Health and Wellbeing Board
North Yorkshire

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

18th January 2017

Presented by: Amanda Reynolds

Summary:
The purpose of this report is to present the second 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?

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 <u>other</u> 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 Health and Wellbeing Board:-

- Note and comment on the content of the report
- Consider any actions the Board would wish to recommend arising from the information within the report

Health and Wellbeing Board

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

Performance Dashboard

18th January 2017

1. Purpose

1.1 The purpose of this report is to present to Health and Wellbeing Board (HWB) the second performance dashboard for the North Yorkshire Joint Health and Wellbeing Strategy 2015–2020. The dashboard is attached at appendix 1.

2. Background

2.1 In February 2016 a draft performance framework for measuring progress against the strategy was presented to HWB which included:-

- 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 discussions at HWB to share intelligence and deepen understanding of progress on the strategy's key themes and enablers.

2.2 The first performance dashboard was presented to HWB in July 2016 following which Board agreed to receive performance reports twice yearly.

2.3 The indicators included in the dashboard are not exhaustive and do not represent all work that is taking place to improve the health and care system in North Yorkshire.

2.4 They are intended to provide HWB with a level of assurance that progress is being made, which when coupled with more in-depth discussions, additional performance data and exception reports helps HWB to; understand the direction of travel; appropriately and constructively challenge system leaders to facilitate improvement, and recognise and celebrate success.

2.5 The data contained in the dashboard is the latest available validated data. This varies by indicator. In some cases data is as recent as

September 2016/17 (Quarter 2) whilst in other cases the latest available data is older than a year. This is because indicators such as gap in death rate, needs to be reported over a longer timeframe. Where no new data is available since the last report, previous figures remain and this is clearly indicated in the headline commentary.

2.6 National Better Care Fund measures are incorporated into the dashboard so that progress reporting against the Better Care Fund is integrated with wider partnership performance reporting.

2.7 The format of the dashboard report will continue to develop over time to ensure it is fit for purpose.

3. Progress Update

3.1 The programme of in-depth discussions led by theme sponsors commenced with the Start Well theme in July 2016. Dying Well was the theme of the September Board with Technology being the theme of the meeting today.

3.2 Sponsors for all themes have now been identified. Robert Ling – Assistant Director Technology and Change, North Yorkshire County Council is sponsoring Technology and Colin Martin, Chief Executive Tees Esk & Wear Valley NHS Trust sponsoring A New Relationship with People.

3.3 Following recommendation by Board in July the Dementia prevalence indicator – 'Recorded Dementia prevalence (%) for people aged 65+ as recorded on practice disease registers' - has been included which is collected as part of the Public Health Outcomes Framework. (PHOF)

3.4 The reablement indicator - 'Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services' - has also been included so that all national Better Care Fund metrics now form part of the dashboard. This indicator is collected as part of the Adult Social Care Outcomes Framework (ASCOF)

3.5 To improve the robustness of reporting against the Better Care Fund, a briefing note is now circulated to Commissioner Forum following submission of each quarterly Better Care Fund return, which summarise highlights, issues and actions to improve.

3.6 In terms of financial performance of the Better Care Fund, HWB should note that at the end of the 2016/17 quarter two reporting period, spend on schemes within the pooled budget was broadly in line with the profiled budget.

4. Headlines

4.1 Since the last report, of the 20 indicators - Ten are showing improvement, six are showing a decline (though this is slight in two of the six), three remain the same as there is no new data, and one is a recently revised indicator and so cannot be compared against previous performance (SW1 – Gap for Attainment 8). See table 1 below:

Table 1

Improved	Declined	No New Data	New Indicator
CC1. How strongly do you feel you belong to your immediate neighbourhood? **77% to 81%**	**LW3.** % of physically active adults (> 150 minutes per week) **59.1% to 58.9%**	**CC3**. Superfast NY broadband population coverage % **87%**	**SW1**. FSM6 Gap for Attainment 8 (Key Stage 4) **14.7**
CC2. Number of organisations in NY which are members of a Dementia Action Alliance **35 to 127**	**AW1a**. The proportion of people who use services who receive direct payments **From 19.1 to 18.6**	**LW1.** Happiness score: "how happy did you feel yesterday?" – NY compared to national average (ONS,2015) **7.8**	
SW2. % of children and young people with a high measure of resilience **40% to 42%**	**AW3.** Non-elective admissions per 100,000 population (NYC CCGs,2016) **From 7,623 to 10,410** **Better Care Fund**	**LW2.**Gap in the death rate from heart disease between the highest and lowest wards in North Yorkshire Per 100,000 population **193**	
SW3.% of children aged 10 or 11 (Year 6) who have excess weight **30.1% to 29.5%**	**AW4.** Delayed transfer of care from hospital (rate per month) per 100,000 **225.3 to 246** **Better Care Fund**		
AW1b. No of Personal Health Budgets **22 to 42**	**AW7.** Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services. **87.8 to 82.5** **Better Care Fund**		
AW2.Long term support needs met by admission to residential and nursing care per 100,000 population 65+ **785.5 to 525.0** **Better Care Fund**	**DW3.** % of deaths in hospice. **6.9 to 6.1**		
AW5. The proportion of people who use services and carers who find it easy to find information about support **69.4 to 76**			
AW6. Recorded Dementia prevalence (%) for people aged 65+ as recorded on practice disease registers **4.25 to 4.31**			
DW1. % of deaths in hospital **42.8% to 41.5%**			
DW 2. % of people dying in their usual place of residence (PHE,2014) **48.5% to 50.8%**			

4.2 Of the 16 indicators where comparator information is available, North Yorkshire is performing better than the England average in 10.

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

4.4 Some 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. In particular:

- a reduction in the proportion of people electing to take a direct payment (although the number of people receiving a personal budget has increased)
- Non-elective admissions have increased significantly
- Delayed transfers of care have increased significantly although North Yorkshire's combined performance remains above the England average.

4.5 Performance continues to be closely monitored with a particular focus on Non Elective Admissions and Delayed Transfers of Care. Specific activity is taking place across all CCG areas to identify and improve patient flow. There are a number of schemes aimed at increasing services within the community settings and the development of step-up step down beds will help reduce length of stay and hence reduce excess bed days. The Integration Performance Group have scheduled a focussed session to consider issues and actions relating to Delayed Transfers of Care on a pan North Yorkshire basis which will help identify learning, spread good practice and address issues collectively where possible. This will include work currently being undertaken by the County Council to better understand and improve performance in relation to social care delays.

5. Recommendations

5.1 It is recommended that HWB:-

- Note and comment on the content of the report
- Consider any actions the Board would wish to recommend arising from the information within the report

Report Author
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North Yorkshire Health and Wellbeing Board Performance Dashboard | **Jan-17** | **Appendix 2**

JHWS Themes	High level signpost indicators	Date of Data	England	Current	Progress	Headline	Commentary
Connected Communities	CC1. How strongly do you feel you belong to your immediate neighbourhood? *[Source: NY citizens' panel question]*	2016	**59% (2008)**	**81%**	↑	Improved from **77%** in 2015.	Perfornance has improved since 2015. 2008 is the last available England comparator. No further national comparator information will be available as the place survey has discontinued.
	CC2. Number of organisations in NY which are members of a Dementia Action Alliance	2016 (Dec)	**NA**	**127**	↑	Improved from **35** in June 2016	This is a local measure designed to indicate the level of engagement of local communities and as such no comparator information is available. Current data was collated in December 2016 and compared to the first collection taken in June 2016.
	CC3. Superfast NY broadband population coverage % *(Source: Superfast NY)*	2016	**91.10%**	**87%**	↔	No change as no further data available. 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	SW1. FSM6 Gap for Attainment 8 (Key Stage 4). [Replacement indicator as indicator measuring gap in attainment between students receiving/ not receiving free school meals: 5 GCSEs at A* to C (LAIT tool,2016) no longer collected.] *(Source: DFE FSM)*	2015/16	**11.8**	**14.7**		New indicator. Lower than Eng Av.	In the 2015/16 academic year a new indicator was introduced which measures a students' achievement across eight subjects. Called Attainment 8, the measure is made of an average achievement of the following subjects: • English; • Mathematics; • Three other English Baccalaureate (EBacc) subjects (sciences, computer science, geography, history and languages). • Three further subjects, which can be from the range of EBacc subjects, or can be any other GCSE or approved, high-value arts, academic, or vocational qualification.
	SW2. % of children and young people with a high measure of resilience. *(Source: GUNY Survey 2016)*	2016 (Autumn)	**NA**	**42**	↑	Improved from **40** in 2014/15	In Autumn 2016 42% of children at secondary school recorded a high measure of emotional resilience compared with 40% two years ago, which is an improvement. Emotional resilience levels vary considerably by age and gender with younger children recoding higher levels of resilience compared with older children and older boys recording higher levels of resilience than older girls. 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 2018.
	SW3.% of children aged 10 or 11 (Year 6) who have excess weight. *(Source: National Child Measurement Programme)*	2015/16	**34.2**	**29.5**	↑	Improved from **30.1** in 2014/15	Figure improved from 30.1 in 2014/15. Performance is better than the Envland Average which has increeased form 33.2 in 14/15 to 34.2 in 15/16. A local improvement in the conext of worsening situation nationally should be noted. Variations however at district level identify Ryedale (32.4%) as having the highest proportion of pupils with excess weight compared to 27% in Craven.
Live Well	LW1. Happiness score: "how happy did you feel yesterday?" – NY compared to national average *[Source: ONS,2015]*	2014/15	**9**	**7.8**	↔	No change as no further data available. Better than Eng Av	Happiness is used as an indicator of wellbeing. People with higher well being experience lower rates of ilness 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.
	LW2.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 change as no further data available. Better than Eng Av	NY performance is much better than the Engalnd average though there are areas within the County where there is disparity
	LW3. % of physically active adults (> 150 minutes per week) *[Source: Sport England physically active survey]*	2015	**57**	**58.9**	↓	Slight decline from **59.1** in 2014. Better than Eng Av	Current performance is better than the England average but shows a slight decline on 2014 which was 59.1

JHWS Themes	High level signpost indicators	Date of Data	England	Current	Progress	Headline	Commentary
Age Well	AW1a.: The proportion of people who use services who receive direct payments *[Source: ASCOF 1C(2A)]*	2015/16	**28.1**	**18.6**		Declined from **19.1** in 2014/15. Lower than Eng avg.	2015/16 data shows a reduction against 2014/15 and is lower than the England average which has increased form 26.3 in 2014/15 to 28.1 in 15/16. The actual number of Direct Payment users shows a relatively small reduction. From 1120 to 1100. The uptake of personal budgets has however increased signifcnatly. The development PA networkss beng explored to help improve access to care and support in more rural areas
	AW1b. No of Personal Health Budgets	2016 Q2	**NA**	**42**		Improved from **22** in Q1 2016	Numbers have increased from 6 active cases in April 2015 and from 22 in Q1 of 2016. PHBs are in the new CCG Improvement and Assurance Framework. National comparative data is not yet available.
	AW2.Long term support needs met by admission to residential and nursing care per 100,000 population 65+ *[Source: ASCOF 2a]* **Better Care Fund**	2015/16	**628.2**	**525.0**		Improved from **785.5** in 2014/15. Better than Eng Av	2015/16 data shows an reduction in admissions to residential and nursing care since 2014/15. However, a target to reduce the use of Residential and Nursing accommodation by 31 (-4.7%) was set for 2015/16. The outturn figure submitted represents an increase of 85. In total this is 116 more placements than planned.
	AW3. Non-elective admissions per 100,000 population. [*Source: NHS SUS Data]* **Better Care Fund**	2015/16	**10,256**	**10,410**		Declined from **7,623** in 2014/15. Higher (not better) than Eng Av	There has been a significant increase in Non elective admissions since last year. A target was set to reduce the number of NEA's by 4908 in 2015/16. There has been an increase in year of 1695. This means there have been 6603 more NEA's than planned. This is similar to the increase in the Enland Average from 7,482 in 2014/15 to 10,256 in 2015/16. There are a number of schemes aimed at increasing services within the community settings and an increased number of step-up/step-down beds in some parts of the County to help prevent unnecessary non elective admissions.
	AW4. Delayed transfer of care from hospital (rate per month) per 100,000. [*Source: NHS Monthly Sitre]* **Better Care Fund**	2015/16	**353**	**246**		Declined from **225.3** in 2014/15. Better than Eng Av	There has been an increase in DTOC from 225.3 in 2014/2015 to 246 in 2015/16. A target to decrease the number of delayed days by 647 (-5.5%) was set for 2015/16. The year end outturn represents an increase of 1712. Notwithstanding this NY performance remains above the England average which has also increase form 317 to 353 over the same period and we perform well against shire counties. Performance continues to be closely monitored and activity is taking place across all CCG areas to identify and improve patient flow. The development of step-up / down beds will support the delivery of the DTOC project and help patients achieve lower lengths of stay and hence reduced excess bed days.
	AW5. The proportion of people who use services and carers who find it easy to find information about support *[Source: ASCOF 3D]*	2015/16	**73.5**	**76**		Improved from **69.4** in 2014/15. Better than Eng Av	Performance has improved since 2014/15 and is above the England average.
	AW6. Recorded Dementia prevalence (%) for people aged 65+ as recorded on practice disease registers. [*Source: PHE, 2016]*	2016 (Autumn)	**4.19**	**4.31**		Improved from **4.25** in March 2016. Better than Eng Av	Performance has improved since March 2016 and is better than the England average. Objective two of the National Dementia Strategy (2009) states 'all people with dementia to have access to treatment, care and support as needed following diagnosis'.This indicator can be used to inform local service planning and improve access to treatment and care to better support peeple living with the condition.
	AW7. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services. [*Source: ASCOF 2b]* **Better Care Fund**	2015/16	**82.7**	**82.5**		Decreased from **87.8** in 2014/15. Lower than Eng Av	Data shows a decrease in perfomance since 2014/15. The fragility of the domiciliary care market has resulted in a shortage of providers able to deliver reablement and as a result in-house staff are being used to support longer term packages.
Dying Well	DW1. % of deaths in hospital [*Source: PHE, 2016]*	2015	**46.7**	**41.5**		Decreased from **42.8** in 2014. Better than Eng Av	The three indicators need to be considered together because of the relationship between them in terms of where people are dying. All people should be given the opportunity to to express their preferred place of death, and enabled to die there wherever possible.
	DW2. % of people dying in their usual place of residence *[Source: PHE, 2016]*	2015	**46.0**	**50.8**		Increased from **48.5** in 2014. Better than Eng Av	Performance for increasing the number of people who die in their usual place of residence continues to improve and is better than the national average.The assumption here is that fewer deaths in hospital is positive though accepting that hospitail is the right place in some cases. To support this the public health outcomes framework indicates that 74% of people expressed a wish to die at home yet 58% of people die in hospital.
	DW3. % of deaths in hospice. [*Source: PHE, 2016]*	2015	**5.6**	**6.1**		Decreased from **6.9** in 2014. Better than Eng Av	