

COMMITTEE: Health Scrutiny Committee

DATE: 9th October 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 update the Committee on progress made 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 Information

2.1 Stockport Council routinely collects performance monitoring information and reports this using the Balanced Scorecard report to the Executive and at a Directorate level. The Council's four other scrutiny committees regularly receive the Balanced Scorecard in order to hold the Executive to account. 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 does not directly relate to health, but focuses upon council corporate performance, although Stockport's LAA targets are included.

2.2 At the committee's last meeting 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.

2.3 It has been agreed with the Chair of the committee that officers meet to determine what information is available and return in November with a report setting out alternative forms of reporting.

2.4 In discussing the information requirements of the committee officers will be considering:

- What are the objectives of performance monitoring for this committee?
- Which partners, or partnership, would be the focus of using performance monitoring information to 'hold to account'? E.g., is

the focus upon individual organisations, such as the Council or PCT, or upon the relevant partnership?

- What are the existing sources of information that could be used?
- Who will take responsibility for pulling the information together?
- How regularly would performance be reported?

2.5 The committee will be aware of a number of developments which relate to how it uses performance monitoring information:

- A Public Health Performance Framework has recently been developed for the Public Health Partnership Board.
- The next Local Area Agreement will include a range of shared Local Area Agreement (LAA) priorities for health and well-being.
- The Local Government White Paper set out a requirement for statutory health and well-being partnerships.
- The Government recently consulted on the health and social care outcomes and accountabilities framework, 40 shared outcomes and indicators for local government and primary care trusts, which will inform the new national set of 200 performance indicators, and at a local level LAAs.
- The DH consultation document *Commissioning Frameworks for Health and Wellbeing* sets out an expectation that Councils and PCTs work together in partnership to undertake a regular 'Joint Strategic Needs Assessment' (JSNA) of the community, to ensure current and future services are planned as effectively as possible to meet identified needs. There is an expectation that a JSNA will effectively harness public health intelligence to coherently influence appropriate commissioning changes to health and social care services, as well as the commissioning of preventative services to support the broader health and well being of local communities. The JSNA would also contribute to the underpinning intelligence for the wider Community Strategy and Local Area Agreements. The expectation is that PCT Commissioning Directors work with their Public Health equivalents, alongside Director leads for Children's and Adult's services in local authorities, to ensure an effective approach to JSNA in localities.

2.6 These developments suggest closer partnership working and more clarity about shared goals for health and well-being. The committee might conclude that it is more appropriate to postpone regular performance reporting until later in the year once these developments and reporting systems to support them have been implemented.

3.0 Recommendation

3.1 The committee is invited to note the report and await a subsequent report setting out proposals for performance reporting at its November meeting.

Further information

To discuss this report or for further information please contact Katy Spencer, telephone number 0161 474 3186 or by e-mail on katy.spencer@stockport.gov.uk