

Health and Wellbeing Board

17th April 2013

Health and Wellbeing Strategy –an Update on the Performance Framework

Background

A Health and Wellbeing Strategy for York has been developed and will be formally approved at the Health and Wellbeing Board on 17th April 2013.

In order to assess the impact of the strategy and achievement of our outcomes and priorities, a performance framework for the strategy is being developed.

York's Health and Wellbeing Strategy has already received interest at a national level. It has been cited by the [Campaign to End Loneliness](#) as a good example of how Health and Wellbeing Boards can frame issues around loneliness within their strategies. The [National Council for Palliative Care](#) have rated York's strategy green for its inclusion of End of Life care and will be contacting us to offer support in progressing this.

The purpose of this report is to update members of the Health and Wellbeing Board on the performance framework following feedback received at the last meeting on 27th February.

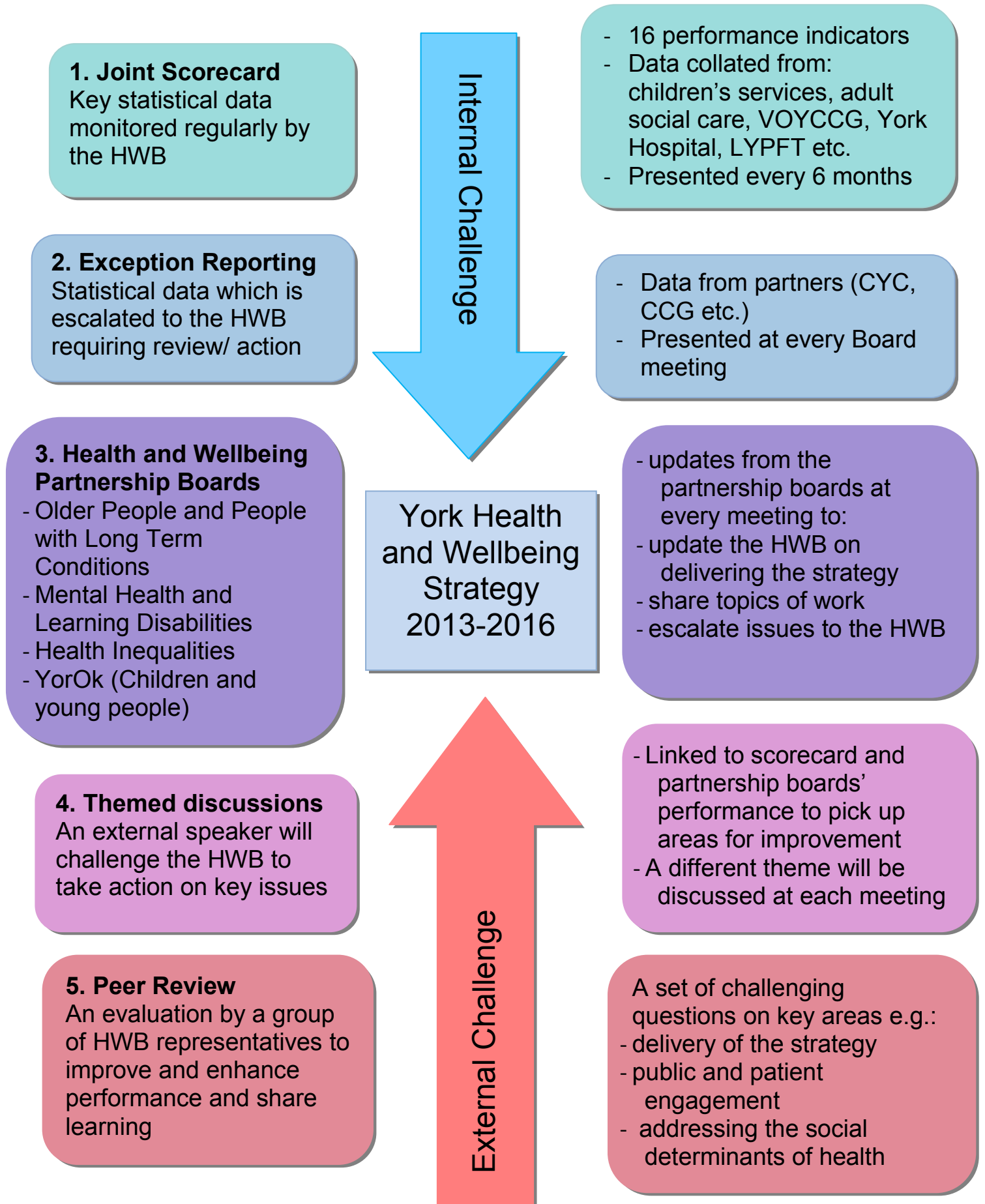
An overview of the framework

The performance framework now comprises of five elements.

- a. Joint Scorecard
- b. Exception Reporting
- c. Health and Wellbeing Partnerships updates
- d. Themed discussions
- e. Peer review

The diagram below illustrates these five elements and a brief summary of each.

The five elements of the performance framework:



a. Joint Scorecard

A joint scorecard is being developed to measure the impact of the Health and Wellbeing Strategy. The scorecard will include performance indicators from the following national outcomes frameworks: Public Health, Adult Social Care, and NHS. Existing performance frameworks, e.g. YorOK and the CCG dashboard are being used to identify performance measures, latest results, targets, the frequency of data collection and the source.

We are working with health partners, particularly the North Yorkshire and Humber Commissioning Support Unit to identify where and how we can access health data, post April 2013 and how we can establish protocols to share it.

We are keen to include quality measures within the scorecard too and look forward to working with HealthWatch and commissioning managers to identify measures for inclusion.

b. Exception Reporting

An Exception Report will be presented at every Health and Wellbeing Board meeting. The report will bring together any data or trends that are not expected from across health, social care and public health to notify Board members of any issues requiring further investigation and action.

c. Health and Wellbeing Partnership Boards

The four Health and Wellbeing Partnership Boards will regularly update the Health and Wellbeing Board including, their development, progress in delivering aspects of the Health and Wellbeing Strategy, topics they are working on and any issues they wish to escalate up to the Health and Wellbeing Board. A report will be presented at each Health and Wellbeing Board meeting bringing together updates from across the health and wellbeing partnerships.

d. Themed discussions

To facilitate the Health and Wellbeing Board to continue to develop its strategy and address significant or complex issues, an external speaker with expertise in that area will be invited to each meeting.

The work plan for the Health and Wellbeing Board has been drawn up and it includes the following topics for debate and action by the Board over the next year:

- Joint commissioning and shifting resource towards prevention, respecting the need for acute services and treatment
- Improving engagement in local health and wellbeing and championing the active involvement of older people.
- Carers – their voice, involvement and influence in the new health and wellbeing structure
- The influence of the Health and Wellbeing Board in commissioning and the use of public sector budgets
- Improving transitions from children's to adults services and between health and social care

e. Peer Review

The final element of the performance framework is a peer review, which will provide external challenge, opportunities to share learning and exchange ideas with other Health and Wellbeing Board representatives from across Yorkshire and the Humber. We will develop the peer review later in the year and are having initial discussions with the Local Government Association's sector-led peer challenge programme, to see how they might support this work.

The interdependencies between the five elements:

Although there are five elements within this framework, they do interlink and they complement each other. For example, any issues highlighted by the Exception Reports may be delegated to the health and wellbeing partnerships for further investigation and action, so they can update the Health and Wellbeing Board with further analysis at the next meeting. Similarly, through the updates from the health and wellbeing partnership boards, further complex or significant issues may be identified leading to a themed discussion with the Health and Wellbeing Board.

Ongoing work and next steps

In order to have a joint performance framework we need to work with colleagues across the local health and care system. We have begun identifying which organisations collect and analyse health data, so post April 2013 we know we will have access to the right information and we are able to share this with the Board.

We have begun discussions with the North Yorkshire and Humber Commissioning Support Unit to achieve this and have had an initial meeting with the York Hospital Foundation Trust.

As mentioned above, we would like to include quality measures within the scorecard as well as hard, statistical data. We would like to work with commissioning managers and HealthWatch to explore how they could include some of their valuable information within the scorecard and the wider performance framework. They may also have a role in helping to plug any gaps that exist in our data, for example, mental health, as identified in the 2012 Joint Strategic Needs Assessment.

The Director of Public Health and Wellbeing is currently liaising with the Public Health Observatory to explore and confirm the support they can offer in collecting and analysing public health data and working with York's public health team.

Council Plan

The proposals in this paper have particular relevance to the 'Building Strong Communities' and 'Protecting Vulnerable People' strands of the council plan.

Implications

- **Financial**

The health and wellbeing strategy will impact on service planning and commissioning decisions. The health and wellbeing board will not take specific decisions on services or commissioning, however they will set the strategic direction for health and wellbeing services over the next three years.

- **Human Resources (HR)**

No HR implications

- **Equalities**

The health and wellbeing strategy may well affect access to service provision. Decisions about accessing specific services will not be taken by the board. Addressing health inequality and targeting more resource towards the greatest need should positively impact on equalities. The impact of the strategy's priorities was assessed under a community impact assessment (CIA) prior to its sign off in April 2013.

- **Legal**

No legal implications

- **Crime and Disorder**

No crime and disorder implications

- **Information Technology (IT)**

No IT implications

- **Property**

No Property implications

- **Other**

No other implications

Risk Management

There are no significant risks associated with the recommendations in this paper.

Recommendations

- (i) The purpose of this report is to update the Health and Wellbeing Board on the development of the performance framework for the health and wellbeing strategy.
- (ii) Board members are invited to comment on the approach outlined in this report and are asked to support the ongoing work to progress this.

Reason: To ensure that the Health and Wellbeing Board is updated on how we plan to monitor the impact and outcomes of the Health and Wellbeing Strategy.

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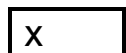
Report
Approved



Date 5 April 2013

Wards Affected:

All



For further information please contact the author of the report