Health and Wellbeing Board Strategy
2015-18 Indicator Set Draft v0.1

Short list

This is a list of nine indicators that are proposed for the Core Indicator Set. They have been proposed because they provide a good overview of the health of residents and the quality of care services available to them and are spread across the four strategy themes. A rationale for proposing each indicator is included in the notes column. Where available, information has provided to enable comparisons between Havering, London and England.

There is scope to add additional indicators to the short list including:

- Ongoing information on the topic areas that are of special and current interest. These may be removed and/or additional indicators added in accordance with the interest/concerns of the HWB. One example has been included below (RTT)
- Selecting additional indicators from the long list below. The indicators that HWB members may wish to consider more closely are flagged up in the notes column including, for example the air quality indicator (priority 1.4), support for people with LTCs indicator (priority 2.3).

	Themes /Proposed Indicators	Havering		Comparators		Data	Rationale / notes
		Count	Rate/%	London	England	period	
1	Healthy life expectancy (males)		65.8	64.1	63.4	2013-15	Healthy life expectancy is an extremely important summary measure of mortality and morbidity in itself. It complements supporting indicators by showing overall trends in a major population health measure, setting the context for assessing other indicators and identifying the drivers of healthy life expectancy.
2	Healthy life expectancy (female)		64.8	64.1	64.1	2013-15	Healthy life expectancy at birth indicates the average number of years a person would expect to live in good health based on contemporary

Themes /Proposed Indicators		Havering		Comparators		Data	Rationale / notes
		Count	Rate/%	London	England	period	
							mortality rates and prevalence of self-reported good health. **Relates to Theme 3 of the strategy**
3	% of physically active adults in Havering (Higher is better)		55.4	57.8	57	2015	Although data are 2 yrs old, this is good indicator of underlying health behaviour and allows comparisons with London and England. Also included in annual Obesity Strategy update report. **Relates to Theme 1 of the strategy**
4	% of children overweight or obese, Year Six (Lower is better)	993	37.3	38.1	34.2	2015/16	This is a good indicator of population-wide child-health. This is also included in annual Obesity Strategy update report at which time trend data for Havering, London and England could also be considered. **Relates to Theme 1 of the strategy**
5	School readiness - % of children achieving a good or better level of development at age 5 (EYFSP) (Higher is better)		71%				An LBH Corporate Indicator, this will be monitored by LBH. However, this is a good indicator of early intervention and inequalities, so it is suggested that this be included on the HWBS indicator set. LBH Target 17/18: 73% (Outturn 16/17: 71%). Information available annually. **Relates to Theme 2 of the strategy**
6	Good blood sugar control in people with diabetes (Higher is better)		51.6	58.2	60.1	2015/16	This is a good indicator of secondary

	Themes /Proposed Indicators	Havering		Comparators		Data	Rationale / notes
		Count	Rate/%	London	England	period	
	(could also include blood pressure measurements)						prevention, and of the quality of health services. In 2015/16 achievement in Havering for good blood sure control in people with diabetes was worse than London and England. Another good indicator is blood pressure measurements – this could also be included on the short list if wanted. Further and detailed information on primary care provision, including secondary prevention, could be presented to the HWB on an annual basis through the current governance structure (via BRH Integrated Partnership Board or CCG **Relates to Theme 2 of the strategy**
7	Numbers of people attending A&E but discharged with no investigation and no significant treatment	7,905				2016/17	Although this focuses on attendance at A&E, this is a useful indicator that local residents are getting the right advice in the right place at the right time. Data for 2015/16 are also available, so possible to follow trends. **Relates to Theme 3 of the strategy**
8	NHS Friends and Family Test. Would recommend the services they used to their loved ones?						The Friends and Family Test is a good indicator of NHS Services and can be

	Themes /Proposed Indicators	Havering		Comparators		Data period	Rationale / notes
		Count	Rate/%	London	England		
							used to understand progress over time. Friends and Family test data are available at organisational level, such as Acute Trusts and at lower levels including A&E, Ambulance, Community, GP, Inpatient, Maternity, Mental Health, Outpatient. **Relates to Theme 4 of the strategy**
9	Adult Services Survey response "Overall how satisfied are you with the care and support services that you receive?" or the ASC Indicator currently in development for LBH relating to residents reporting good outcomes from their community service (home care service)						Two options are suggested for Adult Social Care (taken from draft LBH KPIs). Although the agreed indicator will be monitored by LBH as a corporate indicator, it is suggested that HWB also receive updates as an overview of quality of adult social care services. **Relates to Theme 4 of the strategy**

Additional indicators of special Interest

This is ongoing information on the topic areas that are of special and current interest to the HWB. It is expected that these may be removed and / or additional indicators added, according to the interest / concerns of the HWB. One indicator is included below, as an example.

Themes /Proposed Indicators	Havering		Comparators		Data period	Rationale / notes
	Count	Rate/%	London	England		
Referral to Treatment					tbc	The HWB may wish to continue its oversight of this topic until the end of the financial year 17/18

Long list

This is the full list of potential indicators, with notes outlining why they have/have not been included on the short list, and where the particular priority area does/does not map across to groups and boards that are accountable to the HWB.

Themes /Proposed Indicators	Havering		Comparators		Data period	Rationale / notes
	Count	Rate/%	London	England		
Theme 1: Primary Prevention to improve and protect the health of the community and reduce health inequalities. Healthy life expectancy can be increased by tackling the **common socio-economic factors for poor health**						
1.1 Getting people into work **Proportion of businesses showing employment growth (Source: ONS Business Register and Employment Survey)**	78,780				tbc	An LBH Indicator .Baseline is 78,000. The 17/18 target is +1% above baseline. Although outturn is beyond Local Authority control, it is a good overall indicator of business growth. This indicator is being monitored by

Themes /Proposed Indicators	Havering		Comparators		Data period	Rationale / notes
	Count	Rate/%	London	England		
						LBH. But as employment is such a driver of health and wellbeing, It is suggested that HWB invite an annual report. Currently there are no groups reporting to the HWB that have responsibility, so this to be agreed during 17/18.
1.2 Helping people to achieve (education and skills) **Pupil progress in 8 subjects, from the end of primary school to the end of secondary school ("Progress 8" score)**						An LBH Indicator. Last year's outturn was - 0.14. It is recognised across the sector that this PI is hard to predict. This indicator is being monitored by LBH. But as education is a major driver of health and wellbeing, It is suggested that HWB invite an annual report. Currently there are no groups reporting to the HWB that have responsibility, so this to be agreed during 17/18.
1.3 Ensuring people have a good home **% of council homes that meet the decent homes standard which ensures standards of fitness, structure, energy efficiency and facilities in council properties.**						An LBH Indicator. By government definition, 98% is the level at which an authority's stock can be defined as decent. This indicator is being monitored by LBH. But as housing is a major driver of health and wellbeing, It is suggested that HWB invite an annual report on the topic. Currently there are no groups reporting to the HWB that have responsibility, so this to be agreed 17/18.
1.4 Socio-economic factor: Providing an environment in						An LBH Corporate Indicator. The Local

Themes /Proposed Indicators	Havering		Comparators		Data period	Rationale / notes
	Count	Rate/%	London	England		
which it is easier for our residents to make healthy choices **Local plan progressed and successfully adopted in accordance with the timeframe set out in the Local Development Scheme**						Plan sets out local planning policies. The built and natural environments are major determinants of health and wellbeing. As this is being overseen by LBH – it is suggested that no regular report be received.
Fraction of mortality attributable to particulate air pollution (lower is better)						Poor air quality impacts on use of health services, and is responsible for early deaths with greater impact on children's health and older people. The Health Protection Forum receives an annual report on air quality which is included in the HPF report to HWB. HWB may wish to move this indicator to the short list, because of the impact of air quality on health and wellbeing, and health and social care services.
1.5 Increasing community and individual ability to take control over their own health and care **Number of adults and older people who can choose how their support is provided to meet agreed health and social care outcome in the year (self-directed support)**						An LBH Corporate Indicator. Target 86%.This indicator is being monitored by LBH. The Adult Commissioning Forum is accountable to the HWB and so will be invited to submit an annual report.

Themes /Proposed Indicators	Havering		Comparators		Data	Rationale / notes
	Count	Rate/%	London	England	period	
Theme 1: Primary Prevention to improve and protect the health of the community and reduce health inequalities. Healthy life expectancy can be increased by tackling the **behavioural risk factors for poor health**						
1.6 Mental health promotion **Increase access to talking therapies (higher is better)**	325	15.8	1.2	14.4	as of Sept 16	The Mental Health Partnership Board is accountable to the HWB and so will be expected to provide an annual report.
1.7 Reduction of Harm from Tobacco **% of women who smoke at time of delivery**	252	7.7	5.0	10.6	2015/16	The multi-agency Tobacco Harm Reduction Partnership reports to the HPF annually. It is recommended that the HPF report be extended to provide additional information about progress of the tobacco harm reduction agenda
Prevalence/proportion of smoking among persons 18 years and over		17.3	16.3	16.9	2015	
1.8 Reduction of Harm from Alcohol **% of first alcohol treatment interventions where the person waited over 3 weeks to commence treatment**	Less than 5	1.7	1.1	4.1	2015/16	There is no one strategic group that oversees delivery of the alcohol harm reduction agenda. It is already scheduled that an annual report on progress against the Drug and Alcohol Harm Reduction Strategy be presented to the HWB. It is recommended that this continues.
% of alcohol users that left drug treatment successfully who do not re-present to treatment within 6 months	102	34.8	41.3	38.4	2015	
Alcohol-specific mortality (Males) **All ages, directly age-standardised rate per 100,000 population (Lower is better)**	39	11.5	13.2	15.9	2013-15	
Alcohol-specific mortality (Females) (Lower is better)	Number too small for stats	-	4.5	7.3	2013-15	
1.9 Diet, physical activity and healthy weight management **% of physically active adults in Havering (Higher is**		55.4	57.8	57	2015	Two of the indicators are on the short list above. Children overweight or

Themes /Proposed Indicators	Havering		Comparators		Data	Rationale / notes
	Count	Rate/%	London	England	period	
better) This is Included on short list above						obese in year 6 has been suggested (rather than reception year), as the biggest problem relates to year 6. It is already scheduled that an annual report on progress against the Obesity Strategy be presented to the HWB and it is recommended that this continues.
% of children overweight or obese in reception year (Lower is better)	706	23.2	22.0	22.1	706	
% of children overweight or obese, Year Six (Lower is better) This is included on short list above	993	37.3	38.1	34.2	2015/16	
1.10 Improving sexual health						These indicators are heavily influenced by the quality of commissioned services. It is recommended that the HWB receives an annual report form the Public Health Service on sexual health, including progress against these indicators.
New STI diagnosis rate / 100,000	1,655	673	1,391	768	2015	
Under 18s conception rate / 1,000	102	22.8	21.5	22.8	2014	
Under 25s repeat abortions	150	32.1	31.0	26.5	2015	
1.11 Increase uptake of immunisations						HWB receives an annual report from Health Protection Forum which covers immunisation. These indicators have been selected for monitoring on a quarterly basis by HPF as they provide information across age-ranges and because MMR at age 5 continues to be a challenge across England.
Proportion of 65 years and over Influenza	**31,021**	**66.6**	**66.4**	**71.0**	**2015/16**	
Proportion of Dtap/IPV/Hib at 1 year	**3,147**	**96.1**	**89.2**	**93.6**	**2015/16**	
Proportion of MMR for two doses by age 5	**2,949**	**90.3**	**81.7**	**88.2**	**2015/16**	
1.12 Increase uptake of screening						HWB receives an annual report from the Health Protection Forum which covers immunisation and screening.
Newborn hearing screening coverage (%)	**3,242**	**96.1**	**98.5**	**98.7**	**2015/16**	

Themes /Proposed Indicators	Havering		Comparators		Data	Rationale / notes
	Count	Rate/%	London	England	period	
Breast cancer screening coverage (%)	**20,638**	**76.4**	**69.2**	**75.5**	**2016**	The report includes performance of screening programme.
Bowel cancer screening coverage (%)	**17,983**	**52.4**	**48.8**	**57.9**	**2016**	

Themes /Proposed Indicators	Havering		Comparators		Data	Rationale / notes
	Count	Rate/%	London	England	period	
Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on						
2.1a Vulnerable children and families – identify them and intervene earlier **School readiness - % of children achieving a good or better level of development at age 5 (EYFSP) (Higher is better) (On short list above)**						An LBH Corporate Indicator, this will be monitored by LBH. However, this is a good indicator of early intervention and inequalities, so it is suggested that this also be included on the HWBS indicator set. As early intervention influences health and wellbeing outcomes, it is suggested that HWB invite an annual report. Currently there are no groups reporting to the HWB that have responsibility, so this to be agreed during 17/18.
2.1b NEET **% of 16-18 year olds who are known not to be in education, employment or training (including 'not knowns')**						This will be monitored by LBH as a corporate indicator. As NEET influences health and wellbeing outcomes, it is suggested

Themes /Proposed Indicators	Havering		Comparators		Data	Rationale / notes
	Count	Rate/%	London	England	period	
						that HWB invite an annual report on the topic (potentially combined with another relevant topic area). Currently there are no groups reporting to the HWB that have responsibility, so this to be agreed during 17/18.
2.2 Provide effective support for children with health needs **Hospital admissions for asthma (under 19 years) (Crude rate per 100,000 persons) (Lower is better)**	95	165.9	194.9	202.4	2015/16	Ensuring effective support for children with health needs will depend on a wide range of factors across the system – including support provided by schools, primary care, and secondary care. If HWB wish to include an indicator on the long list, then this is an option, and one that is influenced by system wide and environmental factors (i.e. air quality). However, as this indicator does not reflect on all health needs, it is suggested that the report be received by the HWB on this topic (potentially combined with another relevant topic area). This to be agreed during 17/18
2.3 Provide effective support for people with long term conditions and their carers so they can live independently for longer **Support for people with long-term conditions: % of**	973	54.9	57.6	63.1	2015/16	This is taken from GP patient survey. It is a useful indicator as there are distinct links between physical and mental health. People with LTCs are at particular risk of developing mental

Themes /Proposed Indicators	Havering		Comparators		Data period	Rationale / notes
	Count	Rate/%	London	England		
people with long-term conditions visiting GP who feel they have had enough support from local services in last 6 months						health disorders. Supporting them to manage their condition is of benefit to both physical and mental health. Although this is on the long list, HWB may wish to add this to the short list as performance in Havering is significantly lower than in London and England. Alternatively, HWB may wish to receive an annual report on the care and support of people with LTCs.
Carers receiving a needs assessment or review and a specific carer's service, or advice and information	**450 (estimated)**				**2016/17**	This indicator is being monitored by LBH, with a target of 465 for 17/18. As this is being closely monitored by LBH it is proposed that this information is not submitted to HWB.
2.4 Provide effective support for people with learning disabilities / dementia and their carers so they can live independently for longer **People (all ages) with learning disability known to GPs (%)** **New dementia diagnosis with blood test recorded between 12 months before and 6 months after entering onto the register**	 **771** **358**	 **0.32** **56.4**	 **0.34** **54.1**	 **0.44** **56.5**	 **2014/15** **2015/16**	As Learning Disability influences inequity in health and wellbeing outcomes, it is suggested that HWB invite an annual report. Currently there are no groups reporting to the HWB that have responsibility, so this to be agreed during 17/18.
2.5 Low level mental health issues **Increase access to talking therapies (higher is better)**	 325	 15.8	 1.2	 14.4	 as of Sept 16	As per 1.6, The Mental Health Partnership Board is included in the governance structure. It is suggested that the MHPB provides an annual report to the HWB.

| Themes /Proposed Indicators | Havering | | Comparators | | Data | Rationale / notes |
	Count	Rate/%	London	England	period	
2.6 Secondary prevention for those with existing LTCs, e.g. identify those at risk of going on to develop CVD, diabetes, liver, renal failure etc. and clinically intervene to avoid worsening outcomes **Good blood sugar control in people with diabetes (higher rates is better) This appears on the short list above** **Blood pressure**	**7,059**	**51.6**	**58.2**	**60.1**	**2015/16**	Good blood sugar control in people with diabetes is a good indicator of secondary prevention, and of the quality of health services, along with measures of blood pressure. In 2015/16 achievement in Havering was worse than London and England. Further and detailed information on primary care provision, including secondary prevention, could be presented to the HWB on an annual basis through the current governance structure (via BRH Integrated Partnership Board or CCG
2.7 Promote earlier presentation of signs and symptoms, e.g. "be clear on cancer" **Cancer diagnosed at early stage (experimental statistics) (%) (Higher is better)**	406	41.3	48.2	50.7	2014	This is a good indicator of quality and clinical care, and of secondary prevention. "Experimental statistics" denote that this is a measure that is undergoing development. Early diagnosis features in STP plans. There appears to be no-one group focusing on this topic. If Health and Wellbeing Board wishes to receive regular reports, an "owner" would need to be assigned.

| Themes /Proposed Indicators | Havering | | Comparators | | Data | Rationale / notes |
	Count	Rate/%	London	England	period	
Theme 3: Provide the right health and social are/advice in the right place at the right time						
3.1 Provide improved and, where appropriate, integrated						Healthy life expectancy at birth: the

Themes /Proposed Indicators	Havering		Comparators		Data	Rationale / notes
	Count	Rate/%	London	England	period	
care pathways especially for the major causes of morbidity and mortality; a) diabetes; b) CVD; c) cancer; d) mental ill health						average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. This indicator is an extremely important summary measure of mortality and morbidity in itself. It complements supporting indicators by showing overall trends in a major population health measure, setting the context for assessing other indicators and identifying the drivers of healthy life expectancy. Both measures included on the short list.
Healthy life expectancy (males) (included on short list)		65.8	64.1	63.4	2013-15	
Healthy life expectancy (female) (included on short list)		64.8	64.1	64.1	2013-15	
3.2 Reduce avoidable A/E attendances, by changing "health seeking" behaviour in our residents and providing alternatives **Numbers of people attending A&E but discharged with no investigation and no significant treatment (included on short list)**						Although this focuses on attendance at A&E, this is a useful indicator that local residents are getting the right advice in the right place at the right time. Data for 2015/16 are also available, so possible to follow trends.
3.3 Reduce avoidable admissions to hospital or long term care homes **Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 65+)**						This is an LBH Corporate Indicator and being monitored by LBH. Target for 17/18 proposed at 660.
3.4 Improve access to primary health care **Success in getting an appointment (able to get an appointment to see or speak to someone the last time they tried) (higher is better)**	-	72	-	73	2016	These measures are taken from the GP Patient Survey. They are similar to London and England. It is suggested that the HWB receives an annual

Themes /Proposed Indicators	Havering		Comparators		Data period	Rationale / notes
	Count	Rate/%	London	England		
Patient Satisfaction with GP (higher is better)	-	80		85	2016	report on primary healthcare (anticipated from the BHR Transformation Board).
3.5 Promote wellbeing and self care **People with a low happiness score - percentage of respondents scoring 0-4 on the question "Overall, how happy did you feel yesterday?" (lower is better)**		7.0	8.3	8.8		An LBH Corporate Indicator and a good indicator of wellbeing. Respondents can score 0-10, where 0 is "not at all satisfied/happy/anxious, and 10 is "completely satisfied/ happy/worthwhile". This measure relates to people who score 0-4 (lower marks). It is better to have fewer people scoring 0-4. According to this measure, people in Havering are not unhappy/ dissatisfied. It is recommended that this is not transferred to the short list.
3.6 Ensure appropriate end of life care **Death in usual place of residence (%) (aged 75-84 years)**	295	45.8	35.3	43.1	2015	The End of Life Partnership Board oversees this priority. The EoLPB is accountable/reports to the HWB, thus will be providing an annual report. Usual place of residence can include nursing home, residential home, etc.

Themes /Proposed Indicators	Havering		Comparators		Data period	Rationale / notes
	Count	Rate/%	London	England		
Theme 4: Quality of services and user experience						
4.1 To ensure that services provided/commissioned are of good quality, are effective and provide the best possible						These quality indicators have been included in the short list above. The

Themes /Proposed Indicators	Havering		Comparators		Data	Rationale / notes
	Count	Rate/%	London	England	period	
service user's experience **Friends and Family Test. Would recommend the services they used to their loved ones?** **Adult Services Survey response "Overall how satisfied are you with the care and support services that you receive?" or the ASC Indicator currently in development for LBH relating to residents reporting good outcomes from their community service (home care service)**	295	45.8	35.3	43.1	2015	Friends and Family Test is a good indicator of NHS Services. Two options are suggested for Adult Social Care (taken from draft LBH KPIs) In addition, the HWB will be receiving reports throughout the year on services delivered. It is suggested that authors be asked to include in their reports (a) information about what processes/measurements are in place to ensure quality of service and (b) information gathered about service user experience.
4.2 Reduce variations in quality and practice across primary and secondary care and social care **Good blood sugar control in people with diabetes (higher rates is better) This appears on the short list above**	7,059	51.6	58.2	60.1	2015/16	See 2.6, and included on the short list. A good indicator of quality of services, of secondary prevention. In terms of Adult Social Care and children's/family services, there are a range of groups and boards that will report to the HWB on an annual basis. It is recommended that authors include in their reports what action is being taken to reduce variation in quality and practice, and to what extent that action is successful
4.3 Reduce variations in access to services **Whilst high level indicators are available that describe outcomes (as per Healthy Life Expectancy) and experience (as per Friends and Family test),**						Further to proposal left, a HEA is a review that examines how health determinants, access to relevant services and related outcomes are

Themes /Proposed Indicators	Havering		Comparators		Data period	Rationale / notes
	Count	Rate/%	London	England		
there are no good indicators identified that could illustrate variations in access to the broad range of services delivered to Havering residents. **It is proposed to the HWB that instead of including an indicator for this priority, that one health equity audit (HEA) be undertaken annually on one specific condition to identify where there are variations in access to services**						distributed across the population, relative to need. If this suggestion is acceptable to the HWB, then a paper will be brought to the Board proposing options for a HEA which the Public Health Service will advise and lead on, in partnership with relevant services and agencies.

NOTE: It should be noted that any LBH Corporate Indicators proposed above will be considered by the Overview and Scrutiny Board on 3 May.