Cambridgeshire County Council

Review of Health Committee Priorities

Prioritisation: Context and Methods

What could being a Health Committee Priority mean?

Cambridgeshire County Council

- Setting policy and strategy
- Overseeing transformation
- Monitoring delivery
- Allocating budget
- Scrutiny of other organisations

What resources do we have?

- Money
- Officer time
- Councillor time
- Influence within wider partnerships

How do we select priorities?

- Review data and information
  - what are our ‘biggest’ problems?
  - Where are we an outlier?
- Community concerns
  - What are people worried about?
- Where can we make the most difference?
  - Evidence of effectiveness and cost effectiveness
- National policies/inspection regimes

What's the bigger picture?

Cambridgeshire County Council

We work within/with systems which have their own priorities:

- The wider County Council
- The national Public Health system
- The Sustainable Transformation Partnership (STP)
- The national NHS
- The Health and Wellbeing Board
- The Local Health Resilience Partnership/Local Resilience Forum
- The Combined Authority

What can we learn from previous sessions?

Scrutiny of NHS		**Behaviour change**		**Wider determinants of health**
List priorities within this area		Eg: Obesity		List priorities within this area
Mental Health				
Health Weight Strategy				
Active Travel				
Inequalities				

Prioritisation methodologies

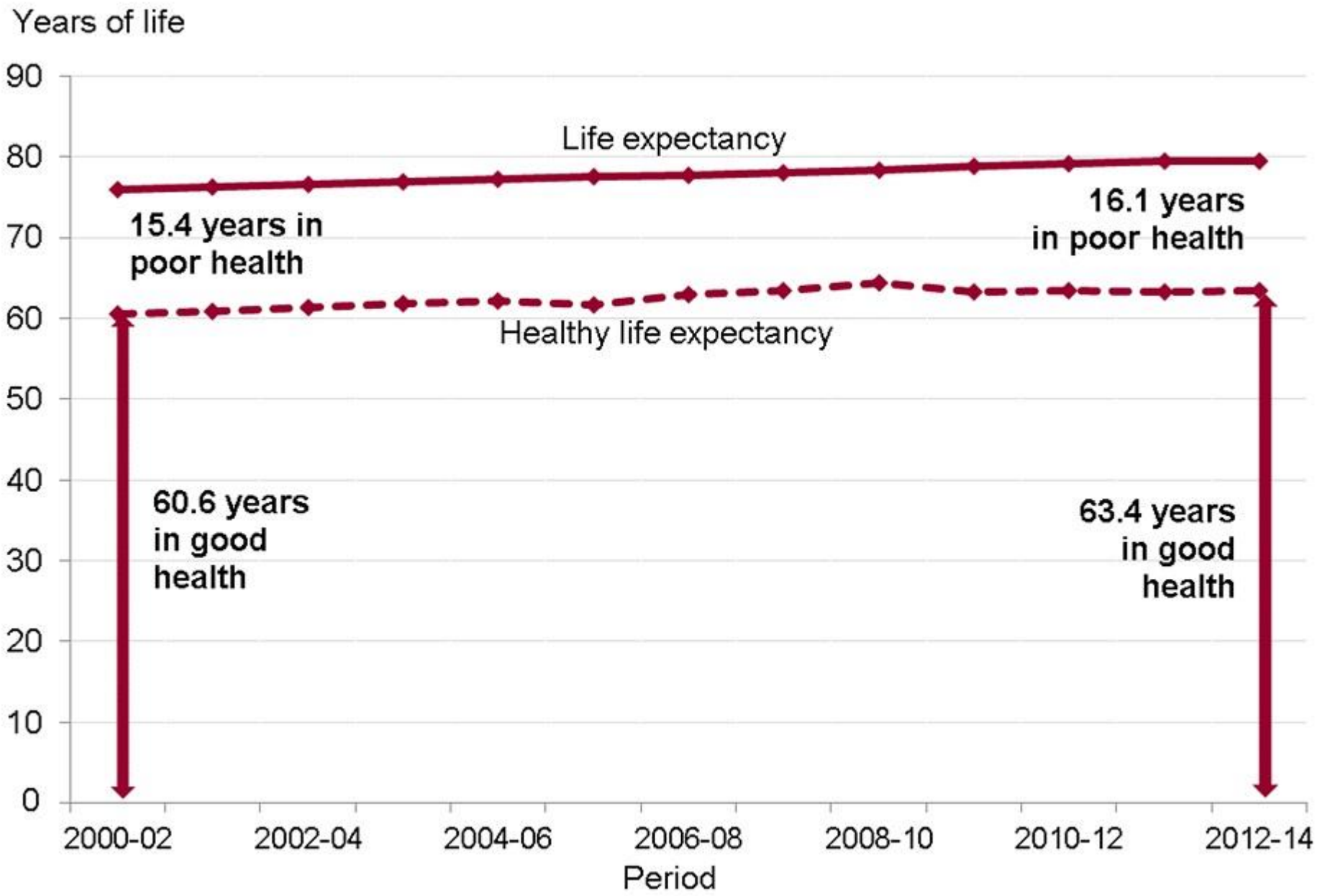
- Cost benefit analysis – the Oregon Experiment (1990)
- Numerical scoring system covering key issues
- ‘Accountability for reasonableness’ – transparency, relevance, revisability

Cambridgeshire County Council

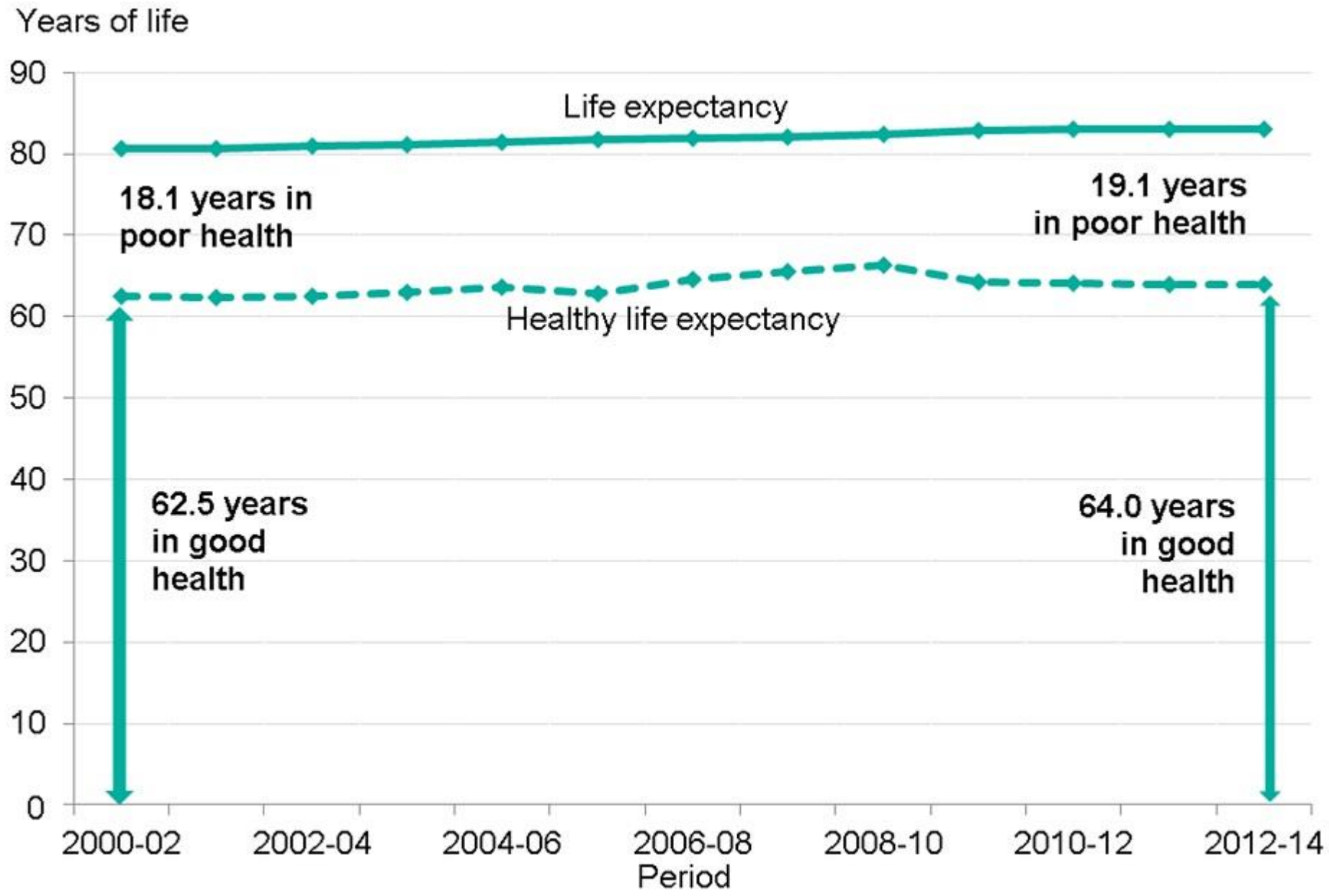
Review of Health Committee Priorities

National and local information to inform priorities

For males, years in good health and poor health have increased



For females, years in good health and poor health have increased



Leading causes of death vary by age for males

External Cancer Circulatory Respiratory Other

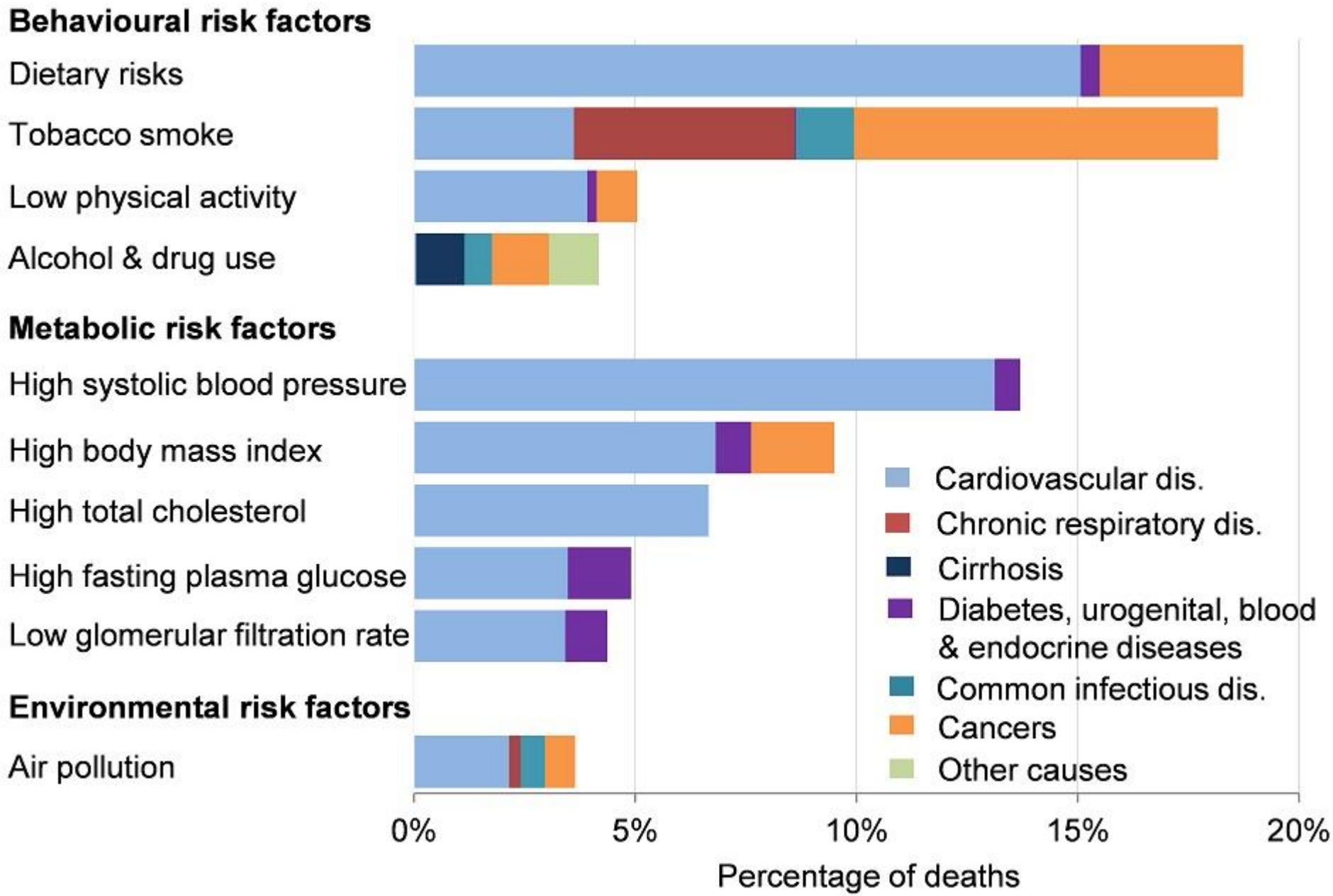
Age	1st	2nd	3rd	4th	5th
1-4	Perinatal & congenital	Influenza and pneumonia	Brain cancer	Meningitis and meningococcal infection	Vaccine preventable disease
5-19	Suicide	Transport accidents	Homicide	Leukaemia and lymphomas	Brain cancer
20-34	Suicide	Accidental poisoning	Transport accidents	Homicide	Cirrhosis and other liver disease
35-49	Suicide	Heart disease	Accidental poisoning	Cirrhosis and other liver disease	Stroke
50-64	Heart disease	Lung cancer	Cirrhosis and other liver disease	Colorectal cancer	Chronic lower respiratory diseases
65-79	Heart disease	Lung cancer	Chronic lower respiratory diseases	Stroke	Prostate cancer
80+	Dementia and Alzheimer's disease	Heart disease	Influenza and pneumonia	Stroke	Chronic lower respiratory diseases

Leading causes of death vary by age for females

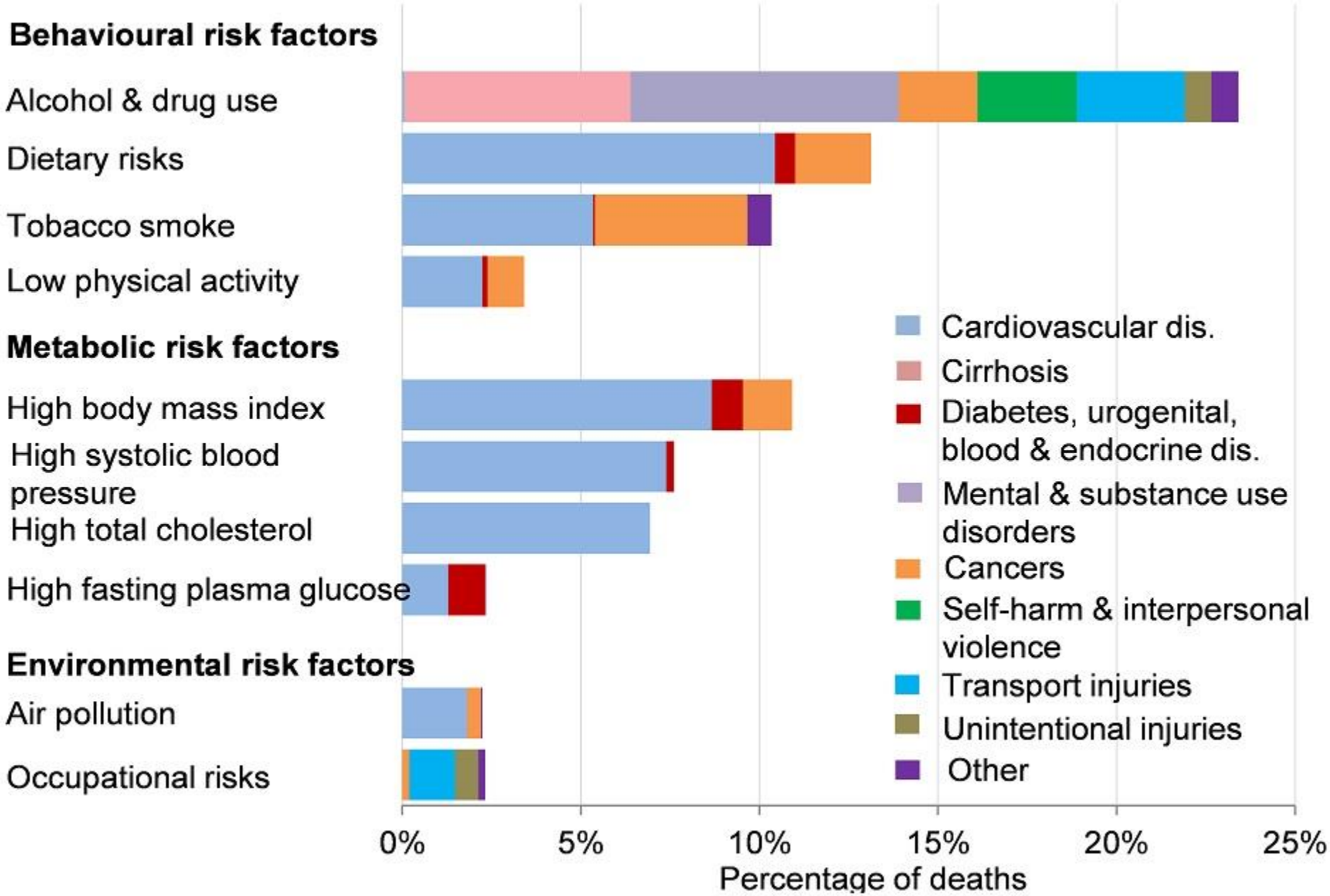
External | Cancer | Circulatory | Respiratory | Other

Age	1st	2nd	3rd	4th	5th
1-4	Perinatal & congenital	Homicide	Influenza and pneumonia	Septicaemia	Other acute respiratory diseases
5-19	Suicide	Transport accidents	Perinatal & congenital	Leukaemia and lymphomas	Brain cancer
20-34	Suicide	Accidental poisoning	Transport accidents	Breast cancer	Cirrhosis and other liver disease
35-49	Breast cancer	Cirrhosis and other liver disease	Accidental poisoning	Suicide	Heart disease
50-64	Lung cancer	Breast cancer	Heart disease	Chronic lower respiratory diseases	Cirrhosis and other liver disease
65-79	Lung cancer	Chronic lower respiratory diseases	Heart disease	Dementia and Alzheimer's disease	Stroke
80+	Dementia and Alzheimer's disease	Heart disease	Stroke	Influenza and pneumonia	Chronic lower respiratory diseases

Attribution of deaths to risk factors and broken down by broad causes of death in England, 2013

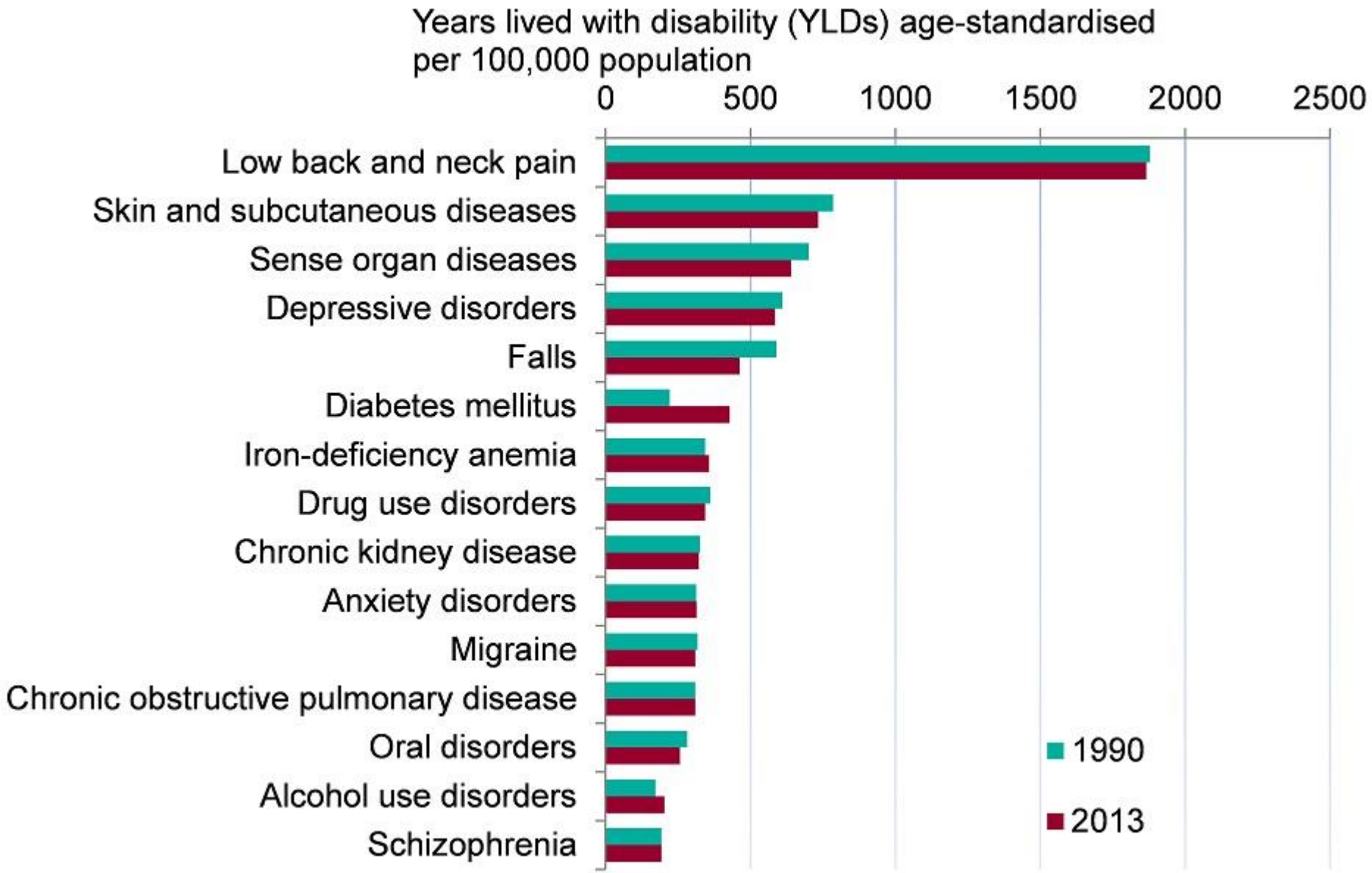


Attribution of deaths in ages 15 to 49 to risk factors and broken down by broad causes of death in England, 201

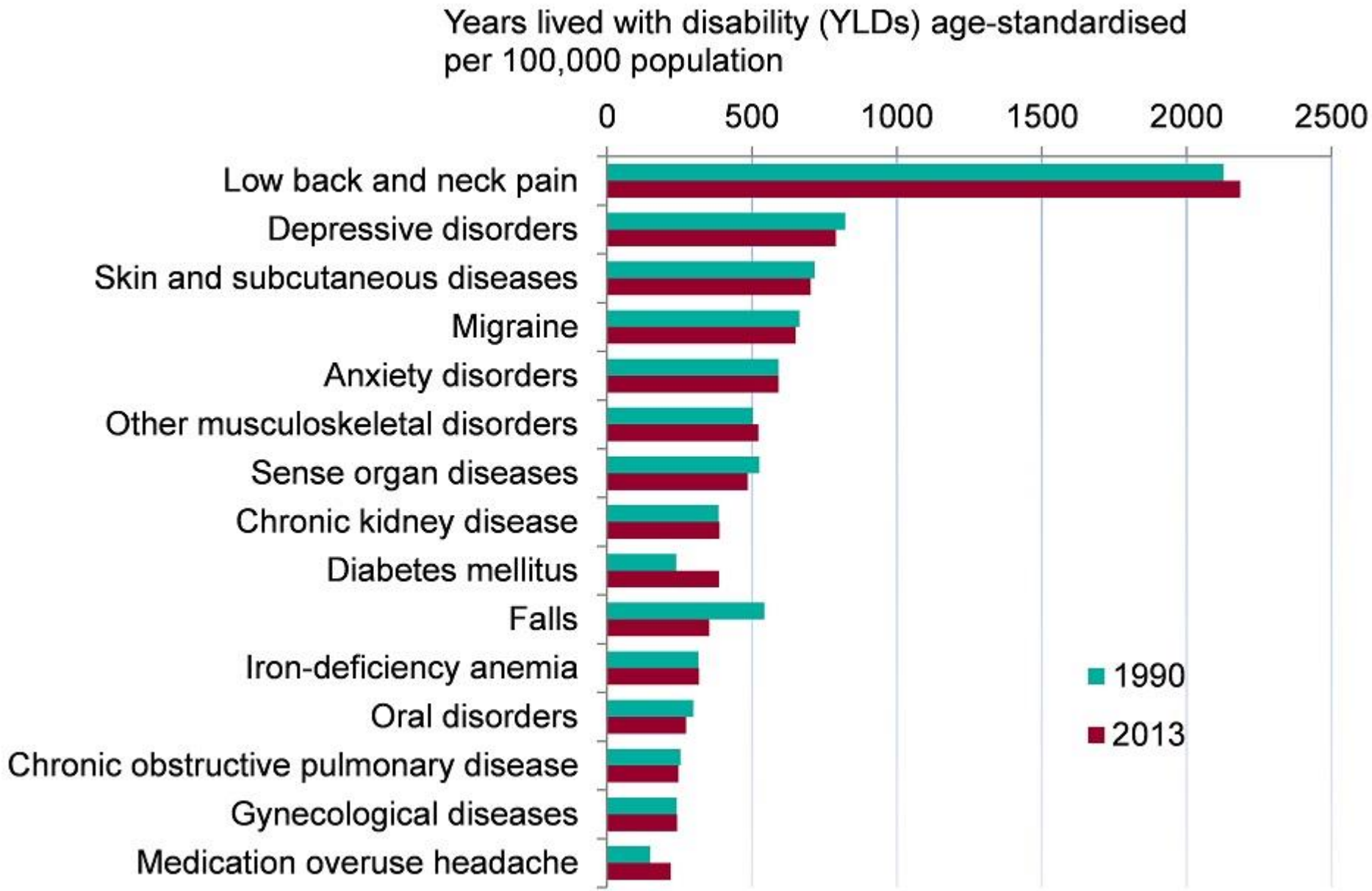


alcohol and drug use

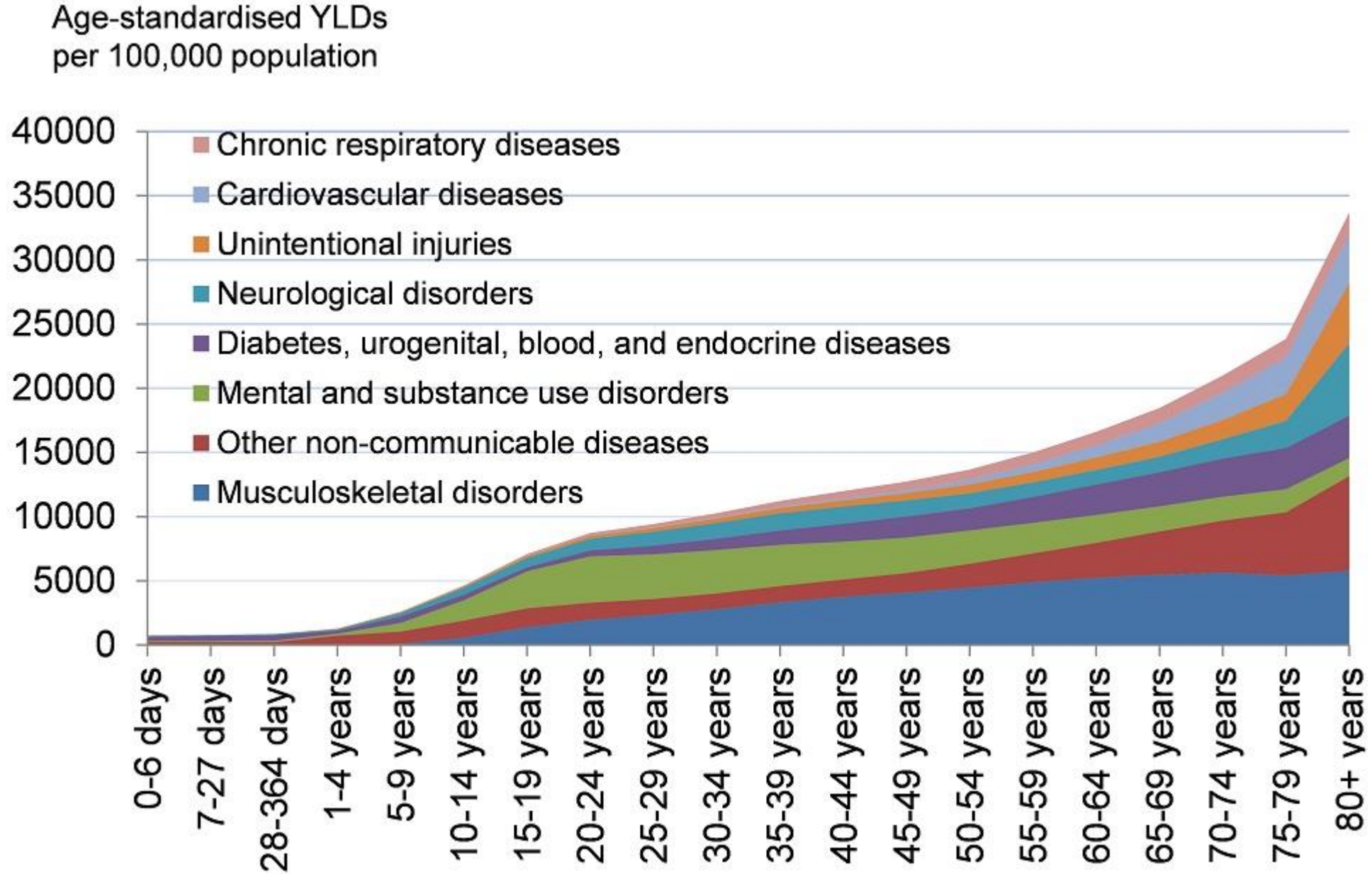
MALES


Years lived with disability (YLDs) age-standardised per 100,000 population
0
500
1000
1500
2000
2500
Low back and neck pain
Skin and subcutaneous diseases
Sense organ diseases
Depressive disorders
Falls
Diabetes mellitus
Iron-deficiency anemia
Drug use disorders
Chronic kidney disease
Anxiety disorders
Migraine
Chronic obstructive pulmonary disease
Oral disorders
Alcohol use disorders
Schizophrenia
1990
2013

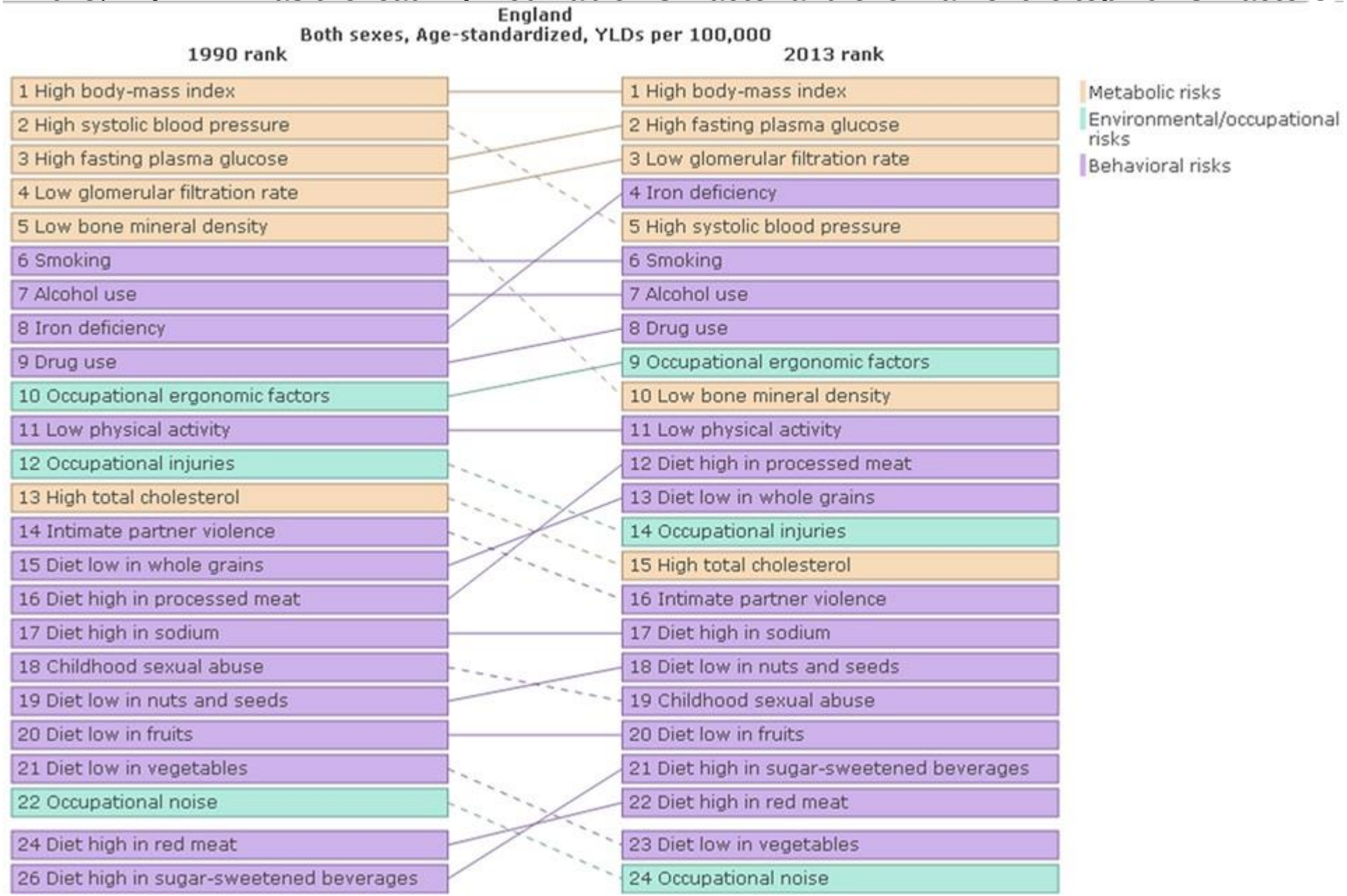
FEMALES


Years lived with disability (YLDs) age-standardised per 100,000 population
0
500
1000
1500
2000
2500
Low back and neck pain
Depressive disorders
Skin and subcutaneous diseases
Migraine
Anxiety disorders
Other musculoskeletal disorders
Sense organ diseases
Chronic kidney disease
Diabetes mellitus
Falls
Iron-deficiency anemia
Oral disorders
Chronic obstructive pulmonary disease
Gynecological diseases
Medication overuse headache
1990
2013

In 2013, the morbidity burden increased steadily to mid-life, then more rapidly into old age



In 2013, high BMI was the leading modifiable risk factor and over half of the top 20 risk factors related to diet



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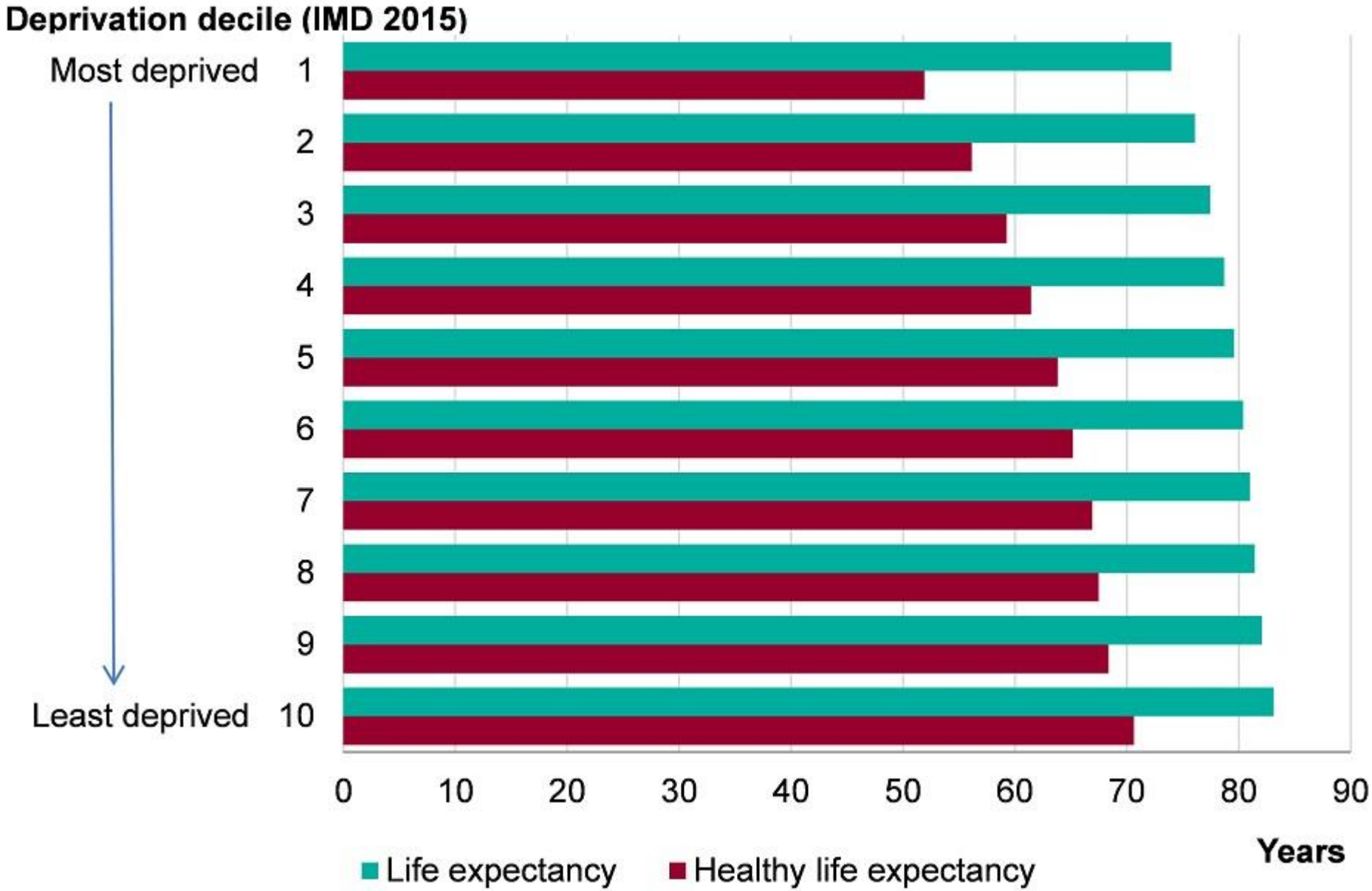
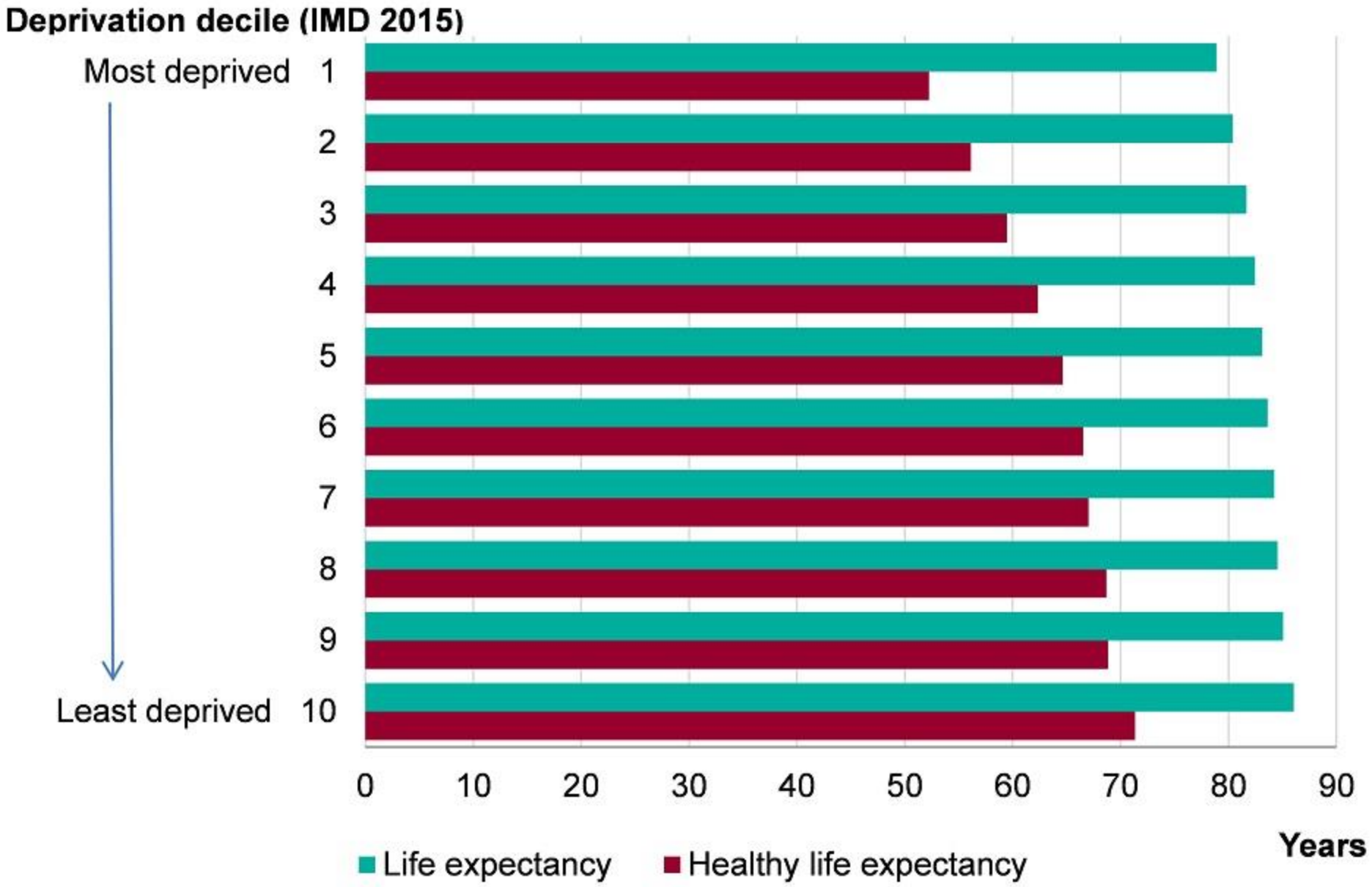

Deprivation decile (IMD 2015)
Most deprived
1
2
3
4
5
6
7
8
9
Least deprived
10
0
10
20
30
40
50
60
70
80
90
Years
Life expectancy
Healthy life expectancy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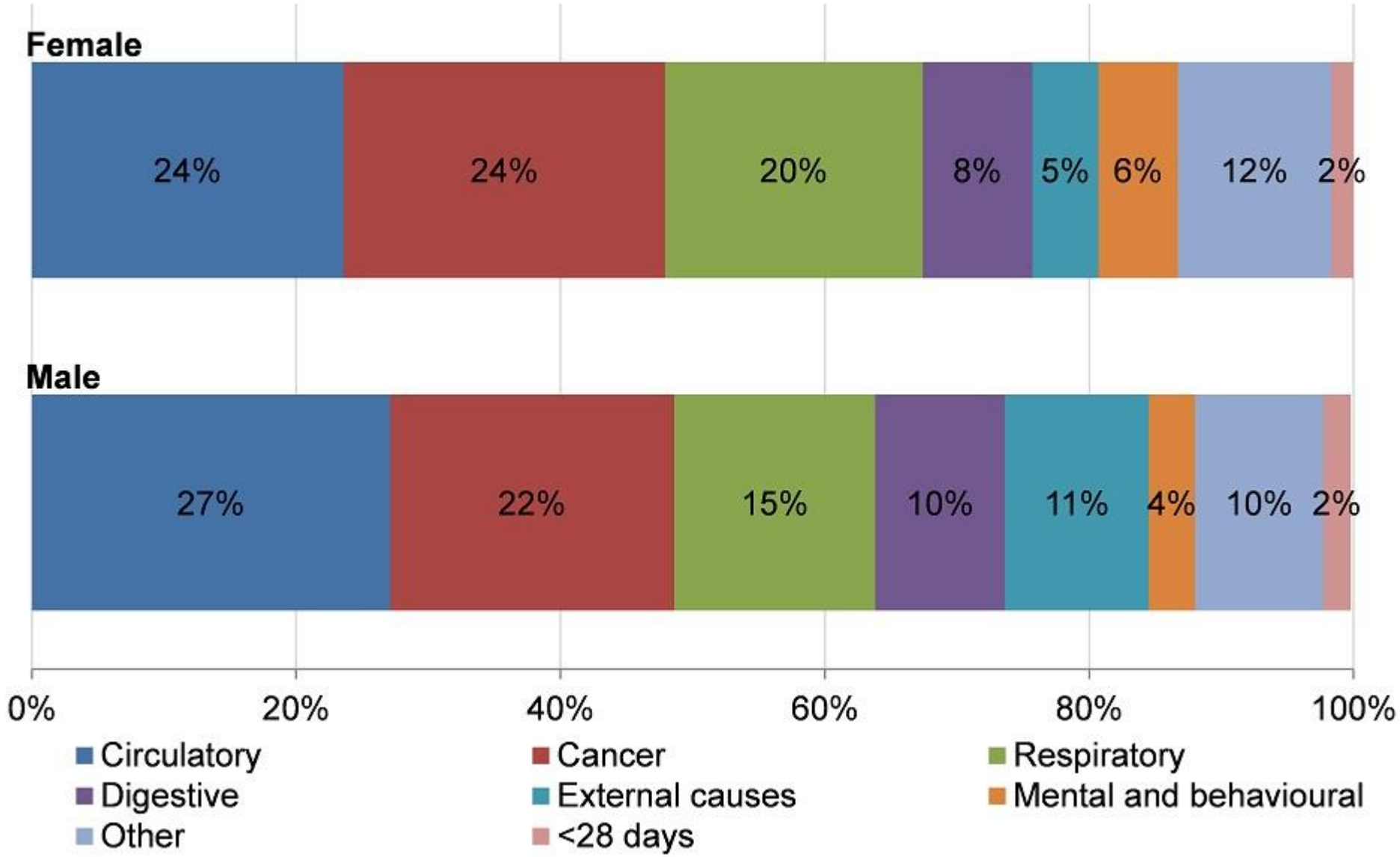
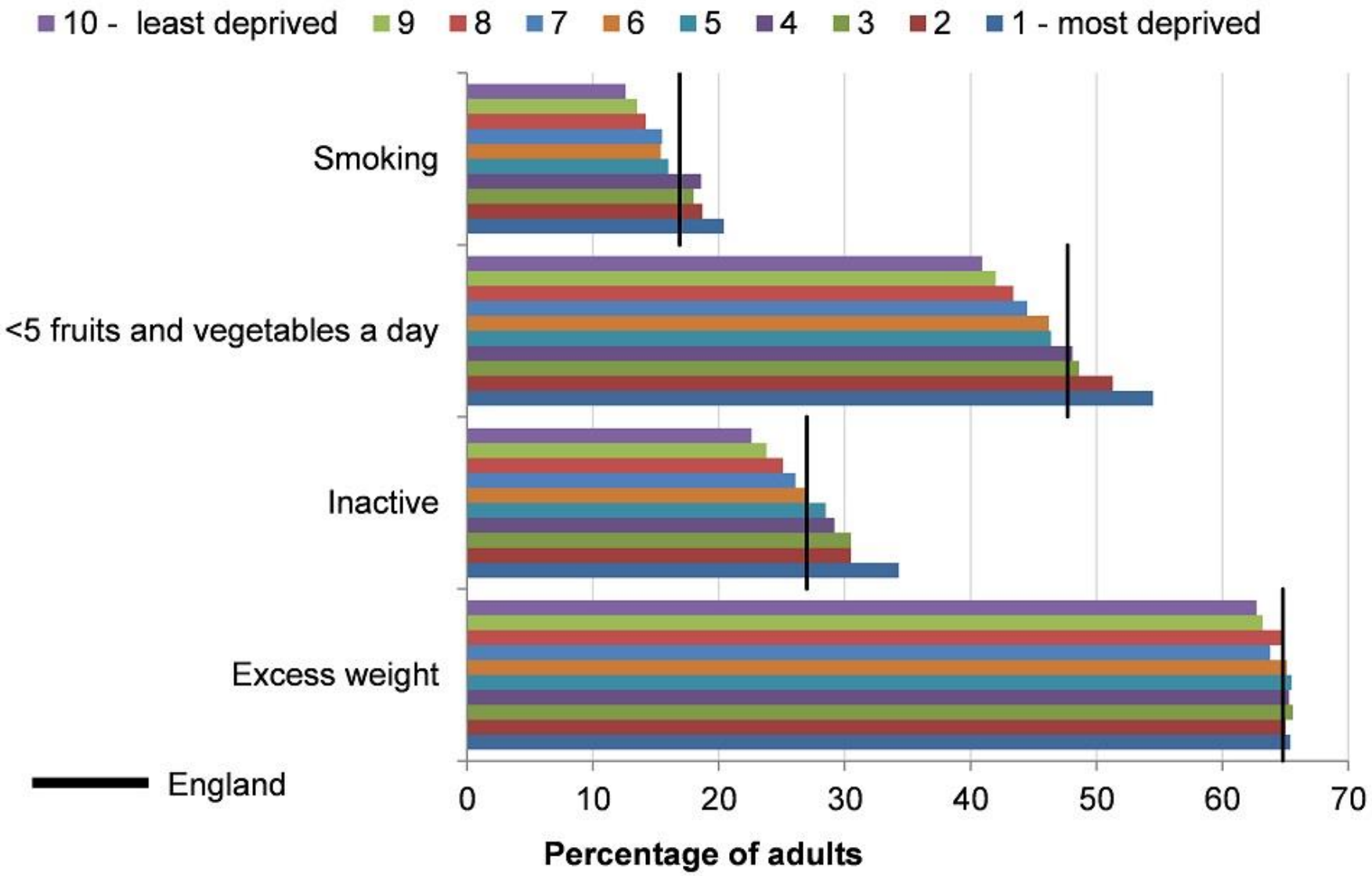
Least deprived
10
0
10
20
30
40
50
60
70
80
90
Years
Life expectancy
Healthy life expectancy

tiles in England

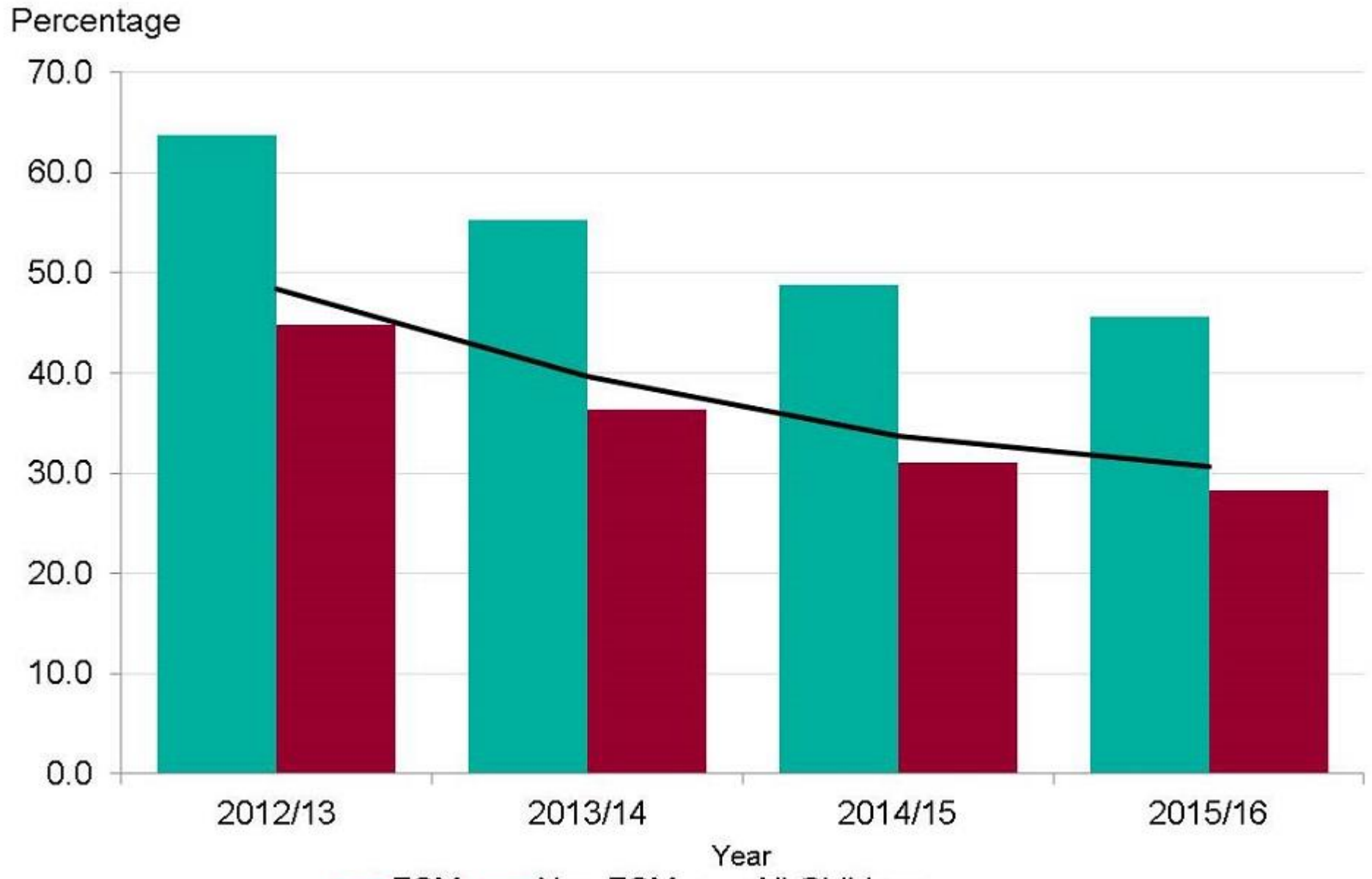
Percentage of gap in life expectancy between the most and least deprived quintile



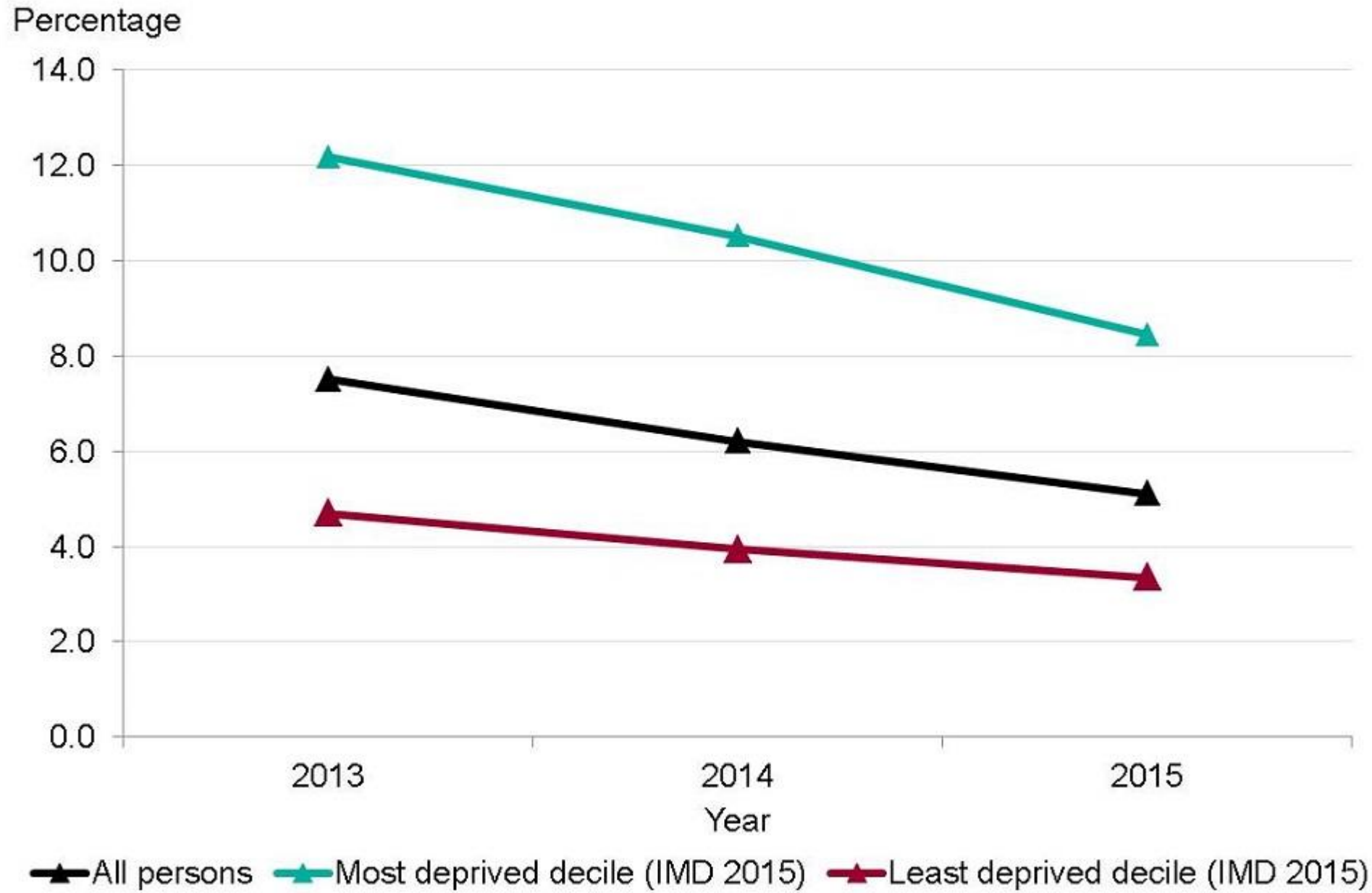
The prevalence of risk factors varies across upper tier local authorities grouped into deprivation deciles, whereby the least deprived areas had the lowest prevalence of risk factors



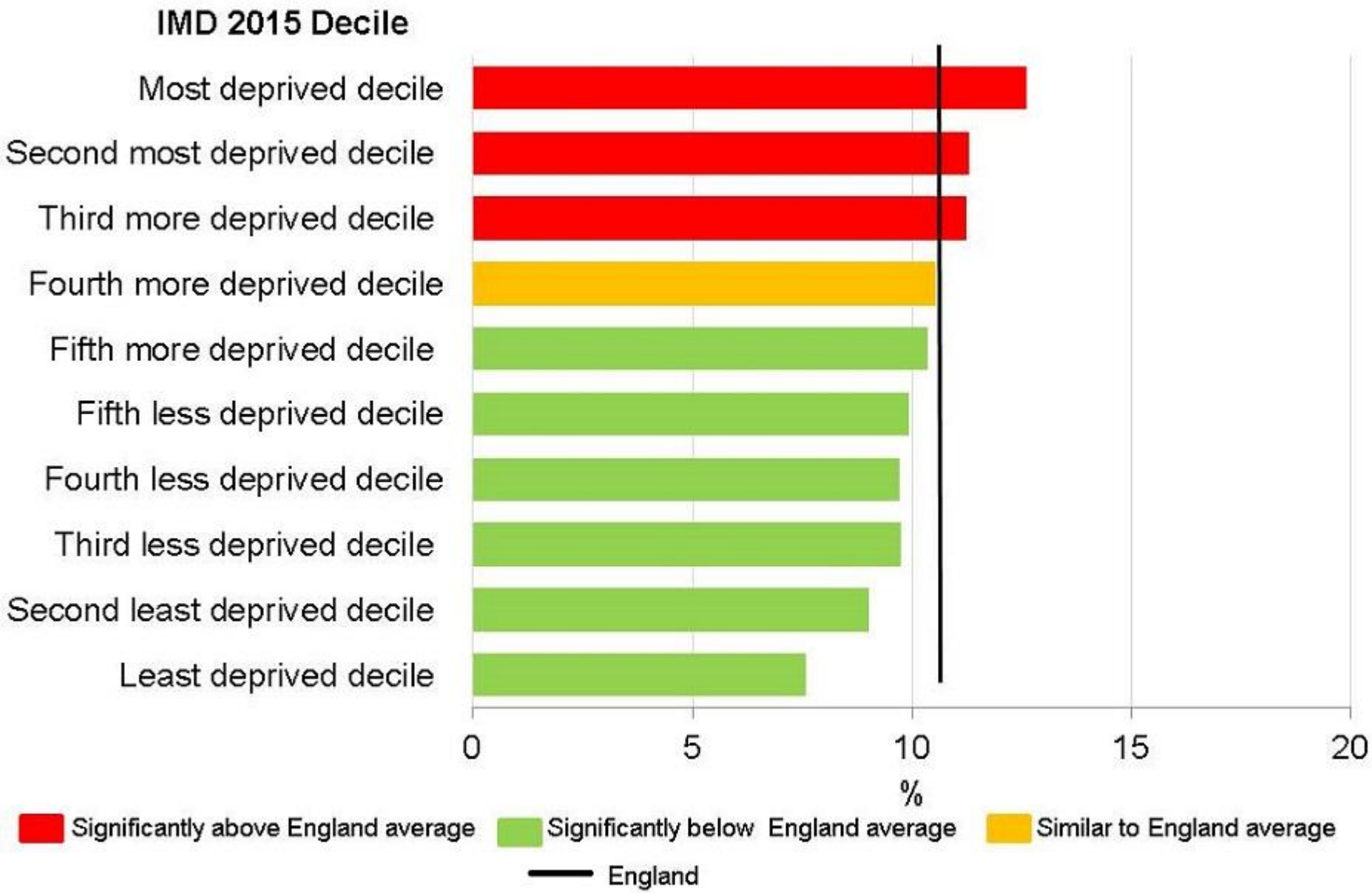
3.1 Figure 2: percentage of children who are not achieving a good level of development at the end of Reception Year (age 5) by free school meal stat



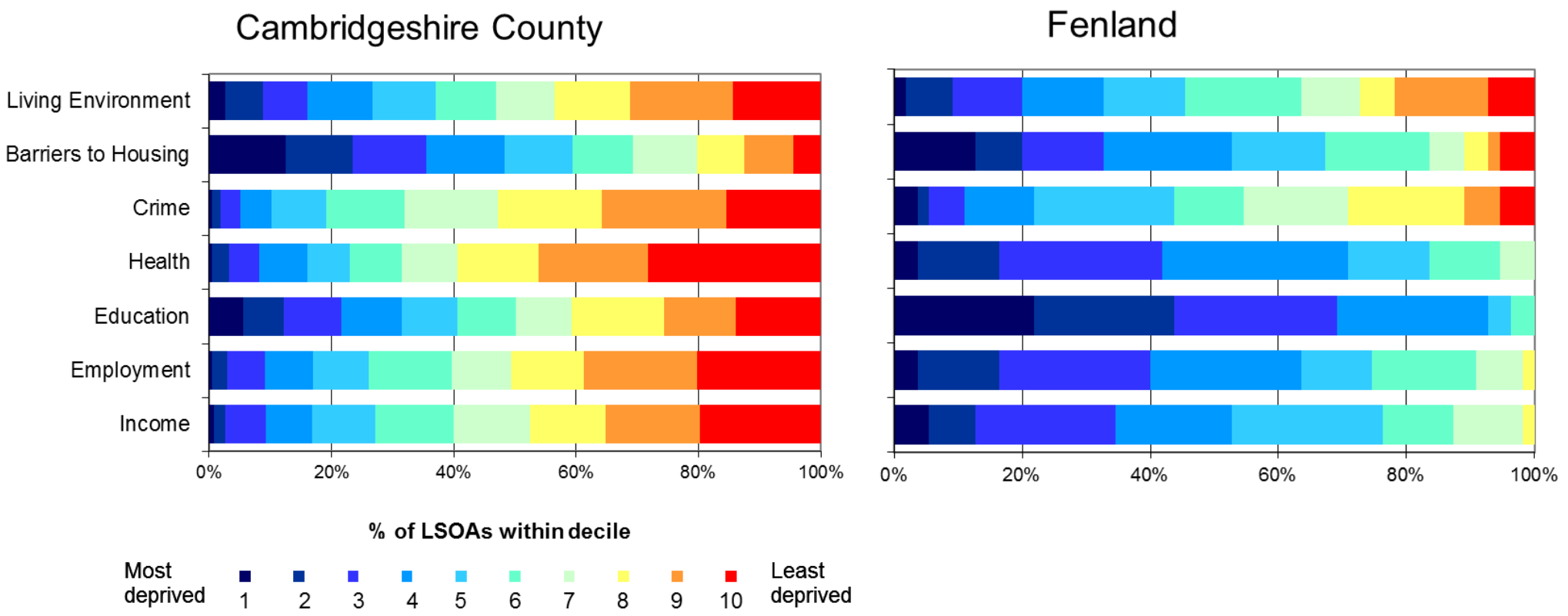
4.2 Figure 5: unemployment rate in persons (16+ years) by deprivation decile, England, 2013 to 2015

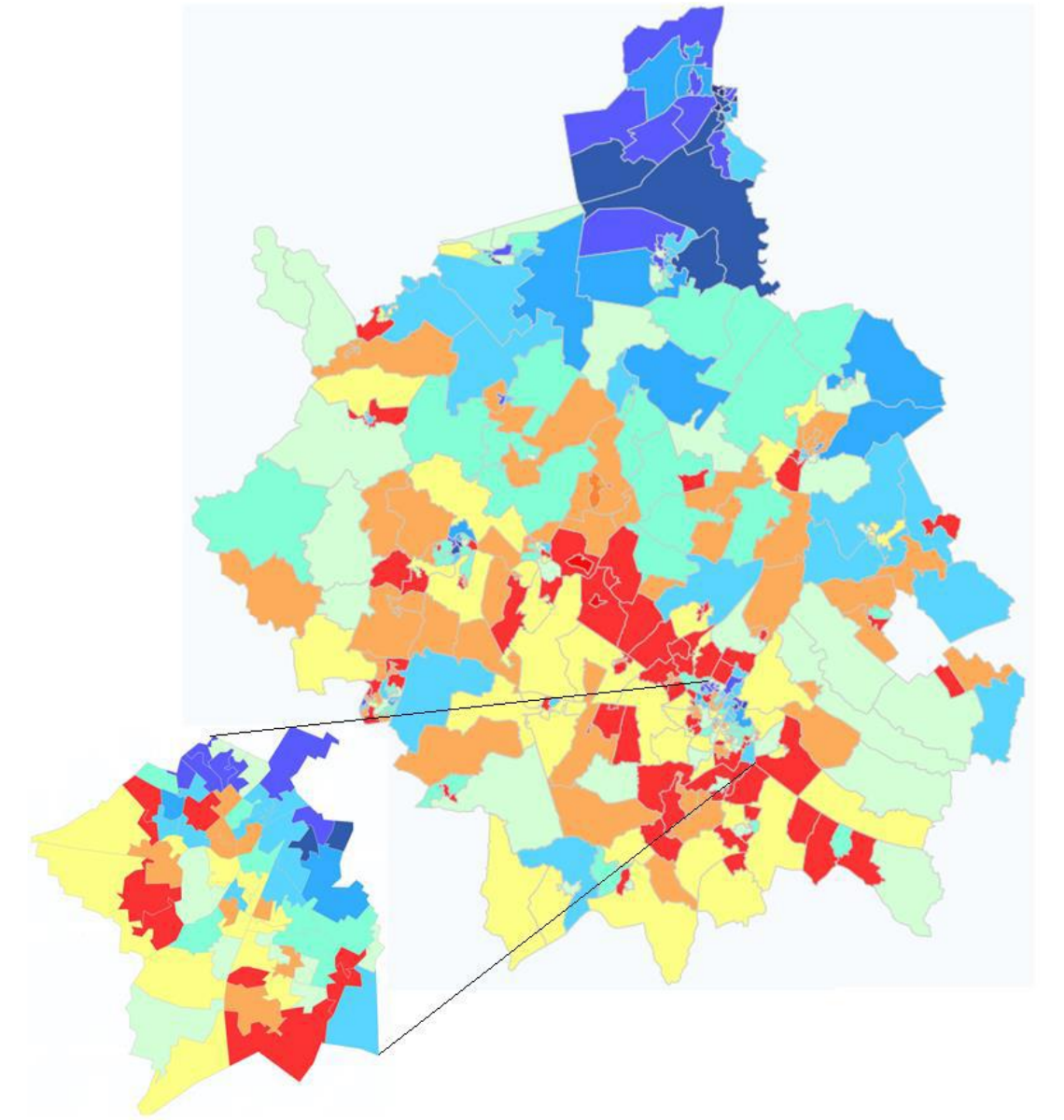


5.1 Figure 6: proportion of households living in fuel poverty by deprivation decile, England, 2014



The IMD(2015) is made up of seven domains which vary across the county

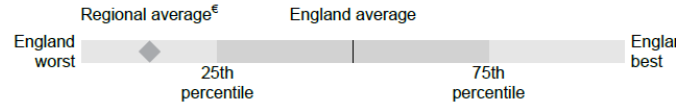



Most deprived
1
2
3
4
5
6
7
8
9
10
Least deprived

Health summary for Cambridgeshire

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate f
England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means
that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



Domain		Indicator	Period	Local count	Local value	Eng value	Eng worst	England range	Eng best
Our communities	1	Deprivation score (IMD 2015)	2015	n/a	13.4	21.8	42.0		5.7
	2	Children in low income families (under 16s)	2014	14,155	12.9	20.1	39.2		7.0
	3	Statutory homelessness	2015/16	131	0.5 ~[0]	0.9	8.9		0.1
	4	GCSEs achieved	2015/16	3,552	61.2	57.8	44.8		74.6
	5	Violent crime (violence offences)	2015/16	6,951	10.9	17.2	36.7		6.7
	6	Long term unemployment	2016	436	1.1 ^[20]	3.7 ^[20]	13.8		0.7
Children's and young people's health	7	Smoking status at time of delivery	2015/16	x[1]	x[1]	10.6 $[1]	26.0		1.8
	8	Breastfeeding initiation	2014/15	4,180	x[1]	74.3	47.2		92.9
	9	Obese children (Year 6)	2015/16	840	14.9	19.8	28.5		11.0
	10	Admission episodes for alcohol-specific conditions (under 18s)†	2013/14 - 15/16	152	38.5	37.4	115.1		10.8
	11	Under 18 conceptions	2015	172	16.5	20.8	43.8		5.7
Adults' health and lifestyle	12	Smoking prevalence in adults	2016	n/a	15.2	15.5	24.2		7.4
	13	Percentage of physically active adults	2015	n/a	58.6	57.0	44.8		69.8
	14	Excess weight in adults	2013 - 15	n/a	63.2	64.8	76.2		46.5
Disease and poor health	15	Cancer diagnosed at early stage	2015	1,412	56.8	52.4	41.6		60.4
	16	Hospital stays for self-harm†	2015/16	1,777	264.9	196.5	635.3		55.7
	17	Hospital stays for alcohol-related harm†	2015/16	3,981	638.2	647	1,163		390
	18	Recorded diabetes	2014/15	30,007	5.5	6.4	8.9		3.7
	19	Incidence of TB	2013 - 15	115	6.0	12.0	85.6		1.2
	20	New sexually transmitted infections (STI)	2016	2,145	511.3	795	3,288		344
	21	Hip fractures in people aged 65 and over†	2015/16	681	583.2	589	820		391
Life expectancy and causes of death	22	Life expectancy at birth (Male)	2013 - 15	n/a	80.9	79.5	74.3		83.4
	23	Life expectancy at birth (Female)	2013 - 15	n/a	84.4	83.1	79.4		86.4
	24	Infant mortality	2013 - 15	68	3.1	3.9	7.9		2.0
	25	Killed and seriously injured on roads	2013 - 15	911	47.5	38.5	74.0		11.8
	26	Suicide rate	2013 - 15	155	9.1	10.1	17.4		5.6
	27	Smoking related deaths	2013 - 15	2,391	227.8	283.5	509.0		183.3
	28	Under 75 mortality rate: cardiovascular	2013 - 15	1,018	63.5	74.6	137.6		45.4
	29	Under 75 mortality rate: cancer	2013 - 15	1,932	120.3	138.8	194.8		105.8
	30	Excess winter deaths	Aug 2012 - Jul 2015	808	16.7	19.6	33.0		10.2

Health summary for Fenland

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

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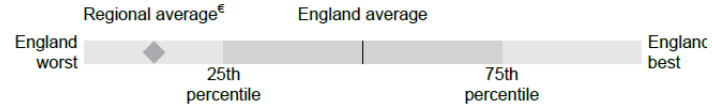
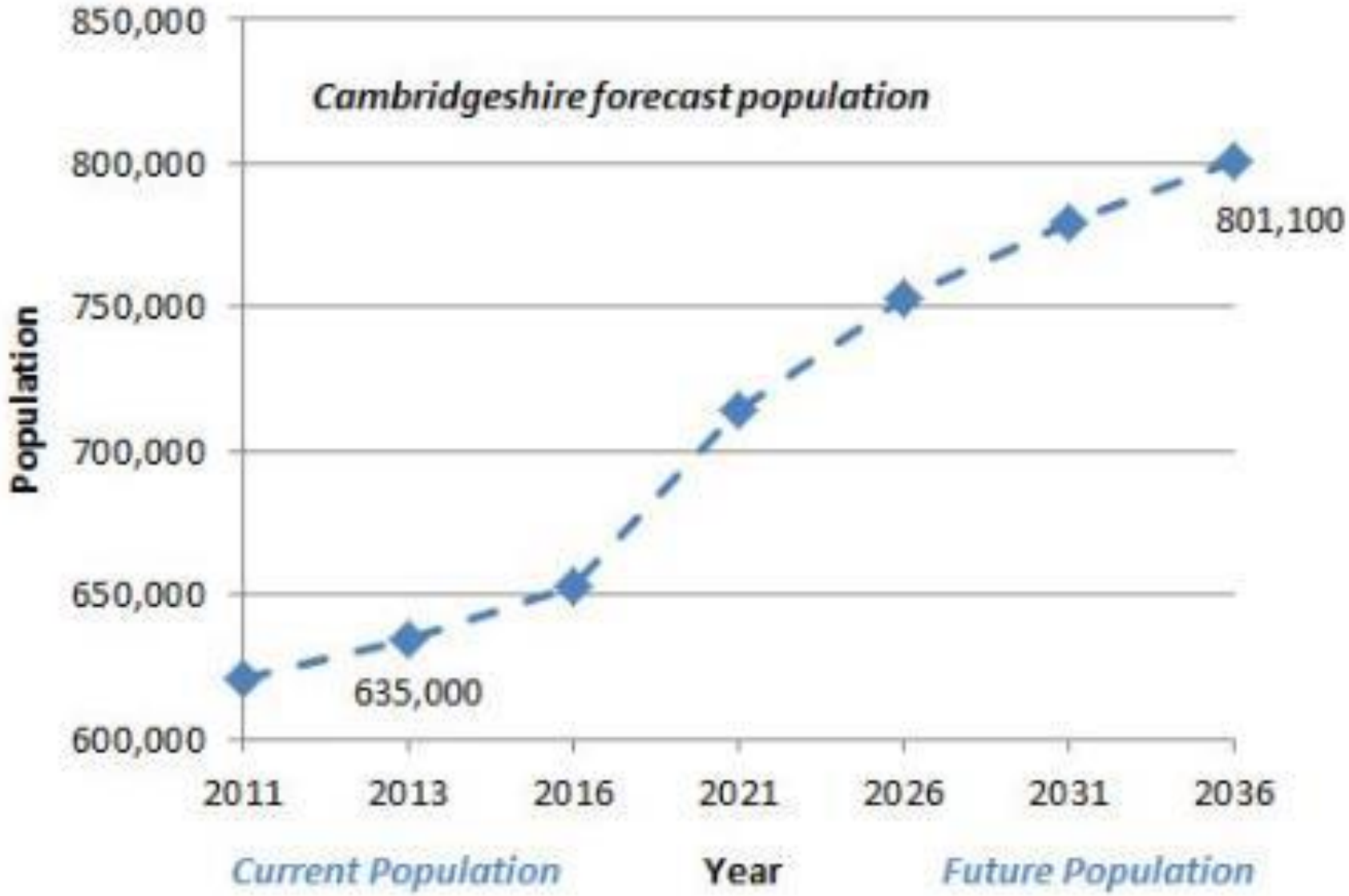


Domain		Indicator	Period	Local count	Local value	Eng value	Eng worst	England range	Eng best
Our communities	1	Deprivation score (IMD 2015)	2015	n/a	25.4	21.8	42.0		5.0
	2	Children in low income families (under 16s)	2014	3,745	21.3	20.1	39.2		6.6
	3	Statutory homelessness	2015/16	*[1]	*[1]	0.9			
	4	GCSEs achieved	2015/16	531	52.2	57.8	44.8		78.7
	5	Violent crime (violence offences)	2015/16	1,424	14.6	17.2	36.7		4.5
	6	Long term unemployment	2016	86	1.4 ^[20]	3.7 ^[20]	13.8		0.4
Children's and young people's health	7	Smoking status at time of delivery	2015/16	x[1]	x[1]	10.6 $[1]	26.0		1.8
	8	Breastfeeding initiation	2014/15	856	68.8	74.3	47.2		92.9
	9	Obese children (Year 6)	2015/16	174	20.0	19.8	28.5		9.4
	10	Admission episodes for alcohol-specific conditions (under 18s)†	2013/14 - 15/16	22	37.6	37.4	121.3		10.5
	11	Under 18 conceptions	2015	43	26.0	20.8	43.8		5.4
Adults' health and lifestyle	12	Smoking prevalence in adults	2016	n/a	21.6	15.5	25.7		4.9
	13	Percentage of physically active adults	2015	n/a	47.9	57.0	44.8		69.8
	14	Excess weight in adults	2013 - 15	n/a	72.9	64.8	76.2		46.5
Disease and poor health	15	Cancer diagnosed at early stage	2015	272	55.9	52.4	39.0		63.1
	16	Hospital stays for self-harm†	2015/16	293	310.7	196.5	635.3		55.7
	17	Hospital stays for alcohol-related harm†	2015/16	729	731.1	647	1,163		374
	18	Recorded diabetes	2014/15	7,297	7.8	6.4	9.2		3.3
	19	Incidence of TB	2013 - 15	23	7.8	12.0	85.6		0.0
	20	New sexually transmitted infections (STI)	2016	290	475.3	795	3,288		223
	21	Hip fractures in people aged 65 and over†	2015/16	146	666.9	589	820		312
Life expectancy and causes of death	22	Life expectancy at birth (Male)	2013 - 15	n/a	78.6	79.5	74.3		83.4
	23	Life expectancy at birth (Female)	2013 - 15	n/a	82.6	83.1	79.4		86.7
	24	Infant mortality	2013 - 15	15	4.3	3.9	8.2		0.8
	25	Killed and seriously injured on roads	2013 - 15	131	44.7	38.5	103.7		10.4
	26	Suicide rate	2013 - 15	32	12.7	10.1	17.4		5.6
	27	Smoking related deaths	2013 - 15	n/a	n/a	283.5			
	28	Under 75 mortality rate: cardiovascular	2013 - 15	233	83.5	74.6	137.6		43.1
	29	Under 75 mortality rate: cancer	2013 - 15	413	145.4	138.8	194.8		98.6
	30	Excess winter deaths	Aug 2012 - Jul 2015	197	19.7	19.6	36.0		6.9


Cambridgeshire forecast population
850,000
800,000
750,000
700,000
650,000
600,000
Population
801,100
635,000
2011
2013
2016
2021
2026
2031
2036
Current Population
Year
Future Population

Current Health Committee Priorities

- Mental health
- Health inequalities
- Transport and Health
- Effectiveness of Public Health
- Public Health Business Planning
- Issues with the EPIC system at CUHFT
- Delayed transfers of care across the system

STP – Priorities for Scrutiny

Cambridgeshire County Council

- Delayed transfers of care
- Primary care models
- Workforce in general
- Communication with the public on ways to use the NHS
- STP risk register
- STP governance structure and key performance indicators monitoring

Reactive Scrutiny

The committee can identify ongoing health scrutiny priorities e.g. DTOC

Some aspects of Health Scrutiny can not be planned for E.g.

- Unitingcare Partnership termination of contract (2015)
- Merger of Hinchingbrooke Hospital & PSHFT (2016)
- Public reaction to service changes e.g. Out of Hours (2017), Arts Therapy Services (2014)

Approaches to Reactive Scrutiny

Approaches that can increase the committee's capacity to effectively scrutinise in these situations

- ¼ Liaison meetings – keeping on open dialogue with NHS commissioners and providers
- Working Groups – delegating responsibility to a group to continue in depth scrutiny and bring recommendations back to committee
- Joint Health Scrutiny Committees – formally establish a joint arrangements with other councils that have statutory scrutiny responsibilities
- Development Sessions – more detailed information can be provided from a range of sources / organisations to provide a detailed overview to inform scrutiny

Deciding on future priorities

What are the key priorities that the Health Committee may want to adopt for

- Population health
- NHS Scrutiny