

Report for ACTION by the Health & Wellbeing Board

Item Number:



Contains Confidential or Exempt Information	No – Part I
Title	Update on national performance frameworks
Responsible Officer(s)	Christabel Shawcross, Strategic Director Adult & Community Services
Contact officer, job title and phone number	Genny Webb Performance & Information Officer Tel: 01628 796961
Member reporting	Cllr Simon Dudley Lead Member for Adult Services
For Consideration By	Shadow Health & Wellbeing Board
Date to be Considered	3 rd February 2012
Implementation Date if Not Called In	Immediately
Affected Wards	All
Keywords/Index	performance, outcomes framework

Report Summary

1. This report deals with the progress of national performance frameworks since the withdrawal of the National Indicator Set (NIS) in October 2010.
2. It recommends that Public Health performance is reported to the Health and Wellbeing Board on a regular basis, supporting the priorities set out in the Joint Health and Wellbeing Strategy (JHWS).
3. These recommendations are being made to ensure an overview of performance is monitored at a strategic level.
4. If adopted, the key financial implications for the Council are to ensure that the Health Premium is awarded accordingly for reductions in health inequalities.
5. An additional point to note is the shift in focus to monitoring outcomes and the greater integration of health and social care performance.

If recommendations are adopted, how will residents benefit?	
Benefits to residents and reasons why they will benefit	Dates by which residents can expect to notice a difference
1. By ensuring there is a smooth transition in monitoring performance, trend analysis won't be lost and a complete picture will be retained for use in the JSNA.	Ongoing as the JSNA is updated on an annual basis
2. Maintaining a clear picture of performance will enable issues to be identified and addressed quickly.	Ongoing
3. Publishing regular performance information supports the Council's overall Transparency programme.	Ongoing as information is published

1. Details of Recommendations

RECOMMENDATION i) That once the Public Health Outcomes Framework (PHOF) has been confirmed performance against these measures is reported to the Health & Wellbeing Board on an annual basis.

RECOMMENDATION ii) That once the Joint Health & Wellbeing Strategy (JHWS) has been agreed the Health & Wellbeing Board agree a set of performance measures that support the agreed local priorities, and that progress against these measures is reported to the Health & Wellbeing Board on a regular basis.

RECOMMENDATION iii) That the process of incorporating Public Health information into current Council performance monitoring starts once the JHWS has been agreed. It is recommended that in the first instance this is the creation of a Public Health scorecard, in the same format as the current scorecards in place for each directorate.

2. Reason for Recommendation(s) and Options Considered

The White Paper *Equity and Excellence: Liberating the NHS*¹ was published in July 2010. A series of consultation papers were then published by the Department of Health, including proposals for three performance frameworks:

1. NHS Outcomes Framework (NHSOF)
2. Public Health Outcomes Framework (PHOF)
3. Adult Social Care Outcomes Framework (ASCOF)

Parallel to this, the NIS was withdrawn in October 2010. The national performance focus has shifted from process to delivering outcomes to patients, service users and residents.

2.1 The NHSOF for 2012/13 was published on 9th December 2011. The purpose of the framework is threefold:

1. To provide a national level overview of how well the NHS is performing, wherever possible in an international context;
2. To provide an accountability mechanism between the Secretary of State for Health and the proposed NHS Commissioning Board; and

¹ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

3. To act as a catalyst for driving quality improvement and outcome measurement throughout the NHS by encouraging a change in culture and behaviour, including a stronger focus on tackling health inequalities².

2.2 The proposed PHOF was published in December 2010 and was open for consultation until 31st March 2011³. Confirmation of the framework was originally expected in September 2011, this was then revised to December 2011. It has not yet been published, and there is currently no confirmed date for publication.

2.3 The consultation on the ASCOF was launched in November 2010 and was open until February 2011⁴. Since then, a confirmed set of ASCOF measures for 2011/12 has been published, and the Council is required to report its performance against these measures to the Department of Health in May 2012. It is anticipated that there will be further developments to the ASCOF in 2012/13.

The three frameworks bring together a large number of existing measures, along with a handful of new measures, which are largely drawn from data sources already in place. The exception to this is the introduction of a carer's survey in the ASCOF. The first of these surveys will take place in Autumn 2012. Appendix A summarises the three sets of outcome measures, and shows where there are complementary and duplicate measures across the frameworks.

2.4 The three frameworks described above have been produced by the Department of Health to provide a strategic overview of health and adult social care performance. A number of proposed indicators in the PHOF relate to children and young people. However it is important to note that the Department for Education (DfE) and Ofsted are responsible for the performance of Children's social care and education services. The DfE are currently consulting on a set of local performance indicators based on the recommendations of the recent Munro report⁵. A formal consultation is due to start imminently and a confirmed set of local performance measures are expected to be available in May 2012. The key theme of delivering outcomes that is present throughout the three outcome frameworks produced by the Department of Health is echoed in the proposed set of performance indicators for children.

Performance measures agreed for Children's services will also need to be considered by the Health and Wellbeing Board.

2.5 The role of the Health and Wellbeing Board to identify shared outcome goals, set priorities and bring together partners has been made clear. The Joint Strategic Needs Assessment (JSNA) is seen as the critical mechanism to achieve this by establishing the current and future needs of the local population and reflecting them in the JHWS.

The diagram below illustrates the Department of Health's vision that the three Outcomes Frameworks overlap and should provide an integrated overview of performance.

A diagram illustrating a possible flow of information with the Board is attached at Appendix B.

² http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131700

³ http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_122962

⁴ http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_125464

⁵ <http://www.education.gov.uk/munroreview/>

	attached at Appendix B.
That Public Health is integrated as a service area into current Council performance monitoring reports in a shadow form from April 2012, in preparation for Public Health becoming the responsibility of the Council.	By starting to incorporate Public Health performance within current Council performance reporting systems we will be in a strong position when Public Health formally becomes the responsibility of the Council, expected in April 2013. In the first instance this could be the creation of a Public Health scorecard, in the same format as the current directorate scorecards.

3. Key Implications

The PHOF has not been published yet, and the JHWS has not been written yet. It is suggested that once the JHWS has been written, agreed targets for delivering the priorities are agreed and these will be the measure of success.

Defined Outcomes	Unmet	Met	Exceeded	Significantly Exceeded	Date they should be delivered by
Targets are defined and reported to the Health and Wellbeing Board in an agreed format once PHOF and JHWS are agreed	Incomplete performance information and lack of understanding on achievements or priorities	Understanding of reported performance indicators that have been agreed	Information reported is able to support analysis of service needs and development,	Performance information is supporting commissioners to ensure continuous improvement to services, including partners in their commissioning activities	TBA – this is dependant on national timescales that are undefined

4. Financial Details

a) Financial impact on the budget (mandatory)

No financial implications

b) Financial Background (optional)

4.1 Although we are still awaiting confirmation of the PHOF, it is likely that a financial reward will be attached to some of the measures, known as the Health Premium. Therefore it will be essential that we perform against those indicators in order to secure funding where possible.

5. Legal Implications

The activity associated with this report does not have legal implications, however once the Health and Social Care Bill is passed this may need to be set in the context of the statutory responsibilities of the Health and Wellbeing Board.

6. Value For Money

Incorporating Public Health into performance mechanisms already in place within the Council provides an efficient and cost-effective method of performance reporting.

7. Sustainability Impact Appraisal

None

8. Risk Management

Risks	Uncontrolled Risk	Controls	Controlled Risk
No national targets are going to be set for the ASCOF, unlike the previous NIS. Danger that if local targets are not set and closely monitored poor performance and inefficiencies may not be identified.	Areas for improvement are not clearly identified. Quality of service delivery may decline.	Robust local monitoring systems in place.	Local monitoring systems ensure robust procedures are in place to identify areas for improvement and timely action is taken when needed.

9. Links to Strategic Objectives

This relates to all out strategic objectives.

Our Strategic Objectives are:

Residents First

- Support Children and Young People
- Encourage Healthy People and Lifestyles
- Improve the Environment, Economy and Transport
- Work for safer and stronger communities

Value for Money

- Deliver Economic Services
- Improve the use of technology
- Increase non-Council Tax Revenue
- Invest in the future

Delivering Together

- Enhanced Customer Services
- Deliver Effective Services
- Strengthen Partnerships

Equipping Ourselves for the Future

- Equipping Our Workforce
- Developing Our systems and Structures
- Changing Our Culture

10. Equalities, Human Rights and Community Cohesion

An EQIA is not needed for this paper. However, it is important that performance information is representative of all groups within our community in order to ensure that services are delivered accordingly. Analysis of performance information by gender, age, ethnicity and client group e.g. learning disability is needed to provide a complete picture of our residents. All of these groups are represented in the JSNA.

11. Staffing/Workforce and Accommodation implications:

The activity associated with this report does not have implications for staffing / workplace or accommodation, however the wider impacts of the whole public health

transfer of functions to Councils are not fully known at this time, and may have to be seen within that context once more guidance is issued

12. Property and Assets – N/a

13. Any other implications – N/a

14. Consultation – N/a

15. Timetable for Implementation

Aim	Date	Outcome
JSNA signed-off	February 2011	An up to date JSNA is agreed and priorities can be identified for the JHWS
JHWS agreed	TBA	A clear set of local priorities have been identified and agreed
Set of performance measures reflecting JHWS agreed	TBA	A clear set of performance measures that can be monitored by the Health and Wellbeing Board to demonstrate progress against the JHWS
Ongoing monitoring of performance measures in place	TBA	Local targets are set and monitored to ensure issues are identified and actions taken when needed.
Annual performance against PHOF reported	April 2013	This will provide an overview of performance against the PHOF

16. Appendices

Appendix A – Summary of Outcomes Frameworks

Appendix B – Diagram of information flow with the Health and Wellbeing Board

17. Background Information

17.1 As well as reviewing the performance measures that are collected nationally, the Department of Health is also reviewing all the data that is reported by adult services on an annual basis. This ongoing piece of work is called the 'Zero Based Review'⁶. A number of key themes have been set out by the review, with the overarching aim of creating a single data set for Adult Social Care to return to the Department of Health. The aim is that this data set will drive local accountability and support sector-led improvement, so it will be based around data which Councils agree is of value for benchmarking and comparison.

This is an ongoing piece of work and significant changes to Adult Social Care annual statutory returns are not expected until 2013/14.

⁶ <http://www.ic.nhs.uk/services/social-care/zero-based-review-of-social-care-data>

17.2 A similar process has is ongoing in relation to health data, and a consultation called 'Fundamental Review of Data Returns' closed in November 2011. There will be a second phase to this consultation which will focus on Public Health information. This will link to any further announcements on the PHOF.

17.3 As well as changes to adult social care data, changes have also been made to the inspection process for adult services. An annual performance assessment was previously carried out by the Care Quality Commission (CQC), this ceased in 2010/11. The national focus is now on sector-led improvement and local accountability, and a mechanism for reporting adult social care performance to residents has been introduced. This mechanism is referred to as a 'local account'. Minimal guidance has been produced on the content and format of a 'local account'. However, some principles have been made clear. The local account should support the Transparency agenda in making information available to residents. It is also intended to engage local people as a way of holding the Council to account. Current proposals are that HealthWatch will have a role in signing-off the local account, however this is not yet confirmed.

There is not yet any statutory requirement for councils to produce a local account; however ADASS (Association of Directors of Adult Social Services) encouraged all Councils to produce one by December 2011. The Royal Borough was one of the first councils to publish a 'local account', and this has been available on the Council's website since September 2011⁷.

More guidance on the format and content of local accounts is expected over the coming months, and this will be closely linked to the ASCOF.

18. Consultation (Mandatory)

Name of consultee	Post held and Department	Date sent	Date Received	See comments in paragraph:
Internal				
Catherine Mullins	NHS Changes Project Manager	10/1/12	12/1/12	Incorporated throughout report
Neil Harris	Children's Services Quality Assurance Manager	11/1/12		
Naveed Mohammed	Policy & Performance Manager	12/1/12	13/1/12	Incorporated throughout report
Andrew Elkington	Head of Policy & Performance	13/1/12	13/1/12	Incorporated throughout report
Christabel Shawcross	Strategic Director Adult & Community Services	13/1/12		
External				
Rutuja Kulkarni	Assistant Director of Public Health			

Report History

⁷ http://www.rbwm.gov.uk/web/social_publications.htm#report

Decision type:	Urgency item?
Non-key decision	No

Full name of report author	Job title	Full contact no:
Genny Webb	Performance & Information Officer	01628 796961

Schedule for writing and reviewing report

Stages in the life of the report (not all will apply)	Date to complete
1. Officer writes report (in consultation with Lead Member)	9/1/12
2. Report goes for review to head of service or DMT	13/1/12
3. To specialist departments: eg, legal, finance, HR (in parallel)	N/a
4. To lead member	
5. To SMT or CMT	N/a
6. To the leader	N/a
7. To overview or scrutiny, if a cabinet report	N/a
8. To cabinet	N/a

Appendix A - Summary of proposed public health and Adult Social Care Outcomes Frameworks

Table 1: Broad summary of the domain headings for each of the Outcomes Frameworks

	NHS	Public Health	Adult Social Care
Wellbeing	Domain 2: Enhancing quality of life for people with long-term conditions	Domain 2: Tackling the wider determinants of ill health: tackling factors which affect health and wellbeing	Domain 1: Enhancing quality of life for people with care and support needs
Recovery	Domain 3: Helping people to recover from episodes of ill health or following injury	Domain 3: Health improvement: Helping people to live healthy lifestyles and make healthy choices Domain 4: Prevention of Ill health: Reducing the number of people living with preventable ill health	Domain 2: Delaying and reducing the need for care and support
Experiences	Domain 4: Ensuring that people have a positive experience of care		Domain 3: Ensuring that people have a positive experience of care and support
Safety	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Domain 1: Health Protection and Resilience: protect the population's health from major emergencies and remain resilient to harm	Domain 4: Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm
Death	Domain 1: Preventing people from dying prematurely	Domain 5: Healthy life expectancy and Preventable mortality: preventing people from dying prematurely and reduce health inequalities	

Table 2: Summary of the outcome measures included within each Outcomes Framework

NHS Outcomes framework (published Dec 2011 for 2012/13)	Public Health Outcomes framework (consultation closed March 2011, awaiting confirmation)	Adult Social Care Outcomes framework (v1.1 published Nov 2011)
Domain 1: Preventing people from dying prematurely	Domain 5: Healthy life expectancy and preventable mortality	N/a – No corresponding domain
<p>Proposed indicators: 1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare 1b Life expectancy at 75 I males ii females</p> <p>1.1 Under 75 mortality rate from cardiovascular disease*</p> <p>1.2 Under 75 mortality rate from respiratory disease*</p> <p>1.3 Under 75 mortality rate from liver disease* 1.4 i One and ii five year survival from colorectal cancer iii One and iv five year survival from breast cancer v One and vi five year survival from lung cancer vii under 75 mortality rate from cancer*</p> <p>1.5 Excess under 75 mortality rate in adults with serious mental illness*</p> <p>1.6 i Infant mortality* ii Neonatal mortality and stillbirths</p> <p>1.7 Reducing premature death in people with learning disabilities - An indicator</p>	<p>Proposed indicators:</p> <ul style="list-style-type: none"> • Infant mortality rate* • Suicide rate • Mortality rate from communicable diseases • Mortality rate from all cardiovascular diseases (including heart disease and stroke) in persons less than 75* • Mortality rate from chronic respiratory diseases in persons less than 75* • Mortality rate of people with mental illness* • Excess seasonal mortality 	

needs to be developed		
Domain 2: Enhancing quality of life for people with long-term conditions	Domain 2: Tackling the wider determinants of health	Domain 1: Enhancing quality of life for people with care and support needs
<p>Proposed indicators:</p> <p>2 Health-related quality of life for people with long-term conditions**</p> <p>2.1 Proportion of people feeling supported to manage their condition**</p> <p>2.2 Employment of people with long term conditions</p> <p>2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s</p> <p>2.4 Health-related quality of life for carers**</p> <p>2.5 Employment of people with mental illness**</p>	<p>Proposed indicators:</p> <ul style="list-style-type: none"> Children in poverty School readiness: foundation stage profile Housing overcrowding rates Rates of adolescents not in education, employment or training Truancy rate First time entrants to the youth justice system <p>Proportion of people with mental illness or a disability in settled accommodation</p> <p>Proportion of people with mental illness or a disability in employment</p> <ul style="list-style-type: none"> Employment of people with long term conditions Incidents of domestic abuse Statutory homeless households Fuel poverty Access and utilisation of green spaces Killed and seriously injured casualties on roads % population affected by environmental, neighbour and neighbourhood noise Older people's perception of 	<p>Proposed indicators:</p> <p>1A Social Care related quality of life**</p> <p>1B The proportion of people who use services who have control over their daily life**</p> <p>1C Proportion of people using social care who receive self-directed support, and those receiving direct payments</p> <p>1D Carer-reported quality of life**</p> <p>1E Proportion of adults with learning disabilities in paid employment</p> <p>1F Proportion of adults in contact with secondary mental health services in paid employment**</p> <p>1G Proportion of adults with learning disabilities who live in their own home or with their family</p> <p>1H Proportion of adults in contact with secondary mental health services who live independently, with or without support</p>

	<p>community safety</p> <ul style="list-style-type: none"> • Rates of violent crime, including sexual violence • Reduction in proven reoffending • Social connectedness • Cycling participation 	
Domain 3: Helping people to recover from episodes of ill health or following injury	Domain 3: Health improvement And Domain 4: Prevention of ill health	Domain 2: Delaying and reducing the need for care and support
<p>Proposed indicators:</p> <p>3a Emergency admissions for acute conditions that should not usually require hospital admissions</p> <p>3b Emergency admissions within 30 days of discharge from hospital</p> <p>3.1 Patient Reported Outcomes Measures (PROMs) for elective procedures</p> <p>i Hip replacement ii Knee replacement iii Groin hernia iv Varicose veins</p> <p>3.2 Emergency admissions for children with lower respiratory tract infections (LRTI)</p> <p>3.3 Improving recovery from injuries and trauma - An indicator needs to be developed</p> <p>3.4 Improving recovery from stroke - An indicator needs to be developed</p> <p>3.5 The proportion of patients recovering to their previous levels of mobility/walking ability at i 30 and ii 120 days</p>	<p>Proposed indicators – Domain 3:</p> <ul style="list-style-type: none"> • Prevalence of healthy weight in 4-5 and 10-11 year olds • Prevalence of healthy weight in adults • Smoking prevalence in adults • Rate of hospital admissions per 100,000 for alcohol related harm • % of adults meeting the recommended guidelines on physical activity (5x30 mins per week) • Hospital admissions caused by unintentional and deliberate injuries to 5-18 year olds • Number leaving drug treatment free of drug(s) dependence • Under 18 conception rate • Rate of dental caries in children aged 5 years (Decayed, missing or filled teeth) • Self reported wellbeing <p>Proposed indicators – Domain 4:</p> <ul style="list-style-type: none"> • Hospital admissions caused by unintentional and deliberate injuries 	<p>Proposed indicators:</p> <p>2A Permanent admissions to residential and nursing care homes, per 100,000 population</p> <div style="border: 1px solid green; padding: 5px; margin: 10px 0;"> <p>2B Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services***</p> </div> <p>2C Delayed transfers of care from hospital, and those which are attributable to social care</p>

<p>3.6 Proportion of older people (65+) who were i still at home 91 days after discharge into rehabilitation ii offered rehabilitation following discharge from acute or community hospital***</p>	<ul style="list-style-type: none"> • to under 5 year olds • Rate of hospital admissions as a result of self-harm • Incidence of low-birth weight of term babies • Breastfeeding initiation and prevalence at 6-8 weeks after birth • Prevalence of recorded diabetes • Work sickness absence rate • Screening uptake (of national screening programmes) • Chlamydia diagnosis rates per 100,000 young adults aged 15-24 • Proportion of persons presenting with HIV at a late stage infection • Child development at 2-2.5 years • Maternal smoking prevalence • Smoking rate of people with serious mental illness • Emergency readmissions to hospitals within 28 days of discharge • Health-related quality of life for older people • Acute admissions as a result of falls or fall injuries for over 65s • Take up of the NHS Health Check programme by those eligible • Patients with cancer diagnosed at stage 1 and 2 a proportion of cancers diagnosed 	
<p>Domain 4: Ensuring that people have a positive experience of care</p>	<p>N/a – no corresponding domain</p>	<p>Domain 3: Ensuring that people have a positive experience of care and support</p>
<p>Proposed indicators: 4a Patient experience of primary care i GP services ii GP Out of Hours services iii</p>		<p>Proposed indicators: 3A Overall satisfaction of people who use services with their care and support</p>

<p>NHS Dental Services</p> <p>4b Patient experience of hospital care</p> <p>4.1 Patient experience of outpatient services</p> <p>4.2 Responsiveness to in-patients' personal needs</p> <p>4.3 Patient experience of A&E services</p> <p>4.4 Access to i GP services and ii NHS Dental services</p> <p>4.5 Women's experience of maternity services</p> <p>4.6 Improving the experience of care for people at the end of their lives - An indicator needs to be developed</p> <p>4.7 Patient experience of community mental health services</p> <p>4.8 Improving children and young people's experience of healthcare - An indicator needs to be developed</p>		<p>3B Overall satisfaction of carers with social services</p> <p>3C The proportion of carers who report that they have been included or consulted in discussion about the person they care for</p> <p>3D The proportion of people who use services and carers who find it easy to find information about services</p>
<p>Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm</p>	<p>Domain 1: Health protection and resilience</p>	<p>Domain 4: Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm</p>
<p>Proposed indicators:</p> <p>5a Patient safety incidents reported</p> <p>5b Safety incidents involving severe harm or death</p> <p>5.1 Incidence of hospital-related venous thromboembolism (VTE)</p> <p>5.2 Incidence of healthcare associated</p>	<p>Proposed indicators:</p> <ul style="list-style-type: none"> • Comprehensive inter-agency plans for a proportionate response to public health incidents. • Systems in place to ensure effective and adequate surveillance of health protection risks and hazards. • Life years lost from air pollution as 	<p>Proposed indicators:</p> <p>4A The proportion of people who use services who feel safe</p> <p>4B The proportion of people who use services who say that those services have made them feel safe and secure</p>

<p>infection (HCA) i MRSA ii C. difficile</p> <p>5.3 Incidence of newly-acquired category 2,3 and 4 pressure ulcers</p> <p>5.4 Incidence of medication errors causing serious harm</p> <p>5.5 Admission of full-term babies to neo-natal care</p> <p>5.6 Incidence of harm to children due to 'failure to monitor'</p>	<p>measured by fine particulate matter</p> <ul style="list-style-type: none"> • Population vaccination coverage • Treatment completion rates for TB • Public sector organisations to have sustainable development management plan 	
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* Shared responsibility with the public health system and Public Health England and local authorities – subject to final publication of the Public Health Outcomes Framework

Complementary indicators across 2 or all 3 of the Outcomes frameworks

This indicator is replicated across 2 or all 3 of the Outcomes frameworks

Appendix B – Information flow with the Health & Wellbeing Board

