

9 May 2013	ITEM: 6
Health and Well-Being Board	
HEALTH AND WELL-BEING BOARD PERFORMANCE FRAMEWORK	
Report of: Ceri Armstrong, Directorate Strategy Officer	
Accountable Director: Roger Harris, Director of Adults, Health and Commissioning	
This report is Public	
Purpose of Report: To outline the proposed performance framework for the Health and Well-Being Board.	

EXECUTIVE SUMMARY

Full Council approved Thurrock's Health and Well-Being Strategy on the 27th March 2013. The Health and Well-Being Board are responsible for ensuring the delivery of the Strategy. A performance framework allows the Board to receive the assurance it needs that the Strategy is being delivered and achieving the required outcomes – and that if certain parts are not being delivered, the corrective action that is or will be taken.

This report sets out how it is recommended that the Board's performance framework will operate.

1. RECOMMENDATIONS:

- 1.1 That the Health and Well-Being Board agree the proposed Health and Well-Being Board Performance Framework.**
- 1.2 That the Board agreed to receiving performance reports three times during the year and an annual report at its May meeting.**

2. INTRODUCTION AND BACKGROUND:

- 2.1 Thurrock Health and Well-Being Strategy was approved by Full Council on the 27th March 2013. The Strategy contains Thurrock's Health and Well-Being priorities.
- 2.2 A performance framework is required so the Board can a) receive the assurance it needs that the Strategy is being delivered; and b) that the delivery of the Strategy is achieving the required outcomes.
- 2.3 This report outlines a performance framework which seeks to both provide the Board with assurance, and also measures whether the delivery of the Strategy is achieving the desired impact.

3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:

Delivery Plan

- 3.1 The implementation of Thurrock's Health and Well-Being Strategy is supported by delivery plans. The delivery plans will be refreshed annually. There are two delivery plans – one for each part of the Strategy.
- 3.2 Each action within a delivery plan has an owner and a deadline. Key milestones have been scheduled within the Health and Well-Being Board's forward plan to check sufficient progress is being made.
- 3.3 Scheduling key milestones in to the Board (and Executive's) forward plan will be one way of monitoring performance.

Performance Indicators

- 3.4 It is recommended that the use of performance indicators as a means of monitoring performance is kept to a minimum. Only those indicators that give a good indication that an outcome is being achieved – or moving in the right direction towards achievement – should be considered. PIs should only be seen as one of a number of elements required to measure performance.
- 3.5 Partners will be asked to provide no more than 3 performance indicators per priority outcome – and only if the use of a PI is appropriate. 2012/13 outturn, 2013/14 target, and frequency of monitoring will also need to be provided.
- 3.6 Suggested PIs – including targets, will be signed off by the Health and Well-Being Executive.

Qualitative Measurement

- 3.7 The Board will need to measure whether the delivery of actions within the delivery plans is achieving the required outcomes and therefore making a difference.
- 3.8 There are a number of existing service user, patient, and public focused groups that can enable a qualitative measure of performance to be captured. This includes existing partnership boards, HealthWatch Thurrock, Thurrock Health and Well-Being Stakeholder Group, and the Commissioning Reference Group. The different partnership boards sitting under the Health and Well-Being Board are – Mental Health, Disability, Older People, and Carers' Executive.
- 3.9 These groups will be asked look at those areas and actions within the delivery plans that are most appropriate to them – e.g. older people: frail elderly and dementia, and identify whether a) actions are being delivered; and b) if the deliver of the actions is delivering the anticipated outcome and therefore making a difference.
- 3.10 Feedback and highlights received from the aforementioned groups will be part of the performance reports received by the Board.

Children and Young People

- 3.11 The delivery plan related to part 2 of the Strategy will be overseen by the Children and Young People’s Partnership Board.
- 3.12 The Chair of the appropriate Children’s Partnership sub-group will be accountable for relevant delivery plan actions.
- 3.13 A performance group sitting under the Children and Young People’s Partnership Board is to be established. This group will report to the Partnership Board.
- 3.14 A highlight report will come to the Health and Well-Being Board on a regular basis to ensure that the Board receives the assurance it requires on the delivery of part two of the Strategy.

Frequency of reporting

- 3.15 The Board meets 6 times during a year. It is recommended that the Board receives a performance report at three of those meetings – July, November, and March. Additionally, an annual report will be provided for the Board’s May meeting to look back on the previous year.
- 3.16 The performance report would include updates on any PIs, qualitative information, and also the Children’s Partnership highlight report. There would also be an update of whether actions that should have been delivered by the date of the meeting, have been delivered.
- 3.17 As stated earlier in the report, key milestones will be scheduled in to the Board and Executive’s forward plan. So even though a performance report will be delivered at three of the six meetings, each meeting will allow the Board or Executive to monitor performance and development of key pieces of work.

4. REASONS FOR RECOMMENDATION:

- 4.1 The Board needs to receive assurance that the delivery plans are being delivered, and that the actions being delivered are resulting in improved outcomes.

5. CONSULTATION (including Overview and Scrutiny, if applicable)

- 5.1 Health and Well-Being Executive.

6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

6.1 Delivery of the Health and Well-Being Strategy will ensure delivery of priority 1 and 4 of the Community Strategy.

7. IMPLICATIONS

7.1 Financial

None.

7.2 Legal

None.

7.3 Diversity and Equality

None.

7.4 Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental

None.

BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):

- None.

APPENDICES TO THIS REPORT:

- None.

Report Author Contact Details:

Name: Ceri Armstrong

Telephone: 01375 652945

E-mail: carmstrong@thurrock.gov.uk