Health and Wellbeing Strategy, 2018-2025 - Performance Framework

⬆	Performance has improved
➡	Performance is stable
⬇	Performance has got worse

Aim	Strategic Priorities	Ref	Measure	Source	Frequency of reporting	Good performance	Baseline	Previous performance	Current performance	Direction of Travel	Data Notes
Aim 1: All children get the best start in life and go on to achieve their potential.	Ensuring every child gets the best start in life (pre-conception to age 3)	1.1	Smoking status at the time of delivery	Rotherham Metropolitan Borough Council	Quarterly	Low	19.9% (Q4, 2017/18)	18.1% (Q2, 2018/19)	**17.6% (Q3, 2018/19)**	⬆	Quarter 4 data is due at the end of June 2019.
		1.2	School readiness: the percentage of children achieving a good level of development at the end of reception	Public Health Outcomes Framework	Annually	High	72.1% (2016/17)	72.1% (2016/17)	**73.1% (2017/18)**	⬆	A higher percentage of Rotherham children achieve a good level of development at the end of reception compared with both the national average (71.5%) and the Yorkshire and the Humber regional average (69.5%.)
	Improving health and wellbeing outcomes for children and young people through	1.3	Reception: prevalence of overweight (including obesity)	Public Health Outcomes Framework	Annually	Low	23.9% (2016/17)	23.9% (2016/17)	**25.5% (2017/18)**	⬇	There is a higher prevalence of overweight children (including obesity) at reception age than the national

	integrated commissioning and service delivery									average (22.4%) and the Yorkshire and the Humber reginoal average (22.9%..)
	Reducing the number of children who experience neglect or abuse	1.4	The number of children subject to a CP plan (rate per 10K population under 18)	Rotherham Metropolitan Borough Council	Quarterly	Low	114.5 (Q4, 2017/18)	99.4 (Q3, 2018/19)	**88.9 (Q4, 2018/19)**		The trend for the number of children per 10K population with a Child Protection Plan (CPP) remains significantly higher (88.9) than that of statistical neighbours (54.5) and the national average (45.3). The numbers of children becoming subject to a plan each month has steadily reduced since June 2018 as expected.
	Ensuring all young people are ready for the world of work	1.5	Average attainment 8 score	Department for Education	Annually	Low	45% (2016/17)	45% (2016/17)	**43.6% (2017/18)**		The average attainment 8 score is lower than both the national average (46.6%) and the Yorkshire and the Humber average (45.1%.)
Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life	Improving mental health and wellbeing of all Rotherham people	2.1	Self-reported wellbeing – the proportion of people with a high happiness score	Annual Population Survey, Office for National Statistics	Annually	High	72.63% (2016/17)	72.63% (2016/17)	**70.72% (2017/18)**		This data is based on the Annual Population Survey and the percentage of respondents who selected 'high' or 'very high' in terms of their own happiness. A lower percentage of Rotherham people selected 'high' or 'very high' compared with the national average (75.41%) and the

										Yorkshire and the Humber average (74.63%.)
	Reducing the occurrence of common mental health problems	2.2	A reduction in the number of referrals to Child and Adolescent Mental Health Services	RDaSH CAMHS	Annually	Low	2704 (2018/19)	2135 (2017/18)	**2704 (2018/19)**	◑	It should be noted that this is a "system" measure of effective early intervention and not a performance measure for RDaSH CAMHS and that the drive from health is to increase (not decrease) access to treatment which is reflected in targets set out in Mental Health Five Year Forward View . Data from 2017/18 was prior to the implementation of SystmOne in RDaSH and therefore the comparison between 2017/18 and 2018/19 is not very robust. For this reason, 2018/19 has been set as the baseline year.

	2.3	Depression recorded prevalence (% of practice register aged 18+)	Quality and Outcomes Framework (QoF)	Annually	Low	12.57% (2016/17)	12.57% (2016/17)	**13.37% (2017/18)**	Depression recorded prevalence was higher in Rotherham in 2017/18 compared with the national average (9.88%) and the North of England (11.08%).
	2.4	Suicide: age-standardised rate per 100,000 population (3 year average)	Public Health Outcomes Framework	Annually	Low	13.9 (2014/16)	13.9 (2014/16)	**15.9 (2015/17)**	Based on data aggregated from a three year period. The ONS definition of suicide includes deaths given an underlying cause of intentional self harm or an injury/poisoning of undetermined intent. In England and Wales, it has been customary to assume that most injuries and poisonings of undetermined intent are cases where the harm was self-inflicted but there was insufficient evidence to prove that the deceased deliberately intended to kill themselves. However, it cannot be applied to children due to the possibility that these deaths were caused by unverifiable accidents, neglect or abuse. Therefore, only deaths of undetermined

										intent in adults aged 15 years and over are included.
	Improving support for enduring mental health needs (including dementia)	2.5	The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months	Quality and Outcomes Framework (QoF)	Annually	High	78.88% (2016/17)	78.88% (2016/17)	**76.48% (2017/18)**		The percentage of patients diagnosed with dementia whose care paln has been reviewed in a face-to face review in the preceding 12 months in 2017/18 was lower than the national average (77.5%) and the North of England (78.52%.)
	Improve the health and wellbeing of people with learning disabilities and autism	2.6	Proportion of supported working age adults with learning disabilities in paid employment	Adult Social Care Outcomes Framework	Annually	High	4.4% (2016/17)	4.4% (2016/17)	**4.1% (2017/18)**		A lower proportion of supporting working age adults with learning disabilities were in paid employment in 2017/18 compared with the national average (6%) and the Yorkshire and the Humber average (7.4%.)

Aim 3: All Rotherham people live well for longer	Preventing and reducing early deaths from the key health issues for Rotherham people, such as cardiovascular disease, cancer and respiratory disease	3.1	Life expectancy at birth (male)	Public Health Outcomes Framework	Annually	High	77.9 (2014/16)	77.9 (2014/16)	**77.8 (2015/17)**	⬤	Based on data aggregated from a three year period. Life expectancy at birth (male) is lower than the England average (79.6) and the Yorkshire and the Humber average (78.7).
		3.2	Life expectancy at birth (female)	Public Health Outcomes Framework	Annually	High	81.6 (2014/16)	81.6 (2014/16)	**81.7 (2015/17)**	⬤	Based on data aggregated from a three year period. Life expectancy at birth (female) is lower than the England average (83.1) and the Yorkshire and the Humber average (82.4).
		3.3	Healthy life expectancy at birth (male)	Public Health Outcomes Framework	Annually	High	59.8 (2014/16)	59.8 (2014/16)	**59.3 (2015/17)**	⬤	Based on data aggregated from a three year period. Healthy life expectancy at birth (male) is lower than the England average (63.4) and the Yorkshire and the Humber average (61.7). According to this data, Rotherham men are expected to live an estimate 18.5 years in poor health.

		3.4	Healthy life expectancy at birth (female)	Public Health Outcomes Framework	Annually	High	55.6 (2014/16)	55.6 (2014/16)	**57.4 (2015/17)**	⬆	Based on data aggregated from a three year period. Healthy life expectancy is lower than the England average (63.8) and the Yorkshire and the Humber average (61.5). According to this data, Rotherham women are expected to live an estimate 24.3 years in poor health.
Promoting independence and self-management and increasing independence of care for all people		3.5	Proportion of people who use services who have control over their daily life	Adult Social Care Outcomes Framework	Annually	High	77.3% (2016/17)	77.3% (2016/17)	**77.2% (2017/18)**	⬍	The relevant question drawn from the Adult Social Care Survey is Question 3a: 'Which of the following statements best describes how much control you have over your daily life?' The measure is defined by determining the percentage of all those responding who identify no needs in this area or no needs with help – i.e. by choosing the answer 'I have as much control over my daily life as I want' or "I have adequate control over my daily life". A lower proportion of Rotherham people chose these

										answers than the national average (77.7%) and the Yorkshire and the Humber average (78.2%.)
	Improving health and wellbeing outcomes for adults and older people through integrated commissioning and service delivery; ensuring the right support at the right time	3.6	Health-related quality of life for older people	Public Health Outcomes Framework	Annually	High	0.697 (2015/16)	0.697 (2015/16)	**0.714 (2016/17)**		The health status score is derived from responses to Q34 on the GP Patient's Survey, which asks respondents to describe their health status using the five dimensions of the EuroQuol 5D (EQ-5D) survey instrument: • Mobility • Self-care • Usual activities • Pain / discomfort • Anxiety / depression The average score in Rotherham was lower than the national

										average score (0.735) and the Yorkshire and the Humber average score (0.731.)
										This data is taken from the question within the Survey of Adult Carers in England which asks 'In the last 12 months, has your health been affected by your caring role in any of the ways listed below?' The options listed are feeling tired, feeling depressed, loss of appetite, disturbed sleep, general feeling of stress, physical strain (e.g. back), short-tempered/irritable, had to see own GP, developed my own health conditions, made an existing condition worse, other and no, none of these. The data
Ensuring every carer in Rotherham is supported to maintain their health, wellbeing and personal outcomes, so they are able to continue their vital role and live a fulfilling life.	3.7	Percentage of carers reporting that their health has not been affected by their caring role	Survey of Adult Carers in England	Bi-annually	High	7.7% (2016/17)	7.7% (2016/17)	**7.3% (2018/19)**	➡	

										is based on the percentage of respondents who selected 'no, none of these.' A lower percentage of carers in Rotherham selected this answer compared with the England average (8.6%) and the Yorkshire and the Humber average (8.4%.)
Aim 4: All Rotherham people live in healthy, safe and resilient communities	Increasing opportunities for healthy, sustainable employment for all local people.	4.1	Narrow the gap to the UK average on the rate of the working age population economically active in the borough	Rotherham Metropolitan Borough Council	Quarterly	Low	3.23% (Q4 2017/18)	-0.70%	**-0.70%**	⬍	Rotherham is now above the national average. Current data is from Quarter 3 2018/19 and previous data is taken from Quarter 2 2018/19. Next available data is due at the end of June for the end of March figures.
	Ensuring everyone is able to live in safe and healthy environments.	4.2	Number of repeat victims of anti-social behaviour	Rotherham Metropolitan Borough Council	Quarterly	Low	63 (Q4, 2017/18)	26 (Q3, 2018/19)	**28 (Q4, 2018/19)**	⬍	There has been a continued decline in repeat victims of anti-social behaviour. However, the public perception of ASB does not reflect the downward trend in reported ASB incidents with 44% of people stating that they think ASB is a big or fairly big problem in their

										area in Quarter 4, 2018/19 (compared with 33% in Quarter 4, 2017/18.)
	4.3	Number of households in temporary accommodation	Rotherham Metropolitan Borough Council	Quarterly	Low	38 (Q4, 2017/18)	42 (Q3, 2018/19)	**45 (Q4, 2018/19)**	↕	This is based on local data rather than that within the Public Health Outcomes Framework which noted a lower count.
Ensuring planning decisions consider the impact on people's health and wellbeing.										
Increasing opportunities for people of all ages to participate in culture, leisure, sport and green space activity in order to improve their health and wellbeing	4.4	Utilisation of outdoor space for exercise/health reasons	Natural England: Monitor of Engagement with the Natural Environment Survey	Annually	High	12.9% (2014/15)	12.9% (2014/15)	**13.5% (2015/16)**	⬤	This measure outlines an estimate of the proportion of residents in each area taking a visit to the natural environment for health or exercise purposes. Visits to the natural environment are defined as time spent "out of doors" e.g. in open spaces in and around towns and cities, including parks, canals and nature areas; the coast and beaches; and the countryside including farmland, woodland, hills and rivers.
Mitigating the impact of loneliness and isolation in people of all ages	4.5	*Loneliness indicator TBC following development of loneliness plan*	TBC	N/A	N/A	N/A	N/A	N/A	N/A	N/A