HEALTHIER COMMUNITIES SELECT COMMITTEE				
Report Title	Delivery of Lewisham Health and Wellbeing Priorities			
Contributors	Director of Public Health, London Borough of Lewisham		Item No.	4
Class	Part 1	Date: 16.01.19		

1. Purpose

1.1 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 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. Recommendation/s

2.1 Members of the Healthier Communities Select Committee are recommended to note performance as measured by the 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 for the Health and Wellbeing Strategy in 2013, which are monitored through a Performance Dashboard, presented to the Health and Wellbeing Board. 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.

3.4 The Health and Wellbeing Board agreed in 2018 to focus work on answering key questions. Black and Minority Ethnic (BAME) health inequalities was selected as a focus area, including BAME mental health. Indicators will be selected to understand performance going forward.

4. Health and Wellbeing Strategy Priority Updates

4.1 Overarching Indicators of Health and 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. The proportion of babies born at a low weight, measured in the indicator **Low Birth weight of all babies**, has remained stable and continues to be in-line with England.

The latest data for **premature mortality from Cardio-vascular disease** has improved and is now considered similar to the England rate. The number of practitioners attending Making Every Contact Count training is continually monitored by Public Health who co-ordinate the sessions.

Priority Objective 1: Achieving a Healthy Weight

Excess weight in adults has remained stable and is in-line with England. 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.

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. Whilst the uptake rates for all (bowel, breast and cervical) cancer screening have remained stable compared to the previous reporting period, they still fall significantly below the national averages and target levels. The revised Personal Medical Services contract between the CCG and GP practices now requires GPs to increase screening rates for cervical cancer and also to directly follow up non-responders to bowel cancer screening invitations.

Early diagnosis of stage 1-2 cancer has improved slightly and is in-line with England. The **under 75 cancer mortality rate** has 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.

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 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.

Priority Objective 3: Improving Immunisation Uptake

The most recent data on **over 65 flu immunisation uptake** rate has remained 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

herd immunisation. 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.

Priority Objective 4: Reducing Alcohol Harm

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

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.

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.

As mentioned above 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.

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.

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 (DTOC)

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.

A wide range of activity across the health and care system has contributed to improving these outcome measures including:

- Identifying patients at risk of emergency admission and holding regular multi-disciplinary meetings
- Commissioning a High Intensity User (HIU) service
- Commissioning an enhanced primary care support service for Care Homes
- Creating a register of patients at risk of diabetes
- For Respiratory illness there has been the development of integrated community hubs to enable better diagnosis and treatment of all respiratory conditions to reduce avoidable admissions. This are expected to open in the near future.
- As urinary tract infections are a key driver of emergency admissions work has been undertaken to promote the Trial without Catheter (TWoC) pathway as well as supporting Care Homes to prevent infections by maintaining good hydration and ensuring that they respond to early warning signs with their residents.

- Mental Health and Acute providers continuing to support high users of Emergency Department care through improved care planning and community based support.
- Reducing attendance of a selected cohort of mental health frequent attenders at UHL A&E by 27%. An additional cohort was selected for 2018/19 and the current trajectory is showing a similar reduction offering self-management programmes.
- Agreeing plans to integrate a number of adult social care services with district nursing and therapies
- Developing further the Health and Social Care Gateway, bringing together Social Care Advice and Information Team and the District Nurse Call Centre. The Gateway will build on the work of the "Face 2 Face" project which supported people to look at the assets available to support their long term health and care needs.
- Providing enablement and rehabilitation services to reduce the need for long term ongoing care. Based on activity during 2018/19 over 89% of people who were discharged with an enablement service remain at home for longer than 91 days post discharge. This is a national indicator for adult social care and Lewisham perform in the top quartile.
- Continuing to work in partnership to reduce the number of Delayed Transfers of Care (DTOC's) and ensure more people return to their own homes and receive the support they need to retain their level of independence.
- To improve and expedite discharges from UHL a Patient Flow Centre has been developed. This is a multi-disciplinary discharge hub operating 7 days per week facilitating safe discharges.

4.2 In addition to the above priorities going forward, the Health and Wellbeing Board is focusing on health inequalities, specifically Black, Asian and Minority Ethnic (BAME) health and wellbeing, including mental health. Indicators to monitor are to be decided.

5. Financial Implications

5.1 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

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

7. Equalities Implications

7.1 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

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