

Public Health Performance Measures

Performance Management

- Clear accountability for each performance measure – one accountable lead
 - Targets, Action Plans and Milestones track progress and direction of travel.
 - Performance monitoring - current performance, RAG status and direction of travel.
 - Performance reported regularly through appropriate management arrangements
 - Governance arrangements play a fundamental role managing performance/risk
 - Concerns and outliers are identified to prompt necessary action incl. clinics
 - *Trigger points* for a performance clinic:
 - If performance is below target/is predicted to not meet the year end target.
 - On target but due to a known event / issue, is predicted to not meet the year end target.
 - The clinic will develop and agree a remedial action plan with the accountable lead
 - Service improvement work takes place immediately upon agreement of the plan.
 - Progress monitored and reported to provide assurances that issue is under control necessary improvements in performance are delivered.
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- Latest available public health data used as a ‘can opener’ to prompt where performance clinics could take place

PHOF Scorecard Summary

110 National Public Health Outcome Framework Measures

National benchmark RAG status

- 32 indicators rated **RED**
- 27 indicators rated **AMBER**
- 35 indicators rated **GREEN**

Regional benchmark RAG status

- 23 indicators rated **RED**
- 46 indicators rated **AMBER**
- 24 indicators rated **GREEN**

Green Measures

- Wider Determinants of Health
 - 1.02i/ii School Readiness
 - 1.06i LD Settled accommodation
 - 1.06ii MH Settled accommodation
 - 1.06iii LD / MH Employment (Gap)
 - 1.10 Killed and Seriously injured casualties on England's roads
 - 1.15i/ii Statutory Homelessness - Acceptances/Households in temporary accommodation
 - 1.17 Fuel Poverty
 - 1.18i Social Isolation
- Health Improvement
 - 2.07ii Rate of emergency admissions caused by unintentional and deliberate injuries in young people aged 15-24 years
 - 2.20i/ii Cancer screening coverage (Breast/Cervical)
 - 2.22i/ii NHS Health checks - Take-up/Offered
 - 2.24i/ii/iii Injuries due to falls in people aged 65 and over
- Health Protection
 - 3.02i/ii Chlamydia diagnoses (15-24 year olds)
 - 3.03iii/iv/v/vi/vii/x/xii/xiii/xiv/xv Vaccination Coverage
 - 3.05ii Incidence of TB
- Healthcare & Premature Mortality
 - 4.1 Suicide Rate

Amber Measures

- Wider Determinants of Health
 - 1.09i Sickness absence - The percentage of employees who had at least one day off in the previous week
 - 1.18ii Loneliness and isolation Carers
- Health Improvement
 - 2.04 Teenage conceptions
 - 2.06i Excess weight in 4-5 yr olds
 - 2.07i Rate of emergency admissions caused by unintentional and deliberate injuries in children aged 0-14 years
 - 2.12 Excess weight in Adults
 - 2.13i Percentage of physically active and inactive adults - active adults
 - 2.15ii Successful completion of drug treatment - non opiate users
 - 2.18 Alcohol related hospital admissions
 - 2.23i/ii/iii/iv Wellbeing responses from Integrated Household Survey
- Health Protection
 - 3.03 viii/ix MMR vaccination coverage
 - 3.04 People presenting with HIV at a late stage of infection
- Healthcare & Premature Mortality
 - 4.01 Infant Mortality
 - 4.06i/ii U-75 mortality rate from liver disease / considered preventable
 - 4.07ii U-75 mortality rate from respiratory disease considered preventable
 - 4.14i/ii/iii Hip fractures in people aged 65 and over
 - 4.15i/ii/iii/iv Excess Winter Deaths Index

Red Measures

- **Overarching Indicators**
 - 0.1i/ii Healthy life expectancy at birth
 - 0.2i/ii Life expectancy at birth
 - 0.2vi Gap in life expectancy at birth between each Local Authority and England as a whole
- **Wider Determinants of Health**
 - 1.01ii Percentage of all dependent children under 20 in relative poverty
 - 1.02ii School Readiness (Year 1 pupils)
 - 1.09ii Sickness absence - The percent of working days lost due to sickness absence
 - 1.12i Violent crime (including sexual violence) - hospital admissions for violence
 - 1.14 The percentage of the population affected by noise
 - 1.16 Utilisation of outdoor space for exercise/health reasons
- **NOTE - Red text indicates downward trend**
- **Health Improvement**
 - 2.01 Percentage of all live births at term with low birth weight
 - 2.02i/ii Breastfeeding initiation/prevalence
 - 2.03 Rate of smoking at time of delivery per 100 maternities
 - 2.06ii Excess weight in 10-11 year olds
 - 2.13ii Percentage of physically active and inactive adults - inactive adults
 - 2.14 Smoking prevalence (adults) over 18
 - 2.15i Successful completion of drug treatment - opiate users
 - 2.17 Recorded diabetes
 - 2.21vii Access to non cancer screening programmes - diabetic retinopathy
- **Healthcare & Premature Mortality**
 - 4.02 Tooth decay in Children aged 5
 - 4.03 Mortality rate from causes considered preventable
 - 4.04i/ii U-75 mortality rate from all cardiovascular disease/considered preventable
 - 4.05i/ii U-75 mortality rate from cancer/considered preventable
 - 4.07i U-75 mortality rate from respiratory disease
 - 4.08 mortality from communicable diseases
 - 4.11 Emergency readmissions within 30 days of discharge

Health and Wellbeing Priorities

Priority	Red	Amber	Green
Smoking	1	0	6
Alcohol	1	3	4
Obesity	3	3	3
NEETS	0	1	4
Fuel Poverty	2	0	1
Dementia	0	1	5

HWB Priorities – Red Measures

Smoking

Percentage smoking at delivery

- 2012-13 outturn (19.2%) Last Update Q3 13/14 (21.1%) against a target of 18.2%

Alcohol

Number of FPN waivers which result in attendance at binge drinking course

- 2012-13 outturn (86) Last Update Q3 13/14 (17) against a target of ?? But lower than last year

Fuel Poverty

The number of properties receiving energy efficiency measures through Community Energy Saving Programme (CESP)

- Q3 2013-14 (160) against a target of 236

The number of properties receiving energy efficiency measures through Dept of Energy & Climate Change (DECC)

- Q2 2013-14 (68) against a target of 320

Obesity

Percentage of overweight and obese children in Reception

- 2011-12 outturn (16.1%) Last Update 2012-13 (22.2%) 2013-14 not available but deterioration in direction of travel between 2011-12 and 2012-13

Percentage of overweight and obese children in Year 6

- 2011-12 outturn (33.0%) Last Update 2012-13 (35.2%) no 2013-14 not available but deterioration in direction of travel between 2011-12 and 2012-13

Healthy eating prevalence (Integrated Household Survey/ Active People Survey)

- 2011-12 Outturn 21.3% against a target of 28.7%

Identifying Outliers

- Latest available public health data used as a 'can opener' to prompt where performance clinics could take place
- The following indicators have been identified as requiring focus/action, the rationale used is that the indicator is Red or Amber with deterioration and/or in the bottom quartile regionally.
 - **Obesity (1.16, 2.06i, 2.06ii, 2.13 2.17 HWB)**
 - Low birth weight babies (**2.01**, 2.03 (HWB))
 - **Breastfeeding (2.02i)**
 - **Drug Treatment (2.15i)**
 - School Readiness (Year 1, Reception) (1.02i, 1.02ii)
 - Emergency Readmissions (**4.11**)
 - Sickness Absence (1.09i)
 - Smoking (2.14)
 - Mortality (4.03, 4.04, 4.05i, 4.07i, 4.08)
 - Access to non-cancer screening programmes (indicator 2.21 vii)
 - Children in poverty (1.01i)
 - Violent Crime (1.12)
 - Noise (1.14)
 - Tooth Decay (4.02)
 - Alcohol (Binge Drinking Course) HWB
 - Energy Efficiency (Fuel Poverty HWB)
- **Three areas identified as priority areas for first performance clinics** – Obesity, Drug Treatment and Breastfeeding
- Measures in Red text – Red with a downward trend.

Performance Clinics

- The Performance Clinic will:
 - Understand activity and impact between published data and present day.
 - Provide a view of how robust current commissioning arrangements and future plans are.
 - Be attended by a panel key stakeholders who will be provided a presentation by the accountable lead and relevant officers, including external organisation where possible.
 - Be chaired by someone independent person of the service to ensure appropriate challenge
- The Performance Clinic presentation will focus on:
 - Estimated current performance – taking into account the activity in the period since the last reported performance figures.
 - Action Plans and Commissioning Plans in place and their impacts
 - Future remedial actions needed to address performance.
 - An assessment of how we know that what is in place and what is planned will have the necessary impact.
- The format will be a presentation followed by a round table discussion on the issues presented and plans for the future and will be carried out in a challenging but supportive way.
- The outcome of the clinic will be an agreement on remedial actions that are needed to address current under performance

Performance Clinics (May14)

- Obesity

Indicator	Current Score
Excess weight in 4-5 year olds	22.2% (2012-13)
Excess weight in 10-11 year olds	35.2% (2012-13)
Excess weight in adults	65.3% (2012)
Recorded diabetes	6.36 (est) (2012-13)
Utilisation of outdoor space for exercise/health reasons	10.1% (Mar 12-Feb 13)

- Drug Treatment (successful completion of)

Treatment Type	Sep-12 - Aug-13	Oct -12 - Sep-13
Opiates	5.78	5.74
Non-Opiates	46.7	46.49

Performance Clinic Panel

Obesity

- Shona McFarlane (Chair)
- Helen Chambers
- Adrian Hobson
- Kay Denton
- Joanna Saunders
- Nagpal Hoysal
- Catherine Homer
- Professor Paul Gately
- Chris Siddall
- Alan Pogorzelec
- Rachel Overfield
- Juliette Penney

Drug Treatment

- Dave Richmond (Chair)
- Janine Parkin
- Shona McFarlane
- Dave Roddis
- Anne Charlesworth
- Debbie Stovin
- Matt Pollard

Public Health

Performance Clinics Outcomes

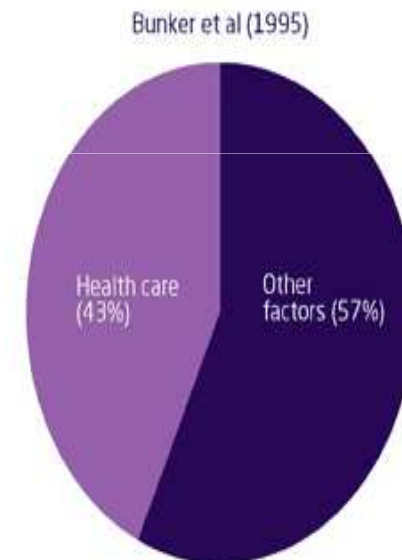
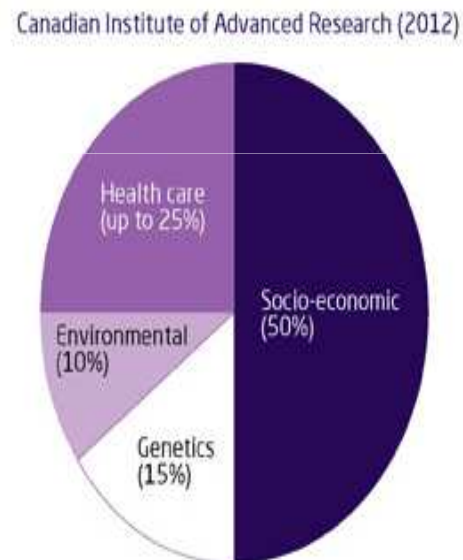
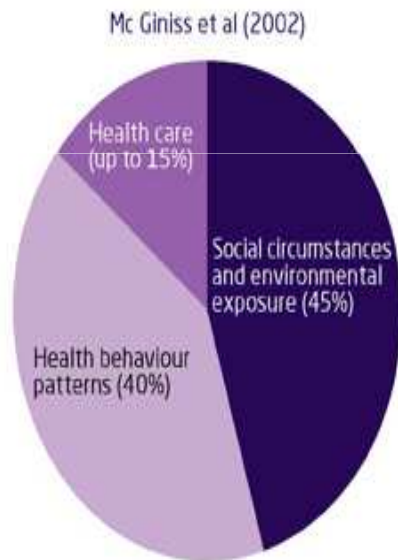
- Two performance clinics identified April 2014 – Key Actions Agreed
- Obesity
 - Better management information needed to track improvement
 - Development of wider council policies to prevent obesity
 - Better information to all services
 - Developing Single Point of Access to weight management services
 - Targeting children in reception years
 - Increase in prevention/lower level interventions
 - CAF for children identified as needing support
 - Active partnership with Green Spaces
- Drug Treatment
 - Work with GP's to increase support
 - Deliver the new recovery hub
 - Targeted action at GP's with high volumes of users and new entrants – top 5 priority areas
 - Improve housing advice.
 - Need only 20 more successful treatments to be national average

Future Performance Clinics

- Breastfeeding (1st July)
- DPH - Recommendations for future clinic:

Influences on population health

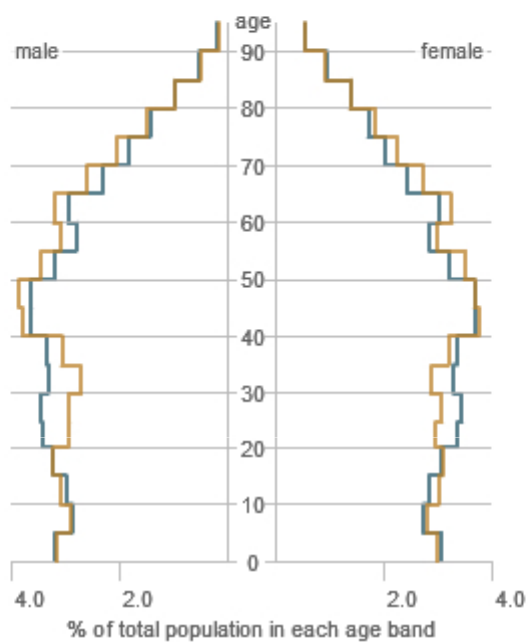
King's Fund summary:



Inequalities

- Differences in health outcomes reflect, and are caused by, social and economic inequalities in society
- Unhealthy behaviour and access to healthcare are not the only factors that cause health inequalities
- Genetics, environmental influences, infectious disease play a significant part
- Significant shift in thinking related to the magnitude of the effect of physical activity
- People in poorer areas die earlier but spend more of their shorter lives with a disability
- Response needs to be across the life course and reflect need at the life stage

2011 Census: population estimates for England and Wales



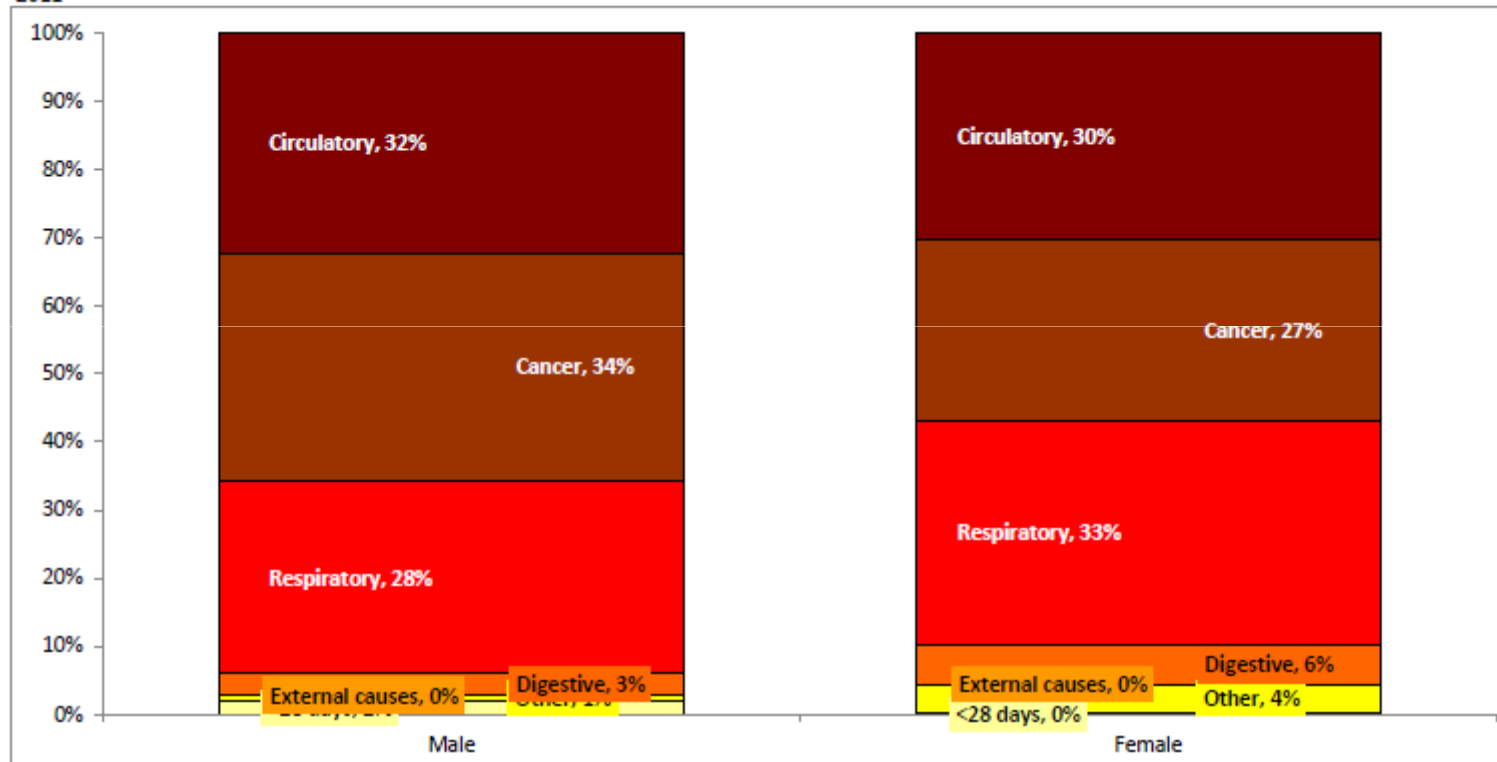
England
Total population: 53,012,456

Rotherham
Total population: 257,280

THE SEGMENT TOOL

SEGMENTING LIFE EXPECTANCY GAPS BY CAUSE OF DEATH

Chart 1: Scarf chart showing the breakdown of the life expectancy gap between Rotherham as a whole and England as a whole, by cause of death, 2009-2011



Footnote: Circulatory diseases includes coronary heart disease and stroke. Digestive diseases includes alcohol-related conditions such as chronic liver disease and cirrhosis. External causes include deaths from injury, poisoning and suicide

Analysis by Public Health England Knowledge and Intelligence Team based on ONS death registration data, and mid year population estimates

Key Priority Issues

- Emergency Readmissions
- Maternal health
- Physical activity strategy
- Healthcare plans should specifically address disease causes of inequalities
- Obesity management of the metabolic consequences
- Workplace Health