









## Health and Wellbeing Strategy, 2018-2025 - Performance Framework

Scorecard  
updated:  
September  
2019.  
Updated  
measures  
are in bold.

	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
<b>Aim 1: All children get the best start in life and go on to achieve their potential.</b>	Ensuring every child gets the best start in life (pre-conception to age 3)	<b>1.1</b>	<b>Smoking status at the time of delivery</b>	Rotherham Metropolitan Borough Council	Quarterly	Low	19.9% (Q4, 2017/18)	17.6% (Q3, 2018/19)	<b>19.6% (Q4, 2018/19)</b>		Smoking at time of delivery (SATOD) increased from 17.6% at Q3 to 19.6% at Q4 which is worse based on quarterly data (lower is better). However, the percentage for SATOD decreased from 19.9% to 17.9% between 2017/18 and 2018/19 so Direction of Travel (DOT) is shown as improving.

	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)	<b>73.1% (2017/18)</b>		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 integrated commissioning and service delivery	1.3	Reception: prevalence of overweight (including obesity)	Public Health Outcomes Framework	Annually	Low	23.9% (2016/17)	23.9% (2016/17)	<b>25.5% (2017/18)</b>		There is a higher prevalence of overweight children (including obesity) at reception age than the national average (22.4%) and the Yorkshire and the Humber regional average (22.9%).
Reducing the number of children who experience neglect or abuse	1.4	<b>The number of children subject to a CP plan (rate per 10K population under 18)</b>	Rotherham Metropolitan Borough Council	Quarterly	Low	114.5 (Q4, 2017/18)	88.9 (Q4, 2018/19)	<b>94.8 (Q1, 2019/20)</b>		The trend for the number of children per 10K population with a Child Protection Plan (CPP) remains significantly higher (94.8) than that of statistical neighbours (54.5) and the national average (45.3). However the numbers of children becoming subject to a plan each month have been steadily reducing since June 2018 as expected. This will be monitored as part of the Performance Meetings.
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)	<b>43.6% (2017/18)</b>		The average attainment 8 score is lower than both the national average (46.6%) and the Yorkshire and the Humber average (45.1%).



<p><b>Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life</b></p>	<p>Improving mental health and wellbeing of all Rotherham people</p>	<p>2.1</p>	<p>Self-reported wellbeing – the proportion of people with a high happiness score</p>	<p>Annual Population Survey, Office for National Statistics</p>	<p>Annually</p>	<p>High</p>	<p>72.63% (2016/17)</p>	<p>72.63% (2016/17)</p>	<p><b>70.72% (2017/18)</b></p>	<p>⬇️</p>	<p>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.</p> <p>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%).</p>
	<p>Reducing the occurrence of common mental health problems</p>	<p>2.2</p>	<p>A reduction in the number of referrals to Child and Adolescent Mental Health Services</p>	<p>RDaSH CAMHS</p>	<p>Annually</p>	<p>Low</p>	<p>2704 (2018/19)</p>	<p>2135 (2017/18)</p>	<p><b>2704 (2018/19)</b></p>	<p>⬇️</p>	<p>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 .</p> <p>Data from 2017/18 was prior to the implementation of SystemOne 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.</p>

	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)	<b>13.37% (2017/18)</b>	⬇️	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	<b>Suicide: age-standardised rate per 100,000 population (3 year average)</b>	Public Health Outcomes Framework	Annually	Low	13.9 (2014/16)	15.9 (2015/17)	<b>13.1 (2016/18)</b>	⬆️	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)	<b>76.48% (2017/18)</b>	⬇️	The percentage of patients diagnosed with dementia whose care plan 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)	<b>4.1% (2017/18)</b>	⬇️	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%.)
<b>Aim 3: All Rotherham people live well for longer</b>	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)	<b>77.8 (2015/17)</b>	⬇️	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)	<b>81.7 (2015/17)</b>	⬇️	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)	<b>59.3 (2015/17)</b>	⬇️	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

Promoting independence and self-management and increasing independence of care for all people										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)	<b>57.4 (2015/17)</b>	⬆️	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.
	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)	<b>77.2% (2017/18)</b>	⬇️	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)	<b>0.714 (2016/17)</b>	 <ul style="list-style-type: none"> <li>• Mobility</li> <li>• Self-care</li> <li>• Usual activities</li> <li>• Pain / discomfort</li> <li>• Anxiety / depression</li> </ul> <p>The average score in Rotherham was lower than the national average score (0.735) and the Yorkshire and the Humber average score (0.731.)</p>

	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)	<b>7.3% (2018/19)</b>		<p>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 is based on the percentage of respondents who selected 'no, none of these.'</p> <p>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%.)</p>
<b>Aim 4: All Rotherham people live in healthy, safe and resilient communities</b>	Increasing opportunities for healthy, sustainable employment for all local people.	4.1	<b>Narrow the gap to the UK average on the rate of the working age population economically active in the borough</b>	Rotherham Metropolitan Borough Council	Quarterly	Low	3.23% (Q4 2017/18)	-0.70%	<b>-0.40%</b>		Data from ONS APS which is released quarterly approx. 4 months in arrears. E.g. Jan - Mar quarter released in July. At 31/03/19, UK average 78.5%, Rotherham 78.1%



