Health and Wellbeing Strategy
Performance Monitoring 2017-18

Aim 1	**All children get the best start in life**
Aim 2	**Children and young people achieve their potential and have a healthy adolescence and early adulthood**
Aim 3	**All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life**
Aim 4	**Healthy life expectancy is improved for all Rotherham people and the gap in life expectancy is reducing**
Aim 5	**Rotherham has healthy, safe and sustainable communities and places**

Aim 1: All children get the best start in life

Board sponsor: Ian Thomas, RMBC
Lead Officer: Karla Capstick, RMBC

Ref	Indicator	Good performance	Reporting mechanism	Frequency of reporting	Baseline	Previous performance	Current performance	DOT	Notes
1.1	% take up of free school meals for all FSM pupils	High	DfE School Census	Termly	15.3% - Spring 16 Census	15.4% - Autumn 16 Census	15.4% - Spring 17 Census	Increase	
1.2	% of mothers who breastfeed their babies in the first 48 hrs after delivery	High	PHOF 2.02i	quarterly	62.2% (2015/16 Q4)	47.9% (2016/17 Q2)	59.6% (2016/17 Q3)	Data fluctuates but 16/17 down on 15/16	Breastfeeding has expected health benefits for infant and mother and reduced illness in childhood (PHE)
1.3	% of infants due a 6-8 week check that are totally or partially breastfed	High	PHOF 2.02ii	quarterly	29.7% (2012/13)				No published data for Rotherham since 2012/13 due to data quality issues. New methodology from 2015/16.
1.4	Children aged 5 years with at least one decayed, filled or missing tooth	Low	CHIMAT child health profile	survey every 2-3 years	28.9% (2014/15 survey)	40.4% (2011/12 survey)	28.9% (2014/15 survey)		Tooth decay is a predominately preventable disease (PHE) Next data (2016/17 survey) published early 2018.
1.5	% of children achieving a good level of development at the end of reception	High	PHOF 1.02i	annually	70.4% (2015/16)	67.4% (2014/15)	70.4% (2015/16)	Increasing/ improving	Key measure of early years development (PHE)
1.6	% of children achieving the expected level in the phonics screening check	High	PHOF 1.02ii	annually	78.8% (2015/16)	74.4% (2014/15)	78.8% (2015/16)	Increasing/ improving	Key measure of early years development (PHE)
1.7	% of term babies with a low birth weight	Low	PHOF 2.01	annually	3.2% (2015)	3.9% (2014)	3.2% (2015)	Fluctuating	Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life (PHE)

Aim 2: Children & young people achieve their potential & have a healthy adolescence & early adulthood

Board sponsor: Ian Thomas, RMBC
Lead Officer: Shafiq Hussain, VAR & Teresa Brocklehurst, CYPF Consortium

Ref	Indicator	Good performance	Reporting mechanism	Frequency of reporting	Baseline	Previous performance	Current performance	DOT	Notes
2.1	% of 16-18 year olds not in education, employment or training	Low	PHOF 1.05	annually	5.3% (2015)	5.9% (2014)	5.3% (2015)	Decreasing/ improving	Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood (PHE)
2.2	Percentage of Education Health and Care Plans completed in statutory timescales (based on NEW Plans issued cumulative from September 2014)	High	RMBC Corporate Plan Report	monthly	58.3% (2015/16)	54% (Qtr 3 2016/17)	52% (2016/17)	Decreased	Data relates to completion of EHC plans within the reporting period (based on new plans). Performance is cumulative from September 2014 to March 2017. Target is 90% by April 2018
2.3	Percentage of Education Health and Care Plans completed in statutory timescales (based on Conversions from Statements to EHCP cumulative from September 2014)	High	RMBC Corporate Plan Report	monthly	85.5% (2015/16)	52% (Qtr 3 2016/17	58% (2016/17)	Decreased	Data relates to completion of EHC plans within the reporting period (based on conversions from statement to EHCP). Performance is cumulative from September 2014 to March 2017. Target is 90% by April 2018
2.4	Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31 March	Low	PHOF 2.08	annually	15.5 (2015/16)	15.2 (2014/15)	15.5 (2015/16)	Increasing recently, longer-term little change.	With half of adult mental health problems starting before the age of 14, early intervention to support children and young people with mental health and emotional well-being issues is very important (PHE) Score: 14-16 = borderline cause for concern, 17 and over = cause for concern
2.5	Reduced hospital admissions caused by unintentional or deliberate injuries (0-14 years)	Low	PHOF 2.07i	annually	89.5 per 10,000 (crude rate) (2015/16)	106.5 per 10,000 (crude rate) (2014/15)	89.5 per 10,000 (crude rate) (2015/16)	Decreasing/ improving	Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience (PHE) Data is fluctuating over time.
2.6	Reduced hospital admissions caused by unintentional or deliberate injuries (15-24 years)	Low	PHOF 2.07ii	annually	116.6 per 10,000 (crude rate) (2015/16)	122.6 per 10,000 (crude rate) (2014/15)	116.6 per 10,000 (crude rate) (2015/16)	Decreasing/ improving	See above.
2.7	Reduced hospital admissions for mental health conditions (0-17 years)	Low	CHIMAT child health profile	annually	58.6 per 100,000 (crude rate) (2015/16)	40.8 per 100,000 (crude rate) (2014/15)	58.6 per 100,000 (crude rate) (2015/16)	Fluctuating. Virtually no net change over past 4 years.	One in ten children aged 5-16 years has a clinically diagnosable mental health problem.Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations (PHE)
2.8	Reduced hospital admissions as a result of self-harm (10-24 years)	Low	CHIMAT child health profile	annually	289.5 per 100,000 (standardised rate) (2015/16)	312.1 per 100,000 (standardised rate) (2014/15)	289.5 per 100,000 (standardised rate) (2015/16)	Fluctuating. Small net decrease over past 4 years.	Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders (PHE)
2.9 (a)	Health of Looked After Children - up to date Health Assessments	High	RMBC CYPS Monthly Report	monthly	92.8% (2015/16)	88.4% (Feb 17)	87.1% (2016/17)	Decreased	The overall number of health assessments completed remains at a good level. From our reviews we know that in the main, those not having health or dental checks are the older young people who are recorded as 'refuses'. This is no longer going to be accepted on face value and we will be actively exploring with
2.9 (b)	Health of Looked After Children - up to date Dental Assessments	High	RMBC CYPS Monthly Report	monthly	94.5% (2015/16)	62.3% (Feb 17)	62.7% (2016/17)	Decreased	
2.10	No. of CSE referrals	N/A	RMBC Corporate Plan Report	monthly	200 (2015/16)	26 (Feb 17)	231 (2016/17)	Increased	There is no target for this measure as numbers can fluctuate significantly.
2.11	No. of children and young people presenting with neglect	Low		monthly	492 (2015/16)	22 (Feb 17)	336 (2016/17)	Decreased	There is no target for this measure as numbers can fluctuate significantly.
2.12	% of all pupils achieving the expected standard in reading, writing & mathematics (KS2)	High	DfE	annually	–	–	54.0% (2016)	–	New Measure for 2016 therefore no comparable data is available.
2.13	Average Attainment 8 score per pupil (KS4)	High	DfE	annually	46.10 (2015)	46.10 (2015)	48.80 (2016)	Increased	
2.14	The progress a pupil makes from the end of primary school to the end of secondary school. (Key Stage 4	High	DfE	annually	No previous annual data - New	0.03 (Qtr 3 2016/17)	+0.04 (Final Results)	Increased	This is a new measure for secondary school accountability in 2016. Targets in future years would be set in line with or above

Aim 3: All Rotherham people enjoy the best possible mental health & wellbeing & have a good quality of life

Board sponsor: Kathryn Singh, RDaSH
Lead Officer: Ian Atkinson, CCG

Ref	Indicator	Good performance	Reporting mechanism	Frequency of reporting	Baseline	Previous performance	Current performance	DOT	Notes
3.1	% of adult social care users who have as much social contact as they would like	High	PHOF 1.18i / ASCOF 1Ii	annual	45.5% (2015/16)	40.2% (2014/15)	45.5% (2015/16)	Fluctuating. Virtually no net change over past 5 years.	There is clear link between loneliness and poor mental and physical health (PHE)
3.2	% of adult carers who have as much social contact as they would like	High	PHOF 1.18ii / ASCOF 1Iii	biennial	45.5% (2014/15)	53.2% (2012/13)	45.5% (2014/15)	Decreased, but only 2 points of data.	A key element of the Government's vision for social care it to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family (PHE)
3.3	Suicide rate	Low	PHOF 4.10	annual	14.2 per 100,000 (standardised rate) (2013-2015)	10.9 per 100,000 (standardised rate) (2012-2014)	14.2 per 100,000 (standardised rate) (2013-2015)	Increasing/ worsening	Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health (PHE)
3.4	Excess under 75 mortality rate in adults with serious mental illness	Low	PHOF 4.09	annual	411.0 (ratio) (2014/15)	409.3 (ratio) (2012/13)	411.0 (ratio) (2014/15)	Generally increasing	There is extensive published evidence that people with severe mental illness, such as schizophrenia, die between 15 and 25 years earlier than the average for the general population (PHE)
3.5	Rate of domestic abuse incidents recorded by the police per 1,000 population	Low	PHOF 1.11	annual	28.9 per 1,000 (crude rate)(2015/16)		28.9 per 1,000 (crude rate)(2015/16)	n/a	Tackling domestic abuse as a public health issue is vital for ensuring that some of the most vulnerable people in our society receive the support, understanding and treatment they deserve (PHE) Methodology changed for 2015/16 data therefore no comparable historic data.
3.6	Social care-related quality of life for service users	High	ASCOF 1A	annual	18.8 (Score) (2015/16)	18.5 (Score) (2014/15)	18.8 (Score) (2015/16)		Composite measure using responses to survey questions covering the eight domains identified in the ASCOF (control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation) Score is out of 24.
3.7	Social care-related quality of life for carers	High	ASCOF 1D	biennial	8.3 (Score) (2014/15)	8.8 (Score) (2012/13)	8.3 (Score) (2014/15)		Composite measure covering six domains (occupation, control, personal care, safety, social participation and encouragement and support). Score is out of 12

Aim 4 Healthy life expectancy is improved for all Rotherham people and the gap in life expectancy is reducing
Board sponsor: Richard Cullen, CCG
Lead Officer: Giles Ratcliffe, RMBC PH

Ref	Indicator	Good performance	Reporting mechanism	Frequency of reporting	Baseline	Previous performance	Current performance	DOT	Notes
4.1	Potential years of life lost considered amenable to healthcare	Low	NHSOF 1.1	annually	7,047.7 per 100,000 (DSR) (2014)	6,441.6 per 100,000 (DSR) (2013)	7,047.7 per 100,000 (DSR) (2014)	Fluctuating long-term.	Purpose - To ensure that the NHS is held to account for doing all that it can to prevent amenable deaths. Deaths from causes considered 'amenable' to healthcare are premature deaths that should not occur in the presence of timely and effective healthcare (Notes: NHS Digital)
4.2	Proportion of older people (65+) still at home 91 days after discharge into rehabilitation	High	BCF metric / ASCOF 2Bi	annually	88.5% (2013/14)	84.6% (2012/13)	88.5% (2013/14)	increasing/improving	This measures the benefit to individuals from reablement, intermediate care and rehabilitation following a hospital episode (PHE)
4.3	Non-elective first finished consultant episodes	High	BCF metric	monthly					
4.4	Delayed transfers of care from hospital per 100,000 population (no. of days delayed)	Low	BCF metric	monthly	11.4 per 100,000 (crude rate)(Oct 2014)	10.4 per 100,000 (crude rate) (Sep 2014)	11.4 per 100,000 (crude rate)(Oct 2014)	increasing/worsening	This indicator measures the impact of hospital services and community based care in facilitating timely and appropriate discharge from all hospitals and is an indicator of the effectiveness of the interface between health and social care services (PHE)
4.5	Emergency readmissions within 30 days of discharge from hospital	Low	BCF metric	monthly					
4.6	Permanent admissions of older people (aged 65+) to residential and nursing care homes per 100,000	Low	BCF metric / ASCOF 2A part 2	monthly					
4.7	% deaths not in hospital	High	End of life care group local metric	quarterly	54.2% (3 years to 2015/16 Q4)	53.9% (3 years to 2016/17 Q1)	53.9% (3 years to 2016/17 Q2)	Fluctuating long-term	Proxy indicator for quality of end of life care (PHE) Data represents rolling 12 quarterly figure.

Aim 5: Rotherham has healthy, safe and sustainable communities and places

Board sponsor: Rob Odell, SY Police
Lead Officer: Karen Hanson, RMBC

Ref	Indicator	Good performance	Reporting mechanism	Frequency of reporting	Baseline	Previous performance	Current performance	DOT	Notes
5.1	Fuel poverty	Low	PHOF 1.17	annually	10.5% (2014)	9.0% (2013)	10.5% (2014)	Fluctuating	Compelling evidence shows that the drivers of fuel poverty (low income, poor energy efficiency and energy prices) are strongly linked to living at low temperatures (Wilkinson et al 2001) which is strongly linked to a range of negative health outcomes(PHE)
5.2	Fear of crime		SYP "Your Voice Counts" survey Q5						
5.3	Proportion of service users who feel safe	High	ASCOF 4A	annually	65.9% (2015/16)	61.5% (2014/15)	65.9% (2015/16)	Fluctuating	Safety is fundamental to the wellbeing and independence of people using social care (and others) (PHE)
5.4	% of children aged 4-5 classified as overweight or obese	Low	PHOF 2.06i	annually	22.1% (2015/16)	21.7% (2014/15)	22.1% (2015/16)	Recently relatively unchanged.	There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. Childhood obesity has health consequences and is associated with psychological problems (PHE)
5.5	% of children aged 10-11 classified as overweight or obese	Low	PHOF 2.06ii	annually	35.8% (2015/16)	35.3% (2014/15)	35.8% (2015/16)	Recently relatively unchanged.	The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older (PHE)
5.6	% of adults classified as overweight or obese	Low	PHOF 2.12	annually	76.2% (2013-2015)	73.3% (2012-2014)	76.2% (2013-2015)	Increasing but only 2 data points.	Obesity is a priority area for Government. Excess weight in adults is recognised as a major determinant of premature mortality and avoidable ill health (PHE) Figures shown are based on self-reported survey data.
5.7	No. of people in tier 3 alcohol treatment services aged under 18		PHE young people stats						Small numbers potentially confidential.
5.8	Number in treatment in specialist alcohol misuse services (aged 18+)	Low	PHE alcohol stats	annually	490 (2015/16)	570 (2014/15)	490 (2015/16)	Decreasing but only 2 data points.	Mental health problems are common among those needing treatment for alcohol misuse and alcohol misuse is common among those with a mental health problem.
5.9	% of women who smoke at time of time of delivery	Low	PHOF 2.03	annually	18.1% (2015/16)	18.3% (2014/15)	18.1% (2015/16)	Decreasing/improving	Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother (PHE)
5.1	Smoking prevalence at age 15 - current smokers	Low	PHOF 2.09i	2014/15 survey was the first. Hoped to be repeated.	10.0% (2014/15)		10.0% (2014/15)	n/a	Smoking is a major cause of preventable morbidity and premature death. There is a large body of evidence showing that smoking behaviour in early adulthood affects health behaviours later in life (PHE)
5.11	Smoking prevalence at age 15 - regular smokers	Low	PHOF 2.09ii	2014/15 survey was the first. Hoped to be repeated.	7.2% (2014/15)		7.2% (2014/15)	n/a	This indicator will ensure that local authorities will also address the issue of reducing the uptake of smoking among children (PHE)
5.12	Prevalence of smoking among persons aged 18 years and over	Low	PHOF 2.14		18.1% (2015)	19.4% (2014)	18.1% (2015/16)	Decreasing/improving	Smoking is the most important cause of preventable ill health and premature mortality in the UK (PHE)
5.13	% of people using outdoor space for exercise / health reasons	High	PHOF 1.16		13.5% (Mar 2015-Feb 2016)	12.9% (Mar 2014-Feb 2015)	13.5% (Mar 2015-Feb 2016)	Fluctuating	There is strong evidence to suggest that green spaces have a beneficial impact on physical and mental wellbeing and cognitive function through both physical access and usage (PHE)