



NHS County Durham and Darlington

INTEGRATED BUSINESS BOARD
Thursday 25 February 2010
Item No: IBB/10/35

NHS COUNTY DURHAM AND DARLINGTON INTEGRATED BUSINESS BOARD

Performance Update

1. Introduction

This paper sets out the latest performance and where there is an area of national focus or current or forecasted risk to successful delivery, the accompanying exception report (appendix one) offers further insight into the measured performance, the risks to delivery and actions planned for the future. Acute provider hotspots are summarised in appendix two. Recovery action plans for areas that the strategic health authority (SHA) have escalated are attached; chlamydia screening programme (appendix three) and dental access (appendix four). The quarter two performance management reports from County Durham Partnership (appendix five) and Darlington Partnership (appendix six) are attached for information.

2. Implications and risks

The performance measures reported are an essential part of NHS County Durham and NHS Darlington performance standards. Whilst a number of areas are showing continued improvement, a number of risk areas are highlighted including, chlamydia screening, 18 weeks by speciality, choose & book, ambulance response times and dental access are the current main areas of risk. Feedback from the quarter two performance review with the SHA has placed the PCTs on escalation for dental access and Chlamydia screening and in addition, along with all PCT clusters in the North East, delivering 18 weeks by speciality.

3. Recommendations

The board is requested to receive and consider the current performance.

4. Author and sponsor director

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Date: 09 February 2010

Document management				
Version	Date	Summary	Owner's Name	Approved
1.0	24/02/2010	Management Executive	Mark Sewell	
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Purpose of paper	Information sharing <input checked="" type="checkbox"/> Development/discussion <input type="checkbox"/> Decision/action <input type="checkbox"/>
How does the paper support / have implications for:	
NHS County Durham's 4 Strategic Aims	Reporting performance toward increasing access; reducing health inequalities and Improving Health
Our Vision Our Future workstreams	Report impacts on all elements of workstreams
World class commissioning competencies	8 and 10
Standards for better health	Core standards c4a, c18, c19, c22a and c22c
Use of resources	KLOE 2.2
Targets and Vital signs	Reports latest position
NHS Constitution	Aspires to higher standards of excellence
Darzi Principles	Change will benefit patients by improving the care they receive, experience they have and outcomes delivered
Impact on / Involvement of partners	Ensure delivery alignment of appropriate partner targets e.g. LAA.
Equality & Diversity	No significant impact
Other policies / Issues	-

Appendix One

Performance Scorecard Exception Report

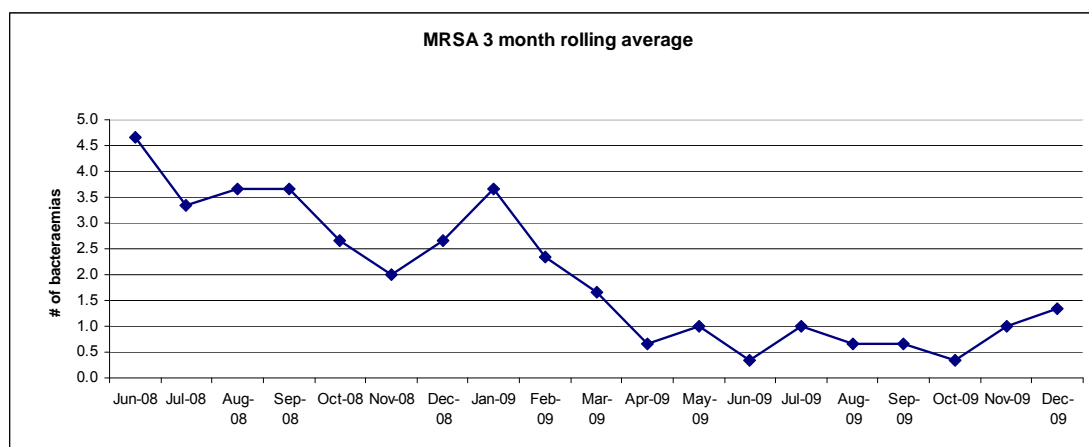
The following bullet points represent the most up to date information or comment and build on the information in the latest performance scorecard.

1.1 Healthcare-associated infections (HCAI)

Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia – position to 19 January

		Apr-09	May-09	Jun-09	Jul-08	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10 ** as at 19/01	Feb-10	Mar-10	Total YTD
CDDFT	Trajectory	3	2	2	2	2	1	1	1	1	1	1	1	18
	All cases	0	1	0	2	0	0	1	2	1	0			7
	Post 48 hrs	0	1	0	2	0	0	1	0	0	0			4
	Pre 48 hrs	0	0	0	0	0	0	0	2	1	0	0	0	3

** = data not yet finalised and is subject to change

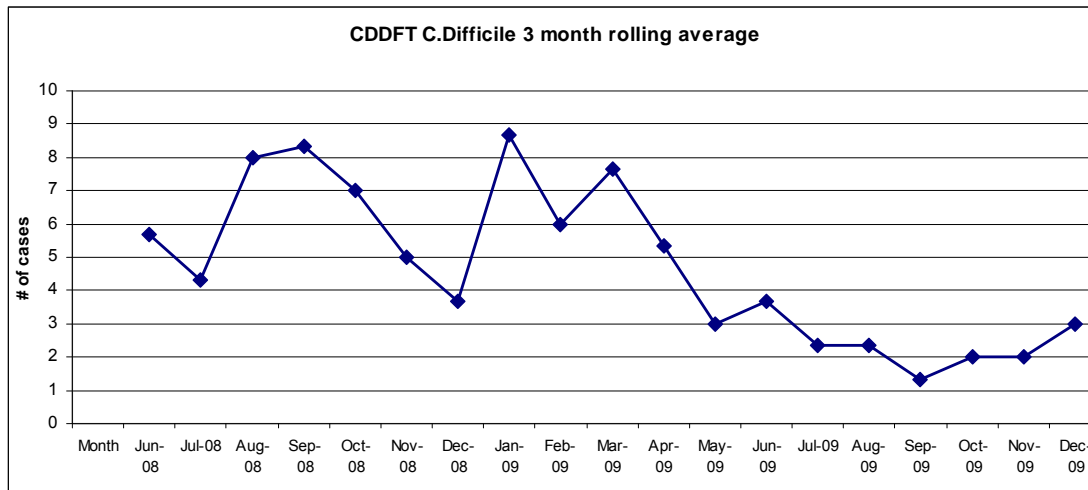


- Validated year to date MRSA performance (to December 2009) for the County Durham and Darlington health economy was seven bacteraemias against a trajectory of 15, demonstrating a significant improvement on last year. The above graph, using a three month rolling average, demonstrates the progress made.
- Spot check visits to all sites are continuing, with no significant issues reported at any site.

Clostridium difficile (C. difficile) reports (Age 2+) – position to 19 January

		Apr-09	May-09	Jun-09	Jul-08	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10 ** as at 19/01	Feb-10	Mar-10	Total YTD
CDDFT	Trajectory	17	17	16	17	17	16	12	12	11	12	11	11	169
	Performance	16	9	11	7	7	4	6	6	9	3			78
CD PCT	Trajectory	35	35	35	35	35	35	34	34	34	34	34	34	414
	Performance	36	38	37	26	30	27	28	23	23				268
D PCT	Trajectory	5	5	5	5	5	5	4	4	4	4	4	4	54
	Performance	9	6	7	2	6	0	3	2	3				38

** = data not yet finalised and is subject to change



- December performance continues to be very good with all organisations performing better than trajectory. The table and graph above demonstrates the substantial improvements made.
- There have been 75 validated isolates of C. difficile to date (to Dec 09) that County Durham and Darlington NHS Foundation Trust (CDDFT) are responsible for against a target of 135.
- NHS County Durham (NHS CD) has had 268 validated isolates of C. difficile to date (to Dec 09) against a trajectory of 312.
- NHS Darlington (NHS D) has had 38 validated isolates of C. difficile to date (to Dec 09) against a trajectory of 42.
- Please note that C. difficile data for PCTs does not appear on the national system until around the 18th of each month after Trust sign off.

Progress since last time

- The first draft trajectory submission for the new MRSA objective has been submitted to the SHA for CDDFT and both PCTs.
- Regional discussions are ongoing regarding HCAI implications within the new national contracts.

What actions are needed?

- Ongoing monitoring of the overarching improvement delivery plan for HCAI.
- Continue with joint root cause analysis meetings on all MRSA bacteraemia cases and development of improvement plans.
- Liaison with SHA colleagues to finalise vital signs trajectories.
- Continue regional work in terms of appropriate HCAI input to the contract negotiations.

1.2 18 Weeks

No Waits / 18 Weeks +

- CDDFT continued to deliver the operational standard in December and also achieved the universal pledge whereby all specialties met this standard. Pressures continue in plastic surgery and also within orthopaedics where backlogs are building.
- Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTHFT) failed to deliver the operational standard for non admitted patients for NHS Darlington achieving 90.6%, due to the performance of restorative dentistry under 'other' specialties.
- South Tees Hospitals NHS Foundation Trust (STHFT) failed to deliver the operational standard for non admitted patients for NHS Darlington achieving 93%. This consisted of various specialities, but with the exception of trauma and orthopaedics and neurology only involved 1 breach per specialty.
- County Durham and Darlington Community Health Services (CDDCHS) performance improved and they achieved for both admitted and non admitted pathways as a provider. However performance for NHS CD for admitted patients although improving was still below the standard at 85.7%.

18 Week Specialty Non Compliance

- The tables below detail the specialties and the acute trust providers for those specialties that did not achieve 18 weeks in December 2009.
- The SHA has escalated all the North East PCT clusters in terms of their performance in this area and a specialty level recovery action plan has been submitted to the SHA at the end of January on behalf of both PCTs, however detailed actions are for lead commissioners to deliver.

Specialty non-compliance for NHS County Durham

Admitted patients	South Tees Hospitals	Newcastle Hospitals
Neurosurgery	78.6%	88.2%
Cardiothoracic Surgery	compliant	80.0%

Non-admitted patients	County Durham & Darlington FT	City Hospitals Sunderland	South Tees Hospitals
Urology	94.4%	90.9%	compliant
Neurosurgery	N/A	compliant	93.0%

Specialty non-compliance for NHS Darlington

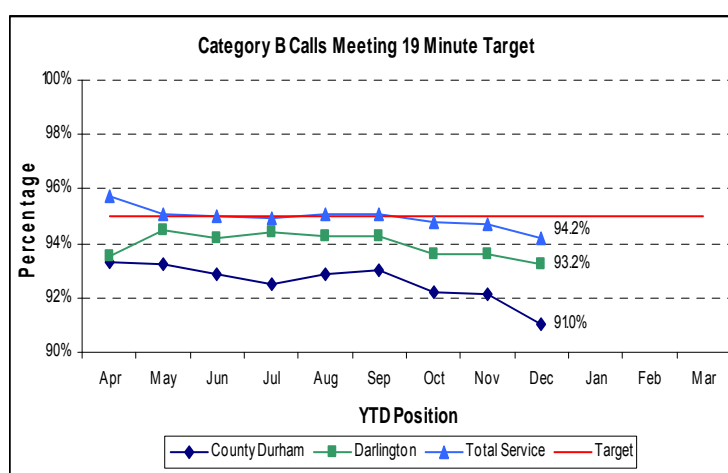
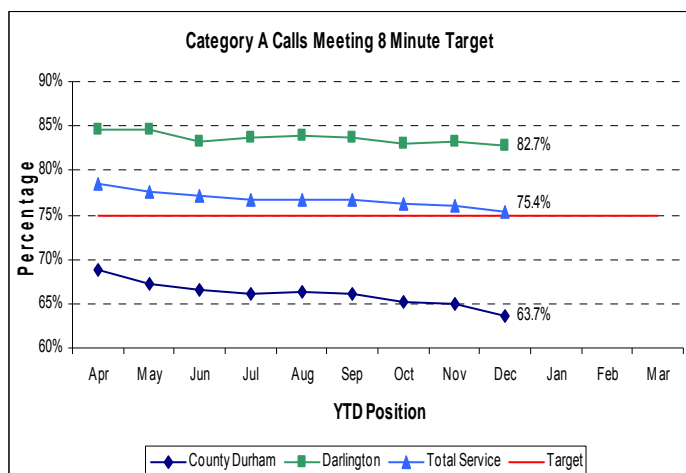
Admitted patients	South Tees Hospitals
Trauma & Orthopaedics	70.6%

Non-admitted patients	County Durham & Darlington FT	South Tees Hospitals
Neurosurgery	N/A	91.7%
Plastic Surgery	compliant	87.5%
Gastroenterology	94.5%	N/A
Neurology	N/A	84.4%

What actions are needed?

- CDDFT continue to sub-contract orthopaedics to independent sector providers and constant monitoring is being undertaken within plastics.
- NUTHFT have carried out major work over the last year with the lead commissioner, dentists and consultants looking at the pathways with the aim for some of the activity to be passed out to the community. However improvements have been delayed due to a shortage of appropriately trained staff. The trust has advised that their main aim is to achieve at 18 weeks at trust level for all specialities and then they will be looking to do this at PCT level.
- STHFT have agreed extra capacity internally which is to be sourced through additional programmed activity agreements with consultants. Orthopaedics have prioritised theatre rights and will be using independent sector facilities on a sub contractual basis. However to eliminate the backlog that currently exists within orthopaedics will take the trust four months and therefore there is a high likelihood that the provider will not meet the NHS Constitution standard in orthopaedics in April and May.
- Regular meetings continue with CDDCHS and an action log is in place to improve the current situation. Contract management are looking to apply penalties for future under performance.
- Implementation and monitoring of specialty level recovery action plan between lead commissioners across the SHA.

1.3 Ambulance Service Category A & B Calls



- Although the latest validated monthly performance figures received from the North East Ambulance Service NHS Trust (NEAS) refer to December activity, it is known that the dire weather conditions which continued into January did put extensive pressures on service operations and performance with the worst affected areas being County Durham and Teesside. NEAS however should be thanked for the support they provided ensuring staff from community services were able to access patients and also bringing staff into work for our local providers. St John Ambulance, British Red Cross and mountain rescue services supported NEAS over this period wherever possible. NEAS have confirmed that performance over the last few weeks has improved not only across the whole of the ambulance trust but

also for County Durham and Darlington, this is largely due to the extra resources which were provided for the winter period.

- NEAS reported level 4 in January in their Resourcing Escalation Action Plan (REAP) as they experienced critical pressures on the service, but they never had to increase this level to declare a major incident as happened for other ambulance services across the country. As soon as practical they reduced back to level 3 and currently are reporting level 2. It has been agreed across the Primary Care Organisation (PCO) clusters that any increase in the REAP level must be agreed with the SHA prior to cascading, this has kept a tight control on responses to the pressures.
- Further detailed work has been carried out with NEAS with the aim of understanding why NHS CD and NHS D, although having the least activity in the area, currently have the worst performance. The findings will be discussed in more detail in the Ambulance Performance Report as a separate agenda item.
- The monitoring screens are in place within the emergency departments (ED) at CDDFT to assist with real-time planning of what activity is expected to present into the department and also to provide ambulance handover information which will show if there are long delays at a particular Trust which require investigation. There were some early issues identified with using the screens, however NEAS have been working to resolve these and plans are in place for an upgrade of the system which will result in the departments who will take receipt of the patient being notified. Although the usage of the screens has increased, University Hospital of North Durham (UHND) are currently discussing with staff why there has not been a significant take up. The latest weekly update received from the SHA for week ending 31st January 2010 is shown below.

Trust	Hospital Site	Handover					Turnaround	
		Total number of emergency arrivals	Total number of handover times not recorded	% of handover times recorded	Total number of handover times over 15 mins	% of delays handover	Total number of turnaround times over 25 mins	% of delays turnaround
County Durham and Darlington NHS FT	Darlington Memorial	257	144	44.0%	47	18.3%	47	17.2%
County Durham and Darlington NHS FT	University Hospital of North Durham	317	291	8.2%	70	22.1%	82	24.1%

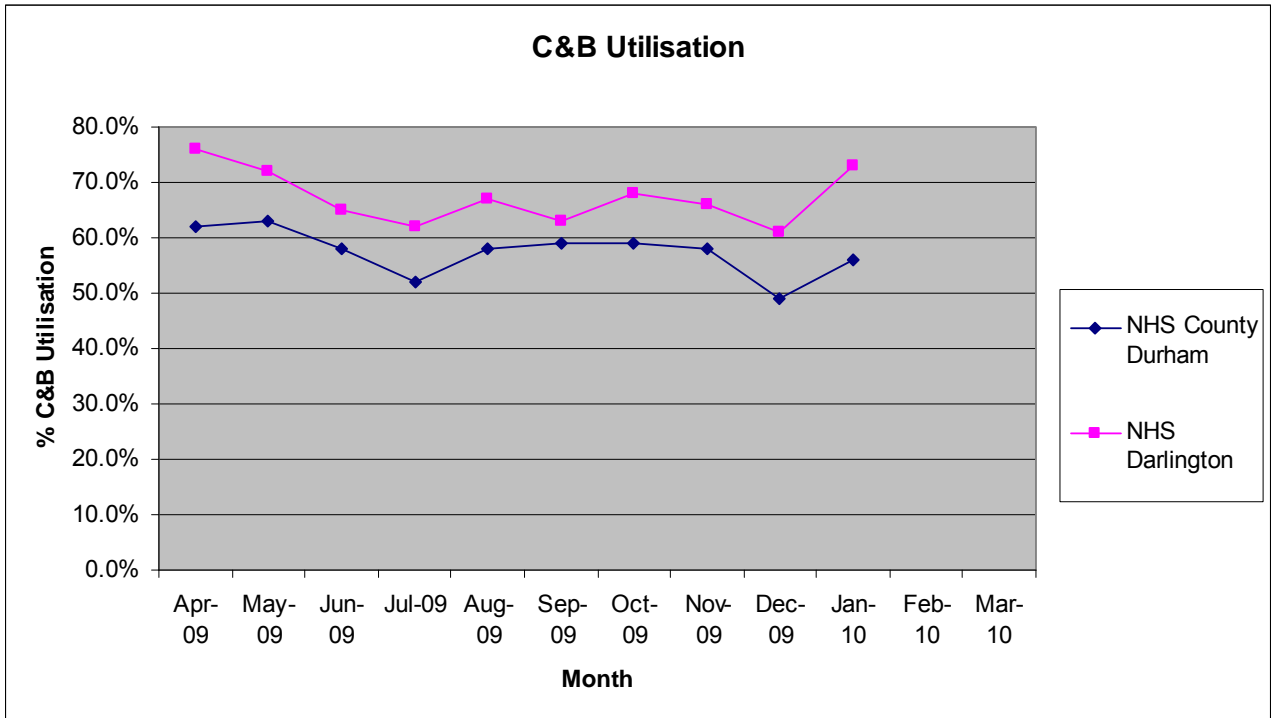
*Where a handover time is not recorded, a time is automatically generated using the turnaround time less 10 minutes

What actions are needed?

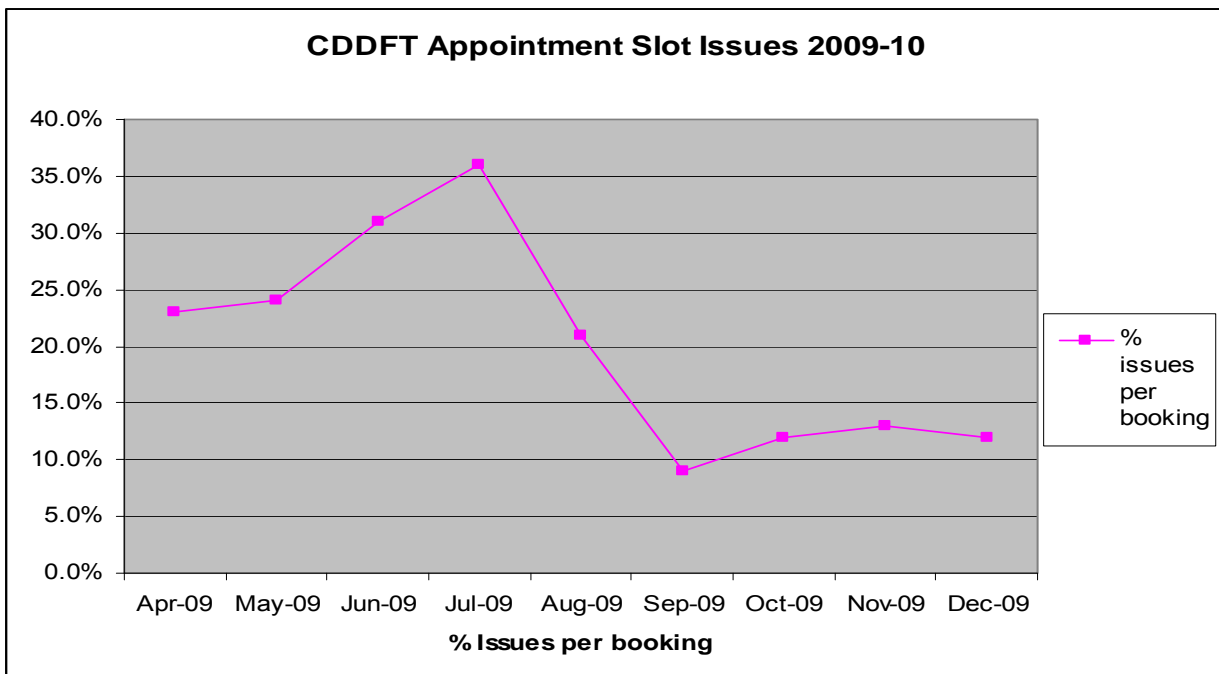
- Continuous scrutiny by commissioning and performance.
- Continue research into performance/ activity following separate paper on NEAS.
- Increase use of handover screens.

1.4 Choose and Book

- Utilisation of Choose and Book (C&B) has recovered in January, with NHS D showing utilisation close to levels at the start of the year, although still below the target of 90%. December showed reduced utilisation for both PCTs and a reduction in the number of bookings made compared to previous months.



- It is important to continue to focus on slot issues as this is a barrier to increased utilisation by General Practitioners (GPs) as they continue to experience difficulties in booking appointments through C&B in some specialties.



- Work undertaken by CDDFT showed a decrease in appointment slot issues (ASI) from 21% in August to 12% for December against a target of less than 4%. This is still higher than the November milestone target for CDDFT of ASI between 4-10%. The target for CDDFT is to achieve ASI less than 4% by April 2010.

What actions are needed?

- Continued work with CDDFT to address ASI. CDDFT to provide formal progress on their action plan.
- Event arranged for 24 February with NHS Connecting for Health representatives and primary and secondary care clinicians attending. Further event to look at SNOMED searches for GPs and secondary care clinicians arranged for 10 March.

1.5 Diagnostics

- Performance has improved for diagnostics however it remains a concern.

NHS County Durham – December breaches

Diagnostic	Number of breaches	Provider
Cystoscopy	3	CHSFT
Audiology	1	CHSFT
Colonoscopy	1	CHSFT
MRI	3	CHSFT
Non obstetric ultrasound	4	CHSFT

- The number of Cystoscopy breaches continues to improve significantly as a result of CDDFT and CHSFT agreeing slot times for CHSFT to deliver at University Hospital of North Durham and extra lists being provided at CHSFT. December breaches are 3 compared to November's figure of 25.
- The Magnetic resonance imaging (MRI) breaches were due to South Tyneside NHS Foundation Trust (STFT) not being able to take as many patients as normal leading up to Christmas. 44 patients were sent to Spire, but breaches still occurred. CHSFT now have a mobile MRI scanner for 12 weeks and expect to reduce their waiting time to approximately 3 weeks by the end of March.
- Cystoscopy and colonoscopy breaches were attributed to CDDFT. Confirmation of no further breaches for January's activity has been received from CHSFT.
- The audiology and non obstetric ultrasound breaches were due to staff sickness at short notice before Christmas and New Year. CHSFT are highlighting non obstetric ultrasound as a risk as staff are still off sick, although locum cover is being sought.

What actions are needed?

- Ongoing monitoring of diagnostic breaches to ensure Cystoscopy and non obstetric ultrasound breaches in particular continue to reduce.

1.6 Cancer

- Performance for November, and the cumulative position for the YTD are shown in the table below:-

COUNTY DURHAM	TARGET	NOVEMBER			CUMMULATIVE POSITION				
		ACTUAL	%AGE	RAG	ACTUAL	%AGE	RAG		
2 WEEK WAIT	93%	776	791	98.1%	↓	6269	6466	96.7%	↑
2 WEEK BREAST SYMP*	93%	112	182	61.5%	↑	410	1168	35.1%	↑
31 DAY WAIT	96%	230	232	99.1%	↓	1768	1780	99.3%	↓
31 DAY SUBS RADIO*	94%	62	66	93.9%	↓	496	538	92.2%	↑
31 DAY SUBS SURG	94%	47	50	94.0%	↓	327	333	98.2%	↓
31 DAY SUBS DRUGS	98%	44	44	100%	→	440	441	99.8%	↑
62 DAY WAIT	85%	81	90	90.0%	↑	568	646	87.9%	↑
62 DAY CNSLTNT UP	NA	2	2	100%	→	11	12	91.7%	↑
62 DAY SCREENING	90%	18	19	94.7%	↑	171	178	96.1%	↓

DARLINGTON	TARGET	NOVEMBER			CUMMULATIVE POSITION				
		ACTUAL	%AGE	RAG	ACTUAL	%AGE	RAG		
2 WEEK WAIT	93%	122	122	100%	↑	1037	1047	99.0%	↑
2 WEEK BREAST SYMP*	93%	30	48	62.5%	↓	81	263	30.8%	↑
31 DAY WAIT	96%	34	34	100%	→	281	284	98.9%	↑
31 DAY SUBS RADIO*	94%	12	13	92.3%	↓	75	76	98.7%	↓
31 DAY SUBS SURG	94%	7	7	100%	→	55	57	96.5%	↑
31 DAY SUBS DRUGS	98%	4	4	100%	→	37	37	100%	→
62 DAY WAIT	85%	17	22	77.3%	↓	120	143	83.9%	↓
62 DAY CNSLTNT UP	NA	0	0	100%	→	0	0	100%	→
62 DAY SCREENING	90%	0	0	100%	→	1	1	100%	→

* Shadow monitoring

- Two week waits for breast symptoms and 31 day subsequent treatments for radiotherapy are both being 'shadow monitored', targets set are to be achieved from December 2009 and 2010 respectively.
- CDDFT have predicted that for December they will achieve 92.2% of breast symptom referrals within two weeks against the target of 93%, however this is unvalidated data. Actual data for December will be available mid February.
- 62 day wait target was not achieved by NHS D during November. Darlington achieved 77.3% against a target of 85% (5 breaches). The relatively low numbers of patients being treated means that small numbers of breaches have an adverse effect on performance.
- No targets have yet been agreed for 62 day waits for urgent consultant upgrades as numbers reported in previous periods were too low for DH to establish a threshold.
- Based on the quarter two data both NHS CD and NHS D are achieving all targets. For the two week wait, 31 day wait and 62 day wait both PCTs have shown improvement from quarter one.

- A review of the local policy for managing and recording two week wait referrals at CDDFT was requested by the SHA. This review is being led by clinicians from both primary and secondary care. Further updates as to any implications of this will be provided in due course.

What actions are needed?

- Continue to monitor CDDFT performance against their action plan for two week wait breast symptoms.
- Review breaches of 62 day waits for problem areas. Darlington PCT performance has been raised with CDDFT and will continue to be monitored for improvement.
- Review implications of any changes to local policy and monitor performance against target for two week access.
- As part of a longer term action plan to improve two week wait performance, review and optimise the pathway from primary to secondary care.
- All providers are monitored individually and we will continue to address any under performance to ensure that they are following all aspects of best practice, with the potential to increase performance.

1.7 Cancelled operations

CDDFT have set themselves a target of no more than 0.8% cancelled operations per month. Although this had not been met since June performance improved in December.

Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09
0.75	0.82	0.75	1.21	1.42	1.48	0.91	1.28	0.78
0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8

A working group was formed to review equipment incidents experienced during October / November 2009. Following this focused work the trust has reported that there have been no further cancellations due to equipment issues.

CDDFT continue to monitor performance internally on a daily (elective planning meetings), weekly (reports produced by co-ordinator and discussed with service / division managers) and monthly (meeting of cancelled operations group) basis.

Following internal escalation, appointment of a new co-ordinator and some targeted work, performance improved in December. However, the trust has advised that the adverse weather conditions experienced nationally in January 2010 has contributed to increased cancelled operations despite efforts of the teams so there is a risk performance may deteriorate for January.

What actions are needed?

- Continue to monitor action plan and performance at monthly contract meetings ensuring any risks are mitigated where possible.

1.8 Delivering Same Sex Accommodation (DSSA)

- Final report following the peer review visit to Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) has been shared with the chief executive of the organisation.
- We continue to work with colleagues in each of the three Trusts to ensure local patient surveys are implemented as per DH guidance and results shared with us as the host commissioner.
- Following release of the new national contracts, performance staff are working with contract management colleagues to ensure relevant DSSA indicators are incorporated.

What actions are needed?

- Monitoring of action plans following peer review reports to be undertaken via contract management meetings.
- All providers to undertake risk assessment for all inpatient areas and traffic light accordingly.
- Ensure all providers publish self declaration by 31 March 2010 as per requirements outlined in 2010/11 Operating Framework.
- Continue to work with contract management colleagues to ensure relevant guidance is incorporated into contracts.

1.9 Chlamydia Screening

- The challenge for 2009/10 is to have 25% of those aged 15-24 taking a Chlamydia screening test by the end of quarter four. Performance for quarter 2 was 8.7% for County Durham and 8% for Darlington against the target of 12% for the period. Unvalidated data for quarter 3 is showing a large increase in performance, however remains below target.
- Both PCTs remain at risk for delivery of the 25% target. Although performance has increased it is anticipated that the adverse weather experience in January will impact on performance seen in quarter 4 of 2009/10.
- A recovery plan was submitted to the strategic health authority in January 2010 (appendix three).

What actions are needed?

- Required actions are detailed in the recovery action plan

1.10 Dental Access

Targets and Performance

The key performance measure is the “Vital Sign” VSB18 which specifies the number of unique patients accessing NHS dentistry over a rolling 24 month period.

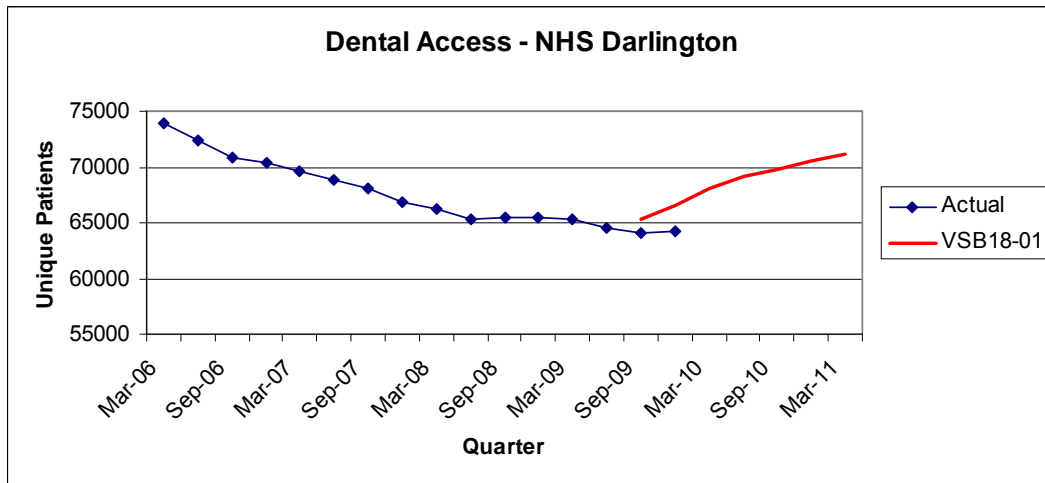
The 2009/10 and 2011/12 targets are based upon the percentage of the population, translated to patient numbers. Both County Durham and Darlington were required to set access targets above the UK historic high (55.8%) at 60 and 70% respectively, this based on aspirations to improve in Durham and for Darlington on historic levels of demand seen

pre the new dental contract. The background to these trajectories was recently presented to the board in an appendix to the performance paper.

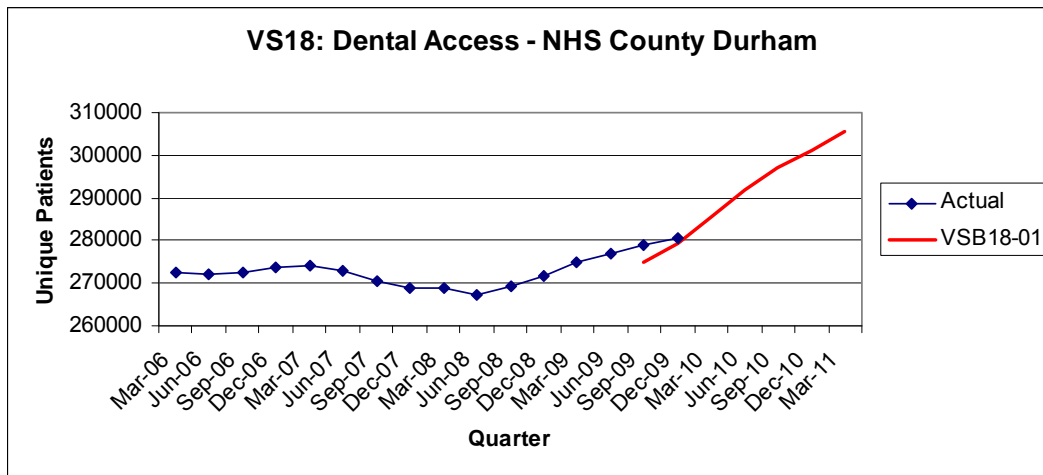
Current Position for 2009/10

	Trajectory	Patients seen	Notes
County Durham	279522	280459	Breach forecast for Q4
Darlington	66521	64295	Below trajectory

Darlington: dental access has been in decline since 2006. In quarter 3 the decline was halted and slightly reversed reflecting much contract management work in previous quarters. The trajectory of 70% access remains especially challenging. Going forward, two major new contracts are due to increase capacity from April and further fixed term contract awards are planned.



County Durham: the consistent growth in numbers accessing NHS dentistry continues yet the trajectory required is on a steeper gradient and a breach is forecast by end year. The numbers do mask wide ranging work to expand access whilst ensuring value for money. Dental access is available but the public are conditioned to NHS access being in short supply. A dental access publicity campaign kicked off in February with radio and paper adverts encouraging access via a NHS direct portal. In support of this campaign, £500,000 of extra activity has been contracted to those practices who are accepting new patients but reaching contract capacity. The new dental procurements for Bowburn and Esh Winning are progressing well for delivery in 2010/11.



What actions are needed?

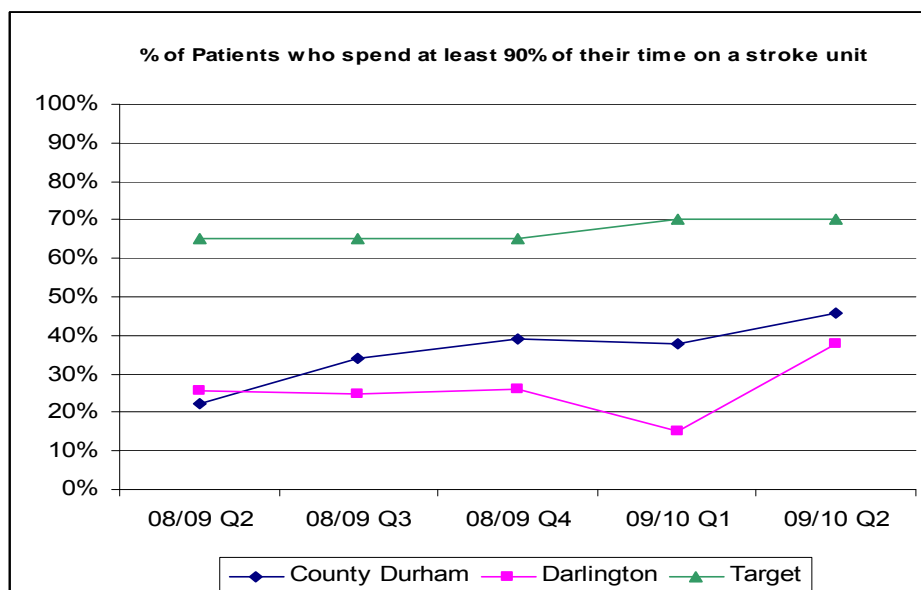
- A detailed dental access performance recovery plan has been prepared for the SHA and will be enacted (appendix four).
- Contract management of existing providers, in particular the negotiation of lowering contracts for providers who persistently under-perform so their activity can be reallocated to areas with unmet need.
- Provision of further funds in the 2010/11 annual operating plan with which to pursue the challenging access trajectories.
- Further tactical award of non-recurrent activity in areas where demand manifests.

1.11 Stroke care

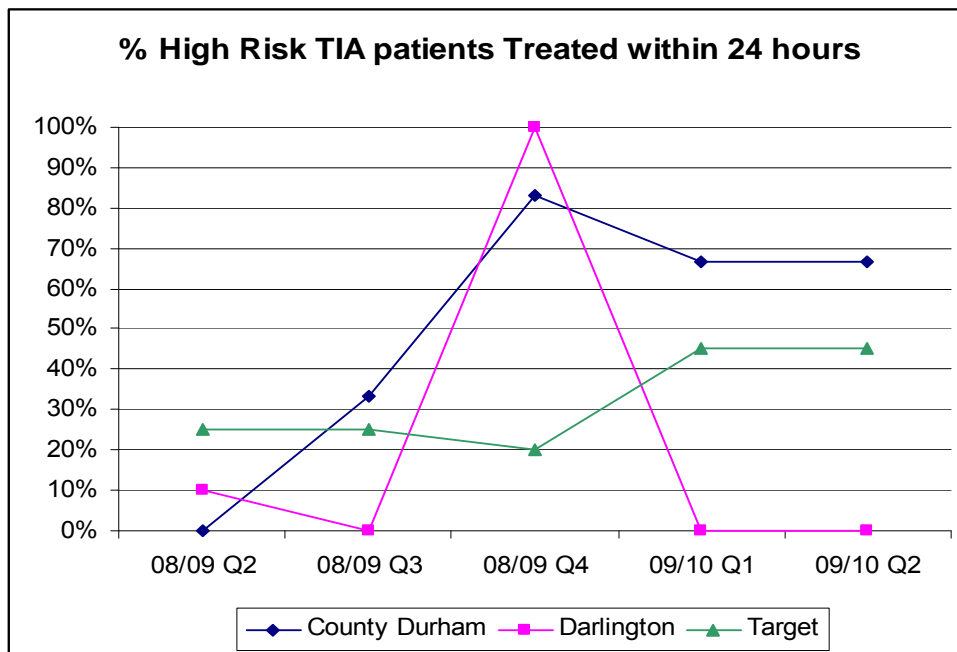
Targets and Performance

This new Vital Signs target began collection at quarter 2 of 2008/09 and has proved problematic for provider trusts due to lack of IT systems to collect this data.

The national target for 2009/10 has increased from 65% to 70%.



In addition to the above named indicator, the percentage of Transient Ischaemic Attack (TIA) cases with a higher risk of stroke whom are treated within 24 hours will be reported upon for 2009/10.



The SHA has recently requested re-assurance from PCTs with regard to their progress towards this target. Foundation Trusts are making considerable progress in identifying and resolving data collection and data quality issues. However, the action plan that CDDFT devised with clinicians has been unsuccessfully implemented and Information Services have now put systems in place to collect accurate data. Unfortunately having analysed data already submitted they are unable to provide accurate quarter 3 activity. Monthly data will shortly be provided and the Trust continues to feel confident that the current problems will be resolved.

What actions are needed?

- Host PCTs continue to work with provider trusts to ensure that both national targets will be achieved for 2009/10.

Mark Sewell
Senior Performance Advisor
Directorate of Delivery & Performance
NHS County Durham
09 February 2010

Appendix Two

Acute Provider Hotspots

Provider	Contract	Performance
County Durham and Darlington NHS Foundation Trust	<p>NHS CD</p> <ul style="list-style-type: none"> • Elective £301,983 - PbR elective over £68,957 & PSD are over £330,393 • Other £3,017 - Direct access pathology £9,634, excluded drugs and devices £62,849 & Audiology £23,152 	<p>Choose and Book appointment slot issues</p> <p>18 weeks non admitted urology</p>
County Durham and Darlington NHS Foundation Trust	<p>NHS D</p> <ul style="list-style-type: none"> • Elective is over performing by £88,261 this is in - PbR elective £112,766 & PSD £9,711 • Non elective is over performing by £19,124 this is in - PbR non elective £116,227 & Non PbR non elective £7,450 	<p>Choose and Book appointment slot issues</p>
City Hospitals Sunderland NHS Foundation Trust	<p>NHS CD</p> <ul style="list-style-type: none"> • Non elective £151,996 - Inpatients £15,006 & Emergency £136,990 • A&E £8,813 • Other £5,983- miscellaneous contract £7,088 & exclusions £2,592 	<p>18 weeks non admitted urology</p> <p>Diagnostics, especially cystoscopy and non obstetric ultra sound</p> <p>Choose and Book appointment slot issues</p>
South Tees Hospitals NHS Foundation Trust	<p>NHS CD</p> <ul style="list-style-type: none"> • Outpatients is over by £24,700 • Single professional Follow-up attendances are over by £11,927. The top 2 over performing specialty is 361 - Nephrology over by £8,243 & 150 -Neurosurgery over by £6,264 • Radiology is over by £2,226. CT scans are over by £2,023 • Procedures is over by £11,987. Electrical and other invasive therapy are over by £16,263. • A&E is over by £995 • High cost attendances are over by £1,013 (9 attendances) • Standard attendances are over by £586 (7 attendances) 	<p>18 weeks non admitted neurosurgery</p> <p>18 weeks admitted neurosurgery</p> <p>Choose and Book appointment slot issues</p>
South Tees Hospitals NHS	<p>NHS D</p> <ul style="list-style-type: none"> • Elective is over by £42,559 • Inpatients are over by £38,308. The top three 	<p>18 weeks non admitted neurosurgery, plastic</p>

Provider	Contract	Performance
Foundation Trust	<p>HRG's are HA05ZS - £11,507, DZ02B - £8,953 & HB41B - £8,921</p> <ul style="list-style-type: none"> • Short stay is over by £6,321. The top three HRG's are HB22B - £3,413, HB32Z - £1,951 & AB06Z - £945 • Non elective is over by £20,280 • Emergency inpatients are over by £42,006. The top three HRG's are EA15Z - £37,960, EA31Z - £12,867 & QZ15A - £8,314 • Outpatients is over by £6,893 • First's are over by £7,796. The highest specialty is 420 - Paediatrics £2,050 • Procedures are over by £3,746. Electrical and other invasive therapy 2 is over by £6,576. • A&E is over by £2,857 <ul style="list-style-type: none"> - High cost is over by £1,891 (17 attendances) • Other is over by £1,457 • Devices are over by £34,277. Rehab is over by £8,324. CICU is over by £4,326 	<p>surgery, neurology 18 weeks admitted trauma and orthopaedics Choose and Book appointment slot issues</p>
Newcastle Upon Tyne Hospitals NHS Foundation Trust	<p>NHS CD</p> <ul style="list-style-type: none"> • Non elective £180,011 - Non elective short stay £44,820 & long stay is over by £135,191 • Other £69,982 - Critical Care £26,570, devices £38,095 and drugs £24,812 	<p>18 weeks admitted neurosurgery, cardiothoracic surgery</p>
Newcastle Upon Tyne Hospitals NHS Foundation Trust	<p>NHS D</p> <ul style="list-style-type: none"> • Elective £22,960 - Elective inpatients £15,212, Day Case £1,337 & PSD £6,171 • Non Elective £18,864 - Non Elective Inpatients £20,664 • Outpatients £3,305 - Outpatients Planned same day £6,042 & Radiology £108 	<p>18 weeks non admitted restorative dentistry</p>
Gateshead Health NHS Foundation Trust	<p>NHS CD</p> <ul style="list-style-type: none"> • Non elective is over by £18,245 • Emergency is over by £34,144. The top three over performing HRG's are HA13B - £12,681, HA41Z - £8,289 & QZ01A - £6,087 • Outpatients is over by £26,883 • Consultant led firsts are over by £10,521. The top 2 specialties are 502 - gynaecology £3,115 & 420 - paediatrics £2,049 • Nurse led follow-ups are over by £10,151. The top 2 specialties are 962 - surgical pre-assessment £1,632 & 113 - orthopaedics £1,143 • Procedures are over by £5,778. The top 2 specialties are 410 rheumatology £2,313 & 370 - medical oncology £1,399 	<p>Choose and Book appointment slot issues</p>

Provider	Contract	Performance
	<ul style="list-style-type: none"> • Nurse led firsts are over by £2,393. The top 2 specialties are 411 rheumatology £1,226 & 431 - Parkinson Services £264 • Other is over by £6,729 • Drugs is over by £7,947, malignant & immuno drugs are over by £7,619 & nutrition & blood drugs are over by £848 • Day care is over by £2,413, elderly service daycare patients is over by £1,703 & elderly mental health daycare patients is over by £710 	
North Tees and Hartlepool NHS Foundation Trust	<p>NHS CD</p> <ul style="list-style-type: none"> • Elective is over performing by £45,705 • Inpatients is over by £39,408. The top three HRG's are HB21C £16,775, JA06Z - £15,924 & HB12A - £14,675 • PSD is over by £5,710. The top three HRG's are HB23C - £10,243, FZ26A - £5,453 & FZ03A - £5,224 • Non elective is over by £24,349 • Emergency inpatients is over by £84,600. The top three HRG's are AA22Z - £18,351, JD03A - £14,081 & DZ11B - £13,516 • Outpatients is over by £51,181 • Unbundled radiology is over by £12,557, Ultrasound scans are over by £10,793 and CT scans is over by £4,649 • Ward Attender first attendance is over by £10,256, this is all over performance as there is no baseline, the top specialty is 300 - General Medicine £4,638 • Ward Attender follow-up is over by £24,838, this is all over performance as there is no baseline, the top specialty is 501 - Obstetrics £5,649 • First attendance are over by £14,241 • A&E is over by £5,863 • Minor cost is over by £4,454 this is 74 attendances over plan. Also high cost is over by £1243 this is 11 attendances over plan 	Choose and Book appointment slot issues
North Tees and Hartlepool NHS Foundation Trust	<p>NHS D</p> <ul style="list-style-type: none"> • Outpatients is over by £1,340 • Radiology is over by £1006. MRI's are over by £1,309 • A&E is over by £322 • Standard cost is over by £188 this is 2 attendances over plan • Other is over by £4,322 • The block is over by £4,671. All of which is High Cost Drugs 	Choose and Book appointment slot issues

Appendix Three

Chlamydia Screening Programme Recovery Action Plan

CQC Action Plans

Target Area: Chlamydia Screening Programme

The Vital Signs Target for Chlamydia screening requires local programmes to achieve a 25% screening uptake for young people aged between 15 and 14 years. By quarter 2 County Durham had achieved 8.8% towards target (RAG amber) whilst Darlington had achieved 8% towards target (RAG red). There have been considerable problems with current providers offering screening particularly General Practice and contraception services.

What will be done?	How much will be done?	By whom?	Where?	By When?	In partnership with	How will this be performance managed?	Where will performance be reported to?	What are the metrics for this work?
A high volume screening specification has been offered to all GPs and pharmacists with an incentive of £10 per returned test as a pilot until 31 st March 2010	There are 84,000 young people in CDD aged 15-24. 25% will be 21,000.	GPs and pharmacies	Primary and community care	Q3 & Q4	Between NHS County Durham Lynn Wilson (Strategic Lead), Primary Care and the independent sector	Bimonthly data reports.	To the contract management team via laboratory data. This is already collected for national reporting.	Bimonthly performance report. Increase in screening activity 2,000 tests Q3 and 2,000 tests Q4 Currently 31 new GP practices have now been signed up to deliver

What will be done?	How much will be done?	By whom?	Where?	By When?	In partnership with	How will this be performance managed?	Where will performance be reported to?	What are the metrics for this work?
A high volume 'any willing provider' contract has now been offered.	As above	AWP	Potentially youth services, connexions, student welfare as well as private providers who have applied e.g. Terrence Higgins Trust.	Q4	Sue Thompson Sexual Health Improvement & Screening Team Manager	Bimonthly data reports	Through the Chlamydia screening central office	Minimum 1,500 tests Q4 Has had poor response through Marketing and Development
The Sexual Health Improvement and Screening team has around 17 'front line' staff each person will have a target to screen 200 people by March 31	200 tests each	Sexual health Improvement and Screening Team	Face to face events, telephone and web requests	Q4	Sue Thompson Sexual Health Improvement & Screening Team Manager	Monthly data report for team activity	Through the Chlamydia screening central office	3,400 tests

What will be done?	How much will be done?	By whom?	Where?	By When?	In partnership with	How will this be performance managed?	Where will performance be reported to?	What are the metrics for this work?
A range of screening events have been planned in schools, colleges, and university	18 events	Sexual health Improvement and Screening Team	Pee in the pot events	Q3 & Q4	Ruth Robson Sexual Health Improvement & Screening Team Lead	Bi monthly data reports	The contract management team	1,800 tests December activity by the team delivered in excess of 1,600 screen through outreach events
Screening incentives such as slogan underwear are being offered to the public	One incentive per test submitted	Any test initiator	At point of testing	Q3 & Q4	Ruth Robson Sexual Health Improvement & Screening Team Lead	Bi monthly data reports	The contract management team	This will contribute to the overall screening target
Media campaign through December Social marketing approaches now developed including viral e-mails, incentives and attendance at music events	Screening awareness campaign via all major radio networks	Galaxy, Metro, Magic, Durham FM, TFM	CDD	Q3 & Q4	Tim Holmes Sexual Health & HIV Lead	Number of tests returned via radio advertising	The Chlamydia Central office	This will contribute to the overall screening target

What will be done?	How much will be done?	By whom?	Where?	By When?	In partnership with	How will this be performance managed?	Where will performance be reported to?	What are the metrics for this work?
SH Improvement Team staff to work in contraceptive services	Target young people attending CASH service	Health Improvement Practitioners & CASH team	Community contraceptive services	Q3 & Q4	Sue Thompson Sexual Health Improvement & Screening Team Manager	Number of tests returned via CASH clinics The planned TUPE of this services has created a barrier to screening	Sexual Health Improvement & Screening Team Lead	This will contribute 1,000 tests
Chlamydia KPI included in primary care and CASH contract	Clients in GP practice and CASH services	GP and CASH	GP and CASH	Apr-10	Lynn Wilson Public Health Specialist	% clients screened	Contract management team	100% clients offered test 80% screening uptake This KPI has been challenged by the CASH service and a complaint made to the NMC
New Chlamydia screening laboratory service will remove 'waste' from within the system	Reduce equivocal reporting to less than 5%	HPA lab services	Newcastle base	Apr-10	Ruth Robson Sexual Health Improvement & Screening Team Lead	Monthly report to CSO	Sexual Health Improvement & Screening Team Lead	This will contribute to the overall screening target Newcastle HPA now commissioned to screen following capacity issues in December in Durham labs

Appendix Four

Dental Access Recovery Action Plan

Post the introduction of the new Dental contract in 2006, the public's access to NHS dentistry fell from its historic high of 55.8%. Subsequent Health policy has focussed on increasing the availability of and access to NHS Dentistry as measured by number of unique patients treated over a 24 month period and as a percentage of the total population which has recovered to 54.2% accessing NHS dentistry.

Dental fees were introduced in 1952 therefore yet more of the population choose to access private dentistry which for fee-paying patients maybe at only a slight premium. The willingness of patients to change dentists to access NHS care is a "known unknown".

The measure of unique patients is acknowledged as only a proxy for dental access. The measure will shortly change a (GP Practice) survey based approach via questions like "have you tried to access NHS dentistry" and "if yes, were you successful". Long term commissioning plans, necessarily, need the flexibility to pursue delivery to the agreed trajectories whilst waiting for the findings of this survey.

Improving Access to NHS Dentistry

Both County Durham and Darlington were required to set access targets far in excess of the UK historic high (55.8%) at 60 and 70% respectively. The argument to reduce these (performance paper for Board meeting 15 September 2009) was heard sympathetically by the SHA but ultimately rejected.

The access targets are calculated on % of the population. The population of County Durham and Darlington is growing at 0.4% p.a. Therefore, additional investment of 0.4% in real terms is required just to maintain the current level of access.

Resident Population of County Durham & Darlington 2001 (ONS)	2001	593373
Forecast Population of County Durham & Darlington 2014 (ONS)	2014	622400
Forecast Annual Growth rate - all ages (ONS)	2001-2014	0.38%
Forecast Annual Growth rate 2001-2014 > 65 (ONS)	2001-2014	1.70%

The cost of Access

The cost of the access target can be estimated from the dental contract value divided by the number of patients. This yields an approximate cost per unique patient.

[It is of course recognised that a new patient who has never sought dental care likely will be more expensive to bring to dental fitness than a regular attender]

	Cost per Patient	Gap at Q3	Cost of Delivery
County Durham	£86	26538	£2,282,268
Darlington	£91	7009	£637,819

The cost of attaining the dental access targets in both PCTs is significant

QIPP & Efficiency in Dental Contracting

Delivering the access target by simply increasing the funding to uplift commissioned UDAs is neither prudent nor value for money. Efficiency will come from:

- Optimising the UDA values according to patient profile
- Reducing values of persistently under-delivered contracts to partly recurrently commission in areas of greater need.
- Addressing the re-attendance patterns, appropriately extending intervals between check-ups for dentally fit patients aligned to NICE guidance.

There is a high risk that additional UDAs will be recycled on existing patients rather than new patients. Improving adherence to NICE guidance on dental recall will deliver efficiency. NHS County Durham have been leaders in tackling the re-attendance frequency of patients. Unfortunately the GDS contract does not have levers one can apply. Instead a range of initiatives have been pursued:

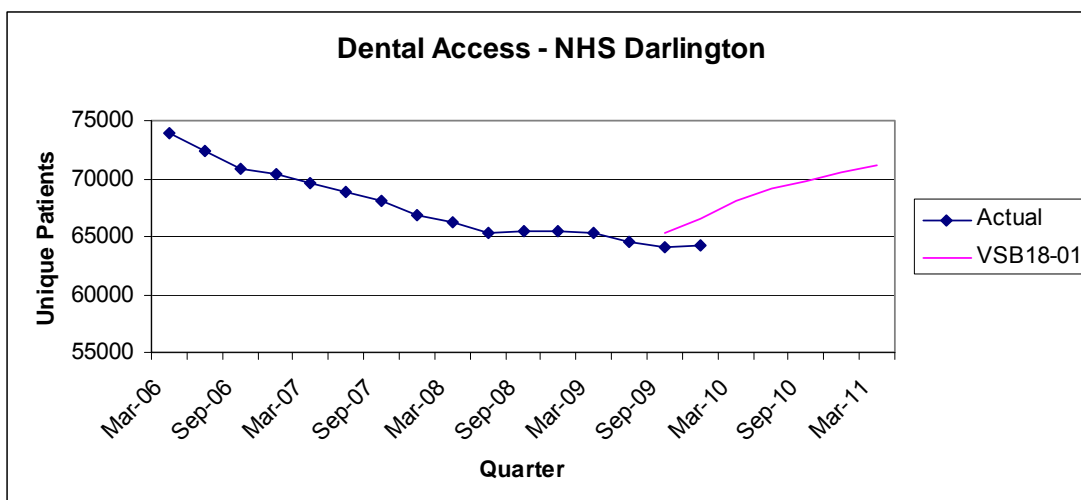
- A self-Audit of NICE guidance has been requested and completed
- Quality markers on re-attendance are applied when considering award of additional UDAs
- Re-attendance is always discussed at Mid and End-Year reviews

Despite the lack of contractual levers, the two contractors who were gross outliers have been pursued by contract management. Serious shortcomings in the quality of care and/or claim behaviour were discovered with both being suspended.

Current Performance - Darlington

Dental access has been in decline since 2006. The decline needs to be halted and reversed though the trajectory of 70% access is particularly challenging for the reasons cited in Appendix A.

It was forecast to the SHA that this decline would halt in Q3 and this is reflected in the data.



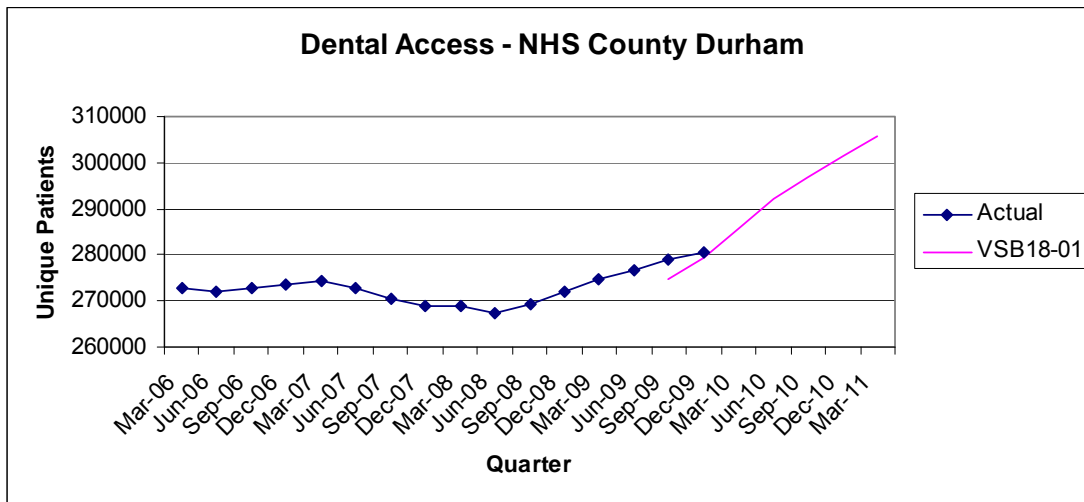
The vehicles for performance improvement are:

- Two significant new contracts were let in wards of low dental access. Predecessors to the current Contracting team elected to allocate a stepped contract where the total invested was paid for lower delivery in early years (effectively tying up funds). These contracts are due to step up again in April 2010 and represent the principle delivery vehicle.
- Local procurement to award additional non-recurrent funding to contracts with excellent quality makers, especially re-attendance, who have a demand but are already at contract value
- Local procurement recurrently allocating UDAs negotiated out of repeatedly underperforming contracts via the mid-year and end-year reviews. To date 4,000 UDAs have been provisionally identified
- Performance managing Mr X, a contractor who has repeatedly been in breach of contract who has a backlog of FP17s to submit then actively considering re-commissioning those units elsewhere.

All elements, plus absorption of the increase in population will be pursued within the current funding envelope (net present value).

<i>Darlington</i>	2009/10		2010/11	
	Actual or Forecast	Target or Gap	Actual or Forecast	Target or Gap
End Year Target 2009/10		68073		
Current Performance Q3 2009	64295	-3778		
Initiatives in Year				
Organic Movement Expected	250			
Submission of Mr X Forms	100			
Forecast Position Q4 2009/10	64645	-3428		
Year End Target 2010/11				71120
Opening Position from Q4 2009/10			64645	-6475
Initiatives in Year				
Growth from Contract A (FYE)			1889	
Growth from Contract B (FYE)			2292	
Recurrent contracting of 4000 UDAs ex Mid Year Review			1333	
Re-contracting of Mr X			561	
Impact of Non-recurrent commissioning			500	
Forecast Position Q4 2010/11			71220	100

Current Performance – County Durham



County Durham's access has been consistently growing for the last 5 quarters and is exceeding the numbers accessing at the start of the new dental contract

It should be noted that the trajectory set, is a significant increase vs historic access as well as in excess of the National picture before the new contract.

The vehicles for performance improvement are:

- Active Participation in the DoH dental access pilot (one of only four PCTs nationally) commencing Feb 2010. Public perception is that dental access is not available – it is, and the marketing campaign will reinforce that.

NHS
County Durham and Darlington

Hi, I am Mr. Smith, your local NHS dentist...



...and anyone can make an appointment.

Did you know, there are more NHS dentists in your area than you think and it's easy to make an appointment? With treatment starting at £16.50* for a check up for those who have to pay (remember it's free for children and exempt* adults), that's not just good availability, that's good value too.

To find your local NHS dentist please call NHS Direct: 0845 4647
www.countydurham.nhs.uk

* NHS dental treatment is free if you're under 18, in full time education, pregnant or receiving benefits. For full details please visit NHS Choices website on www.nhs.uk

- Linked to the access pilot, 20,000 UDAs were awarded non-recurrently in a local procurement to those practices requiring headroom in their contract so they can accept patients signposted to them in the access campaign. Quality markers were deployed to assist in allocation. These units are being entered on POL w/c 1-Feb.
- New procurements in areas identified as low access. The projections of access are 3000 unique patients in each of two contracts (FYE).
- A new Out of Hours contract was procured on a community contract. This needs to be changed forthwith to a PDS contract in which FP17s are required for treatment therefore allowing counting of any unique patients.
- Access agreements with several key practices are proving effective as a feeder of new patients into routine dental care. The exact impact is being quantified as an assessment of the value for money of this tactic.
- Active discussions are ongoing re improving Durham University student access to dentistry. Guidance received as to counting of unique patients is conflicting so may not yield a performance improvement

County Durham	2009/10		2010/11	
	Actual or Forecast	Target or Gap	Actual or Forecast	Target or Gap
End Year Target 2009/10		285500		
Current Performance Q3 2009	280459	-5041		
Initiatives in Year				
Organic Movement Expected	1400			
Impact of Non-recurrent commissioning	500			
Submission of Mr X Forms	150			
Forecast Position Q4 2009	282509	-2991		
Year End Target 2010/11				305580
Opening Position from Q4 2009/10			282509	-23071
Initiatives in Year				
Procurement Bowburn (FYE)			3000	
Procurement Esh Winning (FYE)			3000	
Growth from New Contract (Bennison)			1078	
Out of Hours Contract Change			1500	
Impact of Non-recurrent commissioning (Dec 2009)			6496	
Impact of Targetted Overperformance (Mar 2010)			500	
Impact of Non-Recurrent Commissioning (Mar 2010)			7500	
Re-contracting of Mr X			126	
Student Access Contract (access # to be clarified)			49	
Forecast Position Q4 2010/11			305758	178

Additional funds, including an allocation from the SHA are available in 2009/10; a flag for further funding has been made to the AOP process for 2010/11

Ian Makinson
Assistant Director of Performance & Contract Management
NHS County Durham
January 2010



County Durham and Darlington

Appendix Five

County Durham Partnership 2009 Quarter 2 2009/10 Performance Management Report

Purpose of the Report

1. This report provides County Durham Partnership with the latest reported performance of the Durham Local Area Agreement (LAA) indicators for review and action.

Summary

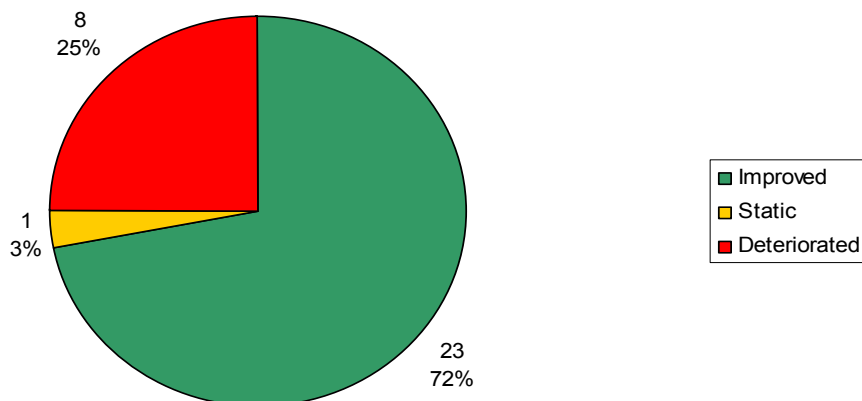
2. The report is drawn from performance data and commentaries that have been provided by Local Strategic Partnership (LSP) partners. The report focuses on LAA indicators which place a strong focus on outcomes (rather than processes) and are subject to challenging targets.
3. At the end of the second quarter there is a generally good overall level of improvement with 75% of LAA indicators either improving or maintaining previously reported performance. This is up from 69% at the end of quarter 1. Performance against target has also improved with 59% of LAA indicators on target compared to 52% at the end of quarter 1. A further 5% (2 indicators) falls within the 'approaching target' threshold by performing within 2% of target.
4. It should be noted that the apparent over representation of Children's Trust indicators as performance exceptions is, in part, due to having responsibility for more National Indicators (NIs) overall and the aspirational nature of the statutory targets imposed for educational attainment.

LAA 2006-09

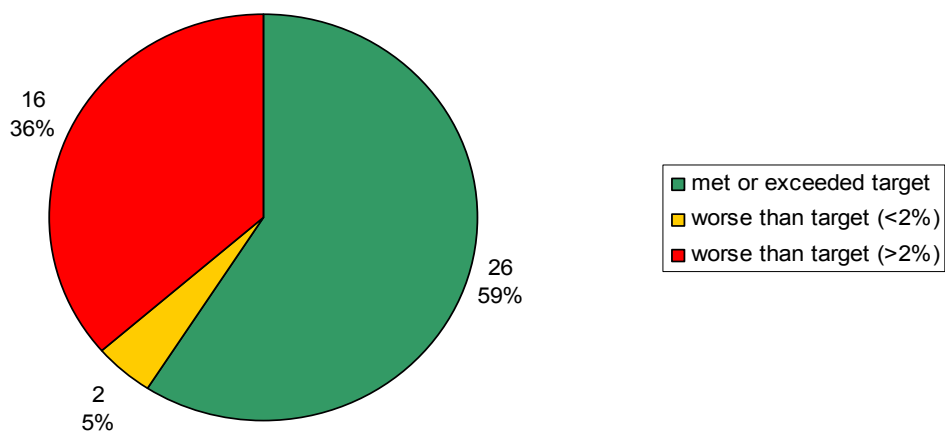
5. Significant improvements were delivered over the period of the County's first LAA which operated from 2006 - 2009 with a maximum potential Performance Reward Grant of £14,492,650. Of the twelve stretch targets agreed with government, eight and a half targets fully achieved the required improvement, one failed to meet the improvement threshold, and one target that was declared 'inoperable' remains undetermined. Our achievement so far, with the status of two and a half targets still to be finalised, stands at 71%. This compares favourably with figures provided by Government Office showing an average north east success rate of 65% in previous agreements.
6. We expect final outturn for the Healthy Schools target (half of target 1) and the Perceptions of Anti-Social Behaviour target (target 12) to be reported before the end of the financial year. These as yet incomplete stretch targets and the 'inoperable' VAT Target provide the potential to improve the County's success rate to over 80%.

Q2 Performance

Direction of Travel






Performance to Target



Analysis by Thematic Partnership

	Improved ✓	Static ➡	Deteriorated ✗
Thematic Partnership	72% (23)	3% (1)	25% (8)
Health & Wellbeing	100% (3)	0% (0)	0% (0)
Safe Durham	75% (3)	0% (0)	25% (1)
Children's Trust	100% (9)	0% (0)	0% (0)
Economic	20% (1)	0% (0)	80% (4)
Environment	64% (7)	9% (1)	27% (3)

Thematic Partnership	Target met or achieved 	Performance <2% worse than target 	Performance >2% worse than target 
	<i>Q1 figures</i>		
	59% (26) 52%	5% (2) 5%	36% (16) 43%
Health & Wellbeing	60% (6) 70%	10% (1) 0%	30% (3) 30%
Safe Durham	75% (3) 25%	0% (0) 0%	25% (1) 75%
Children's Trust	38% (5) 17%	8% (1) 8%	74% (7) 75%
Economic	60% (3) 75%	0% (0) 25%	40% (2) 0%
Environment	75% (9) 75%	0% (0) 0%	25% (3) 25%

7. During quarter 2 good progress has been achieved against some of Durham's key areas for improvement. Examples include:

- significant improvements in examinations and tests (educational attainment results are provisional at this point),
- 'Assault with less serious injury' has declined compared to the same period last year
- better than target performance for first time entrants into the youth justice system,
- better recycling and composting rates (due to the extension of the garden waste scheme),
- reduced numbers of people claiming Job Seekers Allowance in September - a reduction for the fourth month running. This suggests that unemployment may have reached a plateau but totals are expected to rise again later in the autumn due to seasonal unemployment influences.
- improvements in litter, detritus, graffiti, fly-posting and fly tipping levels
- more older people moving on from supported housing to independent living in a planned way,

8. Areas where further improvements are required include:

- The proportion of the County's young people not in education, employment or training
- Teenage pregnancy rates
- The number of fatal and serious casualties in road accidents
- The number of serious drug users involved in effective treatment
- The amount of household waste collected, recycled and composted, and municipal waste land-filled
- The County's employment and joblessness rates, particularly youth unemployment

9. Corrective actions are being taken in these and other areas where performance is not improving or is below target. Further comparative work and analysis will be applied to our data when national comparative quartile information becomes

Performance Management Developments

10. Improvements to performance management arrangements are planned for development over the coming months. These include the identification of appropriate proxy measures for annual NIs or those subject to data lag or which lack quarterly updates, better data quality, performance analysis and commentary. These and other improvements are to be considered by the Delivery & Improvement Group (DIG).
11. During Quarter 2 the County Durham Economic Partnership introduced a monthly update to track the performance of the local labour market, mirroring a model developed by One North East. Unlike many economic NIS, this publication provides relevant, regular and timely performance information that is not subject to data lag.
12. The Health and Wellbeing partnership proposes to introduce and drive performance management developments through its Performance Management subgroup. Proposals include refreshing its Delivery Plan in order to have smarter actions, and processes that will provide regular commentary updates and proxy measures.

Alert Icons

Where icons appear in this report, they have been applied to the most recently available performance information.

Key

Performance better than target



Performance <2% worse than target



Performance >2% worse than target



Trends

13. The body of the report also includes details of performance trend where available. A symbol that indicates whether performance has improved or deteriorated is provided. In simple terms, a green tick represents improved performance and a red cross represents deteriorated performance.

For indicators where Smaller is Better



The latest reported data are lower (and therefore better)



The latest reported data are higher (and therefore worse)

For indicators where Bigger is Better



The latest reported data are higher (and therefore better)



The latest reported data are lower (and therefore worse)

HEALTH & WELLBEING PARTNERSHIP

14. To support residents to lead long healthy lives we aim to achieve:

- Reduced death rates
- Increased number of residents enjoying physical well-being
- Increased number of residents enjoying mental well-being
- People are safe and feel safe



15. **NI 121 Mortality rate from all circulatory diseases at ages under 75.**

Latest data are for 2007. 2008 data are expected to be published nationally in December 2009.

The mortality rate for premature deaths from circulatory disease in County Durham has fallen consistently for over 10 years. Furthermore, the relative inequality gap in premature death rates between County Durham and England has decreased from 28% in 1997 to 12% in 2007. However, whilst the mortality rate for males in County Durham continued to steadily decline by 2007, the mortality rate for females increased slightly and future rates will need to be closely monitored to determine whether this shows a random variation in a general trend. The female mortality rate remains, however, almost half that for men and so future focus will remain on stopping or delaying premature deaths from circulatory diseases amongst men.

77 of the 83 practices in County Durham and Darlington have signed up to a Service Level Agreement (SLA) to carry out Cardio Vascular Disease (CVD) Risk assessments. 1100 people have had an assessment since the launch of the programme in October 2008. Initially the assessment will target those at greatest risk, but the intention is that all individuals in the group 40-74 will eventually have a CVD risk assessment.



16. **NI 122 Mortality from all cancers at ages under 75.**



Latest data are for 2007. 2008 data are expected to be published nationally in December 2009.

Mortality rates for premature deaths from cancer in County Durham fell from 163 per 100,000 population in 1997 to 136 in 2002, but since then the decrease has slowed down to 131 in 2007. Over the last 5 years annual death rates have fluctuated although generally the downward trend has continued. The inequality gap between County Durham and England for premature mortality rates from cancer over the last 10 years has decreased from 19% to 15%, but this pattern masks considerable variation from year to year. Female mortality rates for premature deaths from cancer in county Durham remain slightly lower than rates for men being 123 per 100,000 population compared to 141.

Cancer mortality rates have not reduced in line with the target. The Cancer Locality Management Group has worked across agencies to plan and develop a Cancer Reform Strategy local action plan. This encompasses prevention, awareness, early diagnosis, screening, treatment and living with and beyond cancer. Reducing cancer mortality rates is one of the PCT's World Class Commissioning priorities and as such it has prompted a corporate project to ensure this is achieved. We now have a detailed plan for the achievement of this target with good baseline data.

17. NI 119 Self reported measure of overall people's health and wellbeing.

69.2% of people in Durham feel they have a good level of health and wellbeing. National comparators for Place Survey indicators are now available from the Audit Commission and Durham's performance sits within the bottom performing quartile in comparison to all other 151 single or upper tier authorities. Current performance is also below the North East average of 70.4.

18.   NI 40 Number of drug users recorded as being in effective treatment.

The number of drug users using crack and/or opiates recorded as being in effective treatment is also not currently performing to target. However the LAA target was set against an erroneous baseline. The Safe Durham Partnership has therefore requested a target revision in the next LAA refresh. At the end of quarter 2 (year June08 – May09) the number in treatment is 1445. This performance whilst not on track fares better against the local target of 1598 set by the Drug and Alcohol Action Team. The Partnership has arrangements in place to reach this local target by the end of the financial year. Strategies include monthly monitoring and individual local targets for each of the seven treatment centres within the County.

**19. Local Indicator: Harm caused by alcohol: measured by NI39 & NI20
NI 39 Rate of hospital admissions for alcohol related harm per 100,000.**

The Alcohol Harm Reduction Strategy for County Durham was launched on 17th July 2009. The launch of the strategy, which is accompanied by a three year action/delivery plan for partners, was timed to coincide with the Regional Big Drink Debate.


20.   NI 20 Assault with injury crime rate

The number of 'Assault with Less Serious Injury' offences has fallen by 14.2% (from 695 to 596) when comparing quarter 2 in 2008/09 with 2009/10 and fallen by 5.1% (from 1,381 to 1,311) when comparing April to September 2008/09 with April to September 2009/10.

**21.   NI 55 Obesity among primary school children in reception year &
NI 56 Obesity among primary school age children in Year 6.**

Latest data are 2007/08. There is a significant time lag on availability of data due to the data collection and ratification process with 2008/09 data expected around January 2010. There has been a development of a specialist obesity service for

those children and young people who are currently classified as morbidly obese. The authority is currently working with the Child Health Information System to standardise data collection across County Durham. There has been investment in childhood intervention programmes with a phased approach to delivery. Delivery of Family Initiative Supporting Children's Health (FISCH) in all locality areas across County Durham will commence in September 09.

22.  **Local Indicator: The percentage or number of residents participating in physical exercise – measured by NI 8 Adult Participation in Sport and active recreation.**

Data relate to Active People Survey 3 (Rolling 12 months from Apr 2008 to Apr 2009) which are interim data and could change when final data are published in Dec 09. Although the percentage has decreased since the APS 1, this decrease is not statistically significant due to the sample size. Therefore, there has been no change in performance (overall 20.4%), indicating there is a high probability the participation rates are static. Pre April 09 District authority performance April 08 to April 09 (Survey 1 baseline Data) are listed below;

Chester-le-Street, 20.63% (22.3%) – No change

Derwentside, 18.38% (19.8%) – No change


Durham City, 22.03% (26.84%) – Decreased

Easington, 18.57% (16.97%) – No change

Sedgefield, 21.95% (17.78%) – Increased

Teesdale, 24.70% (22.27%) – No change

Wear Valley, 18.91% (18.25%) – No change


23.  **NI 123 Stopping smoking (Number of 4 week smoking quitters per 100,000 population aged 16 or over).**

Between 1 April and 30 June 2009, there were 1,185 smoking quitters at the 4 weeks threshold including 34 pregnant smokers. This equates to a rate of 283 and is better than target. Examples of initiatives to encourage residents to stop smoking include the continuation of level 2 intermediate services to provide a wide range of stop smoking support, increased capacity of specialist service support to enable delivery of services outside of primary care and within Mental Health, prison, pregnancy and secondary care and workplace settings.



24.  **LAA HW No. of people with mental health problems progressing from employment.**

This indicator measures the number of people with Mental Health difficulties who have progressed into Employment, Training/Education or into Volunteering after participating in specialist employment and training support programmes operated by either the statutory or voluntary sector. The measurement covers men and women, referred through either Secondary or Primary Care (or self referral) and will also include those who have accessed work experience as part of an employment support programme. The measurement will also include people whose illness

requires continued support in maintaining employment / training / volunteering. This information provides a measure of the outcomes achieved by people with mental health problems. The year end target is 313, Quarter 2 target is 156. In the last quarter, 21 people accessed employment, of whom 9 moved into full time work, 53 people accessed voluntary work, 7 progressed into work placements, 220 people progressed into further education and 136 accessed accredited training. This reflects the enrolment period for the new academic year. This has already exceeded the annual target.

25.   **NI 125 (Proxy PI) Achieving independence for older people through rehabilitation / intermediate care.**

The percentage of older people in receipt of intermediate care or rehabilitation services still living at home three months after their hospital discharge is within 0.1% of the target. A number of developments have been introduced to ensure that people are able to regain their independence after hospitalisation; community matrons have been deployed into 3 intermediate care teams to support older people at home, and 'in reach' social workers have been established in hospitals so older people have access to intermediate care services. The target has been profiled over the year to reflect the expected gradual improvements from increased service provision through the introduction of the Intermediate Care Strategy.







26.   **NI 141 Percentage of vulnerable people achieving independent living.**

Key achievements include progress in achieving independence for vulnerable people in County Durham. Significant progress has been made through the Supporting People Programme to move people on from supported housing in a planned way to independent living. Targeted action and close monitoring of individual providers has led to the final LAA target for 2010/11 being exceeded by more than 10% at this point.

SAFE DURHAM PARTNERSHIP

To ensure people are safe and feel safe we aim to achieve:

- Reduced incidents of crime
- Reduced incidents of domestic abuse
- Reduction in the rate of re offending
- Reduction in the rate of first time offenders
- Reduction the number of people concerned about anti social behavior
- Safe roads

27.   **NI 20 Assault with injury crime rate**
The number of 'Assault with Less Serious Injury' offences has fallen by 14.2% (from 695 to 596) when comparing quarter 2 in 2008/09 with 2009/10 and fallen by 5.1% (from 1,381 to 1,311) when comparing April to September 2008/09 with April to September 2009/10.
28. **LPI 02 Local Indicator Domestic Abuse: The percentage of the population covered by MARAC (Multi-Agency Risk Assessment Conference) (proxy measure).**
At the end of the second quarter the MARAC continues to cover 19% of the County i.e. the Easington district. Funding has been agreed by all of the partner agencies to fund MARAC (Multi-Agency Risk Assessment Conference) for 3 years. The final 3 IDVA's (Independent Domestic Violence Advocates) have been employed and MARAC is being rolled out across the County by the end of March.
29.   **NI 30 Re-offending rate of Prolific and priority offenders.**
This indicator measures the change in convictions for Prolific and other Priority Offenders (PPOs) over a 12 month period. Data is sourced from the Home Office and the Police National Computer. Data for this indicator is reported 4-5 months in arrears. The newly released performance data for Durham is 59 re-offences in quarter 1 (1 April and 30 June 2009). This is within the profiled target of no more than 64 re-offences per quarter. If sustained this would result in year-end performance of 236 re-offences. This would achieve the 2009-10 target of no more than 256 re-offences.
30.   **NI 111 First Time Entrants to the Youth Justice System aged 10 – 17**
The target is expected to be achieved by a significant margin. The latest Youth Justice Board comparative data for Quarter 1 2009-10 shows that County Durham Youth Offending Service is achieving a reduction of 52.0% and is better than the North East (-21.9%), Family (-15.8%) and England (-18.7%) averages.
31. **NI 21 Dealing with local concerns about anti-social behaviour and crime issues by the local council and police.**
Place Survey data shows performance for County Durham is 26.7%. Although below the north east average, Durham is above the England average and is placed in the second quartile when compared to all single and upper tier authorities. The Public Reassurance Group has developed a delivery plan that aims to tackle NI 21. This will have two main approaches one of which is more joined up messages

and communications along with a strong emphasis on feeding back on community concerns and priorities in the form of 'You said we did' Information. The other is action orientated work, making sure the work and action that are undertaken to create safer and more confident communities is visible to the public

32.  **LPI 99a number of fatal and serious casualties (road traffic collisions)**

Annual road traffic casualty targets which form the basis of the indicator have been established with regard to the government's 2010 casualty reduction targets and have been stretched through the County Durham Local Transport Plan 2 process. During the January - September 2009 period 167 people were killed or seriously injured in road traffic accidents in the County. Accidents cannot however be predicted. Analysis is undertaken regularly through the Casualty Reduction Partnership which looks carefully for patterns ie location, demographic, road condition, weather conditions, social issues. Training this year has been targeted at child pedestrians, young and inexperienced drivers, older drivers and motorcyclists.

CHILDREN'S TRUST

To support young people to increase their attainment in learning and work we aim to reflect the County Durham vision with regard to the 'Every Child Matters' agenda that all children, young people and their families will:

- Be healthy
- Be safe
- Enjoy and achieve
 - o increased attainment for all young people
 - o Reduced number of young people not engaged in employment, training or employment
- Make a positive contribution
- Have economic well being

33. Local Indicator: The percentage or number of residents participating in physical exercise – Measured by:



The percentage of children aged 7-14 who spend a minimum of 2 hours per week on high quality sport and PE.

Data are still obtained via the annual National School Survey. However, this 2-hour target is now obsolete and the question is no longer part of the survey. It has now been replaced by a government 3-hour target. In order to get the information for a '2-hour target' the amount of curriculum time question (Q2 in survey) and the % of time spent in out of school hours' time has been used.

All 6 school sport partnerships continue to work above national standards, in most outcomes. They are all now working towards the new 3-hour target. Our indicators need to be brought into line with the National Indicators.

34.  NI 112 Under 18s conception rate.

The Office for National Statistics released validated data in July 2009 in relation to 2007 data (this is because of the time-lag for conceptions data) and this reveals a change of -8% from the 1998 baseline for County Durham. Although progress has been made from the 1998 baseline, it is not being made at a fast enough rate.

The most up to date data we have is for the conception rate per 1000 population (females aged 15-17) for County Durham 2008. Provisional data show the rate fell from 54.9 to 48. between Q1 and Q2. During the 2nd quarter (April – June 2008) there were 114 conceptions, which is an increase of 1 when comparing against the corresponding quarter in the previous year, but a decrease of 16 teenage conceptions when comparing against quarter 1 2008. Caution should be attributed to quarterly data as they are very volatile. However, reducing the Under 18 conception rate still remains a highly challenging issue for the Service and the Council.

35.  NI 79 Achievement of a level 2 qualification by the age of 19.

Latest data are for 2007/8. 2008/09 data will be available March / April 2010.

There has been year on year improvement for the last four years in the percentage of 19 year olds achieving a Level 2 qualification: 63.5% in 2004/5; 66% in 2005/6; 69.8% in 2006/7; and 73% in 2007/8.

Although below the national average of 76.7% (2007/8), County Durham compares well with its Statistical Neighbours on this indicator. This sustained improvement is the result of significant investment pre-16 in terms of support for schools eg the LA Beyond Expectations Team, and post-16 in terms of targeted Learning & Skills provision in Further Education Colleges.

36.   **NI 117 % 16-18 year olds who are not in education, employment or training (NEET).**

There is a marked increase in the percentage of 16-18 year olds not in Education, Employment or Training (NEET, NI 117) compared to Q1. It should be noted that data over the summer months are extremely volatile with the destination of a number of groups recorded as *Not Known*. E.g. all clients completing one and two year courses at colleges and sixth forms, year 11 leavers etc. As the situation of those *Not Known* become *known*, through their contact with Connexions Advisers, the actual NEET figure will become more accurate in the coming quarter. It is difficult however to anticipate the next reported figure due to the current economic downturn.

37. **NI 110 Young people's participation in positive activities.**

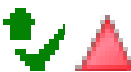
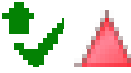



Performance for this indicator is taken from the annual TellUs survey. The 2008/09 value was amended to 64.2% following publication of results by the Department for Children, Schools and Families. Durham County Council was ranked 10th out of 11 local authorities in comparison to our Statistical Neighbours. Average North East performance was 67.7 and national performance was 69.5.

The following actions are to be implemented to improve places to go and things to do for all children and young people:

- Maximise the take up of free swimming
- Identify local solutions where transport is a barrier to participation in positive activities
- Ensure that what is already available to young people is clearly identified and publicised
- Involve young people in decision making, improving quality and allocating resources
- Develop an Integrated Youth Support Service where partners will work together to provide better activities for children and young people
- Implement the Play Strategy
- Develop the Youth Offer locally

LAA Statutory Education and Early Years Indicators – by Exception

38. In relation to Educational Attainment, assessment, test and exam results for 2009 (still provisional) show some of the greatest improvements in students' achievements since national assessment systems were introduced. Performance at Key Stage 2 remains firmly at or above national averages, performance at

39.  **NI073 % of pupils achieving level 4 or above in both English and maths at key stage 2.**
Performance in Durham is 2% above the national average for the second year running and has strengthened compared to the national average. Raising attainment continues to be a very high priority in the operational plan for primary education.
40.  **NI075 % of pupils achieving 5 or more A*-C GCSEs or equivalent including English and maths.**
The achievement of 5 A* - C GCSEs including English and maths is a key indicator for the county. Although the nationally determined target was not met, performance at the summer examinations resulted in an improvement of almost 4 percentage points on last year, with Durham the 37th most improved authority nationally. Planning to support schools to further improve results includes a determined focus on providing intervention for those young people at risk of achieving only one, rather than both, of the required English and maths.
41.  **NI093 Progression by 2 levels in English between KS1 and KS2.**
Although the target was not reached the percentage of pupils making 2 levels of progress in English has increased by just over 2%. This is despite the impact on progress of the writing test in 2009 especially for pupils at Level 5.
42.  **NI100 % of looked after children achieving at least level 4 in maths at Key Stage 2.**
This is 8 percentage points less than the target set 2 years ago and 15 percentage points less than the previous academic year (2007-08) outcome. However, this is an improvement of 2 percentage points on the pupils estimated to achieve this result. Each young person is provided with individual support to ensure they achieve the best possible outcomes.
43.  **NI105 percentage point gap between pupils who are identified as having Special Educational Needs (SEN) who achieve 5 A*-C GCSE grades or equivalent including English and maths and their peers (pupils who have not been identified as having special educational needs).**
Schools causing concern in relation to the outcomes for pupils with SEN have been identified through standard monitoring processes. School Improvement Partners are discussing these concerns with the schools involved and are commissioning appropriate interventions to address the potential under performance. This position will be closely monitored and the impact of the interventions evaluated. The gap data compares improvements for those with SEN against improvements for all pupils. Whilst SEN results are improving, the results for all pupils are improving faster, resulting in an increase in the gap.

Local Area Agreement 2006/09

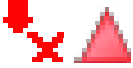



44. The National Healthy Schools target (an element of Stretch Target 1) does not conclude until the end of December. Good progress has been made and at the end of quarter 2, 93% of the County's primary schools had achieved the new National Healthy Schools Status. We are therefore on target to achieve the 95% stretch target by the end of the year.

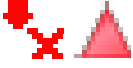
COUNTY DURHAM ECONOMIC PARTNERSHIP


To develop a modern, dynamic and diverse economy we aim to achieve:

- Increased levels of adult education and skills
- Strengthened competitiveness and productivity of our businesses
- Improved employability and economic activity




45.  **NI 164 % of working age population qualified to at least level 3.**
The latest data are from 2008. Performance of 45.40 against a target of 48.9. The latest data from 2008 shows a slight fall in this measure from the previous year. Proxy work (undertaken in 2009 with a larger sample size than that used for the NI set) by the LSC suggests that the rate is likely to have actually increased (to above 60%). It is thus likely that the apparent fall is more likely attributable to statistical difference rather than an actual fall. It is also relevant to note that the LSC survey was undertaken in 2009 and published the same year whereas the NI figures still represent 2008. The substantial rise in those holding a level two qualification suggests that the flow of those learners will enter this cohort, especially as the focus on those recently made unemployed is to re-skill or to update qualifications.

46.  **NI 171 % of business registrations per 10,000 resident population aged 16 and above.**
The latest available data, for 2007, shows a business registration rate of 26 per 10,000 population. A breakdown of district performance is as follows; Chester-le-Street, 27.52%, Derwentside, 28.67%, Durham City, 25.43%, Easington, 16.30%, Sedgefield, 29.49%, Teesdale, 31.40%, Wear Valley, 29.18%

47.  **NI 151 % of the working age population (16-59 for females and 16-64 for males) who are in employment.**
The employment rate has fallen in real terms by 1,100 to 224,100 of the working age population over a 12 month period to March 2009. This fall reflects the fact that unemployment is rising (and specifically Job Seekers Allowance (JSA) claimants have risen rapidly) although the increase in JSA is not mirrored directly in the reduction to the employment rate. The rise in those classed as 'NEET' will have also made a contribution to this decrease.

48.  **NI 166 Median gross weekly pay of full-time employees.**
The latest data are from 2008. The Director of Regeneration and Economic Development has set up the Economic Downturn Task Force to address the

economic downturn, including the effect on earnings which is a consequence of increased out of work benefit claimants and reduced employment.

49.  **NI 173 % of working population living in the local authority who move directly from employment to incapacity benefit.**
Data for this indicator are currently under suspension by the Department for Work and Pensions (DWP) whilst a reliable data source is established. This has been due to changes to benefits ie the removal for new claimants of incapacity benefit (IB) and the introduction of Employment and Support Allowance (ESA).
50.   **NI 152 % of working population who are claiming out of work benefits.**
The total number claiming out of work benefits has increased from the last quarter to 56,570, an increase of 4,250. The rate for men increased by two percentage points (in real terms by 3,330 to 33,250) and for women by 0.7 percentage points. This figure includes job seekers allowance claimants which during this period was at approximately 14,500 and had increased by almost 100% from the same time the previous year. This figure also shows those claiming the new employment support allowance and includes those who no longer qualify for it, the latter cohort may have moved onto Job seekers allowance (JSA) but data is not yet available to show the extent by which any increase in JSA has been a result of movement by claimants from one out-of-work benefit to another. Evidence for this may be available early in 2010.
51. The lagging nature of many economic indicators continues to mean that the full impact of the economic downturn is not yet fully reflected in the measures used, the majority of which are NIs that will not reflect the recession until during 2010.
52. Relevant economic headlines (County Durham Economic Assessment October 2009 update) not sourced from the NIs indicate that Job Seekers Allowance claimants have fallen for four consecutive months. This could suggest that unemployment may have reached a plateau, but levels are expected to rise again due to seasonal unemployment influences over the coming months.
53. Whilst all regions of England and Wales have experienced a reduction in average property values during the recession and over the last year, within the north east region, it is County Durham that has had the most significant fall, -13.9%, compared to -9.1% for the region as a whole and -9.4% for the rest of England and Wales. However it is encouraging to report that average house prices have remained stable for the last 3 months and slight improvements in sales volume figures have been achieved.
54. Relatively high youth unemployment has been a key feature of the County in previous recessions. Over the last two decades a number of schemes such as the *New Deal for Young People* resulted in the County's rate converging with the national figure in 2006. However, the current recession has caused the gap to widen again. Nationally 75 young people in every 1000 aged 18-24 are unemployed; the figure for County Durham is now 19% higher at 89.

The government's 'Backing Britain' campaign represents a significant policy to combat the recession for young people, a group particularly hard hit. One strand of the campaign is the Future Jobs Fund (FJF) and locally, hotspots will be identified and the FJF will be targeted at the long term 18-24 year old unemployed. Durham's share of over £6.5m will be used to create over 1,000 jobs within the public, community, voluntary and private sectors.

ENVIRONMENT PARTNERSHIP

To sustain cohesive communities and a clean, green environment with access to accommodation across all tenures, enhanced access to transport and a balanced natural environment we aim to achieve:

- Diverse communities
- Individuals who feel they make a positive contribution to their community
- Decent homes, diversity and choice of housing and homes that are affordable
- Reduced levels of homelessness
- Accessible transport
- Conservation of natural resources
- Reduced emissions

55. NI 23 Perceptions that people in the area treat one another with respect and dignity.

Durham's weighted Place Survey performance of 38.9% for this indicator, in comparison with all 151 Single and Upper Tier local authorities with LAA agreements, attracts a third quartile ranking. Current performance is better than the North East average of 35.5%.

56. NI 04 % of people who feel they can influence decision in their locality.

Durham's weighted performance of 23.7% for this indicator in comparison with all 151 Single and Upper Tier local authorities with LAA agreements attracts a bottom quartile ranking. Current performance is also below the North East average of 28%.

57. NI 06 Participation in regular volunteering.

Durham's weighted performance of 19.7% for this indicator attracts a third quartile ranking based upon the performance of all other 151 authorities with Local Area Agreements. Current performance is however better than the North East average of 18.6%.

58.  NI 195a – d % of relevant land and highways assessed as having deposits of litter, detritus, and graffiti, fly-posting that fall below an acceptable level.

Surveys to monitor the levels of street and environmental cleanliness are undertaken 3 times per year. The first survey was undertaken in July 2009. These indicators measure unacceptable levels of litter, detritus, and graffiti and fly posting. All of these indicators are exceeding target (LAA indicators) although improvement is less consistent; performance for litter has deteriorated, graffiti is static, and

detritus and fly-posting have improved. Further work is being carried out to analyse the data in terms of the operational areas so that this can inform further focused attention in areas of poor performance. Work is also being undertaken to map this data onto the GIS.

59.  **NI 196 assessment of fly-tipping by comparing year on year change in total incidents and year on year change in enforcement actions.**

This is an annual indicator and is pleasing to note that based upon the seven former Durham District's returns for this indicator that Durham County scored Level 1, which is the highest category, giving an 'effective' grading. A number of initiatives have taken place to reduce the incidences of fly-tipping across Durham County including the Pride in Easington initiative, a part of which initiated letters being sent to businesses outlining their legal obligation to ensure waste is sorted and disposed of correctly. Posters and leaflets outlining the rules and regulations on fly tipping are also being distributed to community centres, residents associations and other groups.

60.   **NI 158 % of non-decent council homes.**



This is an annual indicator and reported performance is for the period 2008/09. The % of non-decent council homes is calculated on an annual basis and covers the housing stock for Dale and Valley Homes, Durham City Homes and East Durham Homes. Following a successful inspection by the Audit Commission, funding has now been released to East Durham Homes for a programme of works to bring the housing stock up to standard. Works are continuing to be undertaken in the Dale and Valley and Durham City Homes areas. It is expected that improvements will be seen in all three areas.

61.   **NI 154 net increase in dwelling stock over one year.**

Latest data are for 2008/09.

This is an annual indicator and is not due at quarter 2. However, an update on the current position has been provided. The current value is at 492 (an increase of 213 from last quarter). The greatest development has occurred in the former district of Wear Valley (55 new homes) and Derwentside (an additional 58, taking the total to 141 in 09/10 for this area). The values are in line with expectations as development activity has been reduced over the past 12 months and there will therefore be a time-lag from when the housing market picks-up again to when completions increase significantly.

A positive development for housing is the planned development of 28 new homes for rent, the first council housing to be built in Durham for around 20 years. This has been made possible through £1.5m of Government grants with match funding by the County Council.

62.   **NI 155 Total supply of social rent housing and intermediate housing.**

An update on the current position for 2009/10 shows the cumulative total for affordable homes delivered is 91 (an increase of 26 from the last quarter). There have been no affordable homes delivered in the former district of Wear Valley from the 102 new homes delivered although this may be attributed to incomplete developments resulting from the current recession.

63. NI 187 i & ii % households in income related benefits living in homes with low / high energy efficiency.

This is an annual indicator and performance for these indicators has been calculated using data from surveys carried out by the Energy Savings Trust. Performance rating stands at 9.84 and 48.73 for the low and high categories respectively. Targets have now been set in the refresh for both elements of NI 187 with a target of 8% being established for NI 187i and 50% for NI 187ii.

 **64. NI 156 number of households living in temporary accommodation provided under homelessness legislation.**

Progress to target has improved dramatically over the last 6 months. One of the reasons for this is that a former District had been historically recording households for N156 incorrectly which resulted in inflating previous quarters' figures. Recent months have also seen all areas having access to a range of prevention led developments which result in preventing homelessness and thus the need for temporary housing.

This PI does also have a seasonal factor whereby activity can be lower at this time of year across the service. We may therefore see slight increases in the next quarter and a further increase after Christmas.

 **65. NI 175 access to core services and facilities by individuals via non-private modes of transport e.g. public transport.**

This indicator measures the accessibility of outpatients facilities across the County. Performance is being maintained at a high level due to the partnership working between the County Council, Health authority and the bus operators.

66. NI 186 % reduction from the 2005 baseline of per capita CO2 emissions in the local authority area.

Data recently became available for this indicator relating to the difference between 2005 and 2006. The most recent Defra report shows a slight increase in CO2 emissions across the county in 2006. In 2006 work was being carried out by the eight Councils in County Durham. The focus of the Districts was on housing while the County Council carried out work to its own stock. While the councils were all successful at reducing primary energy (energy used for heating and hot water) and it can be seen in a reduction in the amount of Coal, Gas and Oil usage, electricity consumption rose dramatically due to increased sales in high energy consuming white goods such as plasma and LCD TV's, American style Fridge Freezers and also the usage of portable air conditioning due to the summer heatwave which saw temperatures go above 100°F in the UK.

 **67. NI191 Residual household waste per household.**

Although the LAA target has not been achieved, data are showing a 13% decrease in household waste collected compared to the same period last year (183kg against 211kg for last year). Contributing factors are the extension to the Green Waste scheme, which has diverted 6,417 tonnes, more than double last year's tonnage for the same period; continued awareness raising and improvements to recycling and also the current economic recession which has affected household spending habits.

68.  **NI192 % of household waste sent for reuse, recycling and composting.**

Not performing to target but demonstrating impressive improvement is the County's recycling and composting rate. From 29% reported at the year end 08/09, the current rate stands at 37% against a target of 40%. This improvement is due to a number of factors, mainly the extension of the garden waste scheme across the county. The ongoing regulatory problems with the aerobic digester treatment remain. Commissioning work that is ongoing to bring the digester back into full operational use by the end of December 2009 should improve these figures even further.

69. **NI 188 Level of preparedness the authority has reached in planning to adapt to climate change.**

Performance for this new indicator is currently at Level 1, with Level 4 being the highest. The authority is currently on track to achieve its target of attaining Level 2 by the end of March 2010. In doing so, the authority will have an audit trail of risk management plans in place in line with the targets set with the LAA.

Recommendations:

70. The County Durham Partnership is asked to:

- a) Note the performance reports provided by the Thematic Partnerships.
- b) Seek comments on action being taken from Chairs of Thematic Partnerships.
- c) Identify any areas which should be the subject of a full report to the Partnership for further discussion and debate.
- d) Note the need for developments in performance management arrangements
- e) Suggest any additional interventions to help improve performance.

Contact: Bev Stobbart Tel: 0191 383 4001



County Durham and Darlington

Appendix Six

Darlington Partnership 2009 Quarter 2 2009/10 Performance Management Report




DARLINGTON PARTNERSHIP PERFORMANCE MONITORING REPORT (APRIL 2009 TO SEPTEMBER 2009)

Purpose of Report

1. To give members of the Executive Group a summary of overall performance for the first two quarters of year 2009-10 across the five Themes. In addition this report provides additional information provided by themes about additional delivery issues which are affecting performance, measures that have been taken to address them and specific requests they would like to make of the Executive Group to address them (paragraphs 11 to 16 below).

Background information

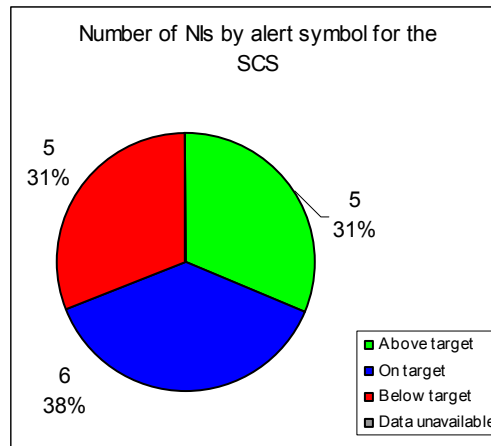
2. This report gives a high level overview of performance against indicators and actions. Attached to this report are the theme group reports which outline progress against their respective elements of the Sustainable Community Strategy, the Local Area Agreement and those indicators from the National Indicator Set relevant to their themes.
3. Performance is reported using the following indicators:

Above target	
On target	
Below target	

Performance Information and Analysis

(i)	One Darlington : Perfectly Placed – Sustainable Community Strategy	
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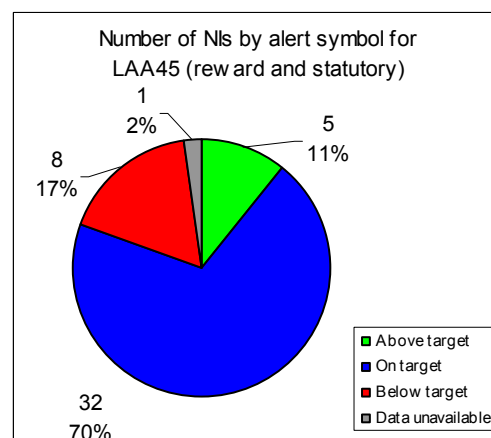
4. The SCS itself incorporates 15 performance indicators (three for each of the five delivery themes) and one of these indicators has two parts (hence 16 in the pie chart below). These indicators focus on long-term outcomes that are unlikely to shift significantly within the short-term but over the 13 year lifespan of the SCS they will provide a high level overview of progress in delivering the vision.



5. The overall status of the SCS is currently showing above target performance, although this is based on two indicators, of which one has two parts. Within this NI075 Achievement of 5 or more GCSEs reported below target performance, although improved from the previous year.

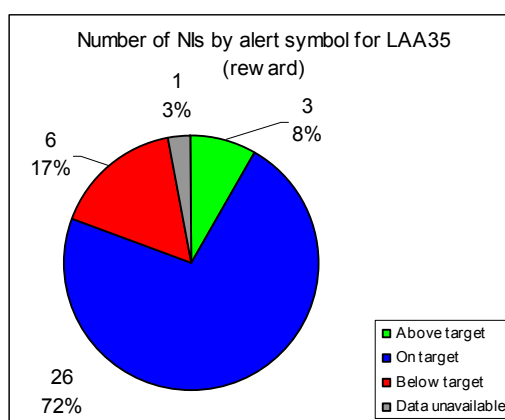
(ii)	One Darlington : Perfectly Placed – Local Area Agreement	●
	- Local Area Agreement – Negotiated Targets	▲
	- Local Area Agreement – Statutory Education Targets	●

6. The LAA consists of a set of 35 performance indicators (selected from the national indicator (NIS) set) and associated targets, negotiated and agreed with government as the delivery plan for in the short term progressing One Darlington : Perfectly Placed over the period 2008-2011. The LAA also includes ten statutory indicators/targets.
7. The symbols above show that overall the LAA is currently 'on target'. This overall position is calculated from the available data on both the negotiated and statutory indicators. The 'negotiated' reward part of the LAA is below target but data is only available for seven of the 36 indicators (one indicator has two parts). For the education part of the LAA data is unavailable for three of the ten indicators.

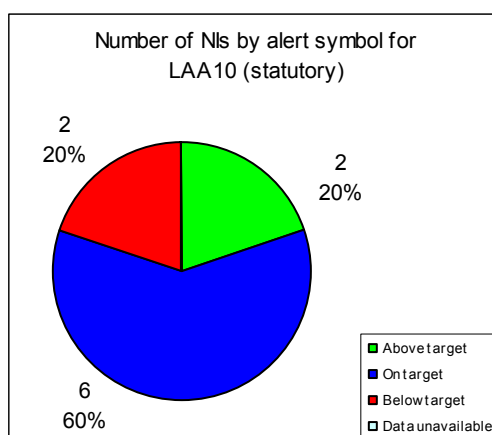


8. Of the seven negotiated indicators for which data is available in quarter 2, five show performance to be on target. Two indicators are showing below target performance:

Indicator	Target	Actual
NI 130 – Direct Payments/Individual Budgets	16.80	6.08
<p>Reasons – For the past 6 months we have been developing the infrastructure that needs to be in place for the development of Personal Budgets within Darlington this includes a Supported Assessment Questionnaire, a Resource Allocation System and a model for Support Planning. We have tested our model with a small sample who have assisted us in its development. Within the next month there will be an increase in numbers due to the re commissioning of domiciliary and day care, which has led to a significant number of older people and people with a learning disability choosing to have a direct payment, instead of a commissioned service. Alongside this, we have also been working with a number of individuals who are currently being supported through traditional funding models and supporting a move to a more personalised funding mode.</p>		
NI 154 – Net additional homes provided	165	147
<p>Reasons – The level of completions has continued to rise, but not quite to the level that was originally projected, because continued problems in the availability of mortgage finance is feeding through to house building activity. The social housing schemes that are in the pipeline are not of sufficient scale overall to meet the continuing shortfall of private sector activity to meet the target for this indicator this year.</p>		



9. For the ten statutory education indicators the seven that are available at quarter 2 show an amalgamated position of on target performance.
10. Of the seven indicators:
 - (a) five indicators are within target tolerance;
 - (b) two are below target tolerance:
 - (i) NI 075 – Achievement of 5 or more A*-C grades at GCSE including English and maths, and;
 - (ii) NI 092 – Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest, i.e.:



(c) The two indicators 'below target' with detail are:

Indicator	Target	Actual
NI 075 – Achievement of 5 or more A*-C grades at GCSE including English and maths	58.7	51.6
<p>Reasons – An actual increase of 11% on previous year's performance and is 2% higher than national averages in this benchmark. One school had a large drop in this area of 14.9% contributing to the LA missing the 58.7% target. This target also assumed that the rate of improvement of the National Challenge school would raise standards from 19% to at or above national averages. This was unlikely. Progress made by the National Challenge school was still very good. Rising from 19% to 42% in this benchmark, again contributing to Darlington averages being above national in this area.</p>		
NI 092 – Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage (EYFS) Profile and the rest	34.3	38.0
<p>Reasons – Many of the interventions have been targeted towards younger EYFS children and will impact in future years. Flying Start 2 nursery and reception data was delayed - with the result that the evidence base for targeted intervention was not available. ACTION: Flying Start 2 nursery and reception data to provide the evidence base for targeted intervention in individual schools/settings. The targeted programme is impacting on the score of the lowest 20% - this will increase as 10 more schools/settings have commenced the Every Child a Talker programme. 10 schools/settings have commenced the programme with a focus towards impact on the Linking Sounds and Letters strand of programme which will impact on the gap.</p>		

Theme Delivery issues

11. In addition to the normal report themes have been invited to highlight to the board any. Their reports are summarised below:
12. Prosperous Theme 48 actions are currently either on target or, in the case of longer term, on-going actions, making progress towards achieving their targets. The 6 actions that are currently below target are in areas which have been affected by the economic downturn. It has not been possible to progress early site assembly (action 1c) as anticipated, due to the mismatch in land values and land owners' expectations. Two actions in 2c have suffered, due to the lack of new public sector construction contracts being awarded and to delays in the process for Supplementary Planning Guidance. It is hoped that the second of these two actions will be progressed later in the year. The economic downturn has also affected developer interest in taking

13. Aspiring Darlington All of the 8 work strands for Aspiring Darlington help support the delivery of *One Darlington* and this is outlined in the refreshed Aspiring Delivery Plan (attached)

Recently a group have met comprising of Policy and Performance leads. This group have began identifying the PI's for *One Darlington* by using an Outcomes Based Framework. Julian Kenshole has been involved in this process.

Key areas to highlight:

Work strand 1: Ensure all children receive high quality teaching and learning

- Key Stage 4- Darlington's headline figure in 2009 is that 51.1% of pupils achieved five or more A* to C grades compared to 47.7% in 2008.

Works strand 3: Improving Parenting and communications with parents

- To date 2131 parents and carers have been consulted at a range of events, notably 434 parents attended 26 events during National Parenting Week. Parenting Forums have taken and in total 80 parents have attended these forums and provided their views.
- A Parenting Practitioner Network Event was held on 15th of September 2008 and 78 practitioners attended and a further 30 who were unable to attend requested information from the event. The second Parenting Practitioner Event was held on the 25th of March and the focus of this event was the Third Sector, 48 practitioners attended this event with a further 5 requesting the information be sent to them. A further event has been arranged for the 19th of October 2009 and the theme for this event is 'The changing face of Families'.
- Three Evidence Based Parenting Programmes have begun to be implemented by practitioners from a range of agencies. Two Incredible Years (Webster Stratton Programme) for parents of children 3 – 7 years old have taken place in the Coleridge Centre, one in February and one in April. Three Strengthening Families Programmes have taken place one in February at Maidendale House and one in June at Hummersknott School. This programme is aimed at parents with children between 10-14 years of age who are exhibiting anti social behaviour. A lower child age Strengthening Families Programme has also taken place in the Education Village, this programme was aimed at parents of children between the ages of 8-11. The aim is to run each of these programmes throughout the year, at least three times each and to develop the Incredible Years Parenting Programme to run alongside the Dinosaur School programme in Primary Schools. The Mellow Parenting Programme which is aimed at parents of children between the ages of 0-8 has taken place in Maidendale House and this is especially for parents who have significant difficulties in parenting their children appropriately. This course is appropriate for parents of children who are on a Protection Plan and/or who have had their children removed, and/or have alcohol/drug misuse and/or domestic violence.
- A further 19 Parenting Evidence Based Programmes are planned to be delivered between September 09 and July 2010.

Work strand 6: Early Intervention and preventative work

- The Integration of Children's Services is currently being implemented with all the appointments for ISM's completed, All 3 12-19 Co-ordinators appointed, 2 0-11 appointments

completed with 1 post currently at recruitment stage. Gill Walker (AD for Partnerships and Mark Cain –Locality Manager for Children’s Services PCT are leading this agenda.)

- Common Assessment Framework- (CAF)An intensive process of training and delivery to implement CAF has been rolled out to a wide range of partners working across the children’s workforce. Level 2 face to face workshops have now been accessed by 505 practitioners with Level 1 eLearning modules being accessed by 1837 practitioners. A significant amount of bespoke training has also been delivered at a time and place convenient to need – this has included the Foundation Trust, at Darlington Memorial Hospital, childminder networks, or to Governing bodies and staff teams. Over 250 CAFs have been received to date.

Work strand 8: Learning environments

- Significant investment is underway (£13.5 million) with 17 primary schools currently as part of the Primary Capital Programme. This PCP will be completed for August 2011.
- Building Schools for the Future bid has been submitted for over £70 million – Darlington will hear mid November if this has been successful

14. Greener Darlington The Greener Darlington Delivery Plan is currently being refreshed to reflect completed actions, priorities arising from performance of key indicators and areas the Theme Group consider worthy of future action. The revised Delivery Plan is due to be endorsed by the Group at its meeting on 30 November. Progress against the revised Delivery Plan will be reported in the Quarter 3 report. Based on the latest information available the majority of the ‘green’ LAA indicators are on target. Whereas the below target indicator, NI 192, is expected to meet its target by the end of the year, actions to take ensure NI 188 meets its target are an essential inclusion in the Delivery Plan.
15. Safer Darlington The CDRP monitors a number of other crime and incident types which are not national or local indicators. Of these, the following have been identified as risks to performance:
 - Criminal Damage
 - Drug Offences
 - Shoplifting
 - Burglary Other
 - ASB Calls

Plans are in place to undertake an analysis of criminal damage, which will inform future work to reduce offences. In respect of drug offences, Operation Nimrod is in place: its success has led to an increase in recorded offences, which should be viewed as a positive result. Operation Saxon is in place to tackle shoplifting: over the first quarter of this year (April-June), figures were 24% above the same period for 2007/08, and for quarter two (July-September), figures were 12% above the same period last year. Burglary Other is an emerging issue, and actions to tackle it are included within Operation Meuse.

In addition to risks around targets, some organisational risks have been identified which may have a potential impact on delivery. These include:

- Head of Youth Service – possible change in the future
- Community Safety Co-ordinator – resignation
- Community Safety Adviser – moving to another authority
- Partnership Analyst – not yet in post

- Community Cohesion Officer – not yet in post
- Domestic Abuse Co-ordinator – on long term sick leave
- SNU Sergeant – on long term sick leave
- Neighbourhood Policing Manager – promotion

Under the circumstances, the Council has taken the opportunity to undertake a wider review of Community Safety partnership arrangements. The Council's new Assistant Chief Executive, Chris Sivers, has been asked to facilitate a review team, which will include the Primary Care Trust, a senior representative from Children's Services, the Police, Fire & Rescue Service and the Probation Service. They will be holding a workshop for staff in early December, with a joint workshop for board members to follow in early January. As an interim measure, Joanne Chollerton from GONE will work two days per week with the CDRP (strategy/strategic development), and Judith Morton will cover aspects of both the Community Safety Co-ordinator and Community Safety Adviser roles.

16. Healthy Darlington A total of 5 Healthy Darlington actions out of 68 (7%) are showing red triangle status, indicating that implementation is currently not achieving approved timescales or targets. In order to establish smoking prevalence across Darlington, particularly in priority wards, there is detailed work underway with local practices to produce practice based information on current smoking status of their patients which will then contribute to robust ward level data of smoking prevalence, rather than the synthetic estimates that are currently used for wards in Darlington. In order to increase quit rates faster in wards with highest prevalence; a contract has been implemented with local GP practices to make available smoking cessation in all practices across Darlington. Specialist capacity will be directed to those wards with the highest smoking prevalence. Work is ongoing to improve access to Sexual Health Service with specific work targeting high risk groups planned in order to deduce rates and impact of sexually transmitted infections and HIV. Increased promotion of the Chlamydia screening programme is expected to improve the uptake of Chlamydia screening. Lastly, action plans are in place, targeting and engaging schools requiring support to develop and implement the Healthy Schools Standard aim to reduce health inequalities through a whole school approach.

Recommendation

17. It is recommended that members of the Executive Group note the contents of this report.

**Reported by:
Seth Pearson
Partnership Director**