

Health and Wellbeing Board

23 January 2017

Measures and progress report for the priority under the Health and Wellbeing Strategy theme: 'Reducing the burden of preventable disease, disability and death'

1. Purpose

There is 1 priority identified under the theme described above, a priority shared with Walsall Clinical Commissioning Group and the Public Health Programme Board. These links are acknowledged through references to strategic documents and/or strategic Board priorities within the LA or partner organisations – shown in the penultimate column of appendix 1. This is so that the Health and Wellbeing Board (HWB) can assure itself that all relevant partners are taking the priorities within the Health and Wellbeing Strategy (HWS) into account when considering their commissioning priorities.

In order for the HWB to assure itself of current progress, a performance dashboard has been developed using the agreed performance measures for this priority and the dashboard has been populated using the information currently being used to assess progress by the named Boards and relevant commissioners and operational managers – see appendix 1.

2. Recommendations

- 2.1 That the Health and Wellbeing Board considers the performance dashboard being presented and decides whether the information provided is sufficient to give members assurance that either adequate progress is being made or that the named lead Boards have adequate corrective action plans in place to tackle poor performance.
- 2.2 That the Health and Wellbeing Board notes the linkages with Partner strategies and/or references to shared priorities shown in this performance dashboard and is satisfied that all partners are taking the Health and Wellbeing Strategy priority relating to 'Reducing the burden of preventable disease, disability and death' into account when considering commissioning priorities.

3. Report detail

Appendix 1 shows the Health and Wellbeing Strategy priority relating to the 'Reducing the burden of preventable disease, disability and death' theme and its identified performance measures. It should be noted that the performance measures

are a mixture of national and local indicators and therefore comparison with other local authorities, via quartile performance and ranking, is not always possible.

As the HWB is primarily seeking assurance from the named Boards that adequate progress is being made against this priority, it is not expected that the HWB will receive all the reports and information currently received by these Boards.

A summary of work being undertaken to overcome the problems would only be expected where overall rating is Red or Amber:

- the overall rating is red when:
 - the performance measure is in the bottom national quartile
 - or it is in the 3rd quartile and recent progress has deteriorated by more than 10%.
- the overall rating is amber if it is in the 3rd quartile and there has been improvement or no change
- the overall rating is green if it is in the top quartile or the 2nd quartile with any or no change - then no commentary should be required.

Where there is a time lag for data reporting, this needs to be tolerated unless there is recent local data that could be included. In some cases, there is currently no natural performance measure that fully captures progress towards meeting the priority outcome, and work is therefore currently underway to develop some appropriate local measures.

The last 5 columns in appendix 1 show the exception reports. They contain summaries of the following:

- What is preventing or limiting improvement.
- What actions are being done, or need to be done, to ensure improvement
- The named leads for these actions.
- Links to relevant partner strategies and priorities as well as name of any corrective action plans.
- The name of the Board(s) leading on implementation of any corrective action plan.

The performance dashboard has been designed this way to avoid duplicating all the work of the other Boards whilst enabling the HWB to have:

1. an overview of current progress against the HWS priorities
2. easily identify where adequate progress is not being made
3. assure itself that adequate steps are being undertaken to overcome the challenges and begin to reverse poor performance.

While detailed delivery or improvement plans will not be reported to the Board, it is expected that accountable leads will maintain plans for improvement to ensure that actions are planned and impact monitored.

4. Implications for Joint Working arrangements

There are resource implications implicit in the ongoing work and any planned future work being reported within the dashboard. If these represent a major impediment to progress they are covered in the narrative.

5. Health and Wellbeing Priorities

The priorities within Walsall's Health and Wellbeing Strategy reflect the six policy objectives identified for action within Professor Sir Michael Marmot's final report, 'Fair Society Healthy Lives' (2010), in order to reduce health inequalities in England.

In relation to this performance dashboard, two of the Marmot policy objectives are:

- **'Enable all children, young people and adults to maximise their capabilities and have control over their lives'**
- **'Strengthen the role and impact of ill-health prevention'.**

The 'Reducing the burden of preventable disease, disability and death' theme and its identified performance measures within the HWS show current progress in Walsall against those objectives and the contribution to the wider Health and Wellbeing efforts to reduce inequality in Walsall.

Background papers

'Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England – post 2010.' Marmot Review Report

'Transforming Health and Wellbeing for all in Walsall.' The Health and Wellbeing Strategy for Walsall 2013 – 2016

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Theme	Priority	Measure	Reporting Frequency / date of Latest	Measure source	Baseline	Latest Metric	Direction of Travel	Current Quartile Performance	National Rank Change (out of)	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 / 2012 to 2014	PHOF (indicator 0.1ii)	77.9 Years 2010/12	78.0 Years 2012/14	↑	4	117/152 (where 1 is best)	Red	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 commissioning services that are timely and effective. In 2017-18 we will work with through the Right Care programme to improve key pathways for respiratory diseases and CVD. CCG will report to HWBB later in the year on progress	From the Operational Plan: 1. Partnership action to reduce the impact of smoking and obesity in the borough, ensuring men and those with long-term conditions are prioritised within services. 2. Robust response to the main causes of death in the borough with a focus on prevention and early detection. 3. Maximise opportunities to influence lifestyle choices and improve resilience in the population through the 'Health Chat' (previously 'Making Every Contact Count') initiative. 4. Promote uptake of the NHS Health Checks and national screening programmes.	Dr Abdalla GP and Dr Paulette Myers	CCG Operational Plan 17 - 19, CCG five year Strategic Plan, JSNA, NHSE Five Year Forward View	Commissioning Committee, Primary Care Committee and Walsall Together programme board.	
		Narrow the Life Expectancy Gap between the most deprived and affluent parts of Walsall - Male Life Expectancy Gap (Years)	Annual 2012/14	PHE Profiles (0.2iii)	10.8 Years 2010/12	10.0 Years 2012/14	↓	n/a	n/a	n/a	The CCG continues to work with partners to improve this metric. It remains challenging. However, it should be noted that the life expectancy gap has narrowed over the last reporting period. There are many factors that impact on life expectancy and the CCG contribution is multi faceted and focused on commissioning services that are timely and effective. In 2017 -18 we will continue to work to improve. CCG will report to HWBB later in the year on progress.	As above plus Walsall Together Place Based care team structures and health priorities in each locality	Dr Abdalla GP and Dr Paulette Myers	CCG Operational Plan 17 - 19, CCG five year Strategic Plan, JSNA, NHSE Five Year Forward View		
		Narrow the Life Expectancy Gap between the most deprived and affluent parts of Walsall -	Annual 2012/14	PHE Profiles (0.2iii)	8 Years 2010/12	7.2 Years 2012/14	↓	n/a	n/a	n/a	see above					
		Improvement in the management of Diabetes HBA1C (DM09)	Annual 2015/16	Quality & Outcomes Framework	83% 2013/14	82.8% 2015/16	→	1	Green	Green	Green	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. Factors impacting on improvement are: - variation in delivery of the 8 care processes in primary care - variation in delivery of the NICE recommended treatment targets in primary care - level of support provided to patients a high risk of developing diabetes - peoples lifestyles choices - lack of awareness and understanding of diabetes - variation in the quality of referral to structured education - poor take up of structured education opportunities	The existing structured education programme has been reviewed and improved and an increase in numbers attending appears to be improving. Works is in progress to improve the referral and attendance recording of structured education in general practice. The CCG has secured NHS England funding to roll out wave two of the National Diabetes Prevention programme, which will provide a behavioural intervention to patients at risk of diabetes with a HbA1c of between 42-47 mmol/mol. The programme starts in April 2017 and it is expected 1000 patients at risk patients will attend during 2017/18. Public Health evidence suggests when compared to usual care, attending a diabetes prevention programme there is a 26% lower incidence of diabetes with quite moderate weight loss. In addition, NHS England has made funding available to improve the 3 NICE recommended treatment targets and the uptake of structured education for newly diagnosed and prevalent diabetes: the CCG is working on a bid to secure funding which if successful should have an impact on improving care for people with diabetes.	C Marston	CCG Operational Plan 17 - 19, CCG five year Strategic Plan, JSNA, NHSE Five Year Forward View	Commissioning Committee, Primary Care Committee and Walsall Together programme board.
		<75 Years Mortality Respiratory Rate per 100,000	Annual 2013/15	PHOF (Indicator 4.07i)	34.4 per 100,000 2011/13	36.3 per 100,000 2013/15	↑	2	Yellow	Yellow	Yellow	The performance between 2013 and 2015 has dropped. The CCG has refocussed its attention on the entire respiratory care pathway and plan to review and redefine it across the health economy.	The CCG with the Trust has agreed to review the entirety of the respiratory disease pathway. The work will be conducted in 2017 under the RightCare programme (a national programme) that aims to improve the outcomes. We propose to: 1. Review the non-elective and elective pathways 2. Identify the areas for improvement 3. Develop pathways and protocols for improvement in the pathways and outcomes 4. Work with the Trust to redesign and implement an effective respiratory disease service that reduces the need for non-elective admissions, manages patients in the community and improves outcomes.	D.Perry		
		<75 Years Mortality Cancer Rate per 100,000	Annual 2013/15	PHOF (Indicator 4.05i)	161.5 per 100,000 2011/13	162.7 per 100,000 2013/15	↑	4	Red	Red	Red	The gap between Walsall and the rest of England is significant for both males and females dying of cancer before the age of 75. The indicator shows an increase in the mortality rate. The CCG working through Cancer Alliances and the National Cancer Vanguard, implement the Cancer Taskforce Report. 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.	From the Operational Plan: 1. Working through Cancer Alliances and the National Cancer Vanguard, implement the Cancer 2. Develop local plans in line with the strategy for West Midlands Cancer Alliance and work with West Midlands Clinical Network and Senate. 3. Spearhead a radical upgrade in prevention and public health in conjunction with the PH team 4. Drive a national ambition to achieve earlier diagnosis 5. Transform our approach to support people living with and beyond cancer 6. Work with WHT to develop transformational change such as stratified follow-up pathway for breast cancer patients. 7. Reduce the number of patients diagnosed with cancer via A&E	D Perry	CCG Operational Plan 17 - 19, CCG five year Strategic Plan, JSNA, NHSE Five Year Forward View	
<75 Years Mortality CVD rate per 100,000	Annual 2013/15	PHOF (Indicator 4.04i)	94.7 per 100,000 2011/13	95.4 per 100,000 2013/15	→	3	Yellow	Yellow	Yellow	The indicator has deteriorated marginally and the CCG will be working to further review and improve various CVD pathways in the next twelve months.	The CCG will agree with the Trust and review the entirety of the CVD pathway. The work will be conducted in 2017-18 under the RightCare programme (a national programme) that aims to improve the outcomes. We propose to: 1. Review the non-elective and elective pathways 2. Identify the areas for improvement 3. Develop pathways and protocols for improvement in the pathways and outcomes 4. Work with the Trust to redesign and implement an effective CVD service that reduces the need for non-elective admissions, manages patients in the community and improves outcomes through appropriate rehabilitation and enhancement of core CV functions.	D Perry		Commissioning Committee, Primary Care Committee and Walsall Together programme board.		

Direction of Travel				Current Quartile Performance			Overall Performance Rating
Improving Performance against baseline (10% change)		Declining Performance against baseline (10% change)		Static Performance (less than +/- 10%)			Green - Top 2 quartiles any change Amber - 3rd quartile and stable or improving Red - Bottom quartile and/or 3rd quartile and reducing performance
↑	Improving trend where higher is better	↑	Declining trend where lower is better	→	No change compared with baseline		
↓	Improving trend where lower is better	↓	Declining trend where higher is better				