

Warwickshire Shadow Health and Wellbeing Board

22 May 2012

Performance Monitoring by the Health and Wellbeing Board

Recommendations

The Warwickshire Shadow Health and Wellbeing Board is asked to:

- I. Consider the option set out for the HWBB to monitor delivery of strategic objectives in the Health and Wellbeing Strategy
- II. Consider how the HWBB and the Health and Social Care Overview and Scrutiny Committee can work together in a coordinated way to make best use of time and resources

1.0 Evaluating our achievements

1.1 At the last HWBB meeting an action was agreed to receive proposals for a framework to shape how the Board would demonstrate delivery of its strategic aims and required strategic outcomes. This report identifies the specific role of the Board, and the respective dependencies on other scrutiny mechanisms so that the evolving system will avoid duplication of effort and resources. Additionally the model assumes the contribution of underpinning specific tools and documents to the board's performance, namely:

- Joint Strategic Needs Analysis - the Board identifies needs and priorities
- Health and Well being strategy - the Board identifies aims and outcomes
- Commissioning intentions of the partner commissioning organisations and joint commissioning strategies - identify how parties will deliver change

1.2 The importance of measuring outcomes and demonstrating impact is essential to demonstrate effectiveness and continually improve quality, and to demonstrate value for money. Keeping on top of this outcome measurement through self evaluation requires access to SMART information. However, focus on strategic outcomes also requires the ability to consider the whole system, taking a perspective and drilling into detail only to test out judgements.

2.0 Setting the framework in context

- 2.1 There are existing structures for the collation of *performance data* for scrutiny that contribute to the ultimate measurement of the strategic outcomes that are the concern of the HWBB. Scrutiny processes review operational performance data for adults and children's social care and learning and achievement services, and for some health services via Quality Accounts. Quality Outcome Framework data on GP performance is being reviewed by Medical Directors and Clinical Senate, and regulatory bodies (Care Quality Commission, Ofsted/Dept for Education, and Monitor) are inspecting care providers for their performance on compliance with required standards.
- 2.2 It is entirely appropriate for operational and performance data to be owned and understood close to the service organisation. In order to maintain the HWBB in its core function of setting the strategic direction for health and wellbeing and promoting integration across the system it is important that the board does not spend a large amount of time replicating the performance monitoring of other bodies. However, there is a real need to collate and understand how the details build to a complete picture which delivers the intelligence to evaluate delivery of our strategic outcomes and thus the impact of integrated services on the health and well being of the people of Warwickshire.
- 2.3 The delivery of strategic outcomes will inevitably have a longer duration than performance data. Some of the more strategic indicators that the HWBB is concerned with addressing such as health inequalities and educational attainment are only available on an annual basis. Most data available more frequently often relates to operational activity of services.

3.0 Evaluating impact

- 3.1 There are several possible models of allowing the board to monitor progress of the system against the objectives of the Health and Wellbeing Strategy and against national outcomes frameworks for the NHS, social care and public health.
- 3.2 Strategic objectives may be best understood at bi-annual sessions devoted to understanding and considering performance across the whole system using annual performance measures. These would usefully coincide with the commissioning cycle for NHS, social care and public health services to inform annual refreshes of Health and Wellbeing Strategy.
- 3.3 More frequent performance monitoring, e.g. quarterly, risks the board being pulled into operational issues and causing some duplication of scrutiny activity. Also, the strategic objectives owned by H&WBB may not present a clear picture when illustrated by quarterly performance indicators.
- 3.4 Whilst the majority of performance monitoring should continue to be appropriately managed by current scrutiny arrangements there will need to be

a method of escalating major performance concerns to the HWBB, where that impacts on ability to deliver strategic objectives.

4.0 Choosing Indicators – the “basket” that will exemplify strategic objectives

4.1 In order to limit the indicators to a manageable number it is suggested that a basket of indicators is used for each priority in the Health and Wellbeing Strategy. These should be considered alongside the nationally set outcomes frameworks data.

4.2 Examples of Possible Indicators Specifically Linked to Health and Wellbeing Strategy to be reported bi-annually:

Children and Young People

- % of young people that are NEETs
- % of children achieving 5 or more A*-C GCSEs
- An indicator about troubled families (place holder)
- An indicator about looked after children (place holder)
- Children’s Health
- % Looked after Children in a family setting.

Healthy Lifestyles

- Smoking quitters
- Childhood obesity rates
- Alcohol or drug related violence against the person (from police)
- % successful completion of drug and alcohol treatment plans

Vulnerable Communities

- % of children living in poverty
- Repeat incidences of domestic abuse
- % of people with long term mental health problem or learning disability supported to live in their own home (place holder)
- % safeguarding incidents where agencies work together to achieve outcomes

Ill Health

- Number/% of people taking up the offer of NHS health checks
- % of people with long term conditions being treated to recommended levels e.g. people with high blood pressure (from QOF)

Old Age

- Proportion of older people (65 and over) who were still at home 91 days after discharge into rehabilitation
- Length of stay in hospital for people aged over 85 years
- % of people who die at home