Department of Health

Autumn Performance Report 2009

Department of Health
Autumn Performance Report
2009

Presented to Parliament by
the Secretary of State for Health
by Command of Her Majesty
December 2009

Cm 7776 £19.15

ISBN: 9780101777629

Printed in the UK for The Stationery Office Limited on behalf of the Controller of Her Majesty's Stationery Office

ID P002339202 12/09

Printed on paper containing 75% recycled fibre content minimum.

Contents

Foreword by the Secretary of State

I am pleased to present the second Autumn Performance Report for the Department of Health. This reports on the Department's progress towards delivering the priorities set out in the Government's 2007 Comprehensive Spending Review and reflected in the Department's Strategic Objectives (DSOs) and Public Service Agreements (PSAs), including Value for Money (VfM).

The Department's Strategic Objectives Better Health, Better Care and Better Value for all mean that we are working with a range of partners across Whitehall and across the public, private and voluntary/third sectors, to ensure that England's population is not only healthy, but also has access to the best possible health and social care.

The year 2009 has been a year of progress for the NHS and adult social care and everyone working in these services should be proud of the sustained achievements they have delivered.

The 18-week target was achieved early at a national level and is now routinely met across the NHS. Patients' rights to high standards of care will see such entitlements strengthened under the NHS Constitution, subject to the outcome of the current consultation. The numbers of MRSA bacteraemia continue to fall and for 2008/09 this was 24 per cent below the 50 per cent 2003/04 baseline, whilst the reductions in the number of Clostridium difficile infections means that the target of a 30 per cent reduction on the 2007/08 baseline has been met two years early. 109 Primary Care Trusts now offer access to psychological therapies for people who need them, smoking prevalence continues to fall and a new tobacco control strategy will be published in the new year.

The year has not come without its challenges. The outbreak of pandemic flu in April 2009 led to an international response. The NHS put their well prepared plans into action and, although under considerable pressure, the NHS continued to run day-to-day services for patients. In response to the rise in the numbers of swine flu cases reported and the need to ensure GPs also met the clinical needs of patients with other illnesses, I launched the National Pandemic Flu Service in July to give members of the public, particularly those at most risk, access to advice and antivirals. By the end of November, the Health Protection Agency estimated that some 760,000 cases have been dealt with since the pandemic began. I am grateful to the NHS and its partners for the enormous effort they have made to ensure the well-being of our population.

Reducing health inequalities remains a significant challenge: the gap for males has widened to 7 per cent on the 1995-97 baseline and for females to 14 per cent. This is a concern and requires further concerted effort and collaborative working across government at national, regional and local levels to give everyone, particularly those in deprived areas, the best chance of leading a healthy life. Continuing to tackle childhood obesity, excess use of alcohol, teenage pregnancy

and smoking prevalence in routine and manual groups – whilst encouraging breastfeeding, supporting people with long-term conditions and adults to live independently at home – will enable everyone to live healthier lives.

I am pleased with the progress we have made so far and am committed to driving delivery across our strategic objectives and PSAs. Looking ahead, we have set out our vision for the future of the NHS and adult social care. *Building Britain's Future* outlined a radical vision for a fairer, stronger and more prosperous society. It proposed establishing new rights for patients and the public and enshrining those rights in the NHS constitution. We are now consulting on this to secure the successes of the NHS of the future. In the Green Paper *Shaping the Future of Care Together*, we outlined our plans for a new care and support system, taking forward the personalisation agenda set out in *Putting People First*.

Rt Hon Andy Burnham
Secretary of State for Health

1 Introduction

1.1 This is the Department's second Autumn Performance Report on progress made on our Public Service Agreements (PSA) and Departmental Strategic Objectives (DSO) commitments, as set out in the Government's 2007 Comprehensive Spending Review (CSR). As required by HM Treasury guidance, it also reports progress against our legacy targets and our Value for Money (VfM) target.[1]

Department of Health commitments

1.2 In October 2007, the Government published the 2007 Pre-Budget Report and Comprehensive Spending Review *Meeting the aspirations of the British people*[2]. At the same time, the Government announced 30 cross government PSAs and Value for Money target in addition to the DSOs for each department.

1.3 The Department of Health (DH) leads on two PSAs, which are a subset of the Department's three DSOs.

- **To ensure better health and well-being for all** (also PSA 18): helping you to stay healthy and well, empowering you to live independently and tackling health inequalities;
- **To ensure better care for all** (also PSA 19): the best possible health and social care when and where you need help giving you choice and control; and
- **To provide better value for all.**

1.4 In addition, DH contributes to a further eleven cross-government PSAs. It leads on fourteen indicators for six PSAs and contributes to five other PSAs led by other government departments through the broader work of the department (see pages 11-12 and 74 for a list of these in the next section).

1.5 Underpinning all of this work is the CSR07 Value for Money programme which has three key components:

- at least 3 per cent value for money savings per year over the CSR period across central and local government;
- 5 per cent annual real reductions in administration budgets across departments;
- the sale of financial assets for reinvestment in new infrastructure.

How the Department delivers the commitments:

1.6 The Department's two key delivery partners are the NHS and local government, operating at both regional and local levels, to deliver the CSR07 priorities that are communicated

1 There was no requirement in the 2009 HM Treasury guidance to report on any outstanding recommendations from the Public Accounts Committee.

2 Meeting the aspirations of the British people: 2007 Pre-Budget Report and Comprehensive Spending Review, HM Treasury, 2007

through the NHS Operating Framework and *Vital Signs*[3], and reflected in the Local Government National Indicator Set[4] for partnership delivery.

1.7 The Department also works closely with other government departments and partners from other sectors to influence and incentivise improvements where DH and/or they have a delivery and accountability role. DH continues to work with delivery partners to involve and engage patients, service users and the public in service delivery.

The Department's governance arrangements:

1.8 The Department has established a governance structure (see Diagram 1) to maintain oversight of the full breadth of its CSR07 commitments and Value for Money.

1.9 The responsibility for this lies with the Performance Committee, chaired by the Director General of Finance and Operations and Chief Operating Officer, Richard Douglas. The Senior Reporting Officers (SROs) for PSA 18 and 19 report on progress to this Committee from their respective PSA Delivery Boards. The SRO for PSA 18 is Hugh Taylor, Permanent Secretary. The SRO for PSA 19 is David Flory, Director-General NHS Finance, Performance and Operations. The representative SROs for the DH indicators who sit on other government department PSA delivery boards do the same.

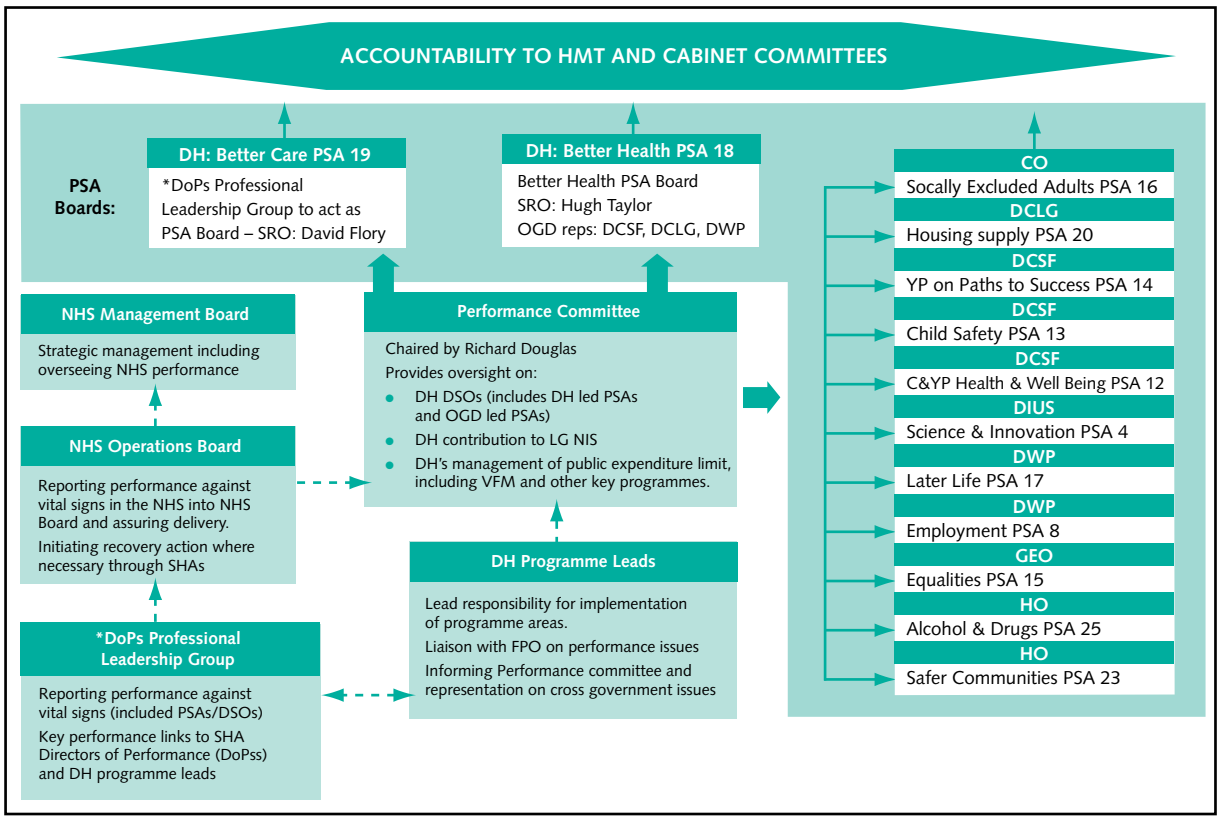
1.10 The Committee will also have oversight of the delivery of the Value for Money target.

1.11 The Performance Committee meets quarterly to review and monitor progress and delivery. To find out more about the issues the Committee has dealt with since its establishment in 2008, visit: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/dh_089740

3 The operating framework for the NHS in England 2009-10, Department of Health, 2008

4 The New Performance Framework for Local Authorities and Local Authority Partnerships: Single Set of National Indicators, HM Government, 2007

Diagram 1:


ACCOUNTABILITY TO HMT AND CABINET COMMITTEES
PSA Boards:
DH: Better Care PSA 19
*DoPs Professional Leadership Group to act as PSA Board – SRO: David Flory
DH: Better Health PSA 18
Better Health PSA Board
SRO: Hugh Taylor
OGD reps: DCSF, DCLG, DWP
CO
Socally Excluded Adults PSA 16
DCLG
Housing supply PSA 20
DCSF
YP on Paths to Success PSA 14
DCSF
Child Safety PSA 13
DCSF
C&YP Health & Well Being PSA 12
DIUS
Science & Innovation PSA 4
DWP
Later Life PSA 17
DWP
Employment PSA 8
GEO
Equalities PSA 15
HO
Alcohol & Drugs PSA 25
HO
Safer Communities PSA 23
NHS Management Board
Strategic management including overseeing NHS performance
NHS Operations Board
Reporting performance against vital signs in the NHS into NHS Board and assuring delivery.
Initiating recovery action where necessary through SHAs
*DoPs Professional Leadership Group
Reporting performance against vital signs (included PSAs/DSOs)
Key performance links to SHA Directors of Performance (DoPss) and DH programme leads
Performance Committee
Chaired by Richard Douglas
Provides oversight on:
DH DSOs (includes DH led PSAs and OGD led PSAs)
DH contribution to LG NIS
DH's management of public expenditure limit, including VFM and other key programmes.
DH Programme Leads
Lead responsibility for implementation of programme areas.
Liaison with FPO on performance issues
Informing Performance committee and representation on cross government issues

2 Public Service Agreements, Departmenal Strategic Objectives, and Legacy Targets

2.1 The Department of Health (DH) has three Departmental Strategic Objectives (DSOs) which enshrine its core business. The DSOs bring together the wider span of departmental business with the Government's highest priorities represented by the Public Service Agreements (PSAs).

2.2 The Department's DSOs are:

- **DSO 1: To ensure better health and well-being for all** – this sets out the Department's objectives to help people stay healthy and well, empowering them to live independently, and tackle health inequalities (**PSA 18**);
- **DSO 2: To ensure better care for all** – this sets out the Department's objectives to provide the best possible health and social care services, offering safe and effective care, when and where people need help and empowering them in their choices (**PSA 19**); and
- **DSO 3: To provide better value for all** – this sets out the Department's objectives to deliver affordable, efficient and sustainable services contributing to the wider economy and nation.

2.3 Public Service Agreements (PSAs) articulate the Government's highest priorities for delivery over a spending review period.[5] The new PSAs for the current CSR07 period were developed in partnership with frontline professionals, the public and external experts and offer a focus on fewer, cross-government issues.

2.4 The first two of the Department's DSOs at paragraph 2.2 are also the PSAs on which the Department lead. All of the Department's PSA indicators (including those in PSAs led by other government departments) are also indicators for DH's DSOs. Progress against the DSOs is measured by a set of 44 indicators. Where there is crossover between the DSO indicator and PSA indicator, reporting of progress on that indicator can be found in this section with a clear heading showing its joint DSO and PSA status.

2.5 The indicator report also provides the outcome of the National Audit Office's (NAO) validation of the data systems underpinning each indicator (www.nao.gov.uk). The NAO carried out their audit from October 2008 to February 2009 and submitted their report to the Department in September 2009. The Department is making their ratings known for public accountability and reports that where data systems need to improve, work is in place to ensure that this is happening.

2.6 This chapter sets out the progress for the PSA and DSO indicators, and legacy targets set out at Table 1 and Table 2 below. This chapter sets out the progress made on each DSO (some of which are still under development), providing updates on each indicator in turn.

5 HM Treasury website http://www.hm-treasury.gov.uk/pbr_csr07_psaindex.htm

Table 1: Provides a complete list of the Department's PSA performance indicators, of which there are 27 covering the Department's contribution to the delivery of cross-government PSAs:

PSA	Lead Department	Indicator	PSA	DSO
18 Promote better health and wellbeing for all	Department of Health (DH)	All Age All Cause Mortality (AAACM) rate	**18.1**	**1.5**
		Gap in AAACM rate in disadvantaged areas	**18.2**	**1.5**
		Smoking prevalence among people aged 16 and over, and aged 16 or over in routine and manual groups	**18.3**	**1.12**
		Proportion of people supported directly through social care to live independently at home	**18.4**	**1.10**
		Improving access to psychological therapies	**18.5**	**1.2**
19 Ensure better care for all	DH	Self-reported experience of patients and users	**19.1**	**2.36**
		NHS-reported referral-to-treatment times for admitted and non-admitted patients	**19.2 & 19.3**	**2.28 & 2.29**
		The percentage of women who have seen a midwife or maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 weeks of their pregnancy	**19.4**	**2.35**
		People with long term conditions supported to be independent and in control of their condition	**19.5**	**2.27**
		Patient-reported experience of GP access	**19.6**	**2.30**
		Healthcare associated infection (HCAI) figures – MRSA	**19.7**	**2.24**
		HCAI figures – *Clostridium difficile*	**19.8**	**2.25**
12 Children and young people's health and wellbeing	Department of Children, Schools and Families (DCSF)	Prevalence of breastfeeding at 6-8 weeks	**12.1**	**1.16**
		Levels of childhood obesity	**12.3**	**1.13**
		Emotional health and wellbeing and CAMHS	**12.4**	**1.4**
		Parents' experience of services for disabled children and the 'core offer'	**12.5**	**2.39**

PSA	Lead Department	Indicator	PSA	DSO
13 Children and young people's safety	DCSF	Emergency hospital admissions caused by unintentional and deliberate injuries to children and young people	**13.3**	**1.17**
14 Children and young people on the path to success	DCSF	Under-18 conception rate	**14.4**	**1.18**
16 Socially excluded adults	Cabinet Office	Adults in contact with secondary mental health services in settled accommodation	**16.3**	**1.22**
		Adults with moderate to severe learning disabilities known to councils with adult social services responsibilities in settled accommodation	**16.4**	**1.20**
		Adults in contact with secondary mental health services in employment	**16.7**	**1.21**
		Adults with moderate to severe learning disabilities known to councils with adult social services responsibilities in employment	**16.8**	**1.23**
17 Later life	Department for Work and Pensions (DWP)	Healthy Life Expectancy at age 65	**17.3**	**1.9**
		Over 65s receiving the support they need to live independently at home	**17.5**	***(part of 18.4)***
25 Reduce the harm caused by alcohol and drugs	Home Office (HO)	The number of drug users recorded as being in effective treatment	**25.1**	**1.15**
		The number of alcohol-related hospital admissions	**25.2**	**1.14**

PSA 18 – Promote better health and well-being for all

2.7 PSA 18 sets out the Government's commitment to deliver the best possible health and wellbeing outcomes for everyone, helping people to live healthier lives, empowering them to stay independent for longer and tackling inequalities. The PSA is part of the Departmental Strategic Objective to ensure better health and well-being for all. Five key indicators have been chosen to monitor progress against this PSA. Progress against the indicators is set out below.

PSA 18: Some progress – Improvement against 3 out of 5 indicators

Indicator 18.1

Vital Sign Tier 2 and Local Government National Indicator 120.

All Age All Cause Mortality (AAACM) rate. This is a proxy measure for life expectancy – **improvement**.

This is linked to the CSR 2004 commitment: By 2010, increase the average life expectancy at birth in England to 78.6 years for men and to 82.5 years for women. (Current estimate is that this is equivalent to AAACM in England decreasing to 649 deaths per 100,000 for men and 466 deaths per 100,000 for women by 2009 to 2011. Precise numbers will change as the age distribution of deaths changes, the current estimate is based on 2006 to 2008 age distribution of deaths.)

Baseline – The 1995-97 baseline figures for AAACM rates was 931.1 deaths per 100,000 population for males and 606.4 deaths per 100,000 population for females.

Progress

In the period 2006-08, AAACM rates have fallen to 692.3 deaths per 100,000 population for males which is 25.7 per cent below the baseline average. In the same period AAACM rates have dropped to 490.6 deaths per 100,000 population for females, which is 19.1 per cent below the baseline average. The 2006-08 figures also show that life expectancy at birth in England continues to increase for both males at 77.7 years and for females at 81.9 years.

Progress can be seen in the reports on the delivery of cancer, CVD/heart disease, and suicide mortality rates. The Department has work underway to analyse the impact of the different interventions for all-age-all-cause mortality to support Primary Care Trusts to prioritise locally and to identify the most cost-effective interventions.

For more information, visit the publications and statistics section of the Department's website.

Data quality

Green (fit for purpose) – NAO rating.

All-age all-cause mortality rates, England

	1995-97	1996-98	1997-99	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08
Death rate per 100,000, males	931.1	911.0	891.6	869.6	844.8	822.3	807.3	786.3	761.5	732.0	710.1	692.3
Death rate per 100,000, females	606.4	598.5	591.7	580.1	567.9	556.0	552.9	543.5	531.9	512.2	500.2	490.6

Indicator 18.2

Vital Sign Tier 2 and Local Government National Indicator 120.

Gap in All-Age-All-Cause Mortality (AAACM) rate between Spearhead group and England average. Life expectancy is an element of this indicator – **no improvement**.

This is linked to the CSR 2004 commitment: By 2010, reduce health inequalities by 10 per cent by 2010 as measured by life expectancy at birth. (Current estimate is that this is equivalent to the AAACM gap decreasing to 98 deaths per 100,000 for men and 58 deaths per 100,000 for women by 2009 to 2011). Precise numbers will change as the age distribution of deaths and England life expectancy change, the current estimate is based on 2005 to 2007 age distribution of deaths and current England life expectancy trend.)

Baseline – The 1995-97 baseline figure for gap in AAACM rates was 142.3 deaths per 100,000 population for males, and 75.5 deaths per 100,000 population for females.

Progress

The 2006-08 gap in AAACM rates show 126.3 deaths per 100,000 population for males, and 77.6 deaths per 100,000 population for females.

Life expectancy has improved significantly for both Spearhead areas and England on average, but the gaps have not narrowed compared to the baseline. The baseline figure is a three-year average for the period 1995-97, when the Spearhead group life expectancy was 72.7 years for males and 78.3 years for females. In that period the relative gap in life expectancy between England and the Spearhead group was 2.57 per cent for males, and 1.77 per cent for females. In the period 2006-08, Spearhead group life expectancy has risen to 75.8 years for males and 80.4 years for females. However, the relative gap in life expectancy was 7 per cent wider than the baseline gap for males (compared with 4 per cent wider in 2005 to 2007) and was 14 per cent wider than the baseline gap for females (compared with 11 per cent wider in 2005 to 2007).

Tackling health inequalities remains a top priority for the Department (DH) and the focus is on providing targeted support for the most challenged Primary Care Trusts (PCTs) and local authorities. By summer 2009, the National Support Team had offered a visit to every Spearhead area which included disseminating the priority actions that will help meet the target and running master classes to overcome barriers to delivery. Action is focused on the Spearhead areas with disproportionate impact on the life expectancy gap and learning will be rolled out across the whole Spearhead group.

The Health Inequalities Intervention Tool, jointly developed by DH and the Association of Public Health Observatories, is being updated and enhanced to help PCTs and local authorities plan and commission services to narrow inequalities.

For more information, visit the publications and statistics section of the Department's website.

Data quality

Green (fit for purpose) – NAO rating.

Absolute gap (i.e. difference) in all-age-all-cause mortality rates between Spearhead Group and England: 1995-97 to 2006-08

	1995-97	1996-98	1997-99	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08
Absolute gap between Spearhead Group and England (deaths per 100,000), males	142.3	141.8	142.3	136.9	133.8	129.0	130.5	128.3	126.1	123.7	124.1	126.3
Absolute gap between Spearhead Group and England (deaths per 100,000), females	75.5	78.1	78.0	76.9	74.5	73.8	75.8	76.9	77.1	77.4	76.1	77.6

Indicator 18.3

Vital Sign Tier 2 and Local Government National Indicator 123.

Smoking prevalence is linked to CSR 2004 commitment to reduce adult smoking rates by 21 per cent or less by 2010, with a reduction in prevalence among routine and manual groups to 26 per cent or less – **improvement**.

Baseline – The 2004/05 to 2006/07 baseline figure for the average annual rate was 782 quitters per 100,000 population.

Progress

The percentage of the overall population in 2007 aged 16 or over who smoked was 21 per cent and in the routine and manual occupations it was 26 per cent.

The rate of stop smoking service clients who successfully quit smoking at the four-week follow-up per 100,000 population is currently used as the local performance measure within *Vital Signs* and the Local Government National Indicator Set. The rate for 2008-09 was 813 quitters, up 4 per cent on the baseline.

To build on the successes of increased age-of-sale, picture warnings on tobacco packets and Smokefree legislation a new Tobacco Control Strategy will be published by the end of 2009. From January 2010, increased support to frontline staff through establishing a National Smoking Cessation Training Centre and professional accreditation for all NHS Stop Smoking staff will help turn quit attempts into quit successes. This will continue the drive to reduce smoking prevalence.

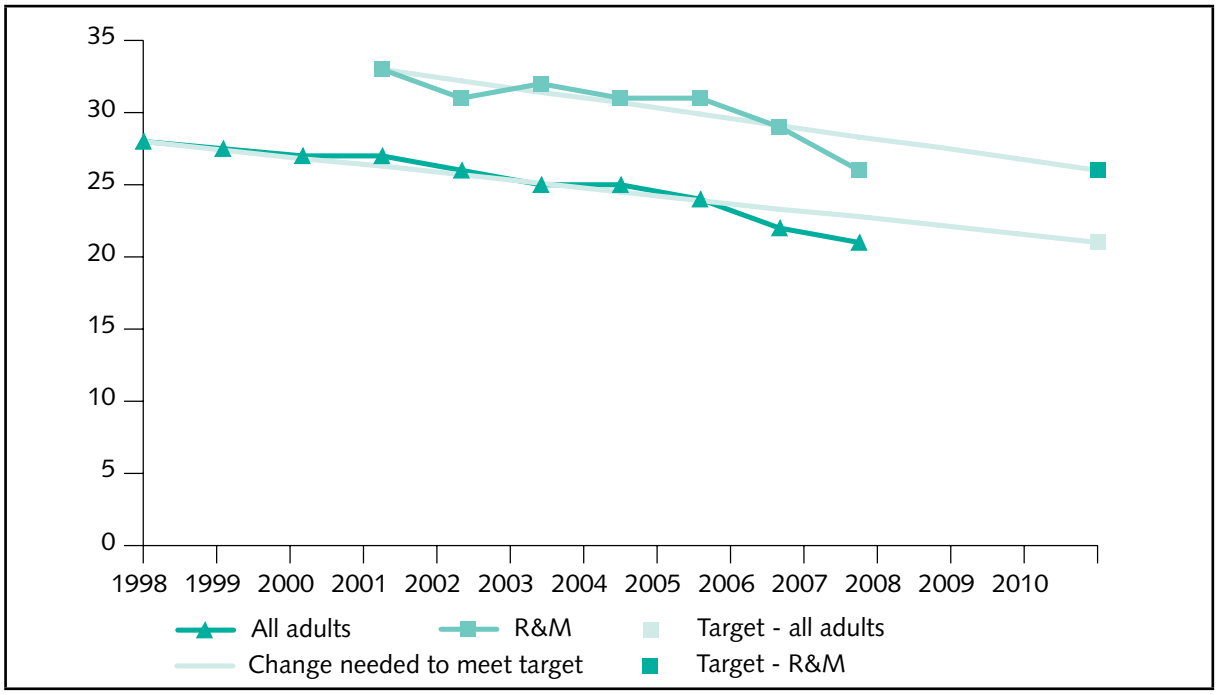
For more information on stop smoking services visit the website of the Information Centre[6] (www.ic.nhs.uk) and for smoking prevalence figures visit the UK National Statistics website (www.statistics.gov.uk)

Data quality

Green (disclosure) – NAO rating.

6 In this document, the 'Information Centre' refers to the NHS Information Centre for health and social care.

Smoking Prevalence



Indicator 18.4

Vital Sign Tier 3 and Local Government National Indicator 136.

Number of adults (18 or over) per 100,000 population supported to live independently at home either directly through social care or via organisations that receive social services grants – **not yet assessed**.

Baseline – In 2007/08 3,143 people per 100,000 population were helped to live independently at home.

Progress

The provisional figure for 2008/09 showed an increase to 3,217 and the final data will be published in early 2010. There have been some changes in the coverage of the underlying data collection which explains some of this increase. The Department will be undertaking work to understand the impact of the increase better once the final data becomes available in the new year.

The transformation of adult social care to a more personalised care system will help facilitate increased independent living for all in the community, as signalled in *Putting People First*. This will lead to an increased focus on access to universal services, such as information and advice, to facilitate choice and control, early intervention and community support. As part of this process *Shaping the Future of Care Together* Green Paper was published in July 2009, which sets out a vision for a new care and support system. The consultation finished in November 2009 and the findings will be published in 2010.

The publication of the Government's *Age of Opportunity* followed by the *Prevention Package for Older People Strategy* will support Primary Care Trusts, Strategic Health Authorities and Local Authorities in prioritising and effectively commissioning prevention services for older people and help to keep them healthy and living independently.

For more information, visit the website of the Information Centre.

Data quality

Amber (systems) – NAO rating. The indicator uses Referrals, Assessment and Packages of Care (RAP) data which are National Statistics, and is combined with Grant Funded Services (GFS1) data that are Official Statistics. There is the possibility of double counting as some people are probably included in the two datasets used (RAP and GFS). However, using both datasets gives a broader picture of overall services and the Department continues to work with the Information Centre to improve data quality from Local Authorities.

Number of adults per 100,000 helped to live at home

	2001-02	2002-03	2003-04	Definition restated	2004-05	2005-06	2006-07	2007-08	Definition expanded	2007-08	2008-09 (provisional)
Number of adults aged 18+ per 100,000 population helped to live at home	2475	2531	2564		2512	2560	2572	2634		3143	3217

Note:
Clients helped to live at home include RAP data from 2000-01 to 2006-07 and include RAP and GFS data for 2007-08.
The figure for 2007-08 includes GFS data but there is some double-counting between RAP and GFS data where a person receives services arranged by their council following an assessment and services from a grant-funded voluntary organisation. This is estimated at around 20 per cent of the GFS data. There is also double counting within the GFS data where a person receives services from more than one grant-funded scheme or organisation, but it is difficult to estimate how large this is due to data sharing issues.
In addition, there has been a change in the coverage of the GFS collection which will explain some of the increase between 2007-08 and 2008-09.

Indicator 18.5

Vital Sign Tier 3.

Improving access to psychological therapies (IAPT) through the proportion of people with depression and/or anxiety disorders who are offered and receive psychological therapies – **improvement**.

Baseline – the 2008/09 October to December baseline showed that 1.47 per cent were offered psychological therapies and 0.76 per cent were receiving psychological therapies.

Progress

The proportion of all people with depression and/or anxiety disorders who are offered psychological therapies has shown an increase from 3.40 per cent in quarter 4 of 2008/09 to 5.36 per cent in quarter 1 of 2009/10 of prevalence. The programme is exceeding the trajectory in the IAPT Implementation plan. The proportion of people receiving psychological therapies in relation to the prevalence of depression and/or anxiety disorders has increased from 1.88 per cent in quarter 4 of 2008/09 to 3.01 per cent in quarter 1 of 2009/10. This means that it has been reporting above trajectory[7] since the quarter 1 2009/10.

The IAPT programme has rolled out across 35 PCTs in Year 1, 2008/09, and to a further 74 PCTs in year 2, 2009/10. In the remainder of year 2 IAPT services will be rolled out across a further 6 PCTs resulting in a total of 115 PCTs by April 2010. In March 2009, the Department provided £13 million funding to Strategic Health Authorities (SHAs) to accelerate the roll out of IAPT services through dedicated employment support. This also funded the Credit Crunch Stressline which was set up in July 2009.

The Department and SHAs have jointly produced guidance for Mental Health and Primary Care Commissioners on commissioning IAPT services as part of ongoing training and support.

The programme continues to work closely with NHS Directors of Performance developing benchmarking and quality standards for IAPT.

For more information, visit www.iapt.nhs.uk

Data quality

Amber (disclosure) – NAO rating. This is a new data collection and will improve over time. Formal sign-off on quarterly reporting is required from all PCT Directors of Performance and IAPT Key Performance Indicators Technical Guidance sets out the data requirements for the data.

Access to Psychological Therapies

		Q3 2008-09	Q4 2008-09	Q1 2009-10
Numbers of People Offered Treatment	Actual (%)	1.47	3.40	5.36
	Trajectory (%)	1.55	2.00	2.45
Numbers of People Receiving Treatment	Actual (%)	0.76	1.88	3.01
	Trajectory (%)	1.29	1.67	2.04

7 The trajectories are available in the IAPT Impact Assessment which is on the DH website http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083150

PSA 19 – Ensure better care for all

2.8 PSA 19 sets out the Government's commitment to ensure that people have high quality, safe and accessible care that is sensitive to their individual health and adult social care needs and their particular lifestyles and aspirations. The PSA is closely linked with the Departmental Strategic Objective to ensure better care for all. Eight key indicators have been chosen to monitor progress against this PSA.

PSA 19: Strong progress – Improvement against 6 out of 8 indicators

Indicator 19.1

Vital Sign Tier 2 and Local Government National Indicator 127.

Self-reported experience of patients and users – **improvement**.

Baseline – in 2007/08 the adult inpatients survey score was 75.3, and the emergency department service users survey score was 75.8 in 2004/05[8].

Progress

The data source for this indicator is the national patient survey programme, administered by the Care Quality Commission (CQC), the Department published the latest position for this indicator in June 2009.[9] This publication provides full details across each of the separate patient experience domains covered by the survey programme, as well as overall national performance known as the overall patient experience score. The latest update reports result from two separate surveys: The adult patient survey and the emergency department service users survey.

For the first time the 2008/09 adult inpatients survey reported against the baseline measure established in the 2007/08 survey. The overall patient experience score for this survey shows an increase on the baseline with a score of 76.0. In 2008/09 the overall patient experience score for the emergency department service users survey was 75.7, which is slightly lower than the baseline.

The survey programme for 2009/10 will report in February 2010.

In future years, the Department and the Care Quality Commission (CQC) will be developing a range of instruments and methodologies covering a variety of different services, settings and patient groups. While not all of these will be included in the nationally coordinated programme, a series of documents will be made available to assist organisations to run local surveys on a voluntarily basis. This facility has recently been launched, and it currently includes a number of surveys that CQC have developed over recent years[10]. Where surveys are part of the nationally coordinated programme, and where baseline and subsequent performance measures are available, scores will be calculated and published.

For more information about the patient survey programme, visit the Department's website.

Data source

Department of Health, Care Quality Commission.

Data quality

Green (disclosure) – NAO rating.

8 Further information, including detailed local and national survey results, are available from the CQC website: http://www.cqc.org.uk/usingcareservices/healthcare/patientsurveys.cfm

9 Updates for this indicator, including detailed information about the PSA methodology, are available from the DH website. This presents overall performance scores, as well as performance against each of the separate patient experience domains (1. Access and waiting; 2. safe, high quality coordinated care; 3. building closer relationships; 4. better information, more choice; 5. clean, friendly, comfortable place to be). http://www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/National surveyof NHSpatients/DH_087516

10 Further details are available on the website of the acute patient survey programme coordination centre: http://www.nhsurveys.org/localsurveys http://www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/NationalsurveyofNHSpatients/index/htm

National patient experience scores

	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09
Adult inpatient	75.7	–	76.2	75.7	75.3	76.0
Emergency services	–	75.8	–	–	–	75.7
Primary care	76.9	77.4	77.0	–	77.5	–
Mental health services*	74.2	74.7	74.5	75.2	75.6	–
Outpatients	–	76.7	–	–	–	–

*Changes in the wording of questions means results are not comparable before 2004/05.
Source: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_100349

NHS-reported referral-to-treatment for Indicators 19.2 (admitted patients) and 19.3 (non-admitted patients)

Vital Sign Tier 1.

To ensure that, by December 2008, no one waits more than 18 weeks from GP referral to the start of hospital treatment (for clinically appropriate patients who choose to start their treatment within 18 weeks), this is linked to the CSR 2004 commitment. The minimum operational standards that the NHS is expected to deliver against are 90 per cent for admitted patients and 95 per cent for non-admitted patients to start consultant-led treatment within a maximum of 18 weeks. These standards allow for patients who choose to wait longer or for whom waiting longer is clinically appropriate – **improvement**.

Baseline – The baseline figure for admitted patients was 48.3 per cent in March 2007 and for non-admitted patients it was 76.1[11] per cent in August 2007.

Progress

From 1 January 2009, a minimum of 90 per cent of patients who require admission to hospital and 95 per cent of patients who do not require admission to hospital can expect to start their consultant-led treatment within a maximum of 18 weeks from referral, unless it is clinically appropriate not to do so or they choose to wait longer. As set out in the *NHS Operating Framework 2009/10*, delivering treatment within a maximum 18 weeks continues to be a priority for the NHS. Every Primary Care Trust and NHS trust needs to achieve this standard across all services and specialties, monitoring waits over 18 weeks so that patients do not wait for reasons other than choice or clinical exception.

Nationally, the NHS has delivered the minimum operational standards for delivery of 18 weeks in each month since August 2008. Latest data shows that at a national aggregate level in September 2009, 93.3 per cent of admitted patients and 97.6 per cent of non-admitted patients began treatment within 18 weeks of referral. The median time waited for admitted patients is around 8 weeks and for non-admitted patients is around 5 weeks.

Reducing waiting times for diagnostic tests has been pivotal in delivering treatment within a maximum of 18 weeks from referral. Stage of treatment waiting time data for the 15 key diagnostics tests shows that the number of waits over 6 weeks at the end of September 2009 was 3,400, which is 0.7 per cent of the total number of waits. This compares to 140,000 in September 2007. Patients can now expect to wait around 2 weeks for one of the 15 key diagnostic tests, compared to around 6 weeks in April 2006 when data was first published.

11 This is the correct figure for the non-admitted patients baseline. A print error had occurred in previous reports.

In 2009/10, acute trust performance against 18 weeks will be measured through the *NHS Performance Framework* on an aggregate basis for each quarter. Performance on the operational standards in each speciality will also be assessed. The Care Quality Commission will use a similar methodology in its Periodic Review of trusts and PCTs.

The tremendous progress that the NHS has made in reducing waiting times for elective care gives us the opportunity to turn these achievements into rights for patients. *The NHS Constitution: A consultation on new patient rights*, launched on 10 November 2009, brings forward proposals for binding commitments to patients on maximum waiting times, including starting treatment by a consultant within 18 weeks of GP referral, if the patient chooses, and it is clinically appropriate. Under these proposals, where treatment does not begin within maximum waiting times, PCTs will be required to take reasonable steps to offer a range of alternative providers that can provide the patient's care quicker, wherever possible, and if that is what the patient wants. The consultation will run until 5 February 2010 and subject to its outcome, the right would come into force in April 2010.

For more information, visit the publications and statistics section of the Department's website.

Data source

Department of Health, Primary Care Trusts returns on UNIFY.

Data quality

Green (disclosure) – NAO rating.

Time series – admitted and non-admitted

Month	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08
Percentage within 18 weeks (Admitted[1])	48%	51%	53%	54%	54%	56%	57%	60%	63%	69%	69%	75%	87%	87%	89%
Month	**Jun-08**	**Jul-08**	**Aug-08**	**Sep-08**	**Oct-08**	**Nov-08**	**Dec-08**	**Jan-09**	**Feb-09**	**Mar-09**	**Apr-09**	**May-09**	**Jun-09**	**Jul-09**	**Aug-09**
Percentage within 18 weeks (Admitted[1])	89%	90%	90%	90%	91%	91%	93%	93%	93%	93%	93%	94%	94%	94%	94%
Month	**Mar-07**	**Apr-07**	**May-07**	**Jun-07**	**Jul-07**	**Aug-07**	**Sep-07**	**Oct-07**	**Nov-07**	**Dec-07**	**Jan-08**	**Feb-08**	**Mar-08**	**Apr-08**	**May-08**
Percentage within 18 weeks (Non-admitted)						76%	76%	77%	77%	79%	82%	86%	93%	93%	94%
Month	**Jun-08**	**Jul-08**	**Aug-08**	**Sep-08**	**Oct-08**	**Nov-08**	**Dec-08**	**Jan-09**	**Feb-09**	**Mar-09**	**Apr-09**	**May-09**	**Jun-09**	**Jul-09**	**Aug-09**
Percentage within 18 weeks (Non-admitted)	94%	95%	95%	96%	96%	96%	97%	97%	97%	97%	97%	98%	98%	98%	98%

[1] Admitted figures unadjusted (to account for clock pauses) up to Feb-08, adjusted for Mar-08 onwards

Indicator 19.4

Vital Sign Tier 2 and Local Government National Indicator 126.

The percentage of women who have seen a midwife or maternity healthcare professional for assessment of health and social care needs, risks and choices by 12 completed weeks of pregnancy – **not yet assessed**.

Baseline – In quarter 3 of 2008/09 data showed that nationally 73.5 per cent of women in England were assessed by 12 weeks and 6 days of pregnancy,

Progress

In 2008/09 quarter 4 this increased to 76.3 per cent. The target remains 90 per cent coverage of women assessed by 12 weeks and 6 days by 2010/11. The Department of Health is continuing to work with SHAs to help ensure continuing improvement.

Putting women and their families at the centre of local maternity services, enabling them to make informed choices, starts with encouraging women to access maternity care as soon as they know they are pregnant. Early access to maternity care will help to ensure the best health outcomes for mothers and babies, addressing inequalities and promoting individualised high quality care for all.

The new interactive Pregnancy Care Planner on the NHS Choices website provides women with information on pre-conception health, nutrition, exercise and general health messages. Information and support about early access is being made available through a variety of means and there are good examples of this in the community. Some pharmacists are providing an information leaflet with all pregnancy tests and a DVD (translated into multiple languages) has been developed which promotes early booking and access to maternity services. Some hospitals promote early and direct access to midwives through posters and cards, which are displayed in GP practices and Children's Centres. Other hospitals have developed a webpage, which indicates how and where women can directly access a midwife and why it is important to access maternity care early.

Data source

Department of Health, Primary Care Trusts returns on UNIFY.

Data quality

Amber (disclosure) – NAO rating. The Department is addressing variations in performance in Strategic Health Authorities and Primary Care Trusts to improve data quality. Data provision has improved from 98 per cent of PCTs providing a data return on the number of women being assessed for 2008/09 quarter 3 to 100 per cent data returns for 2008/09 quarter 4. Data becomes available six months after the period to which it relates. However, there are limitations in the data system which excluded women who had an assessment by 12 weeks 6 days but then went onto have an abortion or miscarriage before 24 weeks of gestation. Another limitation is that geographical migration can not be accounted for as the data collection does not allow identification of those women that had their assessment within one PCT then moved address and gave birth in another PCT.

Indicator 19.5

Vital Sign Tier 3 and Local Government National Indicator 124.

Percentage of people with a long-term condition (LTC) supported to be independent and in control of their condition(s) – **not yet assessed**.

Baseline – In 2007/08, 74 per cent of respondents said that they had enough support to help manage their condition.

Progress

This indicator will now be assessed using the GP Patient Survey and results from this survey will be published in 2009/10.

The Department has established and developed both personalised care planning and support for self-care with a strong focus on embedding the underpinning policy commitments that support everyone with a LTC to have a care plan by 2010 and a copy of the patients' prospectus *Your Health, Your Way*.

In January 2009 the Department published guidance to support NHS commissioners followed by a range of publications in April 2009 to provide resources for the NHS Workforce including an e-learning tool and a complementary *train-the-trainer* programme.

Following the *Your Health, Your Way* initiative, delivery is driven by the development of a communications strategy for patients and the public around what they should expect from care planning and services to support self care.

The publication of the *Primary Care Service Framework* in June 2009 supports commissioning from primary care providers, whilst building a range of meaningful metrics to incentivise and drive delivery.

Data source

The baseline for this indicator was taken from a Healthcare Commission Survey which was not repeated in 2008/09 and will be replaced by the GP Patients Survey.

Data quality

Green (disclosure) – NAO rating.

Indicator 19.6

Vital Sign Tier 1.

Patient-reported experience of access to GP services: as measured by an average of 5 indicators in the GP Patient Survey covering telephone access, 48-hour access, advanced booking, seeing a specific GP and opening hours – **improvement**.

Baseline – in 2006/07, overall satisfaction aggregated from the five indicators was 84 per cent.

Progress

The GP Patient Survey (GPPS) in 2007/08, showed that this had increased to 85 per cent.

From April 2009/10 the survey will be conducted quarterly providing real time information where practices can respond to the results during the year. Data from the first two quarters of 2009/10 will be available in 2009 and will be published every quarter thereafter.

As the format of the access questions in 2008/09 have been modified to reflect patient experience more accurately, it is not possible to make precise comparisons with results from previous years. However, broad comparisons can be made for the questions covering 48 hour access, advanced booking and opening hours. This shows an aggregated score of 85 per cent for the three indicators, with an increase in satisfaction with opening times and advanced booking and a slight decrease in satisfaction with 48 hour access.

The latest information on opening hours shows that over three-quarters of practices across the country now offer extended opening outside normal office hours. A practical guide for GPs and practice managers was recently published, with advice on how to organise their appointments systems to facilitate improved access.

In addition, a new World Class Commissioning guide on *Improving GP Access and Responsiveness* aims to provide guidance for PCTs in working with their practices to improve access. This is supported by a new Primary Care Service Framework, which will help PCTs to commission locally agreed schemes to improve access to GP services, using £50 million funding that is available to them in 2008/09 and 2009/10.

For more information, visit the publications and statistics section of the Department's website.

Data source

GP Patients Survey.

Data quality

Green (disclosure) – NAO rating.

Patient Experience of Access to Primary Care

	2006-07	2007-08	2008-09
Satisfied with telephone access to GP practice	86%	87%	79%
Able to see GP within 48 hours	86%	87%	86%
Able to book ahead for GP consultation if wanted	75%	77%	78%
Able to see specific GP if wanted	88%	88%	95%
Satisfied with GP practice opening times	84%	82%	92%

Indicator 19.7

Vital Sign Tier 1.

Healthcare-associated infection (HCAI) figures: MRSA – **improvement**.

Baseline – In 2003/04, there were 7,700 MRSA bacteraemia cases reported.

Progress

In quarter 3 of 2008/09 there were 678 cases reported and 694 cases reported in quarter 4 of 2008/09. This brings the total for 2008/09 to 2,935 cases, which is 24 per cent below the 50 per cent baseline year reduction target. There were 511 MRSA bacteraemia cases reported in quarter 1 of 2009/10. The Health Protection Agency are moving to a monthly reporting cycle which will mean the public, patients and other key stakeholders will have access to regular, timely information to monitor progress.

The Department continues to support acute trusts and Primary Care Trusts through its programme of visits where good practice is shared and disseminated to help trusts to deliver clean, safe, quality care. Tools have also been produced to help trusts to continue to reduce the incidence of HCAI and to embed the agenda in their organisations including the HII for Catheter associated BSI's and the HCAI Critical Care top tips to support the national commitment on elective and emergency screening pathways are being produced.

During 2009 there has been continued engagement including face-to-face meetings and information sharing events between the Department and a variety of patient and public interest groups. The events have been an opportunity for the Department to share existing and updated policy. The development of new technologies to tackle infection, so that each group has been able to provide examples of successful work to local partners. The next phase will include further engagement through focused meetings to share information to improve pre-existing measures to reduce infection.

In December 2009, the development of the improvement packages for Primary Care organisations will continue through a planned Development Forum, enhancements to the Board Assurance training package, and a framework for the Peer Review. These will be available on the Clean Safe Care website.

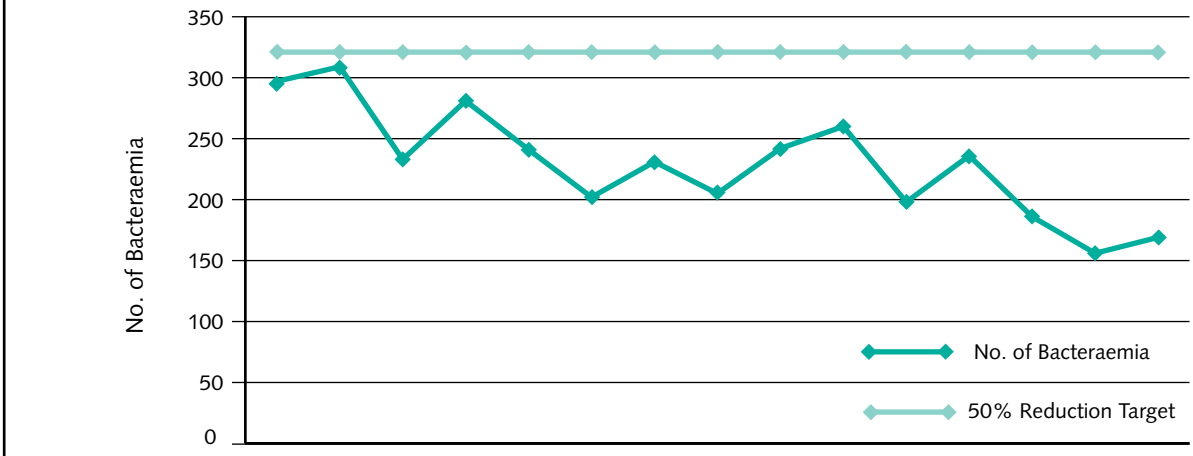
Data source

Health Protection Agency.

Data quality

Green (fit for purpose) – NAO rating.

MRSA Bacteraemia April 2008 to June 2009



	Apr 08	May 08	Jun 08	Jul 08	Aug 08	Sep 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09
No. of Bacteraemia	297	309	233	281	241	202	231	205	242	260	198	236	186	256	169
50% Reduction Target	321	321	321	321	321	321	321	321	321	321	321	321	321	321	321

Indicator 19.8

Vital Sign Tier 1.

Healthcare-associated infection (HCAI) figures: *Clostridium difficile (c.Difficile)*. The number of cases of *c.Difficile* infection in 2010/11 should be 30 per cent less than the figure for 2007/08 – **improvement**.

Baseline – in 2007/08 there were 55,498 cases of *c.Difficile* reported.

Progress

In quarter 3 of 2008/09 there were 7,907 cases and 8,357 cases in quarter 4 of 2008/09. This brings the total for 2008/09 to 36,095 cases, which is 7 per cent below the 30 per cent 2010/11 baseline year reduction target and showed that the NHS has delivered the national target reduction for *c.Difficile* two years early. The number of cases continue to reduce and in quarter 2 of 2009/10, there had been 6,423 cases of *c.Difficile* were reported.

The Health Protection Agency move to monthly reporting will provide regular timely information to the public, patients and other key stakeholders .

The Department continues to support acute trusts and Primary Care Trusts through the programme of visits where good practice is shared and disseminated to help trusts to deliver clean, safe, quality care. Tools have been produced to help trusts continue to reduce incidence of HCAI and embed good practice and careful hygiene in their organisations and includes the HII for Catheter associated BSI's and Top Tips for Cleaning as well as the updated NHS Institute's sustainability tool with an HCAI focus. A 'Top Tips' for patients on how they can contribute to reducing infection is in development with the Patient Association, as well as a leaflet for carers of those with *c.Difficile* in collaboration with the group *c.Difficile Support*.

During 2009 there has been continued engagement including face-to-face meetings and information sharing events between the Department and a variety of patient and public interest groups. The events have been an opportunity for the Department to share existing and updated policy and new technologies to tackle infection, resulting in each group being able to provide examples of successful work to local partners. The next phase will include further engagement through focused meetings to share information to improve pre-existing measures to reduce infection.

In December 2009, the development of the improvement packages for Primary Care organisations will continue through a planned Development Forum, enhancements to the Board Assurance training package, and a framework for the Peer Review and will be available on the Clean Safe Care website.

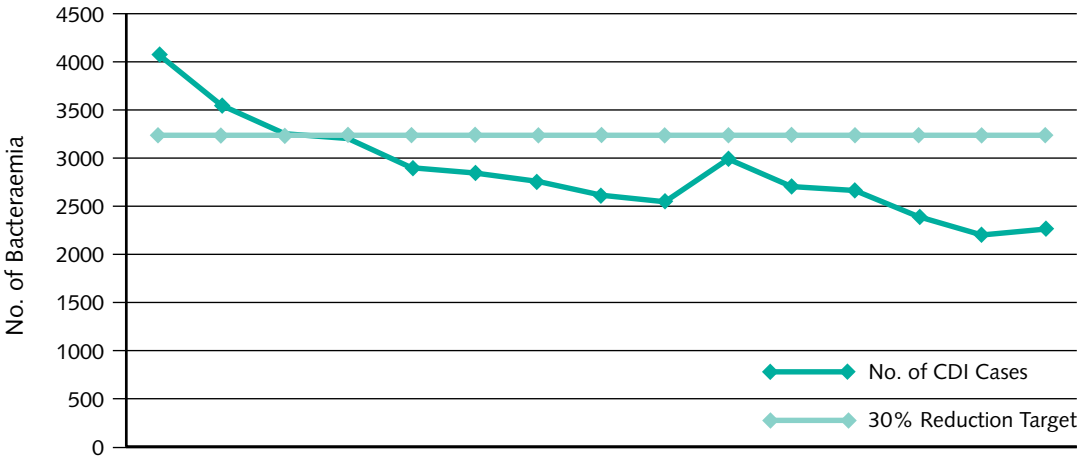
Data source

Health Protection Agency.

Data quality

Green (fit for purpose) – NAO rating.

CDI Cases April 2008 to June 2009



	Apr 08	May 08	Jun 08	Jul 08	Aug 08	Sep 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09
No. of CDI Cases	4081	3549	3253	3203	2900	2845	2757	2614	2546	2990	2704	2663	2392	2201	2262
30% Reduction Target	3237	3237	3237	3237	3237	3237	3237	3237	3237	3237	3237	3237	3237	3237	3237

PSA 12 – Improve the health and well-being of children and young people

2.9 PSA 12 sets out the Government's commitment to improving the physical, mental and emotional health and well-being of children and young people from conception to adulthood – for children who are in relatively good health, those particularly vulnerable to poor health outcomes, and those who are disabled, as well as those who are ill. This PSA is led by the Department for Children, Schools and Families and the Department of Health contributes to four of the five key indicators chosen to monitor progress against this PSA.

Indicator DSO 1.16 and DCSF PSA 12.1

Vital Sign Tier 2 and Local Government National Indicator 53.

Prevalence of breastfeeding at 6-8 weeks – **not yet assessed**.

Baseline – Prevalence baseline now established from 2008/09 quarter 4 data where 49.2 per cent of infants were being breastfed at 6-8 week as a percentage of those with known breastfeeding status.

Progress

At 2009/10 quarter one, the England 6-8 week breastfeeding rate was 50.5 per cent, up 1.3 per cent on the 2008/09 quarter 4 baseline. A full year's data will be available in quarter 4 of 2009/10 for comparison to review progress against the baseline.

In 2008/9, 40 Primary Care Trusts shared £4 million to promote breastfeeding through implementation of the Baby Friendly Initiative (which includes training for midwives and health visitors to encourage and support breastfeeding) and NICE guidance in both hospitals and the community, working in partnership with local service networks including Children's Centres. In 2009/10, an additional £3 million funding has been awarded to a further 32 PCTs. The aim has been to achieve the widest possible coverage of non-breastfeeding mothers.

The Department has appointed regional infant feeding co-ordinators to develop regional and local networks in all ten regions of the country. The National Breastfeeding Helpline provides support and information to mothers. National guidance *Commissioning local breastfeeding support services* was published in October 2009 to assist the NHS in improving local breastfeeding services, whilst the DVD *Bump to Breastfeeding* and *Pregnancy, Birth to Five* was distributed to all pregnant women via their midwives and health visitors. The Department will consider the outcome of a review, due to be completed at the end of 2009, of the need for stricter controls to ensure that parents and other carers are clear about the use of different types of infant formula.

For more information, visit http://www.dh.gov.uk/en/Healthcare/Children/Maternity/Maternalandinfantnutrition/Breastfeedinginfantfeeding/DH_085657

Data Source

Local Primary Care Trust (PCT) child health information records which are Department of Health returns through UNIFY. The Department also uses the Infant Feeding Survey (the next quinquennial survey starts in 2010) and consumer research to inform service design and delivery.

Data quality

Red (systems) – NAO's interim rating. The Department continues to work with PCTs to improve data quality. By 2009/10 quarter 1, 91 of 152 PCTs met the required data quality standard compared to 2008/09 quarter 1 where only 39 of 152 PCTs passed.

Indicator DSO 1.13 and DCSF PSA 12.3

Vital Sign Tier 2 and Local Government National Indicators 55 and 56.

Levels of childhood obesity: To hold the rate of obesity amongst children under-11 to a maximum of 18.6 per cent by 2011 with the aim to reduce the proportion of overweight and obese children to 2000 levels by 2020. This indicator supersedes the CSR 2004 commitment – **not yet assessed**.

Baseline – this is a rising trend and the prevalence of obesity was projected to be 17.6 per cent in 2008 for the target population.

Please note that the success measure for 2011 and the 2008 baseline outlined above have changed slightly from the figures of 18.1 per cent and 17.1 per cent respectively stated in previous annual reports.[12] This is a result of the publication by the Information Centre on 19 November 2009 of revisions to the obesity and overweight figures for 1995 to 2007 that affect the numbers previously reported. The changes to the prevalence figures are small: the maximum change to any individual year's figures is approximately 1 percentage point, and the average change is much lower than this at about 0.3 percentage points.

The Department's analysis of the revised published numbers shows that the impact on long-term trends is also small and does not affect our view of the progress that has been achieved. The most recent figure available is for 2007, which was previously reported as 15.4 per cent, and which has been revised to 15.5 per cent.

Progress

The Health Survey for England (HSE) showed that the estimated prevalence of obesity among 2 to 10 year-olds remained unchanged at 15.5 per cent in 2007. Whilst too much should not be read into this result, taken with the fall from 17.3 per cent in 2005, it suggests that, as the HSE report itself states, "there are indications that the trend in obesity prevalence may have begun to flatten out over the last two to three years" (Information Centre). Confirmation of this change will require at least one more year's data. The Health Survey for England 2008 will report on 17 December 2009 and the Department will provide a further update in the 2010 Departmental Report.

The Government published *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England* (January 2008) and *One Year On* (April 2009) which set out how it will continue its drive to combat obesity and support everyone in society to maintain a healthy weight. As part of this, the Change4Life campaign was launched in January 2009. Early results show a very positive response: in October 2009, 77 per cent of the target audience recall seeing Change4Life advertising, 86 per cent recognised the logo and 80 per cent of mothers of 0-11 year olds say that the Change4Life advertisements make them think about their children's health in the long term. Change4Life is being extended to reach other at-risk audiences, including families with babies and those ethnic minority communities where levels of childhood obesity are particularly high, while continuing our work with families.

The Government extended the 0-5 Healthy Child Programme to 5-19 year olds in October 2009. This evidenced-based best practice programme will support commissioners and front line professionals to better promote and intervene in children and young people's health, including healthy weight.

12 The Department of Health's 2008 Autumn Performance Report and 2009 Departmental Report

For more information, visit the DH website at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107566 and the website of the NHS Information Centre at: http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england.

Data source

Information Centre, Health Survey for England.

Data quality

Green (disclosure) – NAO's interim rating. The NAO did not raise any issues with data quality at the time of their audit. However, the Department was alerted to a data quality issue by the NHS Information Centre (IC) in November 2009. The issue affects the figures for obesity and overweight from 1995 to 2007 and arose because of an error in the programme used by the IC's contractor to allocate children to the BMI categories of obese and overweight. A very small proportion of the children who should have been put in the overweight or obese category were left in the healthy weight category. The error affects approximately 1 in every 200 children who responded to the survey. The obesity and overweight prevalence figures for children for 1995 to 2007 have been revised slightly upwards. The revisions are small: the average change is about 0.3 percentage points. The IC, along with their contractors, have undertaken a thorough check of their processes and are confident that the error has been corrected and that no other errors exist.

Indicator DSO 1.4 and DCSF PSA 12.4

Vital Sign Tier 2 and Local Government National Indicators 50 and 51.

Emotional health and well-being, and child and adolescent mental health services (CAMHS) are the two sub-measures monitoring progress against this indicator – **not yet assessed** (emotional health and well-being) and **improvement** (CAMHS element).

Baseline – emotional health and well-being was established at December 2008 as 63.3 per cent of school-aged children reporting good emotional health. New data will be collected through the DCSF TellUs Surveys due in autumn 2009 and then in autumn 2010.

Baseline – CAMHS was established as 13.2 per cent for Primary Care Trusts (PCTs) at end-June 2008 and 19.3 per cent for local authorities (LA) at end-December 2008 on reporting maximum scores on their CAMHS self-assessments.

Progress

There are four sub-measures in the CAMHS self-assessment which require PCTs to declare if they provide (1) a full range of CAMHS (2) access for 16 to 17 year-olds (3) 24-hour cover and (4) a full range of universal services by local authority/PCT (note this measure was introduced in April 2008). In 2009/10 quarter 1, the number of PCTs in England fully compliant with the 4 sub-measures were as follows: (1) 70 (2) 99 (3) 111 and (4) 54. This showed that 27 per cent of PCTs were compliant on all measures.

Child and Adolescent Mental Health Services (CAMHS) provide services and support to children and young people experiencing difficulties with their mental health. The independent Review of Child and Adolescent Mental Health Services *Children and Young People in Mind*, recognised the progress within all services contributing to mental health and psychological wellbeing and highlighted positive trends from mapping data from CAMHS and inspection reports and areas of good practice. In response to the review's recommendations, the Government has set up a National Advisory Council for children's mental health and psychological wellbeing, an independent body, to advise on implementing the recommendations. Work is underway in partnership with SHAs and Government Offices on the scope to strengthen the quality assurance arrangements for PCT and Local Authority self assessment data on CAMHS.

For more information, visit the DCSF website.

Data source

OfSTED TellUs Survey (2008) and National Foundation for Educational Research (2009 onwards).

Data quality

Green (fit for purpose) – NAO's interim rating.

Vital Signs Monitoring Return – Commissioner Based (VSMR-C) – CAMHS data

Time period	2008-09 Q1	2008-09 Q2	2008-09 Q3	2008-09 Q4	2009-10 Q1
	Apr-June 08	July-Sept 08	Oct-Dec 08	Jan-Mar 09	Apr-June 09
PCTs fully compliant with all 4 areas	20	24	33	40	41
% of PCTs fully compliant with all 4 areas	13.2%	15.8%	21.7%	26.3%	27.0%

Source: Department of Health VSMR data

Indicator DSO 2.39 and DCSF PSA 12.5

Vital Sign Tier 3 and Local Government National Indicator 54.

Parents' experience of services for disabled children and the 'core offer' – **not yet assessed**.

Baseline – 2008/09 national baseline score 59 out of 100.

Progress

This is a new indicator. The first data for England and from those local authorities who chose this indicator as a Local Area Agreement target were published in May 2009, with further data published in September 2009 to establish the baseline. Both the national and local baselines are an overall score (a number between 0 and 100) which rates the parental experience in their areas. The results of the 2008 survey are a national baseline score of 59. The local area baselines range from 55 to 65.

DH and the Department of Children, Schools and Families funding commitments during this Spending Review together with a new core offer (setting standards) has shown the Government's commitment to delivering improved services for disabled children. National baseline are now available from which to plan improvements, and data for all local areas (Local Authority and Primary Care Trust) will follow in December 2009. The framework for current and future action is outlined in *Aiming High for Disabled Children, Better Communication, Better Care, Better Lives and Healthy Lives, Brighter Futures*. National children's services mapping and research on information systems will build on this over the next year.

Data source

Annual postal survey of parents of disabled children.

Data quality

Red (not established) – NAO's interim rating. This is a new collection and the rating refers to the development of the data collection and system to establish a baseline at the time of the NAO audit. The next available data will provide an opportunity for the Department to review and improve data quality.

PSA 13 – Improve children and young people's safety

2.10 PSA 13 sets out the Government's commitment to improving the safety of the children and young people in this country. This PSA is led by the Department for Children, Schools and Families and the Department of Health contributes to one of the four key indicators chosen to monitor progress against this PSA.

Indicator DSO 1.17 and DCSF PSA 13.3

Vital Sign Tier 3 and Local Government National Indicator 70.

Emergency hospital admissions caused by unintentional and deliberate injuries to children and young people aged 0 to 17 years (per 10,000 population) – **improvement**.

Baseline – in 2006/07, there were 123.1 admissions per 10,000.

Progress

The 2008/09 data shows 117.4 admissions per 10,000 population aged 0-17 years in England, a decrease of 3.41 per cent in the admission rate.

The Department works closely with the Department of Children, Schools and Families (DCSF) to deliver the cross-government Children and Young People Safety Public Service Agreement (PSA 13) and *Staying Safe Action Plan* which aim to prevent unintentional and deliberate injuries to children and young people.

There are a number of initiatives to promote safer behaviours by children and young people, parents and people who work with children and families including DCSF's £9 million child safety communications campaign, cross-Departmental support for the Child Accident Prevention Trust's Child Safety Week, and the Department of Communities and Local Government's Fire Kills Campaign. The installation of 1 million smoke alarms has helped to reduce deaths and injury from fires. The National Home Safety Equipment Scheme *Safe at Home*[13] is also helping to reduce injuries for 0-5 year olds in the home by providing safety equipment and advice to the poorest families in areas with the highest accident rates.

In the wider community, road safety education materials are being developed for schoolchildren, and new Think! publicity campaigns are under development. There has been continued investment in child cycle training and the proposed new road strategy suggests improved driver training and testing. The Child Safety Education Coalition (CSEC)[14] is helping to increase children's access to opportunities to learn about risk, safety and emergencies by involving sports clubs, schools and other activity providers, and developing interactive teaching resources.

Data source

Hospital Episodes Statistics.

Data quality

Green (fit for purpose) – NAO's interim rating.

Emergency hospital admissions resulting from deliberate and unintentional injury aged 0-17 years per 10,000 population aged 0-17[1]

Year	Admissions per 10,000	% change in admission rate
2003-04	116.1	
2004-05	116.2	0.11%
2005-06	120.6	3.80%
2006-07	123.1	2.07%
2007-08	121.5	-1.30%
2008-09	117.4	-3.41%

Source: Information Centre for Health & Social Care, Hospital Episode Statistics
Excludes patients not resident in England and patients with unknown residence

13 http://www.safeathome.rospa.com

14 http://www.csec.org.uk

PSA 14 – Increase the number of children and young people on the paths to success

2.11 PSA 14 sets out the Government's commitment to increasing the number of children and young people on the paths to success. This PSA is led by the Department for Children, Schools and Families and the Department of Health contributes to one of the five key indicators chosen to monitor progress against this PSA.

Indicator DSO 1.18 and DCSF PSA 14.4

Vital Sign Tier 2 and Local Government National Indicator 112.

Reduce the under-18 conception rate by 50 per cent by 2010 – **improvement**.

Baseline – in 1998, there were 46.6 conceptions per 1,000 females aged 15 to 17 years old.

Progress

In 2007, there were 41.7 conceptions per 1,000 females aged 15 to 17 years old showing that England's rate fell overall by 10.7 per cent between 1998 and 2007. Within the overall reduction in conceptions, there has been a steeper decline of 23.3 per cent of conceptions leading to births. However, the latest annual data shows a reversal in trend as the 2007 under-18 conception rate was 2.6 per cent higher than the 2006 rate. The 2008 abortion data shows a 4.5 per cent reduction in the abortion rate for under-18s. As the increase in 2007 was a result of all conceptions leading to abortion, the reduction in abortion rate may suggest that the rate of conceptions is returning to a downward trend. Abortion data for quarter one of 2009, and under-18 conception data for quarters one and two of 2008 appear to confirm this return to a downward trend as rates were lower than the corresponding quarters in the previous year. Nonetheless, meeting the 2010 target remains a significant challenge.

The NHS is making a major contribution through the provision of high quality contraception and sexual health services in locations and at times where young people can readily access them. DH has communicated this to the Strategic Health Authorities and made additional funding available which has led to the appointment of contraceptive fund managers in each SHA to ensure funding is targeted appropriately for maximum impact.

The national contraceptive choices campaign was launched in November. The campaign highlights the range of contraceptive methods available to all women, with a particular emphasis on the more effective long acting reversible (LARC) methods, which are non-user dependent.

The National Support Team continues to work directly with the most challenged local areas to strengthen their implementation of the strategy. A series of follow-up visits earlier this year demonstrated that their initial visits have driven local change, improved governance, and strengthened implementation of the critical success factors. However, such changes are yet to be reflected in the conception data due to the time lag in data availability.

For more information on conception rate data please visit the ONS website and for abortion statistics, please visit
http://www.statistics.gov.uk/statbase/product.asp?vlnk=6725&more=n

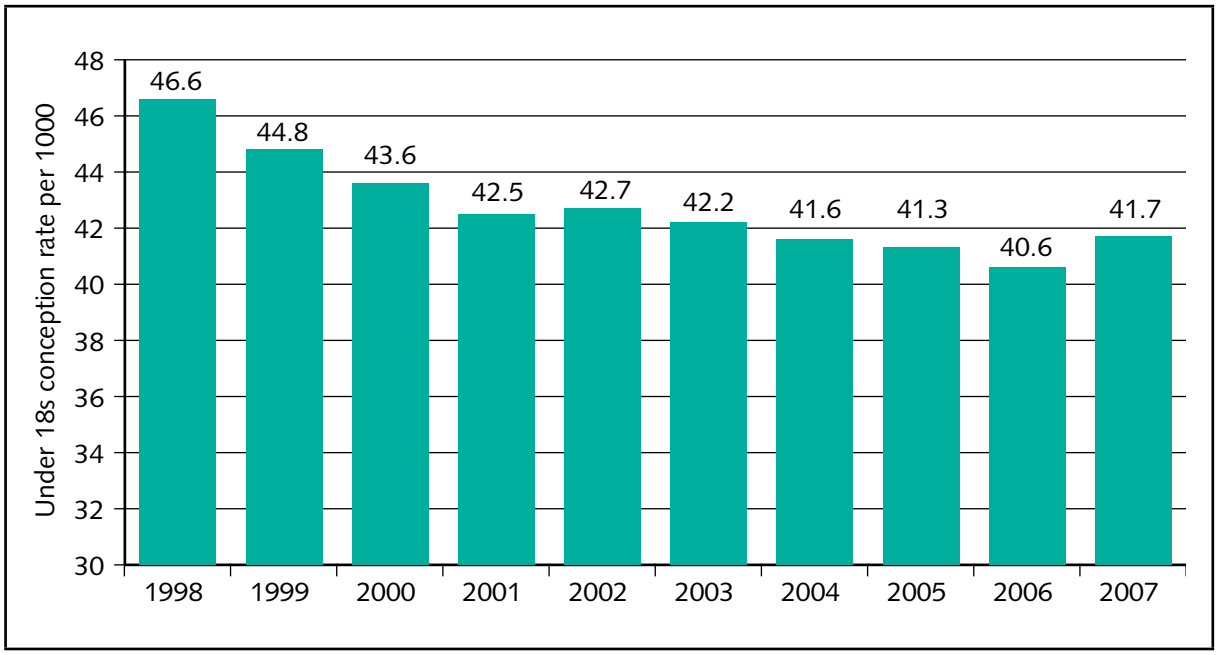
Data source

Office of National Statistics.

Data quality

Green (fit for purpose) – NAO's interim ratings.

Under-18 Teenage Conception Rates



PSA 16 – Increase the proportion of socially excluded adults in settled accommodation and employment, education or training

2.12 PSA 16 sets out the Government's commitment to ensuring that the most vulnerable adults are offered the chance to get back on a path to a more successful life, by increasing the proportion of socially excluded adults in settled accommodation and in employment, education or training. This PSA is led by the Cabinet Office and the Department of Health contributes to four of the eight key indicators chosen to monitor progress against this PSA.

Indicator DSO 1.22 and CO PSA 16.3

Vital Sign Tier 3 and Local Government National Indicator 149.

Proportion of adults in contact with secondary mental health services in settled accommodation – **not yet assessed**.

Baseline – not yet established.

Progress

On 25 November 2009 the NHS Information Centre published the data for this indicator, which shows 21.5 per cent of people in contact with secondary mental health services and on the Care Programme Approach were in settled accommodation. This was derived from a group of 136,094 adults with the most severe mental health conditions, and represents about 10 per cent of all users of specialist mental health services in England.

However, the mental health minimum data set has a large amount of missing data for this indicator and the Department is working with the Strategic Health Authorities, the NHS Confederation and NHS Information Centre to improve data quality as rapidly as possible.

The Department has made funding available to the Deputy Regional Directors of Social Care, who have a responsibility to support delivery of improved mental health outcomes, to develop robust action to improve the outcomes for this vulnerable group across their region.

The Department is taking action to sharpen trusts' focus on settled accommodation for secondary mental health users through the World Class Commissioning assurance framework, the new performance framework for non NHS Foundation Trust mental health providers and the inclusion of a requirement to supply the information for this indicator in the 2010/11 standard mental health contract. New Horizons published on 7 December 2009 sets out the future vision for mental health and includes a focus on homelessness and unsettled accommodation.

Data source

Information Centre, mental health minimum data set (MHMD).

Data quality

Red (not established) – NAO's interim rating. This is a new collection and the rating refers to the development of the data collection and system to establish a baseline at the time of the NAO audit. There are potential issues with definitions and the Department is working with the Information Centre and the National Programme for IT to improve data quality from Local Authorities and Mental Health Trusts.

Indicator DSO 1.20 and CO PSA 16.4

Vital Sign Tier 3 and Local Government National Indicator 145.

Proportion of adults with moderate to severe learning disabilities known to councils with adult social services responsibilities in settled accommodation – **not yet assessed**.

Baseline – not yet established.

Progress

On 7 October 2009 the NHS Information Centre published the first provisional data release for the number of people with learning disabilities who receive adult social services who are in settled accommodation i.e. those not in residential care at 65.2 per cent for 2008/09. The final data will be available in January 2010 and will include any revisions made by councils following further quality checks from the Information Centre. Provisional year two data for National Indicator (NI) 145 and NI 146 should be available in August 2010 and final data in January 2011.

The Department of Health has made funding available to the Deputy Regional Directors of Social Care, who have a responsibility to support delivery of improved learning disability outcomes to develop robust action to improve the outcomes for this vulnerable group across their region.

The Government is making good progress towards its commitment to close NHS residential accommodation i.e. campuses for people with learning disabilities by 2010. This commitment was made in the 2006 *Our Health, Our Care, Our Say* White Paper. The Department has been working with the Information Centre to streamline and simplify the data collection on numbers remaining in campuses to improve future data quality, which will take effect from October 2009. The Care Quality Commission (CQC) is developing a new campus performance indicator and this will help to improve data from providers.

Valuing People Now, published in January 2009, set out a new three-year cross-government strategy for improving services for people with learning disabilities across health, housing, employment and community care services. Re-provision of this kind can be a lengthy process, particularly where vulnerable people with the most complex needs are involved. Many have yet to move physically to new homes although complete plans to move them are in place.

Data source

Information Centre.

Data quality

Red (not established) – NAO's interim rating. This is a new collection and the rating refers to the development of the data collection and system to establish a baseline at the time of the NAO audit. There are potential issues with definitions and the Department is working with the Information Centre to improve data quality from Local Authorities.

Indicator DSO 1.21 and CO PSA 16.7

Vital Sign Tier 3 and Local Government National Indicator 150.

Proportion of adults in contact with secondary mental health services in employment – **not yet assessed**.

Baseline – not yet established.

Progress

On 25 November 2009 the NHS Information Centre published the data for 2008/9 for this indicator which shows 3.4 per cent of people in contact with secondary mental health services and on the Care Programme Approach are in employment i.e. defined as those in 'paid job'. However the data source, the mental health minimum data set, has a large amount of missing data for this indicator and the Department and the Cabinet Office have agreed that the data are of inadequate quality to provide a robust baseline.

The Department is working with the Strategic Health Authorities, the NHS Confederation and NHS Information Centre to improve data quality as rapidly as possible. A robust baseline estimate will be available by March 2010 based on a sample survey and plans are underway to deliver this.

The Department of Health has made funding available to the Deputy Regional Directors of Social Care, who have a responsibility to support delivery of improved mental health outcomes, to develop robust action to improve the outcomes for this vulnerable group across their region.

The Department is taking action to sharpen trusts' focus on employment for users of secondary mental health services through the World Class Commissioning assurance framework, the new performance framework for non NHS Foundation Trust mental health providers, and the inclusion of the requirement to supply the information for this indicator in the 2010/11 standard mental health contract. The Work, Recovery and Inclusion delivery plan and New Horizons were published on 7 December 2009; the Dame Carol Black mental health and employment strategy, and the Perkins review of employment support, which sets the future vision for mental health, will all help to concentrate efforts on these issues.

Data source

Information Centre, mental health minimum data set (MHMDS).

Data quality

Red (not established) – NAO's interim rating. This is a new collection and the rating refers to the development of the data collection and system to establish a baseline at the time of the NAO audit. There are potential issues with definitions and the Department is working with the Information Centre and the National Programme for IT to improve data quality from Local Authorities and Mental Health Trusts.

Indicator DSO 1.23 and CO PSA 16.8

Vital Sign Tier 3 and Local Government National Indicator 146.

Proportion of adults with moderate to severe learning disabilities known to councils with adult social services responsibilities in employment – **not yet assessed**.

Baseline – not yet established.

Progress

On 7 October 2009 the NHS Information Centre published the first provisional data for the number of people with learning disabilities who receive adult social services who are in employment (i.e. defined as those in 'paid work') at 7.5 per cent for 2008/09. The final data is expected in January 2010 and will include any revisions made by councils following further quality checks from the Information Centre to improve data quality. Provisional year two data for National Indicator (NI) 145 and NI 146 should be available in August 2010 and final data in January 2011.

The Department of Health has made funding available to the Deputy Regional Directors of Social Care, who have a responsibility to support delivery of improved learning disability outcomes to develop robust action to improve the outcomes for this vulnerable group across their region.

The learning disability employment strategy, *Valuing Employment Now: real jobs for people with learning disabilities* (VEN) published in June 2009, aims to increase significantly the number of people with learning disabilities in paid employment by 2025 and to close the gap between them and disabled people. A key commitment is for the public sector to be exemplar employers of people with learning disabilities and DWP has led the way by undertaking to make four hundred employment opportunities available for this group over the three years of the strategy.

There are a number of activities taking the strategy forward. These include events in the regions which have brought together key stakeholders who will be instrumental in implementing VEN at a regional and local level and at the proposed 'support broker' demonstration sites. These sites, which will be established in early 2010, will provide learning about how people with learning disabilities can use their personal budget to find employment using the support that exists in the community.

Data source

Information Centre.

Data quality

Red (not established) – NAO's interim rating. This is a new collection and the rating refers to the development of the data collection and system to establish a baseline at the time of the NAO audit. There are potential issues with definitions and the Department is working with the Information Centre to improve data quality from Local Authorities.

PSA 17 – Tackle poverty and promote greater independence and well-being in later life

2.13 PSA 17 sets out the Government's focus on the quality of later life in the UK, seeking to make the most of the opportunities offered by longer life, and driving forward the necessary cultural and behavioural changes. This PSA is led by the Department for Work and Pensions and the Department of Health contributes to two of the five key indicators chosen to monitor Progress against this PSA.

Indicator DSO 1.9 and DWP PSA 17.3

Vital Sign Tier 3 and Local Government National Indicator 137.

Healthy life expectancy at age 65. This is a composite measure of actual life expectancy mortality data and the self-reported health question in the General Household Survey (which the ONS will run as the Integrated Household Survey in the future) – **not yet assessed**.

Baseline – The baseline data for this indicator (2005 to 2007) is expected in February 2010.

Progress

The healthy life expectancy (HLE) indicator is measured over a three-year average. The latest data point (reflecting the period 2004 to 2006) data put healthy life expectancy at 12.9 years for men and 14.7 years for women which reflects a trend of sustained improvement over the last 20 years.

The drivers of this indicator – primarily lifestyle modifiable risk factors – have been identified, along with the contributory policies. The Government's recently published *Ageing Strategy*, *Building a society for all ages*, contains a number of measures to help individuals maintain or improve their health.

For more information, visit the UK National Statistics website and http://www.hmg.gov.uk/buildingasocietyforallages for information on the strategy.

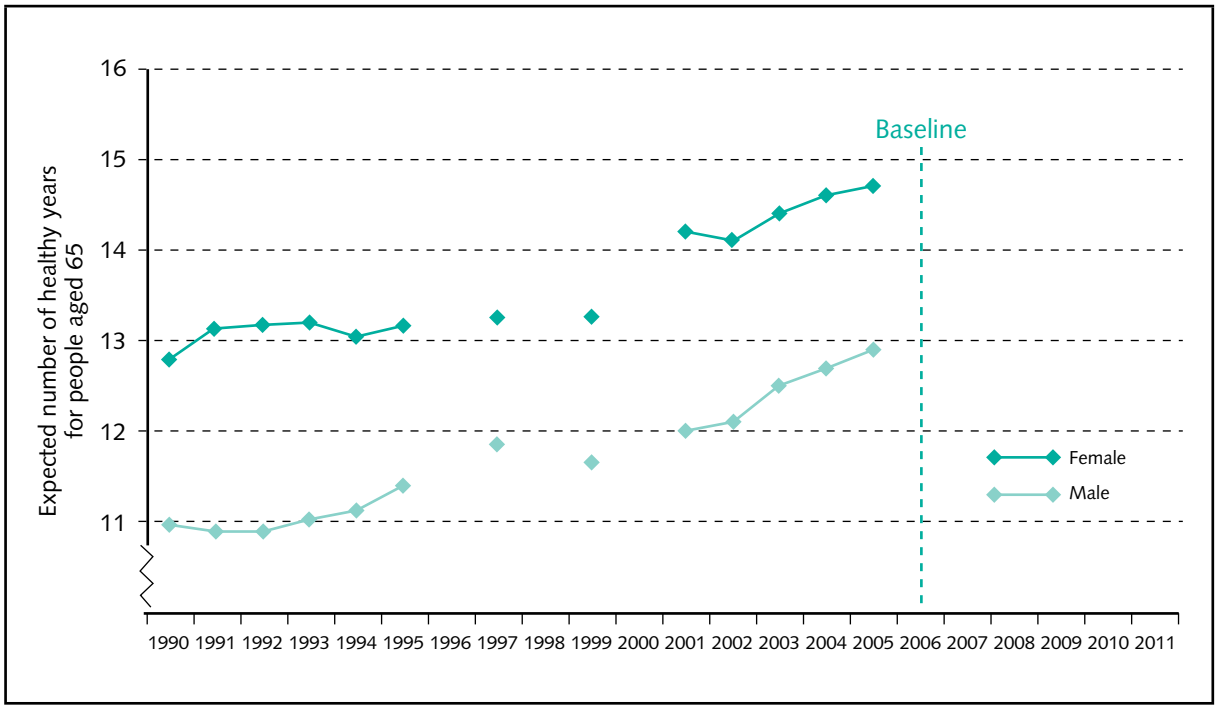
Data source

Office for National Statistics.

Data quality

Green (disclosure) – NAO's interim rating.

Healthy life expectancy at age 65



In addition, the Department shares the following indicator with CLG and DWP. Ongoing work in the Department achieved through the *Putting People First* personalisation agenda to enable adults to be supported to live independently at home (PSA 18.4) also helps to deliver this shared indicator (DWP 17.5).

Jointly shared indicator DWP 17.5

Local Government National Indicator 139

The extent to which people over 65 receive the support they need to live independently at home – **not yet assessed**.

Baseline – a baseline of 64 per cent has been set, using an average of the April and July 2009 data points.

Progress

This is a new perception-based measure. Data is now taken from the Office of National Statistics (ONS) Omnibus Survey that provides monthly monitoring data. The rationale for using the ONS Omnibus, rather than the National Centre for Social Research (NatCen) Omnibus (as originally intended) or Place Survey, is based on frequency of data. The Department will continue to work jointly with the Department for Communities and Local Government (CLG) and the Department for Work and Pensions (DWP) to ensure data quality.

The question has recently been refined to ask only those who have personal experience of services. The previous measure was based on the views of people including those who had not directly experienced services for older people (around half of respondents). This lead to a high proportion who responded "don't know". The new measure reduces the proportion who answer "don't know", and so provide more robust data. The previous data series, covering all respondents, has been included for completeness.

From July 2009 further data are available covering only those who have experience of services for older people. The latest data, based on an average of the July and August 2009 data, is 69 per cent.

Public perception of the degree to which older people get the support they need is influenced by almost every aspect of life. Access to information, advice, aids and adaptations for the home are as important as the state of pavements, street lighting, and experience – and fear of – anti-social behaviour. Narrowing the survey to people with personal or family experience of services will make it more possible to focus efforts on the drivers which have the potential to improve the satisfaction rating.

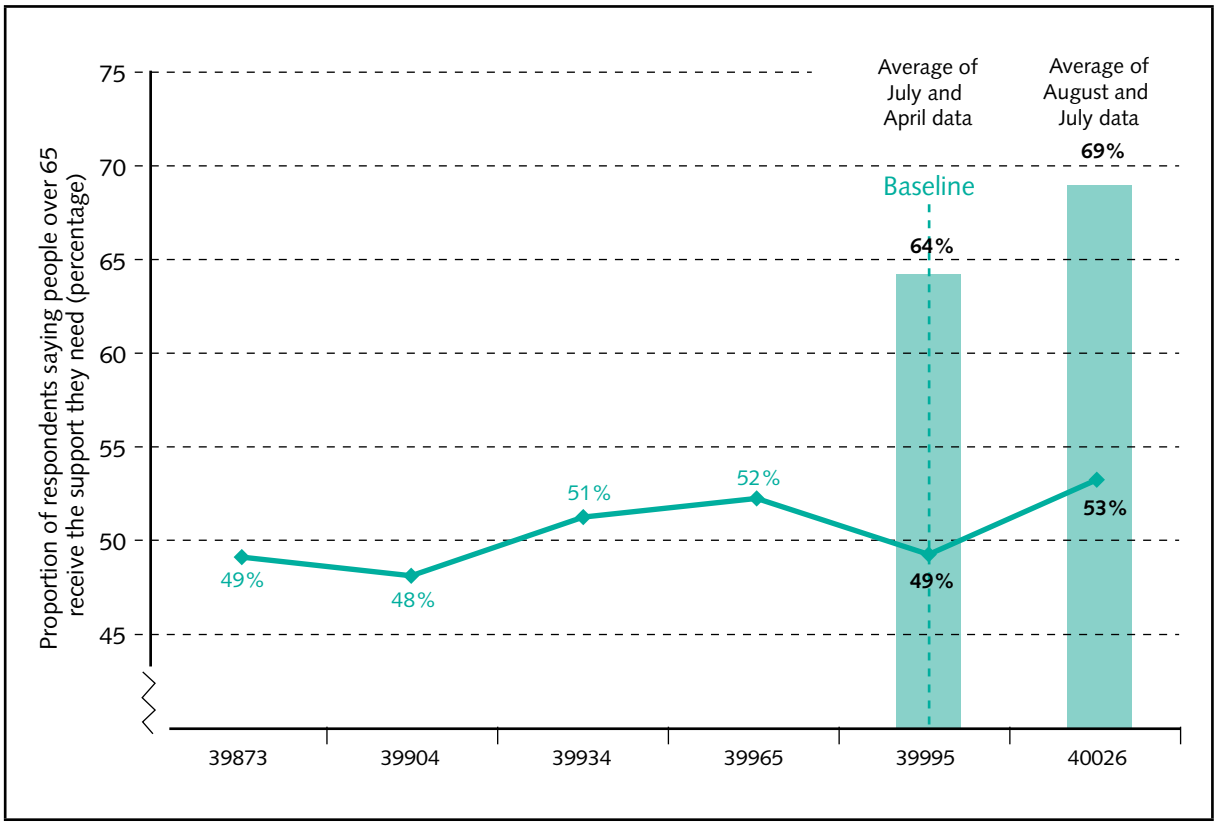
Data source

Office of National Statistics

Data quality

Red (systems) – NAO's interim rating. This is a new collection and the rating refers to the development of the data collection and system to establish a baseline at the time of the NAO audit. The Department continues to work with the Department for Work and Pension, and the Department for Communities and Local Government to improve data quality from Local Authorities.

Over 65s supported to live at home



PSA 25 – Reduce the harm caused by alcohol and drugs

2.14 PSA 25 sets out the Government's commitment to produce a long-term sustainable reduction in the harms associated with alcohol and drugs. This PSA is led by the Home Office and the Department of Health contributes to two of the five key indicators chosen to monitor progress against this PSA.

Indicator DSO 1.15 and HO PSA 25.1

Vital Sign Tier 2 and Local Government National indicator 40.

Percentage change in the numbers of drug users recorded as being in effective treatment – **improvement**.

Baseline – in 2007/08, 156,387 persons were recorded in effective treatment.

Progress

End of year performance for the period April 2008-Mar 2009 was 163,127 which showed a 4.3 per cent improvement.

The Government set out its ten-year strategy *Drugs: protecting families and communities*[15] sets out the government's 10-year vision and a range of new measures to enforce, educate and intervene on drugs, and to provide support to people both in and out of treatment. The new strategy emphasises the key role that drug treatment plays and sets out the Government's ambition to improve the personalisation of treatment towards meeting an individual's needs.

In the year since its publication, considerable progress has been made with drug use now at its lowest level in more than a decade. For more information, visit the Home Office website at www.drugs.homeoffice.gov.uk

Data source

National Drug Treatment Monitoring System (NDTMS).

Data quality

Green (fit for purpose) – NAO rating.

15 Drugs: protecting families and communities, HM Government, 2008

Indicator DSO 1.14 and HO PSA 25.2

Vital Sign Tier 3 and Local Government National Indicator 39.

Rate of hospital admissions per 100,000 for alcohol-related harm – **improvement**.

Baseline – in 2006/07, there were 1,384 admissions per 100,000.[16]

Progress

Projected increases in the rate of admissions have been estimated since the last performance report. Without further action the rate is projected to increase to 1,600 in 2008/09; 1,724 in 2009/10; and 1,849 in 2010/11. The success criterion for this indicator is to achieve a reduction of at least 19 admissions per 100,000 relative to the projected rate of admission of 1,849 in 2010/11; or to reduce the trend in the rate of increase in alcohol related admissions by a minimum movement of 1 percentage point reduction in trend.

The provisional rate for 2008/09 is 1,562 admissions per 100,000 showed a reduction of 38 admissions per 100,000 population (two per cent) on the projected rate of 1,600 for 2008/09.

The publication, in 2007 of the new Alcohol Strategy *Safe. Sensible. Social* specifically focuses on the minority of drinkers who cause the most harm to themselves. The Government launched the Know Your Limits campaign in May 2008 to challenge binge drinking and tolerance of drunkenness in society, and improve understanding of alcohol units and of health risks. Public recollection of the campaign is high, at 73 per cent, and pre and post campaign tracking shows an improvement in the proportion of people giving the correct daily guideline figures.

The National Support Team (NST) has prioritised the top thirty-five areas which have the highest rates of alcohol related hospital admissions. They carry out structured diagnostic visits which involve meetings with Primary Care Trusts, its leaders, commissioners and those delivering services from the local organisations that contribute to alcohol harm reduction. The NST review their commissioning and delivery systems for alcohol harm reduction and identify what improvements can be made. During this Spending Review period the NST are making 18 visits per year and have so far carried out a total of 19 visits.

Data source

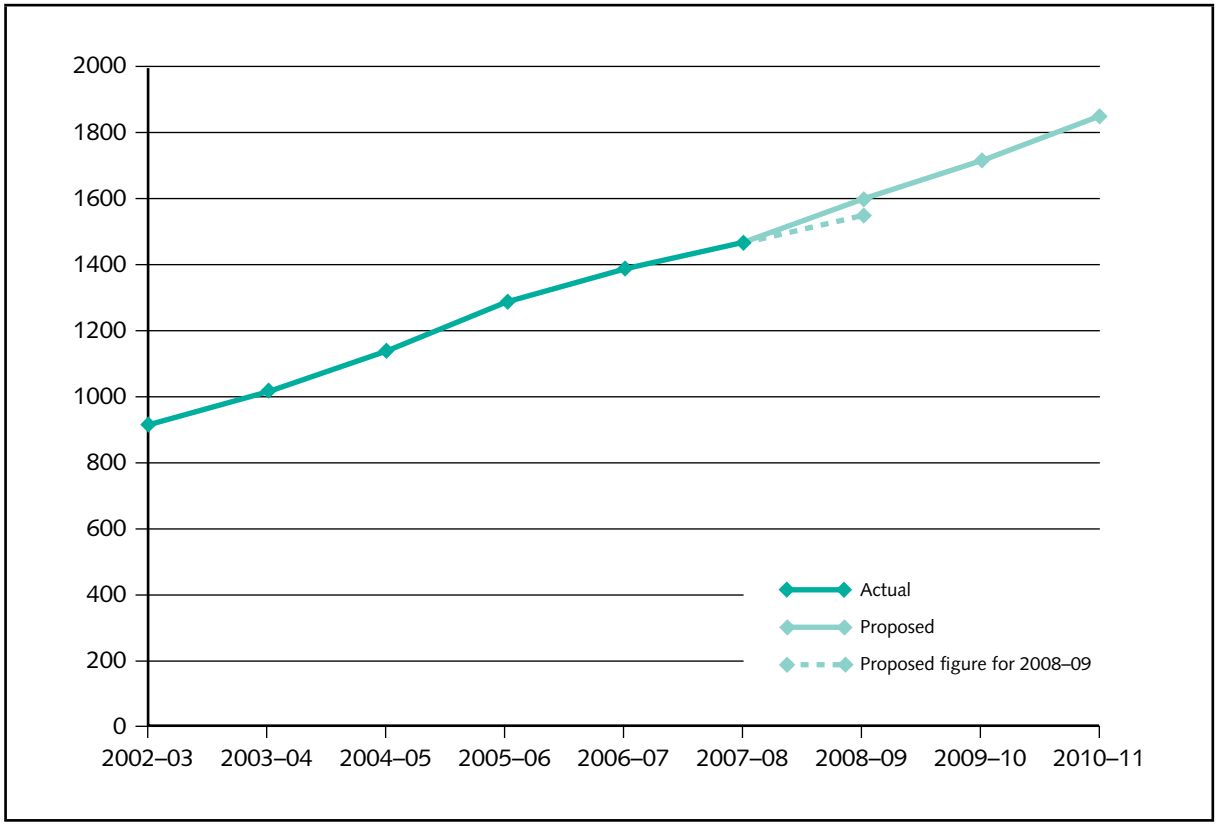
Hospital Episodes Statistics.

Data quality

Green (disclosure) – NAO rating.

16 The new (current) baseline of 1,384 was reported in the 2009 Departmental Report where the Department stated that the figures for 2002/03 to 2006/07 have been revised since publication of the 2008 Autumn Performance Report to bring the indicator in line with published research on alcohol attributable conditions and with standard practice regarding the production of hospital episode statistics.

Rate of admission to hospital with alcohol-related conditions



Indicators that measure Departmental Strategic Objectives

2.15 The Department of Health has three Departmental Strategic Objectives (DSOs), as set out in paragraph 2.2 above, which enshrine its core business of the department. The DSOs are measured both by the PSA indicators (already set out above) and by a number of DSO indicators which are set out below.

Of the 44 DSO indicators (of which PSAs are a subset), the Department's overall performance is as follows.

For DSO 1 Better health and well-being for all: 11 of 24 indicators are making 'strong progress' showing that the Department continues to reduce mortality rates, reduce smoking prevalence and improve access to psychological therapies.

For DSO 2 Provide better care for all: 11 of the 16 indicators are making 'strong progress showing that the Department are meeting social care needs.[17]

For DSO 3 Ensure better value for all: 3 of the 5 indicators are making strong progress showing the Department working with the NHS to ensure Value for Money.

17 18 weeks comprise of two targets delivering PSA 19 and this has been assessed as one to count towards the deparment's 44 DSO indicators.

Table 2: Provides a list of the 16 DSO indicators:

DH	Indicator	DSO
DSO 1: To ensure better health and well-being for all	Self-reported measure of people's overall health	1.1
	Reduce mortality rates from suicide and injury of undetermined intent by at least 20 per cent by 2010 – improvement	1.3
	Reduce mortality rates by 2010 from heart disease and stroke and related diseases by at least 40 per cent in people under-75, with a 40 per cent reduction in the inequalities gap between the fifth of areas with worst health and deprivation indicators (the Spearhead Group) and the population as a whole	1.6
	Reduce mortality rates by 2010 from cancer by at least 20 per cent in people under-75 with a reduction in the inequalities gap of at least 6 per cent between the fifth of areas with the worst health and deprivation indicators (the Spearhead Group) and the population as a whole	1.7
	Preparedness of pandemic flu	1.8
	Proportion of people achieving independence 3 months after entering care/rehabilitation	1.11
	Prevalence of chlamydia in under 25 year olds	1.19
DSO 2: To ensure better care for all	Delayed transfers in care per 100,000 population aged 18 and over	2.26
	Timeliness of social care assessments	2.31
	Timeliness of social care packages	2.32
	Proportion of all deaths that occur at home	2.33
	Adults and older people receiving direct payments and/or individual budgets per 100,000 population (aged 18 and over)	2.34
	Proportion of carers receiving a 'carer's break' or specific carers' service as a percentage of clients receiving community based services	2.37
	Patient and user reported measure of respect and dignity in their treatment	2.38
DSO 3: To provide better value for all	Number of emergency bed days per head of weighted population	3.40
	Financial balance (PCT)	3.41
	Prescribing	3.42
	Public confidence in the local NHS	3.43
	NHS estates/carbon efficiency	3.44

DSO 1: To ensure better health and well-being for all

Indicator DSO 1.1

Vital Sign Tier 3 and Local Government National Indicator 19.

Self-reported measure of people's overall health – **not yet assessed**.

Baseline – the percentage of the adult population living in private households in England in 2008 who described their health, in general, as being very good or good was published for the first time in June 2009.

Progress

In the 2008 Place Survey, 76 per cent of the adult population in England described their health, in general, as being very good or good. The Department's analysis showed that self-reported general health was higher in London and the South East, and lower in the North East. The table provides a breakdown of percentage figures for self-reported general health by English Region.

Each local council is responsible for running the Place Survey in their local area, using a core questionnaire and technical manual supplied by the Department for Communities and Local Government (CLG). The Place Survey is expected to take place every two years and the next data will become available in Autumn 2010.

The 2008 Place Survey asked respondents at Question 29 to rate their general health using a simple tick box: "How is your health in general? Would you say it is Very Good/Good/Fair/Bad/Very Bad?" The same question is asked also in the Health Survey for England (HSE) and in the General Household Survey for Great Britain, and the Department is exploring ways in which the HSE data could be used to increase the frequency of survey data for self-reported overall health.

For more information, visit the Place Survey at
http://www.communities.gov.uk/publications/corporate/statistics/placesurvey2008

Data Source

Department for Communities and Local Government, Place Survey.

Data quality

Green (disclosure) – NAO rating. The CLG survey manual sets out eight common standards that local councils need to meet in conducting the survey. CLG report that there is no evidence that any particular localities were under-represented, though response rates in some areas were low.

Percentage Describing Health in General as Very Good or Good by Government Office Region and England

Region	Percentage of adult population describing health in general as very good or good
North East	70%
North West	73%
Yorkshire & the Humber	73%
East Midlands	74%
West Midlands	73%
East of England	77%
London	79%
South East	79%
South West	77%
England	76%

Source: Data provided by Health Improvement Analytical Team, Department of Health, taken from Place Survey 2008, England

Note:
The difference between the results for the North East, and for London and the South East, is statistically significant at the 95% level.

Indicator DSO 1.3

Vital Sign Tier 2.

Reduce mortality rates from suicide and injury of undetermined intent by at least 20 per cent by 2010 – **improvement**.

Baseline – The baseline figure is a three-year average rate for the period 1995-1997, which showed 9.2 deaths per 100,000 population.

Progress

This is a CSR 2004 commitment. In the period 2006-2008, this reduced to 7.8 per 100,000 population (a reduction of 15.2 per cent). The three-year average rate fell between 2005-2007 and 2006-2008, although the single year rate increased between 2007-2008 (from 7.5 to 8.0 deaths per 100,000).

In April 2009 the Department of Health launched a toolkit for acute in-patient staff to help reduce the number of patients that go missing from wards who may be at risk of suicide or self harm. The current suicide law will aim to discourage internet sites promoting or encouraging suicidal acts. In addition to this the charity Pace is working with National Mental Health Development Unit on ways to support lesbian, gay, bisexual and transgender people who may be at risk.

For more information, visit the publications and statistics section of the Department's website.

Data source

Office for National Statistics.

Data quality

Green (fit for purpose) – NAO rating.

Intentional self-harm and injury of undetermined intent (excluding verdict pending) mortality rates, all ages, England
Rates are age-standardised to the European Standard Population

	1995-97	1996-98	1997-99	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08
Death rate per 100,000	9.2	9.3	9.6	9.7	9.3	8.9	8.6	8.6	8.5	8.3	7.9	7.8

Source: ONS data, DH analysis

Indicator DSO 1.6

Vital Sign Tier 2 and Local Government National Indicator 121.

Reduce mortality rates by 2010 from heart disease and stroke and related diseases by at least 40 per cent in people under-75, with a 40 per cent reduction in the inequalities gap between the fifth of areas with worst health and deprivation indicators (the Spearhead Group) and the population as a whole – **improvement**.

Baseline – The baseline figures for the period 1995-1997 showed that the England rate was 141.3 deaths per 100,000 population and the absolute gap (i.e. difference) between the Spearhead Group and England was 36.7 deaths per 100,000 population.

Progress

This is a CSR 2004 commitment and is measured in three-year averages. For the period 2006-2008, the England rate was 74.8 deaths per 100,000 population (a decrease of 47.1 per cent) and the gap was 22.6 deaths per 100,000 population (a decrease of 38.4 per cent).

Continued delivery of a range of measures set out in the *Coronary Heart Disease National Service Framework* together with measures in the Stroke Strategy and the phased implementation of the NHS Health Checks programme, which started in April 2009, will continue to drive delivery. The NHS Health Checks programme is universal and systematic for everyone between the ages of 40-74 and will assess people's risk of heart disease, stroke, kidney disease and diabetes and will support people to reduce or manage the risks through individually tailored advice.

Measures in the Stroke Strategy include a stroke awareness campaign, which began in February 2009 and was re-launched on 9 November, and the establishment of twenty-eight stroke care networks. This also measures the proportion of their time patients spend in a stroke unit and the percentage of high risk patients with a transient ischaemic attack treated within 24 hours in *Vital Signs*. Work is underway to develop a best practice tariff for stroke to take effect from April 2010, and a commissioning pack for stroke rehabilitation is in development for publication in March 2010.

In addition, the National Audit office are producing a report on stroke in January 2010 and a Care Quality Commission review of services for people who have had a stroke and their carers will be due in autumn 2010.

For more information, visit the publications and statistics section of the Department's website.

Data source

Office for National Statistics.

Data quality

Green (fit for purpose) – NAO rating.

All circulatory diseases mortality rates, ages under 75: 1995-97 to 2006-08
Rates are age-standardised to the European Standard Population

	1995-97	1996-98	1997-99	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08
England death rate per 100,000	141.3	135.4	128.5	121.8	114.5	108.2	102.8	96.7	90.5	84.2	79.1	74.8
Absolute gap (i.e. difference) between spearhead group and England (deaths per 100,000)	36.7	36.4	35.2	32.7	30.8	29.0	28.7	27.6	26.4	24.9	23.5	22.6

Source: ONS data, DH analysis

Indicator DSO 1.7

Vital Sign Tier 2 and Local Government National Indicator 122.

Reduce mortality rates by 2010 from cancer by at least 20 per cent in people under-75 with a reduction in the inequalities gap of at least 6 per cent between the fifth of areas with the worst health and deprivation indicators (the Spearhead Group) and the population as a whole – **improvement**.

Baseline – The baseline figures for the period 1995-97 showed that the England rate was 141.2 deaths per 100,000 population and the absolute gap (i.e. difference) between the Spearhead Group and England was 20.7 deaths per 100,000 population.

Progress

This is a CSR 2004 commitment and is measured in three-year averages. For the period 2006 to 2008, the England rate was 114.0 deaths per 100,000 population (a decrease of 19.3 per cent) and the inequalities gap was 18.6 deaths per 100,000 population (an increase from 18.0 deaths per 100,000 in 2005-2007, but a decrease of 10.5 per cent since the baseline).

A number of measures are driving positive results. These include the continued implementation of NICE's Improving Outcomes Guidance and completing the rollout of bowel cancer screening to those aged 60-69. The implementation of new cancer waiting time standards, extending breast cancer screening and improving early detection of cancers through raising awareness and improving GP diagnosis will aid further progress. These measure were set out on the Cancer Reform Strategy in late 2007.

For more information, visit the publications and statistics section of the Department's website.

Data source

Office for National Statistics.

Data quality

Green (fit for purpose) – NAO rating.

Cancer mortality rates, ages under 75
Rates are age-standardised to the European Standard Population

	1995-97	1996-98	1997-99	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08
England death rate per 100,000	141.2	138.5	134.9	132.0	128.7	126.5	124.1	121.6	119.0	117.1	115.5	114.0
Absolute gap (i.e. difference) between spearhead group and England (deaths per 100,000)	20.7	21.0	20.8	20.3	19.9	19.6	19.1	18.8	18.1	18.4	18.0	18.6

Source: ONS data, DH analysis

Indicator DSO 1.8

NHS Operating Framework national priority, 2008/09 to 20010/11.

Preparedness against pandemic influenza is measured by all NHS organisations having robust plans in place to respond to a flu pandemic by December 2008 – **not yet assessed**.

Progress

On 27th April 2009, the first two confirmed UK cases of swine flu were reported and on the same day, the World Health Organization (WHO) Alert was raised to phase 4 – sustained human-to-human transmission.

The Department worked with the Strategic Health Authorities (SHAs) to complete a self-assessment of their plans in early 2009, with a range of exercises being provided to all key organisations to test their plans. This was followed by a multi-agency exercise, during September 2009, in which each region tested systems at a pandemic peak. This test was called Peak Practice and future plans will continue to be tested beyond 2009.

In response to the swine flu pandemic, all NHS organisations have assured the Department, for the first time, that they have appropriate plans in place to respond to a second wave of pandemic flu during the winter months. All SHAs have provided a summary statement of readiness for all organisations in their regions. The NHS and stakeholder organisations have indicated that the process was helpful as well as very rigorous. All SHAs have also produced plans to double their adult critical care capacity and the Critical Care strategy was published on 10th September 2009. The vaccination plan, launched on 21st October 2009, started with vaccinating the at-risk patient groups as well as health and social care workers.

The procurement of countermeasures has been completed with stockpiles of antibiotics, face masks, respirators and other consumables now established. The Storage and Distribution contract has been signed, and the stock management system has been mobilised. Surveillance reporting arrangements are also in place. These actions mean that the NHS is now in a better position to respond to the increased levels of demands from both swine flu and winter pressures.

The National Pandemic Flu Service was launched on 23rd July 2009 in England. The National Pandemic Flu Service is an on-line and phone self care service for the public which allows them to check their symptoms and access antivirals if required, or receive advice on symptom relief. The service is only intended for people who are ill with swine flu and some groups such as those with underlying health conditions, pregnant women and those with sick children aged under one are still advised to contact their doctor if they develop symptoms.

For more information, visit the Department of Health website.

Data source

Department of Health.

Data quality

Amber (systems) – NAO rating. This is a new collection on information collected from the trusts to prepare and put in place their plans for responding to a pandemic flu outbreak. The Department reviews the plans and provides guidance to the NHS on improving the quality of information.

Indicator DSO 1.11

Vital Sign Tier 3 and Local Government National Indicator 125.

Proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing bed for rehabilitation who are at home or in extra care housing or an adult placement scheme 3 months after the date of their discharge from hospital – **not yet assessed**.

Baseline – This is a new indicator and the first data collection established a (provisional) baseline for this indicator in August 2009.[18]

Progress

The data showed that in 2008 78.1 per cent of people aged 65 years and over (almost 29,000 individuals) were still at home 91 days after discharge from hospital into rehabilitation/ intermediate care where the intention was for that person to return to their own home.

With the focus on rehabilitation and re-enablement, this indicator is closely aligned with the focus on preventative services set out in the Government's vision for adult social care, *Putting People First*.

The updated guidance on *Intermediate Care Halfway Home* was published in July 2009 as part of the prevention package and was the Department's main contribution to the cross government *Ageing Strategy, Building a Society for All Ages*. It makes explicit the expectation that intermediate care services should be accessible to older people with mental health needs, including those with dementia. The *National Dementia Strategy* published in February 2009 included a focus on improved intermediate care for people with dementia and develops the strategy to improve the care for people with dementia in general hospitals through clinical leadership and the commissioning of liaison teams for older people's mental health. An interim report has already shown improved outcomes for older people and increased efficiencies for the health and social care system by investing in prevention and early intervention services, such as rehabilitation and intermediate care.

An updated handbook for frontline staff on best practice in hospital discharge planning and transfer of care will be published by the end 2009 and includes ten steps for effective discharge practice.

For more information, visit the publications and statistics section of the Department's website.

Data source

Information Centre.

Data quality

Amber (systems) – NAO rating. This is a new collection and the rating refers to the development of the data collection and system to establish a baseline at the time of the NAO audit. The data is collected through a sampling window, which has been tested with Local Authorities to account for seasonality. The Department continues to work with the Information Centre to improve data quality from Local Authorities through the new Adult Social Care Combined Activity Return (ASC-CAR) collection.

18 Social Care indicators from the National Indicator Set – 2008/09 England Provisional

Indicator DSO 1.19

Vital Sign Tier 2 and Local Government National Indicator 113.

Prevalence of chlamydia in under-25 year-olds is measured by a proxy of the percentage of the population aged 15 to 24 accepting a test/screen for chlamydia – **not yet assessed**.

Baseline – not yet established for prevalence.

Progress

The Department set annual targets for increasing screening numbers each year so that in 2008/9 screening coverage should reach 17 per cent of the target population rising to 25 per cent in 2009/10 and to 35 per cent in 2010/11. In 2008/9, although 15.9 per cent of the target population were tested for chlamydia, 5 Strategic Health Authorities (SHAs) and 67 Primary Care Trusts (PCTs) met or exceeded the 17 per cent target. For 2009/10, 10 PCTs met or exceeded the 25 per cent target. The Department will seek to establish a baseline for prevalence in 2010 with performance data available from 2011. Data for the first quarter of 2009/10 shows that 4.1 per cent of the target population were tested. Compared to quarter 1 in 2008/9 there has been a 45.4 per cent increase in testing volumes, showing that screening numbers are going in the right direction.

The Department has put in place better systems for capturing screens taking place across all settings and programmes outside Genitourinary Medicine (GUM) and this is evident in the improved data quality for 2008/9. The Department continues to work with SHAs to raise the profile and importance of chlamydia screening with performance managers. The Health Protection Agency and National Support Team continue to provide support to local programmes and the National Chlamydia Screening Programme (NCSP) will continue to embed chlamydia screening within the core services to help raise screening volumes and target work with those where the highest number of screens are evident.

The Department had previously committed to measure prevalence from 2009 but the challenge remains to increase screening volumes to the 35 per cent level to do this. The Department continues to work collaboratively with the NHS to make this happen from 2011. The National Audit Office published a report on a review on the cost effectiveness of the NCSP on 12 November for the Public Accounts Committee Hearing on 25 November. The Department will be reviewing the communications strategy for sexual health and teenage pregnancy which will shape its future communications and marketing strategy. The new advertising campaign, to be launched in January 2010, will encourage young people to accept a test if offered which will help to increase screening volumes amongst this target population.

Data source

Health Protection Agency.

Data quality

Red (systems) – NAO rating. This is a new collection and the rating refers to the development of the data collection and system to establish a baseline at the time of the NAO audit. The Department is working with the Health Protection Agency and PCTs to improve data quality and increase screening volumns to measure prevalence.

Number and percent of 15-24 year olds tested for chlamydia outside of GUM, England: 1st April 2008 – 30th June 2009

Year	Quarter	Total number of tests among 15-24 year olds	Total number of 15-24 year olds resident in England	Percent of 15-24 year olds tested (%)
2008/9	April – June 2008	193,679	6,696,101	2.9
2008/9	July – September 2008	214,427	6,696,101	3.2
2008/9	October – December 2008	269,968	6,696,101	4.0
2008/9	January – March 2009	386,356	6,696,101	5.8
2009/10	April – June 2009	281,584	6,898,300	4.1

*Data for 2008/9 as of 22.05.09. Data for April – June 2009 as of 27.07.09 and 30.07.09. All data are based on VSI criteria and include non NCSP non GUM tests.

Indicator DSO 2.26

Vital Sign Tier 3 and Local Government National Indicator 131.

Number of delayed transfers of care from all NHS hospitals, both acute and non-acute, per 100,000 population (aged 18 and over) – **improvement**.

Baseline – in 2006/07 showed 14.9 per 100,000 population.

Progress

In 2008/09 this has decreased to 11.9 per 100,000 population.

Local councils and their NHS partners have already made significant progress in reducing the number of cases of patients with delayed discharges from acute hospitals. In March 2007, the Care Services Improvement Programme produced a good practice toolkit to improve discharge from inpatient mental health care settings which should help improve delivery on this indicator.

Progress against this indicator is also closely associated with activity to support the indicator which measures achieving independence for older people (DSO 1.11, NI 125).

An updated handbook for frontline staff, on best practice in hospital discharge planning and transfer of care will be published by the end of 2009. It includes ten steps to effective discharge practice. All of these activities will help contribute to the delivery of this indicator.

Data source

Data quality

Amber (disclosure) – NAO rating. The Department continues to carry out validation of the data returns to address issues of error.

Number of delayed transfers

	2006/07	2007/08	2008/09
Number of delayed transfers of care from all NHS hospitals, both acute and non-acute, per 100,000 population (18+)	14.9	13.9	11.9

Indicator DSO 2.31

Vital Sign Tier 3 and Local Government National Indicator 132.

Timeliness of social care assessment is measured through the percentage of new clients (aged 18 and over) from where the time from first contact to completion of assessment is less than or equal to four weeks – **improvement**.

Baseline – in 2006/07 the data was 76 per cent.

Progress

The data for 2007/08 show an increase to 79.5 per cent and in 2008/09 the data showed a slight increase to 79.8 per cent.

Putting People First, published in October 2008, sets out the Government's agenda for the transformation of adult social care. This centres on universal services for everyone including information and advice, early intervention and prevention services, and personalisation of care to suit individual needs and community support. The Carers Direct helpline and website is providing carers with accessible and reliable information that allows them to access the services and support they need, at any point, prior to or during the assessment of themselves or the person being cared for.

The *Shaping the Future of Care Together* Green Paper, published on 14 July 2009, sets out a cross-government vision for a National Care Service that is fairer, simpler and more affordable than the present system. The consultation finished on 13th November 2009 and the findings will be reported in 2010.

The Department held a consultation from January to April 2009 to aid the establishment of a Common Assessment Framework, which will improve the quality and efficiency of care and support by promoting the sharing and use of information. The consultation focused on care and support for adults and on assisting the continued development of personalisation by helping people to choose services that better suit to their needs.

The Fair Access to Care Services (FACS) guidance, currently being revised for publication in early 2010, will make implementation fairer and more consistent for people seeking support and reinforce the current direction of policy established by *Putting People First*.

For more information, visit the website of the Information Centre.

Data source

Information Centre.

Data quality

Green (fit for purpose) – NAO rating.

Timeliness of Social care assessments

	2006/07	2007/08	2008/09
Timeliness of social care assessments (%)	76.0	79.5	79.8

Indicator DSO 2.32

Vital Sign Tier 3 and Local Government National Indicator 133.

Timeliness of social care packages is measured through the percentage of new clients (aged 18 and over) from where the time from completion of assessment to provision of all services in the care packages is less than or equal to four weeks – **improvement**.

Baseline – in 2006/07 the data was 89.3 per cent.

Progress

The data in 2008/09 showed an increase to 90.7 per cent.

Putting People First, published in October 2008, sets out the Government's agenda for the transformation of adult social care that centres on universal services for everyone including information and advice, early intervention and prevention services, and personalisation of care to suit individual needs and community support. The Carers Direct helpline and website is providing carers with accessible and reliable information that allows them to get the services and support they need, at any point, prior to, or during the assessment of themselves or the person being cared for.

The *Shaping the Future of Care Together* Green Paper, published on 14 July 2009, sets out a cross-government vision for a National Care Service that is fairer, simpler and more affordable than the present system. The consultation finished in November 2009 and the findings will be reported in 2010.

The Department held a consultation to aid the establishment of a *Common Assessment Framework*, which will improve the quality and efficiency of care and support by promoting the sharing and use of information. The consultation focused on care and support for adults and on assisting the continued development of personalisation by helping people to choose services that better suited to their needs.

The *Fair Access to Care Services* (FACS) guidance, currently being revised for publication in early 2010, will make implementation fairer and more consistent for people seeking support and reinforce the current direction of policy established by *Putting People First*.

For more information, visit the website of the Information Centre.

Data source

Information Centre.

Data quality

Green (fit for purpose) – NAO rating.

Timeliness of social care packages

	2006/07	2007/08	2008/09
Timeliness of social care packages (%)	89.3	90.9	90.7

Indicator DSO 2.33

Vital Sign Tier 3 and Local Government National Indicator 129.

Proportion of all deaths that occur at home – **improvement**.

Baseline – in 2005 the proportion was 18.4 per cent.

Progress

The proportion was 19.9 per cent in 2008, a steady improvement on the 19.5 per cent in 2007.

In July 2008 the Department published a national End of Life Care Strategy to improve care for adults, providing greater choice about how they are cared for and where they die. The Strategy has already initiated a range of national initiatives such as setting up a National Coalition to raise public awareness of the issues around death, dying and bereavement and publishing a set of Quality Markers to support commissioners and providers in developing the right services and benchmarking progress.

Data source

Office for National Statistics.

Data quality

Green (fit for purpose) – NAO rating.

Proportion of all deaths that occur at home

Year	2002	2003	2004	2005	2006	2007	2008
Proportion of deaths that occour at home	18.3%	18.0%	18.3%	18.4%	19.0%	19.5%	19.9%

Indicator DSO 2.34

Vital Sign Tier 3 and Local Government National Indicator 130.

Number of adults, older people and carers receiving social care through a direct payment in the year to 31 March aged 18 or over per 100,000 population – **not yet assessed**.

Baseline – In 2008/09 the number of adults, older people and carers receiving social care through a direct payment per 100,000 population was 277.3.

Progress

This is the first year that carers have been included in this indicator and therefore the indicator is not comparable with previous years; however the level of the indicator more than doubled from 2005/06 to 2007/08 from 81.4 to 166.6.

From 2009/10 there will be a new definition for the indicator. This will reflect local authorities' progress and performance in moving towards a system of self directed support and the wider introduction of personal budgets more accurately. This progression will be completed in 2011 as set out in the publication, *Putting People First*. In addition, the extension of direct payments to people who lack capacity will be introduced in spring 2009.

In April 2009, the Adult Social Care Reform Grant was allocated to councils to enable them to start to deliver the vision of transforming adult social care. The publication, LAC (DH) (2009) 1 set out the changes that were expected to be delivered using the Grant. It states a number of aspects of the transformation agenda including person centred planning and self-directed support that are to become mainstream activities with personal budgets, to maximise choice and control. A key priority is to ensure that a process is in place so that all those eligible for council funded adult social care support will receive a personal budget through a suitable assessment process.

In September 2009, ADASS (Association of Directors of Adults Social Services), the Local Government Association and the Department of Health agreed a set of milestones for councils. These will help councils to assess their progress whilst implementing *Putting People First*. One such milestone is that by April 2011, 30 per cent of people who are eligible for social care will have taken up personal budgets. Councils will also get support from regional and national organisations to help them achieve the milestones.

For more information, visit the website of the Information Centre.

Data source

Information Centre.

Data quality

Amber (systems) – NAO rating. The indicator uses Referrals, Assessments and Packages of Care (RAP) data and Personal Social Services Expenditure (PSS EX 1) data which are National Statistics. The Department continues to work with the Information Centre to improve data quality from Local Authorities.

Social Care Clients Receiving Self Directed Support per 100,000 population

	Number of adults, older people and carers receiving social care through a Direct Payment (and/or an Individual Budget) in the year to 31st March aged 18 or over per 100,000 population (age standardised)
2005-06	81.4
2006-07	122.0
2007-08	166.6
Definition revised	–
2008-09 (provisional)	277.3

NOTE:
In 2008/09 the definition of the indicator was expanded to include carers for the first time and also the method of age standardisation was revised.
In 2005/06 the method for age standardisation was changed so figures prior to this year are not shown.

Indicator DSO 2.37

Vital Sign Tier 3 and Local Government National Indicator 135.

Proportion of carers receiving a 'carer's break' or a specific service for carers or advice and information as carers as a percentage of clients receiving community based services – **improvement**.

Baseline – in 2006/07 the data showed 20.7 per cent of carers received a carer's break, a specific service or advice and information.

Progress

In 2008/09 this increased to 23.0 per cent.

In the Carers Strategy, *Carers at the heart of 21st century families and communities*, published in June 2008, the Department of Health committed to funding demonstrator sites (pilots) which will focus on innovative approaches to providing personalised breaks for carers which are both effective and cost effective. Twelve successful sites have now been selected across England and the Department is working with them to finalise their plans and milestones. Each demonstrator site will run for eighteen months and all will be complete by 31st March 2011. The sites are being evaluated by the Centre for International Research on Care, Labour and Equalities (CIRCLE) which is based at Leeds University.

Data source

Information Centre.

Data quality

Amber (systems) – NAO rating. This is collected through the Referrals, Assessments and Packages of Care (RAP) data which are National Statistics. The Department has worked with the Information Centre to improve data quality from the Local Authorities.

Carers receiving needs assessment or review and a specific carer's service, or advice and information	
	The number of carers whose needs were assessed or reviewed by the council in a year who received a specific carer's service, or advice and information in the same year as a percentage of people receiving a community based service in the year.
2006-07	20.7
2007-08	22.0
2008-09 (provisional)	23.0

Note:
In 2006/07 carers only receiving advice or information were included in the indicator for the first time, therefore data prior to 2006/07 are not shown.

Indicator DSO 2.38

Vital Sign Tier 3 and Local Government National Indicator 128.

Patient and user-reported measure of respect and dignity in their treatment – **improvement**.

Baseline – in 2007/08, the proportion of respondents who were 'always' treated with respect and dignity was 78 per cent.

Progress

As part of the National Patient Survey Programme, patients were asked whether they were treated with respect and dignity during their care. Data published in May 2009 from the 2008/09 Adult Inpatient Survey showed that the proportion of respondents who were 'always' treated with respect and dignity had increased marginally to 79 per cent. The proportion of respondents reporting they were not treated with respect and dignity remained unchanged at 3 per cent. 2009/10 data will not be available until summer 2010.

Dignity in social care services will be measured nationally through an annual survey of users' experience. This is independent of the measure of dignity in NHS services, owing to the different survey mechanisms and approaches.

Dignity in Care, now in its third year, is successful because it has gained support amongst local people and providers. Services now operate against a policy backdrop that places quality, patient experience, dignity and respect at the heart of care. Dignity features in key performance frameworks including the *NHS Operating Framework* and the National Dementia Strategy published in February 2009. The importance of dignity is also reflected in the Next Stage Review and the NHS Constitution.

Key organisations representing service users and care providers are also taking action to promote dignity in care. For instance: the Care Quality Commission has included dignity and respect as one of its six key areas of inspection. The Residential and Domiciliary Care Sector have collaborated to develop dignity specific training which was delivered to every residential care home and domiciliary care provider in the country on 12th November 2009. The Royal College of Nurses has also run their own dignity in care campaign aimed at dignity in nursing care.

Opinion Leader published an independent review of the Dignity in Care Campaign, that highlighted successes, areas for improvement and recommendations for the future. The campaign is now looking to give clearer guidance on measuring and tracking patient experience that would help those on the ground to effectively quantify and track impact.

For more information, visit the Care Quality Commission website at www.cqc.org.uk

Data source

Care Quality Commission National NHS Patient Survey.

Data quality

Amber (systems) – NAO rating. The indicator currently measures patient experience only and the measure of user experience is being developed as part of the social care survey programme. The social care survey programme has been under development during 2008 and 2009 to create a new, more holistic and outcomes-focused approach to capturing data on experience. Therefore, the national indicator related to dignity was deferred for first collection in 2009/10. The first year's collection on dignity will be a transitional indicator drawn from an existing survey, ahead of full operation of the new *Putting People First* survey from 2010/11. First data will become available nationally from autumn 2010.

Question: Overall, do you feel you were treated with respect and dignity whilst in hospital?

	2002/03	*2005/06*	*2006/07*	*2007/08*	*2008/09*
Yes, always	79%	79%	78%	78%	79%
Yes, sometimes	18%	18%	18%	19%	18%
No	3%	3%	3%	3%	3%
Number of respondents	92,961	79,008	79,030	74,873	71,184
Total					

Source: National NHS patient survey programme – Survey of adult inpatients 2008, Question 69

Indicator DSO 3.40

Vital Sign Tier 3 and Local Government National Indicator 134.

Reduce emergency bed days per head of weighted population by 5 per cent by 2008 – **improvement**.

Baseline – in 2003/04 there were 32.4 million emergency bed days.

Progress

In 2008/9 there were 29.1 million emergency bed days which showed a 10.4 per cent decrease on the baseline year. This means that the Department has continued to support the NHS in delivering the emergency bed days target.

The Department has established and developed both personalised care planning and support for self care with a strong focus on embedding the underpinning policy commitments that support everyone with a long term condition (LTC) to have a care plan by 2010 and a copy of the patient prospectus *Your Health, Your Way*, which should continue to drive down the number of emergency bed days.

The Department has provided support and guidance for NHS commissioners and the NHS workforce to understand care planning and self-care through a variety of materials including information booklets, an internet resource pack, development of an e-learning tool, and a complementary *train-the-trainer* programme. The Department is also exploring further development of the PARR++ risk prediction tool, which predicts those people with a LTC most at risk of unnecessary hospital admissions.

Data source

Hospital Episode Statistics.

Data quality

Green (disclosure) – NAO ratings.

Emergency bed days

Period	Number of emergency bed days	% Change from baseline
2003-04	32,479,221	
2004-05	31,902,650	-1.8%
2005-06	30,699,595	-5.5%
2006-07	29,254,686	-9.9%
2007-08	28,193,185	-13.2%
2008-09	29,115,663	-10.4%

Indicator DSO 3.41

Vital Sign Tier 1.

Financial balance (PCT) – **improvement**.

Baseline – this is not applicable to this indicator.

Progress

As reported in the Primary Care Trusts' (PCT) audited financial monitoring and accounts forms in 2008-09, the NHS ended the 2008-09 year with a net surplus in PCT accounts of £448 million. At 2009-10 quarter 1, PCTs were forecasting an overall surplus of £300 million.

At quarter 2 of 2009-10, four PCTs were forecasting a gross deficit totalling £36 million, compared to 2008-09 when only one PCT ended the year with a deficit of £7 million.

The Department is working through the Strategic Health Authorities to ensure that the PCTs forecasting an operating deficit develops a recovery plan to return to financial balance whilst maintaining and improving services to patients.

Data source

PCT audited accounts.

Data quality

Amber (systems) – NAO rating. The indicator measures PCT financial balance only.

Indicator DSO 3.42

Vital Sign Tier 3.

Prescribing indicator – **improvement**.

Baseline – this is not applicable to this indicator. Information for each of the three indicators can be found on the Better Care Better Value website.

Progress

A set of three Better Care and Better Value indicators have been in development to provide a composite measure for this new indicator. The three indicators measure: increasing low cost prescribing for lipid modification, (statins for the treatment of high cholesterol), increasing low cost proton pump inhibitor prescribing (treating gastric conditions such as peptic ulcer disease and gastric reflux) and increasing low cost prescribing for drugs affecting the rennin-angiotensin system (ACE inhibitors – drugs for hypertension/high blood pressure).

The NHS has demonstrated considerable progress in these three prescribing areas. The National Audit Office reported in May 2009 that PCTs in England achieved a total saving of £394 million during 2008 through a more consistent use of lower cost, generic medicines for some common conditions such as high blood pressure, high cholesterol and gastric problems. The largest savings were made on prescribing statins, with £277 million saved in 2008. Overall, this means that the NHS is treating more patients within available resources.

The NHS Institute have published data up to 2009/10 quarter 1 data.

For more information visit www.productivity.nhs.uk

Data source

NHS Institute.

Data quality

Red (not established) – NAO rating. This is a new data collection and was in development at the time of the NAO's audit. The data source is the NHS Prescription Service's database. The Information Centre checks the data before transmission to the NHS Institute for Innovation and Improvement and PCTs can replicate the calculations using e-PACT toolkit.

Indicator DSO 3.43

Vital Sign Tier 2.

Public confidence in local NHS – **not yet assessed**.

Baseline – April 2009[19] provided survey results as a score out of 100. These were: Focus on the individual scored 67.8, while dignity and respect was shown to be 83.3, learning organisation was lower at 41.1. These gave an overall score of 64.2.

Progress

This indicator is a composite measure drawing data from a variety of sources.[20]

At the time of the last progress report, this indicator was under development and involved engaging with a wide range of stakeholders to agree definitions, and to map out what matters to patients and the public. This led to the development of three broad headings that are indicative of public confidence provide an indication that services are organised with a focus on the individual, organisation arranges services with a focus on dignity and respect for the patient, and that organisation makes use of patient and public feedback and learns from experience.

The next data will be available in spring 2010.

Data source

Department of Health.

Data quality

Red (not established) – NAO rating. This is a new collection and the rating refers to the development of the data collection and system to establish a baseline at the time of the NAO audit. The next available data will provide an opportunity for the Department to review and improve data quality.

19 Trust level results are available via the toolkit for analysts on the DH website http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091660

20 This indicators is used included in the NHS Performance Framework. Further technical details, including data sources and the methodology, is available on the Implementation Guidance on the DH website (see especially Annex 3) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098525

Indicator DSO 3.44

Vital Sign Tier 3.

NHS estates energy/carbon efficiency is measured in two parts: reduce the overall level of primary energy consumption by 15 per cent or 0.15 MtC (million tonnes carbon) from March 2000 to March 2010; and achieve a level of 35 to 55 GJ/100 m^3 (gigajoules per 100 m^3) energy performance for all new capital developments and major redevelopments/ refurbishments and 55 to 65 GJ/100 m^3 for existing facilities – **no improvement**.

Baseline – set in 1999/2000.

Progress

In 2007/08, energy performance has improved by 6.5 per cent and the total energy consumption has increased by 9 per cent while the size the NHS has risen by 18 per cent. Results show that 55 per cent of NHS buildings meet the target for new capital development with an additional 17 per cent meeting the existing facilities target.

The increased size of the NHS has been as a result of the major investment programme in its premises to meet clinical targets. While new premises have been more energy efficient, the total amount of energy used has increased to support increased activity.

As the current targets relate to the period 2000-2010 replacement targets are currently being developed which will reflect legislation introduced since 2000 and likely to include other areas such as waste and water.

The Department (DH) has provided tools and guidance alongside a £100 million energy and sustainability capital fund which encouraged the take-up of renewable energy forms of heat and power, which is estimated to save 137,000 tonnes carbon dioxide per annum. Tools such as the Building Research Environment Assessment Method (BREEAM) helps NHS organisations to evaluate the environmental performance of proposed or existing healthcare facilities.

In collaboration with the NHS Sustainable Development Unit (SDU), the Department of Energy and Climate Change (DECC), the Department continues to support the NHS to reduce emissions. The Corporate Citizen Model was established in 2006 and is being updated for a re-launch ahead of the Copenhagen conference on 7th December 2009. In addition, the Carbon Trust has been working with 275 NHS Trusts to identify robust projects amounting to 810,000 tonnes of annual CO_2 savings with a cost savings of just under £100 million.

Data source

Estates Return Information Collection (ERIC).

Data quality

Amber (systems) – NAO rating. There are potential definition and collection issues from trusts.

NHS estates energy/carbon efficiency 1998-2008

Year	Occupied floor area (m^2)	Site Heated Volume (m^3)	Total Energy Consumption (GJ)	CO_2 Emission (Tonnes)	CO_2 Emission (Kg/m^2)	Carbon Emission (Tonnes)	Total Energy Consumption ($GJ/100m^3$)
1998-99	21,560,829	58,512,127	42,626,006	3,057,076	141.79	833,748	72.85
1999-00	22,284,985	60,363,626	41,844,492	3,051,258	136.92	832,161	69.32
2000-01	23,422,532	63,397,739	44,134,936	3,177,593	135.66	866,616	69.62
2001-02	24,369,311	67,900,139	46,684,793	3,447,302	141.46	940,173	68.76
2002-03	25,273,764	69,186,005	46,615,416	3,458,351	136.84	943,187	67.38
2003-04	25,813,941	69,752,716	45,951,700	3,470,798	134.45	946,581	65.88
2004-05	25,428,351	69,219,782	44,785,176	3,399,604	133.69	927,165	64.70
2005-06	25,529,693	69,162,525	45,235,808	3,308,467	129.59	902,309	65.41
2006-07	25,486,209	68,332,140	44,803,875	3,483,507	136.68	950,047	65.57
2007-08	26,331,121	70,530,839	45,725,321	3,606,915	136.98	983,704	64.83

Legacy Spending Review Targets

2.16 In addition to our CSR07 PSA indicators the Department has a number of legacy PSA targets from previous spending reviews. The current PSA and DSO indicators have subsumed the majority of these. For indicators where this is not the case, reports on progress are set out below.

CSR 2004

2.17 Targets 1, 3, 4, 5 and 7 have been subsumed into CSR 2007.

Target 2

Reduce health inequalities by 10 per cent by 2010 as measured by infant mortality and life expectancy at birth.

Baseline – The baseline figure is a three-year average for the period 1997 to 1999, the infant mortality rate among the routine and manual group (R&M) was 13 per cent higher than in the total population.

Progress

Infant Mortality – **slippage**.

The infant mortality rate among the R&M group was 16 per cent higher than in the total population in 2006-08, the same as in 2005-07. The R&M rate was 17 per cent higher in 2004-06, 18 per cent higher in 2003-05 and 19 per cent higher in 2002-04. This compares with 13 per cent higher in the baseline period of 1997-99. In the most recent time period, the reduction in the infant mortality rate across the whole population has been matched by a reduction in the routine and manual group, the focus of the 2010 health inequalities infant mortality target. The

target remains challenging and while the gap has narrowed since 2002-04, it remains unchanged since last year (2005-07). Further efforts will be needed from local delivery partners working with the government to ensure that the target is met.

An infant mortality national support team was established in April 2009 to take action on improving infant mortality, an aspect of the health inequalities target, through focused work with the 43 local authority areas which have the largest number of infant deaths in the target group. The National Support Team seeks to build effective local partnerships by developing local strategies around better maternal and infant health in disadvantaged groups, which is the key to reducing infant mortality and delivering the target. Their work draws from the 2007 health inequalities infant mortality implementation plan that identified the most effective interventions for closing the gap. These evidence-based interventions contribute to reducing teenage pregnancy, smoking in pregnancy, and sudden and unexpected deaths in infancy, reducing maternal obesity and improving maternal and infant nutrition, and reducing housing overcrowding and child poverty. The importance of early ante-natal booking was also emphasised.

For more information, visit the publications and statistics section of the Department's website.

Life expectancy: See under PSA 18 gap in AAACM measure.

Relative gap (i.e. percentage difference) in Infant Mortality between the population as a whole and the Routine and Manual groups: 1997-99 to 2006-08

	1997-99*	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08
Relative gap (%)	13%	14%	17%	16%	19%	19%	18%	17%	16%	16%

Source: ONS data, DH analysis

CSR 2002

2.18 Target 11 for life expectancy is reported below, whilst the infant mortality element has been covered in the report above.

Target 11

Reduce health inequalities by 10 per cent by 2010 as measured by infant mortality and life expectancy at birth – **slippage**.

Progress

Infant mortality: See under CSR 2004 measure.

Life Expectancy – **slippage**.

Baseline – The baseline figure is a three-year average for the period 1997 to 1999, the relative gap in life expectancy between England and the fifth of local authorities with the lowest life expectancy was 2.67 per cent for males, and 1.92 per cent for females.

The life expectancy target was revised as part of CSR 2004, the CSR 2004 target relates to the Spearhead Group of local authorities, the CSR 2002 target relates to the fifth of local authorities

with the lowest life expectancy (the "lowest fifth"). There is considerable overlap between the lowest fifth areas and the Spearhead Group. According to 2006-08 data 90 per cent of males, and 88% of females in the lowest fifth were in the Spearhead Group. The lowest fifth changes each year. Adopting the Spearhead Group allows the Department to improve delivery for both targets through focused support in these fixed areas.

In the period 2006 to 2008, the relative gap in life expectancy was 5 per cent wider than the baseline gap for males (compared with 2 per cent wider in 2005 to 2007); and was 14 per cent wider than the baseline gap for females (compared with 12 per cent wider in 2005 to 2007).

For more information, visit the publications and statistics section of the Department's website.

Relative gap (i.e. percentage difference) in life expectancy at birth between fifth of local authorities with lowest life expectancy and England average

	1997-99*	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08
Males	2.67%	2.69%	2.69%	2.66%	2.70%	2.64%	2.64%	2.70%	2.72%	2.80%
Females	1.92%	1.97%	1.96%	2.00%	2.02%	2.01%	2.05%	2.12%	2.15%	2.18%

**1997-99 (baseline) data are smoothed estimates based on a linear trendline fitted to life expectancy data for 1995-97 to 1999-01*
Source: ONS data, DH analysis

CSR1998

2.19 The majority of CSR 1998 targets were subsumed within the CSR 2002 targets and details were given in previous performance reports. Information on the remaining targets 3 and 4 are provided below.

Target 3

Reduction in the rate of hospital admissions for serious accidental injury by at least 10 per cent by 2010 – **slippage**.

Baseline – The baseline figure for the financial year 1995-96 was 315.9 admissions per 100,000 population.

Progress

In 2007/08, this had risen by 2.9 per cent to 325.2 admissions per 100,000 population, showing an increase in the number of accidents such as falls amongst people over 65 years.

Hospital admission rates for serious accidental injury, all ages, England: 1995-6 to 2007-08 (financial years)

	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
Admission rate per 100,000	315.9	319.3	314.3	319.1	324.9	313.4	312.7	327.9	330.1	332.5	335.5	325.8	325.2

Note:
Rates are age-standardised to the European Standard Population
Serious injury admission figures are adjusted to include estimates of how many injury admission records without a valid cause code relate to accidental injury
1995-96 figure is estimate based on trend for subsequent years (due to data quality problems for some areas in 1995-96)

Target 4

Reduction in the death rate from accidents by at least 20 per cent by 2010 – **slippage**.

Baseline – The baseline figure is a three-year average for the period 1995 to 1997 and showed 15.8 deaths per 100,000 population

Progress

In the period 2006 to 2008, the rate was 15.9 deaths per 100,000 (0.7 per cent above the baseline) having fluctuated around a broadly flat trend since the baseline.

Both the legacy targets remain in slippage which is mainly due to the continuing higher mortality and serious injury rates in older people, particularly through falls. Initiatives such as falls clinics have recently been established and may take some time to assess the impact of such interventions.

Current prevention work with older people focuses on minimising the risk of falling through promoting active healthy lifestyles and ensuring that falls clinical management strategies are in place. The *Prevention Package for Older People* published in July 2009 contains guidance and tools to support falls prevention, exercise training and service improvement. Local commissioning of falls services aim to reduce the rate of repeat falls and fractures, reduce the need for ongoing social care by maximising recovery and to make more effective use of hospital orthopaedics and trauma units, re-enablement and supporting independence.

Other initiatives could improve performance around accidents such as those in relation to children and young people, for example the *Staying Safe Action Plan*. These initiatives include the National Home Safety Equipment Scheme with £18 million funding over three years for basic safety equipment for disadvantaged families, which is being implemented with £18 million funding over three years. The Child Safety Education Coalition has been established to help children to learn about risk, safety and emergencies through active learning. The Child Safety communications campaign for the public, practitioners and opinion formers is being taken forward. The annual Child Safety Week, run by the Child Accident Prevention Trust and supported by the Government, also raises awareness and promotes initiatives and events around injury prevention and child safety.

Accidental injury mortality rates, all ages, England
Rates are age-standardised to the European Standard Population

	1995-97	1996-98	1997-99	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08
Death rate per 100,000	15.8	15.9	16.0	15.9	15.9	15.9	15.9	15.9	16.0	15.9	15.8	15.9

Source: ONS data, DH analysis

2.20 The Department also contributes to the delivery of 5 other cross-government PSAs through its broader work. Table 3 below provides a list of the 5 PSAs led by other government departments:

PSA	Lead Department
4: Promote world-class science and innovation in the UK Department of Innovation	Department for Business Innovation and Skills
8: Maximise employment opportunity for all	Department for Work and Pensions
15: Address the disadvantage that individuals experience because of their gender, race, disability, age, sexual orientation, religion or belief	Government Equalities Office
20: Increase long-term housing supply and affordability	Department for Communities and Local Government
23: Make communities safer	Home Office

3. Value for Money

3.1 Improving Value for Money (VfM) is a key priority for the Department, and providing *better value for all* is one of the Department's three Departmental Strategic Objectives (DSOs). Building on the Department's significant VfM improvements recorded in recent years as part of the Gershon Efficiency Programme, the Department has put in place ambitious targets to further improve VfM over the next three years and to explore potential for making further step changes in VfM in the longer term.

3.2 In late 2008, the Department published details of savings achieved under the four years of the Gershon Programme (2004 to 2008). This showed that annual savings of almost £7.9 billion were achieved by March 2008, significantly exceeding the target of £6.47 billion.[21]

Comprehensive Spending Review 2007

3.3 The additional investment in the NHS announced in the CSR 2007 settlement was accompanied by a requirement for the Department to secure NHS VfM savings of £8.2 billion by 2010/11 when compared with a baseline of 2007/08. This is in line with requirements for all government departments. HM Treasury guidance requires that all these savings are sustained over time, neutral to service quality, cash-releasing, realised and net of costs.

3.4 Clearly, it is important that the Department and the NHS, alongside all the public services, play their part in helping the economy through the downturn. The 2009 Budget statement announced that additional savings of £5 billion across public services, including £2.3 billion from the Department, will be delivered in 2010/11.

3.5 The revised target builds on the success of the Department's Gershon Programme by going further and faster. The Department's approach to delivering its target was described in *Value for Money Delivery Agreement* 2008-2011 (DH, December 2007) and its approach to delivering the additional £2.3 billion of savings in 2010/11 was included the Government's 2009 *Value for money update* (HM Government, April 2009).

3.6 The NHS's strong track record in delivering VfM savings, its strong financial foundations and the sustained investment it has received in recent years mean that it is in a good position to meet this additional challenge.

Achieving VfM in the CSR period

3.7 The Department's approach to securing VfM improvements in the NHS reflects the movement away from centrally determined targets towards more devolved priority setting and delivery. Nevertheless, the Department has several key roles to play in ensuring that the Government's national VfM target is met.

3.8 Firstly, the Department sets the overall level of VfM savings required from the NHS, which is fully incorporated in setting tariff prices – the prices at which hospitals are paid for providing NHS services. The Department has announced that, in line with the revised

21 Further details and a breakdown of these savings can be found in the Department's *Autumn Performance Report* 2008. (DH, December 2008)

VfM target, the efficiency requirement used when setting tariff prices will rise from 3 per cent in 2009/10 to 3.5 per cent in 2010/11.

3.9 Local NHS organisations are responsible for identifying and delivering local actions in order to deliver the VfM improvements that ensure they can live within this tariff income.

3.10 Secondly, the Department is responsible for key central actions that will contribute towards local delivery of VfM improvements. For example:

- The Department has negotiated a new Pharmaceutical Price Regulation Scheme (PPRS), which commenced earlier this year and that will deliver significant reductions in the prices of branded prescription drugs over the coming years; and
- By harnessing the purchasing power of the NHS by negotiating national framework contracts for purchasing a wide range of goods and services and promoting other means of collaborative procurement. The Department launched a new Commercial Operating Model in May 2009, which will contribute to further NHS use of, and benefit from, collaborative purchasing arrangements.

3.11 Thirdly, the Department has identified a number of key opportunities for VfM savings that will offer potential for most or all local NHS organisations to benefit. These were described in detail in our *Value for Money Delivery Agreement 2008–2011*. The Government's 2009 *Value for money update*, provides an update on how the Department intends to deliver its revised target, including drawing on the work of the Public Value Programme and the Operational Efficiency Programme.

3.12 To support local adoption and delivery of key common opportunities, the Department has worked with the NHS Institute for Innovation and Improvement to develop a range of Better Care Better Value indicators, which allow NHS organisations to benchmark their current performance against other organisations and to estimate the potential for local savings.

3.13 In addition, wherever possible the Department has developed, national key performance indicators (KPIs) in order to track progress against key components of VfM savings. These indicators are not targets, at either a national or a local level, but are used in combination to track overall national progress towards our VfM target and to provide assurance that savings are being made. Further detail on these KPIs was included in the *Value for Money Delivery Agreement 2008–2011*.

3.14 The devolved approach that the Government has taken towards the NHS means that it is not feasible to capture all VfM savings in these national indicators. While these indicators will be used to track and assure overall progress nationally, they will not necessarily capture all VfM savings delivered locally. Therefore, the Department recognises that nationally measured VfM savings are likely to understate total savings delivered in the NHS.

Governance and Assurance Arrangements

3.15 The Department's Performance Committee oversees progress against, and delivery of, the overall VfM target, alongside oversight of progress against Public Service Agreements (PSAs), DSOs and financial performance.

3.16 Further, the National Audit Office will provide independent scrutiny of government departments' reported VfM savings throughout the CSR 2007 period. Their findings will be reported publicly. Finally, annual reporting of progress in the Department's Autumn Performance Reports and future Departmental Reports will allow public scrutiny.

Progress so far

3.17 Delivery of the Department's VfM programme for the CSR 2007 period (April 2008 to March 2011) is at a relatively early stage.

3.18 On the basis of currently available provisional data, savings of almost £2,100 million were made in 2008/09. These savings fulfil HM Treasury and National Audit Office criteria regarding value for money savings reported as part of the Comprehensive Spending Review programme. These savings are detailed below, along with a report on progress so far in the Department's three major VfM delivery programmes:

- Pharmaceuticals;
- Procurement; and
- Patient pathways.

Pharmaceuticals

3.19 The new Pharmaceutical Price Regulation Scheme (PPRS) came into operation in January 2009 for a minimum of five years and includes a 3.9 per cent reduction in the prices of branded pharmaceuticals from February 2009, with a further price cut of 1.9 per cent from January 2010. This new agreement is expected to deliver VfM savings in the UK of around £350 million in 2009/10 and approximately £550 million a year thereafter. This builds on savings of £1.8 billion achieved under the five years of the previous PPRS agreement. This builds on the significant savings that were also achieved under the Gershon Programme through reducing the prices of generic drugs through the terms of the community pharmacy contract. Continued performance management to encourage generic use instead of more expensive brands saved around £80 million in 2008/09.

Procurement

3.20 Significant savings of over £645 million have been delivered in 2008/09 through national framework contracts and regional collaborative procurement hubs, which have both secured continued improvements in the prices paid by the NHS for goods and services. Working alongside the Office of Government Commerce collaborative category boards, the new Department of Health and NHS Commercial Operating Model will enhance

the effectiveness of collaborative procurement arrangements to ensure that further savings are delivered.

Patient Pathways

3.21 Savings of £370 million have been made in 2008/09 by reducing average lengths of hospital stay and by reducing growth in accident and emergency attendances.

Workforce

3.22 Workforce is both the biggest single asset and cost of the NHS. In recent years, we have not only significantly increased the numbers of staff, but have also delivered major reforms of workforce training, contracts and planning which have resulted in enhanced workforce flexibility and efficiency. We estimate that these improvements delivered around £1 billion in Value for Money savings in 2008/09.

Gershon over-delivery

3.23 The original spending review (SR) 2004 target of £6,470 million was significantly exceeded by March 2008. A significant proportion of this over-delivery has been achieved in projects and initiatives for which further gains had been forecast as part of CSR 2007 efficiency (VfM) savings plans. This is particularly the case in productive time (service improvement), procurement and pharmaceuticals. Early delivery of these gains clearly reduces the scope to deliver further savings during CSR 2007.

3.24 To ensure that perverse incentives were not created for departments in order to artificially delay efficiency measures, HM Treasury agreed that £820 million of over-delivery will be counted towards its CSR 2007 target. This saving is excluded from the total for 2008/09 reported above.

Lyons relocations

3.25 The Department committed to the relocation of 1,030 posts out of London and the South East by March 2010 and has already achieved that target. By July 2009, 1066 posts had been relocated.

Preparing for the future

3.26 Prudent financial planning means that allocations made to Primary Care Trusts, announced in December 2008, are unaffected by the Budget announcement. These provide funding growth of 5.5 per cent in both 2009/10 and 2010/11, investment that will be locked in for the future. After those two years, the NHS will face a more challenging financial climate and it will need to deliver substantial levels of efficiency savings to meet the challenges of changing demographics and to realise the vision of *High Quality Care for All.*

3.27 However, quality and value for money are not conflicting objectives. Better designed pathways and services can deliver both value for money and better quality. Prioritising

the most effective treatments, reducing errors and waste and keeping people healthy and independent for as long as possible are all things that contribute not only to the quality of care, but also to a more efficient and productive health service.

3.28 To support the NHS in preparing for and meeting the future challenge, the Department appointed Jim Easton in June 2009 as the NHS National Director of Efficiency and Improvement to support the NHS in delivering its regional visions through a greater focus on quality, innovation, productivity and prevention.

3.29 The Department is also working with HM Treasury and other partners through the Public Value Programme and Operational Efficiency Programme to identify potential savings in the next Spending Review period.

Published by TSO (The Stationery Office) and available from:

Online
www.tsoshop.co.uk

Mail, Telephone Fax & E-Mail
TSO
PO Box 29, Norwich, NR3 1GN
Telephone orders/General enquiries 0870 600 5522
Order through the Parliamentary Hotline *Lo-Call* 0845 7 023474
Fax orders: 0870 600 5533
E-mail: customer.services@tso.co.uk
Textphone: 0870 240 3701

The Parliamentary Bookshop
12 Bridge Street, Parliament Square,
London SW1A 2JX
Telephone orders/ General enquiries: 020 7219 3890
Fax orders: 020 7219 3866
Email: bookshop@parliament.uk
Internet: http://www.bookshop.parliament.uk

TSO@Blackwell and other Accredited Agents

Customers can also order publications from
TSO Ireland
16 Arthur Street, Belfast BT1 4GD
028 9023 8451 Fax 028 9023 5401

ISBN 978-0-10-177762-9