

HEALTH AND WELLBEING BOARD	AGENDA ITEM: 10.1
<p>DATE OF MEETING: 16 January 2014</p> <p>REPORT AUTHOR & CONTACT NUMBER: Morag Stewart, 01582 548438 (8438)</p> <p>SUBJECT: Health and Wellbeing Strategy Performance Report</p>	

WARD(S) AFFECTED: All

1 PURPOSE

To note and comment on the proposed new Life Expectancy targets.
To note and comment on the progress against the key performance indicators (KPIs).

2. RECOMMENDATION(S)

The Health and Wellbeing Board is recommended to approve the new Life Expectancy targets, to note the progress against the KPIs and support the key actions identified for improvement.

3. BACKGROUND

All three delivery boards have agreed a set of indicators which will be monitored to see if progress is being made against the outcome areas in the Health and Wellbeing Strategy.

The board needs to be aware that it is not possible to provide information on all indicators on a quarterly basis as data is only available annually for a number of indicators and in a few cases every two years.

Each board has completed a performance scorecard and this report highlights:

- The areas where performance is good
- The areas where improvement is needed
- Action for improvement
- Key issues

This is the first performance report to the Health and Wellbeing Board since the strategy was approved in December 2012. The next report will be presented in July 2014.

4. REPORT

4.1 Changes to the Life Expectancy Targets

As a result of the 2011 census, the Office for National Statistics (ONS) has had to revise all population data. This has impacted upon the life expectancy trend which was used to set the targets which means that the current targets for life expectancy in the health and well-being strategy are no longer accurate. The detail below shows the current targets for male and females, and the proposed new targets which have been revised based on the new trends.

Male Life Expectancy

Year of reporting	Baseline	2010/12	2013/14	2014/15	2015/16	2017/18	2018/19
Year of data	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16
Luton – targets in current strategy	77.7	78.2	78.6	79.0	79.5	79.9	80.3
England trend in current strategy	78.6	79.0	79.3	79.7	80.0	80.4	80.8
Luton – proposed new targets	77.2	77.9	78.1	78.5	78.9	79.3	79.7
England – new trend	78.5	78.9	79.2	79.5	79.8	80.2	80.5

Female Life Expectancy

Year of reporting	Baseline	2010/12	2013/14	2014/15	2015/16	2017/18	2018/19
Year of data	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16
Luton – targets in current strategy	80.9	81.5	81.6	81.9	82.1	82.4	82.7
England trend in current strategy	82.6	82.9	83.2	83.4	83.7	84.0	84.3
Luton – proposed new targets	81.2	81.9	82.1	83.4	82.8	83.1	83.5
England – new trend	82.5	82.9	83.0	83.3	83.6	83.8	84.1

Following the re-calculation by ONS, the actual male life expectancy figures for 2008-10 and 2009-11 have been revised down for both Luton and England but more for Luton than for England. The proposed life expectancy targets are therefore lower for males although they do still demonstrate improvement of 2.5 years over the five years of the strategy and a slight narrowing of the life expectancy gap with England.

For females in Luton, life expectancy has been revised up whereas the actual data for England has remained very similar. The revised targets demonstrate a

significant improvement in life expectancy for females in Luton compared to the original targets and the gap with England has remained the same.

4.2 Summary of Progress on the four High Level Targets in the Strategy

4.2.1 Indicators where performance is good and / or improving:

- Life expectancy for both males and females has improved in Luton and the life expectancy gap with England for females has reduced slightly.
- The life expectancy gap between the most and least deprived areas in Luton has improved for males
- The provisional data for infant mortality is showing a significant reduction from a rate of 7.2/1000 live births to 5.3/1000.

4.2.2 Indicators where improvement is needed:

The life expectancy gap between the most and least deprived areas in Luton has increased for females thus widening the inequalities gap. So although life expectancy for females is improving overall in Luton, it is improving at a faster rate in the least deprived areas compared to the most deprived areas which is increasing the inequalities within the borough.

Actions to improve

Action to improve health including action relating to the wider determinants of health needs to be delivered with a greater intensity in the more deprived areas of Luton. Current action in the more deprived areas includes:

- a peer led cancer prevention education programme
- trained volunteer health champions providing outreach within their local areas
- targeted provision of stop smoking and weight management services
- targeted delivery of community health checks
- new Wellness Service from April 2014

We need to do more:

- to increase levels of physical activity in adults with a particular focus on females
- increase knowledge and skills around diet and healthy weight

4.2.3 Key Issues

There is no new data for disability free life expectancy

4.3 Children and Young People's Trust Board – Summary of Progress on KPIs

The Children's Trust Board identified 18 key indicators to enable them to track performance in relation to improving the health and wellbeing of children.

4.3.1 Indicators where performance is good and / or improving:

- Reduction in infant mortality (c/r progress on high level indicators)
- Reduction in low birth weight babies
- Increase in breastfeeding rates
- Reduction in teenage conceptions
- Reduction in obese 4-5 year olds
- Reduction in number of young people who are NEET

4.3.2 Indicators where improvement is needed:

There has been no real change in the number of obese 10-11 year olds in the last year and this is an area of real concern.

Actions to improve

Obese 10-11 Year Olds

A dedicated post in CCS has been providing feedback to parents of children identified as obese through the NCMP and this is expected to generate more families accessing the Child Weight Management Service. Child weight management will be managed by the new provider of the Wellness Service from April 2014 and they too will have a role in engaging families on to their programmes. The Healthy Weight Strategy group has been refreshed with more input from clinicians and plans are being developed to ensure a greater focus on prevention, on reducing maternal obesity and identifying children at risk of being obese earlier. This will include delivery of training to health visitors and other key front line professionals.

Early Years

Focussing on promoting communication and language development in early years settings and introducing tracking of outcomes for funded 2 year olds.

4.3.3 Key Issues

It is not possible to comment on educational attainment performance at this stage as outcomes for 13/14 will only become available at the end of the statutory assessment period.

Stronger Families - although the performance tables published by central government show us to be on target for the number of families successfully 'turned around' it will be a challenge to turn around the 525 families, which was the figure agreed at the start of the programme, without an increase in the numbers of families being worked with. After a slow start in Year 1, good progress is now being made with an increasing number of families achieving successful outcomes. This is due to the development of a dedicated team of intensive family support workers who have increased the throughput of cases and involvement of the community and voluntary sectors in working with less intense cases which are also open to the programme.

4.4 Health Inequalities – Summary of Progress on KPIs

The Health Inequalities delivery board agreed to closely monitor performance against 13 key indicators. The Board also agreed to keep a close eye on a small number of indicators where current performance is in line with England to ensure that this level of performance is maintained.

Data is available for 3 indicators.

4.4.1 Indicators where performance is good and / or improving:

- The number of Job Seekers Allowance (JSA) claimants (all ages) is reducing
- The number of bed and breakfast placements is reducing although the target cannot be met

4.4.2 Indicators where improvement is needed:

Provisional data for 2012-13 is showing a cumulative total of 2433 alcohol related admissions per 100,000 which is an increase of 12.5% on 2011-12. This is above the target to reduce the rate of increase to 8%.

Actions to improve

Nationally there has been an increase in the percentage rise in alcohol hospital related admissions and it is thought to be an increased accuracy in recording. A new indicator is to be introduced which will use primary diagnosis and only secondary diagnosis where there is a clear relationship to alcohol acute harms. It is hoped that this will be in place for April 2014 and the DH plan to undertake an analysis of retrospective trends for five years from April 2014. The alcohol brief advice service in the hospital has expanded rapidly during the past year and covers out patients as well as in patients in the majority of wards. Alcohol brief advice is an evidenced based intervention which consists of one to six sessions to support the reduction of harmful drinking.

4.4.3 Key Issues

For 9 of the key indicators new data is not yet available. New survival and diagnosis data for prostate, lung and colorectal cancer (6 KPIs) will be available in February. New smoking prevalence data has not been published however at the end of Q2 of 2013-14, the number of people supported to stop smoking was on track to achieve the end of year target.

4.5 Healthier Adults Delivery Board – Summary of Progress on KPIs

The June meeting of the Board agreed to track 20 performance indicators that would measure progress in both extending life and improving the quality of life and supporting adults and older people to live independently.

Data is available for 12 of these indicators and performance is green for 4, amber for 5 and red for 3.

4.5.1 Indicators where performance is good and / or improving:

- Equipment delivered to adults and older people within 7 days
- Delayed transfers of care attributable to adult social care
- Proportion of adults with learning disabilities in paid employment
- Access to Psychological Therapies: Improving quality outcomes

4.5.2 Indicators where improvement is needed:

Pressure Ulcers - nationally, the pressure ulcer target has been set at 0 and by the end of quarter 2, 28 pressure ulcers had been reported as serious incidents. It is not yet known how many of these could have been avoided however it is clear that the target will not be achieved.

Health Checks for adults with a learning disability - by the end of Q2, 16 adults with a learning disability had received an NHS Health Check. This reflects the position in previous years, for example in 2012/13 86% of all checks were completed between January and March.

Actions to Improve

Pressure Ulcers - there is specific training for front-line staff at the Luton and Dunstable Hospital and all patient assessments include level of risk of pressure ulcers, which leads to preventative action being taken where necessary. The L&D undertake a full root cause analysis for any grade 3 or 4 pressure ulcers identified, which are then reported as serious incidents. The Trust are incentivised to reduce the incidence of pressure ulcers through quality payments through a scheme called CQUIN (Commissioning for Quality and INnovation); and local practice is improved through the input of tissue viability specialists within the Trust.

Health Checks for adults with a learning disability - an action plan is in place involving the Joint Commissioning Team, SEPT's Health Facilitation Team and the lead GP to engage with GP practices to ensure that checks are carried out and to work with the Local Area Team of NHS England who have responsibility for the Directed Enhanced Service (DES) which forms the basis for this target.

4.5.3 Key Issues

It has not been possible to set targets for all indicators and there are some indicators where targets for 2017 can only be provisional and some adjustment may be necessary at a later date.

For four indicators which are based on surveys, it will only be possible to report progress annually or in one case every 2 years.

Of concern is the fact that there is no performance information for the following indicators which relate to whole system working around the hospital:

- Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)
- Emergency admissions for acute conditions that should not usually require hospital admission
- Emergency readmissions within 30 days of discharge from hospital
- Proportion of people (65 +) who were still at home 91 days after discharge

5. NEXT STEPS

A further report will be presented to the Board in six months (July / Aug 2014).

PROGRESS AGAINST HEALTH AND WELLBEING STRATEGY PRINCIPLES:

Promoting Integration/Pooled Budgets/Joint Commissioning

Promoting integration, pooling budgets and increased joint commissioning should result in improved health outcomes which can be demonstrated through monitoring performance

Improving Quality and Efficiency – Service/Pathway Redesign

Improving quality and efficiency and service re-design should result in improved health outcomes which can be demonstrated through monitoring performance

Addressing the Wider Determinants of Health

A number of the selected KPIs address the wider determinants of health eg education, employment,

Focussing on Early Intervention and Prevention

Early intervention and prevention is a key principle underpinning the strategy. Monitoring performance over the duration of the strategy will give an indication as to how successful our prevention and early intervention strategies have been

IMPLICATIONS

There are no direct legal, financial, equalities, or staffing implications.

CONSULTATIONS

n/a

APPENDIX

Appendix 1 – Health and Wellbeing Strategy – Overarching Indicators

Appendix 2 – Children and Young People - Performance Scorecard

Appendix 3 – Health Inequalities Delivery Board - Performance Scorecard

Appendix 4 – Healthier Adults Delivery Board – Performance Scorecard

LIST OF BACKGROUND PAPERS

LOCAL GOVERNMENT ACT 1972, SECTION 100D

n/a