

TITLE: Public Health Outcomes in Wokingham Borough

FOR CONSIDERATION BY Health & Wellbeing Board on 12 February 2015

WARD: None Specific

DIRECTOR: Stuart Rowbotham, Director, Health and Wellbeing

OUTCOMES/BENEFITS TO THE COMMUNITY

The Board notes the status of the Borough's performance in the Public Health Outcomes Framework (PHOF), and recognises where performance should be improved. The Board will discuss how all member organisations and partnerships can support improvement in these measures.

RECOMMENDATION

That the Health and Wellbeing Board monitors performance against the PHOF as a regular activity and ensures the Health and Wellbeing Strategy and work plans of the Partnerships act to improve poorer performance and maintain good performance in these outcomes.

SUMMARY OF REPORT

In most areas of the PHOF, Wokingham Borough scores well above the national outturn, confirming it as a place of primarily good health outcomes for its population. This generally good performance often masks areas and populations who experience poorer health outcomes and sometimes these are not explicit in the PHOF outcomes. However there are certain aspects of performance in the PHOF where there is surprisingly poor performance across the Borough and where action is necessary. This report and the attached profiles should give a current snapshot on performance across all PHOF areas, and highlights those where performance is poor, and those in which performance has significantly changed during the last reporting period.

Background

The Public Health Outcomes Framework: "Healthy lives, healthy people: Improving outcomes and supporting transparency" sets out a vision for public health, desired outcomes and the indicators that will help government, national and local, understand how well the public's health is being improved and protected.

The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four 'domains' that cover the full spectrum of public health. The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life.

The data published in the tool are the baselines for the Public Health Outcomes Framework, with more recent and historical trend data where these are available. The

baseline period is 2010 or equivalent, unless these data were unavailable or not deemed to be of sufficient quality.

Analysis of Issues

The following indicators are those where performance is poor.

1.02i - School Readiness: The percentage of children achieving a good level of development at the end of reception.

1.02i - School Readiness: The percentage of children with free school meal status achieving a good level of development at the end of reception.

1.02ii - School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening check.

1.02ii - School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check.

1.09i - Sickness absence - The percentage of employees who had at least one day off in the previous week.

2.21vii - Access to non-cancer screening programmes – diabetic retinopathy.

2.22iii - Cumulative % of the eligible population aged 40-74 offered an NHS Health Check.

2.22v - Cumulative % of the eligible population aged 40-74 who received an NHS Health Check.

3.02i - Chlamydia screening detection rate (15-24 year olds) – Old NCSP data.

3.02ii - Chlamydia detection rate (15-24 year olds) - CTAD (Persons).

3.02ii - Chlamydia detection rate (15-24 year olds) - CTAD (Male).

3.02ii - Chlamydia detection rate (15-24 year olds) - CTAD (Female).

3.03xii - Population vaccination coverage – HPV.

3.03xv - Population vaccination coverage - Flu (at risk individuals).

3.04 - People presenting with HIV at a late stage of infection.

4.08 - Mortality from communicable diseases (Female).

As can be seen above, the poorest performance is in a few linked outcomes, namely: School readiness; Health Checks; Chlamydia screening; and range of other single outcomes. The transfer of commissioning responsibility for Health Visiting services to public health from October 2015 is allowing the integration and improvement of many children's health services and improvement in school readiness will be an aim. A comprehensive NHS Health Checks plan has been developed, although this still relies on some externalities in order to drive the invitations, although improvement has begun in both indicators. The clustering of issues around sexual health related screening and vaccination (Chlamydia screening, Late HIV diagnosis and HPV vaccination) is notable. A new contract for aspects of sexual health services beginning in April 2015, and this is likely to lead improvement in these areas through a focus on networked services and prevention.

The following indicators show overall high performance across the Borough, the majority being England top ranking. This is likely to mask areas and populations where performance is far poorer.

0.1i - Healthy life expectancy at birth (Female).

1.01i - Children in poverty (all dependent children under 20).

1.01ii - Children in poverty (under 16s).

1.12i - Violent crime (including sexual violence) - hospital admissions for violence.

1.15ii - Statutory homelessness - households in temporary accommodation.

2.14 - Smoking Prevalence.

2.18 - Alcohol related admissions to hospital (Persons).

2.18 - Alcohol related admissions to hospital (Male).

Financial Implications of the Recommendation

None

Other financial information relevant to the Recommendation/Decision

The actions required to improve performance within the outcomes detailed in the PHOF require action across Council and amongst member and partner organisations. Public health team responsibilities have been reflected in the setting of the department's budget, and in cross-council partnerships.

There are no other financial implications associated with this report.

Cross-Council Implications

Although the Wokingham Public Health Team within the Council has ultimate responsibility for performance against the PHOF, the actions of many different departments can contribute to the improvements necessary in performance. Balanced scorecard performance monitoring within the council's leadership structures can provide a means by which the contribution of different departments to deliver the PHOF can be measured.

List of Background Papers

Wokingham Borough PHOF Profile November 2014 (attached)
 Wokingham Borough Health and Wellbeing Strategy 2014-2017
 The Needs Assessment for Wokingham Borough (Joint Strategic Needs Assessment)

Contact: Darrell Gale	Service: Public Health
Telephone No: (0118) 908 8293	Email: Darrell.gale@wokingham.gov.uk
Date: 30 th January 2015	Version No: 1