Evidence Based Public Health Practice

NHS Salford / Salford City Council

Teenage Pregnancy and Sexual Health Dashboard
- Effective commissioning of young people's sexual health services, using timely data to inform young peoples service delivery -

Introduction

Effective commissioning relies on robust data and proactive performance management. This means ensuring performance indicators are agreed and milestones monitored, especially when performance is not on track. This example demonstrates how to develop an effective tool to do this.

Background

The high level of teenage pregnancy in Salford has significant implications for its young people and for future generations. The factors that have the most impact on teenage pregnancy are those which also impact on other health and wellbeing outcomes for children, young people and families.

Tackling these factors requires a shared strategic approach across agencies, including the voluntary and third sector, to ensure an integrated and coherent approach with the best use of available data and resources.

NHS Salford Public Health and Informatics Departments developed a series of teenage pregnancy proxy indicators, for effective commissioning. The indicator set is particularly useful in that it provides an earlier indication of local teenage conception rates than is available nationally through the Office of National Statistics, and more timely information on service uptake.

Lead indicators in the set:

- Abortions and Live Births (Under 18) enabling a monthly, locally calculated Teenage Conceptions (Under 18) figure

- Numbers visiting Sexual Health Services (Under 18)

- Number of Long Acting Reversible Contraceptive's fitted

- Benchmarking Relationships and Sex Education in Schools (RAG Rating)

- Children's Centres – support provided for Teenage Parents

- Implementation of "Team Around School" (support for those identified at greater risk of low aspirations, poor attendance or achievement at school)

Aims

1. To ensure that everyone including young people, parents, public, private and voluntary sector organisations recognise their role within this agenda

2. To support effective commissioning and performance management in relation to the reduction of Salford's teenage pregnancy rates and delivery of young people's health services
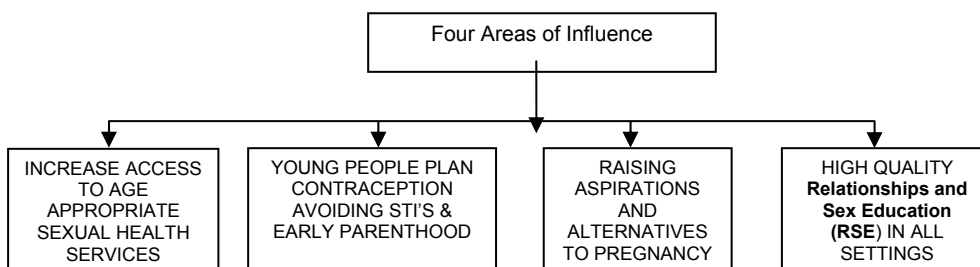
Objectives

- To provide intelligence to partnership organisations, which is timely and meaningful, and will enhance and target service delivery.
- Use available local data to provide a "real-time" monthly and quarterly report on progress in reducing rates.
- Agree an evidence based indicator set, which is useful for all partners and demonstrates their contribution.
- Design a tool e.g. a dashboard, to aid comprehensive integrated methods of data collection and collation.

Appropriateness

The "Dashboard" provides Senior Managers with a tool which enables them to take responsibility for performance management across a range of systems with a visual representation of progress in a number of key delivery areas. For example, it allows managers to track appropriateness of young people's sexual health service delivery in that they can see quickly and easily trends in service uptake, which reflects clearly the levels of appropriateness, accessibility and acceptability as young people quickly vote with their feet.

Accessibility and Acceptability

Salford identified four main areas of control, which need to be consistently addressed by a range of partnership agencies to exert influence. A series of specific, measurable actions sits below each area of influence and forms the basis for implementation.

The above driver diagram explains the areas of influence for partnership agencies because often the link between teenage pregnancy and an agency's work is difficult to establish. The driver diagram and the dashboard used together can provide the connections between action and performance across the full range of systems.

The "Dashboard" provides visual evidence of progress in eight key areas, which reflects progress in improving accessibility, acceptability and appropriateness of delivery across services. This performance is tracked on a monthly basis and is RAG (Red Amber Green) rated with direction of travel. A green report becoming amber or red for example will alert managers to the need to investigate and potentially target resources or redesign services to address the identified issues and unmet needs. Amber or red targets becoming green provide proof of improved performance e.g. increasing access to services or improving acceptability of Relationship and Sex Education, against the established baseline criteria within the indicator.

The Salford Teenage Pregnancy Performance Management Framework

NHS Salford

Salford Teenage Pregnancy Performance Management Framework
2010-11
Period: Months and Quarters

Legend

Colour / Symbol	Meaning
Green	Performing well / achieving target
Amber	Within tolerance of target
Red	Underperforming / Action required
Pink	Tolerance to be set
▲	Improvement on previous quarter
▲	Consistent with previous quarter
▶	Deterioration on previous quarter
Purple	In Development

Notes

*1	Data is one quarter in arrears
*2	Data not available in reporting period
*3	No eligible clients in quarter
*4	In development
*5	New data - validation
*6	Fewer than 5 clients, data suppressed

Key Performance Indicators	Thresholds Green	Thresholds Amber	Thresholds Red	Annual 2009-10	Apr 10	May 10	Jun 10	Qtr 1	Jul 10	Aug 10	Sep 10	Qtr 2	Annual 2010-11	Comments
KPI 1 — Visits to Sexual Health Services [Under 18]														
Visits to Salford Community Health Services	N/a	N/a	N/a	3005	233	224	264	721					721	Not target set, results will be RAG-rated green, as patients are moving to Brook.
Visits to Young Persons Sexual Health Services [Brook Salford]	>90		<60	860	283	414		697	*2	*2	53	53	697	2009-10 Figure is only for Q4. Actual target to be set
Referrals/Follow ups completed as a percentage [Brook Salford]				*4	*4	*4	*4	*4					*4	Thresholds in development: Head of Service to negotiate reporting requirements
KPI 2 — Abortion Data														
Real Time Abortion Data [Under 18's]	<40		>40	88	10	*6	*6	22	*2	*2			22	Data available End of July
Repeat Abortion Data [Under 19's] Reported Annually	<21		>21	10.30%										2009 figures shown in 2010-11 due June 2010 (delays due to Gov. Office closure)
KPI 3 — Live births [Under 18]														
Live Births to women*	<60		>60	84	1	6	6	13	14				27	Live Births for Under 18s on a quarterly basis is currently unavailable from ONS. A report has been requested. 2009-10 Annual Year End figure represents results for 2008-09. Results for 2009-10 will appear in the 2010-11 report. Data for 2010-11 report will be available end of August
Live Births to women - Rate*				25.1	2	8	9	9					9	
KPI 4 — Number of LARCS fitted [Under 18]														
Salford Brook	>90		<50	244	*2	*2	*2	*2	*2				*2	RAG : Upward trend month on month- green
Salford Community Health	>13		<10	221	*2	*2	*2	*2	*2				*2	Data Available End of August: Locally Calculated Data
Primary Care				6109	*2	*2	*2	*2	*2				*2	Data Available End of August: Locally Calculated Data
KPI 5 — Teenage Conceptions [Under 18]														
Number of Conceptions*	>5%		<5%	201	13	2		15					15	
Conceptions - Rate [Annualised] *	>5%		<5%	201	41	47		47					47	
Number of Conceptions**	>5%		<5%	249			62	62		53	53	53	53	
Conceptions - Rate [Annualised]**	>5%		<5%	59			62	62		115	115	115	115	
						65	65	65		61	61	61	61	
KPI 6 — Benchmarking RSE in Schools														
% of High Schools RAG Rated Green	>90%		<90%	*2	*2	*2	*2	*2	60%	60%	60%	60%	15	Currently collected Annually : Requested quarterly information: Due Mid August
% of Youth Organisations RAG Rated Green	>90%		<90%		*2	*2	*2	*2					47	Waiting on some more items - data available soon [TR]
KPI 7 — Children's Centres – Support for Teenage Parents														
% of Teenage Parents attending Children's Centres	>90%		<90%	*2	*2	*2	*2	*2	*2	*2			*2	Currently collected Annually : Requested quarterly information: Due Mid August
KPI 8 — Team Around School														
% of schools implementing TAS				*2	*2	*2	*2	*2	*2	*2			*2	WIP - Cannot commence till school starts
Number of young people identified by TAS				*2	*2	*2	*2	*2	*2	*2			*2	WIP - Cannot commence till school starts
% young people identified actively supported by TAS				*2	*2	*2	*2	*2	*2	*2			*2	WIP - Cannot commence till school starts

* Locally Calculated - Fiscal year 2010-11
** Published - Calendar year 2009

Partnership Working

The development of the "Dashboard" has been a collaboration between:

- NHS Salford Public Health Department
- NHS Salford Informatics Department
- NHS Salford Commissioning Department
- Salford City Council Integrated/Targeted Youth Support Services
- Salford Voluntary and Community Sector
- Salford Royal Foundation Hospital Trust

Funding

The development of this framework while, labour intensive, has been cost neutral. It builds upon existing performance management systems, such as the PCT Balanced Scorecard reporting system.

Effectiveness, Efficiency and Equity

The tool enables Salford to see that teenage pregnancy is not spread evenly across the area, it enables commissioners and providers to track their efforts and target services to the areas of greatest deprivation where teenage pregnancy rates are higher. The information that sits behind and generates the Dashboard report is detailed and area specific, which enables managers to focus more effectively on those areas of greatest need, without losing sight of the wider picture for Salford.

This tool is effective in that it has led to further analysis being undertaken to identify geographical areas for more targeted interventions. Additional related indicators are also now under exploration for relevance and feasibility, for example, alcohol related admissions of young people to Accident and Emergency are being considered.

The frequency of reporting, the level of detail and the choice of lead indicators for the dashboard are very much valued locally in that the feedback supports decision making and interventions within time-scales that national ONS data did not allow.

The final three key performance indicators in the Dashboard have been particularly useful in providing a real measure of how well equipped education providers are in terms of response to young people who may be at risk of early pregnancy. Schools, Pupil Referral Units, further education and sixth form colleges and training providers all have a role to play in the provision of high quality Relationships and Sex Education and to support the delivery of provision of easily accessible on-site services.

5 Key Steps to Designing a Dashboard

1. Develop a series of Lead Indicators that can measured on a monthly or quarterly basis and cover the full scope of service delivery required.

2. Identify data sources and develop locally calculated rates for conception data (examples: Live birth from Child Health and abortions from local NHS and Private providers).

3. Develop the baseline thresholds by which performance will be judged.

4. Finalise the presentation and utility for the Dashboard, where will it go and how will it be used?

5. Ensure key senior partners across agencies are on board.

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