

SHEFFIELD HEALTH AND WELLBEING BOARD PAPER

Report of: Dr Jeremy Wight, Director of Public Health

Date: 26th September 2013

Subject: Health and Wellbeing Outcome Indicators for Sheffield

Author of Report: Louise Brewins 0114 205 7455

Summary:

The attached outcome indicator framework provides an overview of how the Joint Health and Wellbeing Strategy outcome areas are progressing. The Framework uses the latest nationally comparable data and provides a R.A.G. rating (where available) for each of the 30 indicators. Measures for outcome 5 (about the health and wellbeing system and its effectiveness and affordability) will require further work over the next 12 months.

Questions for the Health and Wellbeing Board:

Questions or clarifications regarding indicator definitions, data or interpretation.

Recommendations:

Subject to any final amendments, agree the indicators as a key means by which progress on the Health and Wellbeing Strategy outcomes will be reviewed and reported.

Reasons for Recommendations:

The Board requested such a framework be developed to support annual reporting and review of its strategic outcomes.

Health and Wellbeing Outcome Indicator Framework

1.0 SUMMARY

- 1.1 At its meeting in February 2013, the Board agreed that a set of indicators be developed to provide an overall view of progress against the outcomes set out within the Joint Health and Wellbeing Strategy.
- 1.2 Based on work undertaken to source appropriate indicators, and alignment with evidence and feedback from consultations held in relation to the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy, this paper presents the set of indicators to be used.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE

- 2.1 The framework uses the latest relevant data available. It is therefore possible to provide a brief narrative summary of what it is telling us. Overall Sheffield is doing reasonably well but there are a number of areas of concern within each outcome area, as follows:

Outcome 1 - Sheffield is a healthy and successful city

All indicators, with the exception of mortality attributable to (particulate) air pollution, are worse than average, although not markedly so. In most cases the local trend is improving. Average income levels and long term unemployment are worsening however and therefore remain key concerns for this outcome area, not least because of the identified concerns regarding negative impact of the welfare reforms on those already hardest hit.

Outcome 2 - Health and wellbeing is improving

All indicators are broadly on a par with the England average and generally trends are improving. The main exception is the rate of infant mortality, which has continued to increase. This is being addressed as part of the City's infant mortality strategy.

Outcome 3 - Health inequalities are reducing

The main concern here is the wider than average gap in life expectancy between the most and least deprived people in Sheffield. In particular, the gap in female life expectancy has continued to widen. Work to tackle health inequalities is identified in the City's Health Inequalities Action Plan, as part of implementing the recommendations of the Fairness Commission.

Outcome 4 - People get the help and support they want and need

Broadly Sheffield performs better than or close to the average. There are two key areas of concern however; proportion of women receiving an antenatal assessment at 13 weeks of pregnancy, which is below average (although the trend is improving) and the rate of permanent admissions to care homes, which is increasing locally. Both are identified priorities within

local health and social care commissioning plans.

3.0 OUTCOME AND SUSTAINABILITY

- 3.1 The purpose of the framework is to provide a basis for annual review and reporting on the outcomes of the Joint Health and Wellbeing Strategy. With the exception of the further work planned in relation to Outcome 5, the framework may be used immediately and as such can be considered as providing a baseline position from which to consider improvement in subsequent years.
- 3.2 The indicators use national data sources to ensure: consistency of definition across time and place; comparability with other areas; and accessibility (in terms of collection and timeliness).

4.0 MAIN BODY OF THE REPORT

- 4.1 The framework consists of 30 indicators grouped according to the first four outcome areas of the Joint Health and Wellbeing Strategy. Further work is needed to develop an appropriate approach to measuring progress in relation to the fifth outcome – ‘services are innovative, affordable and deliver value for money’. Detailed definitions for each of the indicators appear on the second page of the framework (or reverse if printed off double-sided). National data sources are used for all indicators and, where relevant, have been checked for consistency within and across organisational boundaries
- 4.2 For each indicator the Sheffield value is shown alongside the England average value. This is then represented graphically using a ‘spine’ chart. On the spine chart, the vertical black line (or spine) represents the England average. The grey horizontal bars represent the range of values nationally for each indicator. The Sheffield value is represented as a circle. This is coloured red if the Sheffield value is significantly worse than the England average or coloured green if it is significantly better. A yellow circle indicates that the difference between the Sheffield value and the England average is not significantly different. A white circle means it has not been possible to calculate significance for this particular indicator. Values that are worse than average always appear to the left of the black vertical line and values that are better than average always appear to the right.
- 4.3 The framework also provides information on whether the trend in Sheffield is improving or not. This is depicted as a coloured arrow. An upwards green arrow means the trend is improving, a horizontal yellow arrow that it remains unchanged and a downwards red arrow that the trend is worsening. Trend is not calculated where there is only one year’s worth of data available.

5.0 QUESTIONS FOR THE BOARD

- 5.1 Please raise any questions or clarifications regarding selection, definition, calculation, presentation or interpretation of the indicators used within the framework?

6.0 RECOMMENDATIONS

- 6.1 Subject to any final amendments, agree the indicators as a key means by which progress on the Joint Health and Wellbeing Strategy outcomes will be reviewed and reported.

7.0 REASONS FOR THE RECOMMENDATIONS

- 7.1 The Board requested such a framework be developed.