

**HERTFORDSHIRE COUNTY COUNCIL**

**HEALTH AND WELLBEING BOARD  
THURSDAY 5 MARCH 2015 AT 10.00 a.m.**

**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 progress in delivering against its 9 strategic priority areas.
- 1.2 To update the Board of the leads and Assistant Directors responsible for each theme.

**2.0 Summary**

- 2.1 The Board received a report on the progress and status of its priorities on 18 June 2014.
- 2.2 It was felt that the Red, Amber, Green (RAG) reporting on the Board's Priority Indicators Dashboard was not clear and an alternative method of reporting be developed, in consultation with the Public Health Directorate. The RAG reporting has now been replaced by the method developed by the Public Health Directorate to monitor progress against the three "Healthy Living" priority areas.
- 2.3 The new reporting style uses the Public Health Directorate's template to illustrate progress against each performance indicator. The graphs are accompanied by a brief narrative on each theme to illustrate what each indicator shows and what actions are in place to achieve the target.
- 2.4 The summary tables below indicate the 9 priority themes of the Health and Wellbeing Strategy; the Theme Lead and the accountable Assistant Director; and a summary of the theme leads' most recent report to indicate progress against targets. The full reports, with further details, are provided at Appendix 1.

## 2.6 HEALTHY LIVING

### 2.6.1 Reducing the Harm Caused by Alcohol:

**Theme Lead: Gill Goodlad (AD Gill Goodlad)**

Objectives	Summary Commentary
Improve alcohol-related crime and violence in Stevenage and Watford	Rates in all districts and boroughs are decreasing but Stevenage and Watford remain higher than the England average at 419 and 393 respectively (figures are approximate rate per 1000 people for 2012/13).
Reduce alcohol-related hospital admissions	Alcohol – related admissions have increased in all areas, which reflect the national increase.
Reduce alcohol attendances in A&E departments in Watford and Stevenage	In Watford there may be an early emerging reducing trend; in Stevenage data collection is too recent to detect any trend.

### 2.6.2 Reducing the Harm from Tobacco:

**Theme Lead: Liz Fisher (AD Dr Joel Bonnet)**

Objectives	Summary Commentary
Reduce smoking in every district by 2015	All districts now have a smoking prevalence equal to or less than the target of 18.5% by the end of 2015.
Reduce smoking in young people, so that less than 9 per cent of 15 year olds smoke by 2015	Prevalence has declined from around 10.5% in 2010 to around 9.5% in 2012: our target is 9% in 2015. England rates are at an all-time low of 8%.
Reduce smoking in pregnancy to 7% by the end of 2015	Rates declined in 13/14 to 7.3% from 9.8% in 2011. However, in ENHCCG rates increased during 14/15 Q1&2 before declining to 8.9% in Q3: we will support midwives and other local staff to reduce prevalence to our 2015 target of 7%.

### 2.6.3 Promoting Healthy Weight and Increasing Physical Activity:

**Theme Lead: Maneka Bhuttae (AD Piers Simey)**

Objectives	Summary commentary
Stop the increase in overweight and obese children in our worst five MSOA areas by 2016 and then reverse this	There has been an increase in the percentage of children with excess weight across all of the MSOAs in 2013/14
Stop the increase in overweight and obesity in adults in our worst five district areas by 2016.	All 5 districts are higher than the Hertfordshire average for excess weight. In Hertfordshire 40.3% of adults (16+) are overweight and 21.5% are obese. In Broxbourne, the district with the highest rates, 41.9% of adults (16+) are overweight and 28.3% are obese.
Achieve a year-on-year increase in	While Hertfordshire at 58.8% is slightly better than the

adult participation in physical activity 2013-2016.	England average of 55.6%, there is considerable variation at a district/borough level. Welwyn Hatfield, Hertsmere, North Herts, Broxbourne have seen an increase.
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## 2.7 INDEPENDENT LIVES

### 2.7.1 Fulfilling Lives for People with Learning Disabilities

#### Theme Lead: Sarah Damms (AD Sue Darker)

Objectives	Summary Commentary
Increase the uptake of annual health checks for people with Learning Disabilities	There has been no improvement in % of people receiving an annual health check. In 2011/12 (the last year for which comparative data is available) 63.02% of eligible adults with a Learning Disability had an annual health check against the national average of 52.73%. Data awaited to see if Hertfordshire continues to be above the national average.
Reduce emergency hospital admissions for people with learning disabilities	Data is currently only available for 2013-14 when a slight overall reduction took place. In Jan/Mar 2013 there were 60 admissions and in Jan/Mar 2014 there were 57.
Improve people's satisfaction with the life they lead	The Survey has just been completed and results are awaited and should be available by May 2015.

### 2.7.2 Living Well With Dementia

#### Theme Lead: Simon Pattison (AD David Evans)

Objectives	Summary Commentary
Increase the rate of people with dementia noted on GP registers	There are an estimated 15084 people with Dementia in Hertfordshire, of which 7041 have a diagnosis. This means that we would have to diagnose an additional 3015 people to reach the 67% target by year end. An action plan is in place to work towards the target beyond year end.
Reduce waiting times for diagnosis and assessment	From April – December 2014 an average of 77% of people were seen within 6 weeks which means we are 13% below our target of 90%.
Increase the rate of diagnosed people offered an end of life care plan	In Q 3 62% of people were offered an Advanced Care Plan, an increase from 36.13% in Q2 (an individual plan drawn up with the support of health/care staff, covering a whole range of decisions which include End of Life issues, amongst others).

## 2.7.3 Enhancing the Quality Of Life for People with Long Term Conditions

### Theme Lead: Keir Mann (AD Chris Badger)

Objectives	Summary Commentary
Reduce emergency admissions for COPD and CHD	Rates have been reducing in the year to Q2: 2014/15. Recent reductions have been greatest for COPD admissions; CHD admissions have also dropped for ENCCG, but remained stable for HVCCG.
Improve satisfaction with services and support	Satisfaction is at a slightly lower level of 60% in both CCG areas, than the national average, where 64% of people report feeling adequately supported by local services.
Reduce emergency admissions in Homefirst areas	In Lower Lea Valley admissions reduced in 2013/14 and in North Herts admissions reduced from Jul-Nov 2014. In Hertsmere, although admissions have increased, the increase has been less marked than areas which do not have Homefirst services.

## 2.8 FLOURISHING COMMUNITIES

### 2.8.1 Supporting Carers to Care

#### Theme Lead: Tim Napper (AD Earl Dutton)

Objectives	Summary Commentary
Reduce the time spent caring before getting support	Average times have progressively reduced during 2014 The average length of caring role before getting support has reduced from 9.1 years in 2012/13 to 7.02 years in the first six months of 2014-15. End of year/whole year figure for 2014-15 will be available in April 2015.
Increase the number of young carers supported by services	The number of young carers identified and supported by Children's Services and Carers in Herts remains low at 6.2% of the 3900 total, number of Young Carers in the County.
Improve carers' quality of life	Survey is currently underway.

### 2.8.2 Improving Mental Health and Emotional Wellbeing

#### Theme Lead: Sarah Damms (AD Frances Heathcote)

Objectives	Summary Commentary
Improve access to primary mental health services.	There has been a steady increase in adults using psychological therapies and the recovery rate of those treated is consistently above the national average of 50%.
Improve average levels of adult mental wellbeing.	Levels improved during 2012-13 but have now decreased slightly since April 2013 from 24.97% to 24.88% in contrast to recent rises in national averages.
Improve the emotional wellbeing of "looked after" children.	Hertfordshire's score improved between 2010-13 to a point where it became better than the England average.

### 2.8.3 Helping All Families to Thrive

#### Theme Lead: Gareth Morgan (AD Andrew Simmons)

Objectives	Summary Commentary
Success in helping the 'turn around' of identified families.	The actual number of 'turned around' families reported to DCLG in February was 1047 (77.5%) which secures Hertfordshire's participation in Phase 2 of the troubled Families initiative from 2015 – 2020.

### 3.0 Recommendation

- 3.1 To discuss performance and highlight any areas for focused attention, and consider whether the new reporting style for the Health and Wellbeing Board strategy performance indicators is in accordance with the Board's wishes.

<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>	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</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
JSNA	Joint Strategic Needs Assessment