

Health and Well Being Board Discussion Paper: Performance Reporting and Outcomes

Purpose

- 1.1 To outline a proposal to monitor performance and outcomes for the Health and Well Being Board.

Context

- 1.2 Regular performance reporting has outlined the position for the areas of focus identified in the Health and Well-Being Strategy (HWBS). This has given the board a good sense of progress in these areas over the previous 3 years but has not provided a good enough link across the areas of focus nor towards the rest of the priorities identified in the HWBS.
- 1.3 The performance report for Q3 2016-17 prompted a discussion by the board on the value of monitoring progress towards a wider set of outcomes across the health and care system allowing the Board to have a strategic understanding of current performance.
- 1.4 Furthermore there are some clear areas of responsibility that can be covered by multiple theme boards i.e. the Children and Families Executive Group will cover young people's health issues. Having a co-ordinated response to ensure we maximise the Board's focus on the issues that matter most will become increasingly important.
- 1.5 The emerging strategic plan for the borough will see the development of an overall outcomes framework for the borough and development of key strategic programmes across the partnership. Any proposals will need to take account of this to ensure effective alignment to partnership activity.

Draft Proposal

- 1.6 The proposal will be to define a set of outcomes against two criteria so a matrix can be formed. Firstly against a life course categorisation and secondly against a segmentation of care. The life course categorisation would align outcomes to;
 - Starting well (ages 0-19),
 - Living well (ages 20-64),
 - Ageing well (ages 65+)
 - An all age category.
- 1.7 The Care Categorisation would align outcomes to;
 - Well-Being
 - Prevention
 - Care
 - Support and Dying Well
- 1.8 Two draft matrices have been drafted using this criteria, one for outcome descriptions and one for indicators which are contained in **Annex A** for discussion.

- 1.9 Using this approach the board could decide to report as a whole against the entirety of the matrix or could choose to take a slice either by life course categorisation or by care categorisation. This would allow the board to have choice and control over performance reporting content. There may still need to be consideration of how well these matrices can extract information on family outcomes and demonstrate collective outcomes and measures.
- 1.10 The framework could become a core part of the Joint Strategic Needs Assessment (JSNA), and needs to be read alongside the emerging health inequalities dashboard.

Next Steps

- 1.11 If the approach is agreeable there will need to be some investment of time and thought by members of the board to ensure the content of the matrices are correct and provide sufficient coverage and insight to assure the board that progress towards outcomes are being achieved.
- 1.12 The Board utilise the next free date to allocate some time to work through these matrices to allow agreement to be reached and decide on how reporting might be best configured so that future quarterly performance reports are effective and meet board expectations.

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ANNEX A: DRAFT OUTCOMES MATRIX

OUTCOMES	All Age	Starting Well	Living Well	Ageing Well
Well-Being	Healthy Life Expectancy improves*	Children have the best start in life**	More people make healthy lifestyle choices relating to smoking, alcohol consumption and achieve a healthy weight	More people are independent for longer*
	People's quality of life is good and we reduce social isolation*	Children and young people are healthy and have a sense of wellbeing**		People's quality of life is good and we reduce social isolation*
	More people are physically active*	Fewer children living in poverty**		
		Children and young people's development is underpinned through a healthy lifestyle**		
Prevention	Domestic abuse practice is transformed across Doncaster***	Children have access to the right services at the earliest opportunity**	Improve the detection and response to the major causes of preventable deaths; -Cancer -Heart Disease -Diabetes	The right homes are available that meet people's needs - allowing them to safely stay in their home for longer.
	Fewer people experience Domestic Abuse*	Keeping teenagers and young people safe**		All people get the vaccinations at the right time
	Avoidable Deaths Reduce*	Ensure no child suffers significant harm from neglect**		Fewer older people have serious falls that require them to go to hospital
	Improved Air Quality			
Care	Fewer people require health and social care services*	Children and young people have access to quality mental health services	Mental Health care is on an equal footing to Physical care	Fewer people are delayed from leaving hospital*
Support & Dying Well	Improved understanding of the needs of carers and ensuring we have the appropriate support available Reduced social isolation			Continue to enhance the options and support available for people who care for older people, particularly people with dementia

ANNEX A: DRAFT INDICATORS MATRIX

INDICATORS	All Age	Starting Well	Living Well	Ageing Well
Well-Being	Healthy Life Expectancy at birth (years) for Females	Monitored by Children and Families Executive Board	Smoking prevalence in adults	Quality of Life Measure
	Healthy Life Expectancy at birth (years) for Males		Alcohol related admissions to hospital	Social Isolation Measure (General)
	Quality of Life Measure		Excess weight in adults	Rate of permanent admissions to Residential Care per 100,000 (65+)
	% of population that achieve 150 mins Physical activity per week			
Prevention	Rate of Domestic Abuse Incidents (Crimed) per 1000 pop	Monitored by Children and Families Executive Board	Mortality from all cardiovascular diseases in persons less than 75 years of age per 100,000 population	% of eligible adults aged 65+ who have received the flu vaccine
	Fraction of mortality attributable to particulate air pollution		Mortality from all cancers in persons less than 75 years of age per 100,000 population	Rate of emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population
Care	Proportion of Children in Need per 10,000 population	Monitored by Children and Families Executive Board	Excess under 75 mortality rate in adults with serious mental illness	Delayed Transfers of Care from hospital
	Requests for Support for Adult Social Care per 10,000 population			
	Unplanned hospitalisation for chronic ambulatory care sensitive conditions			
Support & Dying Well	Social isolation percentage of adult carers who have as much social contact as they would like.	Monitored by Children and Families Executive Board		Prevalence of Dementia

*Doncaster Strategic Programme **Children and Young People Executive Board *** Safer Stronger Doncaster Partnership