

ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET MEMBER

1.	Meeting	Health and Well-being Board
2.	Date	07/02/2013
3.	Title	Reporting Performance and Progress for System-wide change
4.	Directorate	Public Health

5. Summary

There are a number of problems affecting health and well-being in Rotherham that have been identified by the JSNA and health inequalities consultation. In response, JHWBS has identified priority outcomes to be focussed at each stage of the life course.

A strong partnership approach is required to tackle these problems and involves coordination of the efforts of statutory, voluntary and commercial sectors so that they deliver those improvements.

6. Recommendations

To support the approach to reporting the performance of programs that require system-wide change.

7. Proposals and details

The Rotherham JSNA and Health Inequalities Consultation identified significant problems affecting the health and well-being of people in Rotherham and stark inequalities. Much of the premature mortality in Rotherham is largely preventable and related to lifestyles.

In response, the Joint Health and Well-being strategy has identify six priority outcomes around which action is to be focussed at each stage of the life course:

- Prevention and Early Intervention
- Dependence to Independence
- Aspiration and Expectation
- Healthy Lifestyles
- Long term conditions
- Poverty
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In addition, a number of priority measures have been identified as requiring urgent attention. These are Alcohol misuse, Tobacco consumption, Obesity, Affordable warmth, NEETS and Dementia.

Finally, in response to the overarching goal to improve health and well-being for all and ensuring the most deprived communities improve fastest, 11 deprived areas in Rotherham have been identified as requiring priority action.

The key to improving health and well-being is a strong partnership based approach. There are a number of short and intermediate term outcomes that will need to be achieved in order for the improvements in long term outcomes to happen.

There are a number of ways of measuring what we are doing (the short and intermediate outcomes) and whether our strategy is on track:

- Outcomes that already have an associated indicator that is being collected
- Outcomes that require new data collection and an indicator developed
- Outcomes that can be measured using retrospective audit or survey
- Outcomes that rely on a narrative description of progress

Indicators are rarely perfect at measuring the outcomes that we are interested in and triangulation of information from a number of sources will be required. There is also a trade-off in spending resources on collecting new data for indicators as this may have to be diverted from front-line services.

We will know that what we are doing now is affecting the problems affecting the health and well-being of people in Rotherham by monitoring the long-term outcomes.

It is likely to take a long time to see changes in these outcomes as a result of what we are doing now. The timescales are of the order of 10 to 20 years.

8. Risks and uncertainties

Timescales for most public sector change management programmes tend to have a time-window of no more than 1 to 5 years. This presents a problem for public health programmes that have much longer timescales and require mass changes in behaviour. Action taken now may not be noticeable in the short term. Timescales for impact on long-term public health outcomes are usually of the order of 10 to 20 years or more.

The risk from these long timescales is that the perceived lack of progress against long-term outcomes can cause concern and lead to abandonment of programmes. The end result is the risk of failure of programmes to improve health and well-being. This is why it will be important to consider a wide range of information in order to triangulate whether the strategy is on track to improve long-term outcomes

9. Policy and Performance Agenda Implications

Public Health programmes need a holistic approach to assessing performance. The delivery of the long term goals are dependent on the coordination of the efforts of individual organisations represented at the Health and Wellbeing Board. Therefore, it is recommended that Appreciative Inquiry guided by the CDC inspired evaluation frameworks is used to monitor and drive performance.

10. Background Papers and Consultation

<..\..\Individual Lifestyles\ALCOHOL\Health and Wellbeing Board Alcohol\RotherhamAlcoholStrategyEvaluationFrameworkV04.docx>

<..\..\Individual Lifestyles\ALCOHOL\Health and Wellbeing Board Alcohol\AlcoholStrategyPerformanceReport.docx>

http://www.cdc.gov/tobacco/tobacco_control_programs/surveillance_evaluation/key_outcome/index.htm

Keywords: Performance, Management, Public Health

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