

Agenda Item:

# Joint Public Health Board

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Bournemouth, Poole and Dorset councils working together to improve and protect health

Date of Meeting	17 July 2014
Officer	Director of Public Health
<b>Subject of Report</b>	<b>Performance Reporting</b>
Executive Summary	<p>This paper proposes a new structure for the monitoring of performance across the spectrum of responsibilities for public health transferred to local authorities on 1<sup>st</sup> April 2013.</p> <p>The structure improves alignment of the reporting of programme performance with national timescales for data release and other decision making responsibilities of the Board.</p>
Impact Assessment:  <i>Please refer to the <a href="#">protocol</a> for writing reports.</i>	Equalities Impact Assessment: No equality or diversity implications
	Use of Evidence: Not appropriate
	Budget: No budgetary implications

	<p>Risk Assessment: <b>Low</b></p> <p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as:                  Current Risk: LOW                  Residual Risk LOW</p>
	<p>Other Implications: Nil</p>
<p>Recommendation</p>	<p>That the Board agrees the revised timetable and content for performance reports</p>
<p>Reason for Recommendation</p>	<p>Improved effectiveness of Board decision making</p>
<p>Appendices</p>	<p>None</p>
<p>Background Papers</p>	<p>Attached</p>
<p>Report Originator and Contact</p>	<p>Name: Dr David Phillips                  Tel:                  Email: d.phillips@dorsetcc.gov.uk</p>

### **Background:**

At previous Board meetings we have provided performance reports with a focus on the mandatory and core programmes for which all three authorities have responsibility under statute.

Various ways of displaying this information have been illustrated. The board has discussed the utility of this data and the challenges associated with the datasets including the lack of timeliness of these datasets.

### **Discussion:**

This paper suggests a different format for the reporting of the various datasets, specifically that we differentiate between those indicators which are reported infrequently and those which are sensitive to changes in short v long time frames. It is proposed that reporting comprise the following:

#### **Annual: Outcome Indicators**

1. National Public Health Outcomes Framework
2. Outcomes for Mandatory programmes
3. Core programme indicators [if not in NPHOF list]
4. National Health Profile indicators for the both top tier and district councils
  - Deprivation and inequality
  - Trends in rates of early deaths from heart disease and cancer
  - Community indicators
  - Children and Young People's health
  - Adults lifestyle indicators
  - Disease and poor health
  - Life expectancy and causes of death

#### **Quarterly: Process indicators**

1. Progress against milestones for the various programmes as per the agreed commissioning intentions workplan.
2. Other new thematic datasets published of local interest

In addition the work programme on the Joint strategic needs assessment and the associated commissioning intelligence group will continue to report to the Health & Wellbeing board. Issues of ease of access to [e.g. website] and ease of understanding [e.g. map v table] will also be addressed as part of the workplan.

### **Summary:**

This approach will enable the Board to take a timely view of the impact of work while maintaining an effective overview of programme and other core indicator performance in an appropriate time frame.

**Recommendation:**

The Board is asked to approve the proposed content and frequency of reporting of performance indicators.

**Dr David Phillips**  
**Director of Public Health**  
July 2014