

## Introduction

A Health and Wellbeing Strategy for Warwickshire was formally approved by the Health and Wellbeing Board on 19 March 2013. In order to assess the impact of the strategy and achievement of our outcomes and priorities, a performance and outcomes framework for the strategy has been developed.

## An overview of the framework

The performance framework now comprises of four elements:

### I. Dashboard of outcomes and indicators (page 3)

The dashboard contains key priorities and outcomes to be reported on to the Health and Wellbeing Board by partners, who have the responsibility to develop and deliver specific plans, including:

- Commissioning intentions and plans
- Integration plans
- Other specific strategies and projects.

The dashboard will be used to measure the impact of the Health and Wellbeing Strategy and will include specific performance indicators from the following national outcomes frameworks: Public Health, Social Care and NHS. Other appropriate quality measures will be identified in cooperation with Healthwatch Warwickshire and Commissioners and will be included in the dashboard at a later stage.

### II. Reporting

The Board will receive 6 monthly summary reports on progress consolidating data from partners against each of the outcomes. Only significant issues and risks will be escalated to the Board at any time by exception.

### III. Themed discussions

Priority-themed agendas for the Board's meetings will encourage partners to focus on the key priorities. Any member of the Board, or an invitee, will be able to challenge the Board to take action on a key issue.

## IV. Peer Review

To evaluate its progress and achievements as well as exchange ideas and learning, the Board may choose to take up a Peer Review challenge, either as part of the LGA offer to Health and Wellbeing Boards, or provided by partners.

## V. Board's Work Programme

The Board will work to its annual work programmes developed to reflect the Board's key priorities as specified within the Strategy.

## The outcomes framework

The outcomes that the Board is aiming to achieve are set out overleaf, along with an initial list of national and local indicators it will use to measure progress. The indicators have been split into three priority categories.

National indicators have been drawn largely from the national NHS Outcome Framework (NHSOF), Public Health Outcomes Framework (PHOF) and Adult Social Care Outcome Framework (ASCOF), and reflect what has been identified within the Warwickshire Health and Wellbeing Strategy as key factors in achieving the Board's three priorities.

Local indicators have been drawn from the Joint Strategic Needs Assessment (JSNA), and like the national indicators, reflect what has been identified within the Warwickshire Health & Wellbeing Strategy as key factors in achieving the Board's three priorities.

## Reviews

The outcomes and indicators contained within this framework will be reviewed in line with reviews of the Health and Wellbeing Strategy on an annual basis, or as indicated by the Board.

# Warwickshire Health and Wellbeing Board's Performance Framework

## DASHBOARD OF OUTCOMES

Our Principles: Independent living Prevention and early intervention Integration Partnership work Quality Value for money Engagement

Key Statutory Frameworks: Adult Social Care Outcomes Framework (ASCOF) NHS Outcomes Framework (NHSOF) Public Health Outcomes Framework (PHOF)

	OUTCOMES	INDICATORS
<b>PRIORITY 1:</b> Mobilising communities to develop and sustain their independence, health and wellbeing	People have healthy lifestyles	1.1. Smoking rates in over 18s reduced (PHOF 2.14) 1.2. Smoking rates at time of delivery reduced (PHOF 2.03) 1.3. Rates of alcohol related hospital admissions reduced (JSNA) 1.4. Weight in schoolchildren reduced engaging local communities in creating opportunities for physical activity (PHOF 2.06i, 2.06ii) 1.5. Utilisation of outdoor spaces for exercise increased (PHOF 1.16)
	People are independent	1.6. Rates of diagnosis for people with dementia improved (NHSOF 2.6i – Being Developed) 1.7. Number of people with dementia being supported in sustaining independence post diagnosis increased (NHSOF 2.6.ii – Being Developed) 1.8. Number of adults with learning disability who live in their own home or with their family increased (PHOF 1.06i) 1.9. Number of people using social care who have control over their daily life increased (ASCOF 1B) 1.10. Number of admissions to residential and nursing homes reduced (ASCOF 2A)
<b>PRIORITY 2:</b> Improving access to services	People have better access to services	2.1. Hospital admissions reduced and discharges improved (PHOF 4.11) 2.2. Patients' access to primary care services improved (NHSOF 4.4i) 2.3. Proportion of people feeling supported to manage their condition increased (NHSOF 2.1)
<b>PRIORITY 3:</b> Public services working together	Integrated/ better coordinated care	3.1. People's experience of integrated care improved (NHSOF – Being Developed) 3.2. Better Care Plans developed and delivered
	People are poverty free	3.3. Proportion of children in poverty reduced (PHOF 1.01) 3.4. Number of young people not in education, employment or training reduced (PHOF 1.05) 3.5. Number of winter deaths reduced (Excess Winter Deaths, WMPHO) 3.6. Proportion of affordable housing increased (JSNA)