South Gloucestershire Council

MEETING: South Gloucestershire Health & Wellbeing Board

DATE: 11 September 2014

BRIEFING PAPER TITLE:
Performance monitoring on the key metrics for the Joint Health & Wellbeing Strategy (JHWS)

Purpose of Briefing Paper

1 To brief the Board on the performance monitoring on the key metrics for South Gloucestershire's Joint Health & Wellbeing Strategy (JHWS). Full details of the performance indicators including observed trends for each of the six Priority Themes are included in Appendix A. A summary table is provided in the main body of the briefing paper. The majority are performance indicators which can be rated in quantitative terms. The remainder are qualitative process indicators. Performance on specific indicators by Priority Neighbourhoods compared to the South Gloucestershire average is also included in Appendix A. Areas requiring attention are identified in the main body of the paper. Case studies are included in Appendix A.

2 To brief the Board on the amendments to the key metrics and obtain approval for these amendments.

National Policy

3 In accordance with the Health & Social Care Act 2012, every Health & Wellbeing Board has a statutory responsibility to produce a JHWS. The purpose of the JHWS is to set out the top priorities for joint work and to provide a basis for commissioning plans and decisions.

Background

4 The JHWS for South Gloucestershire, covers the period 2013 to 2016 and was approved by the Health &Wellbeing Board and published in June 2013.

5 The management arrangements and accountabilities for implementing the JHWS and the findings of the initial mapping of existing strategies and action holders were approved by the Board on the 26th November 2013.

6 The key metrics for monitoring performance on the six Priority Themes were approved by the Board on the 27th March 2014 and it was agreed that there would be six monthly progress reports.

7 This paper presents the first progress report for monitoring metrics on the Strategic Actions for each JHWS Priority Theme.

Progress monitoring

8 For each indicator, the baseline period is identified and baseline data for South Gloucestershire and England are presented. The most up to data are also presented in addition to a summary of the observed trend for each indicator (Appendix A). The status of indicators is rated on a 'red/amber/green' (RAG) scale based on South Gloucestershire's performance against the England average or national targets.

9 Six localities in South Gloucestershire have been defined as Priority Neighbourhoods because of high deprivation (Filton, Patchway, Kingswood, Staple Hill, Cadbury Heath and West Yate/Donnington). These localities face the greatest health inequalities and have the greatest health need. Therefore, the performance of certain indicators is also examined by Priority Neighbourhoods compared to the South Gloucestershire average to determine whether health inequalities are widening locally (Appendix A).

10 The following table provides a summary of the RAG ratings for each Priority Theme.

Table 1

No.	Priority Theme	Indicator Breakdown	Rating for of Quantitative Outcome Indicators			
			Data Not Available	Red	Amber	Green
1.	Making the healthy choice the easy choice	21 of 30 indicators are quantitative	6	2	6	7
			29%	9%	29%	33%
2.	Tackling health inequalities	20 of 23 indicators are quantitative	8	0	5	7
			40%	0%	25%	35%
3.	Making the best start in life	8 of 11 indicators are quantitative	0	1	2	5
			0%	13%	25%	63%
4.	Fulfilling lives for all	32 of 33 indicators are quantitative	12	0	1	19
			37%	0%	3%	60%
5.	Ageing well	4 of 5 indicators are quantitative	3	0	0	1
			75%	0%	0%	25%
6.	Accessing the right services in the right place, at the right time	8 of 8 indicators are quantitative	2	0	4	2
			25%	0%	50%	25%

Amendments to the key metrics

11 Some of the key metrics have been amended since the previous paper. Reasons for amendments include the removal of the indicator from the Outcomes Frameworks (Public Health, Adult Social Care and NHS) or a lack of available data for reporting. The approved national and local Better Care Fund metrics are also now included across the Priority Themes. Please note that guidance for the Better Care Fund was updated in July 2014 which supersedes the previous December 2013 guidance.

12 Data for the majority of the outcome indicators (>95%) are available on an annual basis (Appendix A). Therefore annual monitoring of outcome indicators would be more appropriate.

13 The Public Health Outcomes Framework indicator 2.24 “Injuries due to falls in people aged 65 years and over” in section 1.8 has been identified as the local Better Care Fund metric.

14 In section 4.1, the Quality Outcomes Framework (QOF) indicators which focus on the availability of a register for each of the long term conditions hypertension, stroke, diabetes mellitus, chronic obstructive pulmonary disease (COPD), chronic kidney disease (CKD), and coronary heart disease (CHD) have been removed. In QOF general practices are awarded points according to their level of achievement and are financially rewarded based on the number of points which are achieved. Data for these indicators have only been reported as the number of points obtained. Since South Gloucestershire general practices receive full points for all of these indicators, these data are not useful for monitoring.

15 In section 5.2, the NHS Outcomes Framework indicator 3.6i/Adult Social Care Outcomes Framework 2b “Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services”, has been identified as one of the national Better Care Fund metrics.

16 The NHS Outcomes Framework indicator 3b “Emergency readmissions within 30 days of discharge from hospital” has been removed from sections 6.1 and 6.2 and replaced with “Improving access to Psychological Therapies- IAPT” as there is unpredictability in the data for the original indicator and the indicator is largely outside the control of the Clinical Commissioning Group (CCG).

17 In section 6.1 the Better Care Fund national metric avoidable emergency admissions will be replaced with all emergency admissions based on updated Better Care Fund guidance.

Areas requiring attention

18 Challenge indicators are those where South Gloucestershire's performance is significantly worse than the national average (red on the RAG scale), there are adverse trends or slow improvement in trends (amber on the RAG scale) or there is widening of health inequalities locally (Appendix A). Challenge indicators by each Priority Theme are summarised in Table 1.

Table 2- Summary of Challenge indicators by Priority Theme

Priority Theme	Summary of Challenge indicators
1- Making the healthy choice the easy choice	- There has been a small increase in the percentage of children aged 10 and 11 who are classified as overweight or obese. - There have been small increases in the percentages of people reporting low happiness scores and high anxiety scores for self reported well being. - Although the diagnosis rate of Chlamydia is increasing it is still below the recommended benchmark diagnosis rate of 2300 per 100,000. - There has been a large increase (12%) in the percentage of HIV diagnoses that were late.
2- Tackling health inequalities	- Although breast feeding at 6-8 weeks has increased, rates are still lower than the England baseline. - There has been a small increase in the percentage of year 6 children with excess weight, - Smoking prevalence in adults over 18 has increased. - The percentage of 16 to 18 year olds not in education, employment or training has showed a small decline. - The percentage of pupils at Key Stage 4 achieving 5 or more GCSE at Grades A* to C has increased slightly.
3- Making the best start in life	- There is an increase in the percentage attainment gap (9.7%) between pupils who receive free school meals (FSM) and their peers in achieving five or more GCSEs at grade A*-C including English and Mathematics. - The percentage of pupils at Key Stage 4 achieving 5 or more GCSE at Grades A* to C has increased slightly.

4- Fulfilling lives for all	- No challenge indicators have been identified. - To determine trend in the % of adult carers who have as much social contact as they would like. Currently data are only available for one year.
5- Ageing well	- No challenge indicators have been identified. - Further data on the end of life indicators are required.
6- Accessing the right services in the right place, at the right time	- A&E attendances are increasing. - Unplanned admissions for chronic ambulatory care sensitive conditions in adults and asthma, diabetes and epilepsy in under 19s are falling but CCG aims to promote further reduction in rates. - Continue to monitor increasing trend in permanent admissions to residential and nursing care homes per 100,000 population.

19 For areas requiring attention, theme leads will present to the Board the actions that will be taken to address the challenge indicators at future Board meetings.

20 There are several indicators which show significant differences between the Priority Neighbourhoods and the rest of South Gloucestershire (Appendix A). These include:

- Breast feeding at 6-8 weeks - The percentage of women breastfeeding at 6-8 weeks post delivery is 12% lower for women from Priority Neighbourhoods compared to women who are not from Priority Neighbourhoods in South Gloucestershire.

- Smoking at the time of delivery - The percentage or women smoking at time of delivery is 12.5% higher in women from Priority Neighbourhoods.

- Excess weight in year 6 children - There is a larger percentage of year 6 children from Priority Neighbourhoods who are obese.

- Alcohol related admissions to hospital - The rate of alcohol related admissions to hospital in South Gloucestershire is higher in residents from Priority Neighbourhoods.

Case studies

21 The case studies highlight many examples of partnership working among South Gloucestershire Council, the CCG and other partners in the community and voluntary sector to improve health and wellbeing for South Gloucestershire residents (Appendix A).

Consultation

22 No public involvement has been undertaken as part of this process of selecting key metrics. However, a three month consultation on the JHWS was carried out in 2013. There has been engagement with theme leads and relevant staff in identifying key metrics.

Financial implications

23 There are no specific financial implications as financial and other resources have been largely accounted for in existing strategies and action plans. The JHWS outlines priorities which will have implications for the realignment of existing resources. However, any specific proposals arising from implementation of the JHWS that have particular resources will be reported separately, either as specific items or as part of regular performance reporting on progress against the JHWS.

Legal implications

24 Section 12 of the Health and Social Care Act 2012 introduces Section 2B to the NHS Act 2006. This imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area.

Human Resources implications

25 There are no specific HR implications. The monitoring of key metrics from the JHWS will require some officer time amongst staff who are already working in the local authority or the CCG as an integral part of their duties. Public Health will have a co-ordinating role.

Risks and mitigations

26 The JHWS sets out priorities and actions to reduce risks to health and wellbeing among the population of South Gloucestershire.

RECOMMENDATIONS

The Health & Wellbeing Board is asked to

27 Approve the amendments to the key metrics for performance monitoring for the JHWS.

28 Note the performance on the key metrics for the six Priority Themes.

29 Agree annual progress reporting for the outcome indicators and the process indicators. This will alternate on a six monthly basis (Spring 2015 - process indicators, Autumn 2015 – quantitative outcome indicators).

30 Agree that actions to address challenge indicators will be presented by theme leads to the Board at future Health & Wellbeing Board meetings.

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Date of writing
1st September 2014

Appendix A includes:

- Performance monitoring on key metrics September 2014
- Performance monitoring on specific indicators by Priority Neighbourhoods compared to the South Gloucestershire average September 2014
- Case studies

Appendix A
Priority theme one: Making the healthy choice the easy choice

Case-study: Reducing harm caused by Alcohol - Commissioning an Interface Alcohol Nurse

It is estimated that for every 100, 000 people in England, each year:

- 2,000 people will be admitted to hospital with an alcohol-related condition
- 1,000 people will be a victim of alcohol-related violent crime
- Over 400 11-15 year olds will be drinking weekly
- Over 13,000 people will binge-drink
- Over 21,500 people will be regularly drinking above the lower-risk levels
- Over 3,000 will be showing some signs of alcohol dependence and
- Over 500 will be moderately or severely dependent on alcohol.

The South Gloucestershire Alcohol Harm Reduction Strategy (2014-17) has recently been completed using an evidence-based and multi-agency approach to developing cost-effective actions aimed at reducing harm caused by alcohol for the local population.

Objectives within the strategy focus on prevention, control and treatment.

An example of an action which is being implemented as a result of the strategy is the commissioning of an Interface Alcohol Nurse. The post will be employed by Avon and Wiltshire Partnership (AWP), commissioned by the South Gloucestershire Drug and Alcohol Team (DAAT). The post will add to the current service provision for individuals within the population requiring support, enabling them to make the healthy choice the easy choice with improved access to services, information and advice.

The aim of the 12 months pilot post is to:

a) Identify and clarify characteristics of the ‘frequent flyers’ (those individuals attending North Bristol Trust (NBT) 3 times or more per annum for alcohol-specific and -related attendances and admissions), taking community knowledge into hospital;
b) Develop systems and processes which aim to reduce the number and attendance rate of ‘frequent flyers’, facilitate appropriate and timely discharge and identify appropriate service provision within the community and primary care;
c) Support GPs in detoxification service provision to patients and provide training where required;
d) Work with clinicians within Walk-in Centres and Minor Injury Units to identify alcohol-specific attendances taking a whole system view and encouraging the development of integrated alcohol treatment pathways.

In order to operationalise the post, close partnership between the DAAT, AWP, NBT, primary care, Bristol public health colleagues and members of the South Gloucestershire Health & Wellbeing Board is underway. Ongoing funding will be determined by a detailed evaluation of the post.

Summary of metrics

The status of indicators against each JHWS Strategic Action is rated on a 'red/amber/green' (RAG) scale based on South Gloucestershire's performance against the England average.

No.	Priority Theme	Indicator Breakdown	Rating for of Quantitative Indicators			
			Data Not Available	Red	Amber	Green
1.	Making the healthy choice the easy choice	21 of 30 indicators are quantitative	6	2	6	7
			29%	9%	29%	33%

Priority theme one: Making the healthy choice the easy choice

Creating the right conditions so that everyone is able to lead a healthy lifestyle throughout their life

Significant improvements in health could be made by people making relatively small changes to their lifestyles. For example, half of the current heart disease deaths and half of all cancers could be prevented by adopting a healthier lifestyle, particularly by reducing smoking, reducing obesity, increasing physical activity and eating more healthily.

Overall theme lead: Natalie Field, Deputy Director of Public Health, Health & Wellbeing Division

Key Indicators (Structure, Process and Outcomes)	Frequency	Baseline period	England baseline	13/14 Annual	Trend	Comment on trend	RAG Rating
1.1 Overweight and obesity Development of SMART Action plans for the Healthy Weight Strategy.	Once	TBD					
Percentage of children aged 4-5 classified as overweight or obese- indicator 2.06i. Source-PHE Public Health Outcomes Framework	Annual	19.0% (11/12)	22.6% (11/12)	16.7%(12/13)	Declined		G
-Percentage of children aged 10-11 classified as overweight or obese-indicator 2.06ii. Source-PHE Public Health Outcomes Framework	Annual	29.2% (11/12)	33.9% (11/12)	30.3% (12/13)	Increased slightly		A
-Excess weight in adults-indicator 2.12 Public Health Outcomes framework. Source-PHE Public Health Outcomes Framework	Annual / ? 6 monthly	59.2% (2012)	63.8% (2012)		N/K	Only 2012 data avail on PHOF	n/a
1.2 Physical activity Development of SMART Action plans for the Physical Activity Strategy.	Once	TBD					

Key Indicators (Structure, Process and Outcomes)	Frequency	Baseline period	England baseline	13/14 Annual	Trend	Comment on trend	RAG Rating
Proportion of physically active and inactive adults-indicator 2.13 Public Health Outcomes Framework. Source-PHE Public Health Outcomes Framework	6 monthly	See below				Only 2012 data avail on PHOF	
2.13i Proportion of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity	6 monthly	58.9% (2012)	56% (2012)		N/K	Approx 3% higher than England	n/a
2.13ii Proportion of inactive adults	6 monthly	22.8% (2012)	28.5% (2012)		N/K		n/a
1.3 Healthy Eating Development of SMART action plans for the Infant Feeding (breast feeding) Strategy- particular focus on services.	Once						
Percentage of school meals take up for primary school aged children. Source-Department for Education Statistics- Schools, Populations and their Characteristics	Annual	10.3% (2012)	18.1% (2012)	10.3% (2013)	No change	(This figure includes nurseries)	A
Percentage of school meals take up for secondary aged children. Source-Department for Education Statistics- Schools, Populations and their Characteristics	Annual	7.7% (2012)	14.8% (2012)	7.9% (2013)	Increased slightly		A
1.4 Mental health and wellbeing Completion of mental health needs assessment.	Once						
Development of mental health and wellbeing strategy.	Once						

Key Indicators (Structure, Process and Outcomes)	Frequency	Baseline period	England baseline	13/14 Annual	Trend	Comment on trend	RAG Rating
SMART action plans to be determined from the mental health and wellbeing strategy.	Once						
Hospital admissions as a result of self-harm - indicator 2.10 Public Health Outcomes Framework. Source-South Gloucestershire Health Profile until available on Public Health Outcomes Framework	Annual	140.6 per 100,000 (12/13)	191 per 100,000 (12/13)		N/K		n/a
2.23i Self reported well being- people with a low satisfaction score	Annual	8.2 (11/12)	6.65% (11/12)	5.6% (12/13)	Declined		G
2.23ii Self reported well being- people with a low worthwhile score	Annual	No data (12/13)	4.4% (12/13)		N/K		n/a
2.23iii Self reported well being- people with a low happiness score	Annual	9.35% (11/12)	10.8% (11/12)	10% (12/13)	Increased slightly		A
2.23iv Self reported well being- people with a high anxiety score	Annual	19.45% (11/12)	21.8% (11/12)	20.2% (12/13)	Increased slightly		A
1.5 Sexual health Development of sexual health strategy. SMART action plans to be determined from the sexual health strategy.	 Once Once	 TBD TBD					
Under 18 conception rate indicator 2.04 Public health Outcomes Framework (see also Priority Neighbourhoods and separate table). Source-PHE Public Health Outcomes Framework	Annual and quarterly	20.45 per 1000 (2011)	30.7 per 1000 (2011)	17.6 per 1000 (2012)	Declined		G
Chlamydia diagnoses (15-24 year olds) -	Annual	702.1 per 100,000	1979 per 100, 000	1725 per	Increased	Rate has	R

Key Indicators (Structure, Process and Outcomes)	Frequency	Baseline period	England baseline	13/14 Annual	Trend	Comment on trend	RAG Rating
indicator 3.02 Public Health Outcomes Framework. Source- PHE Public Health Outcomes Framework.		(2012)	(2012)	100, 000 (2013)		increased by over double	
Percentage of HIV diagnoses that were late- indicator 3.04 Public Health Outcomes Framework. Source- PHE Public Health Outcomes Framework.	Annual	46.7% (2009-12)	50.0% (2009-12)	59.1% (2010-12)	Increased		R
1.6 Alcohol misuse SMART Action plans to be developed as part of alcohol strategy.	Once	TBD					
Alcohol related admissions to hospital -indicator 2.18 Public Health Outcomes Framework when available-current source South Gloucestershire Health profile** (see Priority Neighbourhoods and separate table).	Annual and quarterly	585 per 100, 000 (11/12)	653 per 100,000 (11/12)	496 per 100,000 (12/13)	Declined		G
1.7 Smoking SMART Action plans to be determined for the Tobacco Control Strategy.	Once	TBD					
Smoking status at time of delivery -indicator 2.03 Public Health Outcomes Framework. Source- PHE Public Health Outcomes Framework (see Priority Neighbourhoods).	Annual and quarterly	11% (11/12)	13.2% (11/12)	9.7% (12/13)	Declined		G
Smoking prevalence –adults (over 18s) indicator 2.12 Public Health Outcomes Framework. Source- PHE Public Health Outcomes Framework (see Priority Neighbourhoods)	Annual and quarterly	16.4% (2011)	20.2% (2011)	17.5% (2012)	Increased		A

Key Indicators (Structure, Process and Outcomes)	Frequency	Baseline period	England baseline	13/14 Annual	Trend	Comment on trend	RAG Rating
1.8 Reducing injuries SMART Action plans to be determined from the Avonsafe strategy.	Once	TBD					
Injuries due to falls in people aged 65 years and over – indicator 2.24 Public Health Outcomes Framework. Source- PHE Public Health Outcomes Framework	Annual	1872 per 100, 000 (11/12)	2035 per 100, 000 (11/12)	1795 per 100,000 (12/13)	Declined		
Falls in people aged 65 to 79 years per 100,000 population	Annual	867 per 100, 000 (11/12)	1001 per 100, 000 (11/12)	788 per 100,000 (12/13)	Declined		G
Falls in people aged 80 years and over per 100,000.	Annual	4785 per 100, 000 (11/12)	5034 per 100, 000 (11/12)	4713 per 100,000 (12/13)	Declined		G

Priority theme two: Tackling health inequalities

Case-study: Reducing Fuel Poverty in South Gloucestershire - The Affordable Warmth Partnership

Affordable warmth is the ability to heat your home to an adequate level for household comfort and health, without developing debt as a result. The lack of affordable warm is known as fuel poverty. In 2014 there were almost 7 million people in England in fuel poverty. Approximately 10% of households in South Gloucestershire are in fuel poverty. The first "Action for Affordable Warmth" strategy was launched in 2001 and a revised strategy was launched in 2013. The key aims of this strategy are to co-ordinate delivery, work in partnership and influence policy, improve energy efficiency across all housing tenures, promote and provide advice and information and identify and help people at risk of fuel poverty. Partnership working is essential for both strategies and the current Affordable Warmth Partnership includes South Gloucestershire and Gloucestershire county councils, five other local authorities (Cheltenham Borough Council, Stroud District Council, Cotswold District Council, Forest of Dean District Council and Tewkesbury Borough Council) and a range of organisations including those from the voluntary and community sector (Age Concern, Severn Wye Energy Agency, Citizens Advice Bureaux, Centre for Sustainable Energy).

The Warm and Well Scheme is supported by the strategy and has been running for over 10 years. In this time, over 40,000 homes across the region have been improved by installing energy efficient measures such as loft insulation, cavity wall insulation, solid wall insulation and new boilers. In 2012/2013 98 home visits were carried out to vulnerable residents using the decent homes standard and the Housing Health and Safety Rating System for cold and damp homes. Future activities include promotion of new schemes for home energy improvements such as the Green Deal and Energy Company Obligation (ECO) for those on low incomes, school workshops, library events, work with parish Councils and community groups, a private landlord campaign to promote energy efficiency in homes rented by private landlords and joint working with social housing associations.

Summary of metrics

No.	Priority Theme	Indicator Breakdown	Rating for of Quantitative Indicators			
			Data Not Available	Red	Amber	Green
2.	Tackling health inequalities	20 of 23 indicators are quantitative	8	0	5	7
			40%	0%	25%	35%

Priority theme two: Tackling health inequalities

Reducing the disparity in health outcomes faced by the most disadvantaged and vulnerable

Many factors that influence people's health and wellbeing are unevenly distributed between communities. There is a significant difference in healthy life expectancy between the most and least disadvantaged groups.

Overall theme lead: Natalie Field, Deputy Director of Public Health, Health & Wellbeing Division

Key Indicators (Structure, Process and Outcomes)	Frequency	Baseline period	England baseline	13/14 Annual	Trend	Comment on trend	RAG Rating
2.1 The wider determinants of health Fuel poverty - indicator 1.17 Public Health Outcomes Framework (statistics are available annually from 2011).	Annual	7.6% (2011)	10.9%	6.7% (2012)	Declined		G
Possible local metrics from affordable warmth action plan as follows: The number of homes below SAP rating of 35 improved from 2013 baseline (annual measure).	Annual	TBD	NA				
The number of private homes improved and measures installed via ECO, Green Deal and LA based schemes	Annual	TBD	NA				
Number of private landlords advised with information on current energy schemes during annual forums (annual measure).	Annual	TBD	NA				
Number of energy efficient measures installed and energy ratings across all housing tenures including social housing providers (annual measure).	Annual	TBD	NA				

Key Indicators (Structure, Process and Outcomes)	Frequency	Baseline period	England baseline	13/14 Annual	Trend	Comment on trend	RAG Rating
2.2 Priority Neighbourhoods (see separate table for comparison between PNs and non PNs- figures here are for all of South Gloucestershire)							
SMART actions to be determined from the health action plans for Priority Neighbourhoods.	Once	TBD					
Breast feeding at 6-8 weeks- indicator 2.02ii Public Health Outcomes Framework. Source- PHE Public Health Outcomes Framework.	Annual and quarterly	44.8% (11/12)	47.2% (11/12)	46.3% (12/13)	Increased slightly	Slight improvement in rates	A
Smoking at time of delivery-indicator 2.03 Public Health Outcomes Framework. Source- PHE Public Health Outcomes Framework.	Annual and quarterly	11% (11/12)	13.2% (11/12)	9.7% (12/13)	Declined		G
Excess weight in reception year children-indicator 2.06i. Source-PHE Public Health Outcomes Framework.	Annual	19% (11/12)	22.6% (11/12)	16.7%(12/13)	Declined		G
Excess weight in year 6 children-indicator 2.06ii. Source-PHE Public Health Outcomes Framework	Annual	29.2% (11/12)	33.9% (11/12)	30.3% (12/13)	Increased		A
Excess weight in adults -indicator 2.12 Public Health Outcomes framework. Source-PHE Public Health Outcomes Framework	Annual	59.2% (2012)	63.8% (2012)		N/K	(Only 2012 data available currently)	n/a
Smoking prevalence in adults over 18-indicator 2.14 Public Health Outcomes framework. Source-PHE Public Health Outcomes Framework.	Annual and quarterly	16.4% (2011)	20.2% (2011)	17.5% (2012)	Increased	(As above –is also an indicator for smoking for routine & manual workers which could also include)	A

Key Indicators (Structure, Process and Outcomes)	Frequency	Baseline period	England baseline	13/14 Annual	Trend	Comment on trend	RAG Rating
Alcohol related admissions to hospital -indicator 2.18 Public Health Outcomes Framework when available-current source South Gloucestershire Health profile**.	Annual and quarterly	584.6 per 100, 000 (11/12)	652.8 per 100,000 (11/12)	496.1 per 100,000 (12/13)	Declined		G
16 to18 year olds not in education, employment or training (NEET)- indicator 1.05 Public Health Outcomes Framework. Source- PHE Public Health Outcomes Framework. Note the data here are different from the data from the Department for Education	Annual	4.7% (2012)	5.3% (2012)	4.6% (2013)	Declined slightly		A
Percentage of pupils [children] at Key Stage 4 achieving five or more GCSEs at grade A*-C including English and mathematics. Source- Department for Education	Annual	55.5% (2011)	58.9% (2011)	56.4% (2012)	Increased slightly		A
2.3 Vulnerable Groups							
A Health Action Strategy for the Traveller Community needs to be developed.	Once	TBD					
Proportion of adults with a learning disability who live in stable and appropriate accommodation- indicator 1.06i Public Health Outcomes Framework (identical to Adult Social Care Outcomes Framework Indicator 1G) Source- Public Health Outcomes Framework.	Annual and quarterly	67.2% (11/12)	70% (11/12)	70.4% (12/13)	Increased		G
Proportion of adults in contact with secondary mental health services who live in stable and appropriate accommodation- indicator 1.06ii Public Health Outcomes Framework (identical to Adult Social Care Outcomes Framework Indicator 1G) Source- Public Health Outcomes	Annual and quarterly	57.6% (11/12)	54.6% (11/12)	78.9% (12/13)	Increased		G

Key Indicators (Structure, Process and Outcomes)	Frequency	Baseline period	England baseline	13/14 Annual	Trend	Comment on trend	RAG Rating
Framework. -Employment for those with long term health conditions including adults with a learning disability-indicator 1.08 Public Health Outcomes Framework (identical to Adult Social Care Outcomes Framework Indicator 1E). Source-Public Health Outcomes Framework.	Annual and quarterly	-	-	-			
1.08 i- Gap between the employment rate for those with a long-term health condition and the overall employment rate.	Annual	0.9% (2012)	7.1% (2012)		N/K	(Currently just 2012 data available)	n/a
1.08ii- Gap between the employment rate for those with a learning difficulty/disability and the overall employment rate	Annual	64.6% (11/12)	63.2% (11/12)		N/K	(Just 11/12 data available)	n/a
1.08 iii- Gap between the employment rate for those with a mental illness and the overall employment rate	Annual	58.5% (11/12)	61.4% (11/12)	56.5% (12/13)	Declined		G
2.5 Reducing Childhood poverty SMART Action plans for the Child poverty strategy need to be developed.	Once	TBD					n/a

Key Indicators (Structure, Process and Outcomes)	PN Baseline	Non PN Baseline	PN 13/14 Annual	Non PN 13/14 Annual	PN 13/14 Q2	Non PN 13/14 Q2	PN 13/14 Q4	Non PN 13/14 Q4	Trend	Comment on Trend
2.2 Priority neighbourhoods -SMART actions to be determined from the health action plans for Priority Neighbourhoods.										n/a
-Breast feeding at 6-8 weeks- indicator 2.02ii Public Health Outcomes Framework. Source-PHE Public Health Outcomes Framework.			% BF 2013/14: 38%	% BF 2013/14: 50%	% BF 37%	%BF 48%	%BF 42%	%BF 52%	% BF increased	
-Smoking at time of delivery-indicator 2.03 Public Health Outcomes Framework. Source-PHE Public Health Outcomes Framework.			% 2012 20%	% 2012: 7.5%	% 2012 19.5%	% 2012 8%	% 2012 14%	% 2012 7.5%	% SATOD decreased for PNs	
-Excess weight in reception year children-indicator 2.06i. Source-PHE Public Health Outcomes Framework.			2012/13: 17.5%	2012/13: 17%	N/A	N/A	N/A	N/A	N/A	
-Excess weight in year 6 children-indicator 2.06ii. Source-PHE Public Health Outcomes Framework			2012/13: 37.5%	2012/13: 28.5%	N/A	N/A	N/A	N/A	N/A	
-Excess weight in adults -indicator 2.12 Public Health Outcomes framework. Source-PHE Public Health Outcomes Framework										Used nationwide survey, therefore not possible for PN level
-Smoking prevalence in adults over 18-indicator 2.12 Public Health Outcomes framework. Source-PHE Public Health Outcomes Framework.										As above
-Alcohol related admissions to hospital -indicator 2.18 Public Health Outcomes			2012/13 264 per	2012/13 199 per						

Key Indicators (Structure, Process and Outcomes)	PN Baseline	Non PN Baseline	PN 13/14 Annual	Non PN 13/14 Annual	PN 13/14 Q2	Non PN 13/14 Q2	PN 13/14 Q4	Non PN 13/14 Q4	Trend	Comment on Trend
Framework when available -16 to18 year olds not in education, employment or training (NEET)- indicator 1.05 Public Health Outcomes Framework. Source- PHE Public Health Outcomes Framework. Note the data here are different from the data from the Department for Education - Percentage of pupils [children] at Key Stage 4 achieving five or more GCSEs at grade A*-C including English and mathematics. Source- Department for Education			10,000 admissions	10,000 admissions						Do not hold this data by PN Do not hold this data PN

Priority theme three: Making the best start in life

Case-study: 0-25 Disability Service

From 1 September 2014, all local authorities in England, working with their local health partners, are launching services for children and young people with special educational needs and disabilities (SEND). These will join up services across education, health and care, from birth to 25. The aim is for help to be offered at the earliest possible point, with children and young people with SEND and their parents or carers having more control and more choice and being fully involved in decisions about their support and what they want to achieve.

South Gloucestershire's new '0-25 Disability Service' replaces the previous Child Health & Disability & Special Educational Needs Teams. Professionals working for the '0-25 Disability Service' include staff from Early Years, Occupational Therapy, Social Care, Special Educational Needs and Adults Transition Specialists, with a management team from SEN and Social Care. Statements and learning difficulty assessments (LDA) will be replaced by an education, health and care (EHC) plan. An EHC plan sets out a child's needs and how they will be met. Any of the professionals listed above may be responsible for writing or reviewing a child or young person's EHC Plan.

If a child or young person has an EHC, they can choose to have a personal budget. The NHS will be introducing personal health budgets to help children and young people manage their care in a way that suits them. A personal budget is the total value of all the resources being made available to them in their EHC. These will cover continuing care packages which are required when a child or young person has needs arising from disability, an accident or illness that cannot be met by existing universal or specialist services alone. Young people in further education and training may also be eligible for an EHC plan, up to the age of 25 in some cases.

The Local Offer www.southglos.gov.uk/local-offer has information on services and provision available for children and young people with SEND in the South Gloucestershire area.

The 0-25 service has developed and agreed 'Needs Indicators' with parents and services, to describe briefly what needs might look like at each of four tiers/levels of services in South Gloucestershire. The focus of the 0-25 service will be support to children and young people up to 25 at the highest level of need, Tier 4, described in South Gloucestershire as' targeted support'. Needs indicators are grouped in the following areas:

- Health
- Education and Learning (& Employment)
- Emotional and learning development
- Identity
- Family and Social Relationships
- Social Presentation
- Self care skills and health

Summary of metrics

No.	Priority Theme	Indicator Breakdown	Rating for of Quantitative Indicators			
			Data Not Available	Red	Amber	Green
3.	Making the best start in life	8 of 11 indicators are quantitative	0	1	2	5
			0%	13%	25%	63%

Priority theme three: Making the best start in life

Enabling every child and young person to thrive, develop skills to lead a healthy lifestyle and achieve their full potential

Children and young people should have a good start in life, be safe and do as well as they can, while being able to access support when necessary.

Overall theme lead: Tracy Alison, Children, Adults & Health Department

Key Indicators (Structure, Process and Outcomes)	Frequency	Baseline period	England baseline	13/14 Annual	13/14 Q2	13/14 Q4	Trend	Comment on trend	RAG Rating
3.1 Early Years									
Percentage of Reception Year pupils achieving a **Good Level of Development** in the new Early Years Foundation Stage Profile.	Annual	67% (2013)	52%	67%			N/A (1st year)	N/A	G
The achievement gap between the lowest attaining 20% of pupils and the mean.	Annual	27.5% (2013)	36.6%	27.5%			N/A (1st year)	N/A	G
3.2 School years									
Action plans around improvement in performance at Key Stages	Once								n/a
Percentage of pupils achieving Level 4 or above at Key Stage 2 in all of Reading test, Writing TA and Mathematics test.	Annual	76% (2013)	74%	76%			Static	No change	G
Percentage (free school meals) FSM attainment gap in Level 4 or above at Key Stage 2 in all of Reading test, Writing TA and Mathematics test.	Annual	27% (2013)	19%	23%			Reduction in attainment gap	Improving trend.	A

Key Indicators (Structure, Process and Outcomes)	Frequency	Baseline period	England baseline	13/14 Annual	13/14 Q2	13/14 Q4	Trend	Comment on trend	RAG Rating
Percentage of pupils achieving five or more GCSEs at grade A*-C including English and Mathematics.	Annual	56.4% (2013)	58.8%	56.7%			Static	No change	A
Percentage FSM attainment gap in achieving five or more GCSEs at grade A*-C including English and Mathematics.	Annual	25.5% (2013)	26.3%	35.2%			Increase in attainment gap	Worsening trend	R
3.3 Emotional wellbeing and resilience									
Action plans from CAMHS Strategic group to be linked to wider mental health and wellbeing strategy	Once								n/a
3.4 School leavers									
SMART Action Plans will need to be developed from the economic development strategy (see Priority Neighbourhoods).	Once								n/a
Percentage of 16-18 year olds not in education, employment or training (NEET). Note Indicator 1.05- Public Health Outcomes Framework	Quarterly	4.7% (2013)	5.6%	3.9%	4.6%	3.9%	Reduction in the percentage	Improving trend	G
Percentage of resident 18-24 year olds claiming Jobseekers Allowance (JSA).	Quarterly	4.6% (March 12/13)	3.8%	3.1%	3.9%	3.1%	Reduction in the percentage	Improving trend	G

Priority theme four: Fulfilling lives for all

Case-study: Reducing Social Isolation in Cadbury Heath - The ExtraCare Scheme

Following on from a successful mini tender for the delivery of a mixed tenure ExtraCare scheme the Adults and Housing Committee has approved the selection and capital expenditure to bring the development forward.

The successful bidder, Knightstone Housing, a member of the Regional Housing Development Panel, will now begin the process of seeking public funding and planning permission with a target to have a completed scheme come on line in September 2016.

The development will provide a much needed older person's housing option both for existing homeowners and people currently living in rented accommodation. It will provide a 24 hour care and support service for those with those needs as well as sales units for those people wanting to consider a lifestyle change and have the available services at a later date.

Health and Wellbeing is high on the ExtraCare agenda, promoting and enabling older people to live as independently for as long as possible. As well as provision of the care staff this is achieved by providing a range of communal areas and facilities as venues for a wide range of activities chosen by residents and organisations from the wider community.

ExtraCare is a very useful tool to combat social isolation for residents but also act as a focus for the community to enhance inclusion. This is achieved by an attractive design as well as activities and a meals service and professional management.

For this particular development a library facility may also be approved helping to promote young and old to use the scheme.

In summary the ExtraCare development has the potential to become a vital community asset for the people of Cadbury Heath and to offer service and activities of significance to people's lives in a sustainable and affordable way.

Summary of metrics

No.	Priority Theme	Indicator Breakdown	Rating for of Quantitative Indicators			
			Data Not Available	Red	Amber	Green
4.	Fulfilling lives for all	32 of 33 indicators are quantitative	12	0	1	19
			37%	0%	3%	60%

Priority theme four: Fulfilling lives for all

Enabling people with long term conditions, physical disabilities and mental health problems to lead independent, fulfilling and dignified lives

Many people experience difficulties and face barriers which affect their ability to lead independent, fulfilled and dignified lives. By working together we will make a significant difference to the lives of many people living in South Gloucestershire, enabling them to live fuller lives and to contribute to their communities.

Overall theme lead: Guy Stenson, Children, Adults & Health Department

Key Indicators (Structure, Process and Outcomes)	Frequency	England Baseline (2011/12)	England 2012/13	SG Baseline (2011/12)	SG 2012/13	Trend	Comment on trend	RAG Rating
4.1 Long term conditions SMART Action plans on long term conditions (LTCs) to be determined (mental health problems- see priority theme 1, dementia- see priority theme 5)	Once							n/a
For Sep 2014 HWB meeting use QOF 2012/2013 data and 2011/2012 as baseline								
Hypertension There is a register of patients with established hypertension. BP01	Annual	99.9% practices have a register		All practices have a register				n/a
Percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 9 months) is 150/90 mmHg or less. BP05	Annual	89.98	89.81	90.00	90.08	England statistically significantly (ss) lower in 12/13	No change from 11/12 to 12/13 for SG	G
Diabetes mellitus There is a register of all patients aged 17 and over	Annual	all practices	all	all practices	all			n/a

Key Indicators (Structure, Process and Outcomes)	Frequency	England Baseline (2011/12)	England 2012/13	SG Baseline (2011/12)	SG 2012/13	Trend	Comment on trend	RAG Rating
with diabetes mellitus which specifies the type of diabetes. DM32- only present from QOF 2012/2013		have a diabetes register	practices have a diabetes register	have a diabetes register	practices have a diabetes register			
There are now 9 care processes recommended for all diabetes patients:								
DM02 BMI recorded in last year?	Annual	92.06	91.70	92.20	91.70	England ss lower in 12/13	SG similar to England	G
DM13 micro-albuminuria test	Annual	84.44	83.52	86.97	87.06	England ss lower in 12/13	SG ss better than England	G
DM15 proteinuria or micro-albuminuria who are treated with ACE inhibitors	Annual	81.69	80.63	81.29	82.45	England ss lower in 12/13	SG similar to England	G
DM17 cholesterol 5mmol/l or less	Annual	73.94	72.91	75.05	72.75	England ss lower in 12/13	SG ss better in 2011/12, similar in 2012/13	G
DM21eye exam	Annual	85.47	84.83	88.76	87.98	England ss lower in 12/13	SG ss better both years	G
DM22 serum creatinine measured?	Annual	95.02	94.68	95.02	95.48	England ss lower in 12/13	SG ss higher in 12/13	G
DM26 HbA1c 59 mmol/mol	Annual	62.95	59.60	64.59	58.31	both lower in 12/13	SG ss higher in 11/12	G
DM27 HbA1c 64 mmol/mol or less	Annual	71.95	68.55	73.99	68.84	both lower in 12/13	SG ss higher in 11/12	G

Key Indicators (Structure, Process and Outcomes)	Frequency	England Baseline (2011/12)	England 2012/13	SG Baseline (2011/12)	SG 2012/13	Trend	Comment on trend	RAG Rating
DM28 HbA1c 75 mmol/mol or less	Annual	82.70	80.12	85.15	81.98	both lower in 12/13	SG ss higher in both years	G
DM29 foot exam	Annual	83.63	84.94	86.46	88.15	Ss improvement in both areas	SG ss higher rates than England	G
DM30 blood pressure is 150/90 or less	Annual	86.34	86.67	86.22	86.47	Ss improvement in England	SG similar to England	G
DM31 blood pressure is 140/80 or less	Annual	65.23	67.17	66.27	66.76	Ss improvement in England	SG similar to England	G
Smoke: smoking status Indicator for all patients with LTCs (11/12 Smoke 03, 12/13 Smoke 05)	Annual	94.95	95.17	95.01	95.29	Ss improvement in England	SG similar to England	G
Percentage of patients with diabetes who receive an annual review covering all nine care processes		not possible to calculate		not possible to calculate				-
COPD								
There is a register of patients with COPD. COPD14	Annual	99.8% practices have a register	99.8% practices have a register	all practices have a register	all practices have a register			n/a
Percentage of patients with COPD who have had influenza immunisation in the preceding 1st September to 31st March. COPD08	Annual	81.37	81.15	84.85	84.83	Rates stable	SG ss higher than England	G
Chronic Kidney Disease								
There is a register of patients aged 18 and over with CKD. CKD01	Annual	99.83% practices have	99.81% practices	all practices have a	all practic			n/a

Key Indicators (Structure, Process and Outcomes)	Frequency	England Baseline (2011/12)	England 2012/13	SG Baseline (2011/12)	SG 2012/13	Trend	Comment on trend	RAG Rating
		a register	have a register	register	es have a register			
Percentage of patients on the register in whom the last BP reading (measured in the preceding 12 months) is 140/85 mmHg or less. CKD03	Annual	70.49	71.59	72.24	73.07	Ss improvement in England	SG ss higher than 2011/12	G
Stroke								
There is a register of patients with stroke or TIA. STROKE01	Annual	99.9% practices have a register		all practices have a register				n/a
Percentage of patients with stroke or TIA who have had influenza immunisation in the preceding 1st September to 31st March. STROKE10	Annual	77.56	77.33	82.06	82.10	Rates stable	SG ss higher than England	G
CHD								
There is a register of patients with coronary heart disease. CHD01	Annual	99.9% practices have a register	99.9% practices have a register	all practices have a register	all practices have a register			n/a
Percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months is 150/90 mmHg or less). CHD06	Annual	87.75	88.12	88.54	89.62	England ss improvement	SG rates similar to England	G
4.2 Support for carers								
Carer reported quality of life -indicator 1D Adult Social Care Outcomes Framework 2013/2014. Currently no data are available on young carers.	Annual	no data	no data	no data	no data			n/a
4.5 Tackling loneliness and isolation								

Key Indicators (Structure, Process and Outcomes)	Frequency	England Baseline (2011/12)	England 2012/13	SG Baseline (2011/12)	SG 2012/13	Trend	Comment on trend	RAG Rating
Social isolation- indicator 1.18i Public Health Outcomes Framework 2013-2016 which is the same as (Adult Social Care Outcomes Framework 2013-2014 indicator 1I). Percentage of adult social care users who have as much social contact as they would like.	Annual	42.30	42.30	46.00	46.00			G
1.18ii - Social Isolation: % of adult carers who have as much social contact as they would like	Annual	No data	41.30	No data	43.20			A
4.6 Transport and improving access to services Accessibility- access to services and facilities by public transport, cycling and walking.								
A. Bus Reliability - percentage of bus journeys on time at start of route and at timing points along route.	Annual	83% (12/13)	not yet published	85.21% (12/13)	84.05% (13/14)	Decreasing		n/a
B. Bus Patronage - total number of bus journeys commencing in South Gloucestershire during 2013/14	Annual	4,598 (million) (12/13)	not yet published	7.4 (million) (12/13)	8.2 (million) (13/14)	Increasing		n/a
C. Road Safety - number of people Killed or Seriously Injured (KSI) on roads in South Gloucestershire	Annual (calendar year)	n/a	n/a	51 KSI in 2012	59 KSI in 2013	Increasing	Although higher than 2012, this is still significantly lower than the Road Safety target figure of 77 KSI.	n/a

Key Indicators (Structure, Process and Outcomes)	Frequency	England Baseline (2011/12)	England 2012/13	SG Baseline (2011/12)	SG 2012/13	Trend	Comment on trend	RAG Rating
D. Cycling - annualised index figure showing change in cycling trips from 2008/09 baseline	Annual	n/a	n/a	117 (12/13)	119 (13/14)	Increasing		n/a
Air quality- measurement of Nitrogen Dioxide (NO_2) in Air Quality Management Areas (AQMAs).	Annual	2012 (ug/m3) Kingswood: 44.1 Staple Hill: 45.0 Ave: 44.6	n/a	2013 (ug/m3) Kingswood: 42.1 Staple Hill: 43.0 Ave: 42.6		Decreasing trend for both AQMAs	Although decreasing, we cannot confidently claim this is due to some of the Air Quality Action Plan measures being implemented as meteorological conditions can affect pollutant concentrations year to year; however, a decrease is at least a positive message to report for 2013.	n/a

Key Indicators (Structure, Process and Outcomes)	England baseline 2011/2012	Southwest or CCG baseline 2011/2012	PN Baseline 2011/2012	Non PN Baseline 2011/2012	PN 12/13 Annual	Non PN 12/13 Annual	Trend	Comment on Trend between PN and non PN
4.1 Long term conditions by Priority Neighbourhoods SMART Action plans on long term conditions (LTCs) to be determined (mental health problems- see priority theme 1, dementia- see priority theme 5)								
<u>From QOF Use 2013/2014 data when published</u> **Hypertension** -There is a register of patients with established hypertension. BP01	99.9% of practices have a register	all practices have a hyper-tension register						
-Percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 9 months) is 150/90 mmHg or less. BP05	89.98	90.00	88.85	90.44	89.20	90.42	No significant change from 11/12 to 12/13	No statistically significant differences
Diabetes mellitus -There is a register of all patients aged 17 and over with diabetes mellitus which specifies the type of diabetes. DM32- only present from QOF 2012/2013	all practices have a diabetes register	all practices have a diabetes register						
- Percentage of patients with diabetes who receive an annual review covering all nine care processes (see below) DM02 BMI	92.06	92.20	92.60	92.04	91.77	91.68	No significant change	No statistically significant

Key Indicators (Structure, Process and Outcomes)	England baseline 2011/2012	Southwest or CCG baseline 2011/2012	PN Baseline 2011/2012	Non PN Baseline 2011/2012	PN 12/13 Annual	Non PN 12/13 Annual	Trend	Comment on Trend between PN and non PN
							from 11/12 to 12/13	differences
DM13 micro-albuminuria test	84.44	86.97	86.32	87.23	86.21	87.41	No significant change from 11/12 to 12/13	No statistically significant differences
DM15, proteinuria or micro-albuminuria who are treated with ACE inhibitors	81.69	81.29	79.35	81.76	79.18	83.27	No significant change from 11/12 to 12/13	No statistically significant differences
DM17 cholesterol5mmol/l or less	73.94	75.05	73.92	75.50	71.22	73.37	No significant change from 11/12 to 12/13	No statistically significant differences
DM21eye exam ,	85.47	88.76	87.67	89.19	87.20	88.30	No significant change from 11/12 to 12/13	No statistically significant differences
DM22 serum creatinine measured?	95.02	95.02	95.72	95.67	95.18	95.61	No significant change from 11/12 to 12/13	No statistically significant differences
DM26, HbA1c 59 mmol/mol or less	62.95	64.59	64.01	64.82	55.82	59.33	Significant reduction in percentages from 11/12	No statistically significant differences

Key Indicators (Structure, Process and Outcomes)	England baseline 2011/2012	Southwest or CCG baseline 2011/2012	PN Baseline 2011/2012	Non PN Baseline 2011/2012	PN 12/13 Annual	Non PN 12/13 Annual	Trend	Comment on Trend between PN and non PN
DM27 HbA1c 64 mmol/mol or less	71.95	73.99	73.65	74.12	66.66	69.72	to 12/13 for PN and non PN reduction in percentages from 11/12 to 12/13 for PN and non PN	For 2012/13, small significant difference between PN and non PN
DM28), HbA1c 75 mmol/mol or less	82.70	85.15	84.27	85.51	80.68	82.52	reduction in percentages from 11/12 to 12/13 for PN	No statistically significant differences
DM29 foot exam	83.63	86.46	85.30	86.92	88.14	88.15	Statistically significant increase in percentages from 11/12 to 12/13 for PN	No statistically significant differences
DM 30 blood pressure is 150/90 or less	86.34	86.22	85.74	86.42	86.43	86.49	No significant change from 11/12 to 12/13	No statistically significant differences
DM31 blood pressure is 140/80 or less	65.23	66.27	64.52	66.97	67.07	66.63	No significant change from 11/12 to 12/13	No statistically significant differences
Smoke: smoking status Indicator for all patients with LTCs	94.95	95.01	95.50	94.83	94.76	95.50	No	No

Key Indicators (Structure, Process and Outcomes)	England baseline 2011/2012	Southwest or CCG baseline 2011/2012	PN Baseline 2011/2012	Non PN Baseline 2011/2012	PN 12/13 Annual	Non PN 12/13 Annual	Trend	Comment on Trend between PN and non PN
(11/12 Smoke 03, 12/13 Smoke 05)							significant change from 11/12 to 12/13	statistically significant differences
COPD -There is a register of patients with COPD. COPD14	99.8% practices have a register	all practices have a register						
-Percentage of patients with COPD who have had influenza immunisation in the preceding 1st September to 31st March. COPD08	81.37	84.85	84.90	84.82	85.00	84.75	SG is significantly better than England	No statistically significant differences
Chronic Kidney Disease -There is a register of patients aged 18 and over with CKD. CKD01	99.83% practices have a register	all practices have a register						
-Percentage of patients on the register in whom the last BP reading (measured in the preceding 12 months) is 140/85 mmHg or less. CKD03	70.49	72.24	71.78	72.39	73.74	72.84	No significant change from 11/12 to 12/13	No statistically significant differences
Stroke -There is a register of patients with stroke or TIA. STROKE01	99.9% practices have a register	all practices have a register						
-Percentage of patients with stroke or TIA who have had	77.56	82.06	79.97	82.90	79.66	83.13	No	No

Key Indicators (Structure, Process and Outcomes)	England baseline 2011/2012	Southwest or CCG baseline 2011/2012	PN Baseline 2011/2012	Non PN Baseline 2011/2012	PN 12/13 Annual	Non PN 12/13 Annual	Trend	Comment on Trend between PN and non PN
influenza immunisation in the preceding 1st September to 31st March. STROKE10							significant change from 11/12 to 12/13	statistically significant differences
CHD -There is a register of patients with coronary heart disease. CHD01	99.9% practices have a register	all practices have a register						
-Percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months is 150/90 mmHg or less). CHD06	87.75	88.54	86.60	89.31	88.61	90.03	Non statistically significant increase from 11/12 to 12/13 for PN and non PN	No statistically significant differences

Priority theme five: Ageing well

Case-study A: Dementia Friends in South Gloucestershire Libraries: A Reflection by Gill Clayton, librarian at Emersons Green library

Last year I was keen to develop the work the library service did with people with dementia and so was very pleased to be invited to the Patchway Alliance's launch of their Dementia Friends Community. There I pledged to

- Raise public awareness
- Train staff who can then spread the message of inclusivity
- Provide information to people with dementia, their carers and families

As a result I undertook the Dementia Champion training and have since 'converted' the majority of library staff to Dementia Friends.
In some libraries the awareness brought with this has inspired staff groups to go a step further and raise awareness within their communities. By the end of October Winterbourne, Cadbury Heath, Downend and Staple Hill Libraries will all have held public DF sessions, hoping to kickstart dementia friendly communities.

In Yate Library the staff invited Alzheimer's Society to hold a Memory Café in the Library. This was instantly a huge hit with 20 or more coming regularly. The member of staff who took a lead on this project has now volunteered to be a Dementia Champion and work with Yate Town Council on a big project to spread awareness within Yate.
Emersons Green Library are following suit with a Memory Cafe in September.

So the cascade process has certainly worked within the libraries in South Gloucestershire, and their communities. All thanks to the work done in Patchway.

Case-study B: Patchway Memory Café: A Dementia Friends Champion reflects

When my lovely husband Peter died after five years of living with dementia, I longed to find ways to help people feel more comfortable and less afraid of interacting with those with dementia. I wanted to contribute something towards breaking down barriers of stigma around dementia. Hearing about Alzheimer's Society's Dementia Friends initiative gave me my opportunity. I trained to become a Dementia Friends Champion and now feel truly fulfilled and privileged to undertake delivering dementia awareness sessions in Patchway. I also love volunteering at our Patchway Memory cafe. Although my lack of sight prevents me from offering practical help at the cafe, I am always happy to spend time listening and talking to the members with dementia and their carers, and often having fun with them, too. My guide dog Julie is a very popular dementia friend there, giving cheerful wags and comfort. It is a joy to be a part of a great team of volunteers. Many thanks to everyone who has made this possible for me.

Summary of metrics

No.	Priority Theme	Indicator Breakdown	Rating for of Quantitative Indicators			
			Data Not Available	Red	Amber	Green
5.	Ageing well	4 of 5 indicators are quantitative	3	0	0	1
			75%	0%	0%	25%

Priority theme five: Ageing well

Enabling older people to live healthy, active and independent lives for as long as possible, as well as supporting those with dementia and those at the end of life

Older people should have choice and control over how they live their lives and should feel valued and respected in their communities.

Overall theme lead: Jon Shaw, Children, Adults & Health Department

Key Indicators (Structure, Process and Outcomes)	Frequency	Baseline period	England baseline	13/14 Annual	13/14 Q2	13/14 Q4	Trend	Comment on trend	RAG Rating
5.2 Maintaining independence Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services - Adult Social Care Outcomes Framework 2013/2014 Indicator 2B and NHS Outcomes Framework 3.6i. See Better Care Fund metrics	Quarterly	83.9% (2012/2013)	81.4% (2012/2013)	89.0% SG 81.9% (England)	87.6%	89%	Increase in % of older people remaining at home after discharge	To maintain improvement	G
5.3 Dementia Actions from the joint Dementia Strategy action plan are to be updated.	Annual								
Percentage of estimated numbers of people with dementia on practice dementia registers -Indicator 4.16 Public Health Outcomes Framework 2013-2016 and NHS Outcomes Framework 2.6i.	Annual (currently only available at national-England level)	n/a	46.0% (2011/2012)	48.7 % (England) (2012/2013 Local data are not available	n/a	n/a	Increase in % of people with dementia who have	To maintain improvement	n/a

Key Indicators (Structure, Process and Outcomes)	Frequency	Baseline period	England baseline	13/14 Annual	13/14 Q2	13/14 Q4	Trend	Comment on trend	RAG Rating
							a clinical diagnosis		
5.5 End of life care Increased percentage of End of Life (EoL) patients with care plans on Adastra.	Annual	18% (2012/2013 Jan snapshot)	n/a	19% (2012/2013 Jan snapshot)	n/a	n/a	Stable	No improvement	n/a
Percentage deaths by place of death i.e. increased percentage of EoL patients dying in their place of choice- reduced percentage dying at hospital. Data include percentage dying in hospital	Annual	40% (2012/2013)	n/a	42% (2013/2014 until Dec 2013)	n/a	n/a	Increasing	Not all data are included	n/a

Priority theme six: Accessing the right services, in the right place, at the right time

Case-study: Improving community mental health services for children and young people

The CCG and Council are committed, through the Children's Trust Board and the Health & Wellbeing Board, to commission services which provide earlier intervention in support of vulnerable children and families. In particular in South Gloucestershire it has been identified that emotional wellbeing services should be in place which can intervene early and prevent escalation to longer term mental illness. This gap was identified in the JSNA, the Health & Wellbeing Strategy and in feedback from member practices and from service users. Significant investment in CYP mental health services in 2014/15 has been identified to fund three new projects described below.

Project 1: Young people's counselling service

The aim of this project is to pilot a South Gloucestershire young people's counselling service through the expansion of the contract of the existing provider of IAPT services for younger adults (Off The Record) so as to accept young people from age 11. OTR will establish a daily presence in South Gloucestershire, with a central point for acceptance and triage of referrals through a Youth Support Worker. Referrals will be accepted from General Practice, schools, and self-referral. The initial capacity will be 250 young people per year. This pilot will allow commissioners to determine the level of need for this service within South Gloucestershire, and to make future proposals on the size, scope and delivery method for counselling for young people.

Project 2: Additional Primary Mental Health Specialist posts.

This project seeks to develop Tier 2 CAMHS services by investing in two additional Primary Mental Health Specialist posts. The post-holders will be employed through the CAMHS service (NBT) but embedded within Youth Intervention Support Services (South Gloucestershire Council) in the Children's Hubs. They will provide support and consultation to those teams and to schools/other agencies, together with undertaking specific interventions with young people, including young people who would not meet the traditional Tier 3 threshold. This proposal is in keeping with the future direction of Integrated Children's Services within the Council.

Project 3: Increasing capacity of Tier 3 CAHMS service

This project will increase capacity in the Tier 3 specialist CAMHS service in order to keep pace with demand. NBT as the current provider has identified Consultant Psychiatry time as the priority for investment. This will help to reduce waiting times for specialist assessment and diagnosis. The funding will be used to introduce additional 0.5 wte Consultant Psychiatrist.

It should be noted that additional proposals to develop further a comprehensive integrated mental health service for children and young people will come forward for 2015/2016, and will be incorporated in specifications for the re-commissioned community children's health service for 2016.

Summary of metrics

No.	Priority Theme	Indicator Breakdown	Rating for of Quantitative Indicators			
			Data Not Available	Red	Amber	Green
6.	Accessing the right services in the right place, at the right time	8 of 8 indicators are quantitative	2	0	4	2
			25%	0%	50%	25%

Priority theme six: Accessing the right services, in the right place, at the right time

Meeting the challenges that the health and social care system is facing by working together to ensure that people are supported, treated and cared for in the most appropriate setting, with the appropriate services and in a timely way

Overall theme lead: Kathryn Hudson, South Gloucestershire Clinical Commissioning Group

Key Indicators (Structure, Process and Outcomes)	Frequency	Baseline period	England baseline	13/14 Annual	13/14 Q2	13/14 Q4	Trend	Comment on trend	RAG Rating
6.1 Increasing demand for services A&E attendances. (taken from the NHS national 'Monthly Activity Report')	Monthly	68,364 (April 2012 to March 2013)		71,701	18,947	17,165	Rising (note Q4 is usually the lowest quarter for attendances)	CCG plan is to reduce rate of increase	A
Emergency readmissions within 30 days of discharge from hospital-NHS Outcomes Framework 2013/2014 Indicator 3b.	Suggest this indicator is replaced with Access to IAPT Indicator below due to unpredictability of data and the fact that outcome is largely outside of CCG control/influence								

Key Indicators (Structure, Process and Outcomes)	Frequency	Baseline period	England baseline	13/14 Annual	13/14 Q2	13/14 Q4	Trend	Comment on trend	RAG Rating
Improving Access to Psychological Therapies (IAPT)	Monthly Note cumulative quarterly target	1250 (13%) Nov 2012 to March 2013		4,785 (14.5%)	974 (14.7%)	1505 (22.7%)	Increasing coverage	CCG aim for 15% coverage by March 2015 (3960) National target	G
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults). This includes COPD, diabetes etc -NHS Outcomes Framework 2013/2014 Indicator 2.3 i.	Monthly	1571(April 2012 to March 2013)		1509	330	403	Falling	CCG aim to continue to reduce rate	A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s- NHS Outcomes Framework 2013/2014 Indicator 2.3 ii.	Monthly	112 (April 2012 to March 2013)		107	29	19	Falling	CCG aim to continue to reduce rate	A
Better Care Fund (BCF) national metric Avoidable emergency admissions (to be replaced with all emergency admissions- new BCF guidance)	This metric is now void due to major revision within the BCF guidance and has been changed to include all emergency admissions	To be confirmed	n/a	n/a	n/a	n/a	n/a	n/a	n/a
6.2 Appropriate use of services -Emergency readmissions within 30 days of discharge from hospital-NHS Outcomes Framework 2013/2014 Indicator 3b.	Suggest this indicator is replaced with Access to IAPT Indicator due to								

Key Indicators (Structure, Process and Outcomes)	Frequency	Baseline period	England baseline	13/14 Annual	13/14 Q2	13/14 Q4	Trend	Comment on trend	RAG Rating
SEE 6.1 Above Repeated indicator	unpredictability of data and the fact that outcome is largely outside of CCG control/influence								
-Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults). This includes COPD, diabetes etc -NHS Outcomes Framework 2013/2014 Indicator 2.3 i	Measure identified above								
SEE 6.1 Above Repeated indicator									
-Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s- NHS Outcomes Framework 2013/2014 Indicator 2.3 ii.	Measure identified above								
SEE 6.1 Above Repeated indicator									
Other Better Care Fund national metrics									
Delayed transfers of care from hospital per 100,000 population (ASCOF 2C)	Quarterly	To be confirmed	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Permanent admissions to residential and nursing care homes per 100,000 population (ASCOF 2A)	Quarterly	821 per 100,000 resident population (Apr 2012-		832.2 per 100,000	411.6 per 100,000	644.3 per 100,000 (Q3)	Rising	National Target = 701.2/100,000 in 2014-2015	A

Key Indicators (Structure, Process and Outcomes)	Frequency	Baseline period	England baseline	13/14 Annual	13/14 Q2	13/14 Q4	Trend	Comment on trend	RAG Rating
Effectiveness of reablement (older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services) (ASCOF 2B)	Quarterly	Mar 2013) 83.9 % (12/13)	81.4% (12/13)	89.0%	87.6%	86.6% (Q3)	More people are remaining at home	National Target = 87.5/100,000 in 2014-2015	G