

ROTHERHAM BOROUGH COUNCIL – REPORT TO HEALTH AND WELLBEING BOARD

1.	Meeting	Health and Wellbeing Board
2.	Date	27 November 2013
3.	Title	Public Health Outcomes Framework
4.	Directorate	Public Health

5. Summary

The council has new statutory functions that include health protection and health improvement. Public Health England monitor these responsibilities through the Public Health Outcomes Framework (PHOF). The council's wider responsibilities for population health require a coordinated approach, including partners. The PHOF focuses on the causes of premature mortality. The Rotherham Health and Wellbeing Strategy (HWBS) supports early intervention and prevention as part of improving performance against the PHOF and the key lifestyle factors that influence avoidable mortality. The Outcomes Framework needs to be reviewed quarterly to drive improvements in performance. Public health will lead this agenda and report to cabinet by exception. Priority measures include those for avoidable mortality, which also features a as key outcome for the Integrated Transformation Fund. Public Health will agree with partners action plans to address under performance. There will be a discussion at the Health and Wellbeing Board where indicators are significantly underperforming; following this a performance clinic will be held with partners to develop a remedial action plan to engage action by partners. The emphasis of the performance clinics will be on innovation and doing things differently to drive improvement and change. This should align with the operation of the Integrated Transformation Fund.

The actions will refocus activity on early intervention and prevention agenda for long term and sustainable impact. The report provides a framework for this process and an initial progress report

6. Recommendations

- **To review and agree the proposed framework to address under performance**
- **To review and agree the reporting structures**
- **To support the mechanism to deliver the HWBS aim of moving to the prevention and early intervention.**

7. Proposals and details

In November 2012 the Public Health Outcomes Framework, improving outcomes and supporting transparency was released (Department of Health, 2012a).

The framework focused on the two high-level outcomes, which were intended to be achieved across the public health system and beyond. These two outcomes are:

1. Increased healthy life expectancy.
2. Reduced differences in life expectancy and healthy life expectancy between communities.

There are 66 indicators identified, that are grouped into four domains to deliver the two high level outcomes:

- improving the wider determinants of health (19)
- health improvement (24)
- health protection (7)
- healthcare public health and preventing premature mortality (16)

To improve the two high level outcomes will require the collective efforts from all parts of the public health system, and across public services and wider society. The framework focuses on the respective role of local government, the NHS and Public Health England, and their delivery of improved health and wellbeing outcomes for the people and communities they serve. It requires a robust partnership approach, which includes identifying leadership for each indicator.

The performance framework has a clear link to the Health and Wellbeing Strategy and the Integrated Health and Social Care Fund (IHSCF). The effectiveness of the local management of the IHSCF will be judged against impact on avoidable mortality as measured in the PHOF.

We propose public health work with key partners to address areas of under performance. This approach is aimed to be clear and transparent to all partners, to help the RMBC performance team with the development of the management and accountability structure for the indicator sets. In Appendix 1 the table outlines the performance management lead and where there are cross overs with the current performance management of social care and children's services (boxes shaded in grey).

The current performance against the England average has highlighted several areas where there is under performance and a downward trend. This information is shown in Appendix 2. There needs to be an agreed reporting structure to ensure performance is monitored effectively.

The wide range of indicators requires feedback to a range of Directorate Leadership Teams in RMBC. The DLT teams will receive exceptions reports will be submitted are highlighted on Appendix 1. There will be a comprehensive monitoring process initiated for those outcomes off track, including performance clinics to review change. This process will be directed by multiagency the Health and Wellbeing Steering group. The performance clinic will involve all the key partners and will use the

Friedman (2009) outcome based accountability approach to develop remedial actions which will make long term sustainable change. There will be a strong focus on addressing the prevention and early intervention opportunities within the remedial action plan to make long term impact (see appendix 3). It is recognised that population based indicators are slow and challenging to change. The PHOF should be used to drive forwards the priorities in the Health and Wellbeing Strategy.

Commentary on Public Health Outcomes – Current Performance by domain:

1. Improving the Wider Determinants

- The children in poverty outcome has old data – needs reviewing
- Safer Rotherham partnership need to consider the link between high admission rates for violent crime and the apparently low crime rates in Rotherham.

2. Health Improvement

- Breastfeeding rates are poor and smoking at delivery remains high. Both indicators impact on the health of mother and infant including long term issues such as school performance and obesity.
- Hospital admissions on unintentional injury needs to be reviewed.
- The number adults who are inactive and/or smoke continues to be high.
- Performance is poor on diabetic retinopathy screening.
- Self-reported measures for wellbeing as a mental health and wellbeing indicators appears to be low.
- Injuries to older people from falls are a concern.

3. Health Protection

- Rotherham has high rates of chlamydia infection which results in infertility.
- HPV vaccination uptake needs to be improved.
- The completion of TB treatment remain low.

4. Healthcare Public Health

- The position on infant mortality is good considering the performance on breastfeeding and smoking at delivery

- Under 75s mortality for all the avoidable causes (except liver disease are significantly above the national average
- Emergency admissions and readmissions are a continuing problem
- Preventable sight loss is a concern.

All of the above issues will be subject to an action plan to explore the reasons for under performance and identify measurable outputs. Some may also require a performance clinic.

8. Finance

There will be some activity funded by the Public Health budget, however many of the wider determinant elements will be funded by a range of partner organisations and from other Directorates within the Council. There will be opportunities for Integrated Health and Social Care Fund to be delivering prevention activity which addresses avoidable mortality outcomes which is a key objective of the Fund.

9. Risks and uncertainties

There are currently a number of new indicators which have new data collection methods being developed. The full outline of the indicators is available in the Public Health Outcomes Framework, Improving outcomes and supporting transparency Part 2 document (Department of Health 2012b)

10. Policy and Performance Agenda Implications

The framework will deliver the ambitions of the Health and wellbeing Strategy and the Public Health White paper, Healthy Lives Healthy People: Our strategy for public health in England.

Regional and national comparisons can be found on <http://www.phoutcomes.info/>

11. Background Papers and Consultation

Department of Health (November 2012a) Improving outcomes and supporting transparency: Part 1A Public Health Outcomes Framework for England 2013 -16. HMSO: London

Department of Health (November 2012b) Improving outcomes and supporting transparency: Part 2 – summary technical specifications of public health indicators. HMSO: London

Friedman, M. (2009). Trying hard is not good enough: How to produce measurable improvements for customers and communities. FPSI Publishing: Charleston.

12. Keywords: Performance framework, Outcomes, Public Health, Early Intervention and Prevention

Officer: John Radford MRCGP GMC No. 2630063

Director of Public Health

Telephone: **01709 255845**

Email: **john.radford@rotherham.gov.uk**

Web: **www.rotherham.gov.uk/publichealth**

Appendix 1 – Public Health Outcome – PH leads, Partners and reporting structure

Appendix 2 – Public Health Outcomes Framework Scorecard – October 2013

Appendix 3 – Performance Clinic Framework

Appendix 4 - Friedman (2009) Performance Management Effort and Effect Matrix

Appendix 1: Public Health Outcomes Framework – PH leads, Partners and reporting structure

Domain	Indicator	Reported to	Partner organisations	Public Health lead
Improving wider determinants of health	Health and Wellbeing – Prevention and Early Intervention			John Radford (with the support of Public Health Specialists)
Improving the wider determinants of health	Children in Poverty	CYPS	RMBC CYPS CVS Schools Job Centre	
	School readiness	CYPS	RMBC CYPS Schools RFT (HV/SN)	
	Pupil Absence	CYPS (monitored and managed by SW team)	RMBC CYPS RFT (HV/SN) Schools GPs	
	First Time Entrants Into Youth Justice System	CYPS (monitored and managed by SW team)	SY Police RMBC IYSS RDaSH	
	16-18 NEETS	CYPS (monitored and managed by SW team)	RMBC IYSS Job Centre plus	
	People with mental illness or disability in settled accommodation	NAS (in ASCOF monitored and managed by DR team)	RMBC NAS RDaSH CCG Job Centre	
	People in prison who have a mental illness	NAS	RMBC CCG RDaSH SY Police	
	Employment for those with LT health conditions including those with learning difficulties/disability or mental illness	NAS (in ASCOF monitored and managed by DR team)	CCG RMBC NAS Job centre RDaSH	
	Sickness absence rate	Resources NAS	All partners	
Killed or seriously	EDS	RMBC EDS		

Domain	Indicator	Reported to	Partner organisations	Public Health lead
	injured casualties on England's roads		SY Police Schools	
	Domestic abuse	NAS	RMBC NAS SY Police All Health partners CVS	
	Violent crime (including sexual violence)	NAS	RMBC PH SY Police RFT CCG	
	Re-offending	NAS	SY Police RMBC NAS	
	The percentage of the population affected by noise	NAS	RMBC NAS	
	Statutory homelessness	NAS	RMBC NAS CVS	
	Utilisation of green spaces for exercise/health reasons	EDS	RMBC EDS RMBC NAS CVS	
	Fuel poverty	EDS	RMBC EDS RMBC NAS CVS	
	Social connectedness	NAS (in ASCOF monitored and managed by DR team)	RMBC NAS CVS	
	Older people's perception of community safety	NAS (in ASCOF monitored and managed by DR team)	RMBC NAS SY Police	

Domain	Indicator	Reported to	Partner organisations	Public Health lead
Health Improvement	Health and Wellbeing – healthy lifestyles			Joanna Saunders (with the support of Public Health Specialists)
Health Improvement	Low birth weight of term babies	CYPS	RMBC CYPS RMBC NAS CCG RFT	
	Breastfeeding	CYPS (monitored by SW team – performance managed by PH)	RMBC CYPS RMBC NAS CCG RFT	
	Smoking status at time of delivery	CYPS	RMBC CYPS RMBC NAS CCG RFT	
	Under 18 conceptions	CYPS	RMBC CYPS RMBC NAS CCG RFT	
	Child development at 2-2.5 years	CYPS	RMBC CYPS RMBC NAS CCG RFT	
	Excess weight at 4-5 and 10-11 year olds	CYPS (monitored by SW team – performance managed by PH)	RMBC CYPS RMBC NAS CCG RFT	
	Hospital admissions caused by unintentional and deliberate injuries in under 18s	CYPS	RMBC CYPS RDaSH CCG RFT	
	Emotional wellbeing of LAC	CYPS	RMBC CYPS RMBC NAS CCG RFT	
	Smoking prevalence – 15 year olds	CYPS	RMBC CYPS RMBC NAS RMBC EDS Schools	
	Hospital admissions as a result of self-harm	CYPS	RMBC CYPS RMBC NAS CCG RFT RDaSH	
	Diet	CYPS	RMBC NAS	

Domain	Indicator	Reported to	Partner organisations	Public Health lead
		NAS	RMBC CYPs CVS	
	Excess weight in adults	NAS	RMBC NAS CCG RFT Weight Management Providers	
	Proportion of physically active and inactive adults	EDS	RMBC EDS RMBC NAS CVS DC Leisure	
	Smoking prevalence – adult (over 18s)	NAS	RMBC NAS Stop Smoking services	
	Successful completion of drug treatment	NAS	RMBC NAS Drug treatment providers	
	People entering prison with substance dependence issues who are previously not known to community treatment	NAS	RMBC NAS Prison Service	
	Recorded diabetes	NAS	RMBC NASA CCG RFT GP Practices	
	Alcohol related hospital admissions	NAS	RMBC NAS RFT	
	Cancer diagnosed at Stage 1 and 2	NAS	RMBC RFT	
	Cancer screening coverage	NAS	RMBC NAS NHS England RFT	
	Access to non-cancer screening programmes	NAS	RMBC NAS NHS England RFT	
	Take up of the NHS Health Check Programme	NAS	RMBC NAS GP Practices	
	Self-reported wellbeing	NAS	RMBC NAS	
	Falls and injuries in the over 65s	NAS	RMBC NAS CCG RFT – Falls	

Domain	Indicator	Reported to	Partner organisations	Public Health lead
			service RMBC EDS Providers	

Domain	Indicator	Reported to	Partner organisations	Public Health lead / contact
Health Protection	Health and Wellbeing – Prevention and early intervention			Jo Abbott (with the support of Public Health Specialists)
Health Protection	Air pollution	EDS NAS	RMBC EDS RMBC NAS	
	Chlamydia diagnoses (15-24 year olds)	CYPS	RMBC CYPS RFT Schools	
	Population vaccination coverage	NAS	RMBC NAS NHS England PH England CCG	
	People presenting with HIV at a late stage of infection	NAS	RMBC NAS CCG RFT GP Providers	
	Treatment completion for tuberculosis	NAS	RMBC NAS CCG RFT	
	Public sector organisations with board approved sustainable development management plan	EDS	All partners	
	Comprehensive agreed interagency plans for responding to public health incidents	NAS EDS	RMBC NAS RMBC EDS RFT CCG	









































Domain	Indicator	Reported to	Partner organisations	Public Health lead / contact
Healthcare public health and preventing premature mortality	Health and Wellbeing – Long term conditions			Nagpal Hoysal (with the support of Public Health Specialists)
Healthcare public health and preventing premature mortality	Infant Mortality	CYPS	RMBC CYPS RMBC NAS RFT CCG	
	Tooth decay in children aged 5	CYPS	RMBC CYPS RMBC NAS RFT	
	Mortality from causes considered preventable	NAS	RMBC NAS RFT CCG	
	Mortality from all cardiovascular diseases (including heart disease and stroke)	NAS	RMBC NAS RFT CCG	
	Mortality from cancer	NAS	RMBC NAS RFT CCG	
	Mortality from liver disease	NAS	RMBC NAS RFT CCG	
	Mortality from respiratory diseases	NAS	RMBC NAS RFT CCG	
	Mortality from communicable diseases	NAS	RMBC NAS RFT CCG	
	Excess under 75 mortality in adults with serious mental illness	NAS	RMBC NAS RFT CCG	
	Suicide	NAS CYPS	RMBC NAS RMBC CYPS RFT CCG SY Police CVS (Samaritans)	
	Emergency admissions within 30 days of discharge from hospital	NAS	RMBC NAS RFT CCG	
	Health related quality of life for older people	NAS	RMBC NAS RFT CCG	





































Domain	Indicator	Reported to	Partner organisations	Public Health lead / contact
	Hip fractures in over 65s	NAS	RMBC NAS RFT CCG	
	Excess winter deaths	EDS NAS	RMBC NAS RFT CCG	
	Dementia and its impacts	NAS	RMBC NAS RFT CCG RDaSH CVS	

Public Health Outcomes

Public Health Outcomes										
Report date:	28-Oct-13	Position Key:			● Better	Trend key:			▲ Improving	
				● Average				▬ Stable		
				● Worse				▼ Worsening		
				● Not compared						
Indicator	Time Period	Value	Lower CI	Upper CI	Count	Denominator	Sex	Age	Position	Trend
1.01 - Children in poverty	2010	23.14	22.77	23.51	11480.00	49610.00	Persons	<16 yrs	●	
1.03 - Pupil absence	2011/12	5.57	5.34	5.81	616514.00	11065292.00	Persons	5-15 yrs	●	▲
1.04i - First time entrants to the youth justice system	2012	434.88	356.08	521.72	110.97	25517.00	Persons	10-17 yrs	●	▲
1.05 - 16-18 year olds not in education employment or training	2012	7.40	6.94	7.98	730.00	9802.33	Persons	16-18 yrs	●	▬
1.06i - Adults with a learning disability who live in stable and appropriate accommodation	2011/12	76.40			545.00	715.00	Persons	18-64 yrs	●	
1.06ii - Adults in contact with secondary mental health services who live in stable and appropriate accommodation	2010/11	63.40			620.00	980.00	Persons	18-69 yrs	●	
1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate	2012	6.00					Persons	16-64 yrs	●	
1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate	2011/12	61.30					Persons	18-64 yrs	●	
1.09i - Sickness absence - The percentage of employees who had at least one day off in the previous week	2009 - 11	2.92	2.13	3.98		1367.00	Persons	16+ yrs	●	
1.09ii - Sickness absence - The percent of working days lost due to sickness absence	2009 - 11	2.34	1.71	3.19		5612.00	Persons	16+ yrs	●	
1.10 - Killed and seriously injured casualties on England's roads	2009 - 11	30.75	26.96	34.93	237.00	770679.00	Persons	All ages	●	
1.12i - Violent crime (including sexual violence) - hospital admissions for violence	2009/10 - 11/12	86.93	80.08	94.20	603.00	763069.00	Persons	All ages	●	
1.12ii - Violent crime (including sexual violence) - violence offences	2011/12	8.95	8.58	9.32	2278.00	254600.00	Persons	All ages	●	
1.13i - Re-offending levels - percentage of offenders who re-offend	2010	25.79	24.23	27.41	746.00	2893.00	Persons	All ages	●	
1.13ii - Re-offending levels - average number of re-offences per offender	2010	.65	.62	.68	1885.00	2893.00	Persons	All ages	●	
1.14i - The percentage of the population affected by noise - Number of complaints about noise	2011/12	8.71	8.35	9.08	2245.00	257716.00	Persons	All ages	●	
1.15i - Statutory homelessness - homelessness acceptances	2011/12	1.10	.91	1.32	117.00	106000.00	Undefined	Undefined	●	▼
1.15ii - Statutory homelessness - households in temporary accommodation	2011/12	.32	.22	.45	34.00	106000.00	Persons	All ages	●	▼
1.16 - Utilisation of outdoor space for exercise/health reasons	Mar 2009 - Feb 2012	13.70	7.76	19.63			Persons	16+ yrs	●	
1.18i - Social Isolation: % of adult social care users who have as much social contact as they would like	2011/12	41.80	38.20	45.40		595.00	Persons	18+ yrs	●	▼

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Indicator	Time Period	Value	Lower CI	Upper CI	Count	Denominator	Sex	Age	Position	Trend
2.01 - Low birth weight of term babies	2010	3.32	2.74	4.03	99.00	2978.00	Persons	>=37 weeks gestational age at birth		
2.02i - Breastfeeding - Breastfeeding initiation	2011/12	61.46	59.68	63.21	1794.00	2919.00	Female	All ages		
2.02ii - Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth	2011/12	30.20	28.58	31.86	911.00	3017.00	Persons	6-8 weeks		
2.03 - Smoking status at time of delivery	2010/11	22.36	20.89	23.90	659.00	2947.00	Female	All ages		
2.04 - Under 18 conceptions	2011	40.91	35.45	46.98	201.00	4913.00	Female	<18 yrs		
2.06i - Excess weight in 4-5 and 10-11 year olds - 4-5 year olds	2011/12	16.10	14.84	17.44	494.00	3068.00	Persons	4-5 yrs		
2.06ii - Excess weight in 4-5 and 10-11 year olds - 10-11 year olds	2011/12	33.03	31.29	34.81	902.00	2731.00	Persons	10-11 yrs		
2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2011/12	130.68	120.45	141.55	602.00	46066.00	Persons	<15 yrs		
2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)	2011/12	157.88	144.33	172.36	499.00	31606.00	Persons	15-24 yrs		
2.08 - Emotional well-being of looked after children	2011/12	15.30				175.00	Persons	4-16		
2.13i - Percentage of physically active and inactive adults - active adults	2012	52.38	47.58	57.18		416.00	Persons	16+ yrs		
2.13ii - Percentage of active and inactive adults - inactive adults	2012	33.57	29.03	38.11		416.00	Persons	16+ yrs		
2.14 - Smoking prevalence - adults (over 18s)	2011/12	23.31	21.21	25.40		1563.00	Persons	18+ yrs		
2.15i - Successful completion of drug treatment - opiate users	2011	7.85	6.47	9.49	96.00	1223.00	Persons	18-75 yrs		
2.15ii - Successful completion of drug treatment - non-opiate users	2011	50.48	43.77	57.17	106.00	210.00	Persons	18-75 yrs		
2.17 - Recorded diabetes	2011/12	6.21	6.10	6.31	12715.00	204899.00	Persons	17+ yrs		
2.20i - Cancer screening coverage - breast cancer	2012	80.83	80.37	81.29	22854.00	28273.00	Female	53-70 yrs		
2.20ii - Cancer screening coverage - cervical cancer	2012	77.48	77.15	77.80	49536.00	63934.00	Female	25-64 yrs		
2.21vii - Access to non-cancer screening programmes - diabetic retinopathy	2011/12	66.65	65.72	67.57	6660.00	9992.00	Persons	12+ yrs		
2.22i - Take up of NHS Health Check Programme by those eligible - health check offered	2012/13	17.87	17.60	18.14	13694.00	76637.00	Persons	40-74 yrs		
2.22ii - Take up of NHS Health Check programme by those eligible - health check take up	2012/13	51.60	50.76	52.44	7066.00	13694.00	Persons	40-74 yrs		
2.23i - Self-reported well-being - people with a low satisfaction score	2011/12	26.09	24.29	27.89		3681.00	Persons	16+ yrs		
2.23ii - Self-reported well-being - people with a low worthwhile score	2011/12	21.13	19.44	22.82		3657.00	Persons	16+ yrs		
2.23iii - Self-reported well-being - people with a low happiness score	2011/12	31.33	29.36	33.30		3681.00	Persons	16+ yrs		
2.23iv - Self-reported well-being - people with a high anxiety score	2011/12	42.27	40.21	44.33		3657.00	Persons	16+ yrs		
2.24i - Injuries due to falls in people aged 65 and over (Persons)	2011/12	1833.17	1717.42	1954.36	1039.00	45130.00	Persons	65+ yrs		
2.24i - Injuries due to falls in people aged 65 and over (males/females)	2011/12	1409.12	1251.17	1581.36	293.00	20085.00	Male	65+ yrs		
2.24i - Injuries due to falls in people aged 65 and over (males/females)	2011/12	2257.22	2090.51	2433.23	746.00	25045.00	Female	65+ yrs		
2.24ii - Injuries due to falls in people aged 65 and over - aged 65-79	2011/12	996.46	894.52	1106.77	353.00	33513.00	Persons	65-79 yrs		
2.24iii - Injuries due to falls in people aged 65 and over - aged 80+	2011/12	5598.37	5163.89	6058.12	686.00	11617.00	Persons	80+ yrs		

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Indicator	Time Period	Value	Lower CI	Upper CI	Count	Denominator	Sex	Age	Position	Trend
3.01 - Fraction of mortality attributable to particulate air pollution	2010	5.70					Persons	30+ yrs		
3.02i - Chlamydia diagnoses (15-24 year olds) - Old NCSP data	2011	2554.98	2382.97	2736.13	819.00	32055.00	Persons	15-24 yrs		
3.02ii - Chlamydia diagnoses (15-24 year olds) - CTAD	2012	3375.94	3176.39	3584.74	1067.00	31606.00	Persons	15-24 yrs		
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (1 year old)	2011/12	96.15	95.41	96.77	2971.00	3090.00	Persons	1 yr		
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old)	2011/12	96.72	96.03	97.29	3004.00	3106.00	Persons	2 yrs		
3.03iv - Population vaccination coverage - MenC	2011/12	95.44	94.64	96.12	2949.00	3090.00	Persons	1 yr		
3.03v - Population vaccination coverage - PCV	2011/12	95.86	95.10	96.51	2962.00	3090.00	Persons	1 yr		
3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old)	2011/12	95.30	94.50	95.99	2960.00	3106.00	Persons	2 yrs		
3.03vi - Population vaccination coverage - Hib / Men C booster (5 years)	2011/12	90.15	89.03	91.17	2692.00	2986.00	Persons	5 yrs		
3.03vii - Population vaccination coverage - PCV booster	2011/12	93.75	92.85	94.55	2912.00	3106.00	Persons	2 yrs		
3.03viii - Population vaccination coverage - MMR for one dose (2 years old)	2011/12	92.92	91.96	93.77	2886.00	3106.00	Persons	2 yrs		
3.03ix - Population vaccination coverage - MMR for one dose (5 years old)	2011/12	93.50	92.56	94.33	2792.00	2986.00	Persons	5 yrs		
3.03x - Population vaccination coverage - MMR for two doses (5 years old)	2011/12	89.48	88.33	90.53	2672.00	2986.00	Persons	5 yrs		
3.03xii - Population vaccination coverage - HPV	2011/12	82.10	80.23	83.84	1422.00	1732.00	Female	12-13 yrs		
3.03xiii - Population vaccination coverage - PPV	2011/12	74.61	74.21	75.02	33013.00	44245.00	Persons	65+ yrs		
3.03xiv - Population vaccination coverage - Flu (aged 65+)	2011/12	76.02	75.62	76.42	33756.00	44402.00	Persons	65+ yrs		
3.03xv - Population vaccination coverage - Flu (at risk individuals)	2011/12	53.62	53.04	54.21	15075.00	28112.00	Persons	6 months-64 yrs		
3.04 - People presenting with HIV at a late stage of infection	2009 - 11	58.62	38.94	76.48	17.00	29.00	Persons	15+ yrs		
3.05i - Treatment completion for TB	2011	78.95	56.67	91.49			Persons	All ages		
3.05ii - Treatment completion for TB - TB incidence	2009 - 11	8.51	5.26	12.85	21.67	254605.00	Persons	All ages		
3.06 - Public sector organisations with a board approved sustainable development management plan	2011/12	100.00			5.00	5.00	Undefined	Undefined		

Public Health Outcomes										
	Report date: 28-Oct-13		Position Key:					Trend key:		
				Better				Improving		
				Average				Stable		
				Worse				Worsening		
				Not compared						
Indicator	Time Period	Value	Lower CI	Upper CI	Count	Denominator	Sex	Age	Position	Trend
4.01 - Infant mortality	2009 - 11	4.48	3.23	6.05	42.00	9379.00	Persons	<1 yr		
4.03 - Mortality rate from causes considered preventable (provisional)	2009 - 11	159.76	151.70	168.12	1529.00	773148.00	Persons	All ages		
4.04i - Under 75 mortality rate from all cardiovascular diseases (provisional)	2009 - 11	72.02	66.53	77.84	652.49	711417.00	Persons	<75 yrs		
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (provisional)	2009 - 11	51.24	46.68	56.13	474.00	712608.00	Persons	<75 yrs		
4.05i - Under 75 mortality rate from cancer (provisional)	2009 - 11	124.09	116.89	131.62	1132.00	711417.00	Persons	<75 yrs		
4.05ii - Under 75 mortality rate from cancer considered preventable (provisional)	2009 - 11	71.18	65.77	76.90	656.00	712608.00	Persons	<75 yrs		
4.06i - Under 75 mortality rate from liver disease (provisional)	2009 - 11	15.67	13.10	18.60	134.00	712608.00	Persons	<75 yrs		
4.06ii - Under 75 mortality rate from liver disease considered preventable (provisional)	2009 - 11	13.65	11.25	16.41	116.00	712608.00	Persons	<75 yrs		
4.07i - Under 75 mortality rate from respiratory disease (provisional)	2009 - 11	30.39	26.94	34.15	288.00	712608.00	Persons	<75 yrs		
4.07ii - Under 75 mortality rate from respiratory disease considered preventable (provisional)	2009 - 11	12.39	10.26	14.82	121.00	712608.00	Persons	<75 yrs		
4.08 - Mortality from communicable diseases (provisional)	2009 - 11	39.75	36.42	43.29	572.00	773148.00	Persons	All ages		
4.10 - Suicide rate (provisional)	2009 - 11	4.27	2.92	6.02	34.00	773148.00	Persons	All ages		
4.11 - Emergency readmissions within 30 days of discharge from hospital	2010/11	12.78	12.41	13.16	4417.00	33255.00	Persons	All ages		
4.11 - Emergency readmissions within 30 days of discharge from hospital	2010/11	13.58	13.01	14.17	2117.00	15492.00	Male	All ages		
4.11 - Emergency readmissions within 30 days of discharge from hospital	2010/11	12.07	11.58	12.57	2300.00	17763.00	Female	All ages		
4.12i - Preventable sight loss - age related macular degeneration (AMD)	2011/12	144.03	111.16	183.58	65.00	45130.00	Persons	65+ yrs		
4.12ii - Preventable sight loss - glaucoma	2011/12	12.66	7.38	20.28	17.00	134234.00	Persons	40+ yrs		
4.12iii - Preventable sight loss - diabetic eye disease	2011/12	3.16	1.27	6.52	7.00	221216.00	Persons	12+ yrs		
4.12iv - Preventable sight loss - sight loss certifications	2011/12	58.20	49.26	68.30	150.00	257716.00	Persons	All ages		
4.14i - Hip fractures in people aged 65 and over	2011/12	465.86	408.64	528.50	268.00	45130.00	Persons	65+ yrs		
4.14ii - Hip fractures in people aged 65 and over - aged 65-79	2011/12	213.41	167.85	267.47	76.00	33513.00	Persons	65-79 yrs		
4.14iii - Hip fractures in people aged 65 and over - aged 80+	2011/12	1601.86	1369.59	1860.42	192.00	11617.00	Persons	80+ yrs		

Appendix 3 – Performance clinic structure and process

Public Health Outcomes that are off target will have a performance clinic to develop an action plan which aims to reverse the current trend. The performance clinic will bring together partners (Commissioners and Providers) to explore advantages and challenges. We will use the Effort and Effect matrix (Appendix 4) along with additional tools from the Friedman (2009) outcome based accountability. This approach should be completed within an hour, creating a robust action plan that ensures efforts result in improved outcomes.

Each indicator will have a current performance assessment and list of preventative activities developed to help the performance clinic develop a robust action plan.

4.3 Mortality from causes considered preventable	
Rationale	Preventable mortality can be defined in terms of causes that are considered to be preventable through individual behaviour or public health measures limiting individual exposure to harmful substances or conditions. Examples include lung cancer, illicit drug use disorders, land transport accidents and certain infectious diseases.
Indicator	Age-standardised rate of mortality from causes considered preventable per 100,000 population.
Current performance and trend	Higher than England average Rated – RED by PH England Rotherham 159.76 per 100,000 (2009/11) National 146.1 per 100,000 (2009/11) Rotherham's performance compared to other comparable areas is improving. Doncaster 175.0 per 100,000 (2009/11) Barnsley 167.4 per 100,000 (2009/11) Sheffield 155.3 per 100,000 (2009/11)
Prevention activity	Mental health first Aid Tobacco Control Weight Management Framework Safe alcohol use NHS Health Check programme and lifestyle support Affordable Warmth Strategy Public Health England's Screening programmes Early access to health services Flu vaccination programme 11 Disadvantaged area work
Remedial Actions	To be determined as part of a performance clinic e.g. Make Every Contact Count
Review Date	

Appendix 4: Friedman (2009) Performance Management Effort and Effect Matrix

