Health and Wellbeing Board

1. Reference Information

Paper tracking information	
Title:	HWB strategy priority implementation plans and revised metrics
Related Health and Wellbeing Priority:	Priority One, Two and Three
Author (Name, post title and telephone number):	Phill Austen-Reed, Principal Health and Wellbeing Lead, Tel: 07813538431
Sponsor:	Tim Oliver
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Related papers	Summary Plan for each priority Implementation Plan for each priority

2. Executive summary

This paper summarises the development of the proposed priority implementation plans for each of the three priorities for consideration collectively along with the revised metrics that are also proposed. The summary plans for each priority are intended to complement the published strategy. The implementation plans provide a more detailed current view on the activity that is planned within the system to positively impact upon the individual focus areas identified in the strategy and the associated outcomes.

3. Recommendations

3.1 The Health and Wellbeing Board is asked to:

a) Approve the summary plans for incorporation into a refreshed published strategy to reflect the further refinement and development that has taken place since the publishing of the strategy.
b) Approve the revised set of metrics, where they have been finalised, for incorporation into an online public dashboard to be published early in 2020.
c) Agree the mechanism for reporting and reviewing activity taking place within each priority area and the progress being achieved against the selected outcomes.
d) Support the continued engagement and awareness of strategy, metrics and activity as currently described in the implementation plans by the constituent organisations and wider partners in Surrey

4. Reason for Recommendations

4.1 Following engagement with stakeholders involved with the priorities and focus areas identified in the strategy, the summary plans outline the developing activity taking place and link to the more detailed programme management structure, as is described in the associated implementation plans. As these continue to be populated, these are intended to enable the clear identification of work leads locally and the monitoring of key milestones in order to regularly assess the progress that is being made.

Such an approach will enable key achievements and issues to be raised for discussion at the Board as the plans progress.

4.2 In approving the plans and metrics, the Health and Wellbeing Board recognises the need for ongoing engagement in these and additional areas of work in order to further embed the partnerships necessary in the delivery of the strategy.

5. Detail

5.1 Since the publishing of the HWB strategy in June 2019, officers from organisations within the Board have engaged to enable the development of the summary plan and implementation plans. These follow the initial workshop discussions for each of the priority areas and the subsequent approval of the draft plans that have been considered.

May	June	July
Priority 1 workshop	Priority 1 Draft plan	Priority 2 workshop
September	**October**	**November**
Priority 2 Draft plan Priority 3 workshop		Priority 3 Draft plan

5.2 The summary plans outline the key difference that each priority is trying to achieve along with information on the named sponsors, accountable executive and programme manager. They indicate what will be delivered and also what outcome measures will be used to assess how people will know if the activity is making a difference.

5.3 The implementation plans provide further detail on other lead individuals and key milestones that are being developed within each of the focus areas of the priorities. These additional milestones will enable more regular review of the activity taking place as the higher level outcome measures will largely only be updated annually. Also included are some of the risks and issues currently being identified within the various areas of work.

5.4 Engagement with key stakeholders and partnerships has taken place to move the plans forward in this initial phase, however in doing this, it has identified the need for further and ongoing engagement throughout the life of the strategy. For example, opportunities need to be explored to use existing system engagement methodologies such as the multi-practitioner panels developing within Surrey Heartlands Academy to support further development and testing of the activity within the implementation plans.

5.5 Feedback during the initial engagement period in March 2019 highlighted the need to review and develop the metrics further alongside the development of more detailed plans and activity. This has been done and resulted in a revised set of 38 indicators being identified for possible inclusion in a HWB strategy online dashboard[1] to be publicly published early in 2020. Detail on the process that was followed and the proposed changes is provided in **Appendix 1.**

5.6 A key proposed addition is the inclusion of healthy life expectancy, along with potential years of life lost, including geographical variation. This will help provide an important overarching view of

[1] Current draft of the proposed online dashboard is available for viewing however it is subject to additional work and development during December and January.

progress and variation across Surrey to support the principle of no-one left behind. These would complement the pre-existing higher level indictor for face-to-face outpatient attendances[2].

1. For the individual metrics it is proposed that of the 28 original metrics (excluding outpatient attendances as described above):
   a. 16 metrics will be maintained as is – of these, 1 requires development as good quality indicators do not yet exist (capturing fulfilment for people who are carers).
   b. 12 metrics will be removed as not fit for purpose – of these 4 have direct replacements.
   c. 21 metrics will be added:
      a. 17 to capture areas not proposed in the original strategy – of these, 3 require development as obvious indicators do not yet exist, and 14 have indicators that are already collected nationally.
      b. 4 to replace metrics that were not fit for purpose.

5.7 All these changes result in a total set of 37 indicators, of which 33 have data available currently though not necessarily for all target population groups which is an identified area of development.

5.8 As part of the development of the implementation plans, the mechanisms available to provide governance for each priority within the plans have also been reviewed. This has led to the governance arrangements being further developed, as outlined in figure 1.

5.9 For priority one, the pre-existing Prevention Board that existed for Surrey Heartlands has broadened its function to incorporate the focus of priority one and take a Surrey-wide view. For priorities two and three, it has been agreed that for the short to medium-term, a small coordinating group will link with existing board structures across Surrey to enable oversight of the various areas of activity that are in scope.

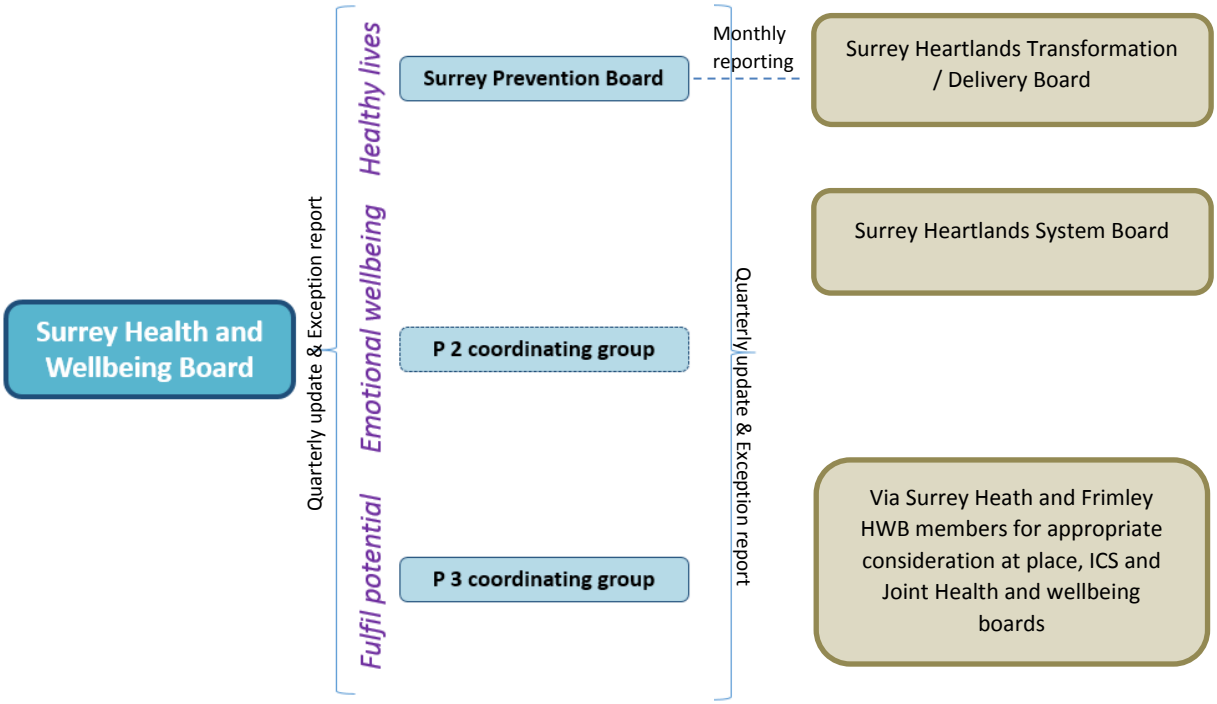

Figure 1. HWB strategy governance and additional system reporting

[2] Subject to alignment with Surrey Heartlands assurance dashboard

6. Challenges and dependencies

6.1 Additional work will be needed should the merger of the Health and Wellbeing Board and Community Safety Partnership be approved to ensure any additional activity and outcomes measures are fully represented.

6.2 The implementation plans and proposed outcome metrics link strongly with, and have been considered in, the development of the local five year plan with opportunity to further align around the four priority populations identified in the HWB strategy.

6.3 The current implementation plans represent work that is at a wide range of stages with regards to planning and delivery; and organisational support will be important to ensure activity identified is resourced and delivered, and that plans are developed in areas where they are not currently apparent.

6.4 It will be important to ensure the implementation plans continue to develop and expand in terms of their ownership across the health and wellbeing partnership, and that the allocation or re-allocation of resources, particularly where delivery is joined up and in partnership, can significantly enable positive change and outcomes for individuals.

6.5 Alignment will need to continue to progress with the developing wider transformation programmes to enable resource to be appropriately allocated in support of the priorities and system capabilities.

6.6 As originally stated in the strategy, the priorities, focus areas, metrics and activity coming together within the implementation plans clearly link and are interdependent. This is represented in figure 2 below and highlights the need for close collaboration both within and across the activity described in the implementation plans.

Figure 2– Summary examples of interdependencies of activity in each priority

7. Timescale and monitoring

7.1 Whilst the Health and Wellbeing Strategy covers a 10-year period, the current implementation plans are largely intended to cover activity and further development work for the coming year. These will be regularly reviewed by the appropriate priority board/group during this period. It is then proposed that issues, risks or performance are reported by exception via this structure on a quarterly basis where awareness of, or discussion by, the board is needed.

7.2 Reviewing of activity happening against each system capability is to be considered for inclusion alongside the priorities into the Board forward plan by drawing on identified leads where identified. This is currently scheduled for March 2020.

7.3 As the proposed outcome metrics identified in the strategy are high level and consequently are largely updated annually, it is proposed that these are considered in June of each year to identify any areas of significant progress or concern that could then be addressed and incorporated into future planning.

8. How is this being communicated?

8.1 Following the previous discussion and decision at the board in September, the Health and Wellbeing Communications group is considering how it can better support key messages that are being identified within the priority implementation plans to enable a more coordinated approach between partner organisations.

8.2 This will result in a proposed draft supporting communications grid that aligns with key elements of the implementation plans for consideration by the board in February/March 2020.

9. Next steps

Should the board approve recommendations key next steps will include:

- December 2019- refresh strategy to incorporate implementation plans, revised metrics and proposed merger of community safety board
- December 2019 – communications workshop to identify key communications messaging that can be coordinated through the communications sub-group in 2020/21.
- January-February 2020 –Online public dashboard to reflect revised metrics developed for review and publishing.
- March 2020 – HWB review and consider coordinated communications plan with key messages supported.
- March 2020 – Initial quarterly update
- June 2020 - Review of outcomes metrics at HWB

Appendix 1: Health and Wellbeing Strategy Metrics – Detail of process and changes proposed

Purpose

1. To inform the Health and Wellbeing Board of the process that has been followed in reviewing the Health and Wellbeing Strategy (HWS) metrics and summarise the updated set of metrics including proposed changes and additions for approval.

2. Identify where developmental work is still needed for metrics within certain focus areas/target populations under the priorities.

Background

3. The HWS was published in May 2019 and included 29 metrics, relating to the 3 priorities and which also sought to reflect the 5 target population (See appendix 1a for summary). It also described a number of focus areas and intended outcomes for each priority. Specific metrics were organised by population group and included current and target performance based on an "intervention model" developed by PwC.

4. The PWC model used financial and activity information from health and social care work to estimate how costs and outcomes could change with interventions in the health and social care system. It included assumptions made to forecast changes from the baseline year (2017/18) considering population growth, demographic changes and expected cost inflation (for both commissioners and providers). It broke down impacts into population groups, timing of impact and recurrent and non-recurrent costs.

5. The published strategy built on previous engagement and this resulted in wide support of the priorities and population groups that were identified. However, feedback during the engagement period early in 2019 highlighted the need to review and develop these metrics further. A commitment was made in the HWS to continue to review and develop the metrics to ensure they more robustly assess progress against each priority

6. A task and finish group was therefore set up to review the metrics within the HWS, taking account of the model developed by PwC that informed the outcome targets and proposed financial savings. The principles for this review were:

    a. To change or add metrics to the original set only where required e.g. where a proposed metric was not fit for purpose or where a focus area for the strategy was not being measured at all

    b. To use metrics that could be benchmarked against other local areas to understand how Surrey compares and what good performance could like

    c. To use metrics that have high quality collection and reporting processes in place

    d. To select metrics that will show at a high level how the health and wellbeing strategy overall is changing outcomes within Surrey, recognising many additional measures will be required at implementation plan level tracking delivery

Review process

7. The review group comprised the Principal Health and Wellbeing lead, a public health registrar, lead public health analyst and the relevant programme manager for each of the three priorities with additional engagement with relevant partners from across the Council and NHS.

8. During August and September, the group

a. Completed a desk-based review of the HWS and PwC model

b. Reviewed comments on outcome metrics from the engagement work

c. Engaged relevant stakeholders within Surrey County Council and NHS partners regarding specific metrics relevant to their areas of responsibility.

d. Reviewed potential sources of indicator data

e. Set out the detail for all proposed metrics

f. Worked with the health and wellbeing strategy programme managers supporting each of the three priorities to produce these recommendations for change

Key findings of the review

9. Some of the original metrics are very high-level and outcome-focused (e.g. reducing outpatient face to face appointments) and could reflect delivery of a number of interventions across the strategy. Others are very specific and process-focused and may not be appropriate if delivery plans do not intend to specifically address these (e.g. rates of supported working age adults whose accommodation status is severely unsatisfactory).

10. The baseline data used for the metrics was not the latest data in all cases. This has been updated to ensure all baseline data is the latest available along with the confirmation of source and frequency to ensure the current picture is accurate and can be reviewed consistently going forwards over the timeline of the strategy.

11. In reviewing the metrics and targets that were drawn from the model, a number of opportunities for improvement and development were highlighted. For example, adopting a consistent model for the setting of targets would make the approach more coherent. A comparison to CIPFA nearest neighbours provides a ready comparison group. The existing targets vary in their relation to best CIPFA neighbour. For example, the original target reduction in excess winter deaths was to halve the level of the current CIPFA neighbour best performance, which is already a third less than Surrey's performance and is therefore very challenging. On the other hand the target for rates of people with learning disabilities living in settled accommodation is less than the *current* best performing CIPFA neighbour, which may be less than we could achieve over 10 years.

12. The outcomes described for priority area 3 are currently:

    a. No one is left behind

    b. People feel fulfilled in life

13. These are referenced in the introduction to the strategy and are part of the Surrey 2030 vision. They are very broad and contrast with the more specific and measurable focus areas for the other two priorities (e.g. "substance misuse is low", or "people with depression and anxiety are identified early and supported"). It is difficult to envisage how they could be measured or how activities could be designed to achieve them – many aspects of the strategy and indeed the broader work of the council and the local health and care system will contribute to individuals not being left behind, or to them feeling fulfilled in life. As previously discussed at the HWB therefore, two new headline outcomes for priority three are proposed which will be more in keeping with the other two priorities.

14. In summary, the group has proposed changes to the headline metrics to address the issues identified, while keeping those that continue to fit.

Proposed changes

The changes below are proposed to allow a similar approach to be taken within each of the three priorities and can be broken down into the more specific focus areas. These will then have metrics that will reflect progress in achieving the overall outcomes but also which relate to the more detailed focus areas whilst also identifying how these are being monitored against the priority population groups. The implications for the original financial modelling of these changes have been identified as part of the process and may require further work in some areas.

A. Priority 3 – Fulfilling Potential

15. To bring priority three in line with the other two priorities, It is recommend to refine the outcomes to the following:

- **Children develop skills for life** – ensuring everyone has skills for life will contribute to people being able to live fulfilled lives; and to reducing the gap between groups by enabling everyone to reach their aspirations without being prescriptive about what those aspirations should be; this clearly includes academic achievement but is broader, touching on, for example, emotional wellbeing and resilience
- **People have access to opportunities for personal fulfilment** – recognising that fulfilment comes in different forms for different people; the council's role is around identifying and removing barriers and providing enablers than determining what fulfilment should like for individuals; in the short-term this is likely to focus on enabling people to access education, training and employment, but this could be broadened in later years depending on needs assessment and evidence gathering

B. Overarching Outcomes

It is useful to have a headline measure(s) to indicate how progress is being made overall with the HWS. It is therefore recommended to include one or both of the following two metrics at an overarching level.

a. Healthy life expectancy should be included at an overarching level along with geographical variation to provide an important view of variation across Surrey and support the principle of no-one left behind. We may need to use potential years of life lost due to avoidable mortality as a proxy measure to be able to show improvement year on year. Healthy life expectancy tends to change relatively slowly.

b. Reduction in face to face outpatient attendances as already stated in the original JHWS.

C. Changes to Individual Metrics

16. The review proposes that, of the 28 original metrics (excluding outpatient attendances as described above):

d. 16 metrics will be maintained as is – of these, 1 requires development as good quality indicators do not yet exist (capturing fulfilment for people who are carers).

e. 12 metrics will be removed as not fit for purpose – of these 4 have direct replacements.

f. 21 metrics will be added:

    a. 17 to capture areas not proposed in the original strategy – of these, 3 require development as obvious indicators do not yet exist, and 14 have indicators that are already collected nationally.

b. 4 to replace metrics that were not fit for purpose.

17. All these changes result in a total set of 37 indicators, of which 33 have data available currently; though not necessarily for all target population groups. Full details are available in Appendix 2a.

D. Proposal for revised targets and trajectories

18. Given the HWS has a 10-year lifespan, we should be ambitious with our targets, but also realistic to ensure motivation is not squandered on unachievable aims. As there is variation within the currently published targets and it is not immediately apparent as to how they have been set, we recommend using current 'best in class' (CIPFA[3]) performance for all metrics as the starting point for the absolute target, unless there is a good reason not to (e.g. Surrey already best in class; or there is a national target or we agree to a greater ambition). It may be appropriate to introduce a dynamic target as well, that takes into account the difference between Surrey and the best performing neighbour as well as existing trends. Once targets have been set, we propose to set "flat" trajectories (i.e. equal improvement year on year) to then discuss in the first half of 2020 with partners or existing stakeholder groups taking forward work in relevant areas. Trajectories can then be amended to reflect, for example, projects coming 'on-stream' at different points in time.

19. Targets and the rationale for them are included in Appendix 1b.

20. For some of the current metrics, financial savings were allocated based on achieving the targets. Where this is the case and a change to the target has been proposed due to the above process, it is recognised that a review of the savings figure will be needed to ensure the indicative savings can reasonably be forecast. An example of this is the original metric for rates of older people still at home 91 days after discharge from hospital which in the initial metrics had an ambitious target and a financial saving figure of £29.3m. Engagement with partners has identified a number of issues with this, not least that it likely to be removed from future ASCOF reporting. Whilst a replacement is proposed (see Appendix 1b ref: A005), further work will be needed to confirm the savings figure.

E. Making the metrics relevant for all target population groups

21. Some metrics only apply to specific target groups, such as "Proportion of adults with learning disabilities who are in paid employment". Others could theoretically be measured for all target population groups. For example, "Unplanned hospitalisation for long term conditions that should not require hospitalisation, rate per 100,000" is currently measured for the whole population but could be measured for vulnerable communities or for people with learning disabilities if the data becomes available. This will be a further area for development across all such metrics for possible consideration by colleagues within Surrey Office of Data Analytics over the longer term, to ensure we can track the extent to which all our target population groups do as well as the overall population on all metrics.

[3] Chartered Institute of Public Finance and Accounting – statistically similar local authority areas

Appendix 1a: HWB strategy priorities and population groups

Priority areas and population groups

Surrey will focus on three interconnected priorities: ***fulfilling potential***, ***leading healthy lives*** and ***having good mental health and emotional wellbeing***. To avoid any groups of the population being left behind, Surrey will focus on tackling these priorities across the entire population, as well as within **four specific target groups of people which are often overlooked or most at risk**. We will consider groups with protected characteristics within all these population groups as we implement the strategy.

These priorities and target groups have been identified based on extensive data and benchmarking analysis as well as stakeholder engagement across the county. They focus on prevention in its earliest form, and on providing the right 'place' for the population to thrive and reach their full potential.

Our three priorities

Helping people in Surrey to lead healthy lives

Empowering our citizens to lead healthier lives. This includes individual lifestyle factors, but also considers built environments and how that impacts on health. This priority area is entirely focused on prevention, and about creating healthy and proactive people who take ownership of their health.

Supporting the mental health and emotional wellbeing of people in Surrey

Enabling the emotional wellbeing of our citizens by focusing on preventing poor mental health and supporting those with mental health needs. Empowering people to seek out support where required to prevent further escalation of need, but this priority is also about creating communities and environments that support good mental health.

Supporting people in Surrey to fulfil their potential

Enabling our citizens to generate aspirations and fulfil their potential by helping them to develop the necessary skills needed to succeed in life. This is not only related to academic success, but also to wider skills and involvement in communities. Healthy lifestyles and emotional wellbeing are fundamental to fulfilling potential - this priority builds on this by empowering citizens locally.

Our five population groups

ONE

Children with special education needs and disabilities, and adults with Learning Disabilities and/or Autism. The focus is on improving the outcomes for this cohort and on providing opportunities for them to achieve their potential.

TWO

Those people living in deprivation, or those who are vulnerable across Surrey. This includes children in care and care leavers. The aim is to place a focus on this cohort which based on indicators has been left behind in the past, and improve their health outcomes.

THREE

Those people living with illness and / or disability, including long term conditions, multi-morbidities, people who require support to live independently, and people who require support to die well. Our focus is to promote self-management where possible, independence, and use of community assets and resources.

FOUR

All young and adult carers in Surrey. The focus is on supporting this population cohort and creating opportunities for this cohort to be part of their local community and as a result avoid feeling isolated.

FIVE

The general population - this refers to the entire population of Surrey. This plan aims to address the wider determinants of health and wellbeing for all of Surrey, with a strong focus on prevention and enabling self-care.

Appendix 1b: Detail of metrics for the Joint Health and Wellbeing Strategy

This appendix includes tables as follows:

- Table 1a: priority area 1, metrics proposed to retain
- Table 1b: priority area 1, metrics proposed to add
- Table 2a: priority area 2, metrics proposed to retain
- Table 2b: priority area 2, metrics proposed to add
- Table 3a: priority area 3, metrics proposed to retain
- Table 3b: priority area 3, metrics proposed to add
- Table 4: metrics proposed to remove

Table 1A: priority area 1, metrics proposed to retain

Ref.	Title	Focus area	Current performance	Target	Updates to the metric and rationale
A008	Obesity attributable hospital admissions rate per 100,000	Working to reduce obesity and excess weight rates and physical inactivity	664 per 100,000	REVIEW CIPFA: 656	The original metric was not defined and it is unclear where performance figures were drawn from. **Recommended to use HES rates where obesity is recorded as primary (cause) or secondary (relevant to care) issue.** This is a relatively downstream measure, but should demonstrate the impact of upstream interventions (e.g. increasing healthy weight and physical activity) and it captures the impact of obesity on NHS care and costs. **Recommended to review target as best in class is not very ambitious.**
A012	Smoking rates among adults employed in routine and manual occupations	Supporting prevention and treatment of substance misuse, including alcohol	21.5%	11.0%	None proposed. NB: the target is very ambitious (the current CIPFA best in class is 17%) however we recommend retaining the target given the national strategy to reduce overall population smoking to 12% or less by 2022 and to 5% or less in the years following[4].
A001	Proportion of adults with learning disabilities living in settled accommodation	Ensuring that everyone lives in good and appropriate housing	66.3%	CIPFA: 87%	None
A004	Excess winter death index	Ensuring that everyone lives in good and appropriate housing	21.3	REVIEW: 8.7	This is an extremely challenging target – current best in class CIPFA is 14.2. There are also savings associated with this target (£0.7m). **Recommended to review target and associated savings.**

[4] Department of Health (2017). Towards a smokefree generation: a tobacco control plan for England.

Ref.	Title	Focus area	Current performance	Target	Updates to the metric and rationale
A016	Percentage of people expected to have diabetes locally who have a diagnosis of diabetes	Promoting prevention to decrease incidence of serious conditions and diseases	70.2%	CIPFA: 80.1%	AKA: estimated diabetes diagnosis rate. None
A017	Bowel cancer screening coverage	Promoting prevention to decrease incidence of serious conditions and diseases	60.2%	CIPFA: 65.0%	None
A013	Coverage of vaccination - percentage of 5 year old children with 2 doses of MMR	Promoting prevention to decrease incidence of serious conditions and diseases	81.7%	CIPFA: 93.8%	None
A006	Percentage of deaths in usual place of residence (65 years +)	Helping people to live independently for as long as possible and to die well	48.8%	CIPFA: 55.7%	Requests were made to change this metric to measuring deaths in preferred place; however, this is not an existing measure (data collection ceased in 2015) and it would not be possible to benchmark against comparators if a local measure were developed. The system-wide Surrey End of Life Care Roundtable are consider developing the metric to reflect preference in due course. **Recommended to support development of the metric to look at preferred location of death.**

Table 1b: priority area 1, metrics proposed to add

Ref.	Title	Focus area	Current performance	Target	Rationale for adding metric
A009	Proportion of year 6 pupils measuring a healthy weight	Working to reduce obesity and excess weight rates and physical inactivity	72.0%	REVIEW	This is an upstream measure of interventions to increase healthy weight and relates to childhood obesity – a major opportunity for preventive action/early intervention. **Recommended to add this upstream metric. Recommended to review target as best in class is not very ambitious.**
A011	Hospital admissions related to alcohol for under-18 year olds, rate per 100,000 over 3 years	Supporting prevention and treatment of substance misuse, including alcohol	32.7	CIPFA: 19.7	Surrey is 10th out of 16 on this measure compared to CIPFA neighbours. Younger people will be targeted under the new drug and alcohol strategy as part of a greater prevention focus. Alternative measures around % 15 year olds drunk in the last 4 weeks and % adults drinking more than 14 units per week are no longer recorded (latest data from 2015 and 2011-2014, respectively) so are not suitable measures. **Recommended to replace percentage of adults receiving alcohol treatment achieving success.**
A003	Number of rough sleepers	Ensuring that everyone lives in good and appropriate housing	0.1%	TBC	The homeless population are not currently reflected within metrics and as a group are significantly vulnerable on a number of fronts due to the lack of housing. **Recommended to add this metric.**
A018	Cervical screening coverage	Promoting prevention to decrease incidence of serious conditions and diseases	72.0%	CIPFA: 77.7%	Requested to add in light of ongoing projects to improve screening coverage. **Recommended to add this metric.**

Ref.	Title	Focus area	Current performance	Target	Rationale for adding metric
A014	Measles incidence rate per 100,000	Promoting prevention to decrease incidence of serious conditions and diseases	3.5	CIPFA: 0	Failure to achieve adequate immunisation rates results in outbreaks of disease. Measuring outbreaks focuses the strategy on outcomes and implications of policy. **Recommended to add this metric.**
A019	Domestic abuse - PLACEHOLDER	Preventing domestic abuse and supporting and empowering victims	TBC	TBC	No existing metrics readily available but this is recognised as an important area with emerging possibilities for tracking and monitoring. **Recommended to support development of metric.**
A020	Active travel - walking	Improving environmental factors that impact people's health and wellbeing	22.2%	CIPFA: 26.5%	No metrics were included for this focus area. This metric also supports the reducing physical inactivity focus area. **Recommended to add this metric.**
A021	Active travel - cycling	Improving environmental factors that impact people's health and wellbeing	3.0%	DOUBLE : 6.0%	No metrics were included for this focus area. This metric also supports the reducing physical inactivity focus area. The CIPFA best in class comparator (Cambridge, 11.1%) is very different in terms of cycling accessibility of the main city and a more realistic target is required. We have taken a pragmatic approach – to double the level of cycling. **Recommended to add this metric and agree the pragmatic target.**
A022	Air quality - PLACEHOLDER	Improving environmental factors that impact people's health and wellbeing	TBC – being developed nationally	TBC	Public Health England are developing an appropriate metric for air quality. When this is available it would be helpful to include within this framework. **Recommended to include this metric when available.**

Ref.	Title	Focus area	Current performance	Target	Rationale for adding metric
A005	Effectiveness of short-term reablement services leading to nil or lower level ongoing support	Helping people to live independently for as long as possible and to die well	75.1%	CIPFA: 92.7%	This is to replace a "rates of older people still at home 91 days after discharge from hospital" which is regarded as having poor data quality, focuses only on hospital-related support and on older adults, and is likely to be removed in the upcoming ASCOF[5] review. **Recommended to replace people at home 91 days after discharge metric.**
A007	Unplanned hospitalisation for long term conditions that should not require hospitalisation, rate per 100,000	Helping people to live independently for as long as possible and to die well	616	CIPFA: 534	Added to enhance our understanding of and focus on preventable admissions, beyond readmissions. **Recommended to add this metric.**
A010	Percentage of adults who engage in less than 30 minutes of physical activity per week	Working to reduce obesity and excess weight rates and physical inactivity	16.2%	REVIEW	This is to capture a key driver of health overall and healthy weight specifically. Currently Surrey is 2nd best in class on this measure. A stretching target will be agreed as part of the physical activity strategy refresh in 2020. **Recommended to add this metric.**
A015	Percentage of GP registered patients who have diagnosed hypertension	Promoting prevention to decrease incidence of serious conditions and diseases	13.1%	CIPFA: 17.0%	CVD is a major cause of premature mortality. Identifying people at risk and providing appropriate treatment and control for their conditions reduces the morbidity and mortality associated with underlying health conditions. Hypertension is known to be undiagnosed and is a key risk factors for strokes and heart attacks. **Recommended to add this metric.**

[5] Adult Social Care Outcomes Framework

Ref.	Title	Focus area	Current performance	Target	Rationale for adding metric
A023	Utilisation of outdoor space for exercise/health reasons	Improving environmental factors that impact people's health and wellbeing	20.5%	CIPFA: 24.4%	No metrics were included for this focus area. This metric also supports the reducing physical inactivity focus area. **Recommended to add this metric.**
A002	Proportion of adults in contact with mental health services living in stable and appropriate accommodation	Ensuring that everyone lives in good and appropriate housing	71.0%	CIPFA: 81.0%	This is an important vulnerable group to capture housing needs for. **Recommended to add this metric.**

Table 2A: priority area 2, metrics proposed to retain

Ref.	Title	Focus area	Current performance	Target	Updates to the metric and rationale
B002	Emergency admissions of those with dementia, rate per 100,000 population	Enabling children, young people, adults and elderly with mental health issues to access the right help and resources	3,379	REVIEW: 2,496	This is more relevant to priority 2. **Recommended to move metric to priority area 2.**
B004	Self-reported wellbeing - people with a high anxiety score	Enabling children, young people, adults and elderly with mental health issues to access the right help and resources	20.1%	CIPFA: 15.6%	This metric was associated with £8.0m savings by PwC and a target of 14.1%. It does not relate to diagnosed/treated ill health but to self-reported anxiety on the previous day to taking the questionnaire. **Recommended to change target to best in class CIPFA and review the associated savings.**

Table 2B: priority area 2, metrics proposed to add

Ref.	Title	Focus area	Current performance	Target	Changes proposed and rationale
B001	Percentage of people expected to have dementia locally who have a diagnosis of dementia	Enabling children, young people, adults and elderly with mental health issues to access the right help and resources	65.2%	CIPFA: 70% (Review)	This upstream metric captures work we know is important to change outcomes in the longer-term. By combining admissions and diagnosis rates, a more accurate picture of which local areas need to take action will emerge. **Recommended to add this metric.**
B003	Access to IAPT services	Enabling children, young people, adults and elderly with mental health issues to access the right help and resources	TBC	TBC	This metric captures the proportion of people accessing appropriate services for common mental health disorders. The data is produced monthly and for each CCG area. The public health team are working to annualise the data and to calculate a Surrey-wide figure for current and target performance. **Recommended to replace reduction in GP-recorded depression prevalence metric.**
B005	Proportion of children receiving a 12-month review with their Health Visitor	Supporting the emotional wellbeing of mothers throughout and after their pregnancy	68.8%	94.0%	There are currently no metrics proposed or existing metrics in use nationally for this important area. Ongoing contact with health visitors provides opportunities for identification of mental health problems as well as prevention and support. **Recommended to add as a proxy measure.**
B006	Employment of people with mental illness	Preventing isolation and enabling support for those who do feel isolated	56.6%	77.6%	There are no general population level measures for reducing isolation. However, we know that people with mental health illness are more at risk of experiencing isolation, and that employment is an effective way of reducing isolation through regular social contact and interaction. This measure therefore aims to drive a reduction in isolation for one of our most vulnerable groups. **Recommended to add this metric.**

Table 3A: priority area 3, metrics proposed to retain

Ref.	Title	Focus area	Current performance	Target	Updates to the metric and rationale
C002	Proportion of adults with learning disabilities who are in paid employment	Supporting adults to succeed professionally and/or through volunteering	9.0%	CIPFA: 16.8%	None
C007	Unemployment rate	Supporting adults to succeed professionally and/or through volunteering	2.4%	CIPFA: 1.7%	None
C003	School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception	Supporting children to develop skills for life	53.5%	CIPFA: 61.3%	None
C004	Percentage of children with free school meal status achieving 5A*-C or equivalent GCSEs	Supporting children to develop skills for life	31.4%	CIPFA: 35.3%	None
C005	Percentage of children in care achieving 5A*-C or equivalent GCSEs	Supporting children to develop skills for life	17.2%	CIPFA: 23.9%	None
C008	PLACEHOLDER – Carers.	Supporting adults to succeed professionally and/or through volunteering	TBC	TBC	There are currently no metrics proposed or appropriate existing metrics in use nationally for this important area. **Recommended to develop appropriate local metric.**

Table 3B: priority area 3, metrics proposed to add

Ref.	Title	Focus area	Current performance	Target	Changes proposed and rationale
C006	Proportion of 16-17 year olds recorded in education or training	Supporting adults to succeed professionally and/or through volunteering	4.4%	CIPFA: 3.2%	Aka participation rate. The NEET rate was originally proposed and focuses on a very small group whereas the participation rate emphasises strengths/assets of the community and can help to target strength-based interventions, such as apprenticeship programmes. **Recommended to replace to NEET rate.**
C001	PLACEHOLDER - SEND children develop skills for life	Supporting children to develop skills for life	TBC	TBC	There are currently no metrics proposed or appropriate existing metrics in use nationally for this important area. **Recommended to develop appropriate local metric.**

Table 4: metrics proposed to remove

Ref.	Metric title	Priority area	Rationale
D3002	Proportion of supported working age adults with learning disabilities whose accommodation status is severely unsatisfactory	1	This metric is not fit for purpose – it sets an extremely low bar (not being in severely unsatisfactory accommodation) to aim for in terms of adequate housing for people with learning disabilities. Locally there is no room for improvement against this metric – latest figures indicate performance 0.0%.
D2006	Obesity rates (deprived/vulnerable population)	1	Source of original data not stated and could not be identified and does not match with any known indicators for obesity. This metric is also specifically included for vulnerable and deprived communities, for which existing metrics are not available. All metrics will be broken down by relevant inequalities (e.g. deprived communities) where this data is available.
D2007	Excessive alcohol consumption rates (deprived/vulnerable population)	1	Source of original data not stated and could not be identified and does not match with any known indicators for alcohol consumption. This metric is also specifically included for vulnerable and deprived communities, for which existing metrics are not available. All metrics will be broken down by relevant inequalities (e.g. deprived communities) where this data is available.
D5003	Successful completion of alcohol treatment	1	This could inappropriately skew focus onto alcohol treatment services instead of broader work, though it will remain an important performance indicator for local alcohol services which are reviewed at other system wide performance boards. Comparatively, Surrey has lower levels of dependent drinkers. Most alcohol ill-health is not found among dependent drinkers but among heavy drinkers. To be replaced by a wider-population and prevention focused measure.
D2009	Percentage of homes classified as overcrowded	1	The baseline data is from 2011 census and is not useful in being able to design or target interventions. It is unlikely to be updated during the lifetime of the strategy with only 1 further census to take place (2021 – results due out 2022/23). Engagement has suggested overcrowding is not a big issue compared to other elements of housing within the county.
D5004	Percentage of 2 year old children with up to date vaccination status for primary immunisation "6 in 1" vaccine	1	The most challenging immunisation agenda within Surrey is MMR and measuring the MMR rate plus the measles outbreak rate will provide an adequate outcome across all immunisations while focusing design and targeting of interventions appropriately.

Ref.	Metric title	Priority area	Rationale
D5005	Vaccination rates: Pertussis	1	
D5007	Percentage of 1 year old children with 1 dose of rotavirus vaccine	1	
D3003	Percentage of older people still at home 91 days after discharge from hospital	1	The PwC target for this metric was 91.2% with associated savings of £29.3m. This is extremely ambitious and currently not in line with Better Care Fund for the first two years of the strategy's lifetime. There are indications it may be removed from ASCOF as the data quality is regarded as relatively poor in terms of comparability between local areas.
D2004	Proportion of 16-17 year olds not in education, employment or training (NEET)	3	In line with Surrey County Council's participation strategy, we will replace the NEET rate with the participation rate – a measure of 16-17 year olds in education or training.
D5001	Reported low life satisfaction	3	This measure is not fit for purpose as too few respondents making a score against this part of the Annual Population Survey to allow for statistical calculations of confidence, or to provide Borough/District breakdowns. The Social Progress Index which will be developed during 2020/21 will better capture opportunities for and barriers to fulfilment within Surrey.
D5010	GP practice recorded depression prevalence	2	This measure is not fit for purpose as reducing GP recording of depression prevalence (as per the original targets) does not mean people are accessing the right resources to manage their mental health. Indeed, it could create a perverse incentive to reduce attempts to identify and appropriately treat people with mild to moderate common mental health disorders (CMHD). It is recommended this metric is replaced with access to IAPT services, which are a first-line treatment for CMHD (including depression and anxiety).