



6th March 2013

Agenda Item: 7

REPORT OF DIRECTOR OF PUBLIC HEALTH

NOTTINGHAMSHIRE HEALTH AND WELLBEING LOCAL OUTCOMES FRAMEWORK

Purpose of the Report

1. This report describes and presents a proposed Local Outcomes Framework for Health and Wellbeing in Nottinghamshire. A list of proposed indicators is included in Appendix 1

Information and Advice

2. The Nottinghamshire Health and Wellbeing Board is committed to the development and use of a Local Outcomes Framework (LOF). This will allow the Board to assess the effectiveness of the Health and Wellbeing Strategy. If all the measures included in the framework improve over time, then the majority of people who live and use services in Nottinghamshire will experience better life chances and quality of life.
3. The Local Outcomes Framework is not intended to measure or performance-manage every aspect of the Board's work, but reflects the priority areas identified in the Strategy.

Development of the Local Outcomes Framework

4. The list of indicators contained in the Local Outcomes Framework is from four source documents:
 - a. NHS Outcomes Framework for 2013/2014;
 - b. Public Health Outcomes Framework, 2013 to 2016;
 - c. Adult Social Care Outcomes Framework for 2013/2014;
 - d. Nottinghamshire Children and Young People's Plan 2011-14.
5. To develop the list of proposed indicators, the JSNA, Strategy and Outcomes Group considered indicators in these documents and how they relate to Nottinghamshire's Health and Wellbeing Strategy. Integrated Commissioning Groups and partner organisations refined the list during the Autumn of 2012. A further check in January 2013 removed indicators where data was not available at County level.
6. **Figure 1** includes a detailed list of the indicators, and how Nottinghamshire compares to the overall England value for each measure.
7. This report provides baseline information. It does not include detailed information on each of the measures, or an explanation where performance is less than expected. Further information will form part of the next report, which will provide context and set the ambition for future performance.

Figure One: Proposed indicators for Nottinghamshire Health and Wellbeing Local Outcomes Framework - to be read in conjunction with the Nottinghamshire Health & Wellbeing Strategy

Health and Wellbeing Strategy Priority Area and potential indicators	Comparison to England (1)	Notes
PH – Public Health OF, ASC – Adult Social Care OF, NHS – NHSOF, CYP – Nottinghamshire CYP plan	▲ Better ► Not significantly different ▼ Worse — Comparison not possible	
Prevention: Behaviour Change & Social Attitudes		
Smoking and tobacco control		
Smoking at time of delivery – PH 2.03	▼	
Smoking prevalence in over 18 years – PH 2.14	►	
Under 75 mortality from Respiratory diseases – NHS 1.2	►	
Under 75 mortality from Cancer – NHS 1.4vii	►	
Obesity		
Excess weight ages 4-5, 10-11 – PH 2.06i	▲	
Excess weight ages 10-11 – PH 2.06 ii	▲	
Breast-feeding prevalence rates at 6-8weeks – CYP 6, PH 2.02ii	▼	
Substance Misuse: Alcohol and Drugs		
Successful completions; drugs treatment – PH 2.15	►	
Alcohol-related admissions to hospital – PH 2.18	▲	Revised definition expected in 2013
Under 75 mortality from liver disease – NHS 1.3	▼	

Adult and Health Inequality Priorities		
Learning Disability		
People with learning disability in settled accommodation – PH 1.06i	▲	
Adults with learning disability in paid employment– ASC 1E	▲	
Adults with learning disability in own home or with family– ASC 1G	►	
Physical Disability, Long Term Conditions and Sensory Impairment		
Recorded diabetes – PH 2.17	►	
Preventable sight loss– PH 4.12 (i AMD, ii glaucoma, iii diabetic eye disease, iv sight loss certifications)	► i, ► ii, ► iii, ▼ iv	Choose most appropriate of these. (AMD: age related macular degeneration)
Under 75 mortality from cardiovascular – NHS 1.1	►	
Under 75 mortality from respiratory diseases – NHS 1.2	►	

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Adult and Health Inequality Priorities- continued		
Employment of people with long-term conditions – NHS 2.2	—	No direct England comparator
Use social services with self-directed supported/direct payments – ASC 1C	▲	
Mental Health and Emotional Wellbeing		
Self-reported wellbeing – PH 2.23 i % low satisfaction score, ii % low worthwhile score, iii % low happiness score, iv % high anxiety score	► i, ▼ ii, ► iii, ► iv	
Adults in 2y mental health services in paid employment – ASC 1F	▼	
Adults in 2y mental health live independently – ASC 1H	▼	
Employment of people with mental illness – NHS 2.5	—	No direct England comparator (could be calculated)
Community mental health services: patient experience – NHS 4.7	▲	Data by provider (Nottinghamshire Healthcare Trust compared to England)
Suicide rate – PH 4.10	▲	
Dementia		
Enhanced quality of life for people with dementia – NHS 2.6i (% of expected diagnoses)	—	England figure only on NHSIC indicator portal.
Older People		
Falls and fall injuries in the over 65s – PH 2.24i	▲	Data reported for various age and gender splits. All significantly low.
Hip fractures in the over 65s – PH 4.14	▼	Data reported for various age groups.
Excess winter deaths – PH 4.15	►	Data from APHO Nottinghamshire Health Profile
Older people remain at home after re-enablement/ rehabilitation– ASC 2B	▲	
Permanent admissions to residential or nursing homes – ASC 2Aii	▲	

Health and Wellbeing Strategy Priority Area and potential indicators	Comparison to England (1)	Notes
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Wider Determinants of Health		
Crime and Community Safety: Links to the work of the Safer Nottinghamshire Board		
1 st entrants to youth justice – PH 1.04	▼	From published data for 2011-12. Local data suggests significant improvement has been made.
Re-offending – PH 1.13 i % offenders re-offend, ii average number re-offences	► i, ► ii	
Healthy Environments in which to live, work and play		
Utilise green space for exercise/health – PH 1.16	▲	

Notes:

(1): comparison to England based on published data on <https://indicators.ic.nhs.uk/webview/> for NHSOF and ASCOF indicators, <http://www.phoutcomes.info/> for PHOF. Accessed 21 January 2013.

(2): Indicators designated as 'placeholder' (definition not agreed) or 'in development' (data not available as of January 2013) are not included.

(3): Children & Young People indicators are included within other life course sections.

(4): The action plans developed by each Integrated Commissioning Group will address explicitly any areas where performance in Nottinghamshire is of concern.

8. Future implementation and development

The Local Outcomes Framework is intended for use from April 2013. To meet this timescale, the following actions will be completed:

- Compare the measures for Nottinghamshire against England and other suitable comparators
- For each indicator, bring together:
 - why the measure is included in the Local Outcomes Framework;
 - the definition, origin and frequency of publication;
 - a realistic assessment of how much each could change over 3 years and
 - whether any data exist at a sub-County level (for example districts, boroughs or Clinical Commissioning Group populations).
- Integrated Commissioning Groups will set ambitions for indicators to 2016/17, with supporting draft action plans. The action plans will address explicitly any areas where performance in Nottinghamshire is of concern.

9. To ensure safe, quality service delivery, the Local Outcomes Framework will be cross-referenced to relevant themes across other domains in the national outcomes frameworks, in particular the NHS Outcomes Framework.
10. To ensure that Children and Young People's health and wellbeing is properly represented, the Board may wish to review the Local Outcomes Framework following the publication of the national Children and Young People's Health Outcomes Framework and the revised Nottinghamshire Children and Young People's Plan. Both of these documents are due to be published in early 2013.
11. Clinical Commissioning Groups have recently submitted summary commissioning plans for 2013-14 to the NHS Commissioning Board. These plans include three local priorities for each CCG chosen from a defined list of indicators. The action plans described in point (7) above will identify where CCG priorities complement the LOF indicators.
12. The content of the Local Outcomes Framework will be reviewed as part of the process to review the whole Health and Wellbeing Strategy.
13. A follow up report will be presented to the Health and Wellbeing Board meeting in June 2013, detailing the ambition for each area.

RECOMMENDATION/S

- 1) The Health & Wellbeing Board is asked to comment on the proposed local outcomes framework and endorse this for implementation from 1st April 2013.

Name of Report Author(s): Chris Kenny

Title of Report Author(s): Director of Public Health

For any enquiries about this report please contact: Cathy Quinn, Associate Director, Public Health

Constitutional Comments (SG 15/02/2013)

14. The shadow Board is the appropriate body to consider the matters referred to in this Report.

Financial Comments (NDR 19/02/13)

15. There are no financial implications arising directly from this report.

Background Papers:

- Our Strategy for Health & Wellbeing in Nottinghamshire 2012/13
- NHS Outcomes Framework for 2013/2014;
- Public Health Outcomes Framework, 2013 to 2016;
- Adult Social Care Outcomes Framework for 2013/2014;
- Nottinghamshire Children and Young People's Plan 2011-14

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Electoral Division(s) and Member(s) Affected

All