# Gloucestershire Health and Wellbeing Board

| Report Title | Health and Wellbeing Board Dashboard Development |
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| **Item for decision or information?** | Information and decision |
| **Sponsor** | Sarah Scott, Executive Director of Public Health and Adult Social Care |
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| **Organisation** | Gloucestershire County Council |
| **Key Issues:** | |

Work has been progressing each of the seven Health and Wellbeing Board priorities. To understand and measure how each of these priority areas progress over time, it was agreed by the Board that a dashboard is required to set some baseline measures, to understand similarities and differences in our population compared with the rest of England, and understand what changes have already been happening over time.

This paper sets out the scope of the dashboard and articulates how this will link with the Joint Strategic Needs Assessment (JSNA) for a greater depth of data and intelligence. The dashboard will be presented at the Health and Wellbeing Board 2 November 2021 meeting.

| **Recommendations to Board:** |
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1. Acknowledge the scope of the Health and Wellbeing dashboard in the context of the Joint Strategic Needs Assessment (JSNA) refresh.
2. Approve proposed indicators included in the dashboard.

| **Financial/Resource Implications:** |
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| None identified |

# Health and Wellbeing Board Dashboard Development

## 1. Purpose

Work has been progressing each of the seven Health and Wellbeing Board priorities. To understand and measure how each of these priority areas progress over time, it was agreed by the Board that a dashboard is required to set some baseline measures, to understand similarities and differences in our population compared with the rest of England, and understand what changes have already been happening over time.

This paper sets out the scope of the dashboard and articulates how this will link with the Joint Strategic Needs Assessment (JSNA) for a greater depth of data and intelligence.

## 2. Dashboard development

### 2.1 Principles

Work has started on developing a high-level dashboard for the Health and Wellbeing Board. It is important that this does not replicate the JSNA, but instead acts as an overall summary of a smaller number of key indicators for the agreed priorities to give the Board an oversight of progress toward the agreed outcomes.

The key principles for the dashboard development are:

- It should be designed as a high level summary of the health and wellbeing system in relation to the key priorities of the Board
- The indicators aim to provide succinct measures which describe a clear overview of the Health and Wellbeing Board priority in as few points as possible.
- It should focus on system wide indicators where possible, instead of service level indicators.
- It should enable comparisons to understand similarities and differences both within the county and between the county and national average.
- It should enable the Health and Wellbeing Board to identify and prioritise the issues that are worth investigating further.
- It does not aim to reproduce the JSNA

### 2.2 Key consideration

The dashboard displays a number of indicators for each priority and for each of these it will aim to address the following:

- What is being measured?
- Why is it being measured?
- How is this indicator actually defined?
- Who does it measure?
- When does it measure it?
- Does it measure absolute numbers or proportions?
- Where does the data actually come from?
- How accurate and complete is the data?
- Are there any other caveats/issue to consider?

## 2.3    Selection of indicators

For each of the Health and Wellbeing priorities, between three and five high level indicators have been selected. These have been chosen in consultation with key stakeholders or, where possible, with the partnership boards responsible for the delivery of the priority.

When selecting the indicators, the following has been considered:

***Clarity***          It is clear what it measures, outcomes or activities
***Rationale***     It addresses a specific policy issue or draws attention to a particular outcome
***Relevance***    It is relevant to the policy and action is available to improve
***Attributable***  It measures progress attributable to the interventions/activities
***Validity***         It has an unambiguous definition, is methodologically and technically sound from a reliable data source which is available at an appropriate level (eg LA / CCG) to make it meaningful and sustainable
***Construction*** The methods used support the stated purpose of the indicator and there is transparency about how they have been tested and justified
***Availability***    It is collected at sufficient level of geographical or organisational split

## 2.4    Data sources

The majority of the indicators are included on the Public Health Outcomes Framework which enables a national comparison. The limitation of this is that they are usually indicators which are updated annually and there is a time lag between the period of time being measured and the publication of the data.

Where relevant, locally sourced data such as the Pupil Wellbeing Survey or Action on ACES Professional Survey results have been used. The limitation of this is that there are no national comparators and for some of these indicators there is no trend data.

## 2.5    Comparators

Many of the indicators on the dashboard are shaded red/amber/green to show if they are statistically significant differences from the England value (red showing worse and green showing better). Where the data does not lend itself to this approach but can be compared to all other local authorities in the country, the indicators are shaded blue to show which quintile the data fall into compared with other local authorities.

Indicators that are shaded white are presented in this way because they do not have confidence intervals with which to compare against the benchmark value, and therefore it is not possible to determine whether the local value is statistically significantly higher or lower than the benchmark.

Where possible district level data is provided. Again, these are shaded red/amber/green to illustrate any statically significant difference between the district data and usually the England average or county average. The comparator for the district level data is made clear for each indicator for which this applies to.

## 3. Links to the Joint Strategic Needs Assessment (JSNA)

### 3.1    Scope of the JSNA

The Health and Wellbeing Board previously agreed a plan to refresh the Joint Strategic Needs Assessment (JSNA). It was recognised that the breath of topics which could be covered by the JSNA is very wide. The new JSNA will be a 'live' site which can be added to. However, the initial scope will include the following areas (which also deliberately cover the seven Health and Wellbeing Board priorities):

*Table 1:        JSNA priority areas*

| Social isolation | Adverse Childhood Experiences (ACEs) | Physical Activity | Early years / best start in life |
|---|---|---|---|
| Healthy weight | Housing and health | Mental wellbeing | Cardiovascular disease |
| respiratory | Diabetes | frailty | Antimicrobial resistance |
| Air pollution | Smoking | Alcohol | |
| Health inequalities | | | |

Data, information and intelligence underpin JSNAs. But JSNAs are more than just a collection of evidence; they are an analysis of and narrative on this evidence. The JSNA process extracts and makes sense of evidence.

### 3.2    Levels of detail

The JSNA will be organised around each of the priority topics initially with other links back to the Population page and the Profiles page (which contains a range of geographical profiles) and to Other Resources (which include Fingertips, a nationally available analytical tool, and the Online Pupil Survey, and other resources, some of which will be added at a later date).

Each priority area will be organised to a consistent standard layout accommodating our three-tiered approach:

- Level 1 – Priority Topic Infographics

- Level 2 – Priority Topic Summary

- Level 3 – Priority Topic Deep Dives and Needs Analyses

#### 3.2.1   Level 1 – Infographic:

- The infographic will comprise data collected from fingertips and other readily available information.

- It is envisaged that an officer from the Data and Analysis Team will work alongside a PH commissioner/ consultant to agree the relevant indicators for, and engage the GCCG and other partners  in contributing to, each infographic,

- Each infographic will be approximately 1-2 pages of A4 and they will have a standard look and feel.

The Infographics would lend themselves to providing a level of accessibility of the JSNA to members of the public while also giving a headline view of the priority areas to all partnership staff directing them to areas they may wish to investigate further. Equally, the outputs should enable staff to make wider use of them in presentations and wider information sharing and raising awareness of the issues across the system.

### 3.2.2   Level 2 – Summary Analyses

Building out beyond the high-level infographic a range of data may already be available or can be pulled together to provide summary tables, graphs and statistics to support each priority topic area. These outputs will be published in this tier to provide further summarised data. In many cases these may be performance indicators or metrics and may be presented in scorecard or dashboard format. Alternatively, this level may be derived or based on selecting the Executive Summaries from the existing Deep Dives and/or Needs Analyses.

This tier of information and analysis requires further thought from the Data & Analysis Team, with input from the JSNA Steering Group, before commencing any activity. Current thinking suggests this tier could be more dependent on the availability of suitable technology to automate the production of dashboards and indicators, so could be rolled up in to forthcoming workstreams of the programme within the council to rollout Microsoft Power BI over the coming 2-3 years.

### 3.2.3   Level 3 – Deep Dives & Needs Analyses

- Existing Deep Dives/Needs Analysis will be published on the JSNA page in this tier, under the relevant priority
- As such, they will not follow a set template but instead each one will have a different look and feel
- Where a Deep Dive/Needs Analysis does not currently exist for a priority topic, it will be developed over time, acknowledging that resource may not be available immediately. Not all topics will be suitable for accompanying deep dive.

Some analysis and activity already exists or is already underway in some of these areas; other topics will need extensive work to develop a suite of analyses to underpin them within a JSNA environment.

## 4.  Inequalities

A number of the indicators on the dashboard reflect inequalities with deprivation featuring as part of the indicator. However, there is limited data available to truly reflect the inequalities across each of the priorities. Further work needs to be done possibly through the Health Inequalities Panel to develop a greater understanding of available indicators.

## 5.  Dashboard updates and revisions

The Health and Wellbeing dashboard which is presented at the Board meeting on 2 November 2021 is under development. The Board are asked to review and agree the selected indicators. Further revisions will be required to the dashboard. However, the focus should also be on the development of the JSNA which will over time provide a rich source of data and intelligence for each of the seven priority areas.