

# Swindon's Joint Health and Wellbeing Strategy: Evaluation Report December 2016

Health and Wellbeing Board

Date: 14 December 2016

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Author:	Cherry Jones - Director of Public Health, Swindon Borough Council
Wards:	All
Locality Affected:	All
Parishes Affected:	All

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## 1. Purpose and Reasons

- 1.1 Swindon's first Joint Health and Wellbeing Strategy (JHWS): 2013-2016 was published in December 2013. It set out the vision and the long term improvements in local people's health and wellbeing that partners aimed to achieve in Swindon. It highlighted five priority outcomes for action (based on local need) and highlighted a range of indicators that would help measure progress.
- 1.2 Progress against the 2013 -2016 strategy priorities has been monitored and this report provides an evaluation and a rounded analysis of Swindon's performance on the supporting indicators.
- 1.3 The Joint Health and Wellbeing Strategy will be refreshed for 2017 informed by the latest JSNA (Joint Strategic Needs Assessment) and local priorities.

## 2. Recommendations

The Board is recommended to:

- 2.1 Note the Joint Health and Wellbeing Strategy Evaluation Report December 2016 attached at Appendix 1 to the report.
- 2.2 Consider the progress made against the priority outcomes and the areas where particular challenges still lie to achieve our long term aims and overall vision.
- 2.3 Review the refreshed Joint Health and Wellbeing Strategy 2017– 2022 informed by this report and reflecting the latest Joint Strategic Needs Assessment findings at its March 2017 meeting.

## 3. Detail

- 3.1 Swindon's Health and Wellbeing Board has a statutory duty, outlined in the Health and Social Care Act 2012, to produce a JHWS.
- 3.2 The Health and Wellbeing Board worked with local stakeholders including service users, residents, patients and carers, the voluntary and community sector, NHS,

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Further information on the subject of this report can be obtained from Tom Frost, 07884 733175, [tfrost@swindon.gov.uk](mailto:tfrost@swindon.gov.uk).

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local authority and One Swindon partners, to develop the first JHWS for Swindon, 2013-2016 and published in October 2013.

- 3.3 The JHWS vision is that Everyone in Swindon lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities.
- 3.4 The strategy outlines a three year ambition for improving health and wellbeing and addressing health inequalities across the borough. It identifies priorities and approaches for partners including the Clinical Commissioning Group (CCG), NHS and local authority, to take into account when developing their own plans and making decisions about spending money and planning services.
- 3.5 The JHWS for Swindon set out the vision and the long term improvements in local people's health and wellbeing that the partners wanted to achieve in Swindon. It also set out the priorities for action and a suite of indicators that would help measure progress.
- 3.6 The performance indicators agreed in the Joint Health and Wellbeing Strategy give an indication of how well Swindon's services are responding to local population need. Positive and negative changes in performance are influenced by more than just the local service provision in place, but it is important that the Health and Wellbeing Board is aware of the health and wellbeing trends of Swindon's population so it can plan for and develop services strategically and inform commissioning intentions.
- 3.7 This report (Appendix 1) provides a summary of final progress against the 2013-2016 JHWS to achieve the priority outcomes and a rounded analysis of Swindon's performance on the supporting indicators.
- 3.8 The strategy contains five priority outcomes with a series of indicators drawn from the Public Health Outcomes Framework (PHOF), NHS Outcomes Framework and Adult Social Care Outcomes Framework (ASCOF) to monitor progress.
- 3.9 The five priority outcomes are:
  - 1. Every child and young person in Swindon has a healthy start in life
  - 2. Adults and older people in Swindon are living healthier and more independent lives
  - 3. Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems, offenders)
  - 4. Improved mental health, wellbeing and resilience for all

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5. Creation of sustainable environments in which communities can flourish

3.10 The evaluation report looks at each outcome in turn and presents:

- An infographic summarising the indicators and providing an overview of outcomes in Swindon.
- A chart and table for each indicator showing how Swindon's outcomes have changed over time and how they compare to England, the South West, similar authorities (ONS cluster – New and Growing Towns (A)) and authorities experiencing similar levels of deprivation (3<sup>rd</sup> least deprived decile).

This style of presentation allows a much fuller analysis of progress than simply comparing a baseline value with current figures.

- A commentary on some of the actions and initiatives taken to tackle the challenges identified in delivering each outcome.

## Main findings and challenges

3.11 Swindon's outcomes on a number of indicators are significantly better than England and other comparator authorities, for example on childhood immunisations and breast cancer screening coverage.

3.12 Swindon's outcomes have significantly improved in a number of areas too, for example breastfeeding at 6-8 weeks, the number of 16-18 year olds not in education, employment or training and alcohol-related admissions to hospital (under 18's), people receiving social care who say they have advice and information, and successful completion of drug treatment by both opiate and non-opiate users.

3.13 In other areas, the indicators highlight that significant challenges remain, including:

- GSCE attainment
- Admissions of older people to residential and nursing care homes
- Physically inactive adults
- Cervical cancer screening
- Employment for those with learning disabilities compared to the overall population
- Reported domestic violence incidents

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- Suicide
  - Social isolation in adult social care users
- 3.14 In the majority of cases there are already initiatives underway to understand the issues connected with the indicators better and to tackle the problems themselves. This is underpinned by the JSNA framework which is the formal mechanism to analyse and interpret local and national data to establish need and service demand and how it is being met in Swindon. Since it was established in 2013 the HWB, which has a duty to develop the JSNA to identify local need and inform commissioning, has commissioned a number of JSNAs focused on specific topic areas.
- 3.15 JSNA's include recommendations for action to meet identified unmet need as well as how to improve service provision and tackle inequalities. All the JSNA's and supporting strategies can be found on the JSNA website <http://www.swindonjsna.co.uk/>.

## 4. Alternative Options

- 4.1 No alternative options are proposed.

## 5. Implications

### Financial and Procurement Implications

- 5.1 The JHWS 2013-2016: Evaluation Report is delivered within the current financial position. There are no financial or procurement implications arising from this report.

### Legal and Human Rights Implications

- 5.2 Legal and Human rights have been taken fully into account in compiling this report. It is considered that the recommendations within this report are compatible with Convention Rights.

### All other Implications

- 5.3 There are no other implications arising from this report.

### Diversity Impact Assessment

- 5.4 A diversity impact assessment has not been completed at this stage for this report.

### Risk Management

- 5.5 No specific risks identified at this stage for this report.
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## **6. Consultees**

- 6.1 The Corporate Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

## **7. Background Papers**

- 7.1 None.

## **8. Appendices**

Appendix 1 - Swindon's Joint Health and Wellbeing Strategy 2013-2016:  
Evaluation Report December 2016.