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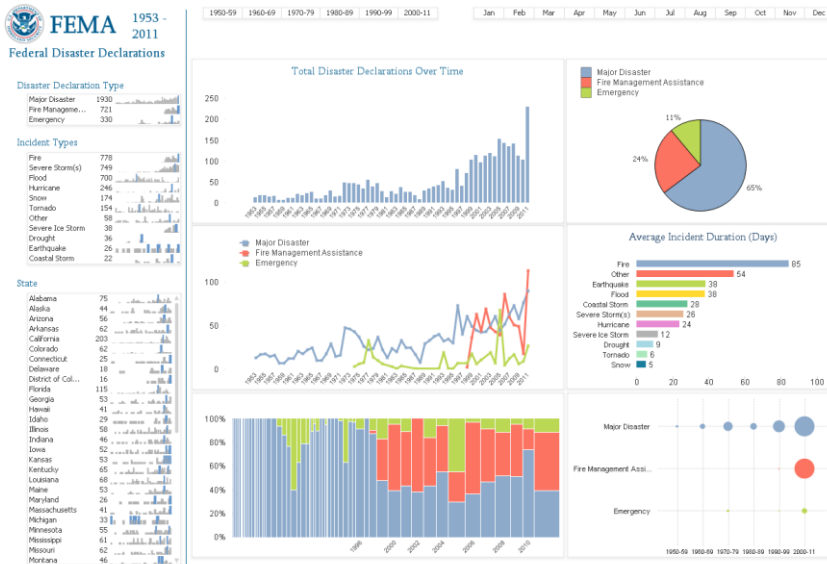
Please note that the indicators which are difficult to influence at a local level (e.g. proportion of children in poor families) were intentionally excluded. The indicators which feature in other Council reports such as the Annual Report were also excluded to avoid duplication.

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.