AGENDA ITEM:

COMMITTEE: Health Scrutiny Committee

DATE: 20th November 2007

REPORT OF: Assistant Chief Executive (Strategy, Performance and Governance)

REPORT TITLE: Health Scrutiny Performance Reporting

1.0 Purpose

1.1 The purpose of this report is to provide the Committee with performance information in response to the request made at the Committee's August meeting 'that alternative forms of reporting performance to the Health Scrutiny Committee, giving a wider community perspective, be considered and reported back to a future meeting'.

2.0 Background - Reporting Performance to Scrutiny Committees

The Health Scrutiny Committee Role in Performance Management

2.1 The role of a Scrutiny Committee in relation to performance management is to provide a challenge. Performance reporting can assist in highlighting areas of under-performance which might merit further scrutiny attention either through regular reporting or informing work programmes and work of review panels.

2.2 The role of the Health Scrutiny Committee is particularly focused on providing challenge to local performance in delivery of health and healthcare related services and achievement of public health targets. Using the powers given to health scrutiny by the Health and Social Care Act 2001 this Committee has an important role to play in contributing to health and well-being shared goals by considering how the health and well-being of local people can be improved across health and local government sectors. These powers enable the Health Scrutiny Committee to judge whether health and healthcare decisions reflect local need, whether health inequalities are being tackled and whether proposals for major changes to health services are reasonable.

2.3 The Centre for Public Scrutiny, in a recent publication[1], specifically highlights the contribution of health scrutiny to health and well-being that can be made by:

- Providing a mechanism to support the achievement of shared local targets, such as those in Local Area Agreements around health inequalities;
- Assessing the performance of partnership arrangements (including how well partners are co-operating).

[1] *Why Health Scrutiny Matters to Health and Well-Being*, Centre for Public Scrutiny, June 2007

Performance Reporting to the Health Scrutiny Committee

2.4 Stockport Council routinely collects performance monitoring information and reports this using the Balanced Scorecard report to the Executive, at Directorate level and to the Council's four other scrutiny committees. However, since the restructure of the scrutiny committees and creation of a standalone Health Scrutiny Committee no performance information has been reported to this committee. This is because the Balanced Scorecard is based around delivery of the Council Plan priorities, which do not relate specifically to health outcomes, although Stockport's LAA targets are included.

2.5 At the Committee's meeting in August a version of the Balanced Scorecard which presented 'health-relevant' information was presented. However, it became apparent that the majority of the report was not relevant to the committee, or helpful in supporting the committee hold the council, the local NHS and other partners to account on health matters.

2.6 At the Committee's October meeting an interim report was made setting out some possible sources of cross sector health information and the current recommendations regarding the available performance information that would be most meaningful for health scrutiny reflecting health and well-being shared goals. Recommended sources of information were:

- The Public Health Performance Framework developed for the Public Health Partnership Board (which will include monitoring information on the Health Inequalities Strategy Action Plan)
- Extracted health relevant Local Area Agreement information

This would seem to fit well with the Committee's remit enabled by health scrutiny powers and with fulfilling a role in contributing to health and well-being.

2.7 This report and recommendations were discussed with Members and with input from the Corporate Director, Adults and Communities, and the Director of Public Health it was felt that the recommended information would provide a good coverage of cross sector health issues in the Borough and should be presented on this basis to this meeting. This information is contained in section 4.0 of this report.

3.0 Issues

3.1 Aside from being clear about the information that should be reported to enable appropriate health scrutiny performance reporting, there are some other issues to draw to Members attention and conclude upon.

Frequency of Reporting

3.2 It is suggested that the Committee receive performance monitoring information on a quarterly basis. This is suggested based on the principle that the Committee should receive the most relevant information at the next available meeting, following reporting to the group or body that is primarily accountable for the data. Set out below is a rough timetable of when the relevant information is available and when this would be reported to the Scrutiny Committee.

Quarterly Report	Public Health Performance Framework	Report to Scrutiny Committee	Local Area Agreement (LAA)	Report to Scrutiny Committee
Qtr 2	December	January	November	November
Qtr 3	February	February/ (April)	February	February
Qtr 4	July (Annual Report)	September	June	June

3.3 Clearly reporting on the two sources of performance information will not always coincide in which case the information will be reported independently to the Committee based on the principle of next available meeting rather than waiting for both to be available and reporting together. For example, LAA Quarter 4 information will be available to report in June, however, the Public Health Performance Framework annual data (Qtr 4), because of the information that needs to be gathered and the cycle of scrutiny meetings, would not be reported until September; a significant but unavoidable time lag.

3.4 It should also be noted that there will be some variances in the information received and anomalies in reporting. For example, information on progress with LAA non-reward element targets is only reported six monthly and not quarterly. Furthermore, the Committee should be mindful that health data moves slowly and should not generally expect to see significant shifts in performance reported quarter to quarter (as may be the expectation with some of the corporate performance information reported to the other four scrutiny committees). Therefore, the Scrutiny Committee's role should be in identifying areas that need to improve and, rather than looking for immediate improvements to be reflected in the data, asking what interventions/ actions are in place to improve outcomes in the medium to long term and overseeing progress with the implementation of these.

Accountability and Asking Questions

3.5 The other four scrutiny committees use performance reports to provide challenge by asking questions of Chief Officers (and sometimes Executive Councillors). However, there are a wider range of accountable organisations and partnerships that the Committee could 'hold to account' for performance on the health and well-being shared goals that will be reported.

3.6 The Local Area Agreement is owned by the local strategic partnership but the Council is the accountable body. As the LAA is an agreement made between central government and local authorities and their partners, the Committee will be using this information to hold to account the Council and their partners for performance and responsibility will vary dependent on the outcomes and indicators in question. Accountability in relation to the Public Health Performance Framework is more straightforward. It is clear that the Committee will be using this performance information to hold the Public Health Partnership Board to account for public health measures.

3.7 It is not possible in either case to identify one Officer or Councillor with the capacity to represent the range of accountable organisations and respond to the range of possible questions, therefore, it is suggested that attendance/ responsibility for answering questions should be a function of the questions asked. It is then recommended that this Committee take the approach of asking that questions on performance monitoring reports are submitted in advance. This is an approach already used by a couple of the other Scrutiny Committees. Where this approach is taken, relevant accountable Officers or Councillors are invited if sufficient notice is given by members of questions. If no Officers or Councillors can be present at the meeting, responses to questions are provided in writing.

Themed Reports

3.8 At the Committee's last meeting there was some discussion about the value of themed reports on particular subjects, such as the Annual Public Health report instalments, to assessing what is happening and understanding wider issues around the targets. This would be supplementary to the provision of performance monitoring information and it is suggested that where such qualitative reports are received there should be clarity about how the subject areas feed into performance outcomes.

Future Performance Reporting

3.9 There are some anticipated developments that might affect the information presented in due course. These are:

- The health and social care outcomes and accountabilities framework, which the Government has recently consulted on, includes 40 shared outcomes and indicators for local government and primary care trusts. This has informed the new National Indicator Set of 198 performance indicators, and at a local level LAAs, and elements of this will be reported to the Committee in future.
- Once the new LAA has been negotiated and finalised for 2008/09, the information reported will be updated. The new LAA targets will be based on local priorities identified within the National Indicator Set.
- The reward targets for the current LAA will continue to be monitored through to delivery in 2008/09.

4.0 Performance Information

See Appendices for the performance information as described below.

Local Area Agreement (Appendix One)

4.1 This is an extract from the 6-monthly performance report, covering the highlights and exceptions within the outcomes relating to health inequalities and mental health. These are contained within the 'Healthier Communities and Older People' Block of the LAA, which is rated as 'amber' overall – meaning that risks to delivery have been identified but plans or actions are being put in place to address them.

4.2 The full report has been submitted to the Council's Executive, the Stockport Partnership Board and Government Office North West. The performance reward target on smoking cessation is reported quarterly, and is currently

performing strongly. Subsequent updates will be provided to the Committee on progress in relation to this target and the two Health outcomes.

Public Health Performance Framework (Appendix Two)

4.3 The Public Health Performance Management Framework (PMF) has been developed in the course of 2007 largely in response to comments made in the Council's Corporate Assessment in 2006 as part of the CPA process. The point made in the report was that although joint public health activity appeared to be undertaken, neither the Council nor the PCT had a clear system by which progress could be monitored and evaluated.

4.4 Since late 2006, the Council and PCT with others partners on the Public Health Partnership Board (PHPB) agreed upon a set of public health priorities towards which local effort and resources would be directed and for which they are accountable. They are drawn from the Director of Public Health's 29 'public health goals' and represent the most urgent public health issues in Stockport, based on local evidence. They have very recently been slightly revised (in late October 2007) to be: the major killers (cancers and circulatory / heart disease), smoking / tobacco, alcohol, obesity, mental well-being and sexual health, with a cross-cutting theme of health inequalities.

4.5 The Committee will note that the report at Appendix 2 reflects the original 5 priority areas that were chosen in 2006. The changes in the priorities have been made to include additional priority areas that have been included in the health inequalities strategy, so that we now have one streamlined set of public health priorities. The two issues not currently included in the PMF – the major killers and mental well-being - will be considered by the PHPB in December as to the best way to reflect their measurement in the indicator set. It is useful to note at this stage that the measurement of mental well-being is a relatively new concept and as such there is planned developmental work which will help us to come to a common view in Stockport about what this terms means and how we might measure it.

5.0 Recommendations

Other Issues

It is recommended that in future:

a) Performance monitoring reports are received on a quarterly basis;
b) Members are asked to submit questions on performance reports in advance and, where possible, relevant attendance or written replies be requested for the meeting;
c) Themed reports are considered as appropriate and with a focus on performance against key public health goals.

Performance Information

Scrutiny Committee is asked to:

a) Review the current levels of performance on shared priorities for health and local government.
b) Highlight key areas and issues requiring integrated cross-sector corrective action to address any existing or forecast performance issues.

Further information
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