

## **Health and Wellbeing Board 18 September 2018**

### **Health & Wellbeing Board Annual Review 2017/18 and Delivery Plan 2018/19**

#### **Recommendation**

The HWB Board is asked to endorse the Annual Review 2017/18 and Delivery and Development Plan for 2018/19, and note the updated performance position.

#### **1.0 Key Issues**

- 1.1 This paper presents the Warwickshire Health & Wellbeing Board's (HWBB) Annual Review for 2017/18 and Delivery Plan for 2018/19, and also an updated performance position. The report seeks to celebrate the achievements in 2017/18 and provides a focus for activity in 2018/19. It should be noted a previous draft of the Annual Review was circulated to Board members after the HWBB meeting in May 2018 for comment, and the report has been updated with feedback received.

#### **2.0 Options and Proposal**

##### **2.1 Annual Review of 2017/18**

The Annual Review and case studies contain over 60 examples of achievements from across the HWB system in 2017/18, building on the previous report in 2016/17. The achievements have been sourced from across the HWB partnership and reflect the breadth of effort in delivering the outcomes in the HWB Strategy.

##### **Delivery and Development Plan 2018/19**

The second part of the report is forward looking, covering elements to support the delivery of the HWB Strategy and the focus of activity for 2018/19. The key elements are summarised below:

**Work Programme for 2018/19** – Highlights the five areas of focus in 2018/19 of Prevention, Housing, Early Help for Vulnerable Children, Integration, and Acute Service Redesign.

**Statutory Duties** – Delivery of the place-based Joint Strategic Needs Assessment (JSNA); Pharmaceutical Needs Assessment; and endorsing the Commissioning Intentions of CCGs, Public Health and Adult Social Care.

**Development plan for 2018/19** – The HWBB will continue to work on developing conditions to support effective partnership working. Warwickshire and Coventry HWBBs will hold joint development sessions in the Place Forum with an increased focus on prevention in 2018/19. Planned activities include:

- A Year of Wellbeing in 2019 with three early themes of a Daily Mile, Workplace Wellbeing and Start a Conversation;
- Updating the Concordat and creating a place-based system model; and
- Developing a shared outcome framework.

## 2.2 Performance for 2017/18:

Performance across a range of health and wellbeing performance indicators supporting the outcomes in the HWB strategy has been reviewed and is summarised in Appendix A.

Overall, **performance has improved and is better than average in 26 areas (57%)** including: life expectancy, low birth weight babies, under-18 conceptions, smoking during pregnancy, children in low income families, 16-17 year olds not in education, employment or training (NEET), adults with excess weight and being physically active, emergency admissions for self-harm, and stays at home after hospital discharge for people over 65.

Areas where performance has either declined from previous years, or is outside the England or West Midlands average include: infant mortality, excess weight in 4-5 year olds and healthy life expectancy.

This information will be used to shape areas of focus moving forward moving and the refresh of the HWB Strategy in early 2019.

## 3.0 Timescales associated with the decision and next steps

- 3.1 The Health & Wellbeing Board are asked to endorse the Annual Review document ahead of its submission to the County Council.
- 3.2 Following endorsement, the document will be published on the Heath & Wellbeing web pages and WCC intranet.
- 3.3 Members of the Board are subsequently asked to champion the promotion of the Annual Review within their respective organisations.

## Background papers

Annual Review 2017/18 and Delivery Plan 2018/19, and supporting Case Studies.

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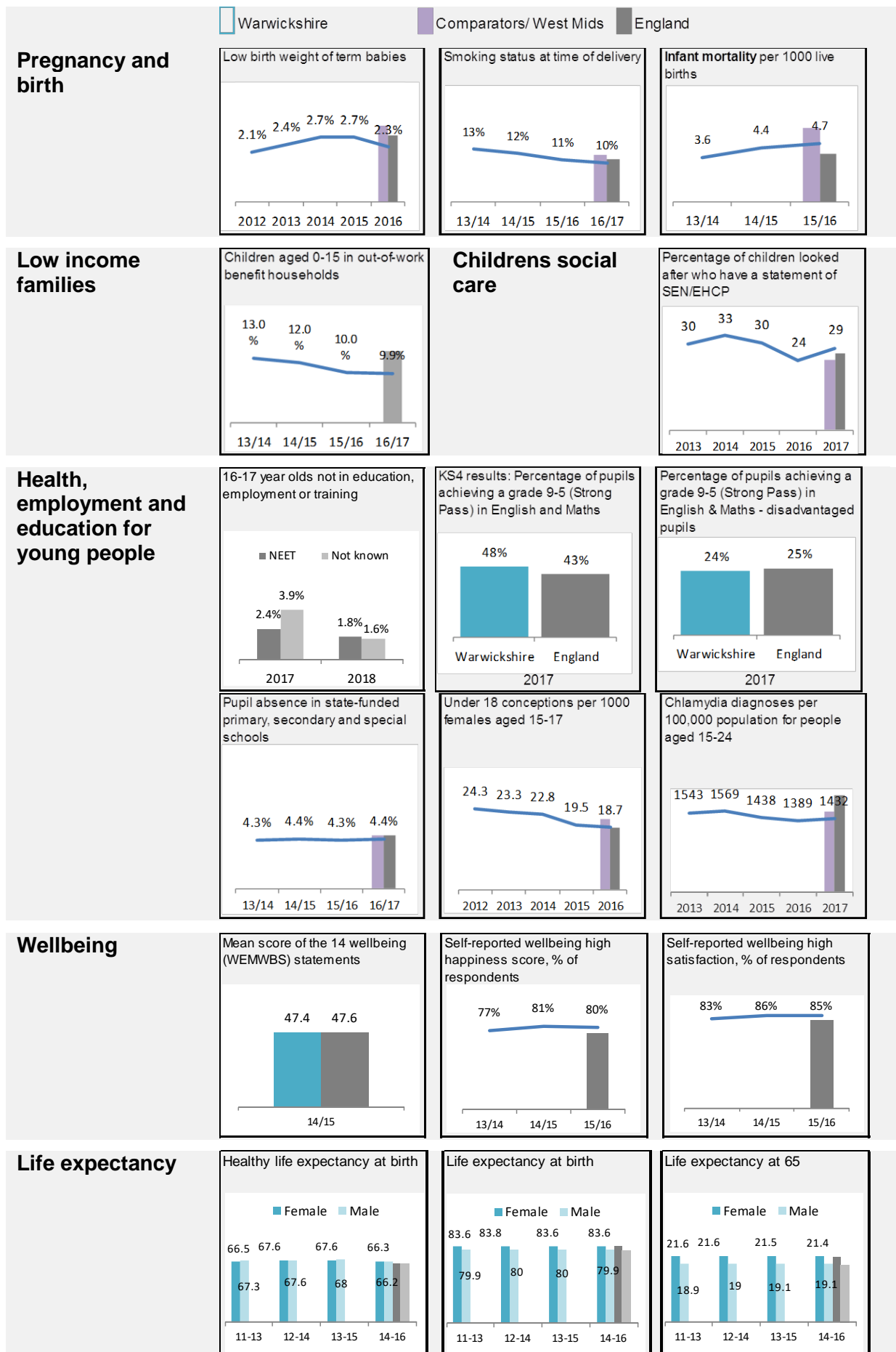
The report was circulated to the following members prior to publication:  
WCC members: Cllr Seccombe, Cllr Caborn, Cllr Morgan, Cllr Redford, Cllr Golby, Cllr Parsons, Cllr Rolfe.

## Appendix A Health and Wellbeing Performance Indicators – August 2018

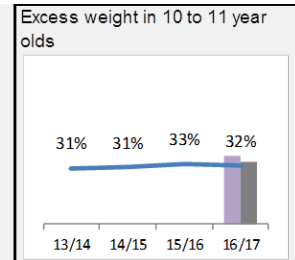
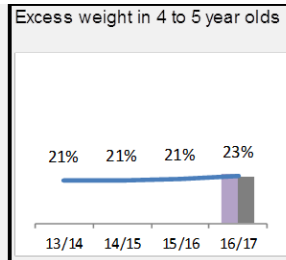
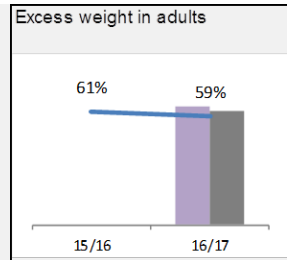
NB This is based on the most recently available published data. Of the chosen indicators: 26 are green (improved performance and above England and West Midlands average), 16 are amber (declined performance and/or below England and West Midlands average) and 2 are red (>5% declined performance). Two areas have not been RAG rated.

Pregnancy and birth	<ul style="list-style-type: none"> <li>Percentage of low birth weight babies has reduced to the lowest level since 2012</li> <li>Smoking status at time of delivery has decreased</li> <li>Infant mortality per 1000 live births has increased</li> </ul>	
Low income	<ul style="list-style-type: none"> <li>Children in out-of-work benefit households has reduced</li> </ul>	
SEN/EHCP	<ul style="list-style-type: none"> <li>Percentage of children looked after who have a statement of SEN/EHCP has increased</li> </ul>	
Health, employment and education for young people	<ul style="list-style-type: none"> <li>Proportion of 16-17 year olds known to not be in education, employment or training has reduced to under 2%</li> <li>For KS4 results, Warwickshire results are higher than the England average</li> <li>Disadvantaged pupils have slightly worse results than the England average for KS4</li> <li>Pupil absence remains fairly steady</li> <li>Proportion of under 18 conceptions has been slowly declining since 2012</li> <li>Chlamydia diagnoses per 100,000 people aged 15-24 have increased slightly, but remain lower than in the West Midlands and England</li> </ul>	
Wellbeing	<ul style="list-style-type: none"> <li>Mean score of wellbeing statements in 2014/15 was just below the England result</li> <li>Self-reported high happiness has reduced by 1%</li> <li>Self-reported high satisfaction also reduced by 1%</li> </ul>	
Life expectancy	<ul style="list-style-type: none"> <li>Healthy life expectancy at birth has reduced and is now almost equal for both genders. It is still, however, above England.</li> <li>Life expectancy remains stable for females at 83.6 and males at 79.9</li> <li>Life expectancy at 65 has also remained stable</li> </ul>	
Excess weight and physical activity	<ul style="list-style-type: none"> <li>The percentage of adults with excess weight has slightly reduced</li> <li>Excess weight in 4-5 year olds has increased but remains below West Midlands average</li> <li>Excess weight in 10-11 year olds reduced by 1% and is below the West Midlands average</li> <li>Percentage of adults who are physically active has increased to 66%</li> <li>Percentage of adults who are physically inactive has decreased to 22%</li> </ul>	
Adult social care quality of life	<ul style="list-style-type: none"> <li>Quality of life for people with long term conditions has gradually increased since 2012/13</li> <li>Service users who say services make them feel safe and secure has reduced slightly</li> <li>Service users who feel safe has increased back to the level seen in 2013/14</li> <li>People receiving the social contact they would like increased but is below England</li> <li>Overall satisfaction of people receiving adult social care and support has increased</li> </ul>	
Mental health	<ul style="list-style-type: none"> <li>Smoking prevalence for people with a serious mental illness in 2014/15 was more than twice that of the Warwickshire population. NB this has not been reported more recently.</li> <li>Adults in contact with secondary mental health services living independently has increased</li> <li>Those in paid employment has been increasing since 2013/14 and is now at 21%</li> </ul>	
Learning disabilities	<ul style="list-style-type: none"> <li>Adults with a learning disability living in their own/family home is slightly below comparators</li> <li>Those in paid employment reduced very slightly, but this is far above comparator levels</li> </ul>	
Control and direct payments	<ul style="list-style-type: none"> <li>Percentage of long term adult social care service users with direct payments increased</li> <li>Direct payments for carer specific services has decreased to 23%</li> <li>Service users who feel they have control over their life has increased</li> <li>Service users who find it easy to find information about support has increased</li> <li>Self-directed support for long term community service users has reduced</li> <li>Self-directed support for carers has reduced but this may be down to different recording</li> </ul>	
Hospital discharge	<ul style="list-style-type: none"> <li>Social care delayed transfers of care increased in 2016/17, but other indicators in 2017/18 show improvements</li> <li>Overall delayed transfers of care increased but are below the West Midlands average</li> <li>People aged over 65 who are still at home 91 days after hospital discharge has increased</li> </ul>	
Hospital admissions	<ul style="list-style-type: none"> <li>Emergency admissions for intentional self-harm for 10-24 year olds has reduced</li> <li>Hospital admissions for unintentional injuries (0-14) has reduced but is above comparators</li> </ul>	

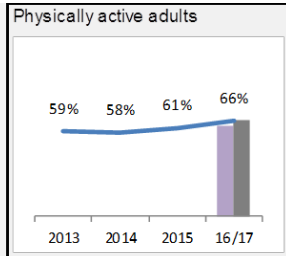
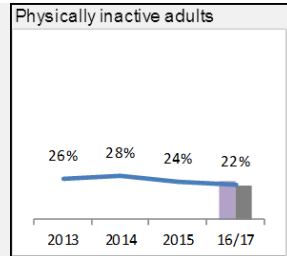
Smoking	<ul style="list-style-type: none"> <li>• Prevalence of smoking has reduced</li> </ul>	
Justice system	<ul style="list-style-type: none"> <li>• Proportion of young people receiving a conviction decreased and is below England average</li> <li>• First time entrants to the youth justice system decreased below 300 per 100,000 in 2017</li> </ul>	



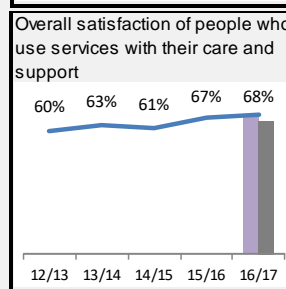
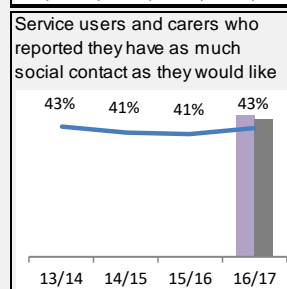
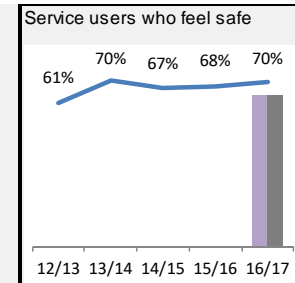
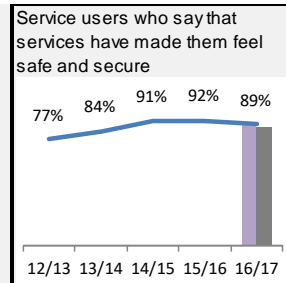
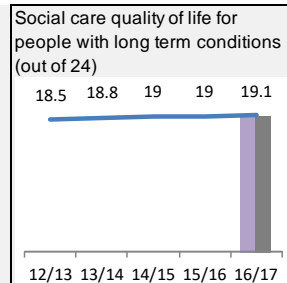
## Excess weight



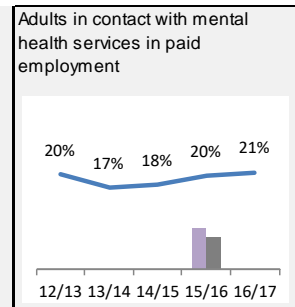
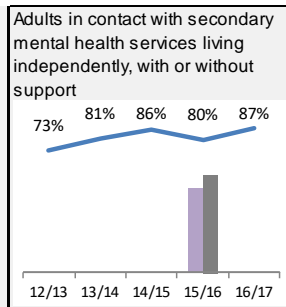
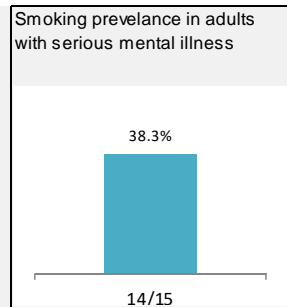
## Physical activity



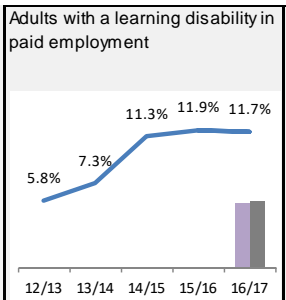
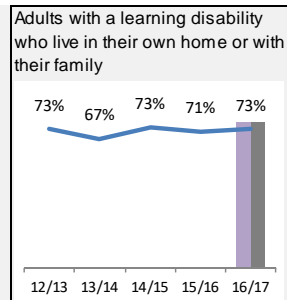
## Adult social care quality of life



## Mental health

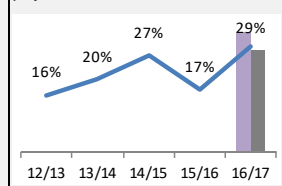


## Learning disabilities

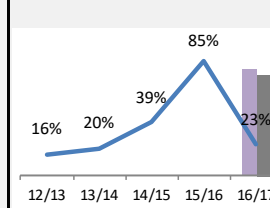


## Control and direct payments

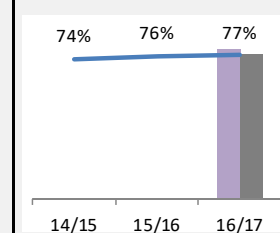
Service users accessing long-term support at the year-end 31 March who received direct payments



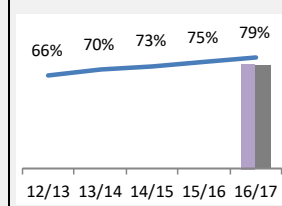
People receiving carer-specific services in the year to 31 March who received direct payments



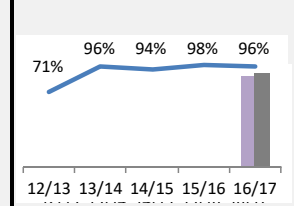
Service users who have control over their life



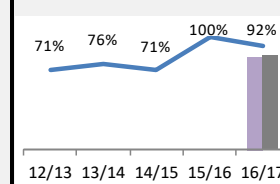
Service users and carers who find it easy to find information about support



Service users accessing long-term community support receiving self-directed support

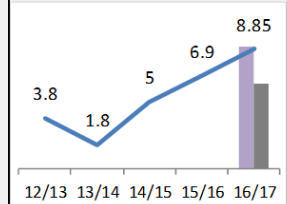


People receiving carer-specific services in the year to 31 March who received self-directed support

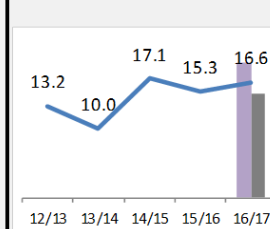


## Hospital discharge

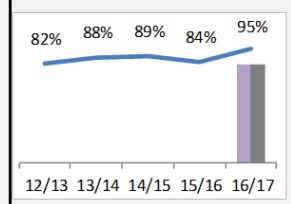
Delayed transfers of care attributable to adult social care or both per 100,000 population for people aged 18+



Delayed transfers of care per 100,000 population for people aged 18+

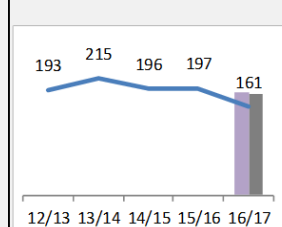


People 65+ still at home 91 days after discharge from hospital into reablement/ rehabilitation services

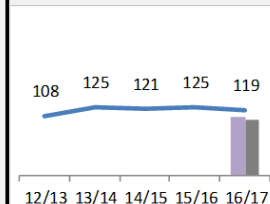


## Hospital admissions

Hospital admissions as a result of self-harm (10-24 years)

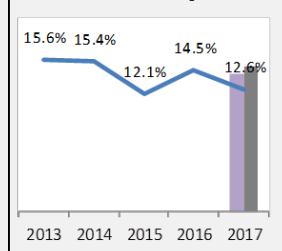


Hospital admissions for unintentional injuries 0-14 year olds per 100,000



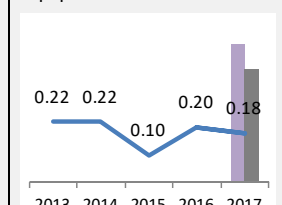
## Smoking

Prevalence of smoking



## Justice system

Young people receiving a conviction rate per 1,000 of 10-17 population



First time entrants to the youth justice system per 100,000 population

