14 November 2017	ITEM: 8
Health and Wellbeing Board	
Thurrock Health and Wellbeing Strategy Outcome Framework	
Wards and communities affected: All	**Key Decision:** Non-key
Report of: Councillor James Halden, Portfolio Holder for Education and Health and Chair of Thurrock Health and Wellbeing Board	
Accountable Head of Service: N/A	
Accountable Director: Roger Harris, Corporate Director of Adults Housing and Health	
This report is Public	

Executive Summary

This report provides the Board with an update on the outcomes framework key performance indicators and provides members with an opportunity to review:

- The introduction of new indicators that have been proposed to measure progress against Strategy goals and objectives;
- The review of existing key performance indicators to ensure that they remain fit for purpose; and
- Progress made in achieving outcomes, where data is available.

1. Recommendation(s)

1.1 That the Board:

- **Agree proposed revisions to key performance indicators within the Outcomes Framework;**
- **Notes progress being made in achieving outcomes, where data is available;**
- **Agree that receive an annual update on the performance indicators alongside the annual report**

2. Introduction and Background

2.1 Thurrock's Health and Wellbeing Strategy has five goals with each of the goals supported by four objectives:

Goals	Objectives
1. Opportunity for All	1A. All children in Thurrock making good educational progress 1B. More Thurrock residents in employment, education or training 1C. Fewer teenage pregnancies in Thurrock 1D. Fewer children and adults in poverty
2. Healthier Environments	2A. Create outdoor places that make it easy to exercise and be active 2B. Develop homes that keep people well and independent 2C. Building strong well-connected communities 2D. Improve air quality in Thurrock
3. Better Emotional Health and Wellbeing	3A. Give parents the support they need 3B. Improve children's emotional health and wellbeing 3C. Reduce social isolation and loneliness 3D. Improve the identification and treatment of mental ill-health, particularly in high-risk groups (amendment agreed by the HWB July 2017)
4. Quality Care Centred Around the Person	4A. Create four integrated healthy living centres 4B. When services are required, they are organised around the individual 4C. Put people in control of their own care 4D. Provide high quality GP and hospital care to Thurrock
5. Healthier for Longer	5A. Reduce obesity 5B. Reduce the proportion of people who smoke 5C. Significantly improve the identification and management of long-term conditions 5D. Prevent and treat cancer better

2.2 Each of the Health and Wellbeing Strategy's objectives are supported by an action plan containing the key actions needed to achieve Strategy outcomes. Key performance indicators included within the Outcomes Framework provides members of the Board with a means of measuring the impact of the Strategy.

2.3 Key activities and achievements for the first year of the Health and Wellbeing Strategy have been set out in the annual report. This report provides Board members with an update on progress being made against specific key performance indicators, where data is available.

3.   **Issues, Options and Analysis of Options**

3.1   The Health and Wellbeing Strategy Outcomes Framework is attached at Appendix 2. The Framework includes:
- Key performance indicators to support each objective;
- A baseline figure (where available);
- Annual trajectory targets; and
- A target for 2021 (where available).

3.2   Detailed information on proposed revisions to Outcomes Framework Key Performance Indicators is provided at Appendix 1 for the Board's consideration.

3.3   Health and Wellbeing Board members will be provided with opportunities to consider, inform and monitor progress on action being taken to achieve Health and Wellbeing Strategy Outcomes throughout the municipal year. In addition and as part of providing comprehensive and robust governance arrangements for monitoring progress with achieving improved health and wellbeing outcomes it has been recommended that the Board agrees to annual updates on the outcomes framework and key performance indicators, alongside the annual report.

4.   **Reasons for Recommendation**

4.1   Recommendations to create new key performance indicators and to revise existing indicators will help to ensure that they remain fit for purpose and a means of measuring the impact of the health and wellbeing strategy on health and wellbeing in Thurrock.

5.   **Consultation (including Overview and Scrutiny, if applicable)**

5.1   Action plan lead officials comprising Council officers and key partner representatives have been engaged to inform and agree proposals set out in this report.

6.   **Impact on corporate policies, priorities, performance and community impact**

6.1   'Improve health and wellbeing' is one of the Council's five corporate priorities. The Health and Wellbeing Strategy is the means through which the priorities for improving the health and wellbeing of Thurrock's population are identified.

7.   **Implications**

7.1   **Financial**
        Implications verified by: **Roger Harris**
                                      Corporate Director Adult Housing and Health

There are no financial implications. The priorities of the Health and Wellbeing Strategy will be delivered through the existing resources of Health and Wellbeing Board partners.

7.2 **Legal**
Implications verified by: **Roger Harris**
Corporate Director Adult Housing and Health

There are no legal implications. The Council and Clinical Commissioning Group have a duty to develop a Health and Wellbeing Strategy as part of the Health and Social Care Act 2012.

7.3 **Diversity and Equality**
Implications verified by: **Roger Harris**
Corporate Director Adult Housing and Health

Action will need to be taken to improve the health and wellbeing of Thurrock's population and reduce inequalities in the health and wellbeing of Thurrock's population. Being successful will include identifying sections of the population whose health and wellbeing outcomes are significantly worse, and taking action that helps to ensure the outcomes of those people can improve. This will be supported by information contained within the Joint Strategic Needs Assessment.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None.

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- None.

9. **Appendices to the report**
- Appendix 1 – Updates on progress with achieving outcomes and proposals to revise Outcome Framework Key Performance Indicators
- Appendix 2 –Health and Wellbeing Strategy Outcomes Framework that provides Board members with proposed baselines, overarching targets and annual trajectory targets.

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Progress reports and proposed revisions to the outcome framework

1. This appendix sets out progress reports made against key performance indicators and proposed revisions to indicators that support the effective monitoring of outcomes achieved.

Goal 1 Opportunity for All

Objective 1A All children in Thurrock making good educational progress (Roger Edwardson)

Existing key performance indicators and proposed amendments
- EYFS Attainment - % of children achieving a Good Level of Development (GLD) at the end of Early Years Foundation Stage.
- KS2 Attainment – % Achieving the National Standard in Reading, Writing & Maths.
- EYFS Attainment - Percentage point gap between pupil premium children achieving GLD and others at end of Early Years Foundation Stage.
- % of children achieving 5 good GCSEs at A*-C including English and Maths It is proposed that this indicator will be replaced with (i) % of children achieving combined level 4 in English and Maths at GCSE (ii) Improvements in new progress 8 scores. This revision reflects national changes to this key performance indicator.

Progress reports for specific key performance indicators
- 76% of children are achieving a good level of development at the end of the Early Years Foundation Stage, exceeding the trajectory target of 73% and the national average of 71%.
- 61% of children are achieving the national standard in Reading, Writing and Maths, exceeding the trajectory target of 57%, consistent with the national average of 61%.
- EYFS Attainment - Percentage point gap between pupil premium children achieving GLD and others at end of Early Years Foundation Stage.   Achieved 17 percentage points gap not meeting 2017 trajectory target of 11.76%. However, members may wish to note that the national average is 18%.

- New indicator subject to HWB approval. % of children achieving combined level 4 in English and Maths at GCSE
- New indicator subject to HWB approval .Improvements in new progress 8 scores

Objective 1B More Thurrock residents in employment, education and training (Michele Lucas)

Existing key performance indicators and proposed amendments
- % of the population of working age claiming Employment Support Allowance and incapacity benefits.
  It is proposed that this indicator is replaced with % of population claiming Universal Credit. This reflects national changes to the benefit system.

- % of the population of working age claiming JSA
- % of working age population who are economically active
  It is proposed that these two indicators are deleted and replaced by the new indicator %of population claiming Universal Credit.

- % of 16 – 19 year olds not in Employment, Education or Training.
  It is proposed that this indicator is amended to % of 16/17 year olds not in employment, education or training. This will reflect changes made by Government on the reporting framework.

Progress reports for specific key performance indicators
- 3.8% of 16/17 year olds are not in employment, education or training, achieving the trajectory target of 5%.   Board members will wish to note that this data is based on 16/17 year olds and therefore considerably exceeds the trajectory target that was set for 16-19 year olds.

- New indicator subject to HWB approval. % of population claiming Universal Credit. Baselines, trajectory targets and the overall target for 2021 is currently being established.

Objective 1C Fewer teenage pregnancies in Thurrock (Sareena Gill)

Existing key performance indicators and proposed amendments
- Under 18 conception rate per 1,000 people

- A Key Performance Indicator is proposed that measures the number of teenage parents that are supported through a multi-agency approach. This will reflect a new service being developed by NELFT as part of Brighter Futures.

Progress reports for specific key performance indicators
- The under 18 conception rate of 24.5 people per 1000 people trajectory target has been achieved.

Objective 1D Fewer children and adults in poverty (Michele Lucas)

Existing key performance indicators and proposed amendments
- % of children in poverty (all dependent children).
- Number of homeless households supported by Thurrock Council.
- Number of places given out for the 2 year old offer.
  It is proposed that this indicator is deleted. This is because free places that are offered to 2 year olds do not necessarily help to identify children and adults in poverty.

- A new key performance indicator is proposed to increase in number of Housing of Multiple Occupancy for young people across Thurrock. Increasing HMOs for young people will help to reduce poverty by helping to ensure young people can be housed in Thurrock. This indicator will be subject to decisions taken at HOSC about creating HMOs for young people.

Progress reports for specific key performance indicators

- Data has not been made available to report progress against the Key Performance Indicators for this objective.
  - % of children in poverty (all dependent children).
  - Number of homeless households supported by Thurrock Council.

- New indicator subject to HWB approval. The number of Housing of Multiple Occupancy for young people across Thurrock.

Goal 2 Healthier Environments

Objective 2A Create outdoor spaces that make it easier to exercise and to be active (Grant Greatrex, Andy Millard, Robert Cotter, Kirsty Paul)

Proposed revision to the objective
- It is proposed that the word outdoor is removed from the objective so that it becomes create places that make it easier to exercise and be active. This will facilitate action being taken on improving leisure facilities across Thurrock can be captured and reported upon.

Existing key performance indicators and proposed amendments
- % of physically active adults
- % of physically active children
- % of new developments that conform to the minimum Design Standards as produced by the Council's Planning Team
  It is proposed that this indicator is deleted. This is because there is not currently a mechanism in place to record or evaluate the % of new developments that conform to the minimum design standards as produced by the Council's Planning Team indicator. To establish and report against this indicator a way to record and assess it would need to be determined and would be several months in the making. Following this, a 6 or 12-month recording and assessment period would be required to enable accurate statistical reporting.

- A new key performance indicator is proposed to report progress on the number of parks and play sites with improved quality and value.
- A new key performance indicator is proposed to report residents satisfaction with sports and Leisure facilities.
- A new key performance indicator is proposed to measure the proportion of residents who think that the Council make it easy to exercise in parks and open spaces

Progress reports for specific key performance indicators
- % of physically active adults. It should be noted that the way this indicator has been measured has changed – from 16+ to 19+
- % of physically active children. We are in the process of considering whether data will be available to measure this KPI

Objective 2B Develop homes that keep people well and independent (Keith Andrews, Kirsty Paul, Robert Cotter)

<u>Existing key performance indicators and proposed amendments</u>
- % of all major planning applications that have been assessed by the Health and Wellbeing Housing and Planning Advisory Group.
  It is proposed that this indicator is removed. This is because the existing indicator % of all major housing developments that have an approved Health Impact Assessment (provided below and currently being revised), will help ensure housing developments have been subject to a Health Impact Assessment.
- % of all major housing development ts that have an approved Health Impact Assessment.
- A new key performance indicator proposed to measure the number of right size schemes developed in Thurrock, reflecting a key action included within the action plan.
- A new key performance indicator to measure the number of people who are supported by the Housing First Scheme, reflecting a key action included in the action plan.

<u>Progress reports for specific key performance indicators</u>
- % of all major housing developments that have an approved Health Impact Assessment. Data has not been made available to report progress to the Board.

- New indicator proposed. The number of right size schemes developed in Thurrock. Data will be available from 31 March 2018 to report progress
- New indicator proposed. The number of people who are supported by the Housing First Scheme. Data will be available to report progress will be available from 31 March 2018.

Objective 2C Build strong, well connected communities (Les Billingham, Kristina Jackson)

Existing key performance indicators and proposed amendments
- Number of micro-enterprises operating in the area.
- Number of weekly hours of volunteering time.
  It is proposed that the number of weekly hours volunteering time is amended to the number of annual hours of volunteering time in Thurrock. This reflects that data is collected on an annual basis. It is also proposed that source data is amended from the State of the Sector Survey to the Voluntary Sector Development Fund reporting mechanism. This is because the data will be more consistently reliable

- Estimated Dementia Diagnosis Rate for people aged 65+
- % of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months.
  It is proposed that the two indicators above are removed as they do not measure 'build strong, well connected communities' and are not an effective measure of impact or outcome.

- A new key performance indicator is proposed for the number of businesses across Thurrock that facilitates volunteering for staff. This indicator will enable the monitoring of local businesses that support volunteering within the workplace. The data source would be Thurrock CVS.

Progress reports for specific key performance indicators
- The number of micro enterprises operating in Thurrock is 55, exceeding the trajectory target of 25.
- The number of weekly hours of volunteering time trajectory target of 769 hours per week has been exceeded with number of volunteering hours per week currently standing at 6,838 hours.
- New indicator. The number of businesses across Thurrock that facilitates volunteering for staff. Consideration is currently being provided to how to develop baselines, trajectory targets and the overall target for 2021. This will be progressed further if the HWB is minded to agree to its development.

Objective 2D Improve air quality in Thurrock (Ann Osola, Fred Raphael)

Existing key performance indicators and proposed amendments
- Number of AQMAs declared in Thurrock.

Progress reports for specific key performance indicators
- Data has not been provided to report progress.

Goal 3 Better emotional health and wellbeing

Objective 3A Give parents the support they need (Sue Green)

Existing key performance indicators and proposed amendments
- % of parents achieving successful outcomes from early intervention prevention parenting programmes.
- Number of families known to Troubled Families Service
- Increasing the proportion of children who achieve a 'Good Level of Development'1 (GLD is at 75% in 2016) and reducing the gap between the most and least deprived groups by supporting child development and school readiness

Progress reports for specific key performance indicators
- % of parents achieving successful outcomes from early intervention prevention parenting programmes. Data will be available to report trajectory target progress in March 2018.
- Number of families known to Troubled Families Service. As of October 2017 there are 613 families known to the troubled family service, exceeding the trajectory target of 567.
- Increasing the proportion of children who achieve a 'Good Level of Development'1 (GLD is at 75% in 2016) and reducing the gap between the most and least deprived groups by supporting child development and school readiness. Data of September 2017 shows that the trajectory target of 76% has been achieved.

Objective 3B Improve children's emotional health and wellbeing (Malcolm Taylor, Helen Farmer)

Existing key performance indicators and proposed amendments
- % of children and young people reporting that they are able to cope with the emotional difficulties they experience.
- % of children and young people reporting that they know how to seek help when experiencing difficulties with emotional health and wellbeing.
- % of children reporting being bullied in the last 12 months.

Progress reports for specific key performance indicators
- A school survey has been undertaken which captures data about children's mental health. The survey is currently being finalised. Public Health will use the results of the survey to inform the development of baselines, annual trajectory targets and an overall target for 2021 for each of the KPIs set out above.

Objective 3C Reduce social isolation and loneliness (Les Billingham)

Existing key performance indicators and proposed amendments
- Number of people who are supported by a Local Area Coordinator
- % of people whose self-reported wellbeing happiness score is low
- The directly standardised average health status (EQ-5D) for individuals reporting that they are carers
  It is proposed that the indicator 'the directly standardised average health status (EQ-5D) for individuals reporting that they are carers' is removed as it does not help to monitor the objective 'reduce social isolation and loneliness'

- A new key performance indicator is proposed that focuses on the proportion of carers who reported that they had as much social connection as they would like. This indicator reflects nationally collected data through the personal and social services survey of adult carers (SAC).
- Officials are currently considering the development of a new key performance indicator that measures on the amount of people living in sheltered accommodation that are supported through assistive technology. This indicator would measure the number of people who are being supported to remain in their own home.

Progress reports for specific key performance indicators
- The number of people who are supported by a Local Area Coordinator is 841 exceeding the trajectory target of 576.
- % of people whose self-reported wellbeing happiness score is low. Latest available data for 2015/16 has a value of 9.3%, demonstrating that the 2017 trajectory target of 10.16% has been exceeded
- The directly standardised average health status (EQ-5D) for individuals reporting that they are carers is currently 0.78, not achieving the 2017 trajectory target of 0.799 but consistent with the national average at 0.80.

Objective 3D Improve the identification and treatment of mental ill-health, particularly in high risk groups (Funmi Worrell replacement to be identified by Public Health, Catherine Wilson, Mark Tebbs, Maria Payne for data purposes)

Existing key performance indicators and proposed amendments
- People entering IAPT as a % of those estimated to have anxiety / depression.
- % of people who have completed IAPT treatment who are "moving to recovery".
- % of patients on community LTCs caseloads without a diagnosis of depression, screened for depression in the last 24 months using a standardised tool.
- % of ASC clients over 65 screened for depression by frontline Thurrock Council SC staff.

  With the development of the Southend, Essex and Thurrock Mental Health Strategy and the Mental Health JSNA, some time is spent reviewing what indicators are used to measure the impact of the strategy in improving the identification and treatment of mental ill-health. This will be reported back to the Board when the Mental Health Strategy and JSNA are reported.

Progress reports for specific key performance indicators
- 16.6% of people are entering IAPT as a % of those estimated to have anxiety / depression. Not achieving the 2017 trajectory target of 17%.
- 50.8% of people have completed IAPT treatment who are "moving to recovery", exceeding the trajectory target of 41%.
- A progress report has not been provided on the % of patients on community LTCs caseloads without a diagnosis of depression, screened for depression in the last 24 months using a standardised tool.
- A progress report has not provided on the % of ASC clients over 65 screened for depression by frontline Thurrock Council SC staff.

Goal 4 Quality care centred around the person

Objective 4A Create four integrated healthy living centres (Rahul Chaudhari)

Proposed revision to the objective
- It is proposed that the objective is amended to create four integrated medical centres to reflects the name change of the centres

Existing key performance indicators and proposed amendments
- Identify localities for IMCs
- New key performance indicators are proposed to measure progress made with creating four integrated medical centres include:
  - Developing the business case for Integrated Medical Centres in 2018
  - Number of Integrated Medical Centres that are operational

- Four localities have been identified for Integrated Medical Centres, achieving the key performance indicator of identifying all four localities in 2017.

Objective 4B When services are required they are organised around the individual (Mark Tebbs)

Existing key performance indicators and proposed amendments
- % of the 2% highest risk frail elderly in Thurrock with a care plan and named accountable professional.
- Establish a data system linking records from primary, secondary, community, mental health and adult social care
- % of Early Offer of Help episodes completed within 6 months.

Progress reports for specific key performance indicators
- % of the 2% highest risk frail elderly in Thurrock with a care plan and named accountable professional.
- Data not provided to report progress with establishing a data system linking records from primary, secondary, community, mental health and adult social care

- Data not provided to report progress on the % of Early Offer of Help episodes completed within 6 months.

Objective 4C Put people in control of their own care (Catherine Wilson, Wassim Fattahi-Negro for data)

Existing key performance indicators and proposed amendments
- % of people receiving self-directed support.
- % of people who have control over their daily life.

Progress reports for specific key performance indicators
- 74% of people have reported receiving self-directed support. The Board will wish to note that the figures provided are year to date figures. The end of year (31 March 18) projection shows that we are on target to meet or perhaps exceed the trajectory target of 76.24%.
- Data is not currently available to report progress on the % of people have reported having control over their daily life

Objective 4D Provide high quality hospital and GP care to Thurrock (Rahul Chaudhari)

Existing key performance indicators and proposed amendments
- % of GP practices with a CQC rating of at least "good".
- % of GP practices with a CQC rating of at least "requires improvement".
  It is proposed that that the 'requires improvement' KPI is deleted. This is because there is already an indicator measuring the % of GP practices with a CQC rating of at least good.
- % of patients who had a good experience of GP services.
- % of all A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge.
- Overall CQC Rating – BTUH retain good rating.
- Overall CQC Rating – SEPT retain good overall rating.
- Overall CQC Rating – NELFT achieve a good or working towards good assessment rating.
- Overall CQC Rating - East of England Ambulance Service achieve a good or working towards good assessment rating.

- The number of GPs per 1,000 patients.
- The number of nurses per 1,000 patients.
  It is proposed that the key performance indicators are revised to the number of GPs per 1,000 patients in all four CCG localities and the number of nurses per 1,000 patients in all four CCG localities. These revisions will reflect the approach being adopted within Thurrock and enable focus and priority to be provided on specific CCG localities.

Progress reports for specific key performance indicators
- 71% of GP practices have a CQC rating of at least "good'' exceeding the trajectory target of 40%.
- 77% of patients report having a good experience of GP services, not achieving the trajectory target of 81%. Board members may wish to note that part of the reason could be due to various primary care procurements that are ongoing which may have compromised on the satisfaction rate.
- Data has not been provided on the % of all A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge.

- Overall CQC Rating of good achieved for BTUH.
- Overall CQC Rating for SEPT will be available following inspection in November.
- The overall CQC rating – NELFT of good or working towards good has not been achieved with a rating of requires improvement being provided.
- The overall CQC Rating - East of England Ambulance Service of good or working towards good has not been achieved with a rating of requires improvement being provided.

Goal 5 Healthier for Longer

Objective 5A Reduce obesity / increase the number of people in Thurrock who are a healthy weight (Helen Horrocks)

Existing key performance indicators and proposed amendments
- % of children overweight or obese in year 6
- % of adults overweight or obese

- It is proposed that a new indicator is included to measure the % of physically inactive adults in Thurrock. This will measure the number of respondents aged 19 and over, with valid responses to questions on physical activity, doing less than 30 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days.

Progress reports for specific key performance indicators
- % of children overweight or obese in year 6. Data will become available in December 2017 to report progress.
- % of adults overweight or obese. Data is not available at present to report progress. However, the level % of adults overweight or obese is expected to remain consistent for 2017.

- New indicator subject to HWB approval.   % of physically inactive adults in Thurrock

Objective 5B Reduce the proportion of people who smoke (Kev Malone, Beth Capps for children)

Existing key performance indicators and proposed amendments
- Smoking prevalence in those aged 18+.
- Smoking prevalence in those aged 15-17 years.
  It is proposed that this key performance indicator is removed. Smoking prevalence among young people cannot be updated because the What About Youth Survey 2014 was a one off survey and the Smoking, Drinking and Drug (SDD) Survey 2014 has not been repeated since 2014. The young people's health survey undertaken in Thurrock across some schools and canvassed young people up to the age of 15. Public Health are currently considering the merits of developing an indicator based on the young people's survey.
- % of mothers smoking at time of delivery.

Progress reports for specific key performance indicators
- There is currently a 20.8% rate of smoking prevalence in those aged 18+, which does not achieve the trajectory target of 19.3%. Board members will wish to note, however, that the data source for this key performance indicator has changed from the Integrated Household Survey to the Annual Population Survey. This has increased initial smoking prevalence data from 20.3% to 21.3%. While the estimated trajectory target has not been achieved Thurrock

has seen a reduction in smoking prevalence in those 18+ from 21.3% to 20.8%.
- There is no data available at the moment which shows the level of smoking prevalence amongst 15 -17 year olds.
- 9.0% of mothers are recorded as smoking at the time of delivery, exceeding the trajectory target of 9.45%.

Objective 5C significantly improve the identification and management of long term conditions (Emma Sanford)

Existing key performance indicators and proposed amendments

- Mean score on an agreed GP practice-based LTC management scorecard.
- Unplanned care admission rate for conditions amendable to healthcare.
- It is proposed that the key performance indicator for the mean score on an agreed GP practice-based Long Term Condition profile scorecard and key performance indicator on the unplanned care admission rate for conditions amenable to healthcare are replaced by a new indicator comprising the following data measurements:
  - The percentage of GP practices that meet the recommended parameters for diagnosis and treatment of Hypertension.
  - The percentage of GP practices that meet the recommended parameters for diagnosis and treatment of Stroke.
  - The percentage of GP practices that meet the recommended parameters for diagnosis and treatment of Coronary Heart Disease.
  - The percentage of GP practices that meet the recommended parameters for diagnosis and treatment of Peripheral Arterial Disease.
  - The percentage of GP practices that meet the recommended parameters for diagnosis and treatment of Depression.
  - The percentage of GP practices that meet the recommended parameters for diagnosis and treatment of COPD.

Progress reports for specific key performance indicators
- This is a new data set. Baselines, targets and trajectories have been identified. The 2017 trajectory targets will be measured against data available in autumn 2018.

Objective 5D Prevent and treat cancer better (Mark Tebbs, Public Health lead to be identified to replace Funmi Worrell)

Existing key performance indicators and proposed amendments
- % of patients treated within 62 days of receipt of urgent GP referral for suspected cancer to first treatment.
- 1 year survivorship after breast cancer.
- Bowel cancer screening coverage
- % of cancer admissions diagnosed for the first time via emergency presentation.
- % of new cancer diagnosis at stage 1 and 2
  It is proposed that the key performance indicator on the % of new cancer diagnosis at stage 1 and 2 is removed. This is because:
    - This was an experimental indicator and the frequency of when data will be published in future
    - The existing indicator, % of cancer admissions diagnosed for the first time via emergency presentation, aims to reduce the number of cancer diagnosis at stage 4. If achieved this will demonstrate that a higher proportion of people are being identified at an earlier stage.

Progress reports for specific key performance indicators
- Key performance indicator trajectory target of 62% of patients treated within 62 days of receipt of urgent GP referral for suspected cancer to first treatment has not been achieved. This target has been difficult to achieve historically pan Essex and it is a focus of various other work streams.
- 1 year survivorship after breast cancer. Due to the issue being measured the baseline for this indicator was taken from 2013 data. While the target trajectory for 2017 of 95% has not been achieved 2014 data (95.7%) shows that the direction of travel is positive and progress continues to be made.
- Data has not been provide to report progress on bowel cancer screening coverage
- Data has not been provided on the % of cancer admissions diagnosed for the first time via emergency presentation.