Delivering the Strategy

Measuring our progress against the Joint Health and Wellbeing Strategy 2013-15

Report for the Board
January 2016

Introduction

This bi-monthly report enables the Leeds Health and Wellbeing Board to monitor progress on the Joint Health and Wellbeing Strategy (JHWS) 2013-15, and achieve our aspiration to make Leeds the Best City for Health and Wellbeing.

The JHWS spans the work of the NHS, social care, Public Health and the 3rd sector for children, young people and adults, and considers wider issues such as housing, education and employment. With a vision to see Leeds become a healthy and caring city for all ages, the Health and Wellbeing Board has set five **outcomes** for our population, which lead to 15 **priorities** for partners on the board to act upon to make the best use of our collective resources. We will measure our progress at a strategic level by keeping close watch on 22 **indicators**, and over the course of the Board's work we will develop these indicators to bring in supplementary data, further informing our insight into the challenges facing Leeds.

What is Outcomes-Based Accountability?

The Health and Wellbeing Board has chosen to use an approach called Outcomes Based Accountability (OBA), which is known to be effective in bringing about whole system change.

OBA is 'an approach to planning services and assessing their performance that focusses on the results – or outcomes – that the services are intended to achieve', and 'a way of securing strategic and cultural change' within a partnership (Pugh, 2010: NFER). OBA distinguishes between three categories of data and insight:

How much did we do? (the quantity of the effort)	How well did we do it? (the quality of the effort)
Is anyone better off? (the quantity and quality of the effect)	

The following framework for measuring our progress against the JHWS uses these concepts by focussing on the performance of services, plans, projects and strategies, together with a close monitoring of the population outcomes: who is better off as a result of our efforts. In addition, throughout the lifetime of the JHWS a number of OBA workshops will take place to further explore what can be done differently.

The Board have also identified four **commitments** which we believe will make the most difference to the people of Leeds:

Support more people to choose healthy lifestyles

Ensure everyone will have the best start in life

Improve people's mental health and wellbeing

Increase the number of people supported to live safely in their own homes

1. Overview

Zoom-out: a scorecard:

Leeds' current position on all 22 indicators

Benchmarked where possible

Broken down by locality and deprivation

Using the latest data available

2. Exceptions

A space to highlight issues and risks:

Includes further details on 'red flag indicators' showing significant deterioration

Other performance concerns and exceptions raised by Board members

3. Commitments

Assurance on work around the 4 commitments:

Delivery templates detailing resources, risks, partnership strategies

Any other datasets and relevant scorecards giving supplementary information on the 22 indicators

This in depth analysis is produced upon a bi-annual basis

1. Overview: The 22 indicators

5 x outcomes	15 x priorities	22 x indicators	Leeds	DOT	England average	Best city	SE CCG / SE LCC	W CCG / WNW LCC	N CCG / ENE LCC	Leeds deprived	Period	Good=	Frequency	Outcomes Framework	Exception
People will live longer and have healthier lives	Support more people to choose healthy lifestyles	1. Percentage of adults over 18 that smoke	21.1%	⇧	18.4%	17.6% Sheffield	25.7%	20.2%	17.1%	34.1%	Q1 15/16	Low	Quarter	PHOF	
		2. Rate of alcohol related admissions to hospital	1,348	⇩	1,253	1,208 Sheffield	Not available	Not available	Not available	Not available	2013/14	Low	Year	PHOF	
	Ensure everyone will have the best start in life	3. Infant mortality rate	4.25	⇧	4.1	2.9 Bristol	5.00	3.86	3.74	5.29	2009-2013	Low	Year	PHOF	
		4. Excess weight in 10-11 year olds	34.2%	⇩	33.5%	33.4% Sheffield	33.6%	32.9%	31.0%	36.3%	2013/14	Low	Year	PHOF	
	Ensure people have equitable access to screening and prevention services to reduce premature mortality	5. Rate of early death (under 75s) from cancer (per 100,000)	147.50	⇧	141.5	153.6 Bristol	158.7	151.2	135.3	201.8	2012-2014	Low	Year	PHOF	
		6. Rate of early death (under 75s) from cardiovascular disease	80.9	⇧	75.7	86.4 Sheffield	95.6	79.9	67.4	134.9	2012-2014	Low	Year	PHOF	
People will live full, active and independent lives	Increase the number of people supported to live safely in their own home	7. Rate of hospital admissions for care that could have been provided in the community	304.6	⇧	309.4	276.3 Bristol	Not available	Not available	Not available	Not available	Q4 13/14	Low	Year	CCGOI	
		8. Permanent admissions to residential and nursing care homes, per 1,000 population	663.3	⇧	696.4	455 Manchester	Not available	Not available	Not available	Not available	Q1 2015/2016	Low	Quarter	ASC OF	
	Ensure more people recover from ill health	9. Proportion of people (65 and over) still at home 91 days after discharge into rehabilitation	81.3%	⇩	82.8%	85.0% Bristol	Not available	Not available	Not available	Not available	Q4 2014/15	High	Quarter	ASC OF	
	Ensure more people cope better with their conditions	10. Proportion of people feeling supported to manage their condition	67.32%	⇩	67.31%	71.79% Bristol	64.13 % ⇩	68.69 % ⇩	69.68 % ⇧	Not available	2014/2015	High	2x year	CCGOI	
People's quality of life will be improved by access to	Improve people's mental health & wellbeing	11. The number of people who recover following use of psychological therapy	42.94%	⇧	45.43%	44.04% Nottingham	40.43 %	44.44 %	43.04 %	NA	Q1 15/16	High	Quarter	CCGOI	
	Ensure people have equitable access to services	12. Improvement in access to GP primary care services	73.94%	⇧	73.29% ⇩	75.76% Newc	71.32 % ⇩	74.33 % ⇧	76.65 % ⇧	Not available	2014/2015	High	2x year	NHSOF	

quality services	Ensure that people have a voice and influence in decision making	13. People's level of satisfaction with quality of services	63.2%	⇩	64.4%	73.3% Liverpool	Not available	Not available	Not available	Not available	Q4 14/15	High	Quarter	ASC OF	
		14. Carer reported quality of life	7.9	⇩	7.9	8.7 Newc	Not available	Not available	Not available	Not available	Q4 2014/ 2015	High	Year	ASC OF	
People involved in decisions	Ensure that people have a voice and influence in decision making	15. The proportion of people who report feeling involved in decisions about their care	76.1%	NA	71.2%	79.9% Newcastle	Not available	Not available	Not available	Not available	Q4 14/15	High	2x year	ASC OF	
	Increase the number of people that have more choice and control over their health and social care services	16. Proportion of people using NHS and social care who receive self-directed support	82.6%	⇧	83.6%	100% B'ham Nottingham	Not available	Not available	Not available	Not available	2014/ 2015	High	Quarter	ASC OF	
5. People will live in healthy and sustainable communities	Maximise health improvement through action on housing, transport and the environment	17. The number of properties achieving the decency standard	91.03%	Not applicable	Not available	Not available	Not available	Not available	Not available	Not available	Q3 12/13	High	Year	Local	
	Increase advice and support to minimise debt and maximise people's income	18. Number of households in fuel poverty	11.06%	NA	10.40%	Not available	Not available	Not available	Not available	Not available	2012	Low	Quarter	PHOF	
		19. Amount of benefits gained for eligible families that would otherwise be unclaimed	£5,924, 106.00	Not applicable	Not available	Not available	Not available	Not available	Not available	Not available	2013	NA	Quarter	Local	
	Increase the number of people achieving their potential through education and lifelong learning	20. The percentage of children gaining 5 good GCSEs including Maths & English	54.1%	⇧	56.3%	54.1% Leeds 53.9% Newcastle	Not available	Not available	Not available	Not available	2015	High	Year	DFE	
	Support more people back into work and healthy employment	21. Proportion of adults with learning disabilities in employment	6.9%	⇩	6.6%	6.9% Leeds	Not available	Not available	Not available	Not available	Q4 14/15	High	Quarter	ASCOF	
		22. Gap in the employment rate between those in contact with secondary mental health services and the overall employment rate (percentage point)	58.9	⇧	65.1	55.9 Newcastle	Not available	Not available	Not available	Not available	2013/ 14	Low	Annual	PHOF	

Data presented is the latest available as of January 2016

- DOT = Direction of Travel (how the indicator has moved since last time)
  - ⇩ denotes this indicator is getting worse
  - ⇧ denotes this indicator is improving
- Local data is provided on CCG area (1,2,4,5,6,7,10,11,12) or Council management area (3,8,9,13,14,21). Boundaries are not identical.
- Leeds deprived' data is taken from LSOAs within the bottom 10% of the Index of Multiple Deprivation (IMD)
- OF = Outcomes Framework
- Bold orange text indicates the H&WB Board 'commitments'
- Best performing Core City, where available. Core Cities: Manchester, Sheffield, Leeds, Birmingham, Nottingham, Newcastle, Liverpool, Bristol

Notes on indicators

1. The unit is directly age standardised rate per 100,000 population
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3. The rate is per 1,000 live births. Calculations are based on the geographical coverage of the CCGs and registration with GPs in the CCG.
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5. Crude rate per 100,000. The new 2013 European Standard Population (ESP) takes into account changes in the EU population, providing a more current basis for the calculation of age standardised rates. The 2013 ESP gives the populations in older age groups greater weighting than the previous 1976 ESP. Mortality rates for all causes of death will be significantly higher when calculated using the 2013 ESP compared with the 1976 ESP as deaths predominantly occur at older ages and the larger number of older people in the 2013 ESP exerts more influence on these summary figures. Hence data presented here cannot be directly compared to previous data in these reports. All Directly Age Standardised Rates will now be calculated using the 2013 ESP.
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5/6 Although the best city figure looks lower than Leeds, this is because Leeds uses GP registered population data locally whereas nationally the ONS mid-year estimates are used and there is a difference of about 50,000 people between the two populations.

7. The peer is England average. The national baseline is 2011/12. The unit is directly standardised rate per 100,000 populations, all ages. Previously HSCIC published the data as full financial years. However the latest release of data is for the period July 2012 to June 2013 – thus direct comparisons with the past are impossible, and arrows given as indicative. In future data will be benchmarked against this quarter's.
8. The peer is a comparator average for 2011/12. This data is a projected year end figure, updated each quarter. The definition for this has changed from 2014/15 onwards so that it now includes people for whom the Local Authority arranges a placement in a care home but who pay for their own placement. Previously these people were excluded.
9. The peer is a comparator average for 2011/12. The unit is percentage of cohort. This data is a projected year end figure, updated each quarter.
10. The peer is England average. The National baseline is July 11 to March 12. The unit is percentage of respondees weighted for non-response. The source is COF. National baseline calculation currently differs from COF technical guidance. Expect two GP patient surveys per year. The change in figures since last reported is to do with how the denominator is calculated. The indicator relates to the question in the GP Survey 'In the last 6 months have you had enough support from local services or organisations to help manage your long term condition(s)?' The numerator is a weighted count of all the 'Yes – definitely and 'Yes – to some extent' responses. Previously the denominator was a count of all responses to the question, which included the options 'I haven't needed such support' and 'Don't know/Can't say'. The latest methodology only counts the 'Yes – definitely', 'Yes – to some extent' and 'No' responses.
11. The peer is England average. The unit is percentage of patients. Local data supplied previously was from a provider report based on a single snapshot taken at the end of each month. This new data is supplied by NHS England and is based on a dataset submitted nationally by all providers. Direct comparisons are therefore impossible and arrows are indicative. This indicator is included in the CCG outcomes framework but the NHS England Area Team may wish to monitor CCG IAPT performance on % of population entering treatment.
12. The peer is England average. The local baseline used is Jul 11 to March 12. The unit is percentage of respondees. South and East CCG data excludes York St Practice.
13. The peer is a comparator average for 2011/12.
14. Base line data only. First time produced and no comparator data available. Progress will be shown in future reports. The source is National Carers Survey for period 2011/12. Measured as a weighted aggregate of the responses to the following aspects: Occupation (Q7); Control (Q8); Personal Care (Q9); Safety (Q10); Social Participation (Q11) Encouragement and Support (Q12).
15. This question has been removed from the Adult Social Care Survey. Data given is historical, for the indicator 'the proportion of people who report that adult social care staff have listened to your views'. Further work is being done to develop this indicator into a more robust and ongoing one.
16. The peer is a comparator average for 2011/12. This data is a projected year end figure, updated each quarter. The forecast is over 70% by end of year. Prior to 2014/15 the indicator considered the % of (service users supported at home in the year + carers receiving carers services) who were in receipt of self-directed support. From 2014/15 this has been split into 4 separate indicators, none of which are comparable to the previous definition. Figures for service users and carers are now calculated separately, and for

each group there are separate figures to show the % that were receiving a cash payment as well as the % that were getting a cash payment and/or self-directed support. To monitor progress against this indicator we have chosen the closest comparable data which measures the numbers of service users receiving money and/or self-directed support.

17. Decency is no longer reported. This NI58 Indicator has been suspended as the government funding on which this calculation is based has ceased. The service is considering a revised indicator to measure performance against a new housing standard for Leeds and papers are going through the relevant boards at the current time.
18. Since last reported, the government has totally changed the definition of fuel poverty, with a big impact on numbers of fuel poor. The new fuel poverty definition is based on households who are on a low income and who live in a property with high costs, as opposed to the old definition which focussed on household spending more than 10% of their income on fuel to maintain a satisfactory heating regime. Currently, however, DECC are publishing both definitions, including sub-regional data down to county level. The latest data we have for this is the 2011 data showing fuel poverty to be at 17.2 % by the old 10% measure for West Yorkshire and 11.3% under the new low income/high cost definition.
19. This data has not previously been collected, and is an aggregation of data received from GP practices, Mental Health Outreach Services, Children's Centres, and WRUs
20. Provided here are the averages across all GCSEs alongside first attempt average. This data is provisional; and final data will be released in January, when there may be some minor changes to percentages. The full statistical first release can be accessed here: https://www.gov.uk/government/statistics/provisional-gcse-and-equivalent-results-in-england-2014-to-2015 which provides figures and commentary regarding the changes. Leeds had improved by three percentage points and although is behind the national and statistical neighbour figures by two and one percentage points respectively, Leeds has seen a faster rate of improvement. Performance of statistical neighbours has remained static.
21. The peer is Metropolitan District average for 2011/12. The unit is percentage of service users with record of employment. This data is a projected year end figure, updated each quarter.
22. This indicator was slightly amended in July 2014. The old indicator uses the Labour Force Survey data on employment, together with a question on contact with secondary MH services, which is a self-reported, non-clinically-assessed question asking if people suffer from depression, bad nerves or anxiety, severe or specific learning difficulties, mental illness or phobias, panics or other nervous disorders. It is collected quarterly. The Public Health Outcomes Framework indicator listed here replaces the old indicator; it uses the same Labour Force Survey data on employment, but matches it instead to people on the Care Programme Approach receiving secondary MH services. It then calculates the gap between these figures and the overall England average employment figures. It is collected yearly. Colleagues from the Mental Health partnership Board from the Mental Health partnership Board have recommended this change to capitalise on the more robust way of capturing the current picture we now have available through the PHOF

Children and Young People's Plan Key Indicator Dashboard - Cluster level: October 2015

		Measure	National	Stat neighbour	Result for same period last year	Result Jul. - 2015	Result Aug. 2015	Result Sept. 2015	Result Oct. 2015	DOT	Data last updated	Timespan covered by month result
Safe from harm	1	Number of children looked after	60/10,000 (2013/14 FY)	75/10,000 (2013/14 FY)	1297 (80.3/10,000)	1242 (76.9/10.000)	1248 (77.3/10.000)	1253 (77.6/10.000)	1257 (77.8/10,000)	▲	31/10/2015	Snapshot
	2	Number of children subject to Child Protection Plans	42.1/10,000 (2013/14 FY)	53.0/10,000 (2013/14 FY)	757 (46.9/10,000)	597 (37/10,000)	600 (37.2/10.000)	591 (36.6/10.000)	602 (37.3/10,000)	▲	31/10/2015	Snapshot
Do well in learning and have the skills for life	3a	Primary attendance	96.0% (HT1-4 2014-15 AY)	95.9% (HT1-4 2014-15 AY)	96.3% (HT1-4 2013/14)	96.2% (HT1-4 2014/15	96.2% (HT1-4 2014/15			▼	HT1-4	AY to date
	3b	Secondary attendance	94.8% (HT1-4 2014-15 AY)	94.8% (HT1-4 2014-15 AY)	94.7% (HT1-4 2013/14)	94.5% (HT1-4 2014/15)	94.5% (HT1-4 2014/15)			▼	HT.1-4	AY to date
	3c	SILC attendance (cross-phase)	91.0% (HT1-5 2014 AY)	91.8% (HT1-5 2014 AY)	87.1.% (HT1-5 2013 AY)	88.7% (HT1-5 2014 AY)				▲	HT1-5	AY to date
	4	NEET	4.8% (May 15)	6..0% (May 15)	7.2% (1646)	7.2% (1629)	7.6% (1717)	7.8% (1709)	To be provided	▼	30/09/2015	1 month
	5	Early Years Foundation Stage good level of development	66% (2015 AY)	63% (2015 AY)	58% (2014 AY)	62% (2015 AY)				▲	Oct 15 SFR	AY
	6	Key Stage 2 level 4+ in reading, writing and maths	80 (2015 AY)	79 (2015 AY)	76% (2014 AY)	77% (2015 AY)				▲	Aug 15 SFR	AY
	7	5+ A*-C GCSE inc English and maths	56% (2015 AY)	55% (2015 AY)	51% (2014 AY)	54% (2015 AY)				n/a	Oct 15 SFR	AY
	8	8. Level 3 qualifications at 19	60% (2014 AY)	57% (2014 AY)	54% (2013 AY)	53% (2014 AY)				▼	Mar 15 SFR	AY
	9	16-18 year olds starting apprenticeships	7,446 (Aug 13 - Jul 14)	1,669 (Aug 13 - Jul 14)	1,521 (Aug 12 - Jul 13)	1,695 (Aug 13 - Jul 14)				▲	June 15 Data Cube	Cumulative Aug - July
	10	Disabled children and young people accessing short breaks	Local indicator	Local indicator	Local indicator	Indicator in the process of being redeveloped						
Healthy lifestyles	11	Obesity levels at year 6	19.1% (2014 AY)	20.0% (2014 AY)	19.6% (2013 AY)	19.3% (2014 AY)				▲	Dec 14 SFR	AY
	12	Teenage conceptions (rate per 1000)	21.9 (Sep. 2014)	24.9 (Sep. 2014)	23.3 (Sep. 2013)	30.1 (Sep. 2014)				▼	Nov-15	Quarter
	13a	Uptake of free school meals - primary	Local indicator	Local indicator	82.9% (2013/14)	84.3% (2014/15)				▲	Jan-15 School Census	Snap shot
	13b	Uptake of free school meals - secondary	local indicator	Local indicator	79.6% (2013/14)	77.1% (2014/15)				▼	Jan-15 School Census	Snap shot
	14	Alcohol-related hospital admissions for under-18s	Local indicator	Local indicator	57	57				▼	2012	Calendar year
Fun	15	Children who agree that they enjoy their life	Local indicator	Local indicator	80% (2013 AY)	80% (2013 AY)				►	Sep-13	AY
Voice and influence	16	10 to 17 year-olds committing one or more offence	0.8% Jan. - Dec. 2014	1.1% Jan. - Dec 2014	1% (Jan. - Dec. 2013)	1% Jan. - Dec. 2014				►	Sep-15	FY
	17a	Children and young people's influence in school	Local indicator	Local indicator	68% (2012 AY)	69% (2013 AY				▲	Nov-13	AY
	17b	Children and young people's influence in the community	Local indicator	Local indicator	52% (2012 AY)	50% (2013 AY)				▼	Nov-13	AY

- **AY** - academic year
- **DOT** - direction of travel
- **FY** - financial year
- **HT** - half term
- **SFR** - statistical first release (Department for Education / Department of Health data publication)

- Direction of travel arrow is not applicable for comparing Early Years Foundation Stage outcomes from 2013 with earlier years; assessment in 2013 was against a new framework
- Comparative national data for academic attainment indicators are the result for all state-maintained schools

Notes

The direction of travel arrow is set according to whether the indicator shows that outcomes are improving for children and young people, comparing the most recent period's data to the result for the same period last year.

Improving outcomes are shown by a rise in the number/percentage for the following indicators: 3, 5, 6, 7, 8, 9, 10, 13, 17. Improving outcomes are shown by a fall in the number/percentage for the following indicators: 1, 2, 4, 11, 12, 14, 16.

2. Exception log

1. **Exception raised by significant deterioration in one of the 22 indicators:**

   New data received by performance report author shows significant deterioration in performance (add to log)

   'Priority lead' is contacted and informed of the intention to add a red flag to the indicator.

   'Priority lead' either: a) submits a verbal update to the immediate board meeting; or b) prepares additional information to a subsequent meeting.

2. **Exception raised by a member of the board:**

   Member of the board raises a concern around any significant performance issue relating to the JHWS to the chair of the Board in writing (add to log)

   'Priority lead' is contacted and asked to provide assurance to the Board on the issue

   'Priority lead' either: a) submits a verbal update to the immediate board meeting; or b) prepares additional information to a subsequent meeting.

JHWS indicator	Details of exception	Exception raised by	Recommended next steps
	No exceptions to report		

Relevant scrutiny board items

As a further opportunity to monitor issues across the health system, the following summary of items relevant to health and wellbeing recently considered at the Leeds Health and Wellbeing and Adult Social Care Scrutiny Board is included:

Date of meeting	Agenda reference	Details of item relevant to the work of the H&WB Board (with hyperlink)
Tuesday, 24th November	9	CARE QUALITY COMMISSION INSPECTION OUTCOMES
Tuesday, 24th November	10	CHARGING FOR NON-RESIDENTIAL ADULT SOCIAL CARE SERVICES
Tuesday, 24th November	11	THE ADULT SOCIAL CARE RESIDENTIAL AND NURSING FRAMEWORK CONTRACT
Tuesday, 24th November	12	PUBLIC HEALTH 2015/16 BUDGET - UPDATE
Tuesday, 24th November	14	CANCER WAITING TIMES