Theme	Priority	Measure	Reporting Frequency / date of Latest Available Data	Measure source	Baseline	Latest Metric	Direction of Travel	Current Quartile Performance	National Rank Change (out of 152 LA's)	Overall Performance Rating	What is preventing improvement ?	What needs to be done to progress improvement actions undertaken to meet challenges?	Named lead for actions	Links to Relevant Partner Plans	Lead Board
Reduce the burden of preventable disease, disability and death.	18 Reduce the life expectancy gap by improving the health of the poorest people, and men in particular.	Increase Male Life Expectancy	Annual / 2011 to 2013 *(no data update)*	PHOF (indicator 0.1ii)	77.9 Years 2010/12	78.1 Years 2011/13	↑	4	115/152 (where 1 is best)		The CCG continues to work with partners to improve this metric. It remains challenging. There are many factors that impact on life expectancy and the CCG contribution is multi faceted and focused on commisioning services that are timely and effective. In 2015/16 we will continue to work to improve Care Programme Board to lead on this aspect of the strategy and the CCG contribution. CCG will report to HWBB later in the year on progress	From the Operational Plan: Work with partners to reduce the impact of smoking and obesity; focus on prevention and early detection for main causes of death; maximise opportunities to influence lifestyle choices through Making Every Contact Count; encourage participation in NHS health checks and national screening programmes and make eating healthier easier.	Dr Abdalla GP and Dr Paulette Myers	CCG Operational Plan 15 - 17, CCG five year Strategic Plan, JSNA, NHSE Five Year Forward View	Primary and Community Services Programme through CCG / Public Health Programme Board
		Narrow the Life Expectancy Gap between the most deprived and affluent parts of Wallsall - Male Life Expectancy Gap (Years)	Annual 2011/13	PHE Profiles	10.8 Years 2010/12	10.1 Years 2011/13	↓	n/a	n/a	n/a	see above	The CCG must continue to work in partnership with Public Health Medicine and the CCG clinical leads to identify and progress the actions that can make a difference. This work is being coordinated through the CCG's Primary and Community Services Programme	Dr Abdalla GP and Dr Paulette Myers	CCG Operational Plan 15 - 17, CCG five year Strategic Plan, JSNA, NHSE Five Year Forward View	
		Narrow the Life Expectancy Gap between the most deprived and affluent parts of Wallsall - Female Life Expectancy Gap (Years)	Annual 2011/13	PHE Profiles	8 Years 2010/12	7.5 Years 2011/13	↓	n/a	n/a	n/a	see above				
		Improvement in the management of Diabetes HBA1C (DM09)	Annual 2014/15	Quality & Outcomes Framework	83% 2013/14	81.8% 2014/15	→	1			Although in the green quartile the CCG will continue to work to improve care for those with diabetes and also those at future risk of the disease. Within the Diabetes Strategy is a key performance indicator that aims to reduce the number of undiagnosed patients with diabetes through targeted screening of high risk groups via a collaboration between the CCG, Public Health and other groups (such as industry, faith groups and charities) referring high risk patients to lifestyle interventions.	The CCG and WHT have launched a new local programme of education for patients with Type 2 Diabetes called 'Diabetes and Me' that is accompanied with a patient information pack and App for Android Phones, the impact of the new education programme will be monitored. The CCG have been working with the WHT diabetes team to launch a programme of dediciated educational sessions targetting members of the public whose first language is not English. The CCG remain committed to rolling out an educational programme for those patients identified as 'at risk' of diabetes and have invested in a train the trainer programme with 10 members of WHT and LA specialist team The CCG remain committed to working with primary care to ensure patients on thier diabetes register are	W. Godwin	CCG Operational Plan 15 - 17, CCG five year Strategic Plan, JSNA, NHSE Five Year Forward View	Primary and Community Services Programme through CCG / Public Health Programme Board
		<75 Years Mortality Respiratory Rate per 100,000	Annual 2012/14	PHOF (Indicator 4.07i)	34.4 per 100,000 2011/13	32.8 per 100,000 2012/14	↓	2	70/152 (where 1 is best)		Female performance between 2012 and 2014 has improved at a slightly greater rate than males. The CCG is working to further improve the respiratory care pathway in 2016/17 through a new service specification.	A new Consultant Lead Community Respiratory Service Specification has been developed and WHT are now agreeing a mobilisation plan as to how the service will be launched in April 2016. The service specification focuses on addressing the following patient outcomes • To minimise the impact of the disease and reduce exacerbation rates • To improve the early detection of exacerbations and provide prompt treatment • To reduce the number of admissions to hospital for acute exacerbation of COPD • To improve partnership working between primary, community and secondary care • Reduction in cost of home oxygen prescriptions	W. Godwin	CCG Operational Plan 15 - 17, CCG five year Strategic Plan, JSNA	Primary and Community Services Programme through CCG / Public Health Programme Board

		<75 Years Mortality Cancer Rate per 100,000	**Annual 2012/14**	**PHOF (Indicator 4.05i)**	**161.5 per 100,000 2011/13**	**164.6 per 100,000 2012/14**	↑	4	**123/152 (where 1 is best)**		The gap between Walsall and the rest of England is widening, with the rate increasing for both males and females dying of cancer before the age of 75. The CCG will be working with Public Health to understand the underlying causes of the increases and will report further to HWB when this work is complete.	The CCG are reviewing direct access to diagnostics from primary care for all suspected cancers in light of the NICE guidance whereby diagnostic pathway will be the responsibility of the GP The CCG are working with the Regional Network with a project to improve the number of patients who attend screening in particlar bowel screening to address the following : The high volume of 2 Week Wait referrals with low conversion rates in lower Gastro-Intestinal Tract. • non-electives spend for lower Gastro-Intestinal Tract is one of the highest in the country and almost 50% higher than peer group. • Low percentage of colorectal cancers detected at an early stage (1 or 2) • uptake in bowel screening is lower than the national and regional average.	W. Godwin	CCG Operational Plan 15 - 17, CCG five year Strategic Plan, JSNA	Primary and Community Services Programme through CCG / Public Health Programme Board
		<75 Years Mortality CVD rate per 100,000	**Annual 2012/14**	**PHOF (Indicator 4.04i)**	**94.7 per 100,000 2011/13**	**91.8 per 100,000 2012/14**	↓	3	**113/152 (where 1 is best)**		This indicator is heading in the right direction, with a reduction in Cardiovascular Disease (CVD) mortality for both males and females.	The CCG have worked collaboratively with the heart failure team at WHT to develop a service specification for Multi-Disciplinary Specialist Community Service for patients with Heart Failure. WHT are in the process of developing a mobilisation plan as to how the new service will be delivered from April with the intention to achieve the following patient outcomes: • Reduction in acute admissions; • Reduction in acute outpatient appointments; • Accurate GP records identifying Heart Failure patients; • Improved identification of Heart Failure patients; • Reductions in length of stay (in line with integrated pathways between primary and secondary • care services) • Improved quality of life indicators • Improvement using the Gold Standard Framework (GSF) objectives	W. Godwin	CCG Operational Plan 15 - 17, CCG five year Strategic Plan, JSNA	Primary and Community Services Programme through CCG / Public Health Programme Board

Direction of Travel

Improving Performance against baseline (10% change)		**Declining Performance against baseline (10% change)**	
↑	Improving trend where higher is better	↑	Declining trend where lower is better
↓	Improving trend where lower is better	↓	Declining trend where higher is better

Static Performance (less than +/- 10%)	
→	No change compared with baseline

Current Quartile Performance

1	Top quartile	Good Performance	
2 or 3	Second and Third Quartile	Medium Performance	
4	Bottom quartile	Bad Performance	

Overall Performance Rating

Green - Top 2 quartiles any change
Amber - 3rd quartile and stable or improving
Red - Bottom quartile and/or 3rd quartile and reducing performance