Appendix 2 Health Scrutiny Board Performance Report Quarter 1 2008/09

No.	Reference	Performance Indicator Type	Title		Frequency & Measure	Rise or Fall		Last Year Result	Target	Qtr1	Predicted Full Year Result	Data Quality
	NI 123 (PCT)	Leeds Strategic Plan Partnership Agreed	16+ current smoking rate prevalence	PCT	Quarterly	Fall	N.A	N.A	682	198		Concerns: no checklist
	Smoking is the principal avoidable cause of premature death and ill health in England today. It kills an estimated 86,500 people a year in England (one-fifth of all deaths) and leads to an housand admissions to hospital. Reducing prevalence is therefore a key priority in improving the health of the population. These results are based on a proxy indicator of quit rate per 10 population. Quarter 1 performance is 16% ahead of target.											
	NI 123 (PCT)	Leeds Strategic Plan Partnership Agreed	16+ current smoking rate prevalence 10% SOA	PCT	Quarterly	Fall	N.A	N.A	N.A	See Comments		Concerns: no checklist
	Data broker	n down to an SOA leve	el is not available for quarter 1		•				•			•
3	NI 125		Achieving independence for older people through rehabilitation/intermediate care	PCT				N.A	N.A	See Comments		Under- development: checklist received but systems/ processes still being developed
	commission discharge fr • Would oth care; • Have a pla • Are provid contribution • Are to rece	s indicator measures the benefit to individuals from intermediate care and rehabilitation following a hospital episode. It captures the joint work of social services and health staff a nmissioned by joint teams. The measure is designed to follow the individual and not differentiate between social care and NHS funding boundaries. The measure covers older per charge from hospital who: /ould otherwise face an unnecessarily prolonged stay in acute in-patient care, or be permanently admitted to long term residential or nursing home care, or potentially use continue; ave a planned outcome of maximising independence and enabling them to resume living at home; re provided with care services on the basis of a multi-disciplinary assessment resulting in an individual support plan that involves active therapy, treatment or opportunity for recontributions from both health and social care); re to receive short-term interventions, typically lasting no longer than 6 weeks, and frequently as little as 1-2 weeks or less. s new indicator relies on new data which will require piloting and is not likely to be available for reporting until October 2008. Results will be available for reporting from February									rs older people use continuing N ty for recovery (aged 65+ on IHS in-patient with
	NI 131 (PCT)	National Indicator	Delayed transfers of care	Access and Inclusion	Quarterly	Fall	5.24	N.A	3.68	5.30	5.30	Concerns: no checklist
This indicator measures the impact of hospital services and community-based care in facilitating timely and appropriate whole system to ensure appropriate discharge for the whole population passing through hospital and is an indicate information for this indicator is provided by the PCT. It is normally updated on a weekly basis. This particular defin have therefore been extrapolated using 2007/08 data and applying 2008/09 definitions.							effectivenes	s of the in	nterface be	tween health an	d social care se	ervices. The
5	NI 39	National Indicator	Rate of Hospital Admissions per 100,000 for Alcohol Related Harm	Community Safety	To be confirmed	No	N.A.	N.A.	N.A.	See Comments		Under development: see comments
	•	0 0	s target is the Primary Care Trust, the definition include efulness and it may be more relevant as a health PI th						• •			

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No.	Reference	Performance Indicator Type	Title	Service	Measure	Rise or Fall		Last Year Result	Target	Qtr1	Predicted Full Year Result	Data Quality
6	NI 113	National Indicator	Prevalence of Chlamydia in under 25 year olds	Leeds PCT	Quarterly	Fall	N.A.	-	17%	3.56% (cumulative)	See comments	No Concerns
	In year one Chlamydia Screening will be used as a basis of performance. This indicator will concentrate on increasing screening volumes in young people aged 15 to 24 and will thus form a baseline to monitor prevalence in proceeding years. Chlamydia is both symptomatic and asymptomatic and in this initial year the National Chlamydia Screening Programme will concentrate on increasing opportunistic screens thus ensuring adequate recording of prevalence in the asymptomatic population as well as the symptomatic population. Thus year 1 will concentrate only on part 1 of the indicator. Quarter one performance exceeded expectations by 8% over the monthly trajectories that were set. At this point, it looks as if the indicator will exceed it's annual target however screening is subject to seasonal variations.											
7	NI 51	National Indicator	Effectiveness of child and adolescent mental health (CAMHS) services	Leeds PCT	Quarterly	Rise	4 (2003)	-	-	16	16	No concerns
	All four proxy measures for this target have scored 4 giving the achievement of 16, the highest score attainable. This measure is in its final year and is to be replaced by an outcome measure currently being piloted in Kent.											
8	NI 53a	National Indicator	Prevalence of breastfeeding at 6 – 8 weeks from birth	Leeds PCT	Quarterly %	Rise	To be provided	-	40.6	28.0		No concerns
	NI 53b	National Indicator	Coverage of breastfeeding at 6 – 8 weeks from birth	Leeds PCT	Quarterly %	Rise	To be provided	-	85.2	64.4		No concerns
	Promoting and sustaining breastfeeding is an essential part of an integrated programme of child health promotion and parenting support. Over the past few years performance has focussed on breastfeeding initiation but this year the indicator is assessing levels of continuation at 6 - 8 weeks.											
9	NI 126	National Indicator	Early Access for Women to Maternity Services	Leeds PCT	Quarterly %	Rise	N.A.	-	85%	70.2		Checklist received but not reviewed
	Extensive work is being undertaken with the Maternity services. An agreed action plan has been produced in line with the recommendations in 'Maternity Matters'. Q1 the results for this Pi is estimated on two months data. Work is ongoing to both improve the data and publicise the importance of having an assessment by 12 weeks of pregnancy.											