

Report to Rutland Health and Wellbeing Board

Subject:	Public Health Outcomes Framework performance dashboard
Meeting Date:	15th July 2014
Report Author:	Gabriele Price/Jason Haynes
Presented by:	Mike Sandys
Paper for:	Note/Comment

Context, including links to strategic objectives and/or strategic plans:

Summary

The purpose of this report is to summarise public health performance on a subset of Public Health Outcome Framework (PHOF) for Rutland County. Indicators where Rutland is performing worse than England average, is in the second half of ranking against statistically similar neighbours (one as being best performance) or where there is deterioration in the performance are highlighted and comments are provided (Appendix A). The full performance dashboard is also attached (Appendix B). As a response to the feedback from the last HWB, this report indicates whether low or high is seen as good for each performance indicator.

Background

PHOF sets out a vision for public health, desired outcomes and the indicators that will help us to understand how well public health is being improved and protected. The framework concentrates on two high-level outcomes (Outcome 1: Increased healthy life expectancy and Outcome 2: Reduce differences in life expectancy and healthy life expectancy between communities) to be achieved across the public health system, and groups further indicators into four 'domains' that cover the full spectrum of public health. The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life.

Links to strategies and strategic plans

The attached PHOF dashboard links to all four themes of the Rutland Joint Health and Wellbeing Strategy; Staying Health Action Plan; Children Trust Action Plan; and Complex Needs Action Plan.

Financial implications:

N/A

Recommendations:

It is recommended that the Health and Wellbeing Board:

- (a) notes Rutland's performance for the subset of indicators.

Strategic Lead:	Mike Sandys	
Time	L	Performance dashboard is to be updated on quarterly basis or when new data becomes available.
Viability	L	Public health team will work with the performance team at RCC to provide updated dashboard.
Finance		
Profile		
Equality & Diversity		

Appendix A: Highlighted performance

Outcome	Indicator	Performance status	Data comment	Further comments
<p>A healthier population with increased life expectancy and a reduction in health inequalities</p>	<p>Healthy Life Expectancy – Male</p>	<p>Rutland ranks 9th across its statistically similar neighbours.</p>	<p>Although Rutland ranks 9th out of 11, it is not statistically significantly i.e. the difference between Rutland and the others that are ranked higher might be due to chance. It will be interesting to monitor trends over time as this is a new indicator. Also Rutland rate is better than the England average (although not statistically significant).</p>	<p>Focus on wider determinants of health including housing offer to health, debt advice, Fit For Work programme.</p> <p>Mainstreaming of principles underlying Equality Act into commissioning and provision of services.</p> <p>Several Better Care Together work streams covering LLR and aimed at tackling causes of premature mortality through whole system approach including primary prevention-respiratory disease, cardiovascular disease, cancer, mental health.</p> <p>Recent LCR GP cancer audit-focussing on barriers to early prevention. Feedback session to MRH GP locality May, 2014.</p> <p>Targeted programmes to reduce lifestyle risk factors for premature mortality, including smoking, excess alcohol, poor diet, obesity. Specific programmes aimed at socially excluded groups e.g. travellers, probation health trainer service.</p> <p>Also work with CCG to influence commissioning of health care services and improving quality of primary care.</p>

Outcome	Indicator	Performance status	Data comment	Further comments
	Cardiovascular Disease (under 75) – mortality rate	Trend data shows an increase in premature mortality for CVD in Rutland and also Rutland ranks 11 across its statistically similar neighbours.	Although Rutland ranks higher than the other 10 comparators, the rate is only statistically higher than 3 of the comparators i.e. the apparently better i.e. lower rates in 7 comparators might be due to chance. Nevertheless the rate has risen in the past 3 years and it will be important to continue to monitor trends.	<p>Focus on wider determinants of health including housing offer to health, debt advice, Fit For Work programme.</p> <p>Mainstreaming of principles underlying Equality Act into commissioning and provision of services.</p> <p>Better Care Together work streams covering LLR and aimed at tackling key cardiovascular causes of premature mortality through whole system approach including primary prevention.</p> <p>Targeted programmes to reduce lifestyle risk factors for premature mortality, including smoking, excess alcohol, poor diet, obesity Specific programmes aimed at socially excluded groups e.g. travellers, probation health trainer service.</p> <p>Also work with CCG to influence commissioning of health care services and improving quality of primary care.</p>
The prevalence of obesity is reduced and people are more physically active	Proportion of adults (16+) who are overweight and obese	Rutland ranks 8 th across its statistically similar neighbours.	Currently there is no trend data as this indicator has been revised in terms of methodology and data source. It will be important to monitor future trends. The data for excess weight is consistent with expectations for Rutland County.	Public Health team at LCC is working with RCC to ensure there is an improved and integrated offer around physical activity, weight management and food sustainability. RCC have joined the LCC Food for Life commission and are expanding the LEAP and FLIC weight management

Outcome	Indicator	Performance status	Data comment	Further comments
				services commissioned by Public Health.
	Proportion of children in Reception classified as overweight and obese	Data between 2010/11 and 2013/14 shows not statistically significant but an increasing trend. Also Rutland ranks 10 th across its statistically similar neighbours.	Increasing trend in children obesity is recorded across many areas due to obesogenic environment and Rutland's rate is similar to the England average. Although Rutland ranks 10 th out of 11 areas, it is not statistically significantly i.e. the difference between Rutland and the others that are ranked lower might be due to chance.	A number of programmes are already in place including: Food for Life; FLIC; referral to programmes such as health lifestyle choices; Health Schools.
To help prevent heart disease, stroke, diabetes and kidney disease	Health Check uptake	Although Rutland's performance remains high there was a drop in the performance in Q3 and Q4 in 2013/14.	Need to bear in mind that Rutland health checks is only 4 practices and so very small numbers of people, subject therefore to variation. With health checks, there is an annual quota given to practices for the number of patients that they need to invite and check, so there may be some variation during the year due to how the practices decide to invite (for example more in the first quarter, maybe higher risk people earlier in the year) which may impact on performance. The performance is still significantly higher than the England average.	It will be important to monitor trends over forthcoming quarters. We are going through a re-procurement of health checks currently and will be introducing incentivised targets to increase uptake from April 15.
To increase the level of wellbeing	Self-reported well-being - people with a high anxiety score	Data shows an increase in people with high anxiety score in Rutland between 2011/12 and 2012/13 (the	Although Rutland ranks worst out of 11 comparators, the differences in rates between Rutland and all other	Full programme of work with schools to promote good mental health and wellbeing and to detect early those children and young people who are

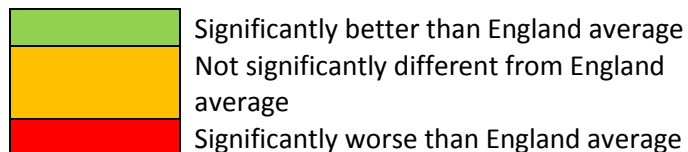
Outcome	Indicator	Performance status	Data comment	Further comments
		increase is not statistically significant) and also Rutland ranks 11 across its statistically similar neighbour.	comparators is not statistically significant and may be due to chance. Also this is a new indicator and it will be important to monitor trends over time.	<p>struggling.</p> <p>Better Care Together mental health work stream now under way-aimed at improving mental health across the life course and from primary prevention through to treatment of mental health disorders</p> <p>Promotion of good adult mental health through cultural activities (e.g. Five Ways to Wellbeing, Books on Prescription, the 'Yellow Book', Reading Groups) and Healthy Workplaces.</p> <p>Mental health awareness training for front line staff e.g. police, housing officers. Involvement in local 'Time to Change' programme aimed at reducing stigma related to mental health.</p>
To reduce hospital admissions for falls	Injuries due to falls (aged 65 or over) – persons, males and females	Rutland ranks 10th for persons, 11th for males and 9th for females across its statistically similar neighbours.	Although Rutland ranks high out of 11 areas, it is not statistically significantly with most of the areas i.e. the difference between Rutland and the others that are ranked lower might be due to chance. Also the actual number of falls in Rutland is lowest across all statistically similar neighbours. Rutland's rate is similar to the average for England.	To be working with housing and occupational therapy to identify people at risk and to develop appropriate preventative measures and interventions.
To improve	Under 18 conception	Data between 2011 and	Although Rutland's rate has risen	Whilst trend data does not show any

Outcome	Indicator	Performance status	Data comment	Further comments
health outcomes and increase healthy life expectancy	rate	2012 shows an increase in the under 18s conception rates. The increase in the rate is not statistically significant, however the number of conceptions nearly doubled.	from 9.4 per 1,000 in 2011 to 18.8 per 1,000 in 2012 this is not a statistically significant increase. This is because the confidence intervals are large, due to the small numbers of conceptions. When combined as a three year rolling average there is no change in rate from 2009-11 to 2010-12. The proportion of pregnancies resulting in abortion has declined from 45.5% in 2009-11 to 31.3% in 2010-12 hence the number of births would be higher.	<p>significant change it will be important to continue to work in partnership to provide young people with information, support and services, appropriate to their age and based on evidence of good practice to build knowledge and resilience among young people, reduce under 18 conceptions and improve sexual health outcomes for young people.</p> <p>Rutland CC organised a Teenage Pregnancy/Sexual Health annual planning event on 3rd April to bring together partners to develop an action plan to tackle this issue. The action plan has been finalised and will be signed off with partners week commencing 23 June 2014. The plan incorporates actions to enhance access to commissioned sexual health services by Rutland residents.</p> <p>The Public Health funding has been utilised to support continuance of the Youth Service sexual health post. The role is now developing within the wider context of health for young people.</p>
	Children in poverty - proportion of children living in households where income is less than 60% of median household income	Data shows an increasing trend in children in poverty for Rutland. Data in 2011 is significantly higher when comparing to figures between 2007 and 2009.	Although Rutland's rate (and the number of children in poverty) shows an increasing trend, Rutland remains significantly lower than the average for England. Rutland also ranks 1 st	To build in protective factors such as providing support for families and debt advice.

Outcome	Indicator	Performance status	Data comment	Further comments
			out of 11 statistically similar areas. An increasing trend has been recorded nationally that is partially due to economic trends.	

Public Health performance dashboard

* Polarity indicates whether low or high value is seen as a good performance



** Rank out of 11 areas with 1 defined as best performance

Outcome	Indicator (Polarity*)	Frequency	When was data last published.	Number per year	Current Value	National Average	Rank** (in comparison to statistical neighbours)	Trend - Rutland
A healthier population with increased life expectancy and a reduction in health inequalities	Life Expectancy – Male (High)	Annual	2010-12	n/a	81.0	79.21	1	
	Life Expectancy – Female (High)	Annual	2010-12	n/a	84.7	83.01	1	
	Healthy Life Expectancy – Male (High)	Annual	2009-11	n/a	64.9	63.22	9	No trend data currently available
	Healthy Life Expectancy – Female (High)	Annual	2009-11	n/a	69.9	64.15	1	No trend data currently available
	Cardiovascular Disease (under 75) – mortality rate (Low)	Annual	2010-12	30	85.54	81.15	11	

Public Health performance dashboard

* Polarity indicates whether low or high value is seen as a good performance

	Significantly better than England average
	Not significantly different from England average
	Significantly worse than England average

** Rank out of 11 areas with 1 defined as best performance

Outcome	Indicator (Polarity*)	Frequency	When was data last published.	Number per year	Current Value	National Average	Rank** (in comparison to statistical neighbours)	Trend - Rutland
	Cancer (under 75) – mortality rate (Low)	Annual	2010-12	42	116.33	146.48	1	<p>05-07 06-08 07-09 08-10 09-11 10-12</p>
The prevalence of obesity is reduced and people are more physically active	Proportion of children in Reception classified as overweight and obese (Low)	Annual	2013/14	80	22.99	22.23	10	<p>06-07 07-08 08-09 09-10 10-11 11-12 13-14</p>
	Proportion of children in Year 6 classified as overweight and obese (Low)	Annual	2013/14	74	24.10	33.32	1	<p>06-07 07-08 08-09 09-10 10-11 11-12 13-14</p>
	Proportion of adults (16+) who are overweight and obese (Low)	Annual	2012	63	65.58	63.78	8	No trend data currently available

Public Health performance dashboard

	Significantly better than England average
	Not significantly different from England average
	Significantly worse than England average

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Outcome	Indicator (Polarity*)	Frequency	When was data last published.	Number per year	Current Value	National Average	Rank** (in comparison to statistical neighbours)	Trend - Rutland
Smoking prevalence and the harm caused is reduced	Smoking prevalence (Low)	Annual	2012	n/a	13.04	19.53	1	<p>2010 2011 2012</p>
The harm caused by alcohol and drugs is reduced	Rate of hospital admissions for alcohol related harm (Low)	Annual	2012/13	182	485.79	636.85	3	<p>2010/11 2011/12 2012/13</p>
To help prevent heart disease, stroke, diabetes and kidney disease	Heath Check uptake (High)	Quarterly	Q4 2013/14	1684	57%	50.7%	4	<p>Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4</p>
To increase the level of wellbeing	Self-reported Well being							
	People with a low satisfaction score (Low)	Annual	2012/13	n/a	Data not published due to data quality issues	24.27	n/a	No trend data currently available
	People with a low worthwhile score (Low)	Annual	2012/13	n/a	Data not published due to data quality issues	20.08	n/a	No trend data currently available
	People with a	Annual	2012/13	n/a	Data not published due to data quality issues	29.02	n/a	No trend data currently available

Public Health performance dashboard

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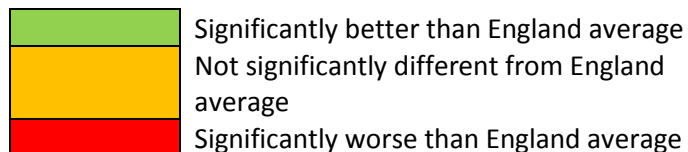
	Significantly better than England average
	Not significantly different from England average
	Significantly worse than England average

** Rank out of 11 areas with 1 defined as best performance

Outcome	Indicator (Polarity*)	Frequency	When was data last published.	Number per year	Current Value	National Average	Rank** (in comparison to statistical neighbours)	Trend - Rutland
	low happiness score (Low)							
	People with a high anxiety score (Low)	Annual	2012/13	n/a	25.44	20.98	11	No trend data currently available
To reduce hospital admissions for falls	Injuries due to falls (aged 65 or over) – persons (Low)	Annual	2012/13	182	2099.62	2011.01	10	
	Injuries due to falls (aged 65 or over) – males (Low)	Annual	2012/13	59	1749.10	1602.08	11	
	Injuries due to falls (aged 65 or over) – females (Low)	Annual	2012/13	123	2450.13	2419.93	9	
To increase control of chlamydia	Chlamydia diagnosis adults aged 15-24 (High)	Quarterly	Q3 2013	54 (upto Q3)	1685.3	1785.07	3	

Public Health performance dashboard

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** Rank out of 11 areas with 1 defined as best performance

Outcome	Indicator (Polarity*)	Frequency	When was data last published.	Number per year	Current Value	National Average	Rank** (in comparison to statistical neighbours)	Trend - Rutland
To improve health outcomes and increase healthy life expectancy	% of children living in households where income is less than 60% of median household income (Low)	Annual	2011	490	8.40%	20.6%	1	
	Under 18 conception rate (Low)	Annual	2012	16	18.80	27.7	3	