APPENDIX

Health and Wellbeing Strategy
Initial Performance Report
July 2016

Indicators highlighted in yellow relate to a proposed indicator that is not in existence as yet but will form part of a future report.

Goal	A: Opportunity for All

Objective	A1: All Children in Thurrock making good educational progress		
Indicators		**2016 Baseline**	**2021 Target**
EYFS Attainment - % of children achieving a Good Level of Development (GLD) at the end of Early Years Foundation Stage This indicator quantifies the proportion of children who achieve a Good Level of Development by the end of Reception Year / Early Years Foundation Stage. Children are defined as having reached a Good Level of Development if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and in the specific areas of mathematics and literacy. This is also an indicator on the Public Health Outcomes Framework.		**72.5%** (2015)	**Target to be confirmed**
EYFS Attainment - Percentage point gap between pupil premium children achieving GLD and others at end of Early Years Foundation Stage This indicator quantifies the gap between those eligible for pupil premium and all others in achievement of GLD by the end of Reception Year / Early Years Foundation Stage. Children from poorer backgrounds are more at risk of poorer development, and the evidence shows that differences by social background emerge early in life.		**12.2%** (2015)	**No target set as yet**
KS2 Attainment – % Achieving the National Standard in Reading, Writing & Maths Primary accountability measures have changed for 2016. Levels no longer exist and have been replaced by a scaled score outcome. The new headline measure for attainment is the percentage of pupils achieving the 'expected standard' in English reading, English writing and mathematics at the end of Key Stage 2.		**New indicator**	**85% (National target)**
% of children achieving 5 good GCSEs at A*-C including English and Maths – will be replaced by KS4 Attainment – Progress 8 score Progress 8 will replace 5+ A*-C including English and Maths (GCSE) in the 2016 Department for Education performance tables. This is a value added measure that aims to capture the progress a pupil makes from the end of primary school to the end of secondary school. As such, it is not possible to quantify a target for this indicator until it is changed.		**53.4%** (2014/15) **/ New indicator**	**National average or higher**

Objective	A2: More Thurrock residents in employment, education or training.		
Indicators		**2016 Baseline**	**2021 Target**
% of working age population who are economically active This indicator quantifies the proportion of working aged people (16-64 years currently) who are economically active – that is to say, they are either employed or unemployed.		**78.3%** (Jan-Dec 2015)	**80% [draft target]**
% of the population of working age claiming Employment Support Allowance and incapacity benefits – will be replaced by indicator regarding Universal Credit.		**5.0%**	**Unable to produce**

This indicator quantifies the proportion of working aged people (16-64 years currently) who are claiming Employment Support Allowance and incapacity benefits. The age at which women reach State Pension age is gradually increasing from 60 to 65 between April 2010 and April 2020. Throughout this period, only women below State Pension age are counted as working age benefit claimants. However, the national roll out of Universal Credit means that claimants will be required to move onto that, so this indicator will require revising in the near future.		**target as indicator will change**
% of the population of working age claiming JSA – will be replaced by indicator regarding Universal Credit. This indicator quantifies the proportion of working aged people (16-64 years currently) who are claiming Job Seekers Allowance. The age at which women reach State Pension age is gradually increasing from 60 to 65 between April 2010 and April 2020. Throughout this period, only women below State Pension age are counted as working age benefit claimants. However, the national roll out of Universal Credit means that claimants will be required to move onto that, so this indicator will require revising in the near future.	**1.6%** (August 2015)	**Unable to produce target as indicator will change**
% of 16 – 19 year olds Not in Employment, Education or Training This indicator quantifies the proportion of those aged 16-19 years who are not in employment, education or training (NEET). There is national legislation in place known as Raising the Participation Age which requires all young people to remain in education or training until their 18th birthday, so this is likely to result in a decrease in this figure. The impact this will have on 18-24 year olds who are not in employment or training is unknown.	**5.2%** (2014)	**5.0% for 2016/17**

Objective	**A3: Fewer teenage pregnancies in Thurrock.**	
Indicators	**2016 Baseline**	**2021 Target**
Under 18 conception crude rate per 1,000 This indicator quantifies the rate per 1,000 females aged 15-17 years who have had a conception. Most teenage pregnancies are unplanned and approximately half end in an abortion. Research evidence shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children. This is also an indicator on the Public Health Outcomes Framework.	**25.5** (2014)	**20.0**

Objective	**A4: Fewer children and adults in poverty.**	
Indicators	**2016 Baseline**	**2021 Target**
% of children in poverty (all dependent children). This indicator quantifies the percentage of all dependent children under 20 years of age in "relative poverty" – where the household income is less than 60% of median household income before housing costs. There is a large body of evidence to suggest that poverty in childhood leads to a number of poor health outcomes in both children and adults. Reducing the numbers of children who experience poverty should improve health outcomes and increase healthy life expectancy. This is also an indicator on the Public Health Outcomes Framework.	**19.6%** (2013)	**18.0% [draft target]**

Number of homeless households supported by Thurrock Council.		
This quantifies the number of homeless households supported by Thurrock Council Housing service – i.e. those where a homeless application was processed for them because homelessness could not be prevented. There is a large amount of evidence to show that those who are homeless are at risk of experiencing poorer outcomes than those who live in stable accommodation – these include worse physical and mental health, unhealthier lifestyles and increased hospital use.	**472** (2015)	**Target to be confirmed**

Number of places given out for the 2 year old offer		
Definition and data to be agreed		

Goal	B: Healthier Environments

Objective	B1: Create outdoor places that make it easy to exercise and to be active.		
Indicators		**2016 Baseline**	**2021 Target**
% of physically active adults	This indicator quantifies the proportion of adults aged 16+ achieving at least 150 minutes a week of physical activity in accordance with the Chief Medical Officer's recommended guidelines. This is also an indicator on the Public Health Outcomes Framework.	**52.8%** (2014)	**57%**
% of physically active children	This is a new indicator and no baseline data exists for this as yet. However plans are in place to obtain this.		
An indicator regarding open space quality/value following publication of the future Active Place Strategy.	The Active Place Strategy is due for completion in late summer 2016, and will contain an assessment of current open space provision. It is envisaged that the Strategy will have a number of performance indicators to measure its' effectiveness – one of which will be selected for inclusion in the Health and Wellbeing Strategy Outcomes Framework.		
% of new developments that conform to the minimum Design Standards as produced by the Council's Planning Team.	The Planning Team have produced draft Design Standards guidance to be referred to by all developers submitting future planning applications. These will contain guidance on criteria for 'best-practice' developments, which include recommendations on developing spaces to encourage exercise and activity. The full suite of standards documents are currently under development.	**Standards not in place as yet**	**100%**
An indicator regarding resident satisfaction with open spaces and their ease to undertake activity.	It is proposed that a future indicator might come from the forthcoming Thurrock Residents Survey, expected to launch in the summer of 2016. This will give an understanding of residents' views.		

Objective	B2: Develop homes that keep people well and independent.		
Indicators		**2016 Baseline**	**2021 Target**
% of all major housing developments that have an approved Health Impact Assessment.	This indicator quantifies the proportion of all major (in this instance, defined as those with more than 25 dwellings) planned housing developments that have an approved Health Impact Assessment completed. A Health Impact Assessment is a means of assessing the health impacts of policies, plans and projects using a range of techniques. These should be conducted in line with the Department of Health guidance (2010). Including this as an indicator will ensure developers are mindful of the positive and negative impacts their schemes can have to population health, meaning more proposals that are received will be able to evidence positive benefits to health.		**100%**

% of all major planning applications that have been assessed by the Health and Wellbeing Housing and Planning Advisory Group		
This indicator quantifies the proportion of major (in this instance, defined as those with more than 25 dwellings) planning applications and pre applications that have been provided to the Thurrock Health and Wellbeing Housing and Planning Advisory Group for review and assessment. The Health and Wellbeing Housing and Planning Advisory Group is a multi-agency group which considers the health and well-being implications of major planning applications, and provides advice and guidance on the health, social care and community impacts of proposed new developments.	**Work in progress to establish baseline**	**100%**

Objective	**B3: Building strong, well-connected communities.**	
Indicators	**2016 Baseline**	**2021 Target**
Number of weekly hours of volunteering time.		
This indicator quantifies the total number of hours that volunteers working in Thurrock's voluntary sector workforce give per week. Volunteering can yield benefits both for the person volunteering and the people/organisations they support. These include benefits to mental health and wellbeing, improved relationships and better social opportunities, as well as reduced burdens to carers and other formal services. The source for this indicator is the State of the Sector Survey produced by CVS.	**19,069** (2014/15)	**Target to be confirmed**
Number of micro-enterprises operating in the area.		
Micro-services or enterprises provide support or care to people in their community. To be a micro -service provider they must have eight or fewer paid or unpaid workers and be totally independent of any larger organisation. This is a new initiative being rolled out in Adult Social Care and as such there is no baseline yet.	**0**	**25 by February 2017**
Estimated Dementia Diagnosis Rate for people aged 65+		
This indicator quantifies the proportion of those aged 65+ estimated to have dementia who have been formally diagnosed by their GP. This indicator is included as it provides a guide to the effective recognition and diagnosis of dementia patients in Thurrock. The national target has been set at 67%.	**66.4%** (April 2016)	**67%**
Number of "Dementia Friends" in Thurrock.		
This indicator quantifies the number of "Dementia Friends" registered in Thurrock. The Dementia Friends initiative is all about giving people in a community an understanding of dementia and the small things that they can do that could make a difference to people living with dementia. A Dementia-Friendly Community would enhance the social capital of the area they served and develop the community resilience that would make a contribution to the avoidance of unplanned or early admissions among people living with dementia.	**2564** (May 2016)	**3750**

Objective	**B4: Improve air quality in Thurrock.**

Indicators	2016 Baseline	2021 Target
Number of AQMAs declared in Thurrock.		
The Local Air Quality Management regime (Part IV of the Environment Act, 1995) requires all local authorities to review and assess the quality of their local air quality. Should this confirm that an objective will not be met within the required timescale, the local authority must designate Air Quality Management Areas (AQMAs). Thurrock currently (2016/17) has 18 declared AQMAs for exceeding threshold annual average limit values for nitrogen dioxide (NO_2). Evidence associating NO_2 with health effects has strengthened substantially in recent years; it is estimated that the effects of NO_2 on mortality are equivalent to 23,500 deaths annually in the UK.	**18** (2016)	**8**

Goal	C: Better emotional health and wellbeing.

Objective	C1: Give parents the support they need at the right time.		
Indicators		**2016 Baseline**	**2021 Target**
% of parents achieving successful outcomes from early intervention prevention parenting programmes.		**72%** (2015/16)	**75%**
This indicator quantifies the proportion of parents who successfully complete 10 or more out of 12 sessions of the 'Strengthening Families' targeted parenting programme and evidence improvements in 3 or more of the 8 outcome areas. In general, there is evidence to indicate that certain parenting programs can reduce problem behaviour in children and improve parental mental health and wellbeing. It should be noted that the indicator definition may be subject to change if the commissioned offer changes between 2016 and 2021.			
Number of families known to Troubled Families Service		**370** (2016/17)	**1160 by May 2020 (nationally-set target)**
This quantifies the number of families that the Troubled Families team have provided support to. The headline criteria, underpinned by the DCLG Financial Framework 2015 for identifying families is as follows: • Parents and children involved in crime or anti-social behaviour • Children who have not been attending school regularly • Children who need help: children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan • Adults out of work or at risk of financial exclusion or young people at risk of worklessness • Families affected by domestic violence and abuse • Parents and children with a range of health problems			

Objective	C2: Improve the emotional health and wellbeing of children and young people.		
Indicators		**2016 Baseline**	**2021 Target**
% of children and young people reporting that they are able to cope with the emotional difficulties they experience.			
This is a new indicator and no baseline data exists for this as yet. However plans are in place to obtain this.			
% of children and young people reporting that they know how to seek help when experiencing difficulties with emotional health and wellbeing.			
This is a new indicator and no baseline data exists for this as yet. However plans are in place to obtain this.			
% of children reporting being bullied in the last 12 months.			
This is a new indicator and no baseline data exists for this as yet. However plans are in place to obtain this.			

Objective	C3: Reduce social isolation and loneliness.

Indicators	2016 Baseline	2021 Target
Number of people who are supported by a Local Area Coordinator.	**558** (Jan - Dec 2015)	**650**
This is the number of people recorded by Thurrock Council as being in receipt of support from a Local Area Coordinator. Local Area Coordinators are based in their communities and their role is to help people, who may be isolated or excluded due to disability, mental health needs, age/frailty, to re-connect with their communities. They focus on helping to reduce isolation and offering earlier support to those who otherwise may end up requiring statutory support.		
% of people whose self-reported wellbeing happiness score is low.	**10.7%** (2014/15)	**8.0%**
This indicator quantifies the proportion of adults who rated their happiness as of the preceding day to have a score of 4 or below (maximum = 10) in the Annual Population Survey. Perceived poor wellbeing has been linked to depression and suicide risk. This is also an indicator on the Public Health Outcomes Framework.		

Objective	**C4: Improve the identification and treatment of depression, particularly in high risk groups.**	
Indicators	**2016 Baseline**	**2021 Target**
People entering IAPT as a % of those estimated to have anxiety / depression.	**15.1%** (Sep 2015)	**25%**
This indicator captures the number of people entering Improving Access to Psychological Therapy (IAPT) services as a proportion of all those estimated to have anxiety and/or depression. The ambition for increasing IAPT access for those with a common mental health disorder was set out in the Five Year Forward View for Mental Health report in February 2016, setting a national target of 25% by 2020/21.		
% of people who have completed IAPT treatment who are "moving to recovery".	**39.3%** (Mar 2016)	**50.0% (current national target)**
This indicator is a measure of IAPT patient outcome, as it shows the proportion of people that were above the clinical threshold for anxiety/depression before treatment but below following treatment.		
% of patients on community LTCs caseloads without a diagnosis of depression, screened for depression in the last 24 months using a standardised tool.	**Baseline data not available yet**	**95%**
The indicator looks to quantify the proportion of patients known to long term conditions services who have been screened for depression using a validated tool (PHQ9) within the last 24 months. This has been included as there is evidence to indicate that those with an existing long term condition are at high risk of depression. This has only recently been added into the service contract as a requirement and as a result, baseline data is difficult to obtain at this stage.		
% of ASC clients over 65 screened for depression by frontline Thurrock Council SC staff		
This is a new indicator aiming to quantify the proportion of clients known to adult social care services who have been screened for depression. Work is in progress to start this as a pilot programme from 1st July 2016.		

Goal	D: Quality Care centred around the person.

Objective	D1: Create four integrated healthy living centres		
Indicators		**2016 Baseline**	**2021 Target**
Number of IHLCs that are operational			
The future vision for Thurrock is that there will be four "integrated healthy living centres", one in each of the four locality areas. Work to detail the requirements for two of the centres (Tilbury and Purfleet) has already begun, with the other two to follow in the near future. It is the intention that these centres will incorporate a range of different health, social care and wider community services which will enable some of the root causes of ill-health to be addressed alongside treatment of more serious conditions via primary care and some secondary care services.		**0** (2016)	**4**
% of A&E attendances that are coded as no investigation with no significant treatment.			
This quantifies the proportion of A&E attendances by Thurrock patients that are given the HRG code of VB11Z – defined as 'no investigation with no significant treatment'. Attendances with this HRG code are generally considered to be those that could have had their needs met elsewhere. Attending A&E for clinical conditions that are could have been treated in a more local clinical setting are both inconvenient for patients and put additional unsustainable pressure and cost on the Thurrock health economy. It is the intention that establishment of the IHLCs will result in a reduction of these patients attending A&E.		**40.93%** (2014/15)	**38.8% [draft target]**

Objective	D2: When services are required, they are coordinated around the needs of the individual.		
Indicators		**2016 Baseline**	**2021 Target**
% of the 2% highest risk frail elderly in Thurrock with a care plan and named accountable professional.			
This quantifies the proportion of people registered with identified GP practices, which have been classified as living with 'moderate' or 'severe' frailty, following screening using the Electronic Frailty Index (eFI), to have a Comprehensive Care Plan (CCP) and a Named Accountable Community Professional identified. We are aiming to identify the most vulnerable frail elderly in Thurrock through a standardised tool (currently the electronic frailty index). This will enable us to ensure that each patient has a CCP, a comprehensive escalation plan to manage worsening conditions and a named accountable community professional. Our aim is that we will be able to reduce non elective attendances by better managing people in the community. This is a new indicator.		**Baseline not available as yet**	**95%**
Establish a data system linking records from primary, secondary, community, mental health and adult social care			
Currently, there are a number of different information systems that hold patient-level health and social care data, but there is no easy way to link records, meaning it is difficult and often impossible to see who is accessing multiple services. This means it is difficult to identify residents who are at risk of becoming future users of expensive services, and therefore makes future service planning very complex. Approval has been given for the procurement of a solution that will		**No system in place**	**System in place**

enable Thurrock to maintain a Population Health solution, enabling population segmentation (i.e. being able to identify sub-populations who share similar characteristics to better target interventions), risk stratification across services, and predictive/scenario modelling to be carried out (enabling forecasting of future service use in line with population projection information to aid future planning).		
% of Early Offer of Help episodes completed within 6 months.		
This indicator quantifies the proportion of all Early Offer of Help episodes that were completed within 180 days. Services provided under the Early Offer of Help aim to support families and children at the edge of statutory intervention or, where statutory intervention is already in place, to prevent this escalating to care proceedings. Reducing the risk of poorer outcomes by providing support at an earlier stage prevents more costly later intervention from both a health and social care perspective.	**76.5%** (2015/16)	**Target to be confirmed**

Objective	**D3: Put people in control of their own care.**	
Indicators	**2016 Baseline**	**2021 Target**
% of people who have control over their daily life.		
This indicator shows the proportion of adult social care service users aged 18+ who feel that they have control over their daily life, and is calculated from data collected in the Adult Social Care Survey. Part of the intention of personalised services is to design and deliver services more closely matching the needs and wishes of the individual, putting them in control of their care and support. This measure is one means of determining whether the desired outcome is being achieved. This is also an indicator on the Adult Social Care Outcomes Framework.	**74.2%** (2014/15)	**85%**
% of people receiving self-directed support.		
This indicator shows the proportion of adult social care users aged 18+ who are receiving self-directed support. Self-directed support allows people to choose how their support is provided, and gives them control of their individual budget. This measure supports the drive towards personalisation of care, and is also an indicator on the Adult Social Care Outcomes Framework.	**70.3%** (2014/15)	**100%**

Objective	**D4: Provide high quality GP and hospital care to Thurrock.**	
Indicators	**2016 Baseline**	**2021 Target**
% of GP practices with a CQC rating of at least "requires improvement".		
The Care Quality Commission (CQC) inspects and regulates health and social care services under 5 domains: Are they safe? Are they effective Are they caring? Are they responsive to people's needs? Are they well-led? Providers can receive one of four ratings for each domain: outstanding, good, requires improvement and inadequate. This measure quantifies the proportion of GP practices that achieved an overall CQC rating of "requires improvement" or	**Baseline expected by the end of November 2016**	**100%**

above across all domains.		
% of GP practices with a CQC rating of at least "good". This measure quantifies the proportion of GP practices that achieved an overall CQC rating of "good" or above across all domains.	**Baseline expected by the end of November 2016**	**50%**
% of patients who would recommend their GP practice to someone new in the area. This indicator quantifies the proportion of patients who said they would recommend their GP practice to someone who had just moved to their area, when asked as part of the GP Patient Survey. A high proportion would indicate high levels of satisfaction with the care being provided by Thurrock GPs, and can be used as one indicator for quality of care.	**72.08%** (2014/15)	**80%**
% of all A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge. The NHS Constitution sets out that a minimum of 95 per cent of patients attending an A&E department in England must be seen, treated and then admitted or discharged in under four hours. This is commonly known as the four-hour standard. The clock starts from the time that the patient arrives in A&E and stops when the patient leaves the department on admission, transfer from the hospital or discharge. Thurrock has an agreed recovery plan and trajectory for sustained recovery from May 2016.	**91.11%** (2015/16)	**95%**
Overall CQC Rating - BTUH This measure quantifies the overall CQC rating across all domains for Basildon and Thurrock University Hospital.	**Good (maternity department rated as "outstanding")** (May 2016)	**Retain "Good" Rating overall**
Overall CQC Rating - NELFT This measure quantifies the overall CQC rating across all domains for North East London Foundation Trust.	**Formal result expected September 2016**	**"Good" or to be working towards "Good"**
Overall CQC Rating - SEPT This measure quantifies the overall CQC rating across all domains for South Essex Partnership Trust.	**Good** (November 2015)	**Retain "Good" Rating overall**
Overall CQC Rating - East of England Ambulance Service This measure quantifies the overall CQC rating across all domains for the East of England Ambulance Service.	**Formal result expected September 2016**	**"Good" or to be working towards "Good"**

Goal	E: Healthier For Longer.

Objective	E1: Increase the number of people in Thurrock who are a healthy weight.		
Indicators		**2016 Baseline**	**2021 Target**
% of children overweight or obese in year 6		**36.7%** (2014/15)	**Below the national average**
This indicator quantifies the proportion of children aged 10-11 years classified as overweight or obese in the National Child Measurement Programme. There is concern about the rise of childhood obesity and the implications of obesity continuing into adulthood. Evidence has shown that children who are overweight or obese have higher risks of developing long term conditions such as diabetes and hypertension, exacerbation of conditions such as asthma, and poor mental health and wellbeing. This is also an indicator on the Public Health Outcomes Framework.			
% of adults overweight or obese		**70.4%** (2012-2014)	**65%**
This indicator quantifies the percentage of adults classified as overweight or obese calculated from self-reported height and weight data in the Active People Survey. Reducing the levels of obesity is a key priority for both national and local organisations, as it is known that excess weight and obesity are a major determinant of premature mortality and avoidable ill-health. This is also an indicator on the Public Health Outcomes Framework.			

Objective	E2: Reduce the number of people smoking in Thurrock.		
Indicators		**2016 Baseline**	**2021 Target**
Smoking prevalence in those aged 18+.		**20.7%** (2014)	**Below 16%**
This indicator quantifies the percentage of adults aged 18+ who smoke. Smoking is the most important cause of preventable ill-health and premature mortality in the UK, and is a risk factor for a number of other diseases. This is also an indicator on the Public Health Outcomes Framework.			
Smoking prevalence in those aged 15-17 years.			**3% reduction proposed**
This is a new indicator and no baseline data exists for this as yet. However plans are in place to obtain this.			

Objective	E3: Significantly improve the identification and management of long term conditions.		
Indicators		**2016 Baseline**	**2021 Target**
Mean score on an agreed GP practice-based LTC management scorecard.			
This is a new indicator and no baseline data exists for this as yet. However plans are in place to produce this scorecard on a monthly basis from December 2016.			
Unplanned care admission rate for conditions amenable to healthcare.		**1940.6** (2015)	**1896 [draft target]**
This quantifies the rate of emergency admissions for conditions that could have been avoided if good quality healthcare had been in place.			

These are defined using a standard list of ICD-10 codes provided by the ONS. Rates are shown by 100,000 population.		

Objective	**E4: Prevent and treat cancer better**	
Indicators	**2016 Baseline**	**2021 Target**
% of cancer admissions diagnosed for the first time via emergency presentation.		
About a quarter of people with cancer are diagnosed via emergency routes. Survival rates for people diagnosed via emergency routes are considerably lower than for people diagnosed via other routes. Identifying the proportion of people who first present as an emergency is likely to prompt investigation into how to increase earlier presentation, leading to improved outcomes.	**22.9%** (Q2, 2015)	**To be confirmed**
% of patients treated within 62 days of receipt of urgent GP referral for suspected cancer to first treatment		
This quantifies the percentage of patients whose first definitive treatment (for all cancers) took place within two months of an urgent referral by a GP for suspected cancer symptoms. This indicator is one of the national cancer waiting times standards. Achievement of these standards is considered to be an indicator of the quality of cancer diagnosis, treatment and care. The operational standard specifies that 85% of patients should be treated within this time.	**56%** (February 2016)	**Working towards national standard of 85%.**
1 year survivorship after breast cancer.		
This indicator quantifies the one year net survival rate for people diagnosed with breast cancer (after adjustment for other causes of death). Survival rates give an indication of successful service provision and can help identify differing practice requiring further investigation.	**95.7%** (2013)	**Working towards 97%**
Bowel cancer screening coverage.		
This indicator quantifies the percentage of people aged 60-69 years who were eligible for bowel screening who had a screening test result recorded in the last 2.5 years. The bowel cancer screening programme plays an important part in supporting early detection of cancer, and increasing screening coverage would mean more cancers are detected at earlier, more treatable stages. This is also included as an indicator on the Public Health Outcomes Framework.	**54.6%** (2015)	**60%** (current national target)