

**DUDLEY HEALTH AND WELLBEING BOARD      Agenda Item no. 5**

**REPORT SUMMARY SHEET**

<b>DATE</b>	<b>30<sup>th</sup> September 2014</b>
<b>TITLE OF REPORT</b>	<b>Interim Performance Report</b>
<b>Organisation and Author</b>	Joint Report of the Director of Public Health, Director of Adult, Community and Housing Services, Director of Children’s Services, Director of the Urban Environment and the Chief Officer of the Dudley Clinical Commissioning Group
<b>Purpose of the report</b>	To update the Board on the progress made against the Board’s strategic priorities as set out in the H&WB strategy and also the half year position against the health and wellbeing outcomes frameworks.
<b>Key points to note</b>	<ul style="list-style-type: none"> <li>• We have seen improvements in 8 of the national indicators bringing us to up to being similar or better than the England average for the time periods covered in the national data sets.</li> <li>• We remain significantly below the England average for a number of indicators particularly those with a lifestyle element such as alcohol outcomes, obesity or breast feeding and also socio-economic circumstances such as fuel poverty and child poverty, pupil absence, rates of permanent admissions to residential/nursing homes of older people and the number of young people not in employment, education or training</li> <li>• There are 9 indicators where we have dropped below the England average since the previous year- which are detailed in the report appendix.</li> <li>• All the priority issues identified last year through the spotlight sessions are being actioned.</li> </ul>
<b>Recommendations for the Board</b>	That the Dudley Health and Well-Being Board note the current performance status for Dudley borough.
<b>Item type</b>	<i>Information, discussion , strategy</i>
<b>H&amp;WB strategy priority area</b>	<i>All</i>

## **DUDLEY HEALTH AND WELLBEING BOARD**

**30<sup>TH</sup> SEPTEMBER 2014**

**REPORT OF: Joint Report of the Director of Public Health, Director of Adult, Community and Housing Services, Director of Children's Services, Director of the Urban Environment and the Chief Officer of the Dudley Clinical Commissioning Group**

### **INTERIM PERFORMANCE REPORT**

#### **HEALTH AND WELLBEING STRATEGY PRIORITY**

1. The report covers all 5 priority areas in the Health and Wellbeing Strategy.

#### **PURPOSE OF REPORT**

2. The report gives an update on the progress made against the Board's strategic priorities as set out in the H&WB strategy and also shows the half year position against the health and wellbeing outcomes framework.
3. The Dudley Health and Wellbeing Board (H&WBB) is required to note the current performance status.

#### **BACKGROUND**

4. At the January 28<sup>th</sup> 2014 Board meeting, the board reviewed performance and agreed a performance monitoring process that can:
  - a. Demonstrate what impact it is having on the health and wellbeing of the people of Dudley borough.
  - b. Demonstrate what progress is being made with the implementation of a Joint Health and Wellbeing Strategy and
  - c. Provide a good understanding of how the H&WB Board is functioning.
5. It was agreed that the overarching performance outcomes frameworks for Public Health, Adult Social Care and the NHS, organised according to Dudley borough's 5 strategic priorities would be used to monitor overall impact on an annual basis. In year, it was agreed that the Health and Wellbeing Development Group would monitor the outcomes frameworks and inform the Board of any additional performance outliers.
6. This report gives an in-year position against these frameworks and also highlights any indicators where there has been significant deterioration in performance since the January 2014 position.
7. It also updates the Board on progress being made on the Health and Wellbeing Strategy priorities – specifically the 7 issues identified to be worked on locally through last years' series of spotlight events.

8. It also updates on the process being used this year to review how the Board is functioning- specifically the peer challenge scheduled for 15<sup>th</sup>-18<sup>th</sup> September 2014.

## **CURRENT PERFORMANCE STATUS**

### **Overarching Impact on Health and Wellbeing**

9. The attached report –Dudley H&WBB Framework Spine Chart August 2014, details a dashboard of performance for Dudley against the national indicator sets for Public Health, Adult Social Care and the NHS, mapped against Dudley borough’s five local priorities. Please note that national benchmarking does not include the most current data available locally- often being 1 to 2 years old.
10. In summary, we have seen improvements in children achieving a good level of development at end of reception, the rate of hospital admissions for injuries in children, peoples self reported wellbeing, the proportion of adults with mental health problems living independently and in paid employment, in the rate of emergency admissions due to violent crime, pneumococcal polysaccharide vaccine (PPV) coverage, social care related quality of life and the proportion of people who use adult social care services who feel safe and secure.
11. We remain significantly worse than the England average for alcohol outcomes, child poverty, pupil absence, the number of young people not in employment, education or training, excess weight for adults and children, breast feeding rates, smoking during pregnancy, physical inactivity, breast screening uptake, flu vaccination coverage, uptake of the NHS health check, fuel poverty, emergency admissions due to falls, site loss certifications and rates of permanent admissions to residential/nursing homes of older people.
12. There are 9 indicators where we have dropped below the England average- mortality rates from cancer, rate of first time entrants into the youth justice system, 2 year average infant mortality rate, emergency admissions for children with lower respiratory tract infections, under 18 conceptions, emergency hospital admissions for injuries due to falls in 65 to 79 years, unplanned hospitalisation for chronic ambulatory care sensitive conditions, site loss due to age related macular degeneration in 65+ years and delayed transfers of care from hospital attributable to adult social care services. A commentary on the local situation for these is detailed in Appendix 1.

## **Progress of the Joint Health and Wellbeing Strategy Priorities**

### **Healthy Services**

13. The Urgent Care Working Group took on leadership for follow-through on actions arising from early Spotlight event on this theme. Within the year a “Quality Transfers of Care” Action Plan has been developed and maintained. This addressed a range of issues including ‘flow’ within the hospital system itself as well as interface issues such as joint work with Dudley MBC Adult Social Care and Dudley CCG. This Plan has been further developed through the response of the Dudley health and care community to the Emergency Care Improvement Support Team (ECIST) which has provided challenge to the internal flow within the Dudley Group of

Hospital and including the way partners work together in the emergency services. Improvements which have occurred and are taken forward in these plans include the establishment of a “7-day working” arrangement including adult social care in the hospital. Closer liaison has been maintained during peak times through peak time involving more flexibility by CCG and MBC staff concerning timely decision-making. A “Safeguarding Protocol” has also been agreed by all parties so that the twin demands of making best use of scarce hospital bed capacity is maintained alongside the need to ensure appropriate and timely safeguarding decisions.

Dudley CCG has, through both the outcome of the Spotlight event and its own consultation processes, developed a new service specification for the development of an urgent care centre at the Russells Hall site. This is now the subject of a procurement process and will be operational from April 2015. In addition the CCG has commissioned a community rapid response service as a real alternative to hospital admission. At the time of writing this Report, work is underway to agree a “Discharge to Assess” model and implementation as a further means to support appropriate discharge and avoidance of admission where possible.

14. To continue leadership under the Health and Well-Being Board of the interface between health and care providers and commissioners, the Dudley Health and Care Leadership Group has been re-designated as the “Dudley Systems Resilience Group” in line with national guidance. This development serves to strengthen the focus for the Health and Well-Being Board on a “whole-systems” approach to the challenges we face in improving health services and the health of Dudley people. A specific focus which the Group has worked on has been the Better Care Fund and the challenge of reducing avoidable admissions. This is the subject of a separate report to the Board.

## **Healthy Lifestyles**

### **Breast Feeding**

15. The following table provide an overview of the actions that came from the spotlight session on increasing breast-feeding in the Borough and have been taken forward by the Strategic Breastfeeding Group:
  - a. **Social marketing plan to address issues identified in the spotlight -need for a cultural shift and attitudes towards breastfeeding:** A ‘normalising breastfeeding’ social research and behaviour change campaign has been commissioned, targeting areas such as Brierley Hill Brockmoor & Pensnett; St Thomas; Castle & Priory; Coseley East. The Campaign engaged local volunteers, mothers and families to develop local resources with involvement and participation from local people. It went live July 2014 via website, face book, posters on bill boards, buses, in GP surgeries, health clinics, libraries, leisure centres, pharmacies, radio adverts, appointment cards and emery boards. Post research campaign has demonstrated a positive shift in attitude towards breastfeeding.
  - b. **Volunteer Buddies from the Childrens centres to be integrated into OPH volunteer programme by March 2014:** 23 buddies completed the transition. Overall there are 34 active volunteer buddies in operation, 11 new volunteers trained during 2014. There is a recognition that partnership with children’s centres is at the heart of delivery.

- c. **GP engagement:** The CCG GP Engagement Lead agreed to facilitate involvement with the GPs. This is in process of follow up and is a priority.
- d. **UNICEF Stage 3 achieved across hospital and community-** Accreditation in hospital has been maintained and annual audits are to be submitted. Assessment for stage 3 achieved Aug 2014 and reassessment will take place in February 2015.
- e. **Mainstreaming community buddies in health visiting teams-** At present Buddies are based at Central clinic, at a single location. It is envisaged that each HV team will have a buddy attached. Service leadership and commitment from the provider has been agreed, but the service is still not having the level of contact and impact expected. This is to be reviewed March 2015.

### Alcohol Misuse

16. The recommendations from the Health and Wellbeing Spotlight event on alcohol were added to the recommendations made by service users and providers, key stakeholders and community focus groups. The Alcohol Needs Assessment identified gaps in service provision as well as highlighting the wealth of prevention work that had taken place to raise awareness and reduce alcohol related harm within the Borough. A large campaign, co-ordinated with the CCG and other partners, called 'Let's Talk Drink' ran from November 2013 to March 2014. The campaign was designed to get local people thinking and talking about alcohol. This has now been developed into more targeted approaches for specific groups to help individuals to reduce their alcohol consumption to within safe levels.
17. There has been alcohol specific work offered to all schools across all the key stages, starting with 5-7 year olds, and to colleges for the 16-18+, as well as some innovative work on perceptions and risk taking amongst adolescents. The latter has been found to challenge the views held by pupils about the amount of alcohol they consume and the findings also challenged the perceptions of teachers and parents. Fewer young people drink than was previously thought and the majority consume small amounts. It is the small number of young people drinking large amounts of alcohol that give rise to the view that binge drinking is a big problem in Dudley.
18. The affordability and availability of cheap alcohol is the biggest driver in alcohol consumption and alcohol has become relatively cheap compared with income in recent years. Advocating for a minimum unit price would have a large impact on reducing the amount of cheap alcohol available. There has been some very successful work carried out by Trading Standards on reducing underage sales and preventing counterfeit alcohol sales. The Licensing Committee has recognised the health harm alcohol causes to adolescents and has been proactive in imposing additional conditions on Licensees who sell to children.
19. A new integrated substance misuse service was tendered during 2013-14 and came into place in April 2014. The number of referrals from primary care and by self referral has been maintained and waiting times for community and inpatient alcohol detoxification have now reduced after a slight increase after transfer.

20. The alcohol strategy group held an alcohol prioritisation event and this formed the basis of the Alcohol Strategic Framework for 2014-2017. Detailed implementation plans are currently being finalised which set out the details on how these priorities will be delivered. The strategy is being discussed at the September meeting of the Health and Wellbeing Board.

### **Healthy Children**

21. Priorities identified in the spotlight event on children and young people are being progressed by the Children and Young People's Partnership Board. In particular, these themes will be integrated into the Early Help Strategy and the CCG's review of emotional and mental health services for the 0 – 25s. This has been covered in the mental health report in paragraph 22.

### **Healthy Minds**

#### **Dementia**

18. The nationally recognised Dudley dementia pathway and gateways support over 1,800 people across Dudley. However there is still a considerable amount of work required to be improve services for the increasing numbers of people with and affected by dementia. The key initiatives for this year are highlighted below and priorities are to ensure more people are correctly diagnosed and to raise awareness of dementia among both public and health/social care workers to ensure greater access and utilisation of services. Opportunities are arising to improve coordination of care for people with dementia particularly with the forthcoming developments on integrated working across health, social care and the voluntary sector.

19. The Dudley Dementia Strategy largely captures the issues raised within the spotlight event report (see responses below). The Dudley Dementia Strategy has 24 objectives taken from the National Dementia Strategy, NICE Quality standards, Joint Commissioning Panel for Mental Health and The Prime Minister Dementia Challenge. Each of the objectives sets out what we have in place, what we need to deliver, what we will do and outcomes. Progress against these is monitored by the Dudley dementia strategy group on a twice yearly basis.

20. The key issues raised within the Spotlight event report:

- a. **Prevention of vascular dementia** – Dudley has a higher prevalence rate of vascular dementia when compared with the national prevalence rate. Prevention of dementia is one of the key objectives in the Dudley Dementia Strategy, with an emphasis of the public health role including raising awareness in schools and with black and minority ethnic groups, articles in local publications, online resources, keeping active, weight management programmes, smoking cessation and alcohol. Dementia awareness was added to the NHS Health Check nationally in April 2013 and adopted locally. As part of the checks any person over the age of 65 is given information on the signs and symptoms of dementia, the link between cardiovascular risk factors and dementia, links to national resources, supporting leaflets and prompts to see their GP if they have any concerns.

The 'Making Every Contact Count' key behaviours changes are obesity, physical activity, alcohol and smoking are the same risk areas for reducing vascular dementia and therefore need to be further reinforced in dementia awareness raising in Dudley.

Dementia care and awareness was also included in the Dudley CCG GP education programme.

- b. **Dementia friendly people and places in Dudley-** Dudley MBC is developing a local Dudley Dementia Alliance and participating in the Alzheimer's Society initiative of 'Dementia Friendly Communities' to improve inclusion and quality of life for people living with dementia. This has included participating in the Dementia Friends Campaign across health and social care with a number of local dementia champions running courses and awareness programmes. There is also ongoing public and professional awareness of dementia via numerous training and education programmes for example with staff at Dudley Group of Hospitals to ensure a more informed and effective workforce.
- c. **Expert patients for dementia carers and patients** – Over a 150 carers have attended the bespoke Expert Patient Programme (EPP) for Carers looking after someone with a diagnosis of dementia. To ensure that more people can access the 'Looking After Me' course. Dudley Alzheimer's Society also run a CrISP (Carers Information and Support programme) programme and identify people to participate in the EPP. All carers of people diagnosed with dementia are offered a carers assessment via the Dementia Gateways. Dementia Advisors are undertaking screening for those carers who may need a more comprehensive assessment by a social worker. Carers respite is provided via the gateways and Dudley Alzheimer's Society.

21. The key focus in 2014/15 is:-

- Ensuring every patient with dementia is offered the opportunity to have an **advanced care plan**. Supporting the 'difficult conversations' -planning for the future end of life support.
- To deliver **training** to the wider multi-disciplinary integrated teams on caring and managing people affected by dementia.
- To recruit a **community psychiatric nurse** for care homes to work alongside the care home nurse practitioners with a remit of training staff in care homes to manage people with challenging behaviour, take referrals from Community Rapid Response Team (CRRT) where there are complex mental health issues and facilitate discharge from hospital.
- Developing the new **extra care housing scheme** with a set number of rooms for people with dementia
- Supporting GPs to identify more people to be referred and assessed for dementia, to achieve the **national target of 67%** against the suggested prevalence for Dudley.
- To **reduce unplanned admissions and re-admissions** to Dudley Group and Bushey Fields from both homes and care homes by improving access to support in the community.
- **Pre diagnosis counselling** – Support for those people presenting with symptoms that could help prepare for the diagnosis process –

- **Post diagnosis counselling** for people with a confirmed diagnosis of dementia
- To consider **Occupational Therapy/Physiotherapy** in the dementia gateways for supporting patients to return home post injury, balance and stability control to reduce risk of falls, improve sleep patterns and therapeutic input.
- For Dudley Group and DWMHT to have an agreement on a **minimum time from referral to psychiatric assessment**.
- To work collaboratively across the Black Country for specialist support for **young onset dementia**/working age dementia to improve efficiencies and quality.
- To implement an **acute care pathway** for patients admitted with dementia in Russells Hall Hospital.

*Mental Health and Emotional and Well Being Service*

22. Currently, Dudley CCG, Dudley Council and partners have

- a) commissioned a resilience training programme for young people aged 16 to 25 which aims to develop a body of champions and mentors who will train future trainers to ensure the program is self-sustaining. This commenced in July 2014
- b) commissioned the National Development Team for Innovation (NDTI) to provide Recovery training for all providers of mental health services in the borough. This commenced in August 2014
- c) exploring the possibility of recommissioning the Big White Wall which provides on line access to psychological therapies. September 2014
- d) commissioned the Glass House College to provide a programme of therapeutic interventions for people who are on the Autistic spectrum. To commence October 2014
- e) developing Woodside as a central hub for mental health, emotional health and well-being services. This work commenced in 2013 and is on-going.
- f) commissioning a local voluntary organisation to provide a mental health, emotional wellbeing telephone support line for Dudley people. Due to start late 2014.
- g) commissioning a local voluntary organisation to provide a transition support service for people being discharged from hospital. Due to start in the final quarter of 2014
- h) commissioned DWMHT to provide 24 hour psychiatric liaison January 2014
- i) engaged with service users and carers in a number of ways during the past 12 months including:- Woodside consultation, Mental Health Crisis, Personalisation, Personal Budgets and Market Shaping.
- j) commissioned DWMHT to provide a Community Development Worker Service targeting the needs of minority ethnic communities and other vulnerable groups to improve their experience and access to mental health services and recovery, as well as supporting their mental wellbeing and addressing stigma and discrimination.
- k) Delivered an ongoing Public Mental Health Programme which aims to promote positive mental health and wellbeing across Dudley through raising awareness of the 'Five Ways to Wellbeing' key messages; providing self-help resources for individual stress management; providing an annual small grant fund to build capacity for mental health promotion activity across all sectors. This includes work on suicide prevention through strategy development and training initiatives.
- l) The Healthy Schools Programme has a dedicated initiative to integrate emotional health and wellbeing in primary and secondary schools.



23. Planned developments include:

- a) an all age primary care emotional health and wellbeing service to include triage and build on the local authorities Early Helpers programme.
- b) Redesign of how secondary mental health services are configured so that there is a 0 – 25 service, a 25 plus service and specialist dementia service.
- c) a child and adolescent mental health tier 3 'plus' service
- d) a mental health urgent care pathway which will avoid necessity for attendance at the emergency department for people experiencing mental health problems unless there is a clear physical health need at presentation
- e) aspiration to build capacity within all mental health and emotional and wellbeing services in 3 areas- helping the helpers, education, and prevention and resilience.

### **Healthy Neighbourhoods- Developing Strong Inclusive Communities**

23. A spotlight event was delivered in February at the Wren's Nest Community Centre which was attended by over 50 people from local organisations and communities. The focus of the event was to explore how to build community capacity and resilience beginning with the identification of what makes a strong inclusive community, and what that means in practice. Key findings emphasised local people want approaches that uncover and use their own strengths and resources to make healthy, informed decisions around their own wellbeing (referred to as asset based approaches) and that they want to be involved in the production and design of services and programmes (referred to as co-production). An outcomes report from the event was produced from which the Health and Wellbeing Board development group agreed key actions for 2014/15. This included taking the theme of asset based working and co-production to a wider and bigger number of stakeholders at the 2014 annual conference. Going forward, a training programme and guide for commissioners on how to co-produce is planned alongside the production of a case-study report to illustrate how asset based working is already being utilised within Dudley.

24. A set of local environment indicators were also identified for the neighbourhood's priority. Progress against target for these is detailed in Appendix 2.

### **Health and Wellbeing Board Functioning**

25. Dudley Health and Wellbeing Board has been peer reviewed during September 2014. The peer team focused on 3 elements:

- establishment of effective HWBs as a forum for senior leaders to come together and take action to improve the health and wellbeing of their local population and to promote integration across health and social care
- transfer of the public health function to councils
- establishment of a local healthwatch.

The peer team were with us for 4 days (15<sup>th</sup>-18<sup>th</sup> September) during which time they interviewed a range of staff from across the health and social care system. A report on their conclusions and recommendations will be forwarded shortly that the board and Dudley Council will be able to respond to, before finalisation.

## **FINANCE**

26. Any financial implications resulting from these proposals will be met within existing budget arrangements.

## **LAW**

27. The statutory duties of the Health and Wellbeing Board are detailed in the Health and Social Care Act 2012 and related guidance.

## **EQUALITY IMPACT**

28. Improving equality and tackling health inequalities are key priorities of the Health and Wellbeing Board and will be discharged through implementation of the Board's Joint Health and Wellbeing Strategy. The establishment of the Dudley Health and Well-Being Board provides an opportunity to extend the influence of the Council in working more closely with partners, particularly GP and Clinical Commissioners, to consider equality issues through the work of the Board

## **RECOMMENDATIONS**

29. That the Dudley Health and Well-Being Board note the current performance status for Dudley borough




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**Appendix 1: Supporting Commentary for Indicators showing significant deterioration in performance since the January 2014 position. (Accompanies the Outcomes Frameworks Report).**

Indicator	Lead	Priority	Commentary
4.5i- Mortality rate from all cancers for persons less than 75 yrs (2010-12) /100,000	All	Overarching	The mortality rate has risen locally from 111.4 (2009/11) to 155.9 and Dudley is now significantly worse than the England average and our Black Country peers. The outcome suggests the issue is greater for males (4.5i). This indicator is underpinned by the whole pathway- public awareness, early identification, access to treatment and prevention in terms of lifestyles and obesity. A cancer position statement is being developed by public health to inform planning.
1.4- first time entrants to the youth justice system (2013) /100,000	DCS?/ Cexec?	Healthy children	Although the local rate has decreased from 403.3 (2011) to 384.5(2012), the whole of England has seen a bigger improvement so Dudley's benchmarked position has changed from being significantly better than England to being the same as England. Local work continues in relation to supporting young people in the justice system as well as prevention/ early identification of issues through work with schools.
4.1 infant mortality 2010/12 (/1000 live births)	Public health	Healthy children	The 2 year average infant mortality rate has increased locally from 4.0 to 4.4 and Dudley is now significantly worse than the England average, but better than our Black Country peers. However it must be remembered that we are looking at very small numbers. The office of public health is in the process of updating the Infant Mortality Needs analysis and expanding it to cover death between (0-5) and (6-18) years and update the multiagency infant mortality action plan. The Office of public health is also in the process of formulating an infant mortality group to sit underneath the Child Death Overview Panel to oversee the implementation of the infant mortality action plan.
3.2 Emergency admissions -children with Lower Respiratory Tract Infections 2012/13 (/100,000)	CCG	Healthy children	In January 2014, only Q4 data was available and Dudley was benchmarked as the same as England. However, a full years' data has now been benchmarked showing our position to be significantly worse than England. This has been identified as an issue by the CCG in their operational plan
2.4i Under 18 conceptions 2012 (/1000 females 15-17)	DCS	Healthy children	Although the local rate has reduced from 35.6 (2011) to 34.6 (2012), England overall has improved at a faster rate. However it must be remembered that we are looking at very small numbers. Locally there is a teenage pregnancy service in place to support teenage parents and prevention work such as risk taking behaviour educational programmes with young people.
2.24ii Emergency hospital admissions	Public	Healthy	For 2011/12, the admissions rate due to falls for this age range was 906 and we were benchmarked as the same as England, however for 2012/13 this has risen to 1194.9 and we are now

for injuries due to falls in persons aged 65 to 79 (2012-13) (/100,000)	Health	Services	benchmarked as significantly worse than the England average. Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care. Interventions for recently retired and active older people are likely to be different in provision and uptake for frailer older people. Locally, an evidence based integrated falls pathway, with single point of referral for those at risk of falls has been implemented in quarter 3 of 2013. An initial review of the falls service has identified some areas that require further development and an action plan produced to implement those changes. The review has identified a need for a more comprehensive falls needs assessment which is being undertaken and will help identify areas of priority and development, in particular focusing on primary prevention of falls.
2.3i unplanned hospitalisation for chronic ambulatory care sensitive conditions 2012/13 (/100,000)	CCG	Healthy services	It is possible to avoid unnecessary hospital admissions for patients with some conditions by giving them good quality preventive and primary care – their illnesses are known as ambulatory care-sensitive conditions. In January 2014, only Q4 data was available, a full year's data is now available and Dudley is benchmarked as significantly worse than the England average. This has been identified as an issue by the CCG. Avoiding unnecessary admissions is a key strategic priority in the CCG's Operational Plan, the Strategic Plan and the Better Care Fund Plan. Further analysis in relation to this forms part of the CCG/OPH core offer.
4.12i Crude rate of site loss due to age related macular degeneration in 65+ years (2012/13) (/100,000)	CCG	Healthy Services	The local rate has increased from 134.8 to 155.6 and Dudley is now benchmarked as significantly worse than the England average. Further analysis is required to understand this.
2Cii delayed transfers of care from hospital attributable to adult social care services 2013/14 (/100,000)	DACHS	Healthy Services	The percentage has increased from 5.7 to 7.3. In terms of actual numbers, this is a small increase 14 to 18. As a result, Dudley is currently below benchmarked England and Black Country average. Improvement plans and actions are in place amongst partners including (a) the re-design of adult social care service delivery under a "Customer Journey" model to improve people's access to care; (b) a multi-agency plan responding to the ECIST Report including (i) development of a "discharge to assess" model - to allow for recovery time in a more appropriate setting to support long term support decisions to be made outside of an acute setting; and (ii) an updated better recording and monitoring of delays through the DISCO database; amongst many other actions.

## Appendix 2: Local Environment Indicators

Performance Indicator	Target	2012/13 out-turn	2013/14 out-turn
Improved street and environmental cleanliness (National indicator 195) a: litter b: detritus c: Graffiti d: fly-posting)	3.3% (2014/15) 5.7% 1.3% 0%	3.3% 6.3% 1.3% 0.1%	3.44% 5.15% 1.06% 0.06%
Gross affordable housing completions (Core Output Indicator HOU3)	Between yrs 2006-2026) 2479 affordable dwellings (15% of gross completions) (116 /year)	312 (49% of gross completions (2011/12)	143 (19% of total gross completions) (2012/13)
Increase in cycle use of monitored routes (LOI TRAN4a)	1% increase in cycling	14,272	14,098
Implementation of missing links and overcoming barriers identified in sub regional cycle network map (LOITRAN4b)	N/A	10 new links via healthy towns project – 7.26km (2012)	No further information