



## HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 29 OCTOBER 2019

<b>Subject Heading:</b>	2019/20 performance information
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<b>Policy context:</b>	There are a number of policies and strategies of relevance to the Health Overview and Scrutiny Sub-Committee, which the sub-committee may wish to consider when selecting performance indicators.
<b>Financial summary:</b>	There are no direct financial implications arising from this report. Adverse performance against some 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 checked="" type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

**SUMMARY**

This report outlines the requirement for the Health Overview and Scrutiny Sub-Committee to consider which areas to receive performance information on for the remainder of 2019/20.

**RECOMMENDATION**

That the Health Overview and Scrutiny Sub-Committee considers, as part of its on-going priority setting and forward planning, which areas it wishes to scrutinise during 2019/20 so that relevant performance indicators can be provided.

**REPORT DETAIL**

1. During the financial year 2018/19, the Health Overview and Scrutiny Sub-Committee received regular updates on three performance indicators. These were:
  - The percentage of Obese Children (age 4 to 5 years)
  - The percentage of patients whose overall experience of out-of-hours services was good
  - The number of instances where an adult patient is ready to leave hospital for home or move to a less acute stage of care but is prevented from doing so, per 100,000 population (delayed transfers of care)
2. At the last meeting of the Health Overview and Scrutiny Sub-Committee, members received Quarter 4 performance outturns for the indicators above and were asked to consider areas for scrutiny during 2019/20. Two areas were identified which are covered within other items on the agenda for this evening. These were in relation to: physical activity and leisure centre usage; and Child and Adolescent Mental Health Services (CAMHS).
3. It was also noted at the last meeting that a large number of indicators that may be relevant to the work of the Health Overview and Scrutiny Sub-Committee are reported through the following outcome frameworks:

**Public Health Outcomes Framework** – The PHOF sets out a vision for public health that is to improve and protect the nation’s health, and improve the health of the poorest fastest. The framework focuses on two high level outcomes to be achieved across the public health system and beyond, which are increased healthy life expectancy and reduced differences in life expectancy and healthy life expectancy between communities.

**NHS Outcomes Framework** – The NHS OF is a set of indicators developed by the Department of Health and Social Care to monitor the health

outcomes of adults and children in England. The framework provides an overview of how the NHS is performing.

**Adult Social Care Outcomes Framework** - The ASCOF measures how well care and support services achieve the outcomes that matter most to people. The measures are grouped into four domains which are typically reviewed in terms of movement over time.

4. Due to the number of indicators available for reporting across these three frameworks, it is recommended that the Health Overview and Scrutiny Sub-Committee further considers the areas it wishes to prioritise for scrutiny during 2019/20, so that relevant indicators can be provided based on these priorities. This may or may not include any areas of performance that are covered within other agenda items for this meeting, as well as indicators that were monitored during 2018/19.
5. The Health Overview and Scrutiny Sub-Committee may also wish to consider relevant Council policies and strategies when setting its priorities and areas of scrutiny for the year. These include (but are not limited to):
  - Drug and Alcohol Strategy
  - Obesity Strategy
  - End of Life Strategy
  - Joint Health and Wellbeing Strategy
  - Joint Suicide Prevention Strategy
  - All Age Autism Strategy

Similarly, key policy areas within the NHS may be relevant to the work of the Health Overview and Scrutiny Sub-Committee.

## **IMPLICATIONS AND RISKS**

### **Financial implications and risks:**

There are no direct financial implications arising from this report. It should be noted that adverse performance against some performance indicators may have financial implications for the Council.

All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas continue to experience significant financial pressures in relation to a number of demand led services. SLT officers are focused upon controlling expenditure within approved directorate budgets and within the total General Fund budget through

delivery of savings plans and mitigation plans to address new pressures that are arising within the year.

**Legal implications and risks:**

Whilst reporting on performance is not a statutory requirement, it is considered best practice to regularly review the Council's progress.

**Human Resources implications and risks:**

There are no HR implications or risks arising directly from this report.

**Equalities implications and risks:**

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

- (i) the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are: age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

**BACKGROUND PAPERS**

None.