

Agenda item 5

DERBYSHIRE HEALTH AND WELLBEING BOARD

14 July 2016

Report of Strategic Director Adult Care and Public Health

HEALTH AND WELLBEING BOARD PERFORMANCE DASHBOARD

1. Purpose of the report

The Board is asked to review the latest Health and Wellbeing Strategy performance dashboard and consider how performance reporting can be enhanced to support the implementation of the Sustainability and Transformation Plan (STP).

2. Information and analysis

The Health and Wellbeing Board (HWB) has a key role in monitoring the performance of local health and social care as part of its system leadership role. Within the Health and Wellbeing Board Terms of Reference it states that the Board has a role to 'develop mechanisms to measure, monitor and report improvements in health and wellbeing outcomes ensuring linkages with performance frameworks for the NHS, public health and local authorities'.

At the May 2016 Health and Wellbeing Board a draft performance dashboard and proposed reporting schedule was tabled and agreed by the Board. It was agreed that the performance dashboard would be tabled at every HWB meeting from July 2016 onwards as a standing agenda item. The latest report covers the period May to June 2016 and is attached as Annex 1.

3. Development of the Health and Wellbeing Board Performance Dashboard

Since the May HWB meeting, a joint HWB development session has taken place with colleagues from Derby City where performance was flagged as a key issue in relation to the HWB's role in supporting the implementation of the STP. Therefore, it is proposed that the HWB performance dashboard is further developed to cover a broader range of indicators and capture progress against the STP as well as the HWBS priorities within a single report.

Discussion

To help develop initial proposals, the Health and Wellbeing Board are asked to consider and discuss the following questions:

1. What additional local and national indicators need to be captured in the HWB performance dashboard to support the delivery of the STP?
2. What are the key indicators on which to focus our efforts and why are these important?

4. Establishment of a performance sub-group.

To support the development of the performance function of the Health and Wellbeing Board it is proposed a small group is formed. Board members are asked to nominate themselves or other representatives from their organisation to be a member of or lead the group.

It is proposed that the group is sponsored, though not necessarily chaired, by a Board member who would be accountable for the group, support its work and present progress reports to the HWB. An initial task for this group will be to take the feedback from the questions raised above, develop a work plan and agree the terms of reference.

The group would be accountable to both the Core Group and full Board and would initially be established to performance manage the implementation of the HWBS and STP until the end of 2017, when the current HWBS expires and the role of the group will need to be reviewed.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. Note the latest HWB performance report attached at Annex 1.
2. Note the feedback and comments from the discussion session and agree that the performance dashboard is further developed and an enhanced report is tabled at the next meeting in September 2016.
3. Agree to the establishment of a cross system performance group to develop this work and nominate representatives to be a member of the group.

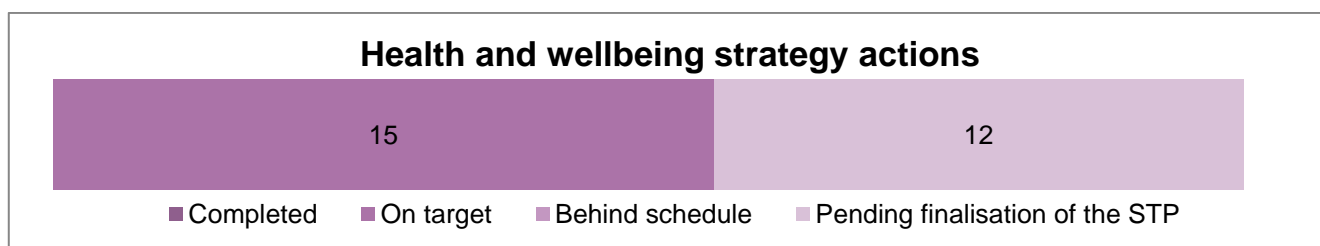
Joy Hollister
Strategic Director – Adult Care and Public Health
Derbyshire County Council

Annex 1: Health and Wellbeing Board performance dashboard

This bi-monthly report provides a brief update on the progress being made against priorities, actions and outcomes set within Healthy Derbyshire – Health and Wellbeing Strategy 2015-17. This report is structured around the four priorities outlined in the strategy and a summary of the latest performance indicators linked to each theme is also included. Due to the nature of the performance data being reported, there is significant variation in the time periods associated with each indicator and the report provides a 'snap shot' in time of the latest data available.

Implementation of the Health and Wellbeing Strategy 2015-17

There are 36 actions within the Health and Wellbeing Strategy implementation plan. The graph below provides a summary of the actions which have been completed, those which are on target and those which are behind schedule



What's been progressed:

- Social Capital data refresh underway and survey piloted in Erewash.
- Preparation for publication of Health Impact Assessment on A61 publication being finalised.
- CAMHS delivery model workshop has taken place.
- Consultation has taken place on the anti-stigma campaign.
- All HWB partners have been contacted regarding the Healthy Workplace scheme.
- Ongoing recruitment to the Eating Disorder Service and implementation underway.
- STP enabling work streams have developed proposals relating to workforce, estates and information governance/ data sharing and will link to the HWBS priority on keeping people independent in their own home.

Where do we need to focus our efforts:

Ensuring HWBS actions identified for delivery through the STP are built into the planning process and ensure revised project plans in place by September HWB meeting.

Work completed since the last update:

- Joint HWB Development session with Derby City.
- Healthy Cities applications submitted.
- 'Who's who' in planning developed.
- Interim evaluation of pilot HIA in EIA completed.

Health and wellbeing priorities update

Keep people healthy independent and in their own home

Actions which will be delivered through the STP are not included in the performance report whilst this work is finalised. The HWB will receive a detailed update in September 2016 for this HWBS priority and appropriate linkages can be made between the two pieces of work. A joint Health and Wellbeing Board Development session took place with Derby City on 21 June to consider the implications of the STP and explore potential linkages between the two Health and Wellbeing Boards.

Build social capital

The Social Capital Implementation Group has not met whilst the STP community resilience and prevention work streams are finalised. Following submission of the STP a revised implementation group, containing representatives from Derby City, will consider how the recommendations contained within the Social Capital Report are taken forward. The Chairs of all local Health and Wellbeing Partnerships have been contacted to ask them to provide feedback as to how each partnership can or is contributing to the strengthening of social capital. The indicators contained within the social capital data analysis model are being refreshed and a pilot social capital survey is being tested in Erewash.

The voluntary sector task and finish group continues to meet and consultation on a range of proposals has taken place.

Create healthy communities:

All district and borough healthy communities' action plans have been completed and four applications have been submitted to the UK Healthy Cities Network. To date, the applications from Chesterfield, Derbyshire Dales and South Derbyshire have been approved, with the outcome of North East Derbyshire application still pending. A monitoring framework has been developed and implemented to monitor the action plans and associated investment.

The healthy workplaces team have contacted all HWB partners and follow up meetings have been arranged where requested. Initial workplace health champion training has been scoped so a bespoke training package can be commissioned.

The Planning and Health group are continuing to meet and developing a 'who's who' document identifying nominated points of contact for planners in NHS organisations with statutory consultee status. The Health and Housing Needs Assessment is currently being finalised and will be published soon.

Support the emotional health and wellbeing of children and young people:

As part of the transfer of commissioning of public health services for 0-5 year olds to local government, the current pathway is being revised to strengthen integrations between Public Health Nursing, Family Nurse Partnerships (FNP) and maternity. Stretch targets and a new service specification are in place for FNP with targets for smoking in pregnancy, breastfeeding, two year review and service delivery/caseload capacity. For antenatal education for vulnerable families a service specification is in place with the service due to commence in September 2016.

In terms of the implementation of the Future in Mind plan, a workshop was held with partners on 26 May to explore the CAMHS delivery model and the 'offer' for universal and targeted services. Significant planning for conferences in July with schools and wider workforce is underway. Consultation is taking place on the development of an 'anti-stigma' campaign. A bid has been submitted through the Crisis Concordat to develop 'places of safety'. There is ongoing recruitment/implementation of new Eating Disorder services and voluntary sector 'proof of concept' pilots are underway.

Data has been received on CAMHS Tier 4 beds from NHS England to support discussions regarding the devolution of specialist mental health commissioning and this has been shared with commissioning leads. NHS England has indicated that activity has risen across all areas since they have taken lead responsibility. NHS England is reintroducing county links for services which will probably result in pressure to discharge and potentially impact on CCG budgets. However this will help improve our local understanding of the potential co-commissioning opportunities.

Priority	Action	Status rating	Prev rating
Keep people independent and in their own home	Support primary care transformation across the county.	STP	
	Develop a joint quality governance framework	STP	
	Work together to share best practice and unblock key issues so that health and integration progresses at pace and scale		
	Strengthen links with neighbouring Health and Wellbeing Boards		
	Develop a talent management system	STP	
	Implement an integrated training and development programme	STP	
	Develop of a joint asset database	STP	
	Agree protocol for new builds	STP	
	Agree approach to open up estate for greater community use	STP	
	Develop a joint strategy regarding the release of our current estate	STP	
	Develop an information governance, intelligence and performance framework	STP	
Build social capital	Implement recommendations in social capital report		
	Social Capital forms a key part of integration plans	STP	
	Commissioning principles developed to support social capital		
	Develop a series of tools and enablers	STP	
	Pilot new service models	STP	
	Implement a way of measuring social capital		
Create healthy communities	Understand the infrastructure within our communities		
	Work with district councils on agreed healthy communities priorities		
	Work with elected members to provide links between health and wellbeing organisations		
	Promote healthy workplaces		
	Develop a shared statement on planning and health		
	Support the development of HIAs for large scale developments		
	Share information with developers regarding healthy homes		
Emotional health and wellbeing of children	Commit to early intervention and prevention		
	Devolution of specialised commissioning		
	Raise self-esteem and coping mechanisms of children and young people		
	Develop a range of lower level support options so individuals can seek help at an early stage		
	Transfer of 0-5 year old public health commissioning		
	Implement Future in Mind Transformation Plan		
	Develop a training strategy		
Enablers	Project management and performance reporting		
	Track indicators		
	Communications and Engagement		
	Share information with other Boards		

KEY

	Not on track against project plan and issues to raise with Health and Wellbeing Board/ Core Group
	Some minor issues won't affect delivery and timescales
	Work on track against project plan
STP	Work currently being developed and finalised through STP.
C	Work completed and signed off against project plan

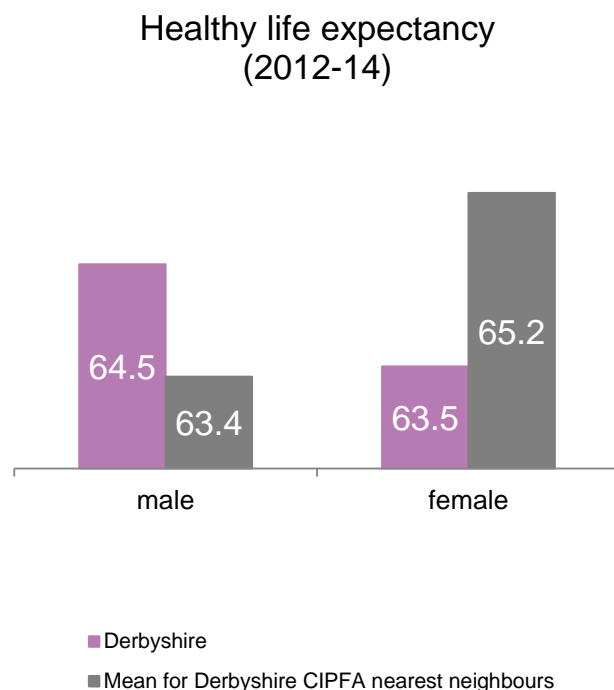
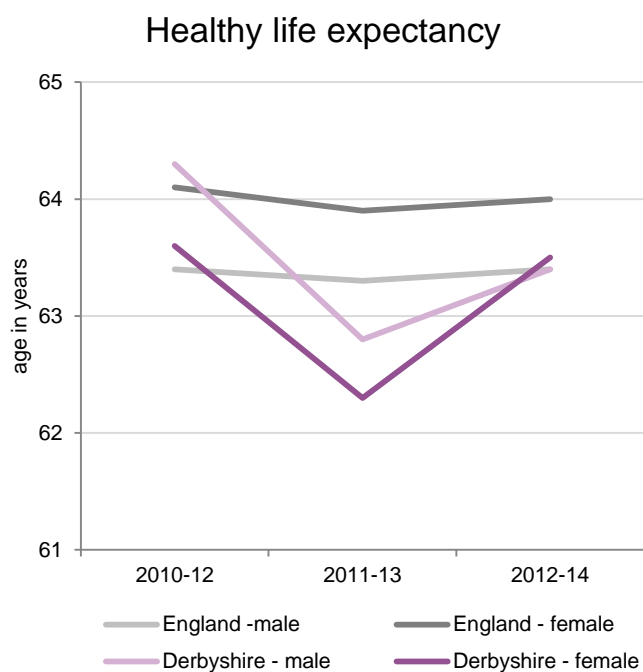
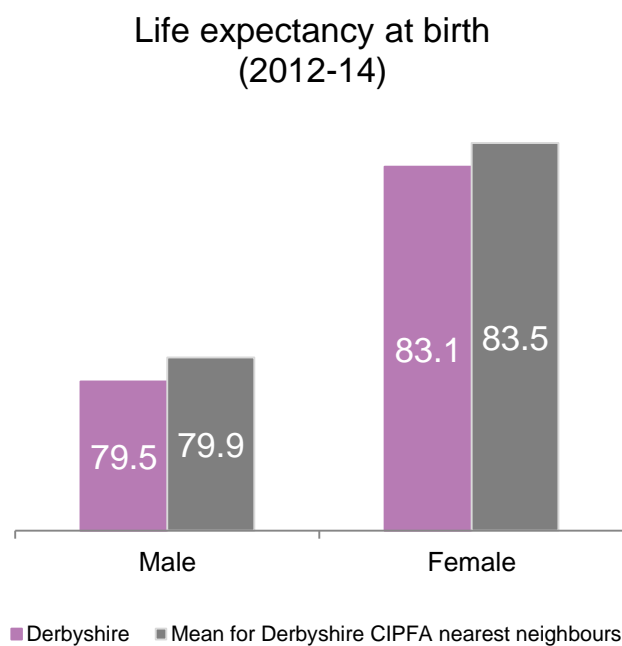
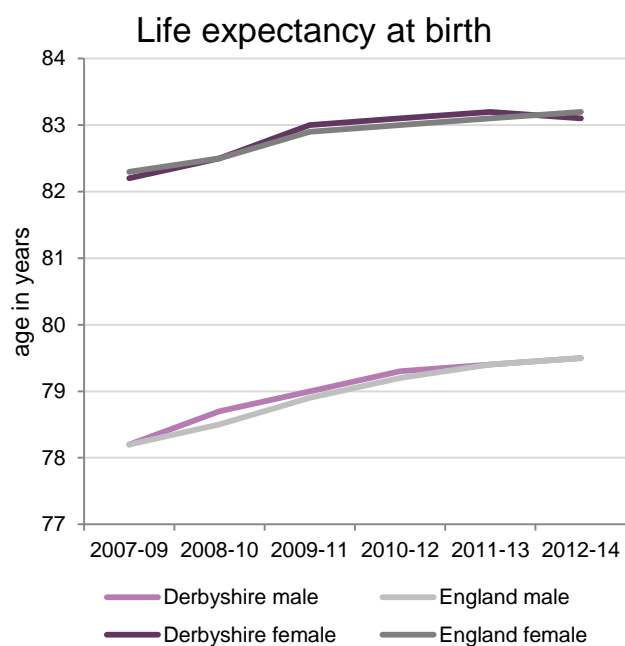
Performance indicator update

We are using the indicators below to track the implementation of the Health and Wellbeing Strategy, the latest and previous published statistics are detailed:

Indicator		Previous data	Latest data	Trend
Keep people healthy and independent in their own home	Emergency admissions for hip fractures in people aged 65 and over (per 100,000 population)	576 ●	576 ●	→
	Adult social care users have as much social contact as they would like (% of adult social care users)	42.4% ●	42.4% ●	→
	People aged 65 and over who have injuries due to falls (per 100,000 population)	2189 ●	2189 ●	→
	People who are readmitted to hospital due to an emergency within 30 days of discharge (per 100,000 population)	11.4 ●	11.4 ●	→
	Hospital episodes where individuals are admitted for non-elective procedures (per 100,000 population)	2907.5 ●	2954 ●	↑
	Population aged 65 and over who are permanently admitted to residential and nursing care homes (per 100,000 population)	729.52 ●	619.72 ●	→
	Population aged 65 and over who are still at home 91 days after discharge from hospital following the use of reablement and rehabilitation services. % population aged 65+)	82.4% ●	73.60% ●	↓
	Delayed transferred of care from hospital (per 100,000 population, Average number of days per month)	659.2 ●	839.8 ●	→
	Patients who took part in a GP Patient Survey who stated in the last six months, they have received enough support from local services/ organisations to help manage their long term condition. (% of people)	70.5% ●	n/a ●	
	Rate of Dementia Diagnosis (diagnosis rate)	71.3% ●	71.0% ●	→
Build social capital	Residents trust people who live on their street to a large extent (% of citizens panel respondents)	58.9%	62.2%	↑
	Residents trust people living the local area to a large extent (% of citizens panel respondents)	25.9%	25.9%	→
	Residents state that trust in their neighbourhood has improved in the last 5 years (% of citizens panel respondents)	3.8%	4.0%	→
	Residents state that trust in their neighbourhood has got worse in the last 5 years (% of citizens panel respondents)	17.9%	18.2%	→
	Residents have been involved in decisions affecting their community in the last 12 months (% of citizens panel respondents)	12.3%	14.6%	↑
	Individuals who have provided unpaid help to a group, club or organisation at least once a month in the past year (% of citizens panel respondents)	38.2%	36.9%	↓
Create healthy communities	Adults aged 18 or over smoke	17.5 ●	19.9 ●	→
	Adults classified as obese or overweight (%)	68.8% ●	68.8% ●	→
	Patients on GP registers have diabetes (% of QOF-recorded cases)	6.9% -	6.9% -	n/a
	Deaths from causes considered to be preventable (per 100,000 population)	182.4 ●	182.4 ●	→
	Deaths in people aged under 75 from cardiovascular diseases (per 100,000 population)	74.4 ●	74.4 ●	→
	Deaths in people aged under 75 from cancer	137.6 ●	137.6 ●	→
	People who eat the recommended 'fruit and veg 5 a day' (%)	56.0% ●	53.3% ●	↓
	Adults are physically active (% of adults)	56.1% ●	56.1% ●	→
Support the emotional health and wellbeing of children	Number of children in Derbyshire who self-harm and attend hospital due to these injuries (per 100,000 population aged 16-24)	621.1 ●	541.1 ●	→
	Children achieving a good level of development at the end of reception (%)	68.4% ●	68.4% ●	→
	GCSE attainment (% of students achieving 5A* to C grades)	53.7% ●	55.7% ●	→
	Population aged 18 or under are admitted to hospital for alcohol specific issues (DASR per 100,000 population).	45.4 ●	45.4 ●	→
	Suicide rate (age standardised, per 100,000 population).	8.1 ●	8.1 ●	→
	Children aged 0-14 who are admitted to hospital due to un intentional and deliberate injuries (per 100,000 population).	106.4 ●	144.1 ●	↓

Source: [Public Health Outcomes Framework](#), [Health Profile – Derbyshire](#) and [Children and Young People's Benchmarking Tool](#), all published by Public Health England; Derbyshire Better Care Fund reporting and Derbyshire County Council Citizens Panel. Table shows the latest statistics and due to different reporting timeframes these are not all directly comparable.

How does Derbyshire compare to other areas?



Source for all data: [LG Inform](#): Public Health Outcomes Framework

CIPFA nearest neighbours are the 15 nearest statistical neighbours to Derbyshire and include Nottinghamshire, Staffordshire, Worcestershire, Suffolk, Cumbria, Lincolnshire, Warwickshire, Norfolk, Lancashire, Gloucestershire, Northamptonshire, Somerset, Leicestershire, North Yorkshire and Essex.