

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 Places making Havering Opportunities making Havering Connections making Havering	[X] [] [] []

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

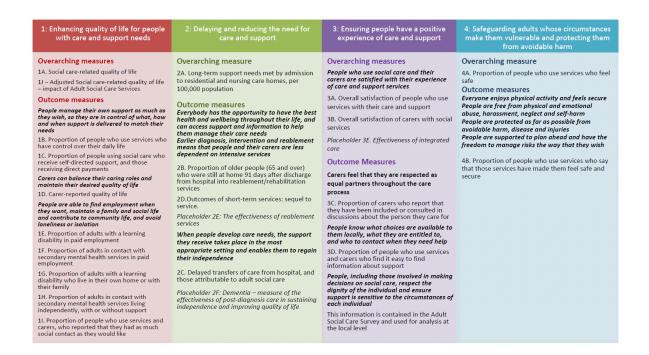
The Corporate Performance Report which is presented to the Cabinet on a quarterly basis provides an overview of the Council's performance against each of the strategic goals. Historically, the Overview and Scrutiny Board has also scrutinised this data. However, for 2017/18, the Board has decided instead 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

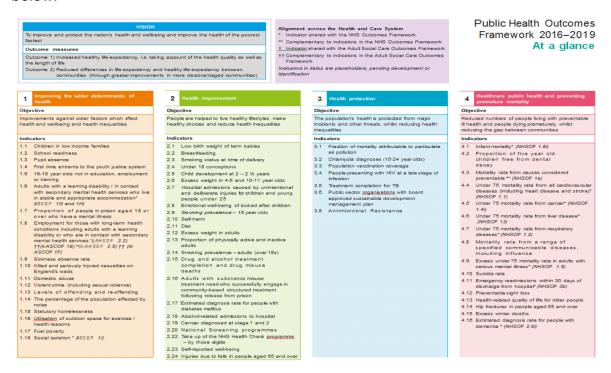
However, the Committee also expressed a wish to undertake a more detailed review of the performance indicators it could possibly track.

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:

Health Overview and Scrutiny Sub-Committee, 7th September 2017



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



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

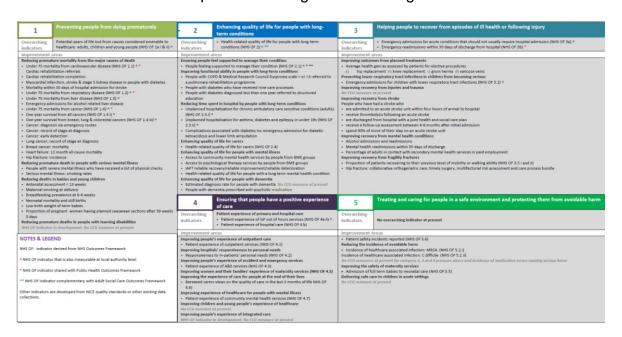
- Total non-elective spells (specific acute) per 100,000 population
- Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population (this is monitored as part of the ASCOF data set (above) and is presented to Individuals Overview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

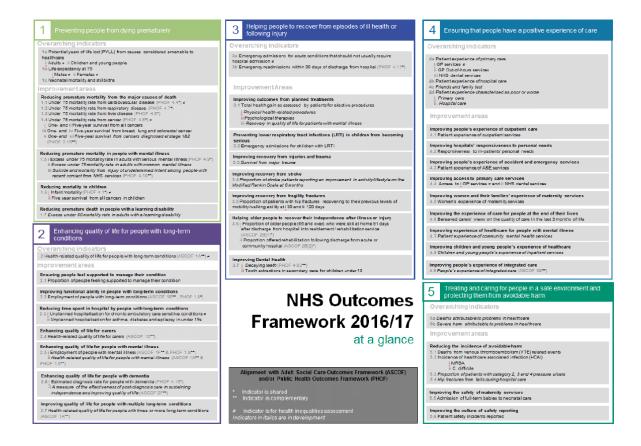
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (this is monitored as part of the ASCOF data set and is only collected during Q4)
- Delayed transfers of care [number of nights] from hospital per 100,000 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
 - o 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
 - o % of women who smoke at time of delivery
 - % of people eligible for bowel cancer screening who were screened
 - o 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.





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.

Health Overview and Scrutiny Sub-Committee, 7th September 2017

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