



Health & Wellbeing Board

AGENDA REPORTS PACK

Monday, 16th March, 2020 at 4.00 pm

Hackney Town Hall, Mare Street, London E8 1EA

Contact: Peter Gray
Governance Services
Tel: 020 8356 3326
Email: governance@hackney.gov.uk

Tim Shields
Chief executive

**The press and public are welcome to attend
this meeting**

Health & Wellbeing Board

Board Membership and Additional Attendees

Mayor Philip Glanville (Co-Chair) Hackney Council	Dr Mark Ricketts (Co-Chair) Chair of City and Hackney Clinical Commissioning Group
Anne Canning Group Director, Children, Adults and Community Health, Hackney Council	Councillor Christopher Kennedy Cabinet Member, Health, Social Care and Leisure
Dr Sandra Husbands City and Hackney Director of Public Health	Tracey Fletcher Chief Executive, Homerton University Hospital NHS Foundation Trust
David Maher Managing Director, City and Hackney Clinical Commissioning Group	Deputy Mayor Anntoinette Bramble Cabinet Member for Education, Young People and Children's Social Care
Dr Navina Evans Chief Executive, East London Foundation Trust	Rupert Tyson Chair, Hackney Healthwatch
Councillor Caroline Selman Cabinet Member for Community Safety, Policy and the Voluntary Sector	Laura Sharpe GP Confederation
Raj Radia Chair, Local Pharmaceutical Committee	Alistair Wallace Health and Social Care Forum

Independent Advisers

Jim Gamble Chair, City and Hackney Safeguarding Children Board	Adi Cooper Chair, City and Hackney Safeguarding Adult Board
--	---

Additional Attendees

Moira Griffiths Group Care and Support Director, Family Mosaic Better Homes Partnership	Jackie Brett Health and Social Care Forum
Sonia Davis Chief Inspector, Metropolitan Police	Ida Scullos Community Empowerment Network

Health & Wellbeing Board

AGENDA Monday, 16th March, 2020

ORDER OF BUSINESS

Item No	Title	Page No
1	Introductions and apologies	
2	Declarations of Interest - Members to Declare as Appropriate	
3	New Members of the Health and Wellbeing Board To note two new members to the Board as follows: <ul style="list-style-type: none">- Councillor Christopher Kennedy - Cabinet Member, Health, Social Care and Leisure- Councillor Caroline Selman – Cabinet Member for Community Safety, Policy and Voluntary Sector	
4	Minutes of the Previous Meeting	1 - 6
5	Action Log	7 - 10
6	Community Voice	
7	Questions from the public	
8	Role of the Health and Wellbeing Board in promoting health in all policies (For discussion)	11 - 16
9	Project proposal to develop a health and Wellbeing Board dashboard (For discussion)	17 - 34
10	Revised Terms of Reference (For discussion and agreement) (To Follow)	
11	Future Plans for Health and Wellbeing Board development (For discussion) (ToFollow)	
12	Any other business that the chair considers urgent	
13	Dates of Future Meetings <ul style="list-style-type: none">- 08th July 2020 (Provisional)- 10 September 2020 (Provisional)- 11 November 2020 (Provisional)	

ADVICE TO MEMBERS ON DECLARING INTERESTS

Hackney Council's Code of Conduct applies to **all** Members of the Council, the Mayor and co-opted Members.

This note is intended to provide general guidance for Members on declaring interests. However, you may need to obtain specific advice on whether you have an interest in a particular matter. If you need advice, you can contact:

- The Director of Legal
- The Legal Adviser to the committee; or
- Governance Services.

If at all possible, you should try to identify any potential interest you may have before the meeting so that you and the person you ask for advice can fully consider all the circumstances before reaching a conclusion on what action you should take.

1. Do you have a disclosable pecuniary interest in any matter on the agenda or which is being considered at the meeting?

You will have a disclosable pecuniary interest in a matter if it:

- relates to an interest that you have already registered in Parts A and C of the Register of Pecuniary Interests of you or your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner;
- relates to an interest that should be registered in Parts A and C of the Register of Pecuniary Interests of your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner, but you have not yet done so; or
- affects your well-being or financial position or that of your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner.

2. If you have a disclosable pecuniary interest in an item on the agenda you must:

- Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you (subject to the rules regarding sensitive interests).
- You must leave the room when the item in which you have an interest is being discussed. You cannot stay in the meeting room or public gallery whilst discussion of the item takes place and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision.
- If you have, however, obtained dispensation from the Monitoring Officer or Standards Committee you may remain in the room and participate in the meeting. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a pecuniary interest.

3. Do you have any other non-pecuniary interest on any matter on

the agenda which is being considered at the meeting?

You will have 'other non-pecuniary interest' in a matter if:

- i. It relates to an external body that you have been appointed to as a Member or in another capacity; or
- ii. It relates to an organisation or individual which you have actively engaged in supporting.

4. If you have other non-pecuniary interest in an item on the agenda you must:

- i. Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you.
- ii. You may remain in the room, participate in any discussion or vote provided that contractual, financial, consent, permission or licence matters are not under consideration relating to the item in which you have an interest.
- iii. If you have an interest in a contractual, financial, consent, permission or licence matter under consideration, you must leave the room unless you have obtained a dispensation from the Monitoring Officer or Standards Committee. You cannot stay in the room or public gallery whilst discussion of the item takes place and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision. Where members of the public are allowed to make representations, or to give evidence or answer questions about the matter you may, with the permission of the meeting, speak on a matter then leave the room. Once you have finished making your representation, you must leave the room whilst the matter is being discussed.
- iv. If you have been granted dispensation, in accordance with the Council's dispensation procedure you may remain in the room. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a non-pecuniary interest.

Further Information

Advice can be obtained from Dawn Carter McDonald, Interim Director of Legal, on 020 8356 6237 or email Dawn.Carter-McDonald@Hackney.gov.uk

Health & Wellbeing Board

Rights of Press and Public to Report on Meetings

Where a meeting of the Council and its committees are open to the public, the press and public are welcome to report on meetings of the Council and its committees, through any audio, visual or written methods and may use digital and social media providing they do not disturb the conduct of the meeting and providing that the person reporting or providing the commentary is present at the meeting.

Those wishing to film, photograph or audio record a meeting are asked to notify the Council's Monitoring Officer by noon on the day of the meeting, if possible, or any time prior to the start of the meeting or notify the Chair at the start of the meeting.

The Monitoring Officer, or the Chair of the meeting, may designate a set area from which all recording must take place at a meeting.

The Council will endeavour to provide reasonable space and seating to view, hear and record the meeting. If those intending to record a meeting require any other reasonable facilities, notice should be given to the Monitoring Officer in advance of the meeting and will only be provided if practicable to do so.

The Chair shall have discretion to regulate the behaviour of all those present recording a meeting in the interests of the efficient conduct of the meeting. Anyone acting in a disruptive manner may be required by the Chair to cease recording or may be excluded from the meeting. Disruptive behaviour may include: moving from any designated recording area; causing excessive noise; intrusive lighting; interrupting the meeting; or filming members of the public who have asked not to be filmed.

All those visually recording a meeting are requested to only focus on recording councillors, officers and the public who are directly involved in the conduct of the meeting. The Chair of the meeting will ask any members of the public present if they have objections to being visually recorded. Those visually recording a meeting are asked to respect the wishes of those who do not wish to be filmed or photographed. Failure by someone recording a meeting to respect the wishes of those who do not wish to be filmed and photographed may result in the Chair instructing them to cease recording or in their exclusion from the meeting.

If a meeting passes a motion to exclude the press and public then in order to consider confidential or exempt information, all recording must cease and all recording equipment must be removed from the meeting room. The press and public are not permitted to use any means which might enable them to see or hear the proceedings whilst they are excluded from a meeting and confidential or exempt information is under consideration.

Providing oral commentary during a meeting is not permitted.



FS 566728



MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD

TUESDAY, 14TH JANUARY, 2020

Present:

**Mayor Philip Glanville (Chair) (Hackney Council)
Dr Mark Rickets (Vice Chair), (Chair, City and Hackney Clinical Commissioning Group), Dr Navina Evans (Chief Executive, East London Foundation Trust), Rupert Tyson (Chair, Hackney Healthwatch), Deputy Mayor Anntoinette Bramble (Hackney Council), Anne Canning (Group Director, Children, Adults and Community Health), David Maher (Managing Director, City and Hackney CCG), Catherine Pelley (Chief Nurse and Director of Governance- Homerton University Hospital NHS Foundation Trust), Raj Radia (Chair, Local Pharmaceutical Committee), Laura Sharpe (Chief Executive - GP Confederation), Dr Sandra Husbands (Director of Public Health - City and Hackney)**

Also in Attendance:

Mark Scott (Deputy Director of Transformation PMO, ELCP), Jon Williams (Hackney Healthwatch) Peter Gray (Governance – Hackney)

1 Apologies for Absence

1.1 Apologies for absence were submitted on behalf Dr Mark Rickets and Alistair Wallace for lateness

2 Minutes of the Previous Meeting

2.1 The minutes of the previous meeting were agreed as a correct record.

3 Declarations of Interest - Members to Declare as Appropriate

3.1 There were no declarations of interest.

4 New Member of the Health and Wellbeing Board

4.1 Mayor Glanville welcomed Dr Sandra Husbands (Director of Public Health) as a member of the Health and Wellbeing Board. Sandra Husbands told the Board that she had most recently worked in Wales but was a native of London and had previously lived in Hackney. She was now in post for three months.

5 Safeguarding Adults Board - Annual Report 2018/19

5.1 Anne Canning presented the City and Hackney Safeguarding Adults Board Annual report. She paid tribute to the work of Adi Copper (Chair, City and Hackney Safeguarding Adult Board) who was unable to attend the meeting. She referred to the Safeguarding Board as effective and working well. Anne Canning told the Board that one third of enquiries had led to a section 42 inquiry. She stressed the importance of those accessing the service to feel confident in doing so. Three quarters of those spoken to had confirmed that their needs had been met by the service. Anne Canning confirmed that seeking feedback on services was a high priority and the general statistics had improved. One of the key roles of the Board was to be involved when things go wrong.

5.2 Anne Canning referred the Board to the SAR referrals in 1918/19 of Ms Q and Ms F. In the case of Ms Q the SAR referral identified that a number of agencies had been involved in providing care to Ms Q and that there may have been a lack of effective agency work in managing identified risk to Ms Q including self-neglect. Ms F's mattress had deflated and it had taken 7 days to fix, causing her significant harm. The risks to Ms F had not been recognised. Anne Canning referred the Board to the sad death of Mr S in a Bus Shelter in the Borough.

5.3 Anne Canning stressed the need to get the message on safeguarding out into the Community. Safeguarding champions in the community were working to raise awareness of safeguarding across community groups in the City and Hackney. There had been a number of workshops on this with champions attending the Safeguarding Board. Two safeguarding adults reviews had been published regarding Hackney residents, helping the Council to identify what needed to be improved on to support adults at risk of abuse and neglect in the community.

5.4 Anne Canning told the Board that work on modern-day slavery and recording guidelines remained on-going and had not yet been finalised. The focus of the modern day slavery group was to raise awareness about this issue and provide training.

5.5 Jon Williams told the Board that discussing safeguarding with the public remained a challenge and that the public felt an anxiety about reporting.

5.6 Carol Akroyd (keep the NHS public) spoke to the Board, stating that migrants were being negatively impacted by changes in NHS charging policy, making access to NHS care more difficult. Senior doctors were looking at ways to ensure that there was access to the services. Catherine Pelley told the Board that bills sent out were accompanied by debt management advice. There were not large numbers of people attending and much of the service was free. Work would be undertaken with the migrants centre on this matter. Jon Williams indicated that work was ongoing on this matter.

5.7 Councillor Bramble reported work with the Adults Safeguarding Board providing insight into the transition into adulthood. Anne Canning confirmed that children's social workers consult with adult social workers on courses of action. There was a shared understanding of what was common to all through the points of transition from childhood to adulthood. She stated that when vulnerable young people move through the system, such as young people with SEND, often they did not receive the same level of support.

5.8 Mayor Philip Granville stressed the need for the provision of a consistent standard of safeguarding for all, regardless of status or financial resources, together with the importance of hearing the voices of service users in regard to the responsiveness of services. He referred to the fact that the SAR referrals had raised the challenge of meeting service user expectations and ensuring effective safeguarding responses.

Anne Canning confirmed that safeguarding met the needs of the most vulnerable in the Borough. She said that the experience of migrant groups and the very vulnerable would be monitored to ensure that they are being reached by the service. David Maher confirmed that the service was driven by a culture of humanity.

5.9 That the comments made at the Board be fed back to Adi Copper.

Action: Peter Gray

6 Developing a local response to the NHS Long Term Plan

6.1 Mark Scott (Deputy Director of Transformation, PMO, ELCP) presented to the Board on how the NHS was to plan the delivery on its commitments. It outlined how the NHS would give everyone the best start in life, deliver world-class care for major health problems, such as cancer and heart disease, and help people to age well. Work had been ongoing locally to plan how the long term plan's commitments would be delivered over the next five years. On 15 November the document had been submitted to NHS England as draft because of the pre-election purdah period. The draft was now on the website to allow people the opportunity to have their say on its content. Mark Scott referred to themes such as system change and integration, increased involvement in mental health. He said that population growth in East London was key to the plan with a projected increase of 13%. In answer to a question he confirmed that there were no metrics for workforce at present. There would be work on tracking vacancy rates and the risks around EU staff. He confirmed to the Board in relation to governance arrangements that there would be an announcement on the appointment of independent chairs during the following week.

6.2 David Maher stressed the need to focus on the wider determinants of health and need with a three system footprint. There would need to be an awareness of the potential of risk and monitor lost opportunities.

6.3 Carol Akroyd spoke to the Board on this matter, stating that the changes to the NHS were major and that the public should be consulted and engaged with on this. She referred to the messages that should be conveyed to the public such as changes of location of services. Shirley expressed concerns to the Board about these changes and that there were 100,000 vacancies in the NHS.

6.4 Mayor Glanville agreed with concerns but stated that no firm decision had been made in relation to the long term plan and that there would be further consultation on this. Further, there was much internal debate on the matter. He referred to excellent KPIs in the service. There would, however be a need to look at the impact on inequality in terms of health outcomes and that there was a need to develop engagement on this matter and ensure co-production. Mayor Glanville referred to the good performance of the Homerton Hospital during the winter crisis as testament to the effectiveness of the system.

6.5 David Maher told the Board that 1000 residents had been consulted on the proposals and it was expected that the Council's Scrutiny functions would be putting forward a view on the changes. He confirmed that the treatment of mental health was now on equal footing with the treatment of physical conditions and that there was a good track record of service delivery. Deputy Mayor Anntoinette Bramble told the Committee that much work had been carried out at neighbourhood level on the proposed changes.

Mark Scott stressed the importance of early service user involvements and that co-production had been signed up to.

6.6 Laura Sharpe referred to local work that she was currently leading on in relation to workforce in health and social care. There was much data available but this was located in a variety of locations. This work could build into the broader theme.

6.7 Sandra Husbands emphasised the need for the plan to consider health inequality with emphasis on poverty as a major determinant of health.

7 Decommissioning of Pharmacy Minor Ailments Service and Medicines Optimisation Service - Question (Verbal)

7.1 Raj Radia told the Board of the proposed decommissioning by NHS England in the London Area of two services which were currently being provided by community pharmacies to Hackney residents: pharmacy first – minor ailments service and medicines optimization service. He expressed concerns that these cuts would undermine the viability of local community pharmacies. Of those surveyed 85% said that if the service was taken away they would go to a GP practice. Raj Radia told the Board that the Health in Hackney Scrutiny Commission had opposed the proposals.

7.2 Sandra Husbands confirmed that under the Pharmaceutical Needs Assessment there was responsibility for the delivery of these services. She confirmed that the purpose of the question was to ascertain the views of the Board in relation to decommissioning of these two services. She said that these services, provided by pharmacies helped to ease the pressure on the NHS and that decommissioning would impact most on the vulnerable in the Borough.

7.3 The Board considered that it had insufficient information on this matter to have a meaningful discussion and make a decision and asked for clarity on the Board's role in this regard. The Board agreed that a more detailed report should be completed on the proposed decommissioning of these services for its consideration.

ACTION: Dr Sandra Husbands

8 Report from the Health and Wellbeing Board Development Session

8.1 The Board noted the report of the facilitator in the development session.

8.2 Mayor Glanville outlined his vision for the Health and Wellbeing Board including the following:

- To have a significant role in the wider determinants of health
- To have responsibility for strategic direction and prioritising specific areas of work
- To have an overview of the JSNA.
- Oversight and ownership of the community strategy
- Overview and ownership of the mental health strategy
- To consider cross cutting strategies
- To review the london health inequality strategy
- To regularly review KPI dashboards
- To consider widening the current membership of the Board
- For the Mayor to rotate the chair with the chair of the CCG

Tuesday, 14th January, 2020

8.3 Dr Navina Evans stated that there was potential for the Board to have an increased role and to redefine its powers. She referred to the experience of other local authorities with the devolving of accounts together with responsibility for managing budgets. Navina Evans considered that the Board should focus on people's experiences and specific areas such as loneliness which had a big impact on lives. She considered that the Board should be involved in holding the health system to account.

8.4 David Maher stressed that the Board should hold the health system to account with involvement in workforce and strategies for retraining. He referred to the positive aspects of the Health for Wales Act.

8.5 Sandra Husbands referred to the importance of the Board taking a strategic approach with long term thinking, having responsibility for individual work areas such as giving every child the best start and life chances for all people in Hackney. She considered that there was potential for the Board to 'power up'. Sandra Husbands would submit a plan for the year to the next meeting of the Board.

Action: Sandra Husbands

8.6 Dr Mark Ricketts confirmed that the development sessions could see the value of having a strong Health and Wellbeing Board. The Board would need to prioritise the elements of its responsibilities, focusing on specific areas of work.

9 Any other business that the Chair considers urgent

9.1 There was no urgent business.

10 Dates of Future Meetings

10.1 The Board noted the dates of future meetings:

- 25 March 2020
- 08 July 2020 (Provisional)
- 10 September 2020 (Provisional)
- 11 November 2020 (Provisional)

Duration of the meeting: 6:30 – 8:20 pm

This page is intentionally left blank

Report to Hackney Health and Wellbeing Board

Date: 16 th March 2020	
Subject:	Action Log
Report From:	Governance Services
Summary:	Action Log containing actions from previous meeting is attached.
Recommendations:	To note the action log
Contacts:	Peter Gray (Governance Services)

Financial Considerations

Non applicable

Legal Considerations

Non applicable

This page is intentionally left blank

Health and Wellbeing Board Action Log

Action Points from meeting on 14th January 2020						
	Description	Action	Lead	Due Date	Progress update	Comments
Page 9	1. Decommissioning of Pharmacy Minor Ailments Service and Medicines Optimisation Service	That a more detailed report be completed on the proposed decommissioning of these service for the Board's consideration	Sandra Husbands	None specified	Letter from NHS England on this matter circulated to members on 27 th January 2020	
	2. Report from the Health and Wellbeing Board Development Session – Future Plans for the Board	That a report on future plans for the Board be submitted to the next meeting.	Sandra Husbands	16 th March 2020	The report is on the agenda for this meeting	
	3. City and Hackney Safeguarding Adults Board Annual Report	That the comments of the Board be circulated to Adi Cooper	Peter Gray	ASAP	Completed	

Report to Hackney Health and Wellbeing Board

Date:	16 March 2020
Subject:	ROLE OF THE HEALTH AND WELLBEING BOARD IN IMPROVING POPULATION HEALTH AND TACKLING HEALTH INEQUALITIES
Report From:	Dr Sandra Husbands, Director of Public Health
Summary:	<p>The statutory role of the health wellbeing board (HWB) includes oversight of NHS and social care commissioning plans and pooled budgets, encouraging service integration and oversight of the joint health and wellbeing strategy, which gave it a public health focus. Changes in NHS policy have seen a shift towards prevention and a focus on social, as well as behavioural and clinical risk factors for ill health. In Hackney this work is overseen by the Integrated Commissioning Board, which is also responsible for health and care commissioning and integration, leading to a diminishing role for the health and wellbeing board. Refocusing the HWB on tackling the wider determinants of health, takes advantage of its unique position to provide system leadership for improving health and reducing health inequalities, taking a Health in All Policies approach.</p>
Recommendations:	<p>The Board is asked to consider adopting a HiAP approach, becoming the strategic policy forum for health improvement and health inequalities. To put this into effect, the board is also recommended to consider taking the following actions:</p> <ol style="list-style-type: none"> 1. Agree a set of principles for HWB partnership work – learning from Marmot or from the Wellbeing of Future Generations Act (2015) Wales (Welsh Government, 2015) 2. Adopt a HiAP partnership resolution, committing to identifying and pursuing opportunities to improve health and reduce inequalities, through coordinated action on named, wider determinants of health 3. Prepare a new joint health and wellbeing strategy focused on wider determinants of health 4. Review the approach to preparing and publishing the joint strategic needs assessment, to ensure it supports the HiAP approach and provides information on health equity 5. Create a work plan for the board, to include overseeing action against relevant strategies <ol style="list-style-type: none"> a. reviewing these through the lenses of health equity and the board’s adopted principles 6. Publish an annual report on progress

Contacts:Sandra.husbands@hackney.gov.uk**Introduction**

After being established under the Health and Social Care Act (2012) and in line with the legislation, Health and wellbeing boards (HWBs) have traditionally focused on the health and social care system, having oversight of commissioning plans and pooled budgets and encouraging service integration. The HWB, through its role in developing and overseeing the joint health and wellbeing strategy (JHWS), also had a public health focus. With the publication of the NHS five-year forward view and, more recently, the NHS long-term plan, the NHS has ambitions to develop integrated care systems further and shift resources and activity towards prevention and wellbeing. In addition, primary care networks will be required to employ “social prescribing link workers”, with the intention that they will support people who require less medical and more social support and also tackle “wider determinants of health”.

In Hackney, over the past few years, the integrated commissioning board (ICB) has been established and taken over a number of functions from the HWB. The ICB now has the role of planning and assuring integration work, as well as strategic oversight of CCG commissioning. In addition, work on prevention and social prescribing at neighbourhood level is being overseen locally by the ICB, which is appropriate, in terms of the integrated health and care services that are being commissioned. However, particular wider determinants need to be specified, in order to tackle them effectively, rather than considering them as an ill-defined group of factors or issues. In addition, the wider determinants of health known to have the most impact on reducing health inequalities, such as the environment, housing and employment, need to be tackled at policy and system level.

The Marmot Reviews and the widely adopted Health in All Policies approach provide evidence and tools to improve health and health reduce inequalities. The HWB can choose to make use of these, as it refocuses its purpose more explicitly towards tackling the wider determinants of health, while supporting the ICB in its role in improving health through commissioning better quality, integrated health and care.

The Marmot Reviews

The first Marmot Review, *Fairer Society, Healthy Lives* (Marmot, Goldblatt, & Allen, Jessica, 2010) demonstrates the accumulation of both positive and negative health impacts over the life course and provided a framework for policy action:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.

6. Strengthen the role and impact of ill health prevention

Marmot not only recommends these six areas for policy action, but also recommends that actions to improve health and reduce health inequalities are universal (rather than targeted), but are applied with an intensity that is proportional to need.

This familiar framework has been variously adopted. However, the recently released *Marmot Review 10 Years On* (Marmot, Allen, Boyce, Goldblatt, & Morrison, 2020) shows that there is still a lot of work to do. Some health inequalities have actually become worse and the increases in life expectancy that had seemed inexorable for the previous 100 years, has started to reverse.

Learning from Marmot helps the HWB to determine what to prioritise.

Health in All Policies

Policies, practices and services that affect wider determinants of health are mostly outside the control of the health and care sector. *Health in All Policies* (HiAP) is a collaborative approach to transforming the way we work to achieve improvements for our communities, by ensuring that health, sustainability and equity are considered and are at the core of all our decision-making. At national level, HiAP requires a whole of government response. Locally, it needs not only a whole council, but a whole system approach, to ensure that the key sectors and agencies are involved to tackle each of the wider determinants of health. This approach aims to improve the underlying determinants themselves – the causes of the causes of ill health – so leading to improvements in population health and reducing health inequalities.

The following are key elements of an effective HiAP approach (Local Government Association, 2016):

1. Promote health, equity and sustainability
2. Support intersectoral collaboration
3. Benefit multiple partners
4. Evidence that partnership works
5. Engage stakeholders
6. Create structural or procedural change to embed HiAP
7. Develop common monitoring and evaluation tools

The HWB is well positioned and could have the membership to tackle wider determinants of health and health inequalities effectively, especially since these contribute most to improving health and reducing inequalities. Only somewhere between 15% and 43% of health outcomes can be attributed to the health and care system (Fell, 2017) – the majority is related to wider determinants. Equally, health inequalities arise as a result of underlying structural and systemic social inequalities (Marmot et al., 2010), such as housing, working conditions or unemployment and education. Therefore, effective action to improve population health and reduce health inequalities requires system-wide action

addressing these determinants. It also means working in partnership, across sectors and agencies. The HWB is uniquely well placed to enable effective cross-sector, multi-agency working: it has a statutory role; is already established; and its existing membership already spans sectors and agencies.

In practice this will mean expanding the membership of the HWB, to include organisations and sectors with responsibility for key determinants of health, such as housing, and a wider role for the community and voluntary sector.

Recommendation

In order for the HWB to have an impact on improving population health and reducing health inequalities, it is recommended that the board considers adopting a HiAP approach, becoming the strategic policy forum for health improvement and health inequalities. The board is also recommended to consider taking the following actions:

7. Agree a set of principles for HWB partnership work – learning from Marmot or from the Wellbeing of Future Generations Act (2015) Wales (Welsh Government, 2015)
8. Adopt a HiAP partnership resolution, committing to identifying and pursuing opportunities to improve health and reduce inequalities, through coordinated action on named, wider determinants of health
9. Prepare a new joint health and wellbeing strategy focused on wider determinants of health
10. Review the approach to preparing and publishing the joint strategic needs assessment, to ensure it supports the HiAP approach and provides information on health equity
11. Create a work plan for the board, to include overseeing action against relevant strategies
 - a. reviewing these through the lenses of health equity and the board's adopted principles
12. Publish an annual report on progress

Financial Considerations

There are no immediate financial implications of the recommendations

Legal Considerations

Attachments

None

References

1. Fell, G. (2017). What proportion of health outcomes are attributable to health care – Sheffield DPH. Retrieved March 5, 2020, from <https://gregfellpublichealth.wordpress.com/2017/07/16/what-proportion-of-health->

[outcomes-are-attributable-to-health-care/](#)

2. Local Government Association. (2016). *Health In All Policies: A Manual For Local Government*. London.
3. Marmot, M., Allen, J., Boyce, T., Goldblatt, P., & Morrison, J. (2020). *Marmot Review 10 Years On - IHE*. London. Retrieved from <http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>
4. Marmot, M., Goldblatt, P., & Allen, Jessica, et al. (2010). *Fair Society Healthy Lives (The Marmot Review) - IHE*. London. Retrieved from <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>
5. Welsh Government. (2015). Future Generations Act – Future Generations Commissioner for Wales. Retrieved March 6, 2020, from <https://futuregenerations.wales/about-us/future-generations-act/>

This page is intentionally left blank

Report to Hackney Health and Wellbeing Board

Date:	16 March 2020
Subject:	Mayor's Health and Wellbeing Dashboard
Report From:	Diana Divajeva, Senior Public Health Intelligence Officer
Summary:	This proposal was put together in response to the Mayor's request for creating a Health and Wellbeing Dashboard for Hackney. This report presents a proposed set of indicators, aiming to inform of health and wellbeing related outcomes across the life course.
Recommendations:	<p>The Board is asked to:</p> <ul style="list-style-type: none"> ● Consider whether the indicators meet the aim of informing about health outcomes across the life course ● Discuss how these indicators align with the Council's strategic priorities across the departments, programmes and policies ● Propose changes to the list of indicators, if applicable
Contacts:	diana.divajeva@hackney.gov.uk

Introduction

The indicators in this proposal were selected to illustrate some of the key outcomes for Hackney residents across the lifecourse. The choice was informed by the Labour Party's Manifesto pledges and was also based on the prominence of certain topics in both local and national strategic documents. Several key documents were used to aid in selection:

- Mayor's Priorities, 2018
- Labour Manifesto, 2018
- City and Hackney Health and Wellbeing Strategy, 2015-18
- Hackney Annual Performance Report, 2018/19
- City and Hackney Joint Strategic Needs Assessments, various years
- City and Hackney Local Authority Profile, Public Health England, 2019
- Marmot indicators, Public Health England, 2015
- NHS Long Term Plan, 2019

The topics frequently appearing in most of these publications were: providing the best start in life; tackling health inequalities; encouraging good mental health; improving air quality and environment;

focusing on prevention of major health conditions; ensuring people live independent and healthy lives for longer.

The following indicators are therefore proposed for the inclusion in the dashboard:

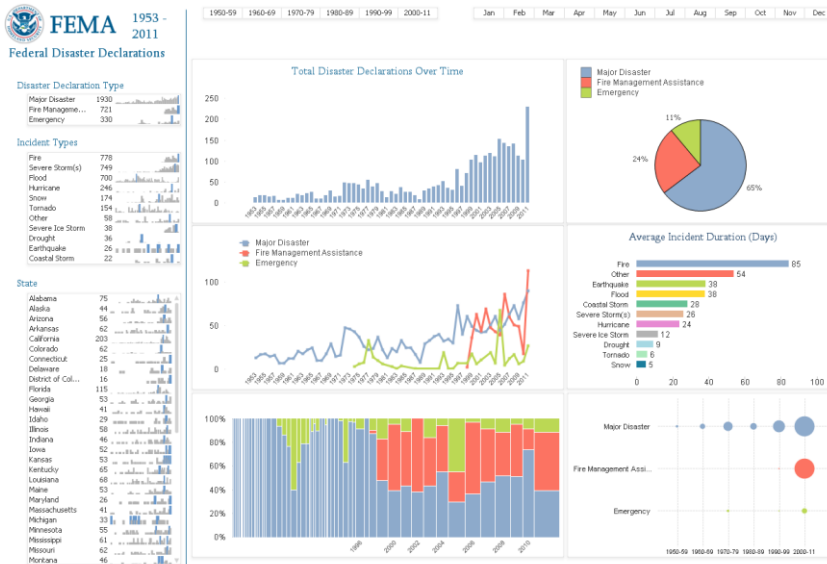
1. Healthy life expectancy at birth
2. Number of years spent in poor health (gap between life expectancy at birth and healthy life expectancy)
3. Family homelessness - households with dependent children or pregnant woman accepted as unintentionally homeless and eligible for assistance
4. Childhood vaccinations - population vaccination coverage for 2 doses of MMR at 5 years old
5. Percentage of children achieving a good level of development at the end of Reception
6. Childhood obesity at Reception and Year 6 stages
7. School pupils with social, emotional and mental health needs (school age)
8. Percentage of physically active children and young people
9. Proportion of 16-17 year olds not in education, employment or training (NEET) or whose activity is not known
10. Serious youth violence
11. Smoking prevalence
12. Percentage of adults classified as overweight or obese
13. Percentage of physically active adults
14. Long-term mental health problems
15. New sexually transmitted infections (excluding chlamydia, aged <25)
16. Killed and seriously injured (KSI) casualties on England's roads
17. Fraction of mortality attributable to particulate air pollution
18. Hospital admissions for violent crimes (including sexual offences)
19. Cancer screening uptake
20. Unemployment (ONS model-based method)
21. Long-term claimants of Jobseeker's Allowance
22. Mortality from causes considered preventable
23. Multimorbidity - proportion of people with two or more long-term conditions
24. Emergency admissions for dementia (aged 65+)
25. Emergency hospital admissions due to falls (aged 65+)
26. Vaccination coverage - Flu (65+)
27. Percentage of deaths in usual place of residence

The definitions and how these indicators align with the Labour Party Manifesto pledges are presented in the supporting document.

It is proposed that the dashboard is created using the corporate visualisation software, Qlik. This software allows for all the key information to be presented at a glance and to be easily updated as soon as new data become available. The following elements could be included as a part of the dashboard, where available:

- Time trends - trendline highlighting any significant changes
- Comparisons - national and/or regional, highlighting any significant differences
- Inequalities - differences by sex and/or socio-demographic characteristics like deprivation

Below is an example of a dashboard created in Qlik.



Please note that the indicators which are difficult to influence at a local level (e.g. proportion of children in poor families) were intentionally excluded. The indicators which feature in other Council reports such as the Annual Report were also excluded to avoid duplication.

The following aspects should be considered when reviewing the progress of health and wellbeing outcomes:

- Even with services and programmes in place, it might take a while before the improvements become traceable
- Some indicators are not refreshed regularly; many indicators are refreshed once a year
- Sometimes indicators are discontinued

Recommendation

Financial Considerations

There is no cost to use Qlik; staff time will be required to create and maintain the dashboard.

Legal Considerations

All data come from published and freely available sources and therefore should not present any legal challenges. Data coming from the primary care database are covered by the existing data sharing agreement.







Attachments

List of health and wellbeing indicators.








This page is intentionally left blank













Annual Report for 2018/19

This report sets out the annual 2018/19 outturns for a headline group of indicators collected by the Council. For indicators where targets were applied for 2018/19, the outturn is traffic lighted according to whether it was on or exceeded target, or by the extent to which the target was missed. The indicator set aims to help enable performance monitoring and the holding to account of the services delivered by the Council and its partners, and to assess the extent to which the strategic objectives of the organisation are being met. Where historical data for years before 2018/19 is available, this is given, with grey cells depicting periods where indicators were not collected. For a limited number of indicators, outturns for 2018/19 have yet to be published, and will be added to this report when they become available.

Code	Short Name	2016/17	2017/18	2018/19			Annual Target 2018/19
		Value	Value	Value	Status	Short Trend	
Adult Health and Wellbeing							
CACH A ASCOF 1d	Carer reported quality of life	6.9%	Survey not conducted	6.9%			Data Only
CACH A ASCOF 2b	% of older people who are still at home 91 days after discharge from hospital into reablement / rehabilitation services	86.6%	90.6%	90.7%			91.3%
FCR RB BHN 007	Number of households living in temporary accommodation (ex NI 156)	2,900	2,867	3,133			Data Only

Code	Short Name	2016/17	2017/18	2018/19			Annual Target 2018/19
		Value	Value	Value	Status	Short Trend	
Children and Young People							
CACH CSC 005	Stability of placements of looked after children: number of moves - % with 3 or more placements (ex NI 62)	18.0%	11.0%	Available in July 2019			13.0%
CACH CSC 006	Stability of placements of looked after children: length of	69.0%	62.0%	Available in July 2019			60.0%

Code	Short Name	2016/17	2017/18	2018/19			Annual Target 2018/19
		Value	Value	Value	Status	Short Trend	
	placement (ex NI 63)						
CACH CSC 008	Percentage of children becoming the subject of Child Protection Plan for a second or subsequent time (ex NI 65)	16.0%	13.6%	Available in July 2019			14.0%
CACH LT 001	Rate of permanent exclusions from school	0.09%	0.08%	0.13%	 -see note below		0.07%
<p>Note: Percentage figure relates to academic year 2016/17 (all phases). Rising exclusion rates are seen at national level, this does not relate specifically to Hackney. It should be borne in mind that whilst the Learning Trust is proactive in challenging schools to reduce exclusions, revise whole school behaviour management system and encourage governance that also questions exclusions, the Learning Trust cannot exercise control over this measure. In response to Exclusion rates, the Director of Education has convened an Exclusions Steering Group, and an Exclusions Executive Board, to have oversight across both the Learning Trust and Children and Young People Services of the ongoing strategy to work with Hackney Schools to reduce exclusions, and address the behaviour that leads to Exclusions. Underpinning this work is a new Action Plan which will shortly be finalised. Key messages have already been shared at the Head Teachers termly briefing and will also be taken to the Directors termly briefing for Governors. It should also be borne in mind that Statistical First Releases do not identify the fact that there is no parity in practice within each Local Authority, and no consistency in terms of how Exclusions and associated data are managed. Other Local Authorities will face similar issues but due to different management and reporting systems, will not submit any exclusions data.</p>							
CACH LT 047	% of pupils achieving English and maths GCSE (9-4 pass)			67.60 %		N/A	Data Only
CACH YH 005	Young offenders' engagement in suitable education, training and employment (ETE) (ex NI 45)	77.0%	75.0%	71.0%	 -see note below		80.0%
<p>Note: The cohort has reduced in size and the Youth Justice Board counting and reporting rule for the cohort has also changed. We now measure the ETE attendance of those children and young people on post court orders (Referral orders, Youth Rehabilitation Orders or Detention and Training Licences). The cohort reported on is now older (majority year 12 or 13), has more previous offences and poorer educational engagement histories. As a result, the ambitious target of full time engagement in training or education has become harder to achieve with this cohort.</p>							
CACH YH 006	First time entrants to the Youth Justice System aged 10-17 (ex NI 111)	114	111	86			110



Code	Short Name	2016/17	2017/18	2018/19			Annual Target 2018/19
		Value	Value	Value	Status	Short Trend	
Environmental Sustainability							
NH PR EO 050	% commercial waste recycled	22.9%	23.3%	22.7%			22.5%
NH PR SC 102	Children travelling to school – mode of transport usually used (car) (ex NI 198a)	8.77%	8.72%	10.15%			Data Only
NH PR WS 045a	Improved street and environmental cleanliness (levels of litter, detritus, graffiti and fly posting): Litter (ex NI 195a)	2.50%	1.88%	2.50%	 -see note below		1.50%
<p>Note: This indicator for litter, whilst still showing a very high level of performance, has dropped slightly. There have been no significant changes to the way in which the cleansing service is being delivered and with such a small drop in performance, it is very difficult to pinpoint precisely what has led to this. We have had problems with the waste fleet, particularly cleansing vehicles, which are being addressed, however, the situation is unlikely to improve until new vehicles on order are delivered in 2020.</p>							
NH PR WS 045b	Improved street and environmental cleanliness (levels of litter, detritus, graffiti and fly posting): Detritus (ex NI 195b)	2.45%	2.71%	5.26%	 -see note below		2.50%
<p>Note: As above, however we have had specific issues with our fleet of mechanical sweepers, many of which have been off the road due to the failure of the maintenance contractor to carry out repairs in a timely manner. The situation will not improve until new vehicles are delivered in 2020 and the service delivery returns to normal. At the moment there are regular interruptions with this part of the service due to having to operate it without a full complement of specialist vehicles</p>							
NH PR WS 045c	Improved street and environmental cleanliness (levels of litter, detritus, graffiti and fly posting): Graffiti (ex NI 195c)	2.76%	.21%	3.23%	 -see note below		2.00%
<p>Note: The level of resources used to deal with graffiti and flyposting have not changed from last year and our approach is the same. The amount of graffiti and fly posting is though increasing particularly around the border with neighbouring boroughs, with the Tower Hamlets border being the worst.</p>							
NH PR WS 045d	Improved street and environmental cleanliness (levels of litter, detritus, graffiti and fly posting): Fly-posting (ex NI 195d)	0.57%	2.29%	3.13%	 -see note below		2.00%
<p>Note: The level graffiti and flyposting have not changed from last year and our approach is the same. The amount of graffiti and fly posting is though increasing particularly around the border with neighbouring boroughs, with the Tower Hamlets border being the worst. Again tackling graffiti and fly posting depends on a joint approach of removal and enforcement action and considerable effort is being made to improve this coordination.</p>							





Code	Short Name	2016/17	2017/18	2018/19			Annual Target 2018/19
		Value	Value	Value	Status	Short Trend	
NH PR WS 047	Residual household waste per household (ex NI 191)	572.2Kg	545.1Kg	521.9Kg			518.0Kg
NH PR WS 048	Percentage of household waste sent for reuse, recycling and composting (ex NI 192)	26.00%	27.40%	27.90%			28.00%




Code	Short Name	2016/17	2017/18	2018/19			Annual Target 2018/19
		Value	Value	Value	Status	Short Trend	
Local Economy							
CE Employ 002	Paid Work – Clients moving into jobs (Includes Apprenticeship, Temporary jobs, Permanent jobs)			460		N/A	360
CE Employ 004	Apprentices on LBH Programme		198	153			Data Only
CE Employ 005	Hackney 100 Placements		10	33			Data Only
FCR FM 016	% of invoices paid within 30 days (ex BV8)	96.53%	97.75%	97.35%			95.00%
FCR RB BHN 002	Time taken to process Housing Benefit new claims and change events (ex NI 181) - reported as YTD figure	10.0 days	13.2 days	7.7 days			15.0 days
FCR RB REV 005	Percentage of non-domestic rates collected	96.40%	97.87%	95.50%			95.00%
NH H IM 005	Rent Arrears as a % of rent debit	3.21 %	3.52 %	3.68 %			3.40 %
NH H Voids 001	Average time taken to re-let local authority housing [all voids including major & minor voids]	64 days	70 days	59 days			62 days
NH PR PMS 003	Overall market occupancy rate	61.0%	63.0%	73.0%			70.0%
NH PR PRS 003	% of planning decision appeals dismissed	64.3%	71.0%	58.0%	-see note below		70.0%

Code	Short Name	2016/17	2017/18	2018/19			Annual Target 2018/19
		Value	Value	Value	Status	Short Trend	
<p>Note: The 2018/19 appeals performance was significantly affected by a large number of allowed appeals for telecommunication kiosks (incorporating illuminated advertisements as permitted development). In one batch, a single Planning Inspector allowed 11 out of 12 appeals, ruling against the Council's decision to refuse planning permission. It should be noted that Councils across London have raised concerns regarding the proliferation of these advertising focused kiosks and, in response, the Government has recently sought to reduce some permitted development rights for such proposals, meaning that separate advertising consent would be required.</p> <p>Senior Officers review each appeal decision to ensure that the Council's original decision was sound, however, individual Planning Inspectors will have differences of opinions especially on more subjective matters, such as impact of residential extensions on the character of the area. For the appeals that were allowed, it was found that Officers had indeed correctly assessed the planning applications consistently in line with relevant planning policies and guidelines, but Planning Inspectors had ultimately disagreed with interpretation of guidance - largely included within the 2009 Residential Extensions Supplementary Planning Document (SPD). In light of this, the Council's new Local Plan (LP33) has significantly updated the Council's evidence base relating to characterisation, and will inform a new Residential Extensions SPD to be read alongside the new Plan. An in-depth analysis of appeal decisions in 2017/18 and 2018/19 will also be reported to Planning sub-committee in summer 2019.</p>							

Page 25

Code	Short Name	2016/17	2017/18	2018/19			Annual Target 2018/19
		Value	Value	Value	Status	Short Trend	
Safer Communities							
NH H ASB 003	% of residents satisfied with the landlord's handling of ASB cases	72.78%	52.69%	49.18%			50%

Status	
	The 2018/19 outturn for this indicator meets or exceeds target
	The 2018/19 outturn for this indicator is below target, but by less than 10%
	The 2018/19 outturn for this indicator is 10% or more below target
	Indicator is a data only measure with no target set

Direction of Travel	
	Performance is better or the outcome is more positive for 2018/19 than 2017/18
	Performance or the outcome is the same for 2018/19 than 2017/18
	Performance is worse or the outcome is less positive for 2018/19 than 2017/18

Proposed Social Regeneration Indicator	Definition	Source
A healthier life		
Healthy life expectancy at birth	A measure of the average number of years a person would expect to live in good health based on mortality rates and prevalence of self-reported good health. The prevalence of good health is derived from responses to a survey question on general health.	PHE wider determinants of health profile
Healthy neighbourhoods index % of people who live in LSOAs which score in the poorest performing 20% on the Access to Health Assets and Hazards (AHAH) index	The AHAH index is calculated using three domains: access to retail services (fast food outlets, gambling outlets, pubs/bars/nightclubs, off licences, tobacconists), access to health services (GP surgeries, A&E hospitals, pharmacies, dentists and leisure centres), and physical environment (access to green spaces, and three air pollutants: NO2 level, PM10 level, SO2 level). The AHAH index provides a summary of an area's relative performance on these indicators (the second and third domains are health promoting and the first is health demoting). It provides information on how conducive to good health an area is relative to other areas.	PHE wider determinants of health profile
Social isolation % of adult social care users who have as much social contact as they would like	The percentage of respondents to the Adult Social Care Users Survey who say they have as much social contact as they want with people they like.	PHE wider determinants of health profile
Young people's emotional health Estimated % of 5-16 year olds with emotional disorders	The number of school children who are identified as having social, emotional and mental health needs expressed as a percentage of all school pupils.	PHE children & young people's mental health & wellbeing profile
Physical activity % of adults who are physically inactive	The number of respondents aged 19 and over, doing less than 30 moderate intensity equivalent minutes physical activity per week (in bouts of 10	PHE Physical Activity Outcomes

	minutes or more) in the previous 28 days expressed as a percentage of the total number of respondents aged 19 and over.	
Childhood obesity % of Year 6 children who are overweight or obese	Proportion of children aged 10-11 classified as overweight or obese. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.	PHE NCMP local authority profile
A place to belong		
People who feel able to influence local decisions % of adults who feel they can personally influence decisions affecting their local area	The number of respondents who reported that they feel they can influence decisions affecting their local area expressed as a percentage of total survey respondents	Community Life Survey (national) GLA Survey of Londoners (Local)
Local regeneration satisfaction % of residents who choose to stay in the local area when rehoused as part of an estate regeneration (Ayelsbury)	The number of residents who choose to stay in the local area (either on Ayelsbury estate or nearby roads) instead of choosing to be rehoused in a different part of the borough or outside the borough. As a percentage of total residents rehoused.	Southwark Regeneration team
% of residents who are rehoused in the local area (local lettings scheme-other areas of borough)	The % of new build/ redeveloped properties that are allocated to local tenants in housing need as part of the local lettings scheme. This is designed to sustain local communities.	Southwark Housing team
Getting on well with neighbours % of adults who think their local area is a place where people from different backgrounds get on well together	The number of respondents who reported that they their local area is a place where people from different backgrounds get on well together expressed as a percentage of total survey respondents	Community Life Survey (national) GLA Survey of Londoners (Local)
Social Mobility Index Ranks local authorities on the prospects of disadvantaged young people in each area	The Social Mobility Index compares the chances that a child from a disadvantaged background will do well at school and get a good job across each of the 324 local authority district areas of England. It examines a range	Social Mobility Commission

	of measures of the educational outcomes achieved by young people from disadvantaged backgrounds and the local job and housing markets to shed light on which are the best and worst places in England in terms of the opportunities young people from poorer backgrounds have to succeed.	
A full employment borough		
People who volunteer % of people who have done any forms of voluntary work in the last 12 months	The number of respondents who reported that they have done any voluntary work in the last 12 months expressed as a percentage of total survey respondents	Community Life Survey (national) GLA Survey of Londoners (Local)
Working standards % of employees in Southwark paid below the LLW	The proportion of jobs in workplaces in Southwark that are paid below London living wage (regardless of where the employees live)	Trust for London
Employment rate % of residents employed	The proportion of Southwark residents aged 16-64 that are in employment (self-employed and employees). This information is collected via the ONS annual national survey so is not exact.	ONS National Survey
Gender pay gap	The difference between average hourly earnings (excluding overtime) of men and women as a proportion of average hourly earnings (excluding overtime) of men. For example, a 4% GPG denotes that women earn 4% less, on average, than men. Conversely, a -4% GPG denotes that women earn 4% more, on average, than men. This data is survey based and not exact	ONS Annual Survey of Hours and Earnings
Apprenticeships Number of Southwark Residents starting apprenticeships	The number of Southwark residents starting apprenticeships. This is collected on a quarterly basis but the number here is the figure up to Q3 of 2017/18	Southwark Local Economy team

<p>Job Density the ratio of total jobs to population aged 16-64.</p>	<p>The density figures represent the ratio of total jobs to population aged 16-64. Total jobs includes employees and self-employed. For example, a job density of 1.0 would mean that there is one job for every resident aged 16-64.</p>	<p>ONS National Survey</p>
<p>A safer community</p>		
<p>Perception of safety % of people who feel safe when out and about in their local area</p>	<p>The % of people who respond to the residents survey saying they feel safe in their local area</p>	<p>Southwark Residents Survey</p>
<p>A Vibrant Southwark</p>		
<p>Digital connectivity % of people who go online occasionally or more</p>	<p>The number of respondents who reported that they go on line at least occasionally expressed as a percentage of total survey respondents</p>	<p>GLA Survey of Londoners</p>
<p>Access to culture % of people who have participated in a cultural activity in the last month</p>	<p>The number of respondents who reported that have participated in a cultural activity in the past month as expressed as a percentage of total survey respondents</p>	<p>GLA Survey of Londoners</p>
<p>Vibrant High Streets Number of vacant shop units in the borough</p>	<p>Number of vacant shop units in protected shopping frontages in the borough</p>	<p>Southwark Planning Policy team</p>
<p>A great start in life</p>		
<p>Child Poverty % of all children living in relative poverty</p>	<p>Percentage of children in low income families (children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income) for under 16s only</p>	<p>PHE wider determinants of health profile</p>
<p>NEETs % of 16-17 year olds not in education, employment or training or whose activity is not known</p>	<p>Proportion of 16-17 year old residents not in education, employment or training (NEET) or whose activity is not known out of all the 16-17 year olds known by the local authority.</p>	<p>PHE wider determinants of health profile</p>

<p>Progress 8 Pupil progress between KS2 & KS4 relative to the England average</p>	<p>Progress 8 captures the progress a pupil makes from the end of primary school to the end of secondary school. It is a type of value added measure where pupils' results are compared to the actual achievements of other pupils with similar prior attainment.</p>	<p>DfE school performance</p>
<p>A place to call home</p>		
<p>Satisfaction with local area % of people who think that Southwark is changing for the better</p>	<p>The proportion of Southwark residents who answered that they thought Southwark was changing for the better in the resident's survey.</p>	<p>Southwark Residents Survey</p>
<p>Genuine housing affordability % of all new homes that are London living rent properties (gross)</p> <p>% of all new homes that are social rent properties (gross)</p>	<p>London Living Rent is reduced rent set by the GLA for each borough. They are derived from average local income and ward-level house prices. Broadly the rent level for a 2 bedroom property is based on one third of local median monthly market rent. The Planning team will start recording the number of London living rent properties being delivered in the Annual Monitoring Report going forward.</p> <p>These indicators measure the proportion of all new homes being built in the borough that are social rent/ London Living Rent properties.</p>	<p>Housing AMR</p>
<p>Good Quality Housing % of homes meeting the decent homes standard?</p>	<p>The proportion of all Southwark properties (does not include private rented properties) that are classified as meeting the decent homes standard out of all of Southwark's homes.</p>	<p>Southwark Housing Team</p>
<p>Housing affordability Ratio of median house price in borough to median annual earnings</p>	<p>This indicator is a ratio of the median house price in the borough to median annual earnings. The house price data is based on the HPSSA data. The income data only includes gross earnings of full-time employees from PAYE records.</p>	<p>ONS housing affordability</p>

<p>% of median monthly income spent on rent (lower quartile)</p>	<p>The monthly rent level for a two-bedroom property in Southwark as a percentage of gross full-time earnings in the borough. This is the lower quartile (bottom 25%) for both earnings and rents.</p>	<p>Trust for London</p>
<p>A greener borough</p>		
<p>Air Quality Percentage of (permanent) monitoring sites per year above the 40µg.m-3 limit</p>	<p>There are 15 air-quality monitoring sites in Southwark where NO2 data has been collected for at least 5 years continuously. Using these sites in the indicators enables us to see how air quality is changing in the same areas over time. This indicator measures the number of these sites that are above the legal annual limit as a proportion of all the long-term monitoring sites.</p>	<p>Southwark Annual Air Quality Report</p>
<p>PM2.5 level</p>	<p>Annual concentration of human-made fine particulate matter (PM2.5) at an area level, adjusted to account for population exposure. PM2.5 has a metric of micrograms per cubic metre (µg/m3).</p>	<p>PHE wider determinants</p>
<p>Publicly accessible space Total publicly accessible open space per 1,000 population</p>	<p>This measures the total publicly accessible open space in the borough per 1000 population. In Southwark 59.3% of open space is publicly accessible, 35% is subject to restricted access and 5.7% has no public access.</p>	<p>Southwark open space strategy evidence base Authority monitoring report (ongoing)</p>
<p>Movement % of residents doing at least two x10 minutes of active travel a day</p>	<p>The % of residents doing at least 2x 10 minutes of active travel a day. This is collected by TFL through the London Travel Demand Survey- a survey of personal travel by London residents with 8,000 households surveyed each year.</p>	<p>Southwark transport policy team</p>
<p>Vehicle kilometres in given year (millions)</p>	<p>The number of vehicle kilometres (in millions) each year in the borough. This information is obtained from Department for Transport traffic statistics.</p>	<p>Southwark transport policy team</p>

This page is intentionally left blank