

Health and Wellbeing Board

8 September 2014

Agenda item

Suggested performance measures for Health and Wellbeing Strategy priorities.

1. Purpose

In 2014/15, 19 recommendations for action were identified within the Health and Wellbeing Strategy and these have become the key priorities. In order to measure progress – and in turn, for the Health and Wellbeing Board to assure itself of progress - we are working with the linked Boards and HWB leads to identify relevant measures to show progress. Each priority has between 1 and 3 measures and they are a mixture of outcome measures and process measures, both national and local.

2. Recommendations:

- 2.1 That the Health and Wellbeing Board considers the suggested measures against the 19 priorities and agrees they approve of the selection of measures as the start of a process to show progress. It is understood that the suggested measures may change as the thinking evolves in order to ensure the selection of robust measures and reduce reporting duplication between the Health and Wellbeing Board and linked Boards.

3. Report detail

Theme	Priorities	Measure	Frequency of update for measure
Promote and support emotional wellbeing	1. Promote emotional wellbeing and encourage people to be more self reliant	Numbers of people / frontline staff trained in 5 Ways to Wellbeing Initiative.	Quarterly
		Proportion of physically active adults (16 Years and Over).	Annual
	2. Help parents ensure children enjoy the best start in life	Percentage of children achieving a good level of development in Foundation Stage	Annual

Give every child the best start in life and enable them to make the most of who they are.		Profile (FSP)	
		Number of 2 year old children benefitting from funded early education	Annual
		Percentage take-up of 3 and 4 year olds benefitting from free early education	Annual
	3. Reduce infant mortality	Infant Mortality rate per 1000 live births.	Annual
		Breastfeeding duration – 6 to 8 weeks check	Quarterly
	4. Reduce the gap in attainment between children from the least and the most deprived communities in Walsall	% of 5 A* to C grades including Maths and English at Key Stage 4	Annual
		% achieving a level 2 qualification by the age of 19	Annual
	% achieving a level 3 qualification by the age of 19	Annual	
	Narrow the free school meals gap	Annual	
5. Provide education to improve parenting skills	The % of early help service interventions finishing due to needs being met	Quarterly	
6. Help children maintain a healthy weight	% reception measured as either overweight or very overweight.	Annual	

		Reception coverage rate	Annual
		% Year 6 measured as either overweight or very overweight.	Annual
		Year 6 coverage rate	Annual
	7. Ensure mental health services for children are fit for purpose	Reduction in hospital admissions due to self harm. (Measure currently being reviewed)	Quarterly
Money, home and job – support to those who are vulnerable	8. Provide support to vulnerable young adults so they can access jobs or training	Number of young people 18-24 who are unemployed % of 16 to 19 year olds not in education or training	Monthly Annual
	9. Support businesses to provide healthy workplaces	Number of small and medium sized enterprises engaged within the healthy workplace program	Annual
		Number of Workplace Health Checks completed as part of Healthy Workplace Programme.	Annual
		Number of residents claiming sickness benefit	Annual
	10. Reduce child poverty and the impact on families of workless parents	% of children living in poverty	Annual
11. Ensure the best	% working age	Annual	

	possible welfare advice for those in need	population claiming a key out-of-work benefit Number of families in crisis supported / prevented from becoming homeless (by Money, Home, Job team)	
	12. Ensure staff of local service providers have knowledge and skills to improve the health of their service users	Number of Health & Social Care sector providers supported (measure to be confirmed)	
Create and develop healthy, sustainable places and communities.	13. Ensure that we provide land and space for healthy living and that the health impacts of developments are properly assessed.	Proportion of physically inactive adults	Annual
		% of people using outdoor space for exercise / health reasons	Annual
		Number of Health Impact Assessments Carried out	Annual
	14. Encourage ways to involve local people and communities in efforts to improve health	Local measures appropriate to initiative through Area Partnership structure	Quarterly – when requested
	15. Reduce the harm caused by alcohol and drugs	Rate of alcohol specific admissions to hospital	Quarterly
		% successful completion of drug treatment (Opiates)	Quarterly

		/ Non – Opiates)	
Make healthy choices easier	16. Help people to find out how to improve their own health	Number of referrals to Lifestyle Link	Quarterly
		Number of Referrals to Health Trainer Programme	Quarterly
	17. Ensure employees are trained to give appropriate healthy lifestyles advice and know about available local support, thereby helping people improve their health	Making Every Contact Count (MECC) – no of staff trained	Quarterly
		No of brief interventions completed.	Quarterly
		No of MECC referrals	Quarterly
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 (Years)	Annual
		Narrow the Life Expectancy gap between the most deprived and affluent parts of Walsall	Annual
		Male – Gap (Years)	
		Female – Gap (Years)	
Promote and support healthy ageing and independent living	19. Reduce emergency admissions to hospital for over 75s and reduce the use of long-term residential care	Reduction in emergency admissions' in calendar year 2015 compared to calendar year 2014	Quarterly
		Reduction in permanent admissions to residential care in 2014/15 compared to 2013/14	Quarterly

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