



**North Yorkshire Joint Health and Wellbeing Strategy (JHWS) 2015-2020
Performance Dashboard**

15th July 2016

Presented by:
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Summary:

The purpose of this report is to present the first performance dashboard for the North Yorkshire Joint Health and Wellbeing Strategy 2015–2020.

Which of the themes and/or enablers in the North Yorkshire Joint Health & Wellbeing Strategy are addressed in this paper?

[Please tick as appropriate]

Themes	✓
Connected Communities	✓
Start Well	✓
Live Well	✓
Age Well	✓
Dying Well	✓
Enablers	
A new relationship with people using services	✓
Workforce	✓
Technology	✓
Economic Prosperity	✓

How does this paper fit with other strategies and plans in place in North Yorkshire?

The JHWS performance dashboard provides business intelligence to enable the Board to measure progress against a range health & social care strategies and plans.

What do you want the Health & Wellbeing Board to do as a result of this paper?

It is recommended that HWB:-

- Note and comment on the content of the report.
- Consider potential sponsors for the remaining enablers.
- Consider the inclusion of the additional metric for dementia prevalence.
- Receive a further report following the end of quarter two.

North Yorkshire Joint Health and Wellbeing Strategy (JHWS) 2015-2020

Performance Dashboard

15th July 2016

1. Purpose

1.1 The purpose of this report is to present a plan on a page and the first performance dashboard for the North Yorkshire Joint Health and Wellbeing Strategy 2015–2020. Plan and dashboard attached at appendix 1 and 2.

2. Background

2.1 The 2015-2020 Joint Health and Wellbeing Strategy (JHWS) was approved by the Health and Wellbeing Board (HWB) on 27 November 2015

2.2 A Board development session in December 2015 helped inform a draft performance framework for measuring progress against the JHWS. This was presented to HWB on the 24th of February 2016.

2.3 The framework includes:

- A performance dashboard of key data providing high level evidence of the direction of travel towards achieving the strategy
- How the Board will use exception reporting to tackle problems together
- A programme of in-depth Board discussions to share intelligence and deepen understanding of progress on the strategy's key themes and enablers.

3. Progress Update

3.1 The plan on a page has been developed as a quick tool for Board members, organisations and the public to understand the scope of the JHWS and the key work programmes and indicators in place to measure progress. It also sets out the Board sponsors for JHWS themes and enablers. There remain two sponsor gaps for 'technology' and 'a new relationship with people who use services'.

- 3.2 The priority areas and indicators included in the plan on a page are not exhaustive and do not represent all work that is taking place to improve the health and care system in North Yorkshire, but have been identified as key areas where the collective influence of the HWB can add value.
- 3.3 The dashboard contains high level indicators which are intended to provide HWB with a level of assurance that progress is being made. When coupled with more in-depth discussions and performance data about individual themes and exception reports, the dashboard will help HWB understand the direction of travel, appropriately and constructively challenge system leaders to facilitate improvement, and recognise and celebrate success.
- 3.4 The programme of in-depth discussions commences with the Start Well theme at the 15th of July HWB meeting sponsored by the County Council's Corporate Director of Children and Young People's Services.
- 3.5 Given their importance to the health and care system two additional measures have been added to the dashboard under the Age Well theme; delayed transfers of care and non-elective admissions.
- 3.6 The following indicators which were part of the framework presented to HWB in February have been replaced either because the data is not readily available and / or there is no mechanism for comparing performance.
- Carers assessments as a % of estimated carers
 - Numbers/proportion of people on recognised end of life pathways
 - % of people supported by hospices, including hospice at home services
- 3.7 The data is the latest available validated data, which in most cases is the 2014/15 outturn. Where the previous year's performance figure is available this is referenced in the commentary and the direction of travel reflected in the arrows. 2016 performance is also referenced in commentary where available, but in most cases this is not yet validated and therefore subject to change.
- 3.8 Whilst it will be important to stay focussed on key indicators, HWB may want to consider including a measure of dementia prevalence to provide an indication of the concentration, within a population, of the number of people who have been diagnosed and who are living with the condition.
- 3.9 It is expected that there will be further measures linked to integration from the Department of Health in the autumn of 2016, and the Board may want to consider revisions to the dashboard at that time.

3.10 Since this is the first dashboard report it is anticipated that the report will need to develop over time to ensure it is fit for purpose.

4. Headlines

4.1 Of the 14 indicators where comparator information is available, North Yorkshire is performing better than the England average in eight.

4.2 Indicators within the Live Well and Dying Well themes all show that North Yorkshire performs above the England average.

4.3 Indicators in the Age Well theme are performing least well against the England average and are likely to be most challenging to improve given the increase in demand, financial context and market conditions.

4.4 Connected communities indicators are more local which means less national comparator information is available. However, superfast broadband is a national programme where North Yorkshire continues to improve and performs better than other areas.

4.5 A detailed presentation will be made to the Board to expand on progress and challenges within the Start Well theme.

5. Recommendations

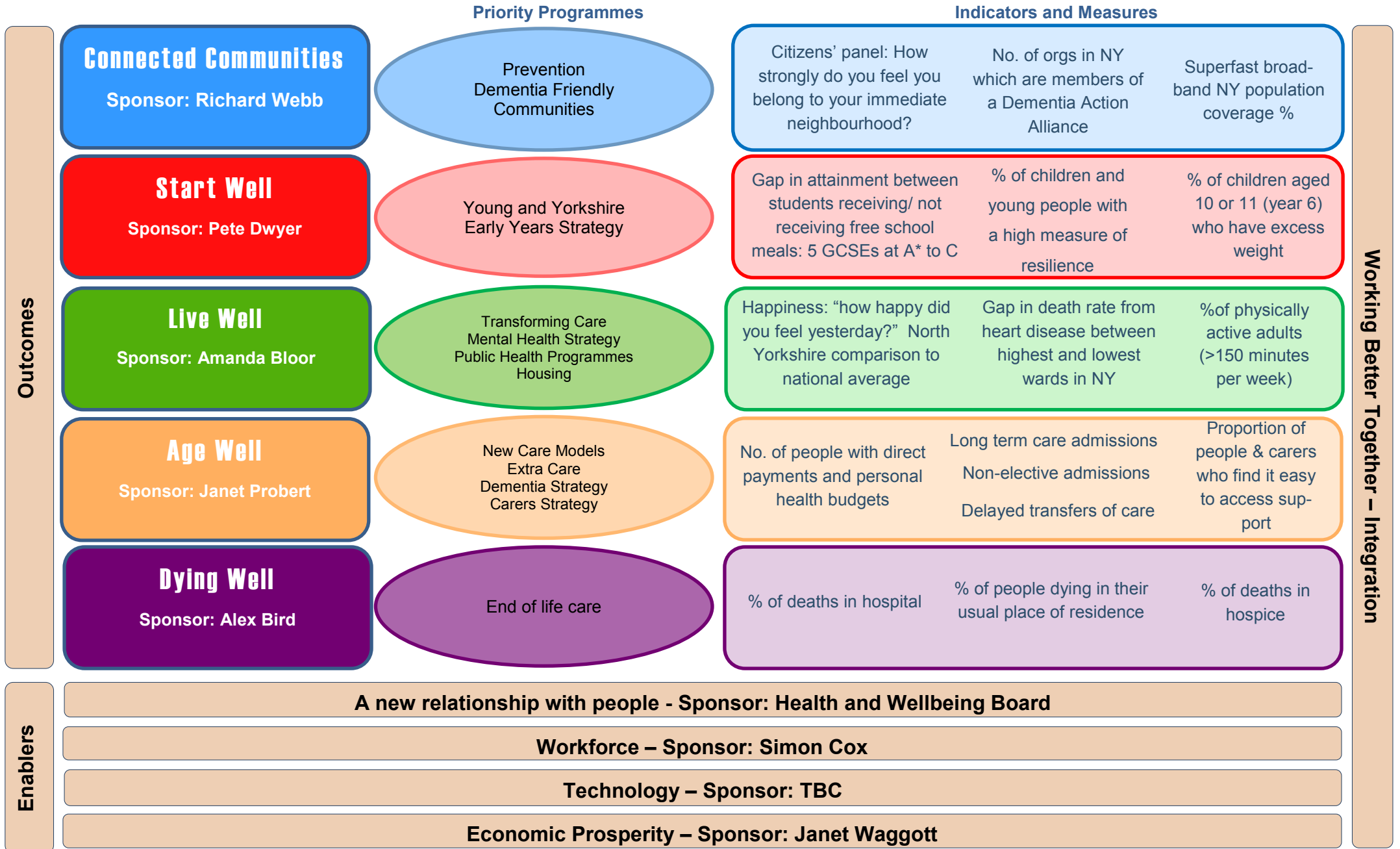
5.1 It is recommended that HWB:-

- Note and comment on the content of the report.
- Consider potential sponsors for the remaining enablers.
- Consider the inclusion of the additional indicator for dementia prevalence.
- Receive a further report following the end of quarter two.

Report Author

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Head of Integration

‘Care centred on the needs of the individual and their carers, empowering people to take control of their health and independence’



Working Better Together – Integration

JHWS Themes	High level signpost indicators	Date of Data	England	Current	Progress	Headline	Commentary
Connected Communities	1. Score on NY citizens' panel question: How strongly do you feel you belong to your immediate neighbourhood?	2015	59% (2008)	77%		NA	2008 is the last available England comparator. No further national comparator information will be available as the place survey has discontinued. The NY citizen panel survey is currently being undertaken with results available for local comparison in autumn 2016.
	2. Number of organisations in North Yorkshire which are members of a Dementia Action Alliance	2016	NA	35		NA	This is a local measure designed to indicate the level of engagement of local communities. Current data was collated in June 2016 and this is the first time it has been presented.
	3. Superfast NY broadband population coverage %	2016	91.10%	87%	↑	Improving but lower than Eng Av	North Yorkshire is the most effective area within the national programme. Coverage continues to improve. Completion of phase 2 of the project will see 91% coverage by 2017. Phase 3 will achieve 95%.
Start Well	1.% Gap in attainment between students receiving/ not receiving free school meals: 5 GCSEs at A* to C (LAIT tool,2016)	2014/15	27.9	34.7	↓		In 2015 30% of children receiving free FSM attained 5 A*-C GCSEs including English and Maths whereas 64.7% of children not receiving free FSM attained 5 A*-C GCSEs including English and Maths, there is a gap of 34.7% between two groups. This gap has increased 0.8 percentage points when compared to 2014/15. The DfE now focus their attention on FSM6 which measures those pupils eligible for free school meals at any period of time in the last 6 years and which is a better indication of performance. FSM6 "disadvantage" gap measures the impact of Pupil Premium funding and in part because national research has demonstrated that even if a pupil is no longer eligible for Free School Meals (FSM), a period of earlier FSM eligibility has a significant impact on achievement at end of KS4. Across North Yorkshire approximately 9% of pupils are FSM eligible and claiming and approximately 19% are FSM6 disadvantage. Using FSM6 the achievement gap in North Yorkshire has narrowed and at 2015 the achievement gap was 29.8%. Despite this figure decreasing 3.2 percentage points from 2014 North Yorkshire achievement gap is still higher than the national figure of 27.4%. In order to reduce the achievement gap the Authority has commissioned external consultants to conduct significant research into what is happening at school level and what could
	2. % of children and young people with a high measure of resilience	14/15		40		NA	In 2014/15, 40% of children aged 15 or 16 recorded a high measure of emotional resilience. Emotional resilience levels vary considerably across age groups, ranging from 65% at KS2, to 50% at KS3 and 40% at KS4. At district level, Ryedale records the highest percentage of children aged 15 or 16 with a high measure of emotional resilience at 46% and Scarborough records the lowest level at 35%. Information for emotional resilience is taken from the Council's Growing Up in North Yorkshire (GUNY) Survey, which is administered every two years and will be reported next around autumn 2016.
	3.% of children aged 10 or 11 (Year 6) who have excess weight	2014/15	33.2	30.1	↑	Improved since last period and better than Eng Av.	In North Yorkshire, 30.1% of Year 6 children were measured as overweight or obese in 2014/15. This equates to 1,568 children. Craven (26.4%) had the lowest proportion of children with excess weight compared to Richmondshire (34.8%) which had the highest. Between 2013/14 and 2014/15, there was a slight decrease in the proportion of children who were measured as having excess weight. In 2013/14, 30.6% of Year 6 children in North Yorkshire were measured as having excess weight.
Live Well	1. Happiness score: "how happy did you feel yesterday?" – NY compared to national average (ONS,2015)	2014/15	9	7.8	↔	Similar to last period and in line with Eng Av	Happiness is used as an indicator of wellbeing. People with higher well being experience lower rates of illness and recover more quickly. The figure represents the % of people responding at the lower end of a 1-10 scale to questions in the survey -i.e less happy. The 2015 figure shows a slight decline against the 2014 figure of 7.4 NY however perform comparatively well. The best performer is Reading at 5.3 with the worst being NE Lincs at 15.5.
	2.Gap in the death rate from heart disease between the highest and lowest wards in North Yorkshire Per 100,000 population	2009/13	383	193	↔	No data for last period but performing better than Eng Av	NY performance is much better than the England average but we know that there are areas in the County where this disparity
	3. % of physically active adults (> 150 minutes per week)	2014	57	59.1	↔	Similar to last period and better than Eng Av	Taken from the Sports England physically active survey. Current performance is better than the England average but shows a slight decline on 2013 which was 60.2 Results for the 2015 survey are due shortly.

JHWS Themes	High level signpost indicators	Date of Data	England	Current	Progress	Headline	Commentary
Age Well	1. Proportion of people using social care who receive self directed support and those using direct payments:- ASCOF 1C Part 2 Direct Payments	2014/15	26.3	19.1	↑	Improved since last period but lower than Eng Av	NY performance has improved but is lower than the England average. The outturn figure for 2013/14 was 12.3. The outturn figure for 15/16 requires validation and will be presented through the next report.
	b. No of Personal Health Budgets	2016	NA	22	↑	Figure improved in year but no comparator info	Numbers have increased from 6 active cases in April 2015. PHBs are in the new CCG Improvement and Assurance Framework, national comparative data is not yet available.
	2. Long term support needs met by admission to residential and nursing care per 100,000 population 65+ ASCOF 2a	2014/15	668.8	785.5	↓	Declined from last period and higher (not better) than Eng Av	The 2015/16 data is not yet validated but shows an improvement of 535.41. We expect that this will show good comparative performance against other shire counties.
	3. Non-elective admissions per 100,000 population (NYC CCGs, 2016)	2014/15	7482	7623	↓	Declined from last period and higher (not better) than Eng Av	The number/rate of NEA's continues to increase. For NY a target was set to reduce the number of NEA's by 4908 in 2015/2016. There has been an increase in year of 1695. This means there have been 6603 more NEA's than planned. Further detail provided in BCF report.
	4. Delayed transfer of care from hospital (rate per month) per 100,000 (NHS England, 2016)	2014/15	317	225.3	↓	Declined from last period but better than Eng Av	The number of delays for 2015 represents an increase from the 2014 position which was 205.3 (average rate per month). Notwithstanding this NY performance remains above the England average and we perform well against shire counties.
	5. The proportion of people who use services and carers who find it easy to find information about support ASCOF 3D Replacement indicator as Carers' assessments as % of estimated carers - not collected/calculated in this way	2014/15	65.5	69.4	↔	No data for last period but better than the Eng Av	NY performance is above the England average. There is no comparative information for 13/14 as 2105 was the first year the indicator was measured in this way.
Dying Well	1. % of deaths in hospital Replacement indicator as unable to get the end of life pathways data	2014	47.4	42.8	↑	Improved since last period and better than Eng Av	Yearly data which measures the % of people who died in hosp as a % of people who died. NY Performance is better than the England average and has improved from 43.3 in 2013
	2. % of people dying in their usual place of residence (PHE, 2014)	2014	44.7	48.5	↔	Similar to last period and better than Eng Av	Yearly data which covers all ages. NY performance is better than the England average though has declined slightly from 49% in 2013.
	3. % of deaths in hospice. Replacement indicator as not able to get % of people supported by hospices, including 'hospice at home' services	2014	5.7	6.9	↑	Increased since last period and higher than Eng Av	Data is designed to understand trends and variations in place of death. NY performance is higher than the England average and has increased from 5.8 in 2013. Progress indicator assumes that more deaths in hospice is good but more work is needed to understand the nature of the indicator