

Committee: Health and Wellbeing Board

Date: 4 June 2013

Agenda item: 9

Wards: All

Subject: Health and Wellbeing Strategy Performance Indicators

Lead officer: Kay Eilbert, Director of Public Health

Lead member: Councillor Linda Kirby, Cabinet Member for Adult Social Care and Health.

Forward Plan reference number:

Contact officer: Anjan Ghosh, Consultant in Public Health

Recommendations:

- A. That the HWB agree the draft performance indicators to be reported to the Merton Partnership.
 - B. That the HWB support the work underway to develop a full set of performance indicators for the Health and Wellbeing Strategy Delivery Plan and request a report on this full set when drafted.
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

As part of the delivery and monitoring of the Health and Wellbeing Strategy a set of performance indicators are being developed. The Health and Wellbeing Board is also required to report key performance indicators to the Merton Partnership.

2. DETAILS

- 2.1 The performance indicator set proposed links to the scope of the first Merton Health and Wellbeing Strategy, the indicators are a balance between health and social issues.

They respond to needs identified in the JSNA including late HIV diagnosis and childhood obesity including mandatory public health services like sexual health and NHS Health Checks.

Some wider criteria that influence public health are reported to the Merton Partnership elsewhere, so these have not been duplicated, but the range of indicators proposed encompass all the Marmot health inequality indicators.

- 2.2 The draft Health and Wellbeing Board performance indicators for the Merton Partnership are attached to this report. They set out the current baseline and a target for the 2013/14. Where it has not been possible to set a target at this stage it is our intention to establish a robust target as soon as possible which can be reported.

2.3 The wider performance indicator set that is being developed in line with the Health and Wellbeing Strategy Delivery Plan will be reported to the Health and Wellbeing Board once it is fully drafted. This will be used to monitor the Delivery Plan and regular reports will be made to the HWB.

3. ALTERNATIVE OPTIONS

The Health and Wellbeing Board is required to report performance indicators to the Merton Partnership

4. CONSULTATION UNDERTAKEN OR PROPOSED

The performance indicators are based on the Merton Health and Wellbeing Strategy that was the subject of a comprehensive consultation programme.

5. TIMETABLE

The indicators are for 2013/14 and will be reported at the frequency indicated in Appendix 1

6. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None

7. LEGAL AND STATUTORY IMPLICATIONS

None

8. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The Health and Wellbeing Strategy is fundamentally concerned with addressing health inequalities.

9. CRIME AND DISORDER IMPLICATIONS

None

10. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None

11. APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Health and Wellbeing Board Performance Indicators to Merton Partnership 2013/14

12. BACKGROUND PAPERS

None

APPENDIX 1 DRAFT Merton Partnership proposed performance indicators for Health & Well Being (HWB) 2013/14

Theme	Area	PI code & description	Baseline	2013/14 Proposed Target	Frequency	Lead	Comments
HWB 1a/MP16 1b/MP17	Overarching	Slope Index of Inequality in life expectancy	1a Male 5.9 1b Female 5.3 (2012) London 7.5/ 4.8 England 8.9/ 5.9	Ensure the SII does not widen further in 2013/14	Annual	TBC	Marmot indicator Def.: This indicator is the Slope Index of Inequality (SII) in life expectancy at birth, which represents the range in life expectancy across the whole population of the LA, from most to least deprived.
HWB 2	Priority 1: Healthy Start	MMR2 coverage rate (%) (PHOF 3.3)	76.98% (2011-12)	95% by 2014/15 90% by 31/03/2014 95% by 31/03/2015	Annual	TBC	PHE, COVER & local Note: This is the coverage of the second MMR vaccination which is administered in children between 3-5 years of age.
HWB 3	Priority 1: Healthy Start	Children achieving a good level of development at age 5 (%)	61.3% (2012) London average 59.5% England average 58.8%	To be confirmed	Annual	TBC	Marmot indicator Def.: The percentage of children achieving a good level of development is presented for this indicator, based on the local authority where each child was living, rather than the location of the school. Indicators in thematic partnerships: NEET Obesity
HWB 4	Priority 1: Healthy Start	Under 18 conceptions (PHOF 2.4)	51 per 1000 women 15-17 yrs. (1998 baseline)	Target 27 per 1000 by 2015	Annual	TBC	PHE, ONS Def.: This is the number of conceptions in women aged 15-17 years divided the by mid-year population of women aged 15-17 years in Merton in a calendar year. Note: TP rates are not reported quarterly anymore by ONS.

Theme	Area	PI code & description	Baseline	2013/14 Proposed Target	Frequency	Lead	Comments
HWB 5	Priority 2: Improve HWB	Take up of NHS Health check by those eligible (PHOF 2.22)	55.2% (2012-13) Local- % of uptake in those invited for NHS Health Checks	Increase uptake to 57.5% by Q4 Q1 55.2% Q2 55.2% Q3 55.2% Q4 57.5%	Quarterly and Annual	TBC	Local, PHE Def.: This is calculated as the number of people who have had an NHS Health Check divided by the total number of people invited in a year. Note: National target is that 20% of eligible population are invited for NHS Health Checks, but in 2013-14 the denominator will be the actual number of invitations.
HWB 6/ MP18	Priority 2: Improve HWB	Number of smoking quitters	439 quitters (2011-12)	753 Q1 188 Q2 188 Q3 188 Q4 189	Quarterly and Annual	TBC	Local Note: Target is 50% of the total number of smokers setting a 4 week quit date (50% of 1506= 753)
HWB 7	Priority 2: Improve HWB	People presenting with HIV at a late stage of infection (PHOF 3.4)	46.4% (2009-11) London? England?	Target to be developed	Annual	TBC	PHE, HPA Note: Only data at Merton level is from HPA and is a 3 year rolling average
HWB 8	Priority 3: Manage HWB independently	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (all ages) (NHSOF 2.3i)	186.2 per 100,000 population (2011-12) London? England?	Target to be developed after discussion with Merton CCG	Annual	TBC	NHS Outcomes Framework Indicator 2.3.i

Theme	Area	PI code & description	Baseline	2013/14 Proposed Target	Frequency	Lead	Comments
HWB 9 /MP21	Priority 3: Manage HWB independently	Percentage of carers receiving a service or information and advice.	31.0% (2011-12)* (ASCOF-PROVISIONAL)	28.5%	Annual	TBC	ASCOF 3C
HWB 10/ MP20	Priority 3: Manage HWB independently	Percentage of people living at home after reablement	81.0% (2011-12)* (ASCOF-PROVISIONAL)	77.0%	Annual	TBC	ASCOF 2B Part 1
HWB 11	Priority 4: Wellbeing, Resilience & Connected-ness	Number of under 16s living in low income households	19.7% (2009) London? England?	TBC- under discussion in the LBM Policy, Strategy and Partnerships Team	Annual	TBC	HSCIC data
HWB 12a 12b	Priority 4: Wellbeing, Resilience & Connected-ness	Bridging the adult skills gap- Increased participation in adult education programmes among those living in disadvantaged wards	12a 36% of learners on qualification courses live in a disadvantaged ward 12b 27% of learners on non-qualification courses in a disadvantaged ward	2% increase in 12a and 12 b	Annual- academic year	TBC	Local- Adult Education (Yvonne Tomlin) Indicators in thematic partnership: Economic wellbeing

Theme	Area	PI code & description	Baseline	2013/14 Proposed Target	Frequency	Lead	Comments
HWB 13	Priority 4: Wellbeing, Resilience & Connectedness	Number of households living in temporary accommodation (number should NOT exceed 100 for LBM)	87 (2012-13)	Should not exceed 100	Annual	TBC	Local- Housing Needs and Enabling Service- SP36/CRP61
HWB 14	Priority 4: Wellbeing, Resilience & Connected-ness	Increasing the number of businesses taking up the 'Healthier Catering Commitment' (HCC) OR 'My Choice' accreditation per annum	14 HCC 4 My Choice (2012/13)	20 of HCC+MC	Annual	TBC	Local- PH team- Barry Causer (Local Responsibility Deal)
HWB 15	Priority 4: Wellbeing, Resilience & Connected-ness	Percentage of people who agree that people in their local area treat each other with respect.	92% net agree (2012 Survey p.118)	Maintain a minimum of 92% net agree	Annual	TBC	Merton Resident's Survey

Criteria

- Indicated by Health and Wellbeing Strategy
- Balance between and health and social
- JSNA high need area – e.g., late HIV diagnosis and childhood obesity
- Mandatory service – sexual health, NHS health checks, childhood obesity
- Meet criteria but reported elsewhere, so not duplicated here
- All Marmot health inequalities indicators included here, if not in other areas