



Children's Public Health Strategy

2021 - 2023

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Portsmouth's multi-agency strategy for improving long-term physical health outcomes for children.

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A. Introduction

Portsmouth has had a Physical Health Strategy for children and young people over a number of years. It is recognised that a great deal of good work has been done and that there are many examples of positive impact and improvements for children and young people's outcomes.

Many of the initially identified objectives have been the mainstay of improvement work in the City for many years and continue to be a challenge. Now is the time to take a different approach, to be radical and to target stuck or stubborn improvement areas.

This new, broader strategy seeks to go 'back to basics', to focus on long-term change. For example, we know that poverty is a key factor in predicting long-term outcomes and could focus on tackling this with regards to physical health. The strategy seeks to articulate the long-term impacts of fundamental changes to our approach and to describe:

- The 'game changers' - areas of focus which will secure long-term improvement in outcomes for children and young people
- The high expectations the whole system will have of itself in supporting fundamental change
- The commitment which the system, parents and others make to long-term change

The strategy focuses on influencing commissioning activity in its broadest sense and the associated work streams across the system. It outlines what we should be doing and where, across a range of strategies and work streams - we articulate the 'ask' of others in driving forward improvements to children and young people physical health.

Our data is clear with regard to the areas of challenge we have as a system. The data is unlikely to have changed a great deal since the end of 2019. However, there is recognition that The Covid pandemic will have a long-lasting impact. We also consider where there is a place to reflect on this and how to take forward learning from working differently.

Alongside its long-term ambitions, the strategy will also seek to have a positive impact on short-term deliverable activity.

The revised strategy will sit as one of 5 key strategy documents which make up the Children's Trust Plan 2020-23.

B. Context

Giving every child the best start in life has lasting impacts on health and wellbeing and helps to reduce the gap in outcomes between the most and least disadvantaged. A good start contributes to reductions in obesity, heart disease and mental ill-health and promotes educational achievement and employment. The scope of this strategy therefore focuses on pre-birth, babies, toddlers, children and young people 0 to 19 years, recognising the roles of prevention and the influence of the environment, maternity, primary and community care, as well as urgent and emergency care on health and wellbeing.

The context of increasing demand on health and care services, alongside financial constraints is well rehearsed. Aiming to meet these challenges, innovative ways of working are being designed across the system to meet the needs of Portsmouth's children, young people and families. This is being delivered in a complex landscape, with work programmes spanning differing geographical footprints often stretching beyond Portsmouth.

Nationally, Public Health England undertook an extended collaborative process to identify ten areas where they believe the biggest impact can be made for the public's health over the five year strategy (2020-25)¹. These areas are noted as:

- smoke-free society
- healthier diets, healthier weight
- cleaner air
- better mental health
- best start in life
- effective responses to major incidents
- reduced risk from antimicrobial resistance
- predictive prevention
- enhanced data and surveillance capabilities
- new national science campus

Appendix B summarises the Public Health Outcomes Framework 2019–2022, from which the priorities within this strategy are drawn.

¹ PHE Strategy 2020-25 - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/831562/PHE_Strategy_2020-25.pdf

C. Our principles and priorities

Principles

1. Starting from our last 'best place' - building on what we know works for Portsmouth, we will drive a culture of innovation and continual improvement.
2. The need for long-term, cultural change is central to success if we are to see a sustained improvement in the health and wellbeing outcomes for young people.
3. A City-wide, partnership approach is the only way to ensure we secure long-term, cultural change.
4. A whole family, holistic approach in planning and delivering pathways will be used, and based on restorative principles.
5. Understanding and holding centrally the importance of relational approaches, building on the Restorative approaches Portsmouth has successfully developed.
6. Coproduction - children, young people and their families will be listened to and involved in designing, planning and evaluating care.
7. Acknowledging the interdependency of improving physical health outcomes. These include work across education, safeguarding, primary and secondary health services.

Strategic priorities

- A. **The best start** - As far as possible, all women and their partners make an informed decision about becoming pregnant; all women have access to opportunities which improve their physical and mental health throughout their pregnancy and into parenthood.
- B. **Thriving parents** - In Portsmouth we believe that parents are key to helping children and young people achieve their very best. Parents will be supported to fulfil their role to the very best of their abilities, whilst taking responsibility for helping to create the city we all want our children to thrive in.
- C. **Reducing the impact of poverty** - For all families to have access to pathways and opportunities that support their child's long-term physical health, reducing the inequalities that exist as a result of poverty.
- D. **Healthy places and the built environment** - For all new plans and key decisions regarding the built environment and healthy place-shaping to have embedded within their process a focus on the physical health of maternity, children and young people.

D. The case for change

Within Portsmouth there have been many successes in health improvement. The Needs Assessment published in Oct 2019² noted in particular:

- Portsmouth's infant mortality rate has consistently been below the England average, has increased within the last period.
- MMR immunisation is slightly higher than the England average, and has historically shown an improving trend. Rates for Diphtheria, Tetanus, Polio, Pertussis and Hib immunisation are above those nationally.
- Immunisations of children in care are higher than the England average.

However, there continues to be a number of key areas in which sufficient, sustained progress has not been made. These are:

- The percentage of low birthweight babies has increased but is in line with the national average. However, the proportion of very low birthweight babies is the sixth highest in the country.
- The proportion of children who are obese at Reception Year rose and is above the national average.
- The proportion of Year 6 pupils who are obese also rose to 21.7% and is above the national average.
- The number of A&E attendances for children age 0-4 years has now been above the national rate for two years, having historically been considerably below the national rate.
- Rates of smoking by pregnant women remain above the national average and did not improve in the last year.
- Levels of nitrogen dioxide and particulate matter are causing concern for air quality in Portsmouth.
- The rate of under 18's admitted to hospital with alcohol specific conditions has remained steady but remains above the national average, which has continued to improve, for the last three periods.
- Conception rates for under 18's have increased and are above the national and statistical neighbour averages.

There has long been an evidence base that firmly links poverty and health inequality. More recent research notes:



"The most frequently assessed social determinant in child health research is socioeconomic status (SES), most notably income. In general, most studies have shown that children in low-income households are more likely to experience respiratory illnesses, injuries, and other adverse health outcomes" [Victorino and Gauthier 2009](#)

"There is a strong association between income and health, with many health outcomes improving incrementally as income rises. Income can affect many aspects of health and in turn, have a knock-on effect on other social determinants. For example, a parent's income may influence a child's early development and educational opportunities, which in turn can affect a child's employment opportunities and their income" [Joseph Rowntree Foundation. \(2014\) How Does Money Influence Health?](#)

In Portsmouth, poverty continues to have a negative impact on a high proportion of the population:

- The percentage of children living in poverty in Portsmouth is consistently above the England average, although levels have fallen and the gap to national has reduced slightly.
- The proportion of children under 16 years experiencing income deprivation is highly variable across the city's wards. Levels range from a low level of 4.5% in Drayton & Farlington, to 43.2% in Charles Dickens electoral ward.
- The proportion of workless households in Portsmouth is higher than the England average, and has increased significantly due to the impact of the Covid-19 pandemic.
- The rate of family homelessness per 1,000 households is considerably higher than the national average and has increased in Portsmouth in recent years.

E. Our approach to behavioural insights

We believe that the use of behavioural insights is important to securing the success of our strategy. Our ambition is to create a culture where using behavioural insights is everyday practice, allowing healthy behaviours to thrive across our population. At the heart of every physical health challenge lies multiple behavioural challenges (for the public and professionals). To address these challenges locally it is important for us to understand our target audience and the groups within that population. Likewise, we must understand their current 'behaviour' and influencers, for example internal or external to them, physical or emotional and why the influencers are effective.

National guidance

Behaviour change: guides for national and local government and partners - GOV.UK (www.gov.uk) (2020)	For national and local government and partners to support people to have healthier behaviours. Based on the Behaviour Change Wheel framework, these guides can be used to help; develop behaviour change interventions from scratch, build on or modify existing interventions and choose from existing or planned interventions. These guides provide a framework for understanding behaviour in its context and for developing interventions and policies to change behaviour. They can be used flexibly according to need and circumstance, rather than following a fixed sequence of steps. They introduce tools and provide case examples for each of these processes.
Overview Behaviour change: digital and mobile health interventions Guidance NICE [NG183] (2020)	Guidance for intervention using a digital or mobile platform to help with physical health challenges, including stopping smoking, eating more healthily, becoming more active, reducing alcohol intake, or practising safer sex.
Improving people's health: applying behavioural and social sciences - GOV.UK (www.gov.uk) (2018)	A comprehensive and collaborative strategy to enable public health professionals to use behavioural and social sciences to improve health and wellbeing.
Overview Behaviour change: individual approaches Guidance NICE [PH49] (2014)	Guideline covering changing health-damaging behaviours among people aged 16 and over. Recommendations range from developing local behaviour change policy and strategy to delivering, monitoring and evaluating interventions.
Applying Behavioural Insights to Health (2010)	Sets out the importance of behaviour in policy making, the role of the Behavioural Insights Team in the Cabinet Office and how behavioural science insights can be applied to health using the MINDSPACE framework.
Overview Behaviour change: general approaches Guidance NICE [PH6] (2007)	A set of principles that can be used to by practitioner to encourage people to adopt a healthier lifestyle.

A mutual understanding across the workforce (consistent 'behavioural literacy') is important as we build a thorough evidence base, strengthen evidence-based practice and strengthen the resources that are available. In developing this, it is vital to have a mutual understanding of behavioural insights theory, practice and the tool that are available across the workforce. The Behaviour Change Development Framework (BCDF - accessible via <https://behaviourchange.hee.nhs.uk>), provides a structure for professionals across the workforce and a toolkit to help identify appropriate training requirements across the health and social care sector.

At a strategic level (including commissioners and planners) our workforce will have a mutual understanding of Behaviour Change and will understand how to embed it through planning and commissioning activity. Strategic and workforce leads will use the Behaviour Change Development Framework to enable a mutual understanding of behaviour change and how to embed its use.

The Behaviour Change Wheel (2011) is a useful strategic tool providing a structured approach to understand challenges around physical health, how we are addressing them currently and potential to strengthen resources to improve outcomes for our residents (further guidance available - www.unlockingbehaviourchange.com/pdf).

At an operational level (including service managers and frontline staff) the level of knowledge and expertise is varied, depending on the level of interventions provided by individuals, teams or organisations. There are a range of national toolkits and e-learning modules available (<https://behaviourchange.hee.nhs.uk>), which can be used to develop knowledge and understanding, appropriate to each role. Alongside this, we will make greater use of our local training and champions to embed and support practice development.

F. A partnership approach

In order to have a lasting, positive impact on children and young people's health outcomes, we must secure the commitment of the whole system. In doing this, we must ensure that policies and strategies fully reflect the priorities within this strategy. This is not to say that work is duplicated, rather it should bring together a wealth of work in a coordinated way.

When considering our influence over commissioning, we are seeking to work with partners to understand how they do things. This is not about the 'process' of purchasing and managing services but about how the system can further improve planning and decision-making to support the physical health of maternity, children and young people.

Children and Young People's Strategies

Children's Public Health Strategy	Corporate Parenting Strategy	SEMH Strategy	Safeguarding Strategy	Send Strategy
Education Strategy				

Council / Partnership Strategies

Health and Wellbeing Strategy	Creating Sustainable Communities Strategy	Regeneration Strategy	Air Quality Strategy	Parks and Open Space Strategy
Southsea Seafront Strategy	Local Development Framework	All age Physical Activity Strategy	Tackling Poverty Needs Assessment	All age Healthy Weight Strategy

Plans and Opportunities

Sports and Leisure - Future Plan	Children's Health Commissioning Plan	Children's care planning	Shaping the future of housing	Cleaner, greener and safer - transport vision
Greening Strategy implementation	Delivery of community services	Local Maternity System		

G. Short-term activity

The following activities seek to make improvements over the coming 3 year period in key areas. These build on existing good practice, lessons learned in the City about what works and national research evidence.

Activity area 1 - maternal health	
Strategic Lead	Kelly Pierce - Head of Integrated Early Help and Prevention
Objective	Perinatal mental health and infant SEMH
Activity outline	This priority activity is managed and monitored within the 'Best Start in life' Action Plan. It's key focus is on improving early identification of vulnerabilities for women and their families, identifying and supporting women and their partners when they deal with mental health issues and seeks to build strong attachment and resilience.
Key Performance Indicators	
Timescale	

Activity area 2 - maternal health	
Strategic Lead	Helen Simmons - Wellbeing Service Manager, Public Health
Objective	Reduction of smoking
Activity outline	<ol style="list-style-type: none"> I. Smoking Cessation (Wellbeing) Clinic within St Mary's Maternity Unit; midwives and health visitors to directly book in to. Medication offer expanded to include e-cigarettes. II. Smoking Cessation (Wellbeing) Clinic to be established alongside community midwives cited in Paulsgrove Healthy Living Centre. III. Focus on smoke free homes (families) inclusion of partners (smokers) to above settings. Medication offer expanded to include e-cigarettes (once current pandemic conditions permit)
Key Performance Indicators	<ul style="list-style-type: none"> • Increase in uptake of support from pregnant women and partners • Decrease in the number of mothers smoking at birth • Increase in number of children under 4yrs living in smokeless households
Timescale	6 months to measure if effective in increasing uptake of support and quit rates through pregnancy.

Activity area 3 - maternal health	
Strategic Lead	Public Health Midwife, Maternity Services
Objective	Healthy weight of pregnant women
Activity outline	<ol style="list-style-type: none"> I. II. III.
Key Performance Indicators	
Timescale	

Activity area 4 - maternal health	
Strategic Lead	Midwifery
Objective	Breastfeeding initiation
Activity outline	<ol style="list-style-type: none"> I. Review the delivery of breastfeeding support for women in later stages of pregnancy and around birth episode II. III.
Key Performance Indicators	<ul style="list-style-type: none"> • Rates of breastfeeding initiation at or above national • Rates of breastfeeding at 6-8 weeks at or above national
Timescale	2021-22

Activity area 5 - maternal health	
Strategic Lead	Hannah Byrne - Health Development Manager, Public Health
Objective	Long-acting reversible contraception (LARC)
Activity outline	<ol style="list-style-type: none"> I. LARC available in maternity settings, with a follow up pathway into primary care and the integrated sexual health service. II. Implementation of cross practice referrals within primary care to enable equitable access to LARC for patients across all GP practices. III. Referral pathways from the pharmacy emergency contraceptive service into the integrated sexual health service. IV. Work alongside children's social care to support looked after children and care leavers to improve workforce confidence and support around Relationships and sex education (RSE) and health education. V. Work alongside services supporting parents of children who are vulnerable / known to children's social care regarding informed choices with regarding interpregnancy intervals /family planning
Key Performance Indicators	<ul style="list-style-type: none"> • Under 18s conception rate per 1,000 to be similar or below the England rate • Increase total prescribed LARC per 1,000 • Increase uptake rate of under 25 year olds attending specialist contraceptive services per 1,000 • Increase rate of under 25 year olds choosing LARC, excluding injection at sexual health clinic per 1,000 • FNP - LARC uptake
Timescale	Implement within 2021/22, with evaluations at the end of the financial year to inform year 2 of implementation.

Activity area 6 - healthy lifestyle	
Strategic Lead	Andrea Wright - Health Development Manager, Public Health
Objective	Healthy weight at the end of Year R and 6

Activity outline	<ol style="list-style-type: none"> I. Social care joint initiative for Tier 4 children who are obese II. National Child Measurement Programme - mandated service that requires annual data collection III. Superzone place-based pilot IV. Continued delivery of the Olive programme through Health Visiting V. Work alongside early years and childcare service to re-establish healthy weight activity across early years settings.
Key Performance Indicators	<ul style="list-style-type: none"> • Increase healthy weight in Yr R to take Portsmouth above national average • Increase healthy weight in Yr 6 to take Portsmouth above national average • Improved dietary behaviours in children?
Timescale	The Superzone pilot will run during the 21/22 academic year, the NCMP is annually, and the multi-agency Tier 3 initiative will run during 2021 and beyond. Evaluation will be built into all activities and used to inform and improve future provision.

Activity area 7 - healthy lifestyle	
Strategic Lead	Andrea Wright - Health Development Manager, Public Health
Objective	Increase activity levels of children and young people
Activity outline	<ol style="list-style-type: none"> I. Delivery of an Early Years and Childcare Service led programme to encourage families to access free and low cost activities across the city. II. Daily and Golden Mile. III. School Streets pilot. IV. Further develop and embed active travel initiative including 'Stomp for Stamps' and Pompey Monsters. V. Build on learning of covid and people's use of non-built environments to exercise
Key Performance Indicators	<ul style="list-style-type: none"> • Increase in the amount of activity children are engaged with. • Increase in use of green space.
Timescale	These activities will run in 2021 and 2022, they will be evaluated and improved where necessary. The School Streets pilot will be evaluated prior to decision on future roll-out.

Activity area 8 - healthy lifestyle	
Strategic Lead	Bruce Marr, Head of Harm & Exploitation, Children's Services Alan Knobel - Health Development Manager, Public Health
Objective	Reduce the number of young people experimenting with and using substances long-term
Activity outline	<ol style="list-style-type: none"> I. Continued updating, reviewing and promotion of the PCC's PSHE drug, alcohol and tobacco toolkit to schools citywide as well as CPD for PSHE Leads.

	II. Reduce the exploitation of young people where substance use is a factor III. Deliver drugs education and training to the children's workforce Increase access to drug treatment for young people
Key Performance Indicators	<ul style="list-style-type: none"> • Reduction in the number of young people being exploited where substance use is a factor • Exploitation - • Number of workforce receiving substance misuse training • Number of under 18 in treatment / % successful completions
Timescale	Through to March 2023

H. Long-term strategic priorities

The following priorities seek to make long-term improvements in key areas which underpin children and young people's outcomes. They build on national research evidence, existing best practice from across the country and build on areas of success from across the City.

Priority 1 - The best start			
Strategic Sponsor	Alison Jeffery	Operational lead	Kelly Pierce
Vision	As far as possible, all women and their partners make an informed decision about becoming pregnant; all women have access to opportunities which improve their physical and mental health throughout their pregnancy and into parenthood.		
Strategic Objectives	<ul style="list-style-type: none"> • Develop and underpin a range of pathways which ensure women are making decisions which support them to choose when to become pregnant and to be fit for pregnancy • Improve opportunities for pregnant women to identify physical and mental health challenges, and to access support appropriate to their needs including for women who have been victims of sexual violence. • Embed a culture of developing strong attachment from before birth. • Underpin key messages and workforce capacity across the system, including GP's. 		
How will we monitor progress	<ul style="list-style-type: none"> • Improved breastfeeding rates across the board • Increase in the number of women who are a healthy weight whilst pregnant • Decrease in the number of women who are smoking during pregnancy • Number of vulnerable women supported by Early Help services before 24 weeks of pregnancy 		
Priority 2 - Thriving parents			
Strategic Sponsor	Hayden Ginns	Operational lead	Gill Noble
Vision	In Portsmouth we believe that parents are key to helping children and young people achieve their very best. Parents will be supported to fulfil their role to the very best of their abilities, whilst taking responsibility for helping to create the city we all want our children to thrive in.		
Strategic Objectives	<ul style="list-style-type: none"> • Development and implementation of a 'Portsmouth deal with parents' • An evidence based understanding of the impact that decisions parents make have and what the systems needs to do to support behaviour change. • Embed a culture of continuing to recognise the importance of strong attachment. • Robust early help and self-help pathways that engage and enable parents to seek the right support at the right time form the right person. 		

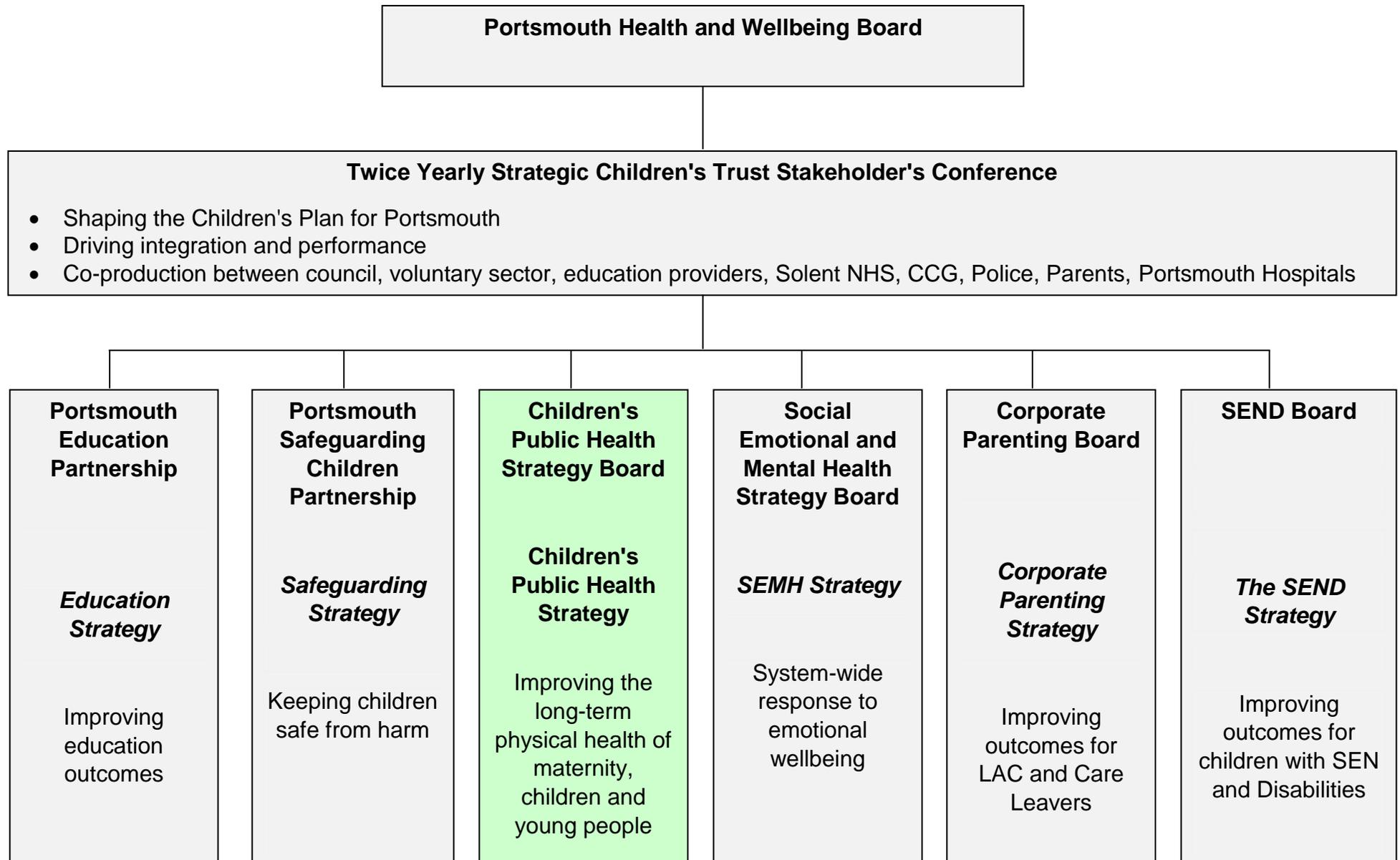
	<ul style="list-style-type: none"> • A robust, understood and well managed Childrens Obesity Pathway, which support children and their families when they need it. • Embed the importance of health home and social environments, including reducing the use of tobacco. • Ensure that parents have the right support to identify emerging and low levels of poor mental health, alongside the right early and self-help tools to manage this.
How will we monitor progress	

Priority 3 - The impact of poverty			
Strategic Sponsor		Operational lead	Mark Sage
Vision	For all families to have access to pathways, opportunities and living conditions that support their child's long-term physical health, reducing the inequalities that exist as a result of poverty.		
Strategic Objectives	<ul style="list-style-type: none"> • To have a robust understanding and awareness of the characteristics and needs of families in poverty or at risk of poverty in Portsmouth - including air quality, housing conditions, nutrition, access to training and employment, and financial inclusion and capability. • To reduce the impact of poverty on the health inequalities seen amongst children and their families. • To support families in raising their aspirations, both in terms of their expectations on the system and what they want for their children long-term. • Support families to increase their social capital and inclusion, working in partnership with the voluntary and community sector and HIVE Portsmouth to address issues that drive social exclusion. • To help families to maximise their uptake of entitlements and financial support, through assertive identification of families in financial hardship. 		
How will we monitor progress	<ul style="list-style-type: none"> • Uptake of provision for parents in financial hardship - money, debt and benefits advice; affordable access to food; local welfare provision. • Uptake of relevant entitlements - welfare benefits, Healthy Start vouchers, free school meals, Holiday Activities and Food etc. • Free or affordable provision of healthy activities for young people - adventure playgrounds and youth clubs, Holiday Activities and Food etc. • Number of families receiving support to reduce fuel poverty. • Affordability and quality of housing to underpin prevention of homelessness. • Access to careers advice and support for young people including the Apprenticeship Hub and My Future in Portsmouth. • Access to training and employment opportunities for young people and low income families under the council's Social Value Policy. 		

Priority 4 - Environmental and social planning

Strategic Sponsor	Helen Atkinson	Operational lead	Bethan Mose, Public Health Principal (Wider Determinants)
Vision	For all new plans and key decisions regarding the built environment and healthy place-shaping to have embedded within their process a focus on the physical health of maternity, children and young people.		
Strategic Objectives	<ul style="list-style-type: none"> • To have a robust understanding and awareness of the healthy places characteristics and needs of maternity, children and young people in Portsmouth including air quality, housing accessibility and quality, access to quality green and open space, transport and active travel. • Develop a clear set of built environment priorities for maternity, children and young people that articulates a clear and consistent position at all stages of engagement with built environment policies and proposals. • Engage with the planning and development process to ensure that the built environment fully supports families to make and sustain a healthy, active lifestyle. Engagement with those leading and developing City-wide regeneration and greening strategies and future plans to outline expectations and influence the shaping of both the city and its culture. • Ensure that sports and leisure developments across the City recognise the importance of universal access, designing opportunities that enable all families' equal access. • Embed the principles of effective coproduction across a range of strategic developments which impact of children and families 		
How will we monitor progress	<ul style="list-style-type: none"> • Development of a robust framework for Health Impact Assessment for major development proposals • Adoption of 'Healthy Streets' assessment tool to monitor the success of built and natural environment schemes • Development of an interactive Green Asset Register for the City • PHOF indicators (wider determinants), where appropriate. Where possible, the use of local data on housing, transport and air quality. 		

I. Governance and Delivery



J. Monitoring impact

Effective monitoring of the Strategy is essential in ensuring that the delivery plans are having an impact on children and families in Portsmouth.

The Board will be chaired by the Director of Public Health (PCC), with a nominated Public Health Consultant deputising as required. The chair is responsible for ensuring there is an agenda published in advance of each meeting, that the meeting is conducted effectively and that robust oversight of the action plan is maintained.

The Board will initially meet monthly to establish the strategy from January to June 2021 and quarterly thereafter. The Board will:

- Ensure that the Strategy and work plans are meaningfully coproduced
- Agreement of key short-term actions and long term priorities
- Monitoring of agreed activity
- Analysis of the impact of agreed activity
- Improved communication across the system with regard to understanding key priorities, associated activity and reporting of progress and impact
- Sharing of information or gaps in provision, resulting in a proactive and joined up approach to agree consistent approaches on dealing with key issues.
- To consider the financial implications of both activity and the impact of work streams
- To provide a strong voice across the system with regard to maternity, children and young people's Physical Health
- Representatives will act as a conduit for information to and from their area of the system.

The Board will monitor progress through a quarterly report to the corresponding xxx priorities. Quarterly monitoring will include summary performance on:

1. Data and performance indicators
2. Progress of the implementation plans
3. What's going well and what needs to improve

There will be an annual progress report to the Health and Wellbeing Board reporting impact across all xxx priorities.

K. Appendix A - The Balanced Scorecard

L. Appendix B - Public Health Outcomes Framework 2019–2022



Public Health
England

VISION

To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest

A Overarching indicators

- A01 Increased healthy life expectancy
- A02 Reduced differences in life expectancy and healthy life expectancy between communities

Public Health Outcomes Framework 2019–2022 At a glance

B Improving the wider determinants of health	C Health improvement	D Health protection	E Healthcare public health and preventing premature mortality
Objective	Objective	Objective	Objective
Improvements against wider factors which affect health and wellbeing and health inequalities	People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities	The population's health is protected from major incidents and other threats, whilst reducing health inequalities	Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities
Indicators	Indicators	Indicators	Indicators
B01 Children in low income families B02 School readiness B03 Pupil absence B04 First time entrants to the youth justice system B05 16-17 year olds not in education, employment or training B06 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation † (ASCOF 1G and 1H) B07 Proportion of people in prison aged 18 or over who have a mental illness B08 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services * (B08a - NHSOF 2.2) †† (B08b - ASCOF 1E) ** (B08c - NHSOF 2.5.i) †† (B08c - ASCOF 1F) B09 Sickness absence rate B10 Killed and seriously injured casualties on England's roads B11 Domestic abuse B12 Violent crime (including sexual violence) B13 Levels of offending and re-offending B14 The percentage of the population affected by noise B15 Homelessness B16 Utilisation of outdoor space for exercise / health reasons B17 Fuel poverty B18 Social isolation † (ASCOF 1J) B19 Loneliness	C01 Prescribing of long-acting reversible contraception C02 Under 18 conceptions C03 Maternity C04 Low birth weight of term babies C05 Breastfeeding C06 Smoking status at time of delivery C07 New birth visits C08 Child development at 2 – 2 ½ years C09 Child excess weight in 4-5 and 10-11 year olds C10 Children aged 5-16 sufficiently physically active for good health C11 Hospital admissions caused by unintentional and deliberate injuries for children and young people under 25 C12 Emotional well-being of looked after children C13 Smoking prevalence – 15 year olds C14 Self-harm C15 Diet C16 Excess weight in adults C17 Physically active and inactive adults C18 Smoking prevalence – adults (over 18s) C19 Drug and alcohol treatment completion and drug misuse deaths C20 Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison C21 Alcohol-related admissions to hospital C22 Estimated diagnosis rate for people with diabetes mellitus C23 Cancer diagnosed at stage 1 and 2 ** (NHSOF 1.4v 1.4vi) C24 National screening programmes ^ C26 Take up of the NHS Health Check programme – by those eligible C27 Long-term musculoskeletal problems C28 Self-reported well-being C29 Injuries due to falls in people aged 65 and over	D01 Fraction of mortality attributable to particulate air pollution D02 New STI diagnoses D03 Population vaccination coverage (children aged under 5 years old) D04 Population vaccination coverage (children aged 5 years old and over) D05 Population vaccination coverage (at risk individuals) D06 Population vaccination coverage (people aged 65 and over) D07 People presenting with HIV at a late stage of infection D08 Treatment completion for TB D09 NHS organisations with board approved sustainable development management plan D10 Antimicrobial Resistance	E01 Infant mortality * (NHSOF 1.6i) E02 Proportion of five year old children with dental decay E03 Mortality rate from causes considered preventable ** (NHSOF 1a) E04 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke) * (NHSOF 1.1) E05 Under 75 mortality rate from cancer * (NHSOF 1.4) E06 Under 75 mortality rate from liver disease * (NHSOF 1.3) E07 Under 75 mortality rate from respiratory diseases * (NHSOF 1.2) E08 Mortality rate from a range of specified communicable diseases, including influenza E09 Excess under 75 mortality rate in adults with serious mental illness * (NHSOF 1.5) E10 Suicide rate ** (NHSOF 1.5.iii) E11 Emergency readmissions within 30 days of discharge from hospital * (NHSOF 3b) E12 Preventable sight loss E13 Hip fractures in people aged 65 and over E14 Excess winter deaths E15 Estimated diagnosis rate for people with dementia * (NHSOF 2.6.i)

Alignment across the Health and Care System

- * Indicator shared with the NHS Outcomes Framework.
- ** Complementary to indicators in the NHS Outcomes Framework
- † Indicator shared with the Adult Social Care Outcomes Framework
- †† Complementary to indicators in the Adult Social Care Outcomes Framework

^ Note: The national screening programmes indicators have been combined into C24 to recognise the single screening service.

M. Appendix C - Childhood Obesity Pathway



Child obesity
pathway Nov 20