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BARNSLEY Metropolitan Borough Council

MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 9 April 2019
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

SUPPLEMENTARY AGENDA

10 Integrated Care Outcome Framework (HWB.09.04.2019/10) *(Pages 3 - 8)*

To: Chair and Members of Health and Wellbeing Board:-

Councillor Sir Steve Houghton CBE, Leader of the Council (Chair)
Dr Nick Balac, Chair, NHS Barnsley Clinical Commissioning Group (Vice Chair)
Councillor Jim Andrews BEM, Deputy Leader
Councillor Margaret Bruff, Cabinet Spokesperson – People (Safeguarding)
Councillor Jenny Platts, Cabinet Spokesperson – Communities
Rachel Dickinson, Executive Director People
Wendy Lowder, Executive Director Communities
Julia Burrows, Director of Public Health
Lesley Smith, Chief Officer, NHS Barnsley Clinical Commissioning Group
Scott Green, Chief Superintendent, South Yorkshire Police
Emma Wilson, NHS England Area Team
Adrian England, HealthWatch Barnsley
Dr Richard Jenkins, Medical Director, Barnsley Hospital NHS Foundation Trust
Rob Webster, Chief Executive, SWYPFT
Helen Jaggar, Chief Executive Berneslai Homes

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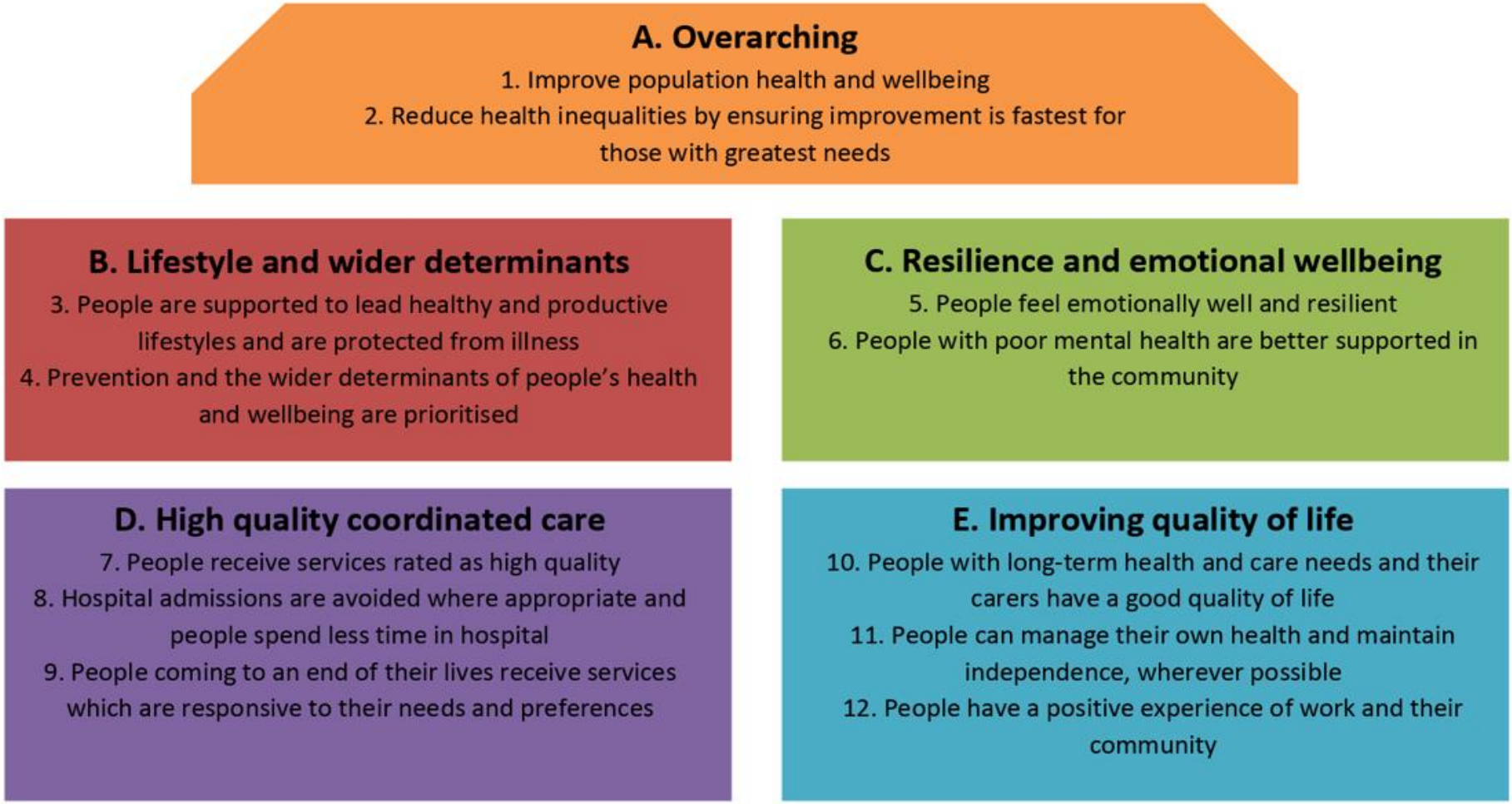
A. Overarching
1. Improve population health and wellbeing
2. Reduce health inequalities by ensuring improvement is fastest for those with greatest needs
B. Lifestyle and wider determinants
3. People are supported to lead healthy and productive lifestyles and are protected from illness
4. Prevention and the wider determinants of people's health and wellbeing are prioritised
C. Resilience and emotional wellbeing
5. People feel emotionally well and resilient
6. People with poor mental health are better supported in the community
D. High quality coordinated care
7. People receive services rated as high quality
8. Hospital admissions are avoided where appropriate and people spend less time in hospital
9. People coming to an end of their lives receive services which are responsive to their needs and preferences
E. Improving quality of life
10. People with long-term health and care needs and their carers have a good quality of life
11. People can manage their own health and maintain independence, wherever possible
12. People have a positive experience of work and their community

A. Overarching

Outcome	Indicator	Current reporting period	Value	Recent trend	Benchmarking			Detail		
					Target	YH	England	Source	Definition	Rationale
A1. Improve population health and wellbeing	Healthy life expectancy at birth (Male)	2015/17	59.7	Improving		61.7	63.4	ONS	An estimate of the average number of years a newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life.	This indicator is an extremely important summary measure of mortality and morbidity in itself. It complements the supporting indicators by showing the overall trends in a major population health measure, setting the context in which local authorities can assess the other indicators and identify the drivers of healthy life expectancy.
	Healthy life expectancy at birth (Female)	2015/17	61	Improving		61.5	63.8	ONS		
	Excess winter deaths (3 years, all ages)	2014/17	30.9	Deteriorating	28%	21.8	21.1	PHE	The excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths.	Depends on a number of factors including temperature, level of disease and how well equipped people are to cope with the drop in temperature. Research suggests that many more deaths could be preventable in England and Wales.
A2. Reduce health inequalities by ensuring improvement is fastest for those with greatest needs	Inequality in life expectancy at birth (Female)	2015/17	9.4	Deteriorating		10.3	9.4	PHE	This indicator measures inequalities in life expectancy at birth within England as a whole, each English region, and each local authority. Life expectancy at birth is calculated for each deprivation decile of lower super output areas within each area and then the slope index of inequality (SII) is calculated based on these figures.	This is a key high-level health inequalities outcome . It shows inequalities within local authorities, enabling a focus on the deprivation that exists everywhere at small area level.
	Inequality in life expectancy at birth (Male)	2015/17	9.2	Deteriorating		8.4	7.4	PHE		
	Percentage of all live births at term with low birth weigh	2017	3.01	Stagnant		3.02	2.82	ONS	Live births with a recorded birth weight under 2500g and a gestational age of at least 37 complete weeks as a percentage of all live births with recorded birth weight and a gestational age of at least 37 complete weeks.	Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. At a population level there are inequalities in low birth weight and a high proportion of low birth weight births could indicate lifestyle issues of the mothers and/or issues with the maternity services.

B. Lifestyle and wider determinants

Outcome	Indicator	Current reporting period	Value	Recent trend	Benchmark			Detail		
					Target	YH	England	Source	Definition	Rationale
B3. People are supported to lead healthy and productive lifestyles and are protected from illness	Smoking prevalence in adults	2017	18.2	Improving	16%	17	14.9	Annual population survey	Prevalence of smoking among persons 18 years and over	Smoking is the most important cause of preventable ill health and premature mortality in the UK and Barnsley has a high smoking prevalence.
	Admission episodes for alcohol-related conditions	2017/18	793	Deteriorating		697	632	PHE Risk Factor Intelligence	Admissions to hospital where the primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code. Directly age standardised rate per 100,000 population (standardised to the European standard population).	Alcohol consumption is a contributing factor to hospital admissions and deaths.
	Year 6: Prevalence of overweight and obese	2017/18	32.1	Deteriorating	31.70%	34.7	34.3	NHS Digital, National Child Measurement Programme	Proportion of children aged 10-11 classified as overweight or obese. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.	Obesity is a priority area and is recognised as a major determinant of premature mortality and avoidable ill health. Local collected and covers vast majority of children.
	Percentage of physically active adults	2016/17	60.9			64.6	66	PHE based on Active Lives, Sport England	The number of respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 19 and over.	Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of all deaths.
	Air pollution: fine particulate matter	2016	7.9			8.4	9.3	DEFRA/Air Pollution and Climate Change Group Public Health England	Mortality burden associated with long-term exposure to anthropogenic particulate air pollution at current levels, expressed as the percentage of annual deaths from all causes in those aged 30+	There is clear evidence that particulate matter has a significant contributory role in human all-cause mortality and in particular in cardiopulmonary mortality.
B4. Wider determinants of people's health and wellbeing are prioritised	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4yrs)	2017/18	80	Improving		123.1	121.2	Public Health England National Child and Maternal Health Intelligence Network (ChiMat)	Crude rate of hospital admissions caused by unintentional and deliberate injuries in children aged under 5 years per 10,000 resident population aged under 5 years.	Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience(s).
	Percentage of SEN pupils with a statement or EHC Plan achieving at least the expected level in the prime areas of learning and in the specific areas of literacy and mathematics at foundation stage	2017/18	13			5	4	DfE: Early years foundation stage profile attainment by pupil characteristics	The 7 areas of learning are split into 'Prime areas of learning' (communication and language; physical development; and personal, social and emotional development) and 'Specific areas of learning' (literacy; mathematics; understanding the world; and expressive arts and design). A child is scored 1 for emerging, 2 for expected, and 3 for exceeded.	This is a key measure of early years development across a wide range of developmental areas. Evidence shows that differences by social background emerge early in life.
	Young people not in education, employment or training	2017	3	Deteriorating		3.1	2.9	DfE	This is the number of 16 and 17-year olds who are not in education, employment, or training (NEET), expressed as a proportion of the number of 16 and 17-year-olds known to the local authority (i.e. those who were educated in government-funded schools). Refugees, asylum seekers and young adult offenders are excluded.	Studies have shown that time spent NEET can have a detrimental effect on physical and mental health, and increase the likelihood of unemployment, low wages, or low quality of work later on in life.
	Social isolation: percentage of adult social care users who have as much social contact as they would like	2017/18	44.2	Stagnant		47.5	46	Adult Social Care Survey - England	The percentage of respondents to the Adult Social Care Users Survey who responded to the question "Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?" with the answer "I have as much social contact as I want with people I like".	There is clear link between loneliness and poor mental and physical health. A key element of the Government's vision for social care is to tackle loneliness and social isolation, supporting people to remain connected to their communities, friends and family.

C. Resilience and emotional wellbeing

Outcome	Indicator	Current reporting period	Value	Recent trend	Benchmark			Detail		
					Target	YH	England	Source	Definition	Rationale
C5. People feel emotionally well and resilient	Children subject of a child protection plan with initial category of neglect: rate per 10,000	2018	16.7	Improving		19.5	21.8	Department for commuities and local government	Proportion of children aged 0–15 years living in income deprived households as a proportion of all children aged 0–15 years. LSOA level deprivation data are applied proportionally to practice populations.	Children who have been neglected and who don't get the love and care they need from their parents are also more likely to experience mental health problems including depression, post-traumatic stress disorder, and attention deficit and hyperactivity disorder.
	Self-reported wellbeing – high happiness score: % of respondents	2015/16	72.8	Improving		74.1	74.7	Annual population survey	The percentage of respondents scoring 7-10 to the question "Overall, how happy did you feel yesterday?"	People with higher wellbeing have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.
	Suicide rate	2015/17	10.1	Deteriorating	9.8	10.4	9.6	PHE	Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population	Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health and unmet need.
C6. People with poor mental health are better supported in the community	Average length of wait to partnership (treatment) for Child and Adolescent Mental Health Services	April 18 - Sept 18	264	Improving				Barnsley CAMHs Key Performance Indicators	Average length of wait in days from assessment "choice" to treatment "partnership.	Many young people referred CAMHS, including some with serious conditions, wait many months for treatment.
	Improving access to psychological therapies: access	2018/19 Q3	5.2	Improving		4.1	4.2	CCG IAF	The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies.	Around one in six adults in England suffer from a common mental health problem. This indicator focuses on addressing unmet need.
	Hospital admissions where there was a primary diagnosis of drug related mental and behavioural disorders	2017/18	12	Improving		13	13	Hospitl Episode Statistics, NHS Digital	The number of admissions is a count of the records meeting the required criteria for the measure. The primary diagnosis is the first of up to 20 diagnosis fields in the Hospital Episode Statistics (HES) dataset and provides the main reason why the patient was in hospital.	Use recreational drugs run the risk of damage to mental health including suicide, depression and disruptive behaviour disorders. Drug use is linked to a range of adverse experiences and behaviour, including truancy, homelessness, time in care, and serious or frequent offending.
	Mental health admissions to hospital: rate per 100,000 population	2017/18	67.7	Improving		58.9	84.7	Hospitl Episode Statistics, NHS Digital	Inpatient admission rate for mental health disorders per 100,000 population aged 0-17 years.	A high level of admissions may indicate more severe mental illness, more effective diagnosis or poor management in community and primary care

D. High quality coordinated care

Outcome	Indicator	Current reporting period	Value	Recent trend	Benchmark			Detail		
					Target	YH	England	Source	Definition	Rationale
D7. People receive services rated as high quality	Hospital	2018/19 Q1	62	Improving		59.5	60.6	CCG IAF	Aggregated scores allocated to CQC inspection ratings on five key questions for each service asking “Is it safe ?”, “Is it effective ?”, “Is it well-led ?”, “is it caring ?”, “is it responsive ?”. The total score received divided by the total available score.	These indicators provide information regarding the quality of health and care services provided for the Barnsley population as assessed by OFSTED and the Care Quality Commission.
	Primary medical services	2018/19 Q1	67	Stagnant		67.2	66.5	CCG IAF		
	Adult social care	2018/19 Q1	56	Deteriorating		60.3	61.6	CCG IAF		
	Children’s social care services	Nov-18	Good	Improving				OFSTED	Rating of overall effectiveness	
	Dementia: Quality rating of residential care and nursing home beds (aged 65+)	2017	42.4			51.6	59.3	CQC	This indicator illustrates the percentage of residential care home and nursing home beds, suitable for a person with dementia (65+), which are rated as ‘good’ or ‘outstanding’ by the CQC .	
D8. There are fewer unplanned hospital admissions and people spend less time is hospital	Inequality in unplanned admissions for chronic ambulatory care sensitive and urgent care sensitive conditions	2018/19 Q1	2722	Deteriorating		2664	2199	CCG IAF	Variation is measured by the gap between more and less deprived Lower Super Output Area (LSOA) rates of unplanned hospitalisation for chronic ambulatory care sensitive conditions per 100,000 population.	There are large inequalities in the rate of unplanned hospitalisation. This indicator reflects variations in the quality of management of long-term conditions.
	Emergency hospital admissions due to falls in people aged 65yrs and over	2017/18	2,922	Deteriorating		2,102	2,170	Public Health England: Epidemiology & Surveillance team	Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age standardised rate per 100,000.	Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes.
	Total hospital bed days per 1,000 registered population	2018/19 Q3	154.99			137.99	157.73	NHS Performance and Population Health Dashboard	Total hospital bed days per 1,000 registered population	It is our ambition to provider more care and support in the community and keep people well, reducing the need for acute and specialist care in hospital.
	Delayed Transfers of Care	April-17 - March-18	2.6	Improving		9.7	12.4	ASCOF	Average daily rate of delayed transfers of care for NHS Organisations in England, acute and non-acute, per 100,000 population aged 18+, by Local Authority with Social Services responsibility, England, 2017/18.	Indicator of the effectiveness of the interface within the NHS, and between health and social care services.
D9. People coming to an end of their lives receive services which are responsive to their needs and preferences	Percentage of people who have three or more emergency hospital admissions during the last 90 days of life	2017	8.7	Improving		5.8	5.5	CCG IAF	Repeat emergency admissions during end of life care.	A low proportion indicates that people are receiving the care and support they need at the end of life.

E. Improving quality of life

Outcome	Indicator	Current reporting period	Value	Recent trend	Benchmark			Detail		
					Target	YH	England	Source	Definition	Rationale
E10. People with long-term health and care needs and their carers have a better quality of life	Health-related quality of life for people with a long term mental health condition	2017	43.9	Improving			51.9	GP Patient Survey	Measures the health-related quality of life for people who identify themselves as having a LTC or being a carer. Health-related quality of life refers to the extent to which people: 1.Have problems walking about 2. Have problems performing self-care activities 3. Have problems performing their usual activities 4. Have pain or discomfort 5. Feel anxious or depressed.	Multi-dimensional concept that goes beyond direct measures of population health, life expectancy, and causes of death, and focuses on the impact health status has on quality of life.
	Health related quality of life for people with long term conditions	2017	68.3	Stagnant			72.4	GP Patient Survey		
	Health related quality of life for carer's	2017	78.5	Improving			79.7	GP Patient Survey		Often overlooked and likely to have unmet health and wellbeing needs requiring support.
E11. People can manage their own health and maintain independence, wherever possible	Proportion of people who are feeling supported to self-manage their condition	2018	54.6	Deteriorating		59.5	59.6	GP Patient Survey	The directly age and sex standardised percentage of people feeling supported to manage their self-assessed long-term conditions, based on responses to one question from the GP Patient Survey.	People increasingly expect to work in partnership with health and social care professionals. Professionals need to listen to people's concerns, and to understand their values and their goals.
	Proportion of people who use services who have control over their daily life	2015/16	81.10%	Improving		76.2	76.6	ASCOF	It is a composite measure using responses to survey questions covering the eight domains identified in the ASCOF (control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation)	Intention to design and deliver services more closely matching the needs and wishes of the individual, putting them in control of their care.
	Gap in employment between those with a learning disability and overall employment rate	2017/18	68.4	Improving		66.1	69.2	ONS Annual Population Survey	Working-age learning disabled clients who are living in their own home as a percentage of working-age learning disabled clients (aged 18-64)	This indicator provides a good indication of the impact long-term illness has on employment. Work is generally good for both physical and mental health.
E12. People have a positive experience of work and education	Overall indicator of staff engagement (NHS Staff Survey) * NHS Barnsley CCG * Barnsley Hospital NHSFT * South West Yorkshire PNHSFT	2017	 4.16 3.72 3.73	 Improving Stagnant Stagnant			 3.86 3.79 3.78	NHS Staff Survey	Calculated using the responses to nine individual questions which make up three Key Findings related to staff engagement.	Research shows direct relationship between staff satisfaction with work and an organisations performance. In the public sector this means an engaged workforce provides high quality services for local people.
	Staff who recommend Council as a place to work.	2017	83					BMBC Employee Survey		
	Sickness absence in the labour market (ONS data)	2017	1.6	Stagnant		2.1	1.9	Labour Force Survey (LFS) / Annual Population Survey (APS)	The is designed to measure resident population stocks within the UK (the number of people living in the UK on a permanent basis). Therefore the figures do not represent total employee numbers in all sectors.	Positive job and life satisfaction has been found to increase productivity and creativity, as well as reduce sickness absence.
	Percentage of half days missed due to overall absence in all schools	2017/18	5.3	Deteriorating			4.99	DFE - Pupil Absence in schools	The number of sessions missed due to authorised/unauthorised/overall absence expressed as a percentage of the total number of possible sessions.	Children with poor attendance tend to achieve less in both primary and secondary school.