



Health and Wellbeing Board

31 March 2014

Report title	Health and Wellbeing Strategy – 2013-2018 Performance Monitoring Report Q3 2013/14	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Wellbeing Councillor Steve Evans Adult Services	
Wards affected	All	
Accountable director	Sarah Norman, Community	
Originating service	Business Support & Improvement	
Accountable employee(s)	Helena Kucharczyk Tel 01902 555440 Email Helena.kucharczyk@wolverhampton.gov.uk	Acting Business Intelligence Manager
Report to be/has been considered by	Viv Griffin: Assistant Director for Health, Wellbeing and Disability Sarah Norman: Director for Community	06 th February 2014 25 th March 2014

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

1. Comment on and consider agreement of the basis and format of the performance report for the Board in order to monitor progress against the five priorities in the Health and Wellbeing Strategy 2013-2018.
2. Note and comment on the performance and issues raised as part of the Quarter 3 2013/14 performance report.

1. Purpose

- 1.1. The purpose of this report is to provide the Health and Wellbeing Board with a comprehensive overview of performance against the five key priorities identified in the Health and Wellbeing Strategy 2013 – 2018.
- 1.2. An overview of performance can be found in section 3 while more detailed performance against each of the key priorities is at Annex A.
- 1.3. This report will be updated and presented to the Health and Wellbeing Board on a quarterly basis.

2. Background

- 2.1. The Wolverhampton Health and Wellbeing Strategy was published in September 2013. The development of this report has been requested to enable progress against the key priorities in the strategy to be measured.

3. Basis of the Performance Report

- 3.1. This report aims to bring together an overview of performance against the five key priorities identified in the Health & Wellbeing Strategy 2013-2018.
- 3.2. Performance assessment is against the measures identified by the priority sponsor and project manager in the 'how will progress be measured?' section under each of the priorities.
- 3.3. This iteration of the performance report contains key performance and issues at the end of quarter 3.

4. Financial implications

- 4.1. There are no direct financial implications arising from this report.
- 4.2. Any actions arising from the strategy will be delivered within the approved budgets held under Public Health, other mainstream budgets held by services and external agencies that are responsible for delivery of specific actions.

[AS/21032014/O]

5. Legal implications

- 5.1. Although performance results may highlight potential equality implications for the Health and Wellbeing Board through the course of implementing the priorities outlined in the strategy, there are no legal implications as a direct result of this report.

[WT/25032014/J]

6. Equalities implications

6.1. Although performance results may highlight potential equality implications for the Health and Wellbeing Board through the course of implementing the priorities outlined in the strategy, there are no equality implications as a direct result of this report.

7. Environmental implications

7.1. Although performance results may highlight potential equality implications for the Health and Wellbeing Board through the course of implementing the priorities outlined in the strategy, there are no environmental implications as a direct result of this report.

8. Human resources implications

8.1. Although performance results may highlight potential equality implications for the Health and Wellbeing Board through the course of implementing the priorities outlined in the strategy, there are no human resources implications as a direct result of this report.

9. Schedule of background papers

- Joint Strategic Needs Analysis
- Health and Wellbeing Strategy 2013-2018

Wolverhampton Joint Health and Wellbeing Strategy – 2013-18

Performance Monitoring Report

Ensuring good Health and a longer life for all in Wolverhampton

Quarter 3 2013/14

Background

Health and Wellbeing Boards have the legal responsibility to publish a Joint Health and Wellbeing Strategy with the aim of improving the health and wellbeing in their area. The strategy for Wolverhampton was published in September 2013.

Wolverhampton's Health and Wellbeing Strategy draws heavily upon the evidence base outlined in the Joint Strategic Needs Assessment and (JSNA) which in turn is based upon data drawn from the National Outcomes Frameworks for Health, Adult Social Care and Public Health.

Data from around 120 indicators included in the national outcome frameworks was analysed and presented to the Health and Wellbeing Board and used to create a shortlist of outcomes where joint working can add value or which are current challenges to improving health and wellbeing in Wolverhampton.

Wolverhampton faces considerable needs around health and wellbeing highlighted by the fact that in 51 out of 105 indicators Wolverhampton was performing worse than the England average. However, rather than risk resource and energy being spread too thin, the Board has identified five top priorities which are key health issues identified in the JSNA; which are vital to the city and where, through partners working together, the Board can make a difference. These priorities are:

- Wider Determinants of Health
- Alcohol and Drugs
- Dementia (early diagnosis)
- Mental Health (Diagnosis and Early Intervention)
- Urgent Care (Improving and Simplifying)

The Sponsor and Project Manager for each priority have identified within the strategy how progress will be measured against the planned actions, timescales and leads. While more detailed reports may be received by the Board against each of the key priorities, this report brings together all of those measures in order to provide the Health and Wellbeing Board with a comprehensive overview of progress against the stated priorities of the strategy.

Summary of performance and key issues to note.

This report aims to bring together an overview of performance against the five key priorities identified in the Health & Wellbeing Strategy 2013-2018.

Performance assessment is against the measures identified by the priority sponsor and project manager in the ‘how will progress be measured?’ section under each of the priorities.

Key performance and issues at the end of quarter 3 include:

1. Wider Determinants of Health

- Three projects have been allocated funding from the Public Health Transformation fund totalling £363,000
- The second round of applications was assessed in February and successful bids will be announced shortly.

2. Alcohol and Drugs

- Provisional figures for 2010-12 show a marked reduction in the alcohol related mortality rate.
- Performance against the percentage of drug users in treatment who complete treatment and do not represent within 6 months (Opiates) remains relatively static while the same result for Non-Opiates has fallen.

3. Dementia

- The Joint Dementia Strategy is currently in the process of being refreshed. Progress against the development and implementation of the refreshed strategy will be reported in future performance reports.

4. Mental Health

- Some of the indicators that are essential for measuring performance against the Mental Health priorities are already reported on a regular basis as part of data sets produced by the Black Country Partnership Foundation Trust. It is anticipated that these indicators will be available for reporting to the Health and Wellbeing Board by June 2014.

5. Urgent Care

- The draft Urgent and Emergency Care Strategy, which defines the proposed changes to Urgent Care is currently out for 3-month public consultation and is due to end on 2 March 2014. By end of April 2014 a report will be compiled and circulated for distribution to each of the relevant stakeholder boards.
- When the strategy has been implemented existing targets will be more closely monitored in order to measure the impact.
- Additional measures will also be developed as part of the specification for the new Urgent Care Centre.
- Future performance reporting for the Health and Wellbeing Board will include the results of patient engagement and progress on the plans for the new Urgent Care Centre.

PRIORITY 1

WIDER DETERMINANTS OF HEALTH

Lead Agency: Wolverhampton City Council (Public Health Department)

Sponsor: Ros Jervis (Director of Public Health)

Project Manager: Consultant in Public Health

Partners: All agencies / departments

Where is progress monitored: Quarterly through the Public Health Delivery Board.

Key high level targets:

Before measurable changes to population health can be achieved, there will need to be some underpinning actions and more integrated working to address upstream interventions before actual benefits to the population's health are achieved. For Year 1 the key deliverables are related to the Transformation Fund:

- Successful implementation of the £1.0 million Public Health Transformation Fund and approval of good quality projects to address factors such as education, skills, employment, housing, social capital/social connectedness.
- Each project that is approved will have associated evaluation and success criteria agreed as part of the approval process.

Performance Assessment:

Three projects were approved following the first round of the Public Health Transformation Fund with a total funding allocation of £363,000.

The applications for the second round were assessed in early February and the panel is in the process of announcing the successful bids.

Round 1	Year 1 £000	Year 2 £000
Project 1	25	-
Project 2	63	25
Project 3	107	107
TOTAL	195	132

PRIORITY 2

ALCOHOL AND DRUGS

Lead Agency: Wolverhampton City Council (Public Health Department)

Sponsor: Ros Jervis (Director of Public Health)

Project Manager: Juliet Grainger (Substance Misuse Commissioning Manager)

Partners: West Midlands Police, YOT, CCG, GPs, Pharmacists

Where is progress monitored: Quarterly monitoring and review meetings will be held with the provider and a suit of performance indicators have been established (some of which are performance related (PBR)) and these will be used to identify and measure progress with Wolverhampton Alcohol Strategy and this will be the focus of monitoring meetings.

Key high level targets:

Indicator	2012/13 Out-turn	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Target	Performance Assessment
Alcohol Mortality rates per 100,000 population age standardised all ages	19.2 (2008-2010)	19.1 (2009-2011)	16.0 (2010-2012)	15.2 (Sept 13 - YTD)		To reduce current rate	Provisional figures for 2010-12 show a marked reduction in the alcohol related mortality rate. It is yet to be seen whether this is part of a sustained downward trend or not. However provisional data for September 2013 YTD suggests that this decrease has been maintained
Percentage of drug users in treatment who complete treatment and do not represent within 6 months (OPIATES)	8.5% (Dec 2011 to Nov 2012)	8.2% (Jan 2012-Dec 2012)	8.5% (March 12-Feb 13)	8.1% (June 12-May 13)		To be in the top quintile nationally	Latest performance data shows a static position with no improvement since baseline.
Percentage of drug users in treatment who complete treatment and do not represent within 6 months (NON-OPIATES)	47.13% (Dec 2011 to Nov 2012)	45.3% (Jan 2012 – Dec 2012)	45.3% (March 12-Feb 13)	38.68% (June 12-May 13)			Latest data shows a slight fall in successful completions since the baseline period.

PRIORITY 3

DEMENTIA

Lead Agency:	Wolverhampton City Council (Community)
Sponsor:	Anthony Ivko (Assistant Director, Older People and Personalisation)
Project Manager:	Steve Brotherton (Head of Older People's Commissioning)
Partners:	All agencies/ Departments
Where is progress monitored:	Progress will be reported via the Dementia Steering Group

The Joint Dementia Strategy and Implementation Plan is currently in the process of being refreshed for 2014. As part of this refresh, consideration will be given to a robust process for gathering information in order to monitor progress against key priorities within the strategy. However, as per the Health and Wellbeing strategy it is possible to say that progress will be measured by monitoring the ability of people living with dementia in Wolverhampton to respond positively to a number of key statements around diagnosis, empowerment, dignity and quality of life.

In addition the three core areas of Information Access and Care Planning, Home as the Hub of Service and Developing the Community Capacity to Care have been identified as a critical to the success of integrated working in order to enhance the experience and outcomes for people with dementia:

Success of integrated working in these areas will be evaluated by identifying:

- Reduced costs in health & social care;
- A shift in public expenditure from intensive to preventative services;
- Increased numbers of older people engaged in local groups and networks;
- Increased satisfaction of older people with their quality of life;
- Reduction in health inequalities.

Successful integrated working around dementia is also a key requirement of the Better Care Fund for which increased diagnosis rates of dementia is a required measure.

Progress against the development and implementation of the refreshed strategy will be reported in future performance reports.

PRIORITY 4

MENTAL HEALTH

Lead Agency:

Wolverhampton City Council (Community)

Sponsor:

Viv Griffin (Assistant Director – Health, Wellbeing and Disability)

Project Manager:

Sarah Fellows

Partners:

All agencies/ Departments

Where is progress monitored: Progress will be reported by the Mental Health Strategy Steering Group to the JCU Development and Delivery group and the Adult Delivery Board.

Progress will be monitored via a number of key performance indicators that measure different areas of Mental Health services including:

- Access to Early Intervention Services
- Access to Psychological Therapies
- Numbers of people moving to recovery who are receiving Psychological Therapies
- Numbers of people entering employment
- Delivery of Mental Health Promotion initiatives
- Numbers of people leaving care and hospital and entering reablement / intermediate care

The basis for some of these indicators already exist as part of regular Mental Health reporting by the Black Country Partnership Foundation Trust, however further work needs to be undertaken to identify appropriate baselines and ensure that the existing indicators are appropriate. It is anticipated that these indicators will be available for reporting to the Health and Wellbeing Board by June 2014.

PRIORITY 4

URGENT CARE

Lead Agency:

Wolverhampton City Clinical Commissioning Group

Sponsor:

Richard Young (Director of Strategy and Solutions)

Project Manager:

Dee Harris

Partners:

Local Authority, Royal Wolverhampton Trust, Black Country Partnership Foundation Trust, West Midlands Ambulance Service, South Staffordshire Clinical Commissioning Group

Where is progress monitored:

TBC

The urgent care strategy through to 2016 is about securing the system change that will enable the realisation of the expected benefits from 2016 onwards, so it is difficult to find measures between now and 2016 that relate to the performance of the Urgent Care system. The focus now is to secure patient/public support for the plans. If secured, we will then be building the infrastructure to deliver these benefits. The monitoring of Urgent Care Strategy for the next 2 years would be focussed on the implementation of system change, developments to improve Primary Care access and increased Mental Health practitioner presence in ED.

All of the expected benefits detailed in the Strategy will be delivered only if we engage in whole system change. The draft Urgent and Emergency Care Strategy, which defines these proposed changes, is currently out for 3-month public consultation due to end on 2 March 2014. By end of April 2014 a report will be compiled and circulated for distribution to each of the relevant stakeholder boards. At this stage, no additional measures have been developed above those that are already part of the data monitoring system for urgent care. Existing measures include:

- ED attendances
- Emergency admissions
- WMAS conveyances to ED which are handed over to a clinician within 15 mins
- Achievement of the 95% target.

Until the system is changed, we are unlikely to see any improvements in these performance measures; however, when the strategy has been implemented these targets will be more closely monitored in order to measure the impact.

Additional measures will also be developed as part of the specification for the new Urgent Care Centre. It is anticipated that the specification for the Urgent Care Centre (UCC) will be written by Oct 2014 but monitoring of these new measures will not commence until the UCC is open in/around early 2016.

A separate Primary Care Strategy will be developed to address the issues relating to Access in Primary Care.

Future performance updates for the Health and Wellbeing Board will include:

- Reporting on the outcome of patient engagement by end April 2014
- Progress with the development of a specification for the Urgent Care Centre by Oct 2014
- If required, procurement for the new service to commence before Dec 2014
- Provider for the new Urgent Care Centre to be secured by Dec 2015
- Between Dec 15 and March 16, Current providers and new providers (if different) working together to enable a seamless transition to the new site in a phased approach.
- Fully operational system change by April 16 delivering the expected outcomes.