HEALTH AND WELLBEING BOARD	AGENDA ITEM: 9.2

DATE OF MEETING: **3RD JUNE 2013**

REPORT AUTHOR & CONTACT NUMBER: **MORAG STEWART 01582 548438 (5438)**

SUBJECT: HEALTH AND WELLBEING STRATEGY PERFORMANCE FRAMEWORK – UPDATE ON PROGRESS

WARD(S) AFFECTED: All

PURPOSE

1. To update the Board on the progress made in developing a performance framework to support the Health and Wellbeing Strategy.

RECOMMENDATION(S)

2. The Health and Wellbeing Board is recommended to:

2.1 Note the progress in developing the framework.

2.2 To consider any implications arising from the report.

BACKGROUND

3. Luton's Health and Wellbeing Strategy 'A Healthier Future' was approved by Council Executive on the 21 November 2012. It is a five year strategy which aims to improve the health and wellbeing of the local population and reduce health inequalities.

4. A robust monitoring and evaluation framework is being developed to support the strategy. The framework will define a set of high level and supporting indicators which will be used to monitor the strategy and to evaluate the impact of the strategy in the short to long term. The following high level indicators have already been identified in the strategy and these will be monitored by the Health and Wellbeing Board:

- Life expectancy at birth
- Healthy life expectancy at age 65

- The life expectancy gap between the most and least deprived areas in Luton
- Infant mortality

5. The framework will also include a qualitative element by identifying a process for seeking the views of the public, service users and other key stakeholders in how successful the strategy has been in achieving its aims and objectives.

6. This report outlines the progress made by the three delivery boards in relation to the selection of the indicators they will use to monitor progress against the three priority outcomes:

- Every Child has a Healthy Start in Life
- Reduced Health Inequalities within Luton
- Healthier and More Independent Adults

REPORT

SUMMARY OF PROGRESS BY THE THREE DELIVERY BOARDS

Children's Trust Board

7. The overarching priority outcome – *Every child has a healthy start in life* will be underpinned by seven outcomes which have been identified by the Children's Trust Board:

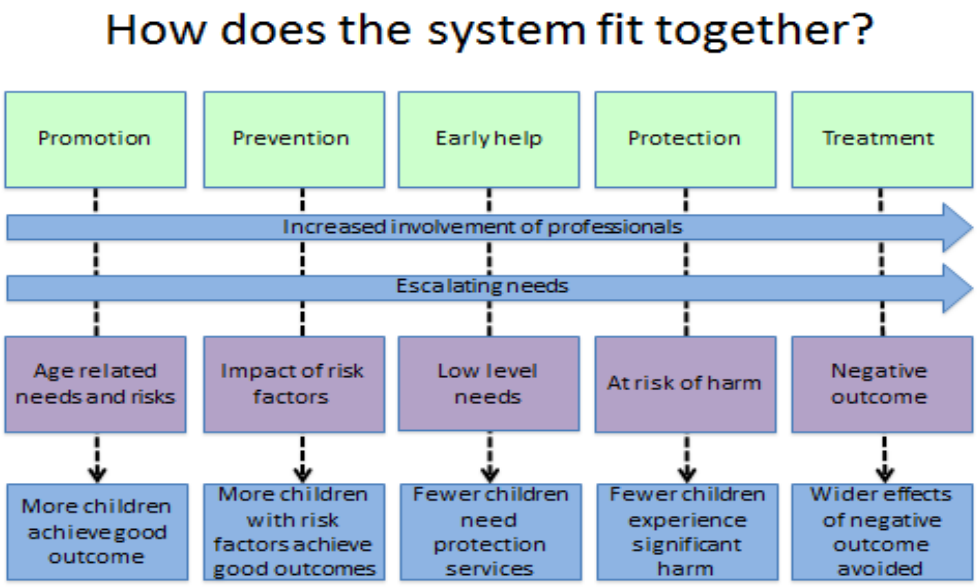
1. Children and young people are safe at home
2. Children are safe in the community
3. Families have the skills to meet their children's needs
4. Families have the resources to meet their children's needs
5. Children and young people are physically healthy (0-4, 5-13 and 14-19 years)
6. Children and young people enjoy good emotional and mental health
7. Children and young people have the qualifications, skills and aspirations that they need for a successful adulthood

8. The Children's Trust Board is developing an Early Help Outcome Framework to ensure the Board can measure the impact and outcomes from investing in prevention and early intervention work.

9. Choosing the right measures to understand the impact of Early Intervention must be seen as part of a continuum of interventions across the system. While the focus is upstream, with investment in promotion, prevention and early intervention services, data from the high cost

services will enable the Board to track how effectively the services are working over time.

10. The diagram below shows the relationship across the continuum of need from promotion to treatment services.



11. A small number of cross cutting herd indicators (Table 1) have been identified that if looked at collectively, will provide an overview of the impact achieved against the seven outcomes above. Herd indicators are those indicators that act as a proxy for a wider range of outcomes – they provide a headline measure.

12. For each of the herd indicators in the table 1, targets are to be agreed with the Children's Trust Board in July 2013.

Table 1: Key herd indicators for the Children's Trust Outcomes Framework

Are we reducing risk factors?	Is early help working?	Are we improving life chances?
• Number of children living in poverty • Number of children living with domestic abuse • Persistent school absentee levels from school • Rate of teen conceptions in under 18's • Identified troubled families achieving objectives • Rate of referrals to specialist family support • Rate of child protection per 10,000 • Rate of looked after children per 10,000	• Number of children living in poverty • Number of children living with domestic abuse • Persistent school absentee levels from school • Rate of teen conceptions in under 18's • Identified troubled families achieving objectives • Rate of referrals to specialist family support • Rate of child protection per 10,000 • Rate of looked after children per 10,000	• Life expectancy at birth • Percentage reaching good Early Years Foundation Stage score at 5 years • Attainment at KS 2 • Gap between Free School Meals and rest at KS2 • Attainment at KS4 • Gap between Free School Meals and rest at KS4 • Gap between Looked after children and rest at KS4 • Rate of young people Not in Education, Employment or Training (NEET)

13. For each of the seven outcome measures, a suite of quantitative and qualitative performance measures are being identified. These will provide more detail and will include national and local performance measures, audit information and service users views. This data will be used to inform a full picture of impact and outcomes. These measures are still in development and will be confirmed with the Children's Trust Board in July 2013.

Health Inequalities Board

14. The workplan of the health inequalities board is focussed on achieving the following strategic outcome: *Reduced health inequalities within Luton*

15. Using the outcome frameworks (NHS, Public Health and Social Care) a number of indicators have been identified by the Health Inequalities Board (Table 2). Performance for each of the selected indicators was compared to England and to comparator areas and the trend data was used to predict future performance. This highlighted that for some of the selected indicators our performance is in line with England and it was agreed that

targets would not be set for these indicators but the board would regularly monitor performance. For the remaining indicators, targets were proposed for the board to consider and a summary of the agreed targets can be found in Table 3.

Table 2

Indicators with targets:	Indicators to monitor:
• Premature mortality from heart disease • Prostate cancer survival rates • Lung cancer survival rates • Colorectal cancer survival rates • Colorectal cancer diagnosed at stages 1 & 2 • Lung cancer diagnosed at stages 1 & 2 • Prostate cancer diagnosed at stages 1 & 2 • Unemployment • Statutory homeless • Domestic abuse • Adult smoking prevalence • Alcohol related admissions	• Premature cancer mortality • Premature respiratory disease mortality • Breast cancer survival • Breast cancer diagnosed at stages 1 & 2 • Fuel poverty • Excess weight in adults • Excess premature mortality in adults with serious mental illness • Quality and Outcomes Framework (QOF) mental health composite score

16. The feasibility of using the indicators was assessed and local measures were proposed if national definitions and data were not in place.

17. The following baselines and targets were discussed and agreed by the Board

Table 3

Indicator	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
<75 circulatory disease mortality	75.96	71.91	67.86	63.81	59.76	55.73
Prostate cancer survival	91.26	92.23	92.96	93.68	94.41	95.14
Lung cancer survival	29.87	30.20	30.73	31.26	31.79	32.32
Colorectal cancer survival	66.72	68.33	69.94	71.56	73.17	74.78
Early diagnosis of colorectal cancer	33.3	34.8	36.3	37.8	39.3	40.8
Early diagnosis of lung cancer	16.8	17.3	17.8	18.2	18.7	19.2

Smoking Prevalence	20.5	19.8	19.2	18.5	17.9	17.2
Alcohol related admissions rate per 100,000 pop (rate of change)	2162	2337 (8.10%)	2492 (6.60%)	2619 (5.10%)	2713 (3.60%)	2771 (2.10%)

18. Unemployment: The board agreed that raising aspirations in young people was a key local priority and youth unemployment should be the key indicator. The Wider Determinants sub group will propose targets for this indicator.

19. Domestic Abuse: A number of indicators were identified for inclusion. However, there was no one indicator which would provide meaningful information for the board to monitor. As this is a key priority within the strategy, the board agreed it would be more meaningful to receive regular progress reports on the implementation of the recommendations in the new Domestic Abuse Strategy.

20. Homelessness: The number of Bed and Breakfast placements was chosen by the Delivery Board as the preferred indicator. The existing target is currently set at 0 placements and this was accepted by the board.

21. A full report is attached at Appendix A

Healthier and More Independent Adults and Older PeopleBoard

22. A long list of indicators (Table 4) has been identifed by the Healthier and More Independent Adults and Older People Board.

23. The indicative list is being reviewed by the board and its sub groups, with the intention of ensuring that each sub group can link at least one indicator with its remit or propose an alternative indicator.

Table 4

• Life Expectancy at 75 (males and females) • Under 75 mortality rate from Heart disease, Cancer, Respiratory disease • Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) • Emergency admissions for acute conditions that should not usually require hospital admission • Emergency readmissions within	• Health related quality of life for older people • Health related quality of life for people with long term conditions • Health related quality of life for carers • Quality of life for carers • Quality of life for Adult Social Care Users (ASC) • Equipment delivered within 7 days • Delayed transfers of care • Delayed transfers of care attributable to

30 days of discharge from hospital • Proportion of people (65 +) who were still at home 91 days after discharge • Proportion of Older People (65 and over) who were offered rehabilitation following discharge from acute or community hospital • Percentage of people with depression and/or anxiety disorders being treated by increasing access to psychological therapies (IAPT) • Percentage of GP practices holding monthly multidisciplinary team meetings to discuss all patients listed on the palliative care register	ASC • The proportion of patients recovering to their previous levels of mobility/walking ability at 30 and 120 days • Proportion of adults with learning disabilities in paid employment • Numbers of adults with learning disabilities who have had a health check • Proportion of adults in contact with secondary mental health services in paid employment • Estimating diagnosis rate for people with dementia

Next Steps

24. Each board and their supporting sub groups will agree their final list of indicators and set improvement targets to 2017.

25. The indicator list will be reviewed to remove duplication.

26. A scorecard will be produced to monitor progress.

27. Opportunities for engagement with the public, service users and wider stakeholders will be identified in conjunction with the communications team to enable the qualitative information to be collected.

28. The final framework will be presented to the Health and Wellbeing Board for approval in October.

PROGRESS AGAINST HEALTH AND WELLBEING STRATEGY PRINCIPLES:

Promoting Integration/Pooled Budgets/Joint Commissioning

29. Key principle underpinning the Health and Wellbeing Strategy

Improving Quality and Efficiency – Service/Pathway Redesign

30. Key principle underpinning the Health and Wellbeing Strategy

Addressing the Wider Determinants of Health

31. The selected indicators will include a number that relate to the wider determinants of health including employment, housing, domestic abuse

Focussing on Early Intervention and Prevention

32. The proposals for the Children's Trust identify the role of early intervention and prevention in supporting health improvement. The work of the two other delivery boards also focuses on the actions that are needed to support long term health benefits through NHS activity, social care and broader public services. The proposed targets are designed to ensure that they are focused specifically on health outcomes. Targets include both outputs (for example, people accessing a service) and outcomes (for example, life expectancy).

IMPLICATIONS

33. The Health and Wellbeing Strategy sets out a commitment to supporting the most vulnerable and the targets are designed to ensure a focus on key areas including domestic abuse, homelessness and the vulnerable elderly.

CONSULTATIONS

None

APPENDIX

34. The following appendix is attached to this report:

Appendix A - Health Inequalities Board Report on indicators and targets

LIST OF BACKGROUND PAPERS LOCAL GOVERNMENT ACT 1972, SECTION 100D

None

APPENDIX A

Summary of agreed indicators and targets from the Health Inequalities Delivery Board

KPIs, baselines and proposed targets

Using the outcome frameworks (NHS, Public Health and Social Care) a number of indicators have been agreed for the Health Inequalities Board.

Key Indicators	Indicators to monitor:
• Premature CVD mortality • Prostate cancer survival rates • Lung cancer survival rates • Colorectal cancer survival rates • Colorectal cancer diagnosed at stages 1 and 2 • Lung cancer diagnosed at stages 1 and 2 • Prostate cancer diagnosed at stages 1 and 2 • Unemployment • Statutory homeless • Adult smoking prevalence • Alcohol related admissions • Domestic abuse	• Premature cancer mortality • Premature respiratory disease mortality • Breast cancer survival • Breast cancer diagnosed at stages 1 & 2 • Fuel poverty • Excess weight in adults • Excess premature mortality in adults with serious mental illness • QOF mental health composite score

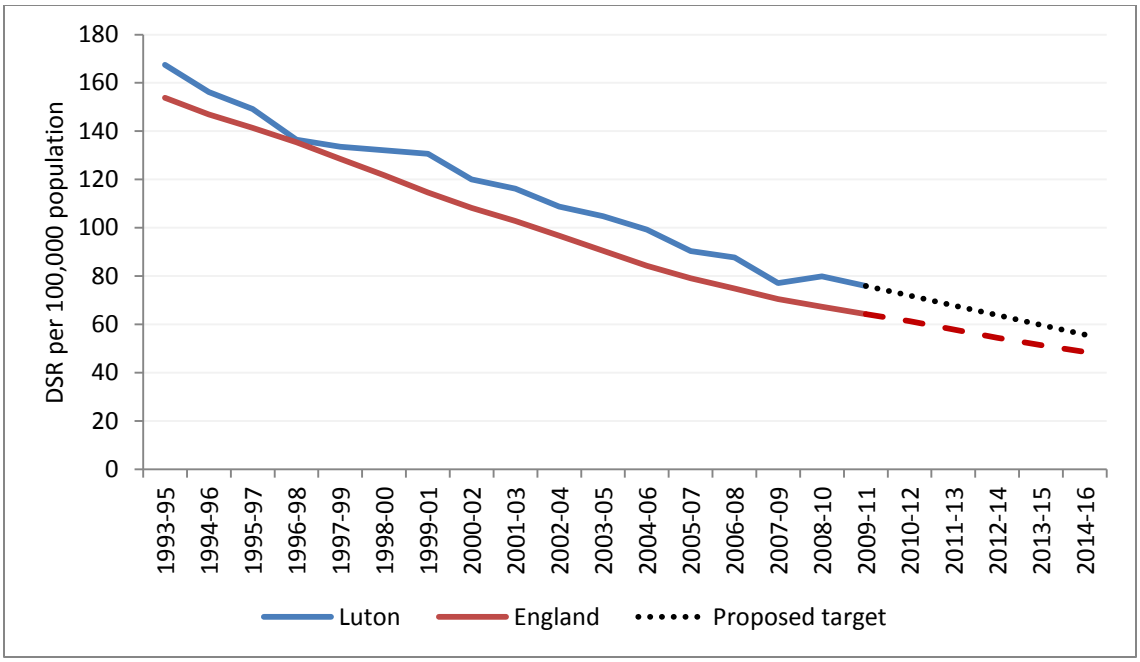
The feasibility of using the indicators was assessed and local measures were proposed if national definitions and data were not in place.

Premature mortality - CVD

The baseline data (2009-11) shows Luton's rate (75.8 per 100,000 population <75) is significantly higher than England but similar to corresponding areas. The current trend is shown in the graph below and shows a decreasing premature mortality rate for both Luton and England.

The current inequality gap between Luton and England is 11.71 which is only a 0.7% reduction in the gap in the last 10 years. The current predicted trends show this gap will increase slightly. The agreed target therefore is to reduce this gap by using the previous national PSA target of a 40% reduction in inequalities. The table below shows the agreed target based on this 40% reduction and shows the absolute reduction in inequality between Luton and England reduces to 7.10 and the relative inequality reduction changes from the current position of 18.23% to 14.6% in 5 years. The Board acknowledges this is an ambitious target.

Figure 1: Trends, forecasts and proposed target for reducing premature circulatory disease mortality in Luton



Source: Information Centre, PHOF tool and Luton Public Health

Table 1: Proposed targets for reducing premature circulatory disease mortality in Luton

Year data reported	Baseline (2012-13)	2013-14	2014-15	2015-16	2016-17	2017-18
Year of data	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16
England	64.25	61.37	57.92	54.39	51.43	48.63
Luton target	**75.96**	**71.91**	**67.86**	**63.81**	**59.76**	**55.73**
Absolute gap	11.71	10.54	9.94	9.42	8.33	7.10
Relative gap	18.23	17.18	17.16	17.32	16.21	14.61

Premature mortality - Cancer

The provisional baseline data for premature cancer mortality shows Luton's rate (110.56 per 100,000 population <75) is not significantly different than England and corresponding areas.

The board agreed that this would not be a key indicator but would be one the board would continue to monitor. Therefore no targets have been set.

Premature mortality - Respiratory

The provisional baseline data for premature respiratory disease mortality shows Luton's rate (26.54 per 100,000 population <75) is not significantly different than England and corresponding areas.

There are complications with the trend data currently and therefore forecasts have not been possible. Once these issues with the data have been resolved forecasts can be calculated and targets proposed if necessary.

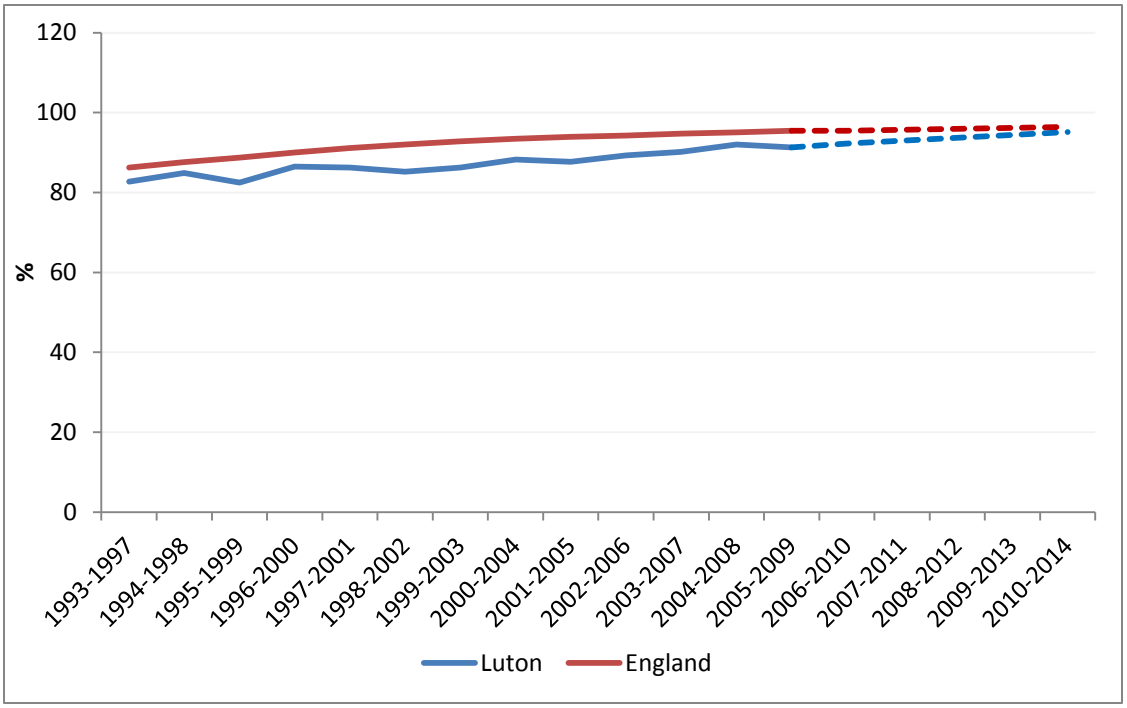
Cancer survival - breast

The current trend shows Luton is slightly higher than England and the forecasts show the rate to increase. Therefore the board agreed that no targets be set for this indicator but that it is monitored alongside the others.

Cancer survival - prostate

The current trend shows a fluctuating increasing rate for Luton. The agreed targets are based on this trend and decreasing the inequality gap with England from an absolute gap of 4.2 to 1.3 and relative inequality gap reduction from 4.4% to 1.3%.

Figure 2: Trends, forecasts and proposed target for increasing prostate cancer survival in Luton



Source: NCIS and Luton Public Health

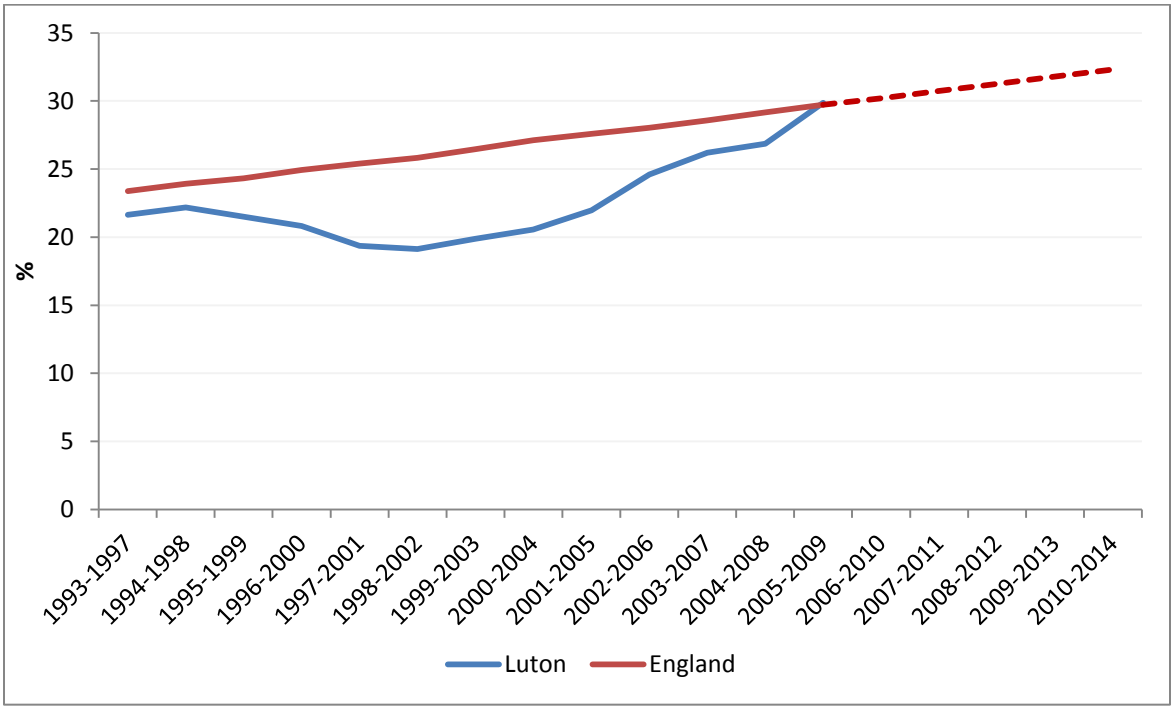
Table 2: Proposed targets for increasing prostate cancer survival in Luton

Reporting year	Baseline (2012-13)	2013-14	2014-15	2015-16	2016-17	2017-18
Year of data	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014
England	95.43	95.46	95.72	95.97	96.21	96.43
Luton target	**91.26**	**92.23**	**92.96**	**93.68**	**94.41**	**95.14**
Absolute gap	4.17	3.22	2.77	2.29	1.80	1.29
Relative gap	4.4%	3.4%	2.9%	2.4%	1.9%	1.3%

Cancer survival – lung cancer

The current trend for lung cancer survival shows a recent increasing rate for Luton which is now similar to the national average. The agreed targets are those using the increasing trend seen nationally.

Figure 3: Trends, forecasts and proposed targets for increasing lung cancer survival in Luton



Source: NCIS and Luton Public Health

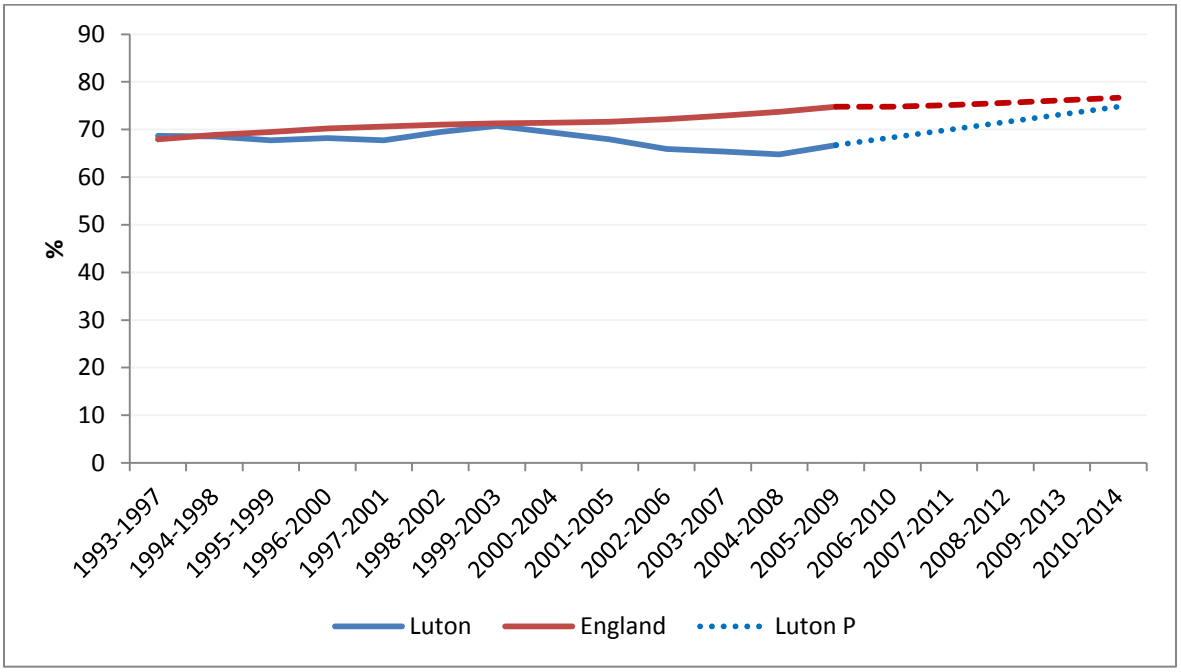
Table 3: Proposed targets for increasing lung cancer survival in Luton

Reporting year	Baseline (2012-13)	2013-14	2014-15	2015-16	2016-17	2017-18
Year of data	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014
England	29.73	30.20	30.73	31.26	31.79	32.32
Luton target	**29.87**	**30.20**	**30.73**	**31.26**	**31.79**	**32.32**

Cancer survival – colorectal cancer

The current trend for colorectal cancer survival shows a recent increasing rate for Luton following a previous decline in the survival rate. The more ambitious target proposed was agreed by the board reducing the gap with England from an absolute difference of 8.08 to 1.86.

Figure 4: Trends, forecasts and proposed targets for increasing colorectal cancer survival in Luton



Source: NCIS and Luton Public Health

Table 4: Proposed targets for increasing colorectal cancer survival in Luton

Reporting year	Baseline (2012-13)	2013-14	2014-15	2015-16	2016-17	2017-18
Year of data	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014
England	74.80	74.61	75.11	75.62	76.13	76.64
Luton target	**66.72**	**68.33**	**69.94**	**71.56**	**73.17**	**74.78**
Absolute gap	-8.08	-6.28	-5.17	-4.06	-2.96	-1.86
Relative gap	-10.8%	-8.4%	-6.9%	-5.4%	-3.9%	-2.4%

Cancer diagnosis by stage

This data is relatively new and is currently not available at a national level. The Eastern Cancer Regional Information Centre (ECRIC) supplied the data for Luton and East of England. The national indicator needs further development particularly around the data source. It was agreed a local proxy measure would be used in the absence of this based on data provided by ECRIC.

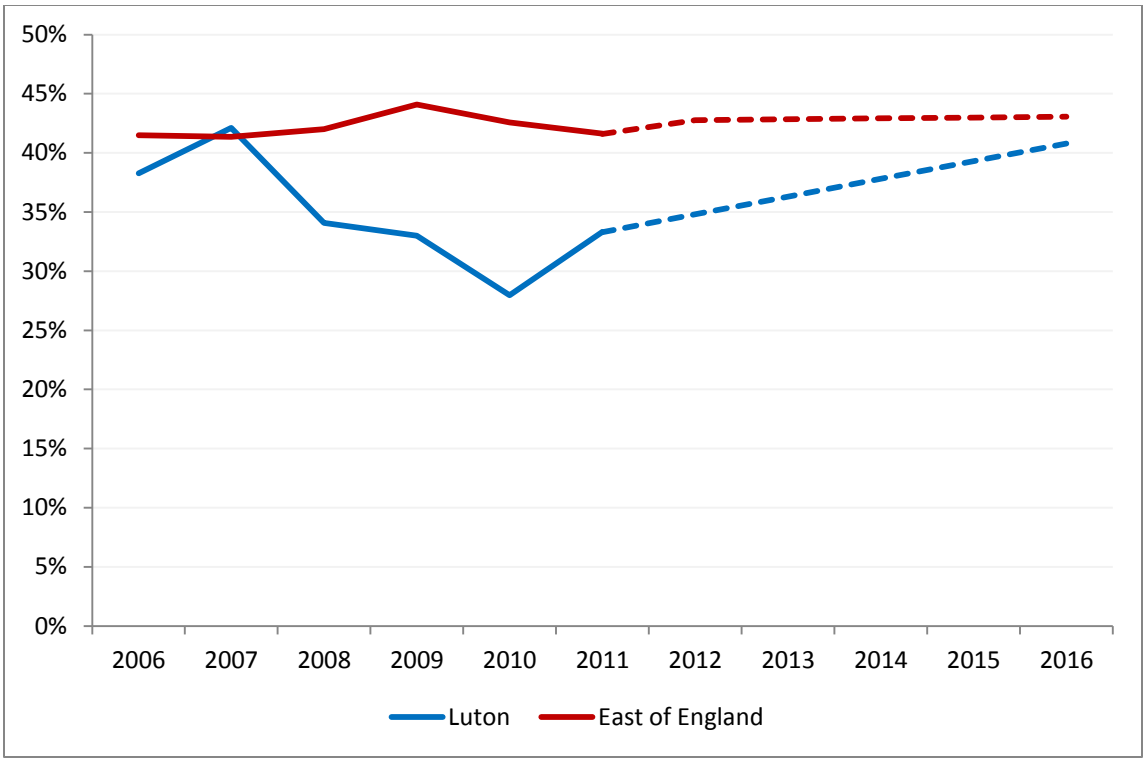
Breast cancer diagnosed at stages 1 and 2

The proportion of breast cancer cases diagnosed at stages 1 and 2 (77.7%) is slightly higher than the regional rate (76.3%). The Board agreed that targets would not be set for this indicator but that it is monitored alongside the others. The chart below shows the current trend for breast cancer diagnosis.

Colorectal cancer diagnosed at stages 1 and 2

The proportion of colorectal cancer cases diagnosed at stages 1 and 2 (33.3%) is below the regional rate (41.6%) although the rates are not significantly different. Two targets were proposed and the board agreed the more ambitious of the two targets increasing the rate to the regional average by 2017. This will reduce the absolute inequality gap from 8.3 to 2.3 and the relative inequality from 20% to 5.3%. The chart below shows the current trend and target for colorectal cancer.

Figure 5: Trends, forecasts and proposed targets for increasing early diagnosis of colorectal cancer in Luton



Source: ECRIC and Luton Public Health

Table 5: Proposed targets for increasing early diagnosis of colorectal cancer in Luton

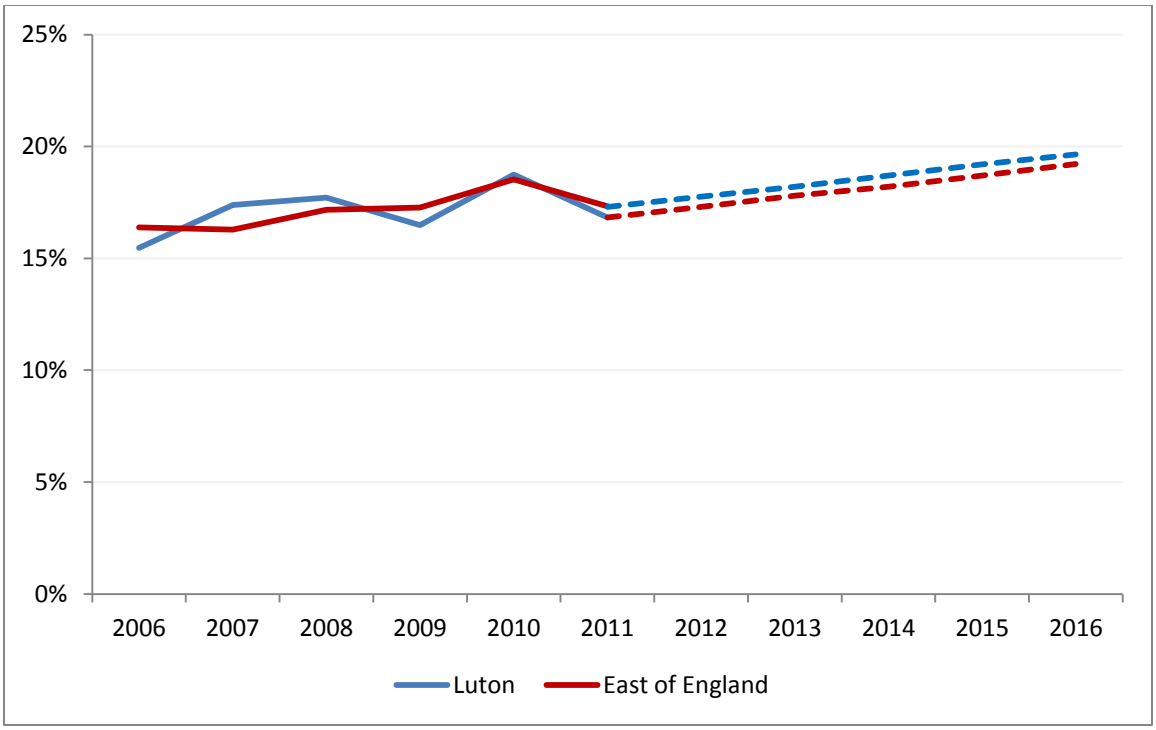
Reporting year	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Year of data	2011	2012	2013	2014	2015	2016
East of England	41.6	42.8	42.8	42.9	43	43.1
Luton target	**33.3**	**34.8**	**36.3**	**37.8**	**39.3**	**40.8**
Absolute gap	8.3	8	6.5	5.1	3.7	2.3
Relative gap	20.0%	18.7%	15.2%	11.9%	8.6%	5.3%

Lung cancer diagnosed at stages 1 and 2

The proportion of lung cancer cases diagnosed at stages 1 and 2 (16.8%) is slightly below the regional rate (17.3%) although the rates are not significantly different. Projections show a steady increase for both the East of England and Luton and targets are based on these.

The chart below shows the current trends and proposed targets.

Figure 6: Trends, forecasts and proposed targets for increasing early diagnosis of lung cancer in Luton



Source: ECRIC and Luton Public Health

Table 6: Proposed targets for increasing early diagnosis of lung cancer in Luton

Reporting year	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Year of data	2011	2012	2013	2014	2015	2016
East of England	17.3	17.8	18.2	18.7	19.2	19.6
Luton target	**16.8**	**17.3**	**17.8**	**18.2**	**18.7**	**19.2**
Absolute gap	0.5	0.5	0.4	0.5	0.5	0.4
Relative gap	2.9%	2.8%	2.2%	2.7%	2.6%	2.0%

Prostate cancer diagnosed at stages 1 and 2

The proportion of prostate cancer cases diagnosed at stages 1 and 2 (61.3%) is slightly below the regional rate (63.7%) although the rates are not significantly different. Projections for both show a decrease. It was recommended that as the projections show a decreasing trend that the target be to maintain the current rate (61.3%). The Board agreed to include the indicator but has asked for a more ambitious target. New targets will be proposed to increase the Luton rate to the regional average.

Unemployment

The board agreed that the wider determinants sub group should set the targets and indicator for this area. It was felt that raising aspirations in young people was a key local priority and therefore the wider determinants sub group should look at youth unemployment.

Domestic Abuse

A number of indicators were identified for inclusion. However, it was agreed that there were not any indicators, especially if used in isolation, which would be useful for the Board to monitor performance. Therefore, the board agreed to include domestic abuse as a key indicator but to take a different approach and use a narrative summary of performance across a range of indicators to monitor implementation of the recommendations in the domestic abuse strategy.

Homelessness

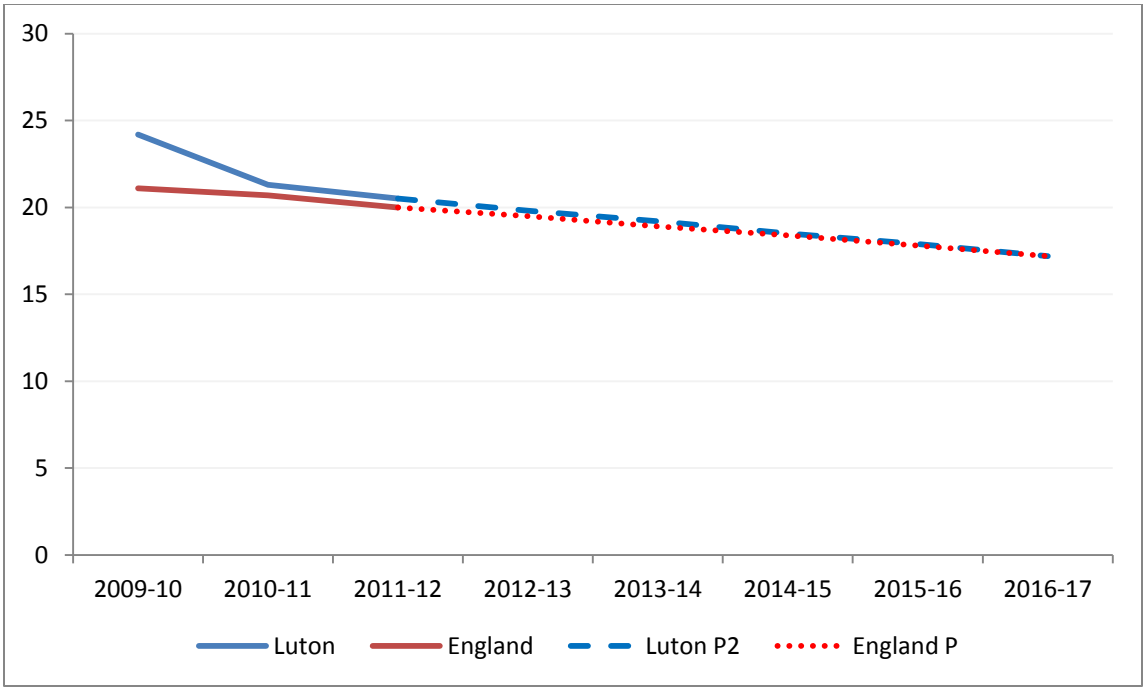
The number of B&B placements was chosen by the Board as a preferred indicator and local priority over the two PHOF indicators on temporary accommodation and acceptances. The target is currently set at 0 placements.

Smoking prevalence

Smoking prevalence is taken from the integrated household survey and the current baseline data (2011-12) shows a prevalence of 20.5% which is not significantly different to comparators.

All targets are based on projections for England as they are more robust and the current prevalence for Luton and England are similar. The Board agreed the more ambitious target to reduce smoking prevalence from 20.5% to 17.2% by 2017.

Figure 7: Smoking prevalence trends and proposed targets for Luton



Source: IHS, ONS and Luton Public Health

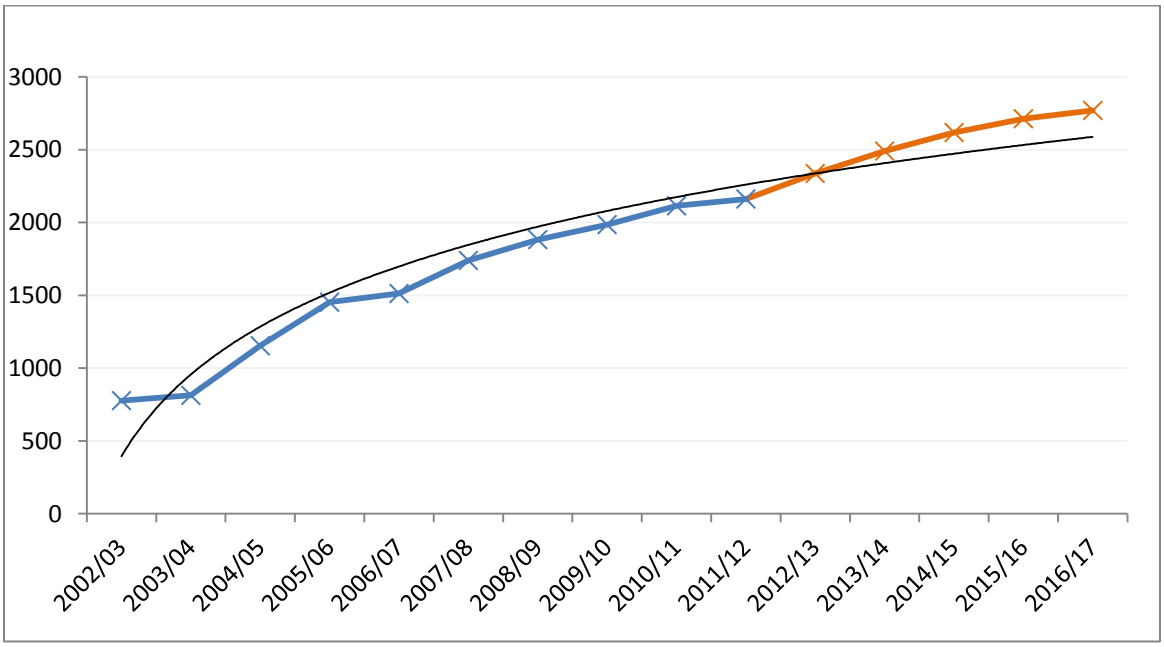
Table 7: Proposed targets: Smoking prevalence

Reporting year	Baseline 2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Year of data	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
England	20	19.5	18.9	18.4	17.8	17.2
Luton target	**20.5**	**19.8**	**19.2**	**18.5**	**17.9**	**17.2**

Alcohol related admissions

The national indicator being used in PHOF needs further work around the definition and therefore the data has yet to be published. As directed by the Board a local proxy measure is being used in its place looking at reducing the number of alcohol related admissions. The target is to reduce the rate of change, to slow the increase in the rate of hospital admissions. The current England rate of change for 11-12 is 4%.

Figure 8: Actual rate of admissions and target rate 2002/03 to 2016/17



Source: LDAP

Table 8: Targets for alcohol related admissions

Year reported	Baseline 2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Year of data	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Luton rate per 100,000 pop	2162	2337	2492	2619	2713	2771
Target rate of change		**8.10%**	**6.60%**	**5.10%**	**3.60%**	**2.10%**

Source: LDAP

Fuel poverty

A national indicator has not yet been developed and no local proxy measure could be found. The Board agreed to wait for the national indicator.

Excess weight in adults

A national indicator has not yet been developed and there is no local measure that can be used at this time. The Board looked at an alternative indicator in QOF data which measures the BMI in patients over 16 where it is greater than or equal to 30. Currently the denominator data needed to calculate this indicator is not routinely available (the number of patients that have had their BMI recorded). Further work has been identified with the CCG to investigate the possibilities of obtaining this data from practices. Once defined and the data obtained the Board agreed to monitor this indicator in the weight management sub group.

Mental Health Indicators

The board decided to focus on excess premature mortality in adults with serious mental illness. This indicator is a new indicator and as data is only available for one data point (2010-11) and Luton are performing well the board agreed to monitor the indicator and not set targets.

The board also looked at a number of QOF indicators and agreed to monitor the composite score QOF for mental health indicators in QOF (MH11-16). As a number of these indicators are new for 2011-12 they will need to be monitored before a trend can be seen.

A composite indicator can be calculated showing the proportion of points achieved in QOF across all 6 indicators. This is shown in the table below.

Table 9: Proportion of total points achieved for indicators MH11 to MH16, 2011-12

PCT	% points achieved
Luton	85.6%
Hillingdon	96.1%
Redbridge	91.1%
Birmingham East and North	92.8%
Wolverhampton	93.6%

Source: The IC, QOF