

HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report Title	Delivery of the Lewisham Health and Wellbeing Priorities		
Contributors	Director of Public Health	Item No.	6
Class	Part 1	Date:	06 March 2018

1. Purpose

This report provides members of the Healthier Communities Select Committee with information on the performance of the agreed Health and Wellbeing Strategy Priorities. Since 2014 the performance in delivering the Health and Wellbeing Strategy is monitored twice a year by the Health and Wellbeing Board using a dashboard of outcomes measures in each priority area. This has been used as the basis to update the HCSC on delivery of the Lewisham Health and Wellbeing Strategy Priorities.

2. Recommendations

Members of the Healthier Communities Select Committee are recommended to note performance as measured by health and care indicators set out in the attached dashboard at Appendix A.

3. Policy Context

3.1 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). Lewisham's Health and Wellbeing Strategy was published in 2013. The strategy was refreshed in 2015.

3.2 Nine priorities were identified in 2013, which are monitored through a Performance Dashboard, which is presented to the Health and Wellbeing Board bi-annually. In the 2015 strategy refresh the priority outcomes were retained, but three priority actions were identified in order to focus and accelerate effort in delivering the outcomes. To select the most pertinent indicators for the dashboard 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 which would assist in monitoring health and wellbeing improvements across Lewisham and the effectiveness of the integrated adult care programme.

3.3 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. The dashboard also includes a number of overarching indicators on health and wellbeing.

4. Health and Wellbeing Strategy Priority Updates

4.1 Overarching Indicators of Health & Wellbeing

Life expectancy at birth is improving for both men and women, meaning it is now in line with the national average for both genders. There has also been continued improvement in **Low Birth weight of all babies**, which is now in line with England.

The **premature CVD mortality rate in Lewisham has increased from 80.4 to 81.8** (DSR per 100,000) resulting in Lewisham again being significantly higher than England. This bucks a previous downwards trend since 2000. Work is continuing to counter this as the CCG has commissioned One Health Lewisham (OHL) to improve the prevalence and management for people with diabetes and hypertension. This includes ensuring the establishment of risk registers, thresholds for raised blood sugar and blood pressures and referral to the diabetes prevention programme for people with pre-diabetes and relevant services for newly diagnosed. OHL is also now commissioned to provide clinical follow up and self-management plans for people with CVD risk above 20% following a NHS Health Check. Follow up includes the offer of statin medication and recording of blood pressure as well as brief intervention and a referral to lifestyle services. The majority of Lewisham GP surgeries and 16 pharmacies offer NHS Health Checks. Plans are in place to offer Health Checks via the GP Extended Access Service which will increase the availability of appointments for evenings and weekends.

The indicator **Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare** has now been retired hence we are no longer able to see if there has been improvement. We continue to monitor the number of practitioners that attend Making Every Contact Count training which is co-ordinated by Public Health.

4.2 Priority Objective 1: Achieving a Healthy Weight

A new methodology has been introduced regarding collection of the **adult excess weight** indicator, hence no trend data is available. Lewisham is seen to be in line with the national average.

The newest figures regarding **children with excess weight** show a marginal improvement for children in Reception year but an increase for those in Year 6, meaning Lewisham remains significantly higher on this indicator than the national average in 2016/17. However the proportion of Year 6 pupils who are obese has decreased. Work on the Whole System Approach to Obesity continues, including specific actions on supporting schools to get the Bronze Healthy Schools Award; the Daily Mile is now taking place in 22 schools, 17 schools have become Sugar Smart and Public Health are working with the school catering provider to increase school meal uptake. Further work is also taking place with the School Nurse and Oral Health Team to coordinate work in schools.

Maternal obesity has also increased. As this is local data provided by LGT we do not have benchmarking, however this is illustrating an upwards trend and now almost half of women weighed at their first midwife appointment are carrying excess weight. Action being taken includes the implementation of a LGT pathway for women with a BMI over 35 in which Midwives receive additional training in giving advice on healthy eating and physical activity. Weight Watchers and Slimming World have also been commissioned to accept referred pregnant women for additional support. Further work is continuing to encourage Pregnancy Plus midwives to incorporate physical activity into their programme. The Maternity Voices Partnership are also planning a free weekly walk to prevent parental isolation and improve mental health and wellbeing.

Lewisham continues to have one of the highest **breastfeeding rates** in the country.

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

Uptake of all **cancer screening** continues to be an area of concern for Lewisham, falling significantly below the national average. Whilst there were improvements in breast and bowel screening rates, the most recent data shows a drop in cervical cancer screening.

The Under 75 cancer mortality rates have decreased slightly, 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.

A joint strategic needs assessment (JSNA) for cancer has now been completed by Public Health. This suggests areas to explore going forward to improve outcomes: Filling gaps in knowledge (particularly around our increased burden in mortality in our under 75 year old male population and issues surrounding ethnicity); Improving public awareness; Improving early diagnosis; Continue to increase uptake of screening and Increased training opportunities for healthcare professionals.

4.4 Priority Objective 3: Improving Immunisation Uptake

The most recent data on **Over 65 flu immunisation uptake rate** has fallen slightly and remains below the England average. At 67.5% it is also below the national target of 75%. Work continues to promote the service, with pharmacies across the borough also offering provision.

The HPV vaccine uptake rate in 2015/16 remained significantly lower than England. However the team providing the vaccinations has since changed to improve the delivery of the service this year, which is seen to be having a significant impact on the outcomes. Schools with the lowest uptake figures are being targeted in order to improve delivery. Communication from schools already takes place, with the immunisation team providing letters for the schools to use from a standard template. They also provide additional follow up communications on catch-up sessions outside of the school to help uptake.

Uptake of the **MMR2 vaccine** has historically been low in Lewisham, however local data shows sustained performance well over 80%. This relates to extensive work undertaken by the Lewisham Immunisation Coordinator who identified a problem with vaccination data recording by GP practices. Over a period of several months many Lewisham GP practices were using the wrong READ codes to record MMR2 vaccination after migrating to EMIS web. The Immunisation Coordinator has now corrected this problem. In addition, the CCG has commissioned OHL to establish a borough wide childhood immunisation call recall system to eliminate variation in performance between GP practices. The new system began piloting in 4 practices in January 2018.

4.5 Priority Objective 4: Reducing Alcohol Harm

Alcohol related admissions continue to be significantly lower than the national average.

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

The smoking prevalence in 2016 among 18+ adults (current smokers) has returned to be significantly higher than England at 21.2%. Public Health is therefore continuing to lead on partnership work to reduce smoking and its impact in Lewisham via the Smokefree Future Delivery Group (SFDG). The SFDG is currently setting out its annual delivery plan for 2018-19 to incorporate aspirations from the new Tobacco Control Plan for England published in 2017. In line with the national plan, the SFDG is likely to include actions on the role of the NHS in contributing to smoking cessation particularly by delivering brief advice around smoking to patients, in addition to maximising the effectiveness of smoke free initiatives in the borough.

The rate of 4 week smoking quitters (crude per 100,000) has decreased since the last reporting period, and is now similar to the London and England averages. The local stop smoking service has recently launched a new online quitting smoking portal for smokers to access support to quit online. The online portal allows smokers who live, work or study in Lewisham to sign up on-line to receive digital support including access to behavioural support resources, motivational text messages, and medications. The system has links with the specialist service if a smoker requires more support at any point in their journey. This new initiative will help to mitigate against the declining number of quitters in Lewisham by offering an accessible and convenient option to support residents to quit smoking.

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

4.7 Priority Objective 6: Improving mental health and wellbeing

Prevalence of Serious Mental Illness has remained stable, yet significantly higher than England. **Prevalence of Depression in Adults** has risen marginally from 7.0% in 2015/16 to 7.5% in 2016/17, however remains significantly lower than England. More recently indicators were added to the dashboard regarding the Improving Access to Psychological Therapies service, to gain service perspective. Performance is encouraging.

The 2017 Annual Public Health Report is 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 can be summarised as:

- 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.

4.8 Priority Objective 7: Improving sexual health

All the sexual health indicators have improved compared to the previous data releases:

- Rate of chlamydia diagnoses per 100,000 young people aged 15-24 years
- Percentage of people presenting with a late diagnosis of HIV
- Abortion rate per 1,000 women aged 15-44
- Teenage pregnancy rate (15-17 year olds)

Teenage pregnancy has seen a notable decline, having historically been statistically higher than England, but is now in-line with the national average. However the Abortion rate remains significantly higher than England.

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

These priorities were included in the HWB strategy as key areas on which health and care partners should initially focus their integration work.

The BCF metrics remain the overarching measures by which progress and performance in 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)

The BCF plan for 2017-2019 was presented to the Health and Wellbeing Board on 6 September 2017. Section 3.6 of that report outlined the performance for 2016/17 and a link to that report can be found at:

<http://councilmeetings.lewisham.gov.uk/documents/s52072/Item%203a%20-%20BCF%20Plan%202017-19%20-%20060917.pdf>

The BCF schemes aligned to the national performance metrics are shown in Annex E of the report.

This showed that during 2016/17 targets were achieved for non-elective admissions and reablement, but that targets were not achieved for Admissions to Residential Care and delayed transfers of care (DTC) although performance in the latter improved over the course of the year. These metrics have continued to be monitored by health and care partners throughout 2017/18, both by individual organisations and jointly through the BCF.

Whilst the Health and Wellbeing Strategy priorities (8&9) remain a focus for Lewisham Health and Care Partners, they now sit within a wider strategic framework in which activity is taking place to ensure that the health and care system is able to support people to maintain and improve their physical and mental wellbeing, to live independently and to have access to high quality care when needed.

As services are developed and redesigned across the borough, partners will continue to develop and agree appropriate performance indicators to monitor the effectiveness and quality of services and support available and the impact on health and care outcomes.

5. 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.

6. Legal Implications

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

7. 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.

8. Further Implications

At this stage there are no specific environmental or crime and disorder implications to consider.

If you have any queries about this report, please contact Danny Ruta, Director of Public Health on 020 8314 9094 or at danny.ruta@lewisham.gov.uk