

REPORT TO THE HEALTH & WELLBEING BOARD

(03/10/17)

Proposed Performance Reporting process

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1. Purpose of Report

To provide the board with a proposed approach to tracking performance and progress against the priorities of the 2016 to 2020 strategy.

2. Recommendations

2. Health & Wellbeing Board members are asked to:-

- Note the progress made in developing a mechanism to review progress against strategic priorities.

3. Introduction/ Background

3.1 The board have requested a mechanism to track performance against the priorities identified in the 2016 to 2020 strategy.

3.2 The document attached at appendix 1 provides the board with a headline overview of performance, alongside key action plan updates. This will support the board to challenge the respective leads, where progress is not on track to achieve priorities. It is proposed that this is refreshed on a bi-annual basis.

3.3 SSDG have been consulted on this approach and identified key indicators that align with the board's priorities. These are largely drawn from nationally available datasets (such as the Public Health Outcome Framework), aligned with the key health and wellbeing priorities for Barnsley. This allows Barnsley's position amongst comparators to be identified. However, it does also mean that data used is often subject to a time lag in reporting.

3.4 The majority of the key indicators are also referenced in the Joint Strategic Needs Assessment (JSNA). As and when the JSNA profiles are updated, the board will be provided with a summary to ensure they have a comprehensive view of the health and wellbeing of the Barnsley population.

3.5 Action plan updates are included alongside a summary of key performance issues. This is intended to provide a clear picture of progress, but will also support board members to challenge progress where it may not be on track. This will contribute to identifying areas for further development.

3.6 It is proposed that key risks for the board are included within this approach in future.

3.7 The proposed approach also includes performance data for the Better Care Fund, in line with the indicators within the current NHS reporting framework.

4. Link to Joint Strategic Needs Assessment

4.1 As highlighted above, the performance element of the proposed approach uses data from the JSNA. A commitment is also made to provide the board with updates as and when JSNA data profiles are updated.

5. Conclusion / Next Steps

5.1 This report sets out a comprehensive approach to tracking progress against strategic priorities. Updates will be provided which continue to review key indicator data alongside action plan updates.

6. Financial Implications

6.1 No direct financial implications have been outlined in this report. However, this approach is intended to provide an overview of the impact of activities and interventions on headline indicators, which would encompass discussions regarding the effective use of resources.

7. Alignment / Delivery of the Health & Wellbeing Strategy

7.1 This proposed approach will support the board to review progress against the strategy.

8. Alignment / Delivery of the Barnsley Place Based Plan

8.1 This proposed approach aligns with key issues identified within the Place Based Plan.

9. Stakeholder engagement/ co-production

9.1 The proposed approach has been shared with key partners via SSDG.

10. Appendices

10.1 Appendix 1 – Health & Wellbeing Board Strategic Priorities – Performance & Action Plan summary

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H&WB Strategic Priorities – Performance & Action Plan summary

Reducing harm caused by smoking and alcohol

Performance Data Summary	<u>Areas for Improvement</u>	<u>Areas of Strength</u>
	<ul style="list-style-type: none"> Smoking prevalence – routine/manual occupations Admission episodes – alcohol related conditions 	<ul style="list-style-type: none"> Smoking status at time of delivery
Making a Difference	<ul style="list-style-type: none"> Smoke Free Zones - All play parks and the town centre zone are now smoke free Smoking at Work Policy - BMBC have developed a new policy to support smokers to quit. Other organisations will be encouraged to adopt this policy. Training for Midwives - New Carbon Monoxide (CO) monitors and support video for midwives to support smokefree conversations. Barnsley Hospital - will provide advice & referrals for stopping smoking to patients 	
Work in progress	<ul style="list-style-type: none"> The Tobacco Alliance –reviewing the findings from the CleaR self-assessment and peer assessment to identify areas of strength and areas of need. Alcohol Strategy and Action Plan - currently in development and will be informed by an alcohol CLeaR assessment and alcohol needs assessment. Local Alcohol Action Area – The Home Office will support Barnsley for two years to improve the safe movement of people in the night time economy, and the collection, sharing and use of data. 	
Further Information required	<ul style="list-style-type: none"> Action to tackle smoking prevalence of adults with Serious Mental Health issues Action to tackle smoking in routine/manual occupations Action to tackle harmful levels of drinking in the home environment 	

Improving services for older people

Performance Data Summary	<u>Areas for Improvement</u>	<u>Areas of Strength</u>
	<ul style="list-style-type: none"> Dementia: Rate of Emergency Admissions Emergency hospital admissions due to falls 	<ul style="list-style-type: none"> Permanent admissions to residential / nursing care
Making a Difference	<ul style="list-style-type: none"> Back on your feet - A new concept for falls service has been developed. This will help front-line staff to provide a first line of treatment following a fall, to reduce emergency hospital admissions. Berneslai Homes - spend approximately £2 million per annum to reduce falls in social housing. Dementia Champions - Numbers are increasing within GP practices and Pharmacists. Dementia Friends - training is available to business in the borough Support for Dementia Carers - More people are accessing the web based support - www.dementiacarer.net 	
Work in progress	<ul style="list-style-type: none"> Dementia Action Plan Review - the Multi-Agency Dementia Group is refreshing its action plan. They initiated a research project to understand community assets to promote wellbeing, prevention and/or delay dementia incidence, and improve the quality of care and support for people with dementia and their carers. Falls Training pack Evaluation - undertaken by a number of care homes and neighbourhood nurses. Findings will inform future training packages. Reablement Service - a new service level agreement currently being developed by the Adult's Joint Commissioning Team. Assistive Living & Technology Review - underway, with the aim of redesigning equipment and adaptations services and adding value to the wider frailty pathway. 	
Further Information required	<ul style="list-style-type: none"> Although our benchmarked position for permanent admissions to residential care is strong (2015/16), more recent data suggests an increase. 	

Improving early help for mental health

Performance Data Summary	Areas for Improvement	Areas of Strength
Making a Difference	<ul style="list-style-type: none"> • Prevalence of depression and anxiety • Long term mental health problems • Employment of people with mental illness or learning disabilities • Hospital admissions as a result of self harm (10 to 24 year olds) 	<ul style="list-style-type: none"> • Self-reported wellbeing • Prevalence of severe mental illness • Positive satisfaction with life amongst 15 year olds
Work in progress	<ul style="list-style-type: none"> • Training for Businesses - Mental Health First Aid training for business now available through the workplace health charter • Training for staff - Relevant frontline staff are being training in perinatal mental health • Primary Schools - 70 school staff trained to become Licensed Thrive Practitioners. • Secondary Schools - The 4:Thought programme provides early brief and solution focused interventions for young people and their families. 	
Further Information required	<ul style="list-style-type: none"> • Mental Health Alliance - potential benefits of a mental health alliance being explored. • Mental Health Strategy & Action - under review. Work is ongoing to influence and strengthen the public health prevention component. • Mental Health and employment - local programme to help people with mental health into employment in development • Work of the area councils to improve wellbeing • Early help and prevention for adults • Services for long term mental health • Actions to address employment gap for adults with mental illness / learning disabilities • Further information on suicide prevention 	

Building strong and resilient communities

Performance Data Summary	Areas for Improvement	Areas of Strength
Making a Difference	<ul style="list-style-type: none"> • Childhood obesity • Utilisation of outdoor space for exercise / health reasons • Children in low income households • Patient experience of accessing primary care 	<ul style="list-style-type: none"> • Live Well Barnsley - the local online directory service being developed. Details of community services and groups being added www.livewellbarnsley.co.uk • My Best life - Social prescribing service, helps people with health needs access community activities to improve wellbeing. GPs refer to service, buy-in is good so far • Carers Strategy - co-produced with service users and carers. Work underway to develop the action plan. • Daily Mile - 27 schools now delivering, with aim of increasing physical activity. 12 more schools will introduce it next year. • Fluoride Varnish - application rate up to 67%, from 59% in 2014. Barnsley is 4th in the country for the highest rate of applications. • Food Access Network - created a joined up approach, bringing together those who provide food to people on low income. • Workplace Wellbeing Charter - 23 work places registered and 5 achieved charter status. ASOS is first company nationally to gain excellence status in 8 charter areas. • Childhood Obesity - presentation delivered to School Governors
Work in progress	<ul style="list-style-type: none"> • Be Well Barnsley - delivery of lifestyle service currently under review. • Childhood Obesity - potential benefits of a Healthy Weight Alliance being explored. • Anti Poverty Action Plan - in development. Will focus on food poverty, financial inclusion and welfare reform; and link to employment, skills and workforce development. 	
Further Information required	<ul style="list-style-type: none"> • Healthy eating policies in schools • Increasing use of outdoor space • Experiences of primary care • Information on the quality of private housing 	

Integrating Health & Social Care / Changing the way we work together

Performance Data Summary	Areas for Improvement	Areas of Strength
Making a Difference	<ul style="list-style-type: none"> • Emergency admissions (65+) 	<ul style="list-style-type: none"> • Delayed discharges • Reablement
Work in progress	<ul style="list-style-type: none"> • Neighbourhood Nursing - a new model now in place, based on the 6 localities and aligned with primary care. Provides proactive case management, supporting people at highest risk of admission/readmission to hospital with intensive multi-disciplinary care and care coordination in their home. This supports recovery and self-management, and avoids hospital admissions. • Intermediate Care - Initial review of services resulted in a new specification being piloted in 2015/16 and 2016/17. This tested a model for an integrated service, with increased focus on preventing hospital admissions (as well as supporting timely discharge). Pilot evaluation undertaken in 2016/17, with findings used to develop a new model for delivery, due for implementation in 2017/18. • Right Care Barnsley - our single 'front-door' service, introduced to support healthcare professionals, to identify alternative packages of care for patients at risk of urgent hospital admission. This avoids admission, where this is not the most appropriate care for the individual. Since being established, the service has made a significant contribution towards reducing hospital admission numbers, by providing out of hospital packages of care. 	
Further Information required	<ul style="list-style-type: none"> • Assessment & Care Management - provision of social care is now aligned to area council boundaries (in common with Neighbourhood Nursing). This will ensure pro-active management of service users with complex needs, plus regular reviews of individual care and support needs. Changes include the creation of a team responsible for managing older people in residential/nursing homes, creation of an additional locality team, increased capacity to improve monitoring of domiciliary care contracts, and increased capacity for quality assurance. This will improve integrated working between health and social care teams, and better management of individuals with complex needs in the community, avoiding unnecessary hospital admissions. • Stabilising the local care market - the increase in demand and costs (due to the National Living Wage) need better management to ensure the viability of the provider market. This is particularly the case with residential and home care sectors. It is important to maintain effective relationships and incentivise improvement in quality of care; address recruitment issues (nursing homes) and ensure a high quality, effective and sustainable independent sector. 	
	<ul style="list-style-type: none"> • Further information on recent increase in permanent admissions to care for over 65 year olds 	

H&WB Strategic Priorities – Detailed Performance update

The tables below provide the latest position for Barnsley against a range of indicators, using the latest datasets which allow comparisons with national averages and our comparator group*.

Data below also includes a comparison of Barnsley's position against the national average, identified in the 'significance' column. In line with the methodology used by Public Health England, where it is clear that a high value is good or bad, the significance is shown as '**worse**', '**same**' or '**better**'. Where it is less clear, the significance is shown as '**lower**', '**same**' or '**higher**'. There are also a handful of indicators where Barnsley's position against the national average is not compared by Public Health England.

*The tables below include a rank for Barnsley amongst our closest comparators. These are our statistical neighbours, e.g. those local authorities identified as the closest match in terms of population size / composition, deprivation etc. The comparator groups can vary depending on the indicator, e.g. our comparator group for indicators relating to children is not identical to our comparator group for indicators relating to adults. For each rank, the area ranked 1 is the worst performing area.

Improving Population Health & Wellbeing and Reducing Inequalities

Reduce harm caused by smoking & alcohol

Key Performance indicators and Analysis

Indicator Name	Time period	Significance	Age	Barnsley	England	Trend	Comparator Rank
<u>Smoking prevalence at age 15 - current smokers (WAY survey)</u>	2014/15	Worse	15 yrs	10.7	8.2	N/A	4/15
<u>Smoking Prevalence in adults - current smokers (APS)</u>	2015	Worse	18+ yrs	21.2	16.9	↑	3/16
<u>Smoking Prevalence in adults - current smokers (APS)</u>	2016	Worse	18+ yrs	20.6	15.5	↑	2/16
<u>Smoking Prevalence in adults in routine and manual occupations - current smokers (APS)</u>	2015	Worse	18-64 yrs	33.0	28.1	↓	2/16
<u>Smoking Prevalence in adults in routine and manual occupations - current smokers (APS)</u>	2016	Worse	18-64 yrs	33.8	26.5	↓	3/16
<u>Smoking prevalence in adults with serious mental illness (SMI)</u>	2014/15	Worse	18+ yrs	43.7	40.5	N/A	7/15
<u>Smoking status at time of delivery</u>	2014/15	Worse	All ages	20.4	11.4	↑	3/15
<u>Smoking status at time of delivery</u>	2015/16	Worse	All ages	17.6	10.6	↑	7/15
<u>Admission episodes for alcohol-specific conditions</u>	2014/15	Worse	All ages	737.7	575.6	↓	5/16
<u>Admission episodes for alcohol-specific conditions</u>	2015/16	Worse	All ages	749.8	583.2	↓	5/16

- 2014/15 data on the number of young people smoking shows a higher prevalence of smoking amongst 15 year olds in Barnsley, compared to the national average. Barnsley was also among the group of worst performing areas in our comparator group.
- 2016 data shows a reduction for the second consecutive year in smoking prevalence (current smokers). Nationally, there has been a continued decrease for four consecutive years. Barnsley remained in the group of three worst performing local authorities between 2013 and 2016.
- The same data source shows an increase in Barnsley in smoking amongst adults in routine and manual occupations, compared to a decrease nationally, leading to a widening of the gap. Having occupied a mid-table position amongst comparators in 2012, Barnsley's position has worsened and was among the three worst performing areas in 2015 and 2016.
- Barnsley has a higher prevalence of smoking amongst adults with serious mental illness, when compared with the national average. Within our comparator group, Barnsley is in line with the average.
- 2015/16 data shows a narrowing of the gap between Barnsley and the national average for smoking at the time of delivery. Barnsley's position amongst our comparators also improved in 2015/16, moving outside the three worst performing areas for the first time since 2012/13.
- The latest data on hospital admission episodes for alcohol related conditions shows an increase, both locally and nationally. The rate in Barnsley remains well above the national average. Barnsley's position amongst our comparator group has worsened since 2012/13, but remains outside the group of worst performing areas.

Improving services for older people

Key Performance indicators and Analysis

Indicator Name	Time period	Significance	Barnsley	England	Trend	Comparator Rank
Dementia: DSR of emergency admissions (aged 65+)	2014/15	Higher	4235.3	3305.7	↓	5/16
Dementia: DSR of emergency admissions (aged 65+)	2015/16	Higher	4402.5	3387.1	↓	6/16
Estimated dementia diagnosis rate (aged 65+)	2017	Same	70.6	67.9	N/A	7/16
Permanent admissions to residential & nursing care homes per 100,000 aged 65+	2014/15	Worse	697.5	658.5	↑	8/16
Permanent admissions to residential & nursing care homes per 100,000 aged 65+	2015/16	Worse	685.1	628.2	↑	12/16
Emergency hospital admissions due to falls in people aged 65 and over	2014/15	Worse	2871.3	2198.8	↓	3/16
Emergency hospital admissions due to falls in people aged 65 and over	2015/16	Worse	2753.0	2169.4	↑	5/16

- Dementia related emergency admissions in Barnsley increased between 2014/15 and 2015/16. The national average also increased but at a lower rate. Barnsley's position amongst comparators in 2015/16 was the 6th highest of 15 areas, which is largely unchanged since 2012/13.
- 2017 data shows Barnsley to have a slightly higher dementia diagnosis rate than the national average. Amongst our comparator group, Barnsley's performance was below average.
- The gap between Barnsley and the national average for the rate of permanent admissions to residential and nursing homes (over 65s) widened in 2015/16. Barnsley's position amongst our comparator group improved in 2015/16 to just outside the group of best performing areas.
- Rates of emergency admissions linked to falls (65+) decreased in Barnsley and nationally in 2015/16, with a larger decrease in Barnsley. However, Barnsley's rate is still well above the national average. Barnsley's position amongst comparators has worsened significantly since 2012/13, with Barnsley amongst the worst performers in both 2014/15 and 2015/16.

Improving early help for mental health

Key Performance indicators and Analysis

Indicator Name	Time period	Significance	Barnsley	England	Trend	Comparator Rank
Self-reported well-being - high happiness score: % of respondents	2014/15	Not compared	72.4	74.5	↑	9/16
Self-reported well-being - high happiness score: % of respondents	2015/16	Not compared	72.8	74.7	↑	11/16
Depression and anxiety prevalence (GP Patient Survey): % of respondents aged 18+	2014/15	Higher	16.3	12.4	↓	2/16
Depression and anxiety prevalence (GP Patient Survey): % of respondents aged 18+	2015/16	Higher	15.6	12.7	↑	4/16
Severe mental illness recorded prevalence (QOF): % of practice register all ages	2014/15	Lower	0.74	0.88	↓	16/16
Severe mental illness recorded prevalence (QOF): % of practice register all ages	2015/16	Lower	0.75	0.90	↓	16/16
Long-term mental health problems (GP Patient Survey): % of respondents aged 18+	2014/15	Higher	6.3	5.1	↑	5/16
Long-term mental health problems (GP Patient Survey): % of respondents aged 18+	2015/16	Higher	7.3	5.2	↓	2/16
Suicide: age-standardised rate per 100,000 population (3 year average)	2012 - 14	Same	11.6	10.0	↓	9/16
Suicide: age-standardised rate per 100,000 population (3 year average)	2013 - 15	Same	10.6	10.1	↑	10/16
Employment of people with mental illness or learning disability: % of those with a mental illness or learning disability	2015 Q1	Not compared	17.8	38.9	↓	3/15
Employment of people with mental illness or learning disability: % of those with a mental illness or learning disability	2016 Q1	Not compared	27.5	40.1	↑	4/14
Hospital admissions as a result of self-harm: DSR per 100,000 population aged 10-24	2014/15	Higher	497.9	398.8	↑	5/11
Hospital admissions as a result of self-harm: DSR per 100,000 population aged 10-24	2015/16	Higher	602.9	430.5	↓	4/11
Positive satisfaction with life among 15 year olds: % reporting positive life	2014/15	Same	66.1	63.8	N/A	6/11

- Barnsley has a slightly lower level of self-reported well-being, when compared to the national average, but the gap narrowed in 2015/16. Barnsley's position amongst comparators has improved since 2012/13.
- There is a higher prevalence of depression and anxiety in Barnsley, compared to the national average, but the gap narrowed in 2015/16. Barnsley's position amongst comparators has improved, but remains within the worst performing areas.
- The recorded prevalence of severe mental illness increased slightly in 2015/16, but remains well below the national average. Barnsley had the lowest prevalence amongst our comparator group in 2015/16.
- There is a higher rate of long-term mental health problems in Barnsley, compared to the national average, with the gap widening in 2015/16. Barnsley's position amongst comparators deteriorated in 2015/16, with Barnsley having the second highest rate.

- The three year average suicide rate in Barnsley (2013-15) is broadly comparable to the national average. This is a narrowing of the gap from the previous period. Barnsley's position amongst comparators has also improved and moved into the group of best performing areas.
- Adults with a mental illness or learning disability in Barnsley are less likely to be in employment, when compared to the national average. Data from Q1 2016 does however show a narrowing of the gap to the national average. Barnsley remained within the group of worst performing areas amongst our comparators in Q1 2016.
- The rate of hospital admissions as a result of self-harm (10 to 24 year olds) increased both locally and nationally in 2015/16, but the gap to the national average widened significantly. Barnsley occupies a relatively high position amongst comparators, but the rate locally is well below the worst performing areas.
- Barnsley 15 year olds had a slightly higher positive satisfaction with life in 2014/15, when compared to the national average. Amongst comparators, Barnsley occupies a mid-table position.

Building strong and resilient communities

Key Performance indicators and Analysis

Indicator Name	Time period	Significance	Barnsley	England	Trend	Comparator Rank
Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds	2014/15	Better	20.0	21.9	↑	11/11
Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds	2015/16	Same	23.6	22.1	↓	9/11
Child excess weight in 4-5 and 10-11 year olds - 10-11 year olds	2014/15	Same	31.6	33.2	↑	11/11
Child excess weight in 4-5 and 10-11 year olds - 10-11 year olds	2015/16	Same	35.1	34.2	↓	10/11
Utilisation of outdoor space for exercise/health reasons	Mar 2014 - Feb 2015	Same	19.1	17.9	↑	11/14
Utilisation of outdoor space for exercise/health reasons	Mar 2015 - Feb 2016	Same	14.5	17.9	↓	6/16
Children in low income families (under 16s)	2013	Worse	23.8	18.6	↑	6/11
Children in low income families (under 16s)	2014	Worse	24.6	20.1	↓	8/11
Proportion of workless households	2015	Worse	20.5	15.3	↑	tbc
Proportion of workless households	2016	Worse	18.9	15.1	↑	tbc
Access to dental services	2015/16	Same	96.8	94.7	N/A	9/16
Percentage of people who said they had good experience when making a GP appointment	2015/16	Worse	69.2	73.4	N/A	1/16
Housing affordability ratio	2016	Lower	4.4	7.2	N/A	12/16

- Barnsley has comparable rates of children with excess weight as the national average. The latest available data (2015/16) shows a higher level of excess weight for both age groups, compared to the national average. Our performance compares more favourably amongst our closest comparator areas.
- Latest data from 2015 shows a reduction in the proportion of people in Barnsley using the natural environment for health or exercise purposes. The same data shows no change in the national average. Barnsley position amongst comparators has worsened in the latest data.
- Barnsley continues to have a higher proportion of children in low income families, compared to the national average. Over the 9 years this data has been available, the relative position of most areas within our comparator group has remained largely unchanged. Barnsley's position has however improved slightly.
- Barnsley has a higher proportion of workless households, compared to the national average. From 2010 onwards, there has been a reducing trend in Barnsley, as well as nationally. However, it is only the most recent data which shows a narrowing of the gap.
- Access to dental services in Barnsley is just above the national and comparator group average, according to data from 2015/16. For the same period however, 69.2% of Barnsley people had a good experience when making a GP appointment, this is below the national average and the worst performance in our comparator group.
- On average, people in Barnsley could expect to pay 4.4 times their annual income on purchasing a home in 2016. This is well below the national average of 7.2 and amongst the lowest in our comparator group.

Integrating Health & Social Care / Changing the way we work together

Better Care Fund

Key Performance indicators and Analysis

Indicator Name	Time Period	Significance	Barnsley	England	Trend	Comparator Rank
Total Delayed Days per day per 100,000 18+ population (All)	Feb 2017 to Apr 2017	Better	2.3	14.5	tbc	16/16
NHS Delayed Days per day per 100,000 18+ population	Feb 2017 to Apr 2017	Better	1.9	5.2	tbc	14/16
Social Care Delayed Days per day per 100,000 18+ population	Feb 2017 to Apr 2017	Better	0.3	2.4	tbc	15/16
Emergency Admissions (65+) per 100,000 65+ population	Mar 2016 - Feb 2017	Worse	30157.5	24091.8	tbc	1/16
Proportion of older people (65 and over) still at home 91 days after discharge from hospital into reablement/ rehabilitation services	2015/16	Better	90.4	82.7	↑	15/16
Proportion of discharges (following emergency admissions) which occur at the weekend	Oct 2015 - Sep 2016	Same	18.9%	19.7%	tbc	6/16

Data issued by the NHS earlier this year has been used to inform the current performance framework for the Better Care Fund.

- For the three months between February and April this year, Barnsley had much lower rates of delayed transfers of care, when compared to national averages and our comparators.
- Conversely, over the period March 2016 to February 2017, Barnsley saw high numbers of emergency admissions for the over 65s, when compared to the national average. Barnsley had the highest rate amongst our comparator group.
- Barnsley had a higher proportion of people still at home 91 days after discharge from hospital into reablement or rehabilitation services in 2015/16, when compared to the national average. Barnsley's position amongst comparators improved significantly 2015/16, having previously been more closely aligned with the average for the group.
- Between October 2015 and September 2016, Barnsley's rate of discharges (following emergency admissions) occurring at the weekend was in line with the national rate and mid table amongst our comparator group.