# Health Improvement Board, 20<sup>th</sup> February 2020 Future Priorities and Performance Measures

**Purpose of this item**: To discuss the principles of how we will revise the Performance Framework, ambition in setting targets and future reporting

#### The Current Situation

The Health Improvement Board considers a report on performance at every meeting. This currently comprises 21 performance indicators and 4 sets of process indicators. The performance indicators are reported as frequently as possible – preferably quarterly, though some indicators are only updated annually. They are RAG rated (Red, Amber, Green) against local or national targets. The process indicators are set out in quarterly milestones and the reports describe whether the milestone has been reached. They are also RAG rated.

Some of the performance reports also give information on the best and worst rates across the county e.g. differences in rates of screening / immunisations or physical inactivity by District council area, uptake of NHS Health Checks by CCG locality etc.

All these indicators are also reported the Health and Wellbeing Board (HWB) as part of their overall performance framework (which also includes reports from the other sub-groups of the HWB)

## **Performance framework**

There are currently 3 different elements within our performance framework

| Type of  | Examples in current  | Pros  | Cons  |
|--|--|---|---|
| Measure  | framework  |   |   |
| High level target as a joint ambition to improve population level outcomes | <ul><li>Child Obesity</li><li>Smoking prevalence</li><li>Physical inactivity</li><li>Rough sleeping</li></ul>  | Published data is available   | Can't show the impact of a single initiative.  Might take a long time to change |
| Service based performance measures   | <ul> <li>Immunisation rates</li> <li>Screening rates</li> <li>NHS Health Check uptake</li> <li>Homelessness prevention</li> </ul>  | Single organisation is responsible e.g. through a contract.  Measurable  Frequent reporting | Not a partnership approach to improvement                                       |
| Process<br>measures setting<br>milestones to<br>illustrate<br>progress     | <ul> <li>Whole Systems approach to healthy weight</li> <li>Mental Wellbeing</li> <li>Making Every Contact Count</li> <li>Social Prescribing</li> <li>Affordable Warmth</li> <li>Homelessness duties</li> </ul> | Maintains a focus and expectation of reporting progress                                     | Everything is always green!  Lacks specificity                                  |

#### Other considerations

Discussion at recent meeting of the Health Improvement Board has highlighted ambition to do more:

- a. <u>Targeting inequalities</u> and showing the impact of focusing work on populations with poor outcomes. This could be areas of deprivation or particular population groups who experience health inequalities e.g. by sex, age, ethnicity etc. At present none of the performance measures report improvements for specific groups. However, it must be recognised that data is not always available at small area level or for particular groups of people. Where data is available at district or locality level this is already reported to the HIB in the current performance report.
- b. <u>Implementation of the priority for Preventing Cardiovascular Disease</u>. Work is needed to ensure that progress can be measured on this topic and reports should come through the Health Improvement Board and then to the Health and Wellbeing Board. This should include how health inequalities are being reduced.

# **Options for future monitoring**

The options listed below describe different elements of reporting that could be considered. It may be possible to just decide on a single option or a combination of the suggestions.

| Continue with a suite of performance measures to be delivered by the sub-<br>groups. This includes a decision on how many topics to cover – does the HIB<br>need to continue with the current extensive list of indicators? If not, then<br>which ones should remain? |
|---|
| Request "report cards" to give in-depth reports and recovery plans for targets that are not being met. Currently this is decided at each meeting.   |
| Monitor process measures / milestones to show the work of the sub-groups where these are considered the only option for showing progress  |
| Agree a smaller number of more ambitious measures e.g. smoke free by 2025. These could replace the existing performance framework or be in addition.  |
| Ensure that, if possible, the reports include information on health inequalities and how they are being tackled. This might be through adding some process measures to supplement the indicators.   |
| Ensure the Board is informed regarding ongoing surveillance of population health to ensure early warning and formulate new / relevant priorities – using the JSNA.  |

### Discussion:

- 1. What changes would you like to see to the Performance Framework?
- 2. How can this be achieved?
- 3. What needs to happen before the next meeting?