

Strategic Priority 2: Living Well: Working with Communities to Live Longer and Healthier Lives

KPI Description	Reporting Frequency	Good is.... High or Low	Milton Keynes	England Average	Data year	2015/16						Comments
						Target	Q1	Q2	Q3	Q4	Total	
Improved satisfaction with access to primary care												
Satisfaction with accessing primary care?	5 monthly	▲	61.9	73.8	Jan-Sep 2014	TBC						GP patient survey Data to be obtained from CCG
Fewer people with excess weight												
Excess weight in Adults	Annual	▼	Red 72.50%	63.70%	2013	65%						Source: APS, Sport England Small sample size Note: Delayed validated date timeframes
Total number of Adults completing the Weight Management Service	Annual	▲	Red 58	N/A	2014/15	100						2014/15 = HENRY Programme. New Weight Management Service may incorporate HENREY programme. Measure to support measurement of progress against action in -year. Provisional target
Levels of physical activity will increase												
Percentage of physically Active Adults	Annual	▲	Amber 56.8%	56.00%	2013	58%						Source: Fingertips.phe.gov.uk Note: delayed validated data timeframes
Percentage of Physically Inactive Adults	Annual	▼	Green 23.8%	28.90%	2013	23%						Source: Fingertips.phe.gov.uk Note: delayed validated data timeframes
Decrease in late diagnosis of HIV												
People presenting with HIV at late stage of infection	Annual	▼	Red 76	45	2011/13	66						Source: Fingertips.phe.gov.uk Provisional target. Data due Autumn 2015 By 31 March 2017 target to be under England average of 45
People with mental health problems will have improved physical health												
A reduction in the percentage of people with severe mental illness who are current smokers	Annual	▲	New Indicator for 2015/16			Reduction in %						The indicator is measured as the percentage of people who are current smokers out of people with SMI identified on GP systems, given by CCG, based on GP data extracted by GPE

Strategic Priority 2: Living Well: Working with Communities to Live Longer and Healthier Lives

KPI Description	Reporting Frequency	Good is.... High or Low	Milton Keynes	England Average	Data year	2015/16						Comments
						Target	Q1	Q2	Q3	Q4	Total	
A reduction in the difference between the health related quality of life for people with any long term conditions compared to those with a mental health long term condition	Annual	▲	0.533	N/A	July 13 - March 14	Improvement upon 0.533						The measure is based on the average weighted health status (EQ-5D) score for adults with a long-term condition, given by CCG. Data source: GP Patient Survey, CCG OIS Data availability: 2014/15 - September 2015 2015/16 September 2016
Wider determinants of health												
% of households that experience fuel poverty	Annual	▼	Green 5.40%	10.40%	2012	5%						Source: Fingertips.phe.gov.uk
Proportion of working age residents that are actively seeking employment, and those that are preparing to return to work, in the priority areas and rest of borough.	Annual	▼	March 2015 = 2990 = 1.8%	Great Britain =2% South East = 1.2%	2014/15	Awa	June = 2838					NOMIS This measures unemployment (or employment) rates and captures the polarisation that exists between those living in priority (regeneration) areas and those in the rest of mk.

Strategic Priority 2: Living Well: Working with Communities to Live Longer and Healthier Lives

KPI Description	Reporting Frequency	Good is.... High or Low	Milton Keynes	England Average	Data year	2015/16						Comments
						Target	Q1	Q2	Q3	Q4	Total	
Exception Reporting (Red RAG)						Board Action required						
<p>People presenting with HIV at late stage of infection – Please note NEW HIV data will be available in Autumn 2015. The data and rating above refers to 2011– 2013. There has been a rapid and year on year increase in the numbers of residents with a positive HIV diagnosis. Most recent data shows that 2.89 (per 1,000 15-59 yrs population) living in MK had a diagnosis of HIV (the average for England is 2.14). Milton Keynes also has a high rate of late and very late HIV diagnosis with the majority of diagnosis occurring some years after infection – this has implications for both the outcome for the individual and onward transmission. The 2013 data showed that 76% MK residents were diagnosed late and 34.5% very late. Currently work is being undertaken with a number of providers to target testing within the most ‘at risk’ groups as well as with the CCG to encourage HIV testing in primary care. The number of practices signing up has doubled in the last 3 months and now totals 12.</p> <p>Excess weight in Adults England ranks as one of the most obese nations in Europe and the level of excess weight in adults in Milton Keynes is significantly greater than the England average.</p> <p>Excess weight (overweight and obesity) in children, young people and adults presents a major challenge to the current and future health of the local population. Tackling obesity / excess weight continues to be a national government priority; several documents have been published over the last few years, the most significant being Healthy Lives, Healthy People; A Call to Action on Obesity (2011). The LGA have also published ‘Tackling the causes and effects of obesity’.</p> <p>Physical inactivity is one of the leading causes of early death in developed countries, responsible for an estimated 22-23% of coronary heart disease, 16-17% of colon cancer, 15% of diabetes, 12-13% of strokes and 11% of breast cancer. The overall cost of inactivity in Milton Keynes has been estimated to be £19 million per year with an estimated 311 premature deaths (under 75 years) every year.</p> <p>There are evidence-based guidelines from NICE to support action in these areas. We are currently in the process of commissioning a new weight management services which will provide services to a small proportion (about 3%) of our population who are overweight or obese.</p>						<p>HIV To request that the CCG negotiate with GP colleagues to increase GP practice sign up for HIV testing.</p> <p>Excess weight in Adults This year, obesity is one of the key priorities for the Health and Wellbeing Board (HWB) The HWB could develop a ‘top ten’ list of agreed actions across the partners and regularly monitor progress throughout the year. Monitor action against the Physical Activity Framework approved by the HWB. Ensure that partners’ actions aim to create the environment where it’s easier to make healthier decisions – workplace health, planning, housing, green spaces, active travel, leisure spaces, food licensing, working creatively with businesses and schools. Ensure that the ‘making every contact count’ (MECC) initiative is used to increase physical activity and improve diet. Each partner aims to become exemplar workplaces supporting behavior change in this area.</p>						