



HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 7 SEPTEMBER 2017

Subject Heading:	Performance monitoring by the Health Overview and Scrutiny Sub-Committee
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Policy context:	The report suggests a range of performance indicators that the Health Overview and Scrutiny Sub Committee considers tracking during the 2017/18 financial year
Financial summary:	There are no immediate financial implications arising from this report, although adverse performance against some Corporate Performance Indicators may have financial implications for the Council.

The subject matter of this report deals with the following Council Objectives:

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

SUMMARY

This report responds to a request from the Health Overview and Scrutiny Sub-Committee to review and reconsider the performance indicators that it may wish to track during the 2017/18 financial year.

RECOMMENDATION

That the Health Overview and Scrutiny Sub-Committee selects a maximum of three indicators from those suggested for tracking throughout the 2017/18 financial year.

REPORT DETAIL

The Corporate Performance Report which is presented to the Cabinet on a quarterly basis provides an overview of the Council's performance against each of the strategic goals. Historically, the Overview and Scrutiny Board has also scrutinised this data. However, for 2017/18, the Board has decided instead to scrutinise a selection of more operational performance indicators, to be determined by the six overview and scrutiny sub-committees. To this end, each of the sub-committees were tasked by the Overview and Scrutiny Board (at its meeting in May) with identifying two to three performance indicators that they wished to track over the course of the year. At its last meeting, the Health Overview and Scrutiny Sub-Committee selected the following indicators for monitoring:

- The number of people who die from preventable causes linked to air quality, per 100,000 population
- The number of instances where an adult patient is ready to leave hospital for home or a less acute stage of care but is prevented from doing so (delayed transfers of care), per 100,000 population
- Non-elective admissions into hospital

However, the Committee also expressed a wish to undertake a more detailed review of the performance indicators it could possibly track.

A number of indicators could be monitored by the Health Overview and Scrutiny Sub-Committee, sourced from a number of key indicator sets, many of which are already reported elsewhere within the Council's corporate performance reporting framework. The national Adult Social Care Outcomes Framework (ASCOF), for example, contains a number of indicators, as follows:

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1: Enhancing quality of life for people with care and support needs	2: Delaying and reducing the need for care and support	3: Ensuring people have a positive experience of care and support	4: Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm
<p>Overarching measures</p> <p>1A. Social care-related quality of life</p> <p>11 – Adjusted Social care-related quality of life – impact of Adult Social Care Services</p> <p>Outcome measures</p> <p><i>People manage their own support as much as they wish, so they are in control of what, how and when support is delivered to match their needs</i></p> <p>1B. Proportion of people who use services who have control over their daily life</p> <p>1C. Proportion of people using social care who receive self-directed support, and those receiving direct payments</p> <p><i>Carers can balance their caring roles and maintain their desired quality of life</i></p> <p>1D. Carer-reported quality of life</p> <p><i>People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation</i></p> <p>1E. Proportion of adults with a learning disability in paid employment</p> <p>1F. Proportion of adults in contact with secondary mental health services in paid employment</p> <p>1G. Proportion of adults with a learning disability who live in their own home or with their family</p> <p>1H. Proportion of adults in contact with secondary mental health services living independently, with or without support</p> <p>1I. Proportion of people who use services and carers, who reported that they had as much social contact as they would like</p>	<p>Overarching measure</p> <p>2A. Long-term support needs met by admission to residential and nursing care homes, per 100,000 population</p> <p>Outcome measures</p> <p><i>Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs</i></p> <p><i>Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services</i></p> <p>2B. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services</p> <p>2D. Outcomes of short-term services: sequel to service.</p> <p><i>Placeholder 2E: The effectiveness of reablement services</i></p> <p><i>When people develop care needs, the support they receive takes place in the most appropriate setting and enables them to regain their independence</i></p> <p>2C. Delayed transfers of care from hospital, and those attributable to adult social care</p> <p><i>Placeholder 2F: Dementia – measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life</i></p>	<p>Overarching measures</p> <p><i>People who use social care and their carers are satisfied with their experience of care and support services</i></p> <p>3A. Overall satisfaction of people who use services with their care and support</p> <p>3B. Overall satisfaction of carers with social services</p> <p><i>Placeholder 3E: Effectiveness of integrated care</i></p> <p>Outcome Measures</p> <p><i>Carers feel that they are respected as equal partners throughout the care process</i></p> <p>3C. Proportion of carers who report that they have been included or consulted in discussions about the person they care for</p> <p><i>People know what choices are available to them locally, what they are entitled to, and who to contact when they need help</i></p> <p>3D. Proportion of people who use services and carers who find it easy to find information about support</p> <p><i>People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual</i></p> <p>This information is contained in the Adult Social Care Survey and used for analysis at the local level</p>	<p>Overarching measure</p> <p>4A. Proportion of people who use services who feel safe</p> <p>Outcome measures</p> <p><i>Everyone enjoys physical activity and feels secure</i></p> <p><i>People are free from physical and emotional abuse, harassment, neglect and self-harm</i></p> <p><i>People are protected as far as possible from avoidable harm, disease and injuries</i></p> <p><i>People are supported to plan ahead and have the freedom to manage risks the way that they wish</i></p> <p>4B. Proportion of people who use services who say that those services have made them feel safe and secure</p>

Similarly, Public Health has its own national outcomes framework, summarised below:

VISION

To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest

Outcome measures

Outcome 1) Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life

Outcome 2) Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)

Alignment across the Health and Care System

* Indicator shared with the NHS Outcomes Framework

** Complementary to indicators in the NHS Outcomes Framework

† Indicator shared with the Adult Social Care Outcomes Framework

†† Complementary to indicators in the Adult Social Care Outcomes Framework

Indicators in italics are placeholders, pending development or identification

Public Health Outcomes Framework 2016–2019

At a glance

1 Health	2 Health improvement	3 Health protection	4 Healthcare public health and preventing premature mortality
<p>1 Improving the wider determinants of health</p> <p>Objective</p> <p>Improvements against wider factors which affect health and wellbeing and health inequalities</p> <p>Indicators</p> <p>1.1 Children in low income families</p> <p>1.2 School readiness</p> <p>1.3 Pupil absence</p> <p>1.4 First time entrants to the youth justice system</p> <p>1.5 16-18 year olds not in education, employment or training</p> <p>1.6 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation* (ASCOF 1G and 1H)</p> <p>1.7 Proportion of people in prison aged 18 or over who have a mental illness</p> <p>1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services* (NHSOF 2.2) †† (ASCOF 1E) †† (NHSOF 2.5) †† (ASCOF 1F)</p> <p>1.9 Sickness absence rate</p> <p>1.10 Killed and seriously injured casualties on England's roads</p> <p>1.11 Domestic abuse</p> <p>1.12 Violent crime (including sexual violence)</p> <p>1.13 Levels of offending and re-offending</p> <p>1.14 The percentage of the population affected by noise</p> <p>1.15 Statutory homelessness</p> <p>1.16 Utilisation of outdoor space for exercise / health reasons</p> <p>1.17 Fuel poverty</p> <p>1.18 Social isolation* (ASCOF 1J)</p>	<p>2 Health improvement</p> <p>Objective</p> <p>People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p> <p>Indicators</p> <p>2.1 Low birth weight of term babies</p> <p>2.2 Breastfeeding</p> <p>2.3 Smoking status at time of delivery</p> <p>2.4 Under 18 conceptions</p> <p>2.5 Child development at 2 – 2 1/2 years</p> <p>2.6 Excess weight in 4-5 and 10-11 year olds</p> <p>2.7 Hospital admissions caused by unintentional and deliberate injuries for children and young people under 25</p> <p>2.8 Emotional well-being of looked after children</p> <p>2.9 Smoking prevalence – 15 year olds</p> <p>2.10 Self-harm</p> <p>2.11 Diet</p> <p>2.12 Excess weight in adults</p> <p>2.13 Proportion of physically active and inactive adults</p> <p>2.14 Smoking prevalence – adults (over 18s)</p> <p>2.15 Drug and alcohol treatment completion and drug misuse deaths</p> <p>2.16 Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison</p> <p>2.17 Estimated diagnosis rate for people with diabetes mellitus</p> <p>2.18 Alcohol-related admissions to hospital</p> <p>2.19 Cancer diagnosed at stage 1 and 2</p> <p>2.20 National Screening programmes</p> <p>2.22 Take up of the NHS Health Check programme – by those eligible</p> <p>2.23 Self-reported well-being</p> <p>2.24 Injuries due to falls in people aged 65 and over</p>	<p>3 Health protection</p> <p>Objective</p> <p>The population's health is protected from major incidents and other threats, whilst reducing health inequalities</p> <p>Indicators</p> <p>3.1 Fraction of mortality attributable to particulate air pollution</p> <p>3.2 Chlamydia diagnoses (15-24 year olds)</p> <p>3.3 Population vaccination coverage</p> <p>3.4 People presenting with HIV at a late stage of infection</p> <p>3.5 Treatment completion for TB</p> <p>3.6 Public sector organisations with board approved sustainable development management plan</p> <p>3.8 Antimicrobial Resistance</p>	<p>4 Healthcare public health and preventing premature mortality</p> <p>Objective</p> <p>Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities</p> <p>Indicators</p> <p>4.1 Infant mortality* (NHSOF 1.6)</p> <p>4.2 Proportion of five year old children free from dental decay</p> <p>4.3 Mortality rate from causes considered preventable** (NHSOF 1a)</p> <p>4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke) (NHSOF 1.1)</p> <p>4.5 Under 75 mortality rate from cancer* (NHSOF 1.4)</p> <p>4.6 Under 75 mortality rate from liver disease* (NHSOF 1.3)</p> <p>4.7 Under 75 mortality rate from respiratory diseases* (NHSOF 1.2)</p> <p>4.8 Mortality rate from a range of specified communicable diseases, including influenza</p> <p>4.9 Excess under 75 mortality rate in adults with serious mental illness* (NHSOF 1.5)</p> <p>4.10 Suicide rate</p> <p>4.11 Emergency readmissions within 30 days of discharge from hospital (NHSOF 3b)</p> <p>4.12 Preventable sight loss</p> <p>4.13 Health-related quality of life for older people</p> <p>4.14 Hip fractures in people aged 65 and over</p> <p>4.15 Excess winter deaths</p> <p>4.16 Estimated diagnosis rate for people with dementia* (NHSOF 2.6)</p>

The Better Care Fund includes a number of additional indicators, as set out below:

- Total non-elective spells (specific acute) per 100,000 population
- Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population (*this is monitored as part of the ASCOF data set (above) and is presented to Individuals Overview & Scrutiny Sub-Committee*)

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- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (*this is monitored as part of the ASCOF data set and is only collected during Q4*)
- Delayed transfers of care [number of nights] from hospital per 100,000 population

Taking into account which of these indicators are already monitored elsewhere within the Council's governance structures, as well as the Council's ability to influence performance against them, officers would recommend that the Health Overview and Scrutiny Sub-Committee selects a small number of the following indicators relevant to Adult Social Care and Public Health:

- Adult Social Care Performance Indicators
 - Total non-elective admissions into hospital
 - Number of nights delayed transfers of care
- Public Health Performance Indicators
 - % of eligible adults aged 65+ who have received the flu vaccine
 - % of women who smoke at time of delivery
 - % of people eligible for bowel cancer screening who were screened
 - Cumulative % of the eligible population offered an NHS Health Check

In addition, Clinical Commissioning Groups have their own national Outcomes Indicator Set, just as the National Health Service has its own Outcomes Framework (both summarised below), and Members of the Committee may wish to discuss with the CCG and Health colleagues tracking performance against one or two of these indicators as part of their regular monitoring.

1	Preventing people from dying prematurely	2	Enhancing quality of life for people with long-term conditions	3	Helping people to recover from episodes of ill health or following injury
Overarching indicators	Potential years of life lost from causes considered amenable to healthcare: adults, children and young people (NHS OF 1a & ii) *	Overarching indicators	Health-related quality of life for people with long-term conditions (NHS OF 2) **	Overarching indicators	Emergency admissions for acute conditions that should not usually require hospital admission (NHS OF 3a) * Emergency readmissions within 30 days of discharge from hospital (NHS OF 3b) *
Improvement areas	<p>Reducing premature mortality from the major causes of death</p> <ul style="list-style-type: none"> Under 75 mortality from cardiovascular disease (NHS OF 1.1) ** Cardiac rehabilitation referrals Cardiac rehabilitation completion Myocardial infarction, stroke & stage 5 kidney disease in people with diabetes Mortality within 30 days of hospital admission for stroke Under 75 mortality from respiratory disease (NHS OF 1.2) ** Under 75 mortality from liver disease (NHS OF 1.3) * Emergency admissions for alcohol related liver disease Under 75 mortality from cancer (NHS OF 1.4) ** One year survival from all cancers (NHS OF 1.4 ii) * One year survival from breast, lung & colorectal cancers (NHS OF 1.4 iii) * Cancer: diagnosis via emergency routes Cancer: record of stage at diagnosis Cancer: early detection Lung cancer: record of stage at diagnosis Breast cancer: mortality Heart failure: 12 month all-cause mortality Hip fracture: incidence <p>Reducing premature death in people with serious mental illness</p> <ul style="list-style-type: none"> People with severe mental illness who have received a list of physical checks Serious mental illness: smoking rates <p>Reducing deaths in babies and young children</p> <ul style="list-style-type: none"> Antenatal assessment < 13 weeks Maternal smoking at delivery Breastfeeding prevalence at 6-8 weeks Neonatal mortality and still births Low birth weight of term babies Proportion of pregnant women having planned caesarean sections after 39 weeks 0 days <p>Reducing premature deaths in people with learning disabilities</p> <p>NHS OF indicator in development. No CCG measure at present</p>	<p>Ensuring people feel supported to manage their condition</p> <ul style="list-style-type: none"> People feeling supported to manage their condition (NHS OF 2.1) ** <p>Improving functional ability in people with long-term conditions</p> <ul style="list-style-type: none"> People with COPD & Medical Research Council Dyspnoea scale ≥ 2-3 referred to a pulmonary rehabilitation programme People with diabetes who have received nine care processes People with diabetes diagnosed less than one year referred to structured education <p>Reducing time spent in hospital by people with long-term conditions</p> <ul style="list-style-type: none"> Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) (NHS OF 2.3 ii) * Unplanned hospitalisation for asthma, diabetes and epilepsy in under 25s (NHS OF 2.3 ii) * Complications associated with diabetes inc emergency admission for diabetic ketoacidosis and lower limb amputation <p>Enhancing quality of life for carers</p> <ul style="list-style-type: none"> Health-related quality of life for carers (NHS OF 2.4) <p>Enhancing quality of life for people with mental illness</p> <ul style="list-style-type: none"> Access to community mental health services by people from BME groups Access to psychological therapy services by people from BME groups IAPT reliable recovery/reliable improvement/reliable deterioration Health-related quality of life for people with a long term mental health condition <p>Enhancing quality of life for people with dementia</p> <ul style="list-style-type: none"> Estimated diagnosis rate for people with dementia. No CCG measure at present People with dementia prescribed anti-psychotic medication 	<p>Improving outcomes from planned treatments</p> <ul style="list-style-type: none"> Average health gain as assessed by patients for elective procedures <ul style="list-style-type: none"> ii) Hip replacement, iii) knee replacement, iv) groin hernia, v) varicose veins Preventing lower respiratory tract infections in children from becoming serious Emergency admissions for children with lower respiratory tract infections (NHS OF 3.2) * <p>Improving recovery from injuries and trauma</p> <p>No CCG measure at present</p> <p>Improving recovery from stroke</p> <p>People who have had a stroke who</p> <ul style="list-style-type: none"> are admitted to an acute stroke unit within four hours of arrival to hospital receive thrombolysis following an acute stroke are discharged from hospital with a joint health and social care plan receive a follow-up assessment between 6-8 months after initial admission spend 90% of more of their stay on an acute stroke unit <p>Improving recovery from mental health conditions</p> <ul style="list-style-type: none"> Alcohol admissions and readmissions Mental health readmissions within 30 days of discharge Percentage of adults in contact with secondary mental health services in paid employment <p>Improving recovery from fragility fractures</p> <ul style="list-style-type: none"> Proportion of patients recovering to their previous level of mobility or walking ability (NHS OF 3.5 i and ii) <p>Hip fracture: collaborative orthogeriatric care, timely surgery, multifactorial risk assessment and care process bundle</p>		
		4	Ensuring that people have a positive experience of care	5	Treating and caring for people in a safe environment and protecting them from avoidable harm
		Overarching indicators	Patient experience of primary and hospital care Patient experience of GP out of hours services (NHS OF 4a ii) * Patient experience of hospital care (NHS OF 4 b)	Overarching indicators	No overarching indicator at present
		Improvement areas	Improving people's experience of outpatient care Patient experience of outpatient services (NHS OF 4.1) Improving hospital responsiveness to personal needs Responsiveness to in-patients' personal needs (NHS OF 4.2) Improving people's experience of accident and emergency services Patient experience of A&E services (NHS OF 4.3) Improving women and their families' experience of maternity services (NHS OF 4.5) Improving the experience of care for people at the end of their lives Bereaved carers views on the quality of care in the last 3 months of life NHS OF 4.6)	Improvement Areas	Patient safety incidents reported (NHS OF 5.6) Reducing the incidence of avoidable harms Incidence of healthcare associated infection: MRSA (NHS OF 5.2.3) Incidence of healthcare associated infection: C.difficile (NHS OF 5.2.3) No CCG measures at present for category 2, 3 and 4 pressure ulcers and incidence of medication errors causing serious harm Improving the safety of maternity services Admissions of full term babies to neonatal care (NHS OF 5.5) Delivering safe care to children in acute settings No CCG measure at present
<p>NOTES & LEGEND</p> <p>NHS OF: indicator derived from NHS Outcomes Framework</p> <p>* NHS OF indicator that is also measurable at local authority level</p> <p>** NHS OF indicator shared with Public Health Outcomes Framework</p> <p>** NHS OF indicator complementary with Adult Social Care Outcomes Framework</p> <p>Other indicators are developed from NICE quality standards or other existing data collections.</p>					

<p>1 Preventing people from dying prematurely</p> <p>Overarching indicators</p> <p>1a Potential years of life lost (PYLL) from causes considered amenable to healthcare</p> <p>1b Adults + Children and young people</p> <p>1c Life expectancy at 70</p> <p>1d Males + Females +</p> <p>1e Neonatal mortality and stillbirths</p> <p>Improvement areas</p> <p>Reducing premature mortality from the major causes of death</p> <p>1.1 Under 75 mortality rate from cardiovascular disease (PHOF 4.4)*</p> <p>1.2 Under 75 mortality rate from respiratory disease (PHOF 4.7*)</p> <p>1.3 Under 75 mortality rate from liver disease (PHOF 4.6*)</p> <p>1.4 Under 75 mortality rate from cancer (PHOF 4.5)*</p> <p>1.5 One- and five-year survival from all cancers</p> <p>1.6 One- and five-year survival from breast, lung and colorectal cancer</p> <p>1.7 One- and five-year survival from cancers diagnosed at stage 1&2 (PHOF 3.19*)</p> <p>Reducing premature mortality in people with mental illness</p> <p>1.8 Excess under 75 mortality rate in adults with serious mental illness (PHOF 4.9*)</p> <p>1.9 Excess under 75 mortality rate in adults with common mental illness</p> <p>1.10 Suicide and mortality from injury of undetermined intent among people with recent contact from NHS services (PHOF 4.11*)</p> <p>Reducing mortality in children</p> <p>1.11 Infant mortality (PHOF 4.1)*</p> <p>1.12 Five year survival from all cancers in children</p> <p>Reducing premature death in people with a learning disability</p> <p>1.13 Excess under 60 mortality rate in adults with a learning disability</p>	<p>3 Helping people to recover from episodes of ill health or following injury</p> <p>Overarching indicators</p> <p>3a Emergency admissions for acute conditions that should not usually require hospital admission +</p> <p>3b Emergency readmissions within 30 days of discharge from hospital (PHOF 4.11*)</p> <p>Improvement Areas</p> <p>Improving outcomes from planned treatments</p> <p>3.1 Total health gain as assessed by patients for elective procedures</p> <p>3.2 Physical health-related procedures</p> <p>3.3 Psychological therapies</p> <p>3.4 Recovery in quality of life for patients with mental illness</p> <p>Preventing lower respiratory tract infections (LRT) in children from becoming serious</p> <p>3.5 Emergency admissions for children with LRT</p> <p>Improving recovery from injuries and trauma</p> <p>3.6 Survival from major trauma</p> <p>Improving recovery from stroke</p> <p>3.7 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months</p> <p>Improving recovery from fragility fractures</p> <p>3.8 Proportion of patients with hip fractures recovering to their previous levels of mobility/walking ability at 90 and 120 days</p> <p>Helping older people to recover their independence after illness or injury</p> <p>3.9 Proportion of older people (65 and over) who were still at home 31 days after discharge from hospital into respite/rehabilitation services (ASCOF 20(1)*)</p> <p>3.10 Proportion offered rehabilitation following discharge from acute or community hospital (ASCOF 20(2)*)</p> <p>Improving Dental Health</p> <p>3.11 Missing teeth (PHOF 4.02)**</p> <p>3.12 Tooth extractions in secondary care for children under 10</p>	<p>4 Ensuring that people have a positive experience of care</p> <p>Overarching Indicators</p> <p>4a Patient experience of primary care</p> <p>4.1 GP services +</p> <p>4.2 GP Out-of-hours services</p> <p>4.3 NHS dental services</p> <p>4.4 Patient experience of hospital care</p> <p>4.5 Patients and family feed</p> <p>4.6 Patient experience characterised as poor or worse</p> <p>4.7 Primary care</p> <p>4.8 Hospital care</p> <p>Improvement areas</p> <p>Improving people's experience of outpatient care</p> <p>4.1 Patient experience of outpatient services</p> <p>Improving hospitals' responsiveness to personal needs</p> <p>4.2 Responsiveness to in-patients personal needs</p> <p>Improving people's experience of accident and emergency services</p> <p>4.3 Patient experience of A&E services</p> <p>Improving access to primary care services</p> <p>4.4 Access to GP services + and NHS dental services</p> <p>Improving women and their families' experience of maternity services</p> <p>4.5 Women's experience of maternity services</p> <p>Improving the experience of care for people at the end of their lives</p> <p>4.6 Bereaved carers' views on the quality of care in the last 3 months of life</p> <p>Improving experience of healthcare for people with mental illness</p> <p>4.7 Patient experience of community mental health services</p> <p>Improving children and young people's experience of healthcare</p> <p>4.8 Children and young people's experience of inpatient services</p> <p>Improving people's experience of integrated care</p> <p>4.9 People's experience of integrated care (ASCOF 35)**</p>
<p>2 Enhancing quality of life for people with long-term conditions</p> <p>Overarching indicators</p> <p>2a Health-related quality of life for people with long-term conditions (ASCOF 1A)**</p> <p>Improvement areas</p> <p>Ensuring people feel supported to manage their condition</p> <p>2.1 Proportion of people feeling supported to manage their condition</p> <p>Improving functional ability in people with long-term conditions</p> <p>2.2 Employment of people with long-term conditions (ASCOF 16** PHOF 1.8*)</p> <p>Reducing time spent in hospital by people with long-term conditions</p> <p>2.3 Unplanned hospitalisation for chronic ambulatory care sensitive conditions +</p> <p>2.4 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 16s</p> <p>Enhancing quality of life for carers</p> <p>2.4 Health-related quality of life for carers (ASCOF 1C)**</p> <p>Enhancing quality of life for people with mental illness</p> <p>2.5 Employment of people with mental illness (ASCOF 16** & PHOF 1.8**)</p> <p>2.6 Health-related quality of life for people with mental illness (ASCOF 1A** & PHOF 1C)**</p> <p>Enhancing quality of life for people with dementia</p> <p>2.6 Estimated diagnosis rate for people with dementia (PHOF 4.10*)</p> <p>2.7 A measure of the effectiveness of post-diagnostic care in sustaining independence and improving quality of life (ASCOF 21**)</p> <p>Improving quality of life for people with multiple long-term conditions</p> <p>2.7 Health-related quality of life for people with three or more long-term conditions (ASCOF 1A**)</p>	<p>NHS Outcomes Framework 2016/17 at a glance</p> <p>Alignment with Adult Social Care Outcomes Framework (ASCOF) and/or Public Health Outcomes Framework (PHOF)</p> <p>* Indicator is shared</p> <p>** Indicator is complementary</p> <p># Indicator is for health inequalities assessment</p> <p>Indicators in Italic are in development</p>	<p>5 Treating and caring for people in a safe environment and protecting them from avoidable harm</p> <p>Overarching indicators</p> <p>5a Deaths attributable to problems in healthcare</p> <p>5b Severe harm attributable to problems in healthcare</p> <p>Improvement areas</p> <p>Reducing the incidence of avoidable harm</p> <p>5.1 Deaths from various thromboembolism (VTE) related events</p> <p>5.2 Incidence of healthcare associated infection (HCAI)</p> <p>5.3 MRSA</p> <p>5.4 C. difficile</p> <p>5.5 Proportion of patients with category 2, 3 and 4 pressure ulcers</p> <p>5.6 Hip fractures from falls during hospital care</p> <p>Improving the safety of maternity services</p> <p>5.6 Admission of full-term babies to neonatal care</p> <p>Improving the culture of safety reporting</p> <p>5.6 Patient safety incidents reported</p>

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no financial implications arising directly from this report which is for information only.

Adverse performance against some performance indicators may have financial implications for the Council, particularly where targets are explicitly linked with particular funding streams and / or levies from other bodies.

Robust ongoing monitoring is undertaken as part of the established financial and service management processes. Should it not be possible to deliver targets within approved budgets this will be raised through the appropriate channels as required.

Legal implications and risks:

Whilst reporting on performance is not a statutory requirement, it is considered best practice to regularly review performance.

Human Resources implications and risks:

There are no HR implications or risks, involving the Council or its workforce that can be identified from the recommendations made in this report.

Equalities implications and risks:

There are no financial implications arising directly from this report.

BACKGROUND PAPERS

None