicator	Latest Data as at July 2018	Target July	Position
N/a	Type 1 A&E attendances (QPI) DDES	23,030	25459	Achieving
N/a	Non elective admissions with zero length of stay (QPI) DDES	4,143	3954	Not achieving
N/a	Non elective admissions with length of stay of 1 day or more (QPI) DDES	8,162	8651	Achieving
N/a	Type 1 A&E attendances (QPI) ND	20783	24448	Achieving
N/a	Non elective admissions with zero length of stay (QPI) ND	3,783	38.24	Achieving
N/a	Non elective admissions with length of stay of 1 day or more (QPI) ND	6,014	6993	Achieving

Reducing Gram Negative Bloodstream Infections (GNBSIs) and inappropriate antibiotic prescribing in at risk groups (QPI)

50 For 2017/18 both DDES and ND CCGs, are over target for reducing GNBSIs and inappropriate prescribing in at risk group, although data is still to be finalised. This measure is included in the 2018/19 Quality Premium Indicators and latest data together with achievement/non achievement is shown below:

Previous data	Indicator	Actual	Annual Target	Position
Not available	a) reducing gram negative blood stream infections (BSI) across the whole health economy – (QPI) DDES	96 (Jul18)	236	Not achieving
Not available	bii) reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care - number of Trimethoprium items prescribed (QPI) DDES	3302 (Jun17-Jul18)	6869	Achieving
Not available	ci) sustained reduction of inappropriate prescribing in primary care (QPI) DDES	1.278 (Jun17-Jul18)	1.161	Not achieving
Not available	cii) additional reduction in the number of antibiotic (QPI) DDES	1.281 (May17-Jun18)	0.965	Not achieving
Not available	a) reducing gram negative blood stream infections (BSI) across the whole health economy – (QPI) ND	63 (Jul18)	161	Not achieving
Not available	bii) reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care - number of Trimethoprium items prescribed (QPI) ND	3485 (Jun17-Jul18)	5603	Achieving
Not available	c) sustained reduction of inappropriate prescribing in primary care (QPI) ND	1.165 (Jun17-Jul18)	1.161	Not achieving

Previous data	Indicator	Actual	Annual Target	Position
Not available	cii) additional reduction in the number of antibiotic (QPI) ND	1.168 (May17-Jun18)	0.965	Not achieving

NHS Continuing Health Care (QPI)

51 ND CCG has achieved the NHS continuing health care measures, whilst DDES CCG has missed the target on one of the measures for 2017/18. Similar measures will apply in 2018/19 with data yet to be reported.

Previous data	Indicator	Actual	Target
Not available	NHS Continuing Health Care (QPI) DDES a) cases with a positive NHS CHC Checklist have an NHS CHC eligibility decision made by the CCG within 28 days from receipt of the Checklist (or other notification of potential eligibility)	93% (as at 31 Mar 18)	More than 80% within 28 days
Not available	NHS Continuing Health Care (QPI) DDES b) full NHS CHC assessments take place in an acute hospital setting (QPI) DDES	17% (as at 31 Mar18)	less than 15%
Not available	NHS Continuing Health Care (QPI) ND a) cases with a positive NHS CHC Checklist have an NHS CHC eligibility decision made by the CCG within 28 days from receipt of the Checklist (or other notification of potential eligibility)	90% (as at 31 Mar 18)	More than 80% within 28 days
Not available	NHS Continuing Health Care (QPI) ND b) full NHS CHC assessments take place in an acute hospital setting (QPI) ND	12% (as at 31 Mar 18)	less than 15%

Performance Highlights

Self-directed support

52 The proportion of people using social care who receive self-directed support is 94.8% as at June 2018. This is an improvement on the same period in 2017 and above the national average.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
94.5% (as at Jun17)	Proportion of people using social care who receive self-directed support	94.8% (as at Jun 18)	Tracker	89.4% (2016-17)	96.5% (2016-17)	↑

The number of people in receipt of Telecare

53 The number of people in receipt of Telecare is 2,727 as at 30 June 2018, which is an increase from the same period in 2017.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
2725 (At Jun17)	The number of people in receipt of Telecare	2727 (At Jun18)	Tracker	Not available	Not available	↑

Objective 4: Improve Mental Health and Wellbeing of the Population

54 There are 4 actions carried forward into quarter 2 of 2018/19 for objective 4, 3 are complete 1 is on target and 1 is behind target as shown below:

Deliver Mental Health Trailblazer dedicated employment support with psychological therapy to those adults with have a ‘common mental health’ condition (principally anxiety and depression) as primary reason for unemployment.

- The delay in commencing the programme has led to a request to extend the operational life of the Mental Health Trailblazer to December 2019 (the maximum 3 years duration) and confirmation of Department of work and Pensions (DWP's) acceptance of the extension is currently awaited.

Areas for improvement

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

55 Between January and March 2018 the gap between the overall employment rate and that for those with a long-term health condition has decreased compared to the same period in 2016 and is above national and regional rates.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
26.3% pts (Jan-Mar17)	Gap between the employment rate for those with a long term health condition and the overall employment rate	23%pts (Jan-Mar18)	Tracker	11.7 %pts (Jan-Mar 18)	14.5 %pts (Jan-Mar18)	↓

56 County Durham continues to perform strongly with the North East Mental Health Trailblazer programme. Provisional figures show that there were 272 participant starts (from the commencement of the programme in January 2017). This represents 65% of the original December 2019 programme target. Durham remains the area with the strongest referral to the Trailblazer programme (accounting for 32% of the regional programme starts) and has a strong progression into the work conversion rate, 39 participants have progressed into employment so far.

Suicide rate

57 The suicide rate (2015-17) is 12 per 100, 000 population which is above national and north east averages.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
12.6 (2014-16) [174]	Suicide rate	12 (2015-17) [166]	Tracker	9.6 (2015-17)	10.8 (2015-17)	↓

58 A review of the measures put in place by the council and its partners to ensure improved mental health and wellbeing for residents has been carried out by the authority's adults, wellbeing and health overview and scrutiny committee.

59 Acknowledging existing key services, interventions and programmes a Suicide Prevention Alliance Action Plan has been developed which includes an extension to the early warning system to flag up those at risk of suicide in order that preventative mental health services can be better targeted. The report recommends that a multi-agency approach to develop learning from suicides is needed along with a flagging system for self-harm/attempted suicide across all visitors to A&E departments. The paper calls for reviews of the processes for referral to mental health services and the accessibility of out-of-hours crisis provision as well as an audit of current support within the community and voluntary sector to evaluate effectiveness and potentially re-direct intervention services.

Performance Highlights

Improve inequitable rates of access to Children & Young People's Mental Health Services (QPI)

60 Both DDES and ND CCGs have achieved the quality premium indicator to improve the inequitable rates of access to children & young people's mental health services. Similar targets will apply in 2018/19.

Baseline data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
2200 (2016/17)	Improve inequitable rates of access to Children & Young People's Mental Health Services (QPI) DDES Part 1: Number of children and young people receiving treatment	51% [3330] (2017/18)	14% increase based on 2016/17 baseline	Not available	Not available	↑
5714 (2016/17)	Part 2: Children & Young People with diagnosable mental health condition receiving treatment	58% (2017/18)	increase in activity to enable 32% of young people	Not available	Not available	↑

Baseline data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
			starting treatment			
1860 (2016/17)	Improve inequitable rates of access to Children & Young People's Mental Health Services (QPI) ND Part 1: Number of children and young people receiving treatment	38% [2565] (2017/18)	14% increase based on 2016/17 baseline	Not available	Not available	↑
4372 (2016/7)	Part 2: Children & Young People with diagnosable mental health condition receiving treatment	59% (2017/18)	increase in activity to enable 32% of young people starting treatment	Not available	Not available	↑

Objective 5: Protect vulnerable people from harm

61 There is 1 action carried forward into quarter 2 of 2018/19 for objective 5, which is on target.

Areas for Improvement

Percentage of individuals who achieved their desired outcomes from the adult safeguarding process

62 Between April and September 2018, 832 out of 873 people (95.3%) achieved their desired outcomes from the adult safeguarding process. This is below performance in 2017, when 727 out of 755 people (96.3%) achieved their desired outcomes.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
96.3% (Apr-Sep17)	Percentage of individuals who achieved their desired outcomes from the adult safeguarding process	95.3% (Apr-Sep18)	Tracker	Not available	Not available	↓

Performance Highlights

Repeat incidents of domestic violence (referrals to MARAC)

63 Between April and September 2018 there were 298 high-risk domestic abuse cases discussed at the MARAC, of which 38 were repeats. This equates to 13%. This is achieving the target of a less than 25% repeat rate.

Previous data	Indicator	Latest Data	Target	National Average	MSF Average	Direction of Travel
13.9% (Apr-Sep 2017)	Percentage of repeat incidents of domestic violence (referrals to MARAC)	13% (Apr-Sep18)	Less than 25%	27% Jul16-Jun17	28% Jul16-Jun17	↓

Number of children with a Child Protection Plan per 10,000 population

64 As at 30th September 2018 there were 461 children on a child protection plan, which equates to a rate of 45.9 per 10,000 population, which is below latest national and north east averages and a decrease from the same period in 2017.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
50 (as at 30 Sep 17)	Number of children with a Child Protection Plan per 10,000 population	45.9 (as at 30 Sep 18)	Tracker	43.3 (31 Mar17)	60.5 (31 Mar17)	↓

65 In July 2018, the council and its partners received a joint targeted area inspection (JTAI). The JTAI examined how well agencies are working together to help and protect children. The theme of the JTAI was a “deep-dive” focus on children’s experiences of living with domestic abuse and how they are helped and supported by all agencies. The inspection team also looked more generally at decision making at the point of referral and assessment; the quality of our children in need and child protection plans and the support we provide in the context of multi-agency working. A multi-agency action plan to address the recommendations is currently being developed and will be submitted for approval in December 2018.

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

66 There are no actions carried forward into 2018/19 for objective 6.

Performance Highlights

Deaths in Usual Place of Residence

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

Previous data	Indicator	Latest data	Target	National Average	North East Average	Direction of Travel
50.7% (Jul16-Jun17)	Proportion of deaths in usual place of residence (DDES CCG)	51.7% (Jul17-Jun18)	Tracker	46.7% (Jul17-Jun18)	48.7% (Jul17-Jun18)	↑
51.9% (Jul17-Jun18)	Proportion of deaths in usual place of residence (North Durham CCG)	50.4% (Jul17-Jun18)	Tracker	46.7% (Jul17-Jun18)	48.7% (Jul17-Jun18)	↑

Recommendations

68 The Health and Wellbeing Board is recommended to:

- Note the performance highlights and areas for improvement identified throughout this report.
- Note the actions taking place to improve performance and agree any additional action planning required.
- Note the performance against the 2017/18 and 2018/19 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