

HEALTH AND WELLBEING BOARD			
Report Title	Health and Wellbeing Performance Dashboard - Exceptions Reporting		
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Class	Part 1	Date:19.05.2015	
Strategic Context	To report on key performance indicators which are currently exceptions and are impacting on the borough's ability to achieve the aims of the Health and Wellbeing Strategy.		
Pathway			

1. Purpose

- 1.1 The purpose of the report is to update members of the Health and Wellbeing Board on indicators within the Performance Dashboard which are currently exceptions. Exceptions have been defined as indicators which require improvement to become comparable with the average performance across England **and** have a negative direction of travel, i.e. the indicator has seen performance deteriorate compared to the previous reporting period.

2. Recommendation/s

Members of the Health and Wellbeing Board are recommended to:

- 2.1 Note the contents of the report.

3. Policy Context

- 3.1 The Health and Wellbeing Strategy has nine priorities. Each priority relates to a number of performance and contextual indicators held within a Performance Dashboard. Additionally there are Overarching Indicators including life expectancy and indicators monitoring the Integration of Health and Social Care.

4. Background

- 4.1 At the Health and Wellbeing Board which met on the 25th November 2014 it was discussed that future reports of the Health and Wellbeing Board Strategy Performance Dashboard need only focus on exceptions. Indicators may relate to more than one priority but are presented in this report as they appear within the Health and Wellbeing Strategy Performance Dashboard.

5. Reporting of Exceptions by Health and Wellbeing Strategy Priority

5.1 **Overarching Indicators:** Although there were a number of overarching indicators that were significantly worse than the England benchmark, all these indicators showed an improved direction of travel compared to the previous time period.

5.2 **Priority Objective 1: Achieving a Healthy Weight - Excess weight in Children - Reception Year (%)**

Current Performance (13/14)	Previous Performance (12/13)	London (13/14)	England (13/14)
39.3%	38.3%	37.6%	33.5%

5.2.1 **Comments:** Local analysis of the data reveals that for the eight years data has been collected (2006/7-2013/14) there is slight variability but no consistent trend over the period in obesity rates in this cohort of children.

5.2.2 **Actions:** Building the local capabilities of the workforce through training on a variety of topics to promote healthy weight, provision of targeted and specialist weight management services accessible in community venues and the development of a 'Health in Lewisham' webpage on the council website to provide information and advice to support families achieve a healthy lifestyle.

5.3 **Priority Objective 2: Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years - Cancer screening coverage - Breast cancer (%)**

Current Performance (2014)	Previous Performance (2013)	London (2014)	England (2014)
65.0%	66.0%	68.9%	75.9%

5.3.1 **Comments:** Breast screening coverage in Lewisham does not meet the national target of 70% and has remained at approximately 65% for the past 7 years. Screening performance may have dipped due to the transfer of responsibilities to NHS England and due to less focused and collaborative work locally.

5.3.2 **Actions:** Possible activity proposed for 2015-2018 includes promoting cervical, bowel, breast and cervical cancer screening programmes in the community and work with GP Practices so that they are more proactive in following up cancer screening non-attenders. The dialogue with NHS England will also continue.

5.4 **Priority Objective 3: Improving Immunisation Uptake - Uptake of the second dose of Measles Mumps and Rubella Vaccine (MMR2) at five years of age**

Current Performance (Q3-14/15)	Previous Performance (Q2-14/15)	London (Q3-14/15)	England (Q3-14/15)
71.6%	72.6%	80.5%	88.5%

5.4.1 **Comments:** Improving levels of uptake of immunisation continues to be a challenge in Lewisham. Since the changes introduced in April 2013 as a result of the Health & Social Care Act 2012, the responsibility for commissioning national immunisation programmes is no longer a local one. Despite continuing support at local level and some improvement in uptake of vaccines as a result, significant challenges remain. Uptake of MMR2 at five is the most important of these challenges.

5.4.2 **Actions:** 1). Review the implementation of the preschool booster pathway to incorporate the use of school entry health check information and action by children's centres, and possibly others to maximize uptake of PSB and MMR2 at age five and prior to re-launch for school year 2015/2016; 2). Programme of visits by Clinical Directors to practices that fail to respond to input from Clinical Commissioning Facilitators; 3). Work with provider and with NHS England to maximise opportunities offered by new schools immunisation commissioning arrangements in increasing uptake of MMR2 and PSB.

5.5 **Priority Objective 3: Improving Immunisation Uptake - Uptake of the fourth dose of Diphtheria vaccine (D4) at five years of age**

Current Performance (Q3-14/15)	Previous Performance (Q2-14/15)	London (Q3-14/15)	England (Q3-14/15)
78.5%	80.4%	78.0%	88.4%

5.5.1 **Comments:** Uptake of the pre-school booster, for which uptake of D4 at five is the indicator, is the second of these challenges.

5.5.2 **Actions:** As for MMR 2.

5.6 **Priority Objective 3: Improving Immunisation Uptake - Uptake of the Human Papilloma Virus (HPV) Vaccine in girls in Year 8 in Lewisham Schools**

Current Performance (13/14)	Previous Performance (12/13)	London (13/14)	England (13/14)
82.9%	84.8%	80.0%	86.7%

5.6.1 **Comments:** Despite improved performance in recent years because of increased involvement of schools in helping to increase uptake, the upward trend is now reversing and increased effort is necessary to ensure a return to an upward trend in uptake.

5.6.2 **Actions:** Ensure a rescue plan to address the lower uptake of the first dose of the HPV vaccine in 2015/2016 and to consider how this problem can be avoided in future with earlier implementation of

awareness programme in 2015/2016. Work with schools to return uptake to higher levels.

5.7 Priority Objective 5: Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking - Under 75 Mortality from Lung Cancer (DSR per 100,000 population)

Current Performance (2013)	Previous Performance (2012)	London (2013)	England (2013)
46.9	31.2	31.0	33.7

5.7.1 Comments: Although the rate is a notable rise on 2012, a three year average for 2011-2013 of 42.9 reveals that the indicator is subject to large yearly changes. The three year average is also comparable to similar authorities: Lambeth (41.9); Greenwich (42.7) and Southwark (41.1). The high smoking prevalence in the 1960s-80s is the main contributor to lung cancer deaths.

5.7.2 Actions: Smoking prevalence has continued to decrease in the borough over the last ten years, which will eventually reduce lung cancer deaths. There are a number of key actions identified at a local level in addition to national measures to reduce smoking prevalence. These include continued focus on enforcement (there has been significant success in seizures of illegal tobacco) and a stop smoking service for heavily addicted smokers.

6. Financial implications

6.1 There are no Financial Implications arising from this report.

7. Legal implications

7.1 There are no Legal Implications arising from this report.

8. Crime and Disorder Implications

8.1 There are no Crime and Disorder implications arising from this report.

9. Equalities Implications

9.1 The Performance dashboard contains very little data by protected characteristic, however it is important to monitor and consider all the indicator in the context of equalities implications.

10. Environmental Implications

10.1 There are no Environmental Implications arising from this report.

11. Conclusion

11.1 In total there are six red exceptions within the Health and Wellbeing Strategy Performance Dashboard, three of which are within Priority 3: Improving Immunisation Uptake. These indicators and their respective actions should be monitored closely for progress.

If you have any difficulty in opening the links above or those within the body of the report, please contact Kalyan DasGupta (kalyan.dasgupta@lewisham.gov.uk; 020 8314 8378), who will assist.

If there are any queries on this report please contact Trish Duffy, Public Health, Lewisham Council, on 0208 314 7990, or by email at: ***patricia.duffy@lewisham.gov.uk***