

**HERTFORDSHIRE COUNTY COUNCIL**

**HEALTH AND WELLBEING BOARD  
WEDNESDAY 18 JUNE 2014 AT 10.00 a.m.**

**SUBJECT: PERFORMANCE INDICATORS FOR HEALTH AND  
WELLBEING STRATEGY**

Report of Assistant Director for Health and Social Care Integration East and  
North Herts CCG and Hertfordshire County Council

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**1.0 Purpose of report**

- 1.1 To update the Health and Wellbeing Board on the progress and status of its nine priorities.
- 1.2 To inform the Board that new Leads have been outlined for each of the nine priorities.
- 1.3 To confirm how the Board would like to receive updates on the progress of the priorities.

**2.0 Summary**

2.1 The Health and Wellbeing Board's Priority Indicators Dashboard provides an overview of the progress of the Board's nine indicators, which are summarised below and in appendix 1. Each indicator is associated with an accountable Assistant Director, and has been classified as either green, amber or red:

<b>Priority area</b>	<b>Owner</b>	<b>Status</b>
Reducing the harm caused by alcohol	Jim McManus (pending appointment of new Assistant Director)	<b>Amber</b>
Reducing the harm from tobacco	Jim McManus (pending appointment of new Assistant Director)	<b>Green</b>
Increasing physical	Jim McManus (pending	<b>Amber</b>

activity and promoting a healthy weight	appointment of new Assistant Director)	
Fulfilling lives for people with learning disabilities	Sue Darker	Amber
Living well with dementia	David Evans	Amber
Enhancing quality of life for people with long term conditions	Chris Badger	Amber
Supporting carers to care	Earl Dutton	Green
Helping all families to thrive	Andrew Simmons	Green
Improving mental health and emotional wellbeing	Frances Coupe	Amber

## HEALTHY LIVING

- Reducing the harm caused by alcohol** (AMBER status; Jim McManus (pending appointment)): The Young People's Survey results estimated that 36% of young people are having unsafe sex under the influence of alcohol and this year's Young People's Health Survey will indicate whether the target of reducing this figure by 2% points is on track. Watford A&E attendances have also been declining steadily from 108 attendances in June 2013 to 39 in March 2014 which is in line with the Board's target to reduce alcohol-related hospital admissions.
- Reducing the harm from tobacco** (GREEN status; Jim McManus (pending appointment)): Between 2012/13 and 2013/14, there has been a 1.7% percentage point decrease in the number of adults smoking in Hertfordshire from 19.4% to 17.7%. The Board's target was to reduce smoking to 18.5%. A local survey for 2013-15 has indicated that 9.5% of fifteen year olds smoke in Hertfordshire. The target by 2015 is to have less than 9% of 15 year olds smoking. A downward trend has been seen in smoking during pregnancy from 9% in March 2013 to 7.43% in December 2013 which is nearing the Board's target of less than 7% by 2015.
- Increasing physical activity and promoting a healthy weight** (AMBER status; Jim McManus (pending appointment)): The Board aims to stop the increase in overweight children and adults by 2016. The percentage of overweight and obese children in Reception class has decreased by 2% points since 2012/13. However, figures for Year Six children have increased by 1%. Adult obesity has increased by 0.1% in the last year. Adult physical activity in Hertfordshire is estimated at 58.2% which is over 2% better than the national average.

## INDEPENDENT LIVES

- **Fulfilling lives for people with learning disabilities** (AMBER status; *Sue Darker*): The percentage of people with a registered Learning Disability (LD) having a GP health check were 12.4% in 2012/13. Latest figures show that 53.5% of people with an LD in 2013/14 were registered, which indicates trajectory which will enable the 85% targets by 2016 to be met. The percentage of emergency hospital admissions for people with LD has remained relatively stable.
- **Living well with dementia** (AMBER status; *David Evans*): In Hertfordshire, 42.5% of people with dementia have this noted on their GP records. The Board aims to have 70% of dementia patients to have this noted on their records by 2015. The number of dementia patients taking anti-psychotic medication has reduced to 21.1% in June 2013. This is an improvement on March 2013 figures of 22.7% which is in accordance with the Board's aim to reduce this by 10% annually. However, the percentage of dementia patients who have made an end of life plan has reduced to 74% from 88%, although the Board aims to increase the number of people who have the opportunity to discuss and plan their end of life care. Significant increases have been seen annually in the number of dementia diagnoses with 560 diagnoses in 2012/13 and 1,562 diagnoses in 2013/14.
- **Enhancing quality of life for people with long term conditions** (AMBER status; *Chris Badger*): Data shows seasonal fluctuations in rates of COPD and CHD admissions. The Board's target is to reduce this figure by 2016, although there is no evidence to suggest that the number of admissions are significantly decreasing. There is not yet evidence to show that people with long term conditions are being better supported. However, HomeFirst is showing evidence of progress with significant decreases in the number of emergency admissions.

## FLOURISHING COMMUNITIES

- **Supporting carers to care** (GREEN status; *Earl Dutton*): The average number of months spent caring before getting support was 64 in 2012/13, but this has reduced to 60 months in 2013/14. The number of young carers being supported by services has been increasing since September 2013. Carer quality of life is rated at 8 out of 10 in Hertfordshire compared to 8.1 out of 10 nationally.
- **Helping all families to thrive** (GREEN status; *Andrew Simmons*): The number of engaged families in the Thriving Families programme has been steadily increasing and currently stands at 1128. The most recent figures show that 502 claims have been submitted. A substantial increase has been seen in the number of eligible two-year-olds accessing free education, with 867 accessing free education in June 2013 and 2660 accessing in March 2014 (a take up of 93%).

- **Improving mental health and emotional wellbeing** (AMBER status; *Frances Coupe*): A spiked increase has been seen in the percentage of people using psychological therapies for common mental health conditions. Mental health wellbeing scores have been relatively stable and average between a score of 24.7 and 25 despite the Board’s target of improving self-reported wellbeing.

## 2.0 Recommendations

- 2.1 For the Board to consider how updates on the progress of the performance indicators should be given at the HWB.
- 2.2 To consider whether the Better Care Fund should become a part of the Health and Wellbeing Board’s priority indicator dashboard.

## 4.0 Background

<b>Report signed off by</b>	Chris Badger, Assistant Director Health and Social Care Integration
<b>Sponsoring HWB Member/s</b>	Iain MacBeath
<b>Hertfordshire HWB Strategy priorities supported by this report</b>	Healthy Living Independent Lives Flourishing Communities
<b>Needs assessment</b> The HWB Strategy itself was informed by the JSNA	
<b>Consultation/public involvement</b> (activity taken or planned) N/A	
<b>Equality and diversity implications</b> The data provided by the JSNA may highlight potential areas with equality and diversity implications.	
<b>Acronyms or terms used. eg:</b>	
Initials	In full
A&E	Accident and Emergency
COPD	Chronic Obstructive Pulmonary Disease
CHD	Coronary Heart Disease
DCLG	Department for Communities and Local Government
GP	General Practitioner
HWB	Health and Wellbeing Board
LD	Learning Disability
RAG	Red, Amber, Green indicators

## Appendix 1

### Alcohol (Amber)

*Reducing the harm caused by alcohol through:*

1. *Reducing the number of alcohol-related crime and violence incidents in Watford and Stevenage evidenced by annual improvements.*
2. *Reducing the percentage of young people having unsafe sex under the influence of alcohol by 2 percent points.*
3. *Reducing the number of alcohol-related A&E attendances.*

RAG Rating	Indicator	Jan-March 13	Apr-Jun 13	Jul-Sep13	Oct-Dec 13	Jan-March 14
Amber	1. Alcohol related incidents			46 in Stevenage 69 in Watford		
	2. Young people having unsafe sex				36%	
	3. A&E attendances	69	108	89	55	39

Indicator 2 provides an interim estimate pending production of this year's Young People's Health Survey results. The publication of this survey will identify whether there has been a reduction of 2% in the number of 16-24 year olds reporting unsafe sex under the influence of alcohol. Indicator 3 shows the number of alcohol-related A&E attendances at Watford General Hospital. Lister and QEII data will be available shortly.

Given difficulties with data, it is intended in future to report alcohol-specific hospital admissions (excluding A&E) for males, females and under-18s by District, and compare this with the national rate.

Action plan:

- Summarised as Amber due to poor evidence of performance due to data problems (e.g. changes to reporting parameters from Police crime database, infrequency of young people's health behaviour survey), with robust data would probably be Green.
- Alcohol Strategic Plan is now in place with actions to reduce alcohol inequalities across Herts' districts and boroughs.
- Overall alcohol performance for Hertfordshire is significantly better than England for the majority of national alcohol indicators
- We plan to introduce additional report to underpin Cardiff data for alcohol-related hospital admissions because national data source is robust and comparable

## Tobacco (Green)

*Reducing the harm from tobacco through:*

1. *Reducing the percentage of adults smoking in each district by 18.5 percent or less by 2015.*
2. *Reducing the percentage of 15 year olds smoking to less than 9 percent by the end of 2015.*
3. *Reducing the percentage of people smoking during pregnancy to less than 7 percent by the end of 2015.*

RAG Rating	Indicator	Jan-March 13	Apr-Jun 13	Jul-Sep13	Oct-Dec 13	Jan-March 14
Green	1. Adult smoking	19.4%				17.7%
	2. Young people smoking	9.5%				9.5%
	3. Smoking during pregnancy	9%	7.34%	7.22%	7.43%	

Percentage of adults smoking in each district in 2012:

Brox	Dac	E. Herts	Hertsm	N. Herts	St. Alb	Stev	Three Riv.	Watf	Wel
19.3	17.4	15.2	20.8	17	16.2	22.3	15.3	14.3	20.4

Changes in recording of adult smoking prevalence mean that although the trends seem promising, it is not clearly established. Indicator 2 will be next updated following this year's survey.

## Weight (Amber)

*Improving healthy weight and physical activity through:*

1. *To stop the increase in overweight and obese children by 2016 and then to reverse this.*
2. *To stop the increase in overweight and obese adults by 2016 and then to reverse this.*
3. *Increasing the percentage of adults achieving recommended physical activity with an annual increase in participation.*

RAG Rating	Indicator	Jan-March 13	Apr-Jun 13	Jul-Sep13	Oct-Dec 13	Jan-March 14
Amber	1. Overweight and obese children (reception/year 6)		21.7% 27.8%	21.7% 27.8%	21.7% 27.8%	19.7% 28.8%

	2. Adult obesity	21.4%			21.5%	21.5%
	3. Adult physical activity			58.2%	58.2%	58.2%

Action plan:

- Hertfordshire Healthy Weight strategic plan now in place.
- Public Health is commissioning a weight management support service for children and their families across the county and will be in place by late autumn 2014
- Currently weight management support groups in the community in place across the county with over 2000 referrals in the past 8 months.

### Learning Disabilities (Amber)

*Fulfilling lives for people with learning disabilities through:*

1. *Increasing the percentage of people registered with learning disabilities having annual GP health checks to 85 percent take-up by 2016.*
2. *Reducing the percentage of emergency hospital admissions for people with learning disabilities.*
3. *Increasing the percentage of people with learning disabilities who are satisfied with the lives they lead.*

RAG Rating	Indicator	Jan-March 13	Apr-Jun 13	Jul-Sep13	Oct-Dec 13	Jan-March 14
Amber	1. Annual health checks	12.4%				53.5%
	2. Emergency hospital admissions	60	52	55	54	57
	3. People satisfied with the life they lead					

Health checks are now reported as an annual figure. These health checks will in future also include young people (14 - 17) which is important for early identification of health conditions and improved outcomes. Emergency hospital admissions show whether the annual health checks are identifying health conditions and supporting people to maintain their health. The self reporting questionnaire for people with learning disabilities is being piloted in Quarter 1 of 2014/15, having been co-produced.

Action plan:

- Current partnership between IHCCT (JCT), CCGs and NHS England to encourage sign up to the Enhanced Service for delivery of health checks for people, thereby improving diagnosis of long term conditions

and other health problems and active management of these and decreasing the number of emergency admissions

- The Learning Disability nursing service continues to work proactively as health facilitators and encourage people to use services
- The IHCCT have produced a clause for community social care contracts highlighting the requirements of staff to support the health and wellbeing of people they work with (a copy can be provided); we are currently working to introduce this through the East of England contracts. A pilot has been run with a HCC supported living provision in St Albans
- An easy read self-assessment form has been developed and this will help with firstly a benchmark of current satisfaction for people with learning disabilities, which we will then be able to better monitor improvements. Healthwatch Hertfordshire have agreed to pilot with a group of people.

### Dementia (Amber)

*Living well with dementia through:*

1. *Increasing the percentage of people with dementia who have this noted on GP registers to 70 per cent by 2015.*
2. *Reducing the percentage of people registered with dementia who are on anti-psychotic medication by 10 per cent annually over the next five years.*
3. *Increasing the percentage of people diagnosed with Dementia who have discussed and planned their end of life care.*

RAG Rating	Indicator	Jan-March 13	Apr-Jun 13	Jul-Sep13	Oct-Dec 13	Jan-March 14
Amber	1. Registered with dementia	42.5%				
	2. Anti-psychotic medication	22.7%	21.1%			
	3. End of life plan	88%	88%	74%		

Availability of dementia diagnosis data is an ongoing issue and is being discussed at the Department of Health. The current diagnosis measure is published annually in October. Ongoing work has led to a significant increase in the number of referrals for people with memory problems, particular from October when a particular incentive for GPs came into force. With the changes to the NHS landscape, the local anti-psychotic GP survey did not occur in 2014.

Action plan:



- The number of dementia diagnoses has increased exponentially year on year, growing from 560 diagnoses in 2012/13 to 1,562 diagnoses in 2013/4. This is driven by incentives for both GPs and hospitals to identify and refer older patients with memory issues for a memory assessment. This work was also supported by a financial incentive for the Early Memory Diagnosis and Support Service (EMDASS) to maintain waiting time targets throughout the year, enabling a good throughput of referrals.
- The two Hertfordshire Clinical Commissioning Groups have agreed challenging targets with NHS England to increase dementia diagnosis rates. Part of this work underpinning these targets will be ensuring GPs accurately record all new dementia diagnoses on their patient records, and this will be achieved through extensive clinical coding audits

### Long Term Conditions (Amber)

*Enhancing the quality of life for people with long term conditions through:*

- 1. Reducing the rate of emergency admissions for COPD or heart failure by 2016.*
- 2. Increasing the percentage of patients satisfied with long term conditions services and support.*
- 3. Reducing the rate of emergency admissions for people over 65 in HomeFirst project localities*

RAG Rating	Indicator	Jan-March 13	Apr-Jun 13	Jul-Sep13	Oct-Dec 13	Jan-March 14
Amber	1. COPD/Heart failure emergency admissions per 100,000 people	491.5	468.7	415.9	484.4	480.9
	2. Satisfied with services and support	60% yes 11% no 29% don't know		East and North: 62% yes 11% no 27% don't know  Herts Valleys: 62% yes 12% no 27% don't know		
	3. HomeFirst emergency admissions	Lower Lea Valley: 603	Lower Lea Valley: 529	Lower Lea Valley: 552	Lower Lea Valley: 638	Lower Lea Valley: 595

		Hertsmer e 1070	Hertsme re 1006	Hertsmere 1012	Hertsmere 980	Hertsmer e Not yet validated
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The data shows seasonal fluctuations in the Quarterly rates of COPD and CHD admissions for all adults, but there is not yet any sustained evidence that the overall trend in admission rates have been significantly decreasing over the last 12-18 months. Similarly, there is not yet evidence (partly due to survey changes) that we are supporting people with LTCs better than previously, or any better compared to the national average. There is some evidence of progress in the two Homefirst pilot areas, with significant decreases in the number of emergency admissions for people aged 65 or over since January 2013 compared with the levels predicted based on admissions numbers in the previous 2 years.

Action plan:

- Continued development of HomeFirst model to encompass long-term preventative services and embed self-management and resilience.
- Roll out of HomeFirst beyond initial pilot areas.

Carers (Green)

*Supporting carers to care through:*

1. *Reducing the average number of months spent caring before getting support.*
2. *Increasing the number of young carers who are supported by services.*
3. *Improving the score for carer reported quality of life.*

RAG Rating	Indicator	Jan-March 13	Apr-Jun 13	Jul-Sep13	Oct-Dec 13	Jan-March 14
Green	1. Time spent caring before getting support	64 months				60 months
	2. Young carers supported		44	25	29	32
	3. Adult carers healthy and able to care	8				

Hertfordshire's key statutory and voluntary organisations are signing up to the Hertfordshire Commitment to Carers and our final evaluation of the Carer Friendly Community and Hospital in March 2014 demonstrated a positive relationship between carers support and reductions in admissions to residential care and hospital. Outcomes include agreement to jointly fund the

roll out of the carers passport discount card across the rest of the county and a 12 month extension of the clinical carers lead post at the Lister Hospital. Performance indicators are still under development so interim proxies have been used where necessary. Indicator 1 now includes data from Carers in Hertfordshire and demonstrates that on average carers are identified before they have been caring for 5 years but we are unable to be precise to the month. Indicator 2 shows numbers of young carers supported by HCC whilst we develop a methodology to demonstrate outcomes; an additional 108 young carers have been supported by the voluntary sector during 2013-14 . For indicator 3, a national indicator for carer reported quality of life in Hertfordshire has been used whilst data is collected locally which will allow more frequent reporting. The next available data for Indicator 3 will be after the next Department of Health Carers Survey has been carried out in late 2014.

### Families (Green)

*Helping all families to thrive through:*

1. *Increasing the number of families engaged in the thriving families programme.*
2. *Increasing the number of outcome claims submitted to DCLG.*
3. *Increasing the number of eligible disadvantaged two year olds to access a free early education.*

RAG Rating	Indicator	Jan-March 13	Apr-Jun 13	Jul-Sep13	Oct-Dec 13	Jan-March 14
Green	1. Engaged in Thriving Families Programme	427	530	627	942	1128
	2. Outcome claims submitted		10	160	200	502
	3. Eligible 2-year-olds accessing free education		867	867	1915	2660

Good progress has been made on all measures. Thriving Families is slightly ahead of profile for the number of families engaged and on the number of outcome claims submitted. The proportion of outcomes are presently biased towards crime/ASB and school attendance. Further work is being undertaken to increase the number of job related outcomes. The expansion of the Two Year old free education initiative is going well. Our take up for children is currently 93% based on the target of 2221 for 13/14 (academic year) with the Eastern Region average being 70%.

### Mental Health (Amber)

*Improving mental health and emotional wellbeing:*

1. *Increasing the percentage of people with common mental health conditions using psychological therapies.*
2. *Improving the average adult mental wellbeing score.*
3. *Improving the average 'strengths and difficulties' score for looked after children.*

RAG Rating	Indicator	Jan-March 13	Apr-Jun 13	Jul-Sep13	Oct-Dec 13	Jan-March 14
Amber	1. People using psychological therapies	1.27%	1.58%	1.5%	1.7%	2.23%
	2. Population mental wellbeing score	24.68	24.8	24.97	24.92	24.92
	3. Children looked after					

There has been a spike in the number of people being referred to talking therapies (particularly self-referrals) partly due to increased promotional activities and a new self-referral process; recovery rates have also remained above expectations. However there remains some performance variability across the county which is being addressed through additional funding and an increased focus on self-referrals, reaching out to older people and making links with physical health services which see people with long-term conditions. Overall access rates are increasing and are expected to continue to increase in line with national expectations (15% of the prevalent population should receive talking therapies by the end of 2015). After a period of gradual increase, our population mental wellbeing scores have recently levelled off.

Action plan:

- Proactive advertisement of Hertfordshire's Wellbeing Service has been undertaken to ensure people are accessing psychological therapies; particular emphasis is to increase the number of people self-referring, which has improved conversion of referral to treatment rates.
- A more proactive approach to GP referrals has been implemented. There is now quarterly monitoring to GPs to highlight the number of referrals made and remind referring clinicians about who might benefit from services.