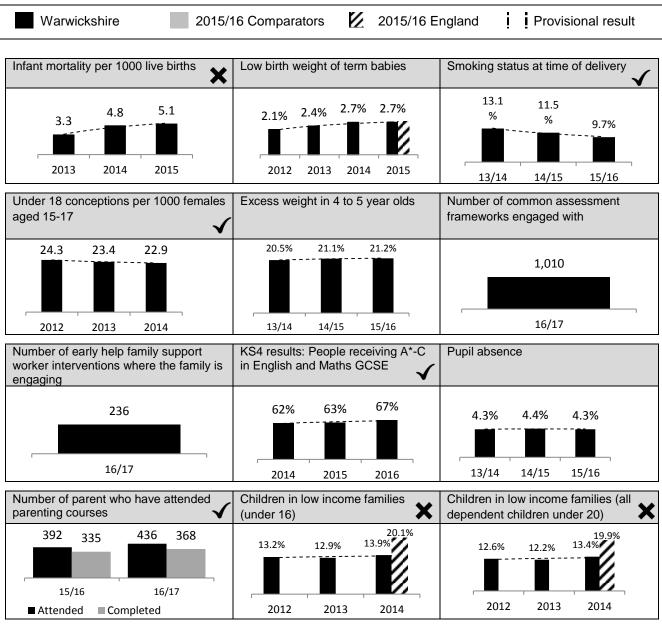


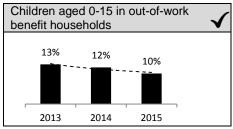
Health and Wellbeing Outcomes

Insight Service, July 2017

1: Ensure the best possible start to life for children, young people and their families

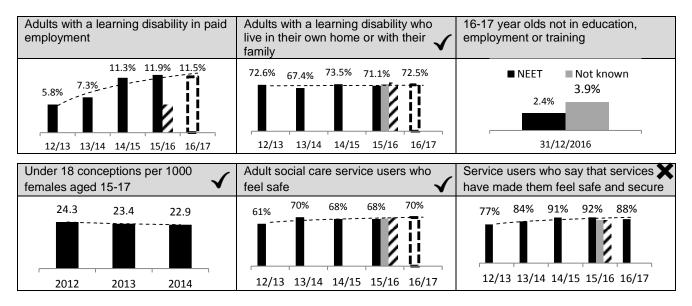
Of 13 indicators identified for this outcome, 5 have seen a positive change, 3 remain fairly stable and 3 have changed negatively. For 2 indicators there is not a comparator year.





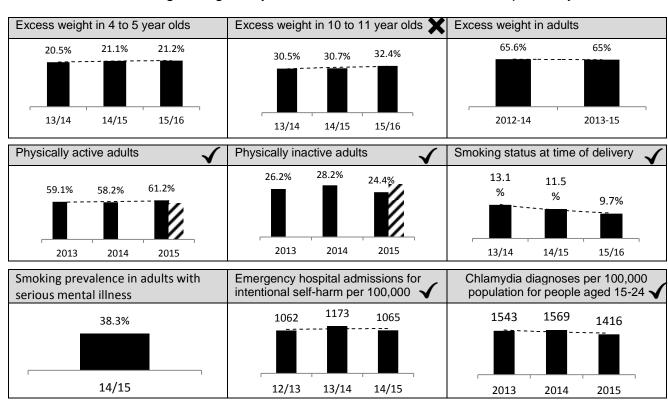
2: Support those young people who are most vulnerable and ensure their transition into adulthood is positive

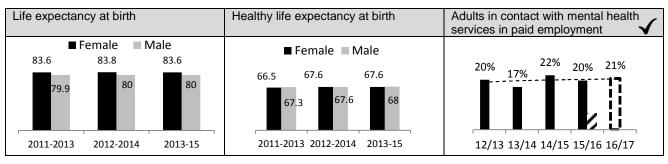
Of 6 indicators identified for this outcome, 3 have seen a positive change, 1 remains fairly stable and 1 has changed negatively. For 1 indicator there is not a comparator year.

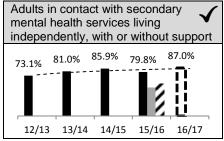


3: Enable people to effectively manage and maintain their physical and mental health and wellbeing

Of 13 indicators identified for this outcome, 7 have seen a positive change, 4 remain fairly stable and 1 has changed negatively. For 1 indicator there is not a comparator year.







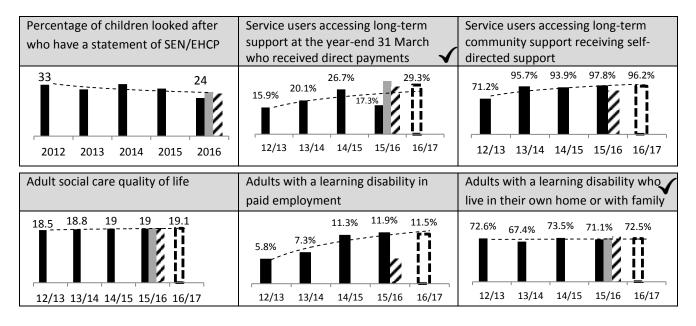
Note

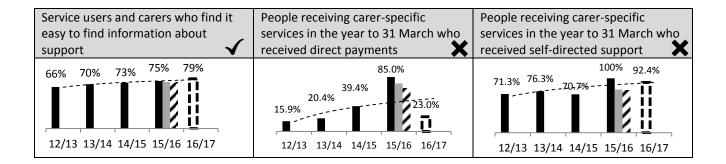
Two outputs in the strategy do not yet have assigned measures. These are:

- People will have equitable access to screening and prevention services to help them avert ill health
- Communities that understand dementia issues and support dementia sufferers

4: Ensure that people with disabilities have the same choice, control and freedom as any other individual - at home, at work and as members of the community

Of 9 indicators identified for this outcome, 3 have seen a positive change, 3 remain fairly stable and 2 have changed negatively. The first indicator is not rated as good or bad.





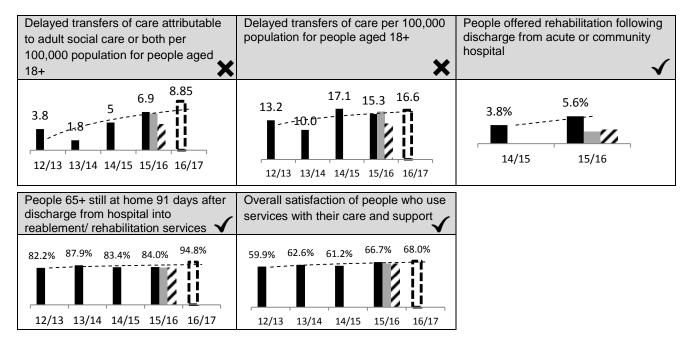
5: Provide additional support to other vulnerable groups of people

All outputs do not yet have assigned measures. This is because they mostly focus on quality of service, rather than number of service users.

- Health and care services that better meet the needs of vulnerable people to accelerate improvement in their health and wellbeing outcomes
- Better mechanisms of identifying vulnerable people and ensuring that they are signposted to the most appropriate services
- Safe and suitable housing provided by the private sector

6: Enable older people to be able to remain in their own homes and to live healthy lives for as long as possible

Of 5 indicators identified for this outcome, 3 have seen a positive change and 2 have changed negatively.



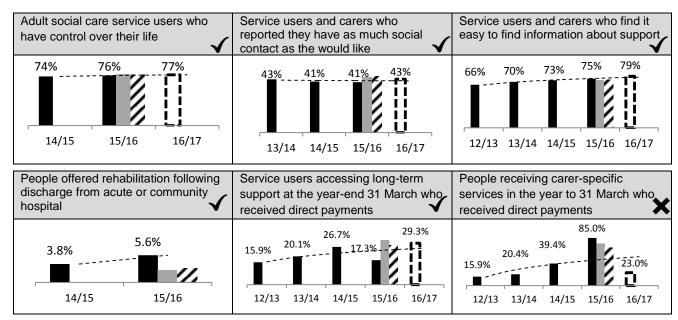
7: Take an asset based approach to working which values communities and the range of assets they possess

All outputs do not yet have assigned measures.

- Organisations with an understanding of what community assets exist and how they can work in collaboration
- Services and resources in place that are based on community identified needs

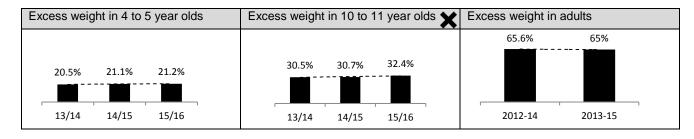
8: Work in partnership with our communities to build capacity and support them to increase their resilience, enabling them to better care for themselves within the community

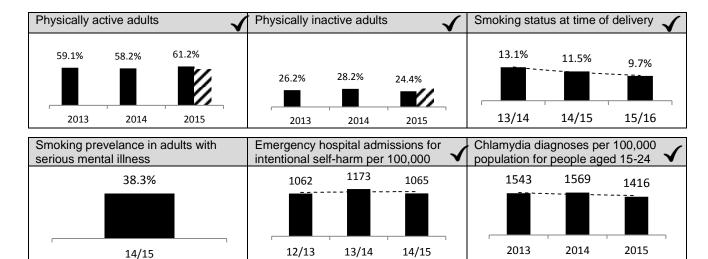
Of 6 indicators identified for this outcome, 5 have seen a positive change and 1 has changed negatively.

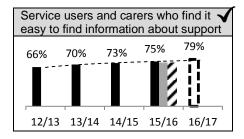


9: Empower individuals and communities to take control and responsibility for their own and the community's health and wellbeing

Of 10 indicators identified for this outcome, 6 have seen a positive change, 2 remain fairly stable and 1 has changed negatively. For 1 indicator there is not a comparator year.





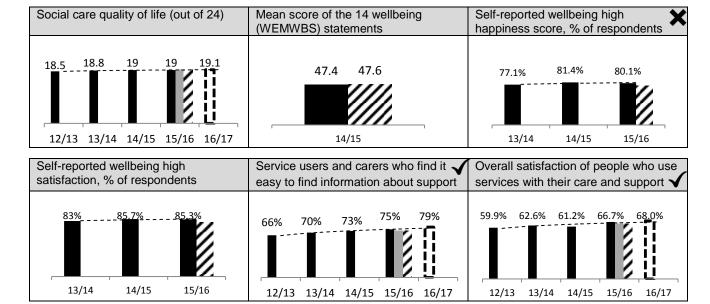


One of the outputs does not have measures assigned:

 Front line workers from a range of sectors and community leaders supporting Making Every Contact Count (MECC) and 5 Ways to Wellbeing

10: Ensure infrastructure, public services and resources are effective, accessible and tailored to those communities that need it the most

Of 6 indicators identified for this outcome, 2 have seen a positive change, 2 remain fairly stable and 1 has changed negatively. For 1 indicator there is not a comparator year.



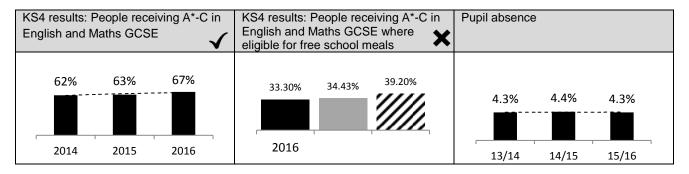
11: Facilitate communities to take ownership of shaping and transforming local services

All outputs do not yet have assigned measures.

- Communities and organisations working together to co-design, produce and deliver integrated services
- Social enterprises established and working together with commissioners and organisations to deliver local services

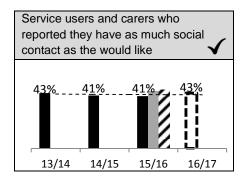
12: Improve educational attainment and access to learning at all ages

Of 3 indicators identified for this outcome, 1 has seen a positive change, 1 remains fairly stable and 1 is worse than comparators (no data from previous year to compare).



13: Facilitate communities to expand social capital and neighbourliness, building and increase in resilience

The one indicator identified has changed positively.

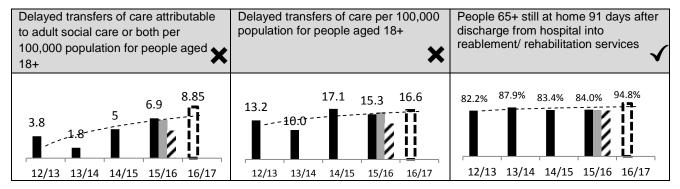


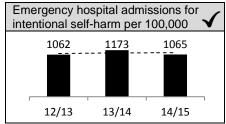
One output does not yet have assigned measures.

Volunteers are community champions and supported to work with their community

14: Support people to remain healthy and independent, in their own homes for longer

Of 4 indicators identified for this outcome, 2 have seen a positive change and 2 have changed negatively.





15: Improve accessibility and visibility of 'front doors' to support people, to make the right choice, the easiest choice, informed by customer journey examples

All outputs do not yet have assigned measures.

- Redesigned services appropriately, having considered integration options
- Undertaken customer journey mapping of experiences at front door services
- Scoped the IT and infrastructure requirements needed to facilitate delivery

16: Improve care coordination in the community for high risk/cost patients

All outputs do not yet have assigned measures.

- Used appropriate engagement methods and worked with individuals, their carers and families to assist in the redesign of services
- Establish multi agency project groups to identify models that best fit the local areas, based around an integrated team approach. Using case management, linked to GP clustered practices
- Incorporated the requirement to align processes for accessing personal budgets

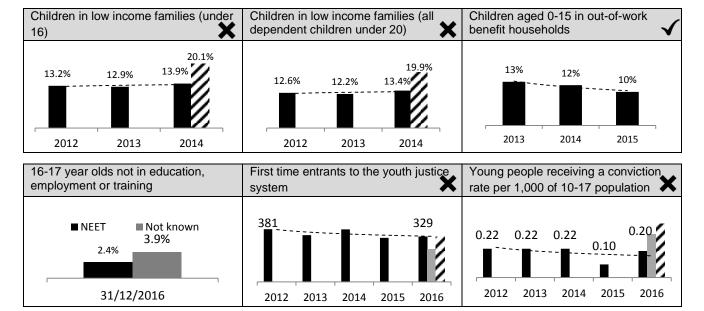
17: Improve data sharing, IT infrastructure and health and social care governance

All outputs do not yet have assigned measures.

- Establish compatible systems to enable sharing of data
- Enable the use of NHS numbers to be used as unique identifiers to share data and business intelligence, using a 'hub' where key data on individuals can be collated in a joint summary care record
- Developed a solution for the ability to send information confidentially and safely between organisations without compromising information governance

18: Improve partnerships across the wider social determinants of health

Of 6 indicators identified for this outcome, 1 has seen a positive change and 4 have changed negatively. NEET figures do not have a comparison for the previous year.



Summary

The following outputs are yet to be assigned measures:

- People will have equitable access to screening and prevention services to help them avert ill health
- Communities that understand dementia issues and support dementia sufferers
- Health and care services that better meet the needs of vulnerable people to accelerate improvement in their health and wellbeing outcomes
- Better mechanisms of identifying vulnerable people and ensuring that they are signposted to the most appropriate services
- Safe and suitable housing provided by the private sector
- Organisations with an understanding of what community assets exist and how they can work in collaboration
- Services and resources in place that are based on community identified needs
- Front line workers from a range of sectors and community leaders supporting Making Every Contact Count (MECC) and 5 Ways to Wellbeing
- Communities and organisations working together to co-design, produce and deliver integrated services
- Social enterprises established and working together with commissioners and organisations to deliver local services
- Volunteers are community champions and supported to work with their community
- Redesigned services appropriately, having considered integration options
- Undertaken customer journey mapping of experiences at front door services
- Scoped the IT and infrastructure requirements needed to facilitate delivery
- Used appropriate engagement methods and worked with individuals, their carers and families to assist in the redesign of services
- Establish multi agency project groups to identify models that best fit the local areas, based around an integrated team approach. Using case management, linked to GP clustered practices
- Incorporated the requirement to align processes for accessing personal budgets
- Establish compatible systems to enable sharing of data
- Enable the use of NHS numbers to be used as unique identifiers to share data and business intelligence, using a 'hub' where key data on individuals can be collated in a joint summary care record
- Developed a solution for the ability to send information confidentially and safely between organisations without compromising information governance

Data

	12/13	13/14	14/15	15/16	16/17
ADULT SOCIAL CARE					
The proportion of people who use services					
and carers who find it easy to find information					
about support	66%	70%	73%	75%	79%
Proportion of people who use services and					
their carers, who reported that they had as					
much social contact as they would like/ Social					
Isolation	-	42.90%	41.10%	40.60%	43.00%
Proportion of people who use services who					
have control over their daily life	-	-	74.40%	76%	77%
Adult social care quality of life for people with					
long term conditions (result is out of 24)	18.5	18.8	19	19	19.1
Proportion of adults with a learning disability in					
paid employment	5.80%	7.30%	11.30%	11.90%	11.50%
Proportion of adults in contact with secondary					
mental health services in paid employment	20.20%	17.30%	22.00%	19.90%	20.71%
Proportion of older people (65 and over) who					
were still at home 91 days after discharge					
from hospital into reablement/rehabilitation					
services	0.822	0.879	83.40%	84%	95%
Proportion of service users accessing long-					
term community support at year-end (31					
March) who were receiving self-directed					
support	71.20%	95.70%	93.88%	97.80%	96.20%
People receiving carer-specific services in the					
year to 31 March who received self-directed					
support	71.30%	76.30%	70.70%	100%	92%
Proportion of service users accessing long-					
term support at the year-end 31 March who					
were receiving direct payments	15.90%	20.10%	26.70%	17.30%	29.30%
People receiving carer-specific services in the					
year to 31 March who received direct					
payments	15.90%	20.40%	39.44%	85.00%	23.00%
Proportion of adults with a learning disability	7010070			0010070	
who live in their own home or with their family	72.60%	67.40%	73.48%	71.10%	72.50%
Proportion of adults in contact with secondary	1 2 2 2 7 2	0111070			1 210 070
mental health services living independently,					
with or without support	73.10%	81.00%	85.93%	79.80%	87.00%
The proportion of people who use services		0.1100,0	0010070		0110070
who feel safe	60.90%	70.40%	68.00%	67.90%	70.00%
Overall satisfaction of people who use	00.0070	7 01 10 70	00.0070	0110070	1 010070
services with their care and support	59.90%	62.60%	61.20%	66.70%	68.00%
The proportion of people who use services	00.0070	02.0070	0112070	33.7 3 70	00.0070
who say that those services have made them					
feel safe and secure	77.4%	83.6%	91.1%	91.6%	88.0%
Average number of delayed transfers of care	7.1.1,0	30.070	3 , 6	0.1.070	33.375
(for those aged18 and over), per 100,000					
population	13.2	10	17.1	15.3	16.59
Average number of delayed transfers of care	.0.2		.,	10.0	. 3.55
attributable to adult social care or both per					
100,000 population for people aged 18+	3.8	1.8	5	6.9	8.85
	0.0	1.5	<u> </u>	0.5	0.00
EDUCATION					
Pupil absence	-	4.3%	4.4%	4.3%	
HEALTH					

People offered rehabilitation following discharge from acute or community hospital	-	-	3.8%	5.6%	
Excess weight in 4 to 5 year olds	-	20.5%	21.1%	21.2%	
Excess weight in 10 to 11 year olds	-	30.5%	30.7%	32.4%	
Smoking status at time of delivery	-	13.1%	11.5%	9.7%	
Emergency hospital admissions for intentional self-harm per 100,000	1062	1173	1065		
Smoking prevalence in adults with serious mental illness			38.3%		
Mean score of the 14 wellbeing (WEMWBS) statements			47.4		
Self-reported wellbeing high happiness score, % of respondents		77.1%	81.4%	80.1%	
Self-reported wellbeing high satisfaction, % of respondents		83%	85.7%	85.3%	

	2012	2013	2014	2015	2016
Under 18 conceptions per 1000 females aged 15-17	24.3	23.4	22.9		
Low birth weight of term babies	2.1%	2.4%	2.7%	2.7%	
Chlamydia diagnoses per 100,000 for people aged 15-24	-	1543	1569	1416	
Infant mortality per 1000 live births	-	3.3	4.8	5.1	
Children in low income families (under 16)	13.2%	12.9%	13.9%		
Children in low income families (all children)	12.6%	12.2%	13.4%		
Children aged 0-15 in out-of-work benefit households	-	13%	12%	10%	
Physically active adults	-	59.1%	58.2%	61.2%	
Physically inactive adults	-	26.2%	28.2%	24.4%	
KS4 results, % receiving A*-C in English and Maths GCSE	-	-	62%	63%	67%
KS4 results, % receiving A*-C in English and Maths GCSE – eligible for free school meals	-	-	-	-	33.3%
Young people receiving a conviction rate per 1,000 of 10-17 population	0.22	0.22	0.22	0.1	0.2
First time entrants to the youth justice system	380.50	338.30	379.40	318.30	329.40
Percentage of children looked after who have a statement of SEN/EHCP	32.60	29.70	33.00	30.20	24.30

	2011-		
	2013	2012-14	2013-15
Excess weight in adults		65.6%	65%
Healthy life expectancy at birth - Female	66.5	67.6	67.6
Healthy life expectancy at birth - Male	67.3	67.6	68
Life expectancy at birth - Female	83.6	83.8	83.6
Life expectancy at birth - Male	79.9	80	80
Life expectancy at 65 - Female	21.6	21.6	21.5
Life expectancy at 65 - Male	18.9	19	19.1

	31/12/ 2016
16-17 year old NEET	2.4%
Not known	3.9%