Торіс:	Health and wellbeing Outcomes report			
Date:	10 <sup>th</sup> September 2015			
Board Member:	Chris Weiner			
Authors:	Kate Waterhouse / Divya Patel			
Report Type	For information and decision			

## 1 Purpose of the report

- 1.1 The Health and Wellbeing Board agreed to receive the quarterly outcomes performance pack on a quarterly basis. The intention of the quarterly outcomes report is to support monitoring of the health and wellbeing outcomes framework set out within the Living Well strategy. The updated quarterly report can also be used to inform future decision making and discussions within the health and wellbeing environment.
- 1.2 The quarterly outcome performance packs from the Intelligence Hub will in future include:
  - i) an update of the quarterly report
  - ii) a detailed analysis report for one of the outcome indicators that has been identified by the prioritisation process as outlined in this report
  - iii) an update on one or more areas of integrated commissioning

## 2 Prioritisation methodology

- 2.1 The HWB intelligence group have developed an outcome indicator prioritisation matrix based on the following criteria:
  - Scale of the problem: indicators have been grouped into three categories: low= where less than 1,000 case/individuals affected; medium = 1,000 to 9,999 case/individuals affected; high = 10,000+ cases / individuals are affected
  - Impact on population: low = little direct impact to an individual's health; medium = moderate impact to individual; high = death or severe impairment to individual
  - Cost to the economy: based on local or national evidence estimated cost to economy are grouped as high = £20 million and over, medium = £10-£19 million, low = < £10million</li>
  - Impact on health inequalities: grouped into high, medium or low depending on evidence from Marmot/NICE/local data that indicator is a major contributor to health inequalities
- 2.2 Based on these criteria different sets of indicators are identified (Table 1). The table highlights indicators cutting across at least three of the categories that have been identified as potential areas for further analysis.

- 2.3 There are other criteria that are important to help prioritise outcome indicators but information across the full set of indicators was not available, e.g. resident views, strength of evidence for intervention, return on investment, evidence involving shift to the left, i.e. prevention / early intervention.
- 2.4 The Feeling the Difference survey has information on what residents see as big issues in their communities which were also used to help identify priority areas:

People using or dealing drugs Anti-social behaviour	11.5% 11.1%
People misusing or being alcohol dependent	11.0%
People smoking	8.2%
People being overweight or leading unhealthy lives	8.1%
People feeling isolated	5.0%
People with mental health problems	4.0%
Teenage pregnancy	3.0%
Community tension or discrimination	2.9%
Young people missing school	2.8%

- 2.5 The ten outcomes reports will include:
  - 1. An overview of trends / analysis for the key outcome indicators including inequalities and resident / user voice from Healthwatch or other sources.
  - 2. An overview of current service provision of service and activity (mapped against the evidence base where possible and particularly in terms of prevention/early intervention)
  - 3. Identification of gaps and recommendations to HWB Board

## 3 Summary and recommendations

- 3.1 The Board receive the September quarterly report.
- 3.2 The Board agree the top 10 outcomes indicators as the initial focus for detailed analysis based on the prioritisation methodology outlined by the Intelligence Hub:
  - Healthy life expectancy
  - Mental health and wellbeing
  - Excess weight
  - Physical activity
  - Diabetes
  - Dementia
  - Under 75 mortality rate from liver disease
  - Smoking
  - Young people not in education, employment or training (NEET)
  - Domestic abuse
- 3.3 The Board receive updates on integrated commissioning from the lead commissioners for mental health and alcohol and drugs.

Scale of the problem		Impact on population			Cost to the economy		Impact on health inequalities	
1.	Life expectancy at birth	1.	Life expectancy at birth	1.	Life expectancy at birth	1.	Life expectancy at birth	
2.	Inequalities in life	2.	Inequalities in life expectancy	2.	Inequalities in life expectancy	2.	Inequalities in life expectancy	
	expectancy	3.	Healthy life expectancy	3.	Healthy life expectancy	3.	Healthy life expectancy	
3.	Healthy life expectancy	4.	Infant mortality	4.	Child poverty	4.	Child poverty	
4.	Child poverty	5.	Smoking in pregnancy	5.	Young people not in education, employment or	5.	Infant mortality	
5.	Satisfied with area as a	6.	Childhood immunisation		training (NEET)	6.	Smoking in pregnancy	
	place to live	7.	Young people not in education,	6.	Sickness absence	7.	School readiness	
6.	Self-reported well-being		employment or training (NEET)	7.	People with a learning disability and mental health	8.	Pupil absence	
7.	Proportion of adults with	8.	Domestic abuse		who live in stable and appropriate accommodation	9.	GCSE attainment	
	learning disabilities in paid	9.	Road traffic injuries	8.	Domestic abuse	10.	Young people not in education, employment or	
	employment	10.	Diabetes complications	9.	Violent crime		training (NEET)	
8.	Domestic abuse	11.	NHS health checks	10.	Re-offending levels	11.	Excess weight for children	
9.	Utilisation of green space	12.	Hospital admissions as a result	11.	Smoking prevalence	12.	Emotional wellbeing of looked after children	
10	Smoking prevalence		of self-harm	12.	Alcohol-related admissions	13.	Teenage pregnancy	
11	. Adults who are overweight	13.	Successful completion of drug	13.	Adults who are overweight or obese	14.	Unintentional and deliberate injuries in children	
	or obese		treatment	14.	Physical activity in adults		Employment for people with long-term conditions	
12	Physical activity in adults	14.	Adult immunisation	15.	Diabetes prevalence	16.	People with a learning disability and mental health	
	Diabetes prevalence	15.	Permanent admissions to	16.			who live in stable and appropriate accommodation	
14	NHS health checks		residential and nursing care	17.	NHS health checks	17.	Domestic abuse	
15	. Fuel poverty		homes	18.	······································		Re-offending levels	
-	. Adult immunisation		Dementia diagnosis rates	19.	Fuel poverty	19.	Statutory homelessness	
17	. Health related quality of		Preventable mortality	20.		20.	Smoking prevalence	
	life for people with long-	18.	Mortality by causes considered	21.	People feel supported to manage their condition	21.	Alcohol-related admissions	
	term conditions		amenable to healthcare	22.	Permanent admissions to residential and nursing	22.		
18	. People feeling supported	19.	Under 75 mortality rate from		care homes	23.		
	to manage their condition		cancer	23.	Reablement / rehabilitation services	24.	Diabetes prevalence	
19	. People receiving social	20.	Under 75 mortality rate from all	24.	Dementia diagnosis rates	25.	NHS health checks	
	care who receive self-		cardiovascular diseases		Preventable mortality	26.	Successful completion of drug treatment	
	directed support / direct	21.	Under 75 mortality rate from	26.	Mortality by causes considered amenable to	27.		
	payments		respiratory disease		healthcare	28.		
20	. Ambulatory care sensitive	22.	Under 75 mortality rate from		Under 75 mortality rate from cancer	29.	Mortality by causes considered amenable to	
	(ACS) conditions		liver disease	28.	Under 75 mortality rate from all cardiovascular		healthcare	
21	. Readmissions within 30	23.	Mortality from communicable		diseases		Under 75 mortality rate from cancer	
	days of discharge from		diseases	29.	Under 75 mortality rate from respiratory disease	31.	Under 75 mortality rate from all cardiovascular	
	hospital		Excess winter mortality	30.			diseases	
		25.	Suicides and injuries	31.	Mortality from communicable diseases		Under 75 mortality rate from respiratory disease	
			undetermined		Excess winter mortality		Under 75 mortality rate from liver disease	
		26.	Excess mortality rate in adults	33.	Suicides and injuries undetermined		Mortality from communicable diseases	
			with mental illness			35.	Excess mortality rate in adults with mental illness	

## Table 1: Indicators which score "high" against prioritisation criteria