

**TELFORD & WREKIN COUNCIL**

**HEALTH & WELL-BEING BOARD – 7<sup>th</sup> SEPTEMBER 2016**

**HEALTH AND WELLBEING STRATEGY DELIVERY & PERFORMANCE FRAMEWORK**

**REPORT OF: LIZ NOAKES: ASSISTANT DIRECTOR HEALTH AND WELL-BEING**

## **PART A) – SUMMARY REPORT**

### **1. SUMMARY OF MAIN PROPOSALS**

To present a proposed performance framework in order to monitor progress against the Health and Wellbeing Strategy following approval of the delivery model in June 2016.

### **2. RECOMMENDATIONS**

That the Board:

- Approve the proposed Health and Wellbeing Strategy performance framework
- Note current performance in relation to the proposed framework

### **2. IMPACT OF ACTION**

The performance framework provides a framework by which the Board can monitor progress and achievement against the Health and Wellbeing Strategy. The attached performance framework at Appendix 1 is mapped against the key deliverables highlighted for each priority within the Strategy (i.e. *What will we deliver?*) to ensure a focus on delivery of outcomes.

Following approval of the framework, this will be presented to the Board as an annual performance progress update in June 2017.

#### **4. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to a specific HWB Priority	
	No	<i>However, this report outlines a proposed performance framework for monitoring progress against the key deliverables outlined within the HWB strategy.</i>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<i>This report proposes an approach to monitoring progress against delivery of the priorities of the Board over the next 12 months.</i>
	Will the proposals impact on specific groups of people?	
	No	N/A
<b>TARGET COMPLETION/DELIVERY DATE</b>	<i>Annual progress updates against the attached performance framework will be provided at the June 2017 Board giving end of year performance (this is in addition to progress updates against each of the priorities on a rolling programme –also approved at June 2016 Board).</i>	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	Yes	<p>The delivery of this strategy and the detailed work programmes will need to be considered against the context of reducing resources. The Public Health grant allocation for 2016/17 details a reduction of £300k with an additional reduction of £320k in 2017/18. This is on top of a 6.2% in year reduction in 2015/16 totalling £773k. At the same time the Council is receiving less Revenue Support Grant from the Government with £30m savings identified for 2016/17 and 2017/18 and estimates that a further £15m to £20m savings will need to be identified in the following 2 years.</p> <p>The detailed work programmes to support the delivery of this strategy will be need to be met from existing resources and this will be reported as part of future reports to this Board.</p>
<b>LEGAL ISSUES</b>	Yes	<p>The HWBB has a statutory obligation to encourage integrated working and to encourage commissioners of health-related services to work closely with the HWBB (section 195, Health and Social Care Act 2012). Accordingly, the proposals in this report will assist the HWBB in meeting its legal obligations.</p> <p>This framework also contributes towards one of the HWBB's responsibilities as identified in its terms of reference (contained in the Council's</p>

		Constitution, i.e. "the development, review and oversight of the delivery of actions identified in the joint health and wellbeing strategy and other key plans and strategies that may be developed from time to time"
<b>EQUALITY &amp; DIVERSITY</b>	No	<i>None</i>
<b>IMPACT ON SPECIFIC WARDS</b>	No	<i>None</i>
<b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>	No	<p><i>Public consultation has already been undertaken in relation to the priorities – this was outlined in previous reports to the Board.</i></p> <p><i>We will be liaising with key stakeholders and partners via other established groups and Boards in order to capture their input.</i></p>
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	Yes	<i>Any risks to achieving the outcomes highlighted by the HWBB Strategy will be highlighted by the attached performance framework. This will add some context and additional information to the regular progress updates to be provided to Board by the Commissioning and Transformation Partnerships (CATPs).</i>

## **PART B) – ADDITIONAL INFORMATION**

### **1. INFORMATION**

#### ***1.1 Monitoring delivery of the Board's strategic priorities***

The Board approved the Health and Wellbeing Strategy 2016-2019 in March 2016 which identified three key priorities:

- ***Encourage healthier lifestyles***
- ***Improve mental wellbeing and mental health***
- ***Strengthen our communities and community based support***

The following sets out a proposed performance framework (Appendix 1) for monitoring progress against the key deliverables highlighted within the strategy as well as a mechanism by which the Board can identify any risks/issues in a timely way in order to address any barriers to achieving the key outcomes identified within the strategy.

In developing the attached, consideration has been given not only to the HWB strategy priorities but has more specifically focussed on the 'what we will deliver' section for each priority as these are the key deliverables identified within the strategy. This ensure linkages between the strategy document and the proposed performance frameworks. Similarly, the work programme presented to the June Board also links back to these strategy deliverables.

The attached proposed performance framework will be reported to board on an annual basis for consideration alongside the more qualitative progress updates provided by CATPS on quarterly basis. This will provide an additional layer of quantitative information for consideration by the Board in making proposals or challenging CATPs on progress being made.

1.2 A draft work programme was presented to Board in June reflecting the work being undertaken by each of the CATPS against the HWB strategy priorities. The same work programme has also been mapped against the key deliverables referred to above in order to ensure linkages back to the strategy document. It should be noted that a Neighbourhoods Working group has now been established and will contribute to the priority of 'strengthen our communities and community based support'. This group will ensure a neighbourhood approach to building resilience and social capital to ensure people have the knowledge and skills they need to help themselves to live healthier and happier lives. This group will aim to develop sustainable networks of informal care and support by developing people, community based projects, groups and organisations to improve outcomes for our citizens.

1.3 A strategy delivery group consisting of the CATP leads will meet on a monthly basis to ensure linkages are made with other already established Boards and groups locally, making contact with groups with whom they would not ordinarily have contact with to ensure that a wide range of organisations are involved in identifying how they may contribute to the delivery of the strategy. Progress in respect of new initiatives or areas of work being undertaken by partners/stakeholders to contribute to delivery of the strategy will be reported via CATP update reports. The strategy delivery programmes will continue

to develop to take account of progress made and new areas of work highlighted by the Board.

#### **1.4 Next Steps**

- The attached performance framework at Appendix 1 will continue to be developed and updated as necessary e.g. where new measures are required to monitor progress against a specific work area.

### **2 IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

None –see section 4 above.

### **3 PREVIOUS MINUTES**

- HWB Strategy Development and JSNA presented on 23<sup>rd</sup> January 2013
- HWB Strategy Development and JSNA (including sign off of final strategy) presented on 13<sup>th</sup> March 2013
- A progress update against the Health & Wellbeing Strategy priority ‘asset mapping’ process was presented to the Board on 13<sup>th</sup> May 2013.
- Joint Health and Wellbeing Strategy Performance and Partnership Framework presented on 17<sup>th</sup> July 2013 and 18<sup>th</sup> September 2013
- Joint Health and Wellbeing Board Strategy Performance presented 22<sup>nd</sup> January 2014
- Health and Wellbeing Board Strategy Refresh presented 10<sup>th</sup> June 2015
- Health and Wellbeing Board Strategy Update presented 9<sup>th</sup> December 2015
- Health and Wellbeing Strategy Update presented 9<sup>th</sup> March 2016
- Delivery of the Health and Wellbeing Strategy 15<sup>th</sup> June 2016

### **4 BACKGROUND PAPERS**

None.

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## Appendix 1: HWB Strategy Proposed Performance Framework: 12 month position 2015/16

The following highlights the end of year position against the proposed HWB Strategy performance measures in order to give a baseline position.

ID	Title	2013/14 Outturn	2014/15 Outturn	2015/16 Outturn	National Comparator 2015-16	Comparison to national 2015/16	Direction of travel from 2014/15
<b>OVERARCHING VISION - Together we will work to enable people in Telford and Wrekin to enjoy healthier, happier and longer lives</b>							
Reduce the number of people who die from preventable diseases and improve life expectancy, across the borough and closing the gap with national rates							
CM013	Life expectancy at birth - males	77.9	78.2	78.7	79.5 (2012-14)	Worse	Getting better
CM680	Life expectancy at birth - females	81.6	81.5	81.8	83.2 (2012-14)	Worse	Getting better
CM101	Life expectancy - Slope of index of inequality (Males)	6.7	7.2	6.9	n/a (2012-14)	not compared	Getting better
CM326	Life expectancy - Slope of index of inequality (Females)	2.5	2.1	2.8	n/a (2012-14)	not compared	Getting worse
CM833	U75 mortality from causes considered amenable to health care (rate per 100,000)	n/a	n/a	128.9	112.1 (2012-14)	Worse	n/a
CM681	U75 mortality from cardiovascular disease considered preventable (rate per 100,000)	64.4	55.4	52.0	49.2 (2012-14)	Similar	Getting better
CM684	U75 mortality from cancer considered preventable (rate per 100,000)	94.5	96.0	95.2	83.0 (2012-14)	Worse	No change
CM834	Cancer survival rates	Performance data to be added					
CM104	Population vaccination coverage - flu aged 65+ 9%)	73.5%	73.1%	71.1%	71.0% (2015/16)	not compared	Getting worse
<b>Encourage Healthier Lifestyles</b>							
Fewer people who smoke and drink too much							
CM835	Smoking prevalence in adults (from APS)	21.0%	20.0%	18.2%	16.9% (2015)	Similar	Getting better
CM836	Smoking prevalence in adults in routine & manual occupations (from APS)	28.5%	27.3%	32.0%	26.5% (2015)	Worse	Getting worse
CM026	Smoking in pregnancy (% of mothers smoking at delivery)	22.4%	21.2%	18.1%	10.6% (2015/16)	Worse	Getting better
CM404	Percentage of pregnant smoking quitters	61.0%	58.0%	58.7%	46.8% (2015/16)	Better	Getting better

ID	Title	2013/14 Outturn	2014/15 Outturn	2015/16 Outturn	National Comparator 2015-16	Comparison to national 2015/16	Direction of travel from 2014/15
CM066	Smoking cessation (rate of successful quitters, per 100,000)	1,015	797	699	440 (2015/16)	Better	Getting worse
CM025	Hospital admissions attributable to smoking (rate per 100,000 aged 35+)	2,061	2,229	2,185	1,671 (2014/15)	Worse	Getting better
CM024	Smoking related deaths (rate per 100,000)	331.6	322.3	314.2	274.8 (2012-14)	Worse	Getting better
CM837	Deaths from Lung Cancer (rate per 100,000)	58.3	61.1	65.0	59.5 (2012-14)	Similar	Getting worse
CM324	Mortality from Chronic Liver Disease (rate per 100,000)	16.0	16.4	15.6	11.5 (2012-14)	Worse	Getting better
CM097	Number of people admitted to hospital due to alcohol related conditions (rate per 100,000)	633	681	668	641 (2014/15)	Similar	Getting better
CM322	Number of people admitted to hospital with alcohol-specific conditions - Males (rate per 100,000)	422	471	464	502 (2014/15)	Similar	Getting better
CM323	Number of people admitted to hospital with alcohol-specific conditions - Females (rate per 100,000)	182	215	205	235 (2014/15)	Similar	Getting better
CM838	Successful completions as a proportion of all in treatment - opiate	n/a	5.5%	7.7%	n/a (2015/16)	not compared	Getting better
CM839	Successful completions as a proportion of all in treatment - non-opiate	n/a	40.9%	39.2%	n/a (2015/16)	not compared	Getting worse
CM840	Successful completions as a proportion of all in treatment - alcohol	n/a	26.6%	42.5%	n/a (2015/16)	not compared	Getting better
CM841	Successful completions as a proportion of all in treatment - alcohol & non-opiate	n/a	29.1%	33.9%	n/a (2015/16)	not compared	Getting better
More people having a healthy diet and taking enough exercise							
CM842	Proportion of the population meeting the recommended '5-a-day' - Adults	n/a	46.4%	48.6%	52.3% (2015)	Similar	Getting better
CM843	Percentage of physically active adults	48.9%	55.5%	53.8%	57.0% (2015)	Similar	Getting worse
CM844	Percentage of physically inactive adults	33.7%	28.1%	28.5%	28.7% (2015)	Similar	No change
Halt the increase in overweight and obese children							
CM318	% excess weight (reception children)	24.2%	25.9%	23.5%	21.9% (2014/15)	Similar	Getting better
CM319	% excess weight (Year 6 children)	35.0%	37.3%	36.2%	33.2% (2014/15)	Worse	Getting better

ID	Title	2013/14 Outturn	2014/15 Outturn	2015/16 Outturn	National Comparator 2015-16	Comparison to national 2015/16	Direction of travel from 2014/15
<b>Improve mental wellbeing and Mental Health</b>							
More emotionally resilient children and young people							
CM616	Hospital admissions for mental health conditions 0-17 year olds (rate per 100,000)	43.6	64.2	66.6	87.4 (2014/15)	Similar	Getting worse
CM845	Hospital admissions as a result of self harm 10-24 year olds (rate per 100,000)	511.5	569.9	478.3	398.8 (2014/15)	Worse	Getting better
CM586	% of strengths and difficulties questionnaires where a previous score of 17+ was reduced by provision of appropriate support	Performance data to be added					
CM657	Number of CAMHS referrals sent to Family Connect, screened by a CAMHS representative - All referrals for T&W CAMHS come through Family Connect this is the total number of referrals for T&W	892	953	1,186	n/a	not compared	n/a
CM729	% of Care Leavers with involvement from CAMHS and/or CMHT	Performance data to be added					
Early identification of people at risk of poor mental health to ensure they have access to appropriate services and support							
CM325	Suicide rate - persons (rate per 100,000)	11.8	11.4	11.6	10 (2012-14)	Similar	No change
CM846	Suicide rate - males (rate per 100,000)	16.9	17.1	17.8	15.8 (2012-14)	Similar	Getting worse
CM847	Suicide rate - females (rate per 100,000)	rate not calculated due to low numbers			4.5 (2012-14)	n/a	n/a
CM165	Number of children/young people under 17 years detained under mental health provision(WM27)	Performance data to be added					
CM551	Proportion of adults in contact with secondary mental health services living independently, with or without support. - ASCOF 1H	Performance data to be added					
CM745	Number of arrests under Section 136 of the Mental Health Act	Performance data to be added					
Improve the Health related Quality of Life for people with a mental health condition							
CM552	Proportion of adults in contact with secondary mental health services in paid employment. - ASCOF 1F	Performance data to be added					
CM848	Concurrent contact with mental health services and substance misuse services for drug misuse	Performance data to be added					
CM849	Concurrent contact with mental health services and substance misuse services for alcohol misuse	Performance data to be added					

ID	Title	2013/14 Outturn	2014/15 Outturn	2015/16 Outturn	National Comparator 2015-16	Comparison to national 2015/16	Direction of travel from 2014/15
<b>Increase the feeling of wellbeing across the borough</b>							
CM039	Overall crime rate per 1,000 population	58.8	60.9	77.5	n/a	not compared	Getting worse
CM782	Harm Reduction (ASB). ASB Environmental - Number of incidents	489	475	461	n/a	not compared	Getting better
CM783	Harm Reduction (ASB) - ASB Nuisance – number of incidents - Number of incidents	6,112	5,881	4,996	n/a	not compared	Getting better
<b>Strengthen our communities and community based support</b>							
<b>Enable individuals to live more independently for longer with support from their own community and networks</b>							
CM079	Carer-reported quality of life - ASCOF 1D	No survey	8	not yet available	n/a	n/a	n/a
CM073	Proportion of people using social care who receive self-directed support - ASCOF 1C(1a); 1C(1b)	60.5%	94.6%	not yet available	n/a	n/a	n/a
CM074	Proportion of people using social care who receive direct payments - ASCOF 1C(2a); 1C(2b)	11.0%	20.3%	not yet available	n/a	n/a	n/a
<b>Reduction in the number of people accessing acute hospital and being admitted to residential care homes</b>							
CM075	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement/rehabilitation services. (Effectiveness of service) (BCF) - ASCOF measure 2B(1)	64.9%	64.0%	not yet available	n/a	n/a	n/a
CM076	People completing re-ablement service who need no long term support at the end of their service - ASCOF 3D	-	40.7%	not yet available	n/a	n/a	n/a
CM077	Delayed transfers of care from hospital (total people per 100,000 population) - ASCOF 2C(1)	8.3	11.6	not yet available	n/a	n/a	n/a
CM383	Proportion of older people (65 and over) who were still at home 91 days after discharge into re-ablement/ rehabilitation services (offered the service) - ASCOF measure 2B(2)	2.5	2.2	not yet available	n/a	n/a	n/a
CM386	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (average per month) (BCF)	150.7	295.0	not yet available	n/a	n/a	n/a
CM850	Reduction in non-elective admissions (BCF)	Performance data to be added					
CM851	Total PbR emergency admissions into SaTH aged 65+ per 100,000 population (BCF)	Performance data to be added					
<b>Reduction in public sector future care costs, as communities become better placed to support themselves</b>							

ID	Title	2013/14 Outturn	2014/15 Outturn	2015/16 Outturn	National Comparator 2015-16	Comparison to national 2015/16	Direction of travel from 2014/15
<b>CM387</b>	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes per 100,000 population (BCF)	656.4	701.3	not yet available	n/a	n/a	n/a
<b>CM388</b>	Avoidable emergency admissions per 100,000 population (average per month) - Admissions for acute conditions that should not usually require hospital admission	1,486.6	1,557.3	not yet available	n/a	n/a	n/a
<b>CM852</b>	% of people feeling supported to manage Long Term Conditions (positive responses to Q32 of GP survey) (BCF)	Performance data to be added					