

<b>HEALTH AND WELLBEING BOARD</b>			
<b>Report Title</b>	<b>Health and Wellbeing Board Performance Dashboard Exceptions Report</b>		
<b>Contributors</b>	Director of Public Health	Item No.	8c
<b>Class</b>	Part 1	Date:	7 March 2019
<b>Strategic Context</b>	Please see body of report		

## 1. Purpose

This report provides members of the Health and Wellbeing Board with an update on performance against its agreed priorities within the Health & Wellbeing Strategy.

## 2. Recommendations

Members of the Health and Wellbeing Board are recommended to note performance as measured by health and care indicators set out in the attached dashboard at Appendix A.

## 3. Strategic Context

- 3.1 The Health and Social Care Act 2012 established Health and Wellbeing Boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. The activity of the Health and Wellbeing Board is focused on delivering the strategic vision for Lewisham as established in Shaping our Future – Lewisham’s Sustainable Community Strategy, and in Lewisham’s Health and Wellbeing Strategy.
- 3.2 The work of the Board directly contributes to the priority outcome in Shaping our Future that communities in Lewisham should be Healthy, Active and Enjoyable – where people can actively participate in maintaining and improving their health and wellbeing.
- 3.3 The Health and Social Care Act 2012 placed a duty on local authorities and their partner clinical commissioning groups to prepare and publish joint health and wellbeing strategies to meet needs identified in their joint strategic needs assessments (JSNAs). JSNAs then inform Health and Wellbeing Strategies. Lewisham’s Health and Wellbeing Strategy was published in 2013.
- 3.4 The Health and Social Care Act also required Health and Wellbeing Boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.

## 4. Background

- 4.1 In response to the request from members of the Board, the Director of Public Health has worked alongside colleagues within Adult Social Care, Children’s Services and the Clinical Commissioning Group (CCG) to produce a dashboard of indicators which would assist members in monitoring health and wellbeing improvements across Lewisham and the effectiveness of the integrated adult care programme.

- 4.2 The dashboard also includes a number of indicators (including those on low birth weight, immunisation and excess weight) that are also included in the 'Be Healthy' priority of the Children and Young People's Partnership Plan.

## 5. Health and Wellbeing Board Performance Dashboard Update

- 5.1 The dashboard is based on metrics drawn from the Quality and Outcomes (Primary Care), Public Health, NHS and Better Care Fund Frameworks. These metrics have been selected to assist members in their assessment of the impact and success of the plans and activities in relation to the Health and Wellbeing Strategy.

- 5.2 Updated indicators since the previous period of data availability are commented on below. Where performance has deteriorated, commentary on actions being taken to improve the position has been provided.

### 5.3 Overarching Indicators of Health & Wellbeing

The latest data for **premature mortality from Cardio-vascular disease** has improved and is now considered similar to the England rate. There has been an almost constant downwards trend since 2000. **Low Birth weight of all babies** has remained stable, and is in line with England.

**Female life expectancy at birth** has increased and is now significantly higher than the national average. However **male life expectancy at birth** has fractionally decreased and is now statistically lower than the national average. A similar trend was seen in Southwark, Greenwich and Hackney.

### 5.5 Priority Objective 1: Achieving a Healthy Weight

Lewisham remains in line with the national average for **adult excess weight**.

Regarding excess weight in children, Reception year performance has improved and Lewisham rates for obesity and excess weight are now significantly lower than England and London, and compared to similar boroughs. This is a notable success however it should be qualified that the participation rate was lower than in previous years, 87% in Reception and 89% in Year 6, slightly below the target coverage of 90%. For Year 6 children there was a small increase in obesity rates but an overall reduction in excess weight. As in previous years the proportion of obese children in Year 6 was more than double that of Reception year children, similar to the national results.

In addition the revised GP Personal Medical Services contracts between the CCG and GPs now require practices to record the BMI centile of children who attend for their pre-school booster vaccination (3-5 year olds), offering brief intervention and/or referral to local specialist services as required. This will have a beneficial impact on these indicators in future years.

**Maternal excess weight** increases the risk of poor pregnancy outcomes and is a risk factor for childhood obesity. There has been a slight decrease in the rate over the last two years reflecting the national picture. Overall, around half of women at their booking appointment are overweight or obese. Lewisham **breastfeeding rates at 6-8 weeks** continue to exceed target, with rates amongst the highest in England.

#### 5.6 Priority Objective 2: Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years

The **Under 75 cancer mortality rate** has decreased, however it remains significantly higher than England. This difference continues to be largely due to male cancer mortality, with lung and bowel cancer deaths increasing. Nationally there has been a general trend of decline over the past 10 years.

Both **breast and bowel cancer screening** have seen marginal improvements, yet remain below the national average and targets. **Cervical cancer screening** has reduced and is below the national average.

Following the publication of a Cancer focused Joint Strategic Needs Assessment in 2017, a number of actions have been taken with the aim of improving cancer outcomes. A task and finish group was set up to develop a NHS Lewisham CCG Cancer Plan (2018-19). Public Health was a member of this group and has undertaken specific action around reducing inequalities which include: Commissioning community based Cancer Research UK (CRUK) training (which reached the Voluntary and Community Sector and others) to provide information and increase confidence around having conversations about cancer including taking up preventative measures such as breast and bowel screening. A specific bursary-funded workshop for community members was awarded to Lewisham by CRUK this year. This workshop was held in December 2018 and was well attended, with positive feedback and evaluation. Work is also starting with MacMillan Cancer Support in 2019 to develop a number of community cancer champions from community members that attended the bursary-funded workshop.

#### 5.7 Priority Objective 3: Improving Immunisation Uptake

The most recent data on **over 65 flu immunisation uptake** is stable, but remains below the England average and the national target (75%). Work is in progress with GPs in Lewisham to improve uptake of flu vaccination for all eligible groups by sharing learning from practices with higher levels of vaccination uptake. Promotion of the 65+ flu jab has also been included in key council publications.

The **HPV vaccine uptake** rate has improved but remains below the London and England averages and target level (80.0%). Work is being coordinated between Public Health, Joint Commissioning, the School Health Service and NHS England to ensure continued improvement. **Uptake of the second dose of measles, mumps and rubella vaccine** has also improved and is above the London average but needs to improve to reach to the England average and hit the target (91.1%) and achieve herd immunity. Public Health continue to work on the MMR pathway, which includes steps to improve information systems. Public Health is also in dialogue with NHS England to improve promotion of the MMR vaccination to all Lewisham residents. For all childhood vaccinations opportunistic immunisation of children is done whenever they present within the health service.

#### 5.8 Priority Objective 4: Reducing Alcohol Harm

Alcohol related admissions have fallen again and remain significantly below the England average.

5.9 Priority Objective 5: Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking

**Smoking prevalence** decreased compared to the previous reporting period and is now in-line with London and England. **The self-report rate for smoking quitters per 100,000 population** is also currently in-line with London and England.

**Smoking status at time of delivery** has increased marginally but remains significantly below the national average.

5.10 Priority Objective 6: Improving mental health and wellbeing

**Prevalence of Serious Mental Health Conditions** has remained stable but is significantly higher than the England average. Prevalence is similar to neighbouring boroughs. **Prevalence of depression** has increased slightly, yet remains significantly lower than the national average. Improving Access to Physiological Therapies performance service data continues to improve.

BAME mental health is an area that the Health and Wellbeing Board are focussing on. Furthermore the 2017 Annual Public Health Report focused on Mental Health. The aim of the report was to provide user-friendly information about the levels of mental health and wellbeing in Lewisham, including information about risk and protective factors. The content in summary:

- Providing real-life stories from Lewisham residents across the course of life about living with and through mental ill health.
- Providing information on the strategies, initiatives and interventions being delivered in Lewisham that aim to promote mental wellbeing and prevent mental ill health.
- Providing information about where residents can seek help if concerned about their mental ill health to ensure that mental ill health is identified and treated at the earliest possible opportunity.

5.11 Priority Objective 7: Improving sexual health

The rate of **chlamydia diagnoses per 100,000 young people aged 15-24 years** has decreased but is above the national average. This performance should be seen in context of the proportion of young people now screened for chlamydia. In 2017, 25% of people aged 15-24 were screened, in 2015 it was 50% of the same population. The **legal abortion** rate has remained stable but is significantly higher than the London and England average. **Teenage conceptions** have decreased and are in-line with England.

**People presenting with HIV at a late stage of infection** has increased but remains in-line with the national average. Lewisham are currently working with the Elton John Aids Foundation to increase HIV testing both in hospital and primary care. Furthermore the Lambeth, Southwark and Lewisham (LSL) Sexual Health Strategy has identified late diagnosis of HIV as a critical target. In producing the strategy it was found that certain groups had a higher proportion of people with late diagnosis. This insight means that the same groups will be increasingly targeted for screening.

5.12 Priority 8 (Delaying and reducing the need for long term care and support) & Priority 9 (Reducing the number of emergency admissions for people with long-term conditions)

Within Lewisham's wider integration framework, health and care partners have continued to focus on these priority areas. The Better Care Fund metrics remain the

overarching measures by which progress and performance against these priority areas has been measured. The four national metrics are:

- Non elective admissions
- Admissions to residential and care homes
- Effectiveness of reablement
- Delayed transfers of care (DTC)

As at December 2018, performance was on track to meet target in all four measures. Full year (2018-19) figures will be available in summer 2019. These metrics continue to be monitored by health and care partners, both by individual organisations and jointly through the BCF.

## **6. Financial implications**

There are no specific financial implications arising from this report. A range of activity designed to improve performance against these indicators is funded from the Public Health budget using the ring fenced Public Health Grant. This expenditure is reviewed regularly and reallocation to address indicators with poor performance is possible.

## **7. Legal implications**

The statutory requirement to have a Health and Wellbeing Strategy is set out above.

## **8. Crime and Disorder Implications**

There are no specific crime and disorder implications arising from this report or its recommendations

## **9. Equalities Implications**

There are no specific equalities implications arising from this report or its recommendations, but the dashboard highlights those areas where health inequalities exist in Lewisham and can be monitored.

## **10. Environmental Implications**

There are no specific environmental implications arising from this report or its recommendations.

## **11. Summary and Conclusion**

Challenges remain around a number of indicators. Cancer screening and immunisations are key areas to improve.

If you have any difficulty in opening the links above or those within the body of the report, please contact Stewart Snellgrove (Stewart.Snellgrove@lewisham.gov.uk; 020 8314 9308), who will assist.

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