

Wiltshire Council

Health and Wellbeing Board

21 November 2013

Progress Report on the Joint Health and Wellbeing Strategy

Executive Summary

The report outlines recent activity and performance against the priorities in the Joint Health and Wellbeing Strategy.

Proposal(s)

It is recommended that the Board:

- i. notes the progress that is being made on joint activity to deliver Wiltshire's Health and Wellbeing Strategy;
- ii. comments on any additional information they would like to see within future progress reports;
- iii. identifies any issues on which they would like further information at a future meeting;
- iv. agrees to a full annual report for the end of next year to inform an update of Wiltshire's Joint Health and Wellbeing Strategy.

Reason for Proposal

The last meeting of the Health and Wellbeing Board formally agreed the Joint Health and Wellbeing Strategy. At the same time, a progress report was requested to provide a little more detail on the work that is currently underway.

The Joint Strategic Assessment remains the best place to access detailed information on the overall outcomes that are being delivered in Wiltshire, so the progress report concentrates on offering a high level snapshot on key outcome indicators as well as a narrative on how agencies have been working together recently to deliver improved outcomes.

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Subject: Progress Report on the Joint Health and Wellbeing Strategy

Purpose of Report

1. To outline activity and performance against the priorities in the Joint Health and Wellbeing Strategy.

Background

2. The first meeting of the Health and Wellbeing Board in September formally agreed the Joint Health and Wellbeing Strategy. At the same time, a progress report was requested to provide a little more detail on the work that is currently underway.
3. The Joint Strategic Assessment remains the best place to access detailed information on the overall outcomes that are being delivered in Wiltshire, so the progress report attached at Appendix 1 concentrates on offering a high level snapshot on key outcome indicators, together with a short narrative on how agencies have been working together recently to deliver improved outcomes through the joint activities set out in the Joint Health and Wellbeing Strategy.
4. The narrative in the progress report focuses on the highlights of recent activity, rather than providing an account of everything that has been delivered over the course of a year. The aim is to enable the Board to identify areas where they would like more detailed updates at a future meeting. The report does not seek to replicate the full information available in annual reports of constituent organisations.
5. The indicators used in the Joint Health and Wellbeing Strategy are largely based on 3 national outcomes frameworks – the Public Health Outcome Framework (PHOF), the Adult Social Care Outcome Framework (ASCOF) and the NHS Outcomes Framework (NHS OF). It is important to note that a number of indicators in these frameworks require further methodological work to be undertaken in order to collect or refine the data. Other measures are under review and still others have yet to establish baseline measures. Consequently, trend information is not available in all cases. It is fair to say there has been some frustration over how long it is taking to agree the indicators in some cases.
6. Most of the Outcomes Frameworks are updated throughout the year as data comes in. However, a larger release of finalised data in Adult Social Care and the NHS is expected shortly. It should be noted that results in the ASCOF framework give provisional information for 2012-13. Similarly,

many of the Public Health indicators relate to information for 2011-12. This means there is a significant time lag in some cases for the outcomes.

7. Wiltshire Council has produced a summary profile for Wiltshire based on all the PHE data which includes spine charts for Wiltshire for each domain and further information on the definition and time of collection for each indicator. This is available [online](#) through Wiltshire Intelligence Network and has informed the report.

Main Considerations

8. The data in Appendix 1 uses a simple traffic light system depending on whether an outcome in Wiltshire is better than, similar to or worse than the England average. Where there are significant deviations an explanation is offered. Alongside the traffic lights, a narrative on recent activity is provided.
9. The results in the report highlight the importance of Wiltshire Council adopting a new personalisation policy to improve the notional reporting on the proportion of people being offered a personal budget. This will also facilitate joining up with personal health budgets from the Clinical Commissioning Group, which is one of the intentions of the Care Bill currently progressing through Parliament.
10. Another area highlighted by the report is the difference in the number of hospital admissions caused by deliberate and unintentional injuries for ages 0-14, which is better than the England average, and those aged 15-24, which is worse than the England average.
11. When considering the overarching success indicators in the strategy, life expectancy and healthy life expectancy within Wiltshire remains high, and the gap in life expectancy depending on inequality is smaller than for many authorities across England. Progress on improving these further can be provided in an update next year.
12. Given that the availability of outcomes data should be improved, it is recommended that the Board agrees to a full annual report for the end of next year to inform consultation on an update of Wiltshire's Joint Health and Wellbeing Strategy and the Board's priorities for the year.

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Appendices

Appendix 1: Progress report on the Joint Health and Wellbeing Strategy