# Health & Wellbeing Strategy – Performance Indicator Assignment & Improvement Trajectory Methodology

Each Health & Wellbeing Strategy section performance report includes a quarterly update from the section lead on current and on-going activities, future plans and milestones, risks and key considerations. In addition to this, a number of key performance indicators have been chosen for each section in order that progress can be objectively monitored against national performance in relation to both observed numbers (e.g. number of people dying from all cardiovascular diseases) and statistical significance in comparison to England (e.g. directly age-standardised mortality rates, which take in to account differences in demographics between populations, such as disproportionately high percentages of older or younger people compared to England).

For each performance indicator, an appropriate partnership Board has been asked to agree both the appropriateness of the indicator and a three year improvement trajectory, encompassing the period from the start of Health & Wellbeing Strategy in 2016 through to March 2019. The process for the assignment of these performance indicators and improvement trajectories is noted below:

# Figure 1: Health & Wellbeing Strategy Performance Indicator Assignment/Improvement Trajectory Methodology Flowchart

1. Public Health compile list of possible performance indicators based on national performance metrics and, where appropriate, data held internally or by key partners such as Cambridgeshire & Peterborough Clinical Commissioning Group.



 Public Health Intelligence staff calculate a range of possible improvement trajectories for each indicator, utilising past performance data for Peterborough and England to predict future trends and offer analysis of likely future performance and suggest targets based on these data.



3. Section lead and Advanced Public Health Analyst attend appropriate partnership Board to discuss and agree performance indicators, including adding/subtracting/altering indicators and targets based on stakeholder feedback. Improvement trajectories for each performance indicator agreed.



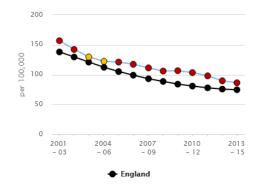
4. Performance data monitored and updated as part of quarterly Health & Wellbeing Strategy review. Changes in performance (e.g. increases/decreases in observed numbers/percentages and/or a change in statistical significance for Peterborough performance in comparison to England) noted and sent to subject leads for inclusion in their quarterly reviews.

Figure 2: Long Term Conditions & Premature Mortality Performance Matrix

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
3.1	Under 75 mortality rate from all cardiovascular diseases - Persons (directly standardised rate per 100,000)	Decreasing - getter better	Statistically significantly worse than England	2013-15	349	86.3	74.6	Reduction in DSR of 0.5% per year
3.2	Under 75 mortality rate from all cardiovascular diseases - Males (directly standardised rate per 100,000)	Decreasing - getter better	Statistically similar to England	2013-15	230	116.6	104.7	Reduction in DSR of 1.0% per year
3.3	Under 75 mortality rate from all cardiovascular diseases - Females (directly standardised rate per 100,000)	Decreasing - getter better	Statistically significantly worse than England	2013-15	119	57.7	46.2	Continue recent trend of reduction in DSR of 2.45/100,000 per year
3.4	Inequalities between electoral wards in emergency CVD hospital admissions (disparity in directly standardised rate per 100,000)	Increasing - getting worse	Disparity between most deprived 20% and least deprived 80% has increased between 2013/14 and 2014/15	2014-15	N/A	305.8	N/A	Reduction in DSR of most deprived 20% of Peterborough electoral wards of 2.0% per year
3.5	Recorded Diabetes (proportion, %)	Increasing - getting worse	Statistically similar to England	2014-15	9,740	6.5%	6.4%	Match or exceed England trend
3.6a	The rate of hospital admissions for stroke (directly standardised rate per 100,000)	Decreasing - getter better	Rate has reduced, national benchmark unavailable	2014-15	369	250.7	N/A	Reduction in DSR of 1.0% per year
3.6b	The rate of hospital admissions for heart failure (directly standardised rate per 100,000)	Decreasing - getter better	Rate has reduced, national benchmark unavailable	2014-15	335	235.2	N/A	Reduction in DSR of 1.0% per year
3.7	Outcomes for a wider range of long term conditions will be defined following completion of the long term conditions needs assessment	-	To be decided upon completion of relevant Joint Strategic Needs Assessment	N/A	N/A	N/A	N/A	-

The table above provides an example of chosen Health & Wellbeing Strategy indicators, in this case for the 'Long Term Conditions & Premature Mortality' section of the strategy, For each indicator, the 'Peterborough Trend' column shows the recent trend in terms of Peterborough performance, whereas 'Current Status' shows statistical significance in comparison to England and 'Agreed Target' refers to the improvement trajectory option chosen by the relevant partnership Board - for this section of the strategy, the Greater Peterborough Executive Partnership Board that met on 09/12/2016 - after the aforementioned discussion. A specific example of the improvement trajectory process is noted below.

Figure 3: Health & Wellbeing Strategy indicator 3.1 – Under 75 mortality rate from all cardiovascular diseases (Persons) – Peterborough, directly standardised rate per 100,000



Period		Count	Value	Lower CI	Upper CI	East of England	England
2001 - 03	•	519	156.9	143.6	171.0	118.1	138.0
2002 - 04	•	475	142.2	129.6	155.7	111.1	129.5
2003 - 05	0	439	129.5	117.6	142.3	104.2	120.9
2004 - 06	0	420	122.3	110.8	134.7	97.6	112.3
2005 - 07	•	421	121.0	109.6	133.3	90.7	105.1
2006 - 08	•	411	117.3	106.2	129.4	85.3	99.0
2007 - 09	•	397	111.3	100.5	122.9	80.2	93.1
2008 - 10	•	386	106.0	95.5	117.2	77.8	88.6
2009 - 11	•	397	106.6	96.2	117.8	74.6	84.0
2010 - 12	•	389	103.3	93.2	114.3	72.3	80.8
2011 - 13	•	375	97.9	88.1	108.5	69.6	77.8
2012 - 14	•	352	89.6	80.4	99.6	67.4	75.
2013 - 15	•	349	86.3	77.4	96.0	66.4	74.6

Source: Public Health Outcomes Framework, URL: <a href="http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000044/pat/6/par/E12000006/ati/102/are/E06000031/iid/40401/age/163/sex/4">http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000044/pat/6/par/E12000006/ati/102/are/E06000031/iid/40401/age/163/sex/4</a>

A reduction in under 75 mortality from all cardiovascular diseases is a central tenet of Peterborough City Council's 2016-19 Health & Wellbeing Strategy. The above data show that Peterborough has had a statistically significantly worse rate of under 75 mortality from all cardiovascular diseases for every three year pooled period since 2004-06, although the directly standardised rate per 100,000 has fallen in each of the last four three year pooled periods.

At the time that this indicator was agreed as appropriate for inclusion in the 2016-19 Health & Wellbeing Strategy, the most recently available data were for 2012-14. The below three improvement trajectory options were discussed:

#### 1: Continue recent reduction in directly standardised rate of 6.85/100,000 per year

Actual			Pred	icted	Target			
2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19	
103.3	97.9	89.6	82.8	75.9	69.1	62.2	55.4	

## 2: Reduction in directly standardised rate per 100,000 of 1.0% per year

Actual			Pred	icted	Target			
2010-1	2 2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19	
103.3	97.9	89.6	82.8	75.9	75.1	74.4	73.6	

### 3: Reduction in directly standardised rate per 100,000 of 0.5% per year

Actual			Pred	icted	Target		
2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
103.3	97.9	89.6	82.8	75.9	75.5	75.1	74.8

Predicted values for 2013-15 and 2014-16 are based on performance from the previous three periods for which data are available. In this instance, a continued reduction in directly standardised rate of 6.85/100,000 per year was considered unrealistic as it would result in a value of 55.4/100,000 by 2017-19 which is likely to be significantly lower than the England value. The Board elected to set the improvement trajectory target based on 'option 3' above; a reduction in directly standardised rate per 100,000 of 0.5% per year. Performance across the period 2010-12 – 2012-14 led to a

prediction Peterborough value of 75.9/100,000 by 2014-16, thus a target of 74.8/100,000 by 2017-19 has been adopted (although it should be noted that Peterborough performance was slightly worse than predicted for 2013-15, with a rate of 86.3/100,000 compared to a predicted 82.8/100,000). This results in the current status of the indicator in figure 2 of 'decreasing – getting better' but still 'statistically significantly worse than England'.