



## Health and Wellbeing Board

### **Performance Dashboard Exceptions Report**

**Date:** 12<sup>th</sup> March 2020

**Key decision:** No

**Class:** Part 1

**Ward(s) affected:** All

**Contributors:** Dr Catherine Mbema, Director of Public Health, Lewisham Council

### **Outline and recommendations**

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

The Board is recommended to note performance as measured by health and care indicators set out in the attached dashboard

## Timeline of engagement and decision-making

### 1. Summary

- 1.1. 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

- 2.1. 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. Policy 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

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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 'Children and young people have good physical and emotional health' priority of the Children and Young People's Partnership Plan (2019-22).

## 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 increased and is now significantly higher than the England rate. This bucks the almost constant downwards trend since 2000. **Low Birth weight of all babies** has increased, and has is once again significantly higher than England.

**Male and Female life expectancy data should be published in December 2019. Dashboard and this paragraph will then need updating.**

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

Lewisham is now significantly lower than the national average for **adult excess weight**.

Regarding excess weight in children, Reception year performance has increased compared to the previous year, however does remain lower than England and the 2016/17 level. For Year 6 children there was an overall reduction in excess weight for the second year in a row and obesity has also decreased. 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. The participation rate returned to be above the 90% target rate for both year groups.

The latest data on **Maternal excess weight** shows an improvement, yet almost half of pregnant women are overweight at their booking midwife appointment. This increases the risk of poor pregnancy outcomes and is a risk factor for childhood obesity. Lewisham **breastfeeding rates at 6-8 weeks** continue to exceed target, with rates amongst the highest in England.

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

Both **breast and bowel cancer screening** data should be updated in early 2020, please check and update dashboard and this paragraph. **Cervical cancer screening** has now been split into age groups, for women aged 25-49, there was a slight increase for 2019 compared to 2018, however uptake is still significantly below the national average.

**Under 75 Mortality from all cancers** has improved and is now similar to the national average. Early diagnosis of cancer has decreased, however this data is classified as

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experimental by the Office for National Statistics and will be replaced by a different indicator in future years.

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

The most recent data on **over 65 flu immunisation uptake** has seen a drop in uptake and remains below the England average and the national target (75%). (needs comment)

**HPV vaccine uptake** rate (due in Feb 2020) – update dashboard when available and amend paragraph. Also mention that boys now receiving the jab.

**Uptake of the second dose of measles, mumps and rubella vaccine** has remained stable and above the London average but needs to improve to reach to the England average and hit the target (91.1%) and achieve herd immunity. Update comment.

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

Alcohol related admissions have fallen again and remain significantly below the England average. (Still on 2017/18 data, check if this has been updated for 2018/19 in time for board)

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

**Smoking prevalence** has increased slightly but remains in-line with London and England. **The self-report rate for smoking quitters per 100,000 population** has increase and is outperforming London and England.

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

#### 5.9 Priority Objective 6: Improving mental health and wellbeing

**Prevalence of Serious Mental Health Conditions** has remained stable but is still 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 (enter sentence updating progress to date)

#### 5.10 Priority Objective 7: Improving sexual health

The rate of **chlamydia diagnoses per 100,000 young people aged 15-24 years** has increased and remains above the national average. This performance should be seen in context of the proportion of young people now screened for chlamydia. In 2018, 28.7% of people aged 15-24 were screened, in 2015 it was 50.3% of the same population. The **legal abortion** rate has increased and remains 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

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groups had a higher proportion of people with late diagnosis. This insight means that the same groups will be increasingly targeted for screening.

#### 5.11 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

- 6.1. 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.

## 7. Legal implications

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

## 8. Equalities implications

- 8.1. 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.

## 9. Climate change and environmental implications

- 9.1. There are no specific climate change or environmental implications of this report.

## 10. Crime and disorder implications

- 10.1. There are no specific crime and disorder implications

## 11. Health and wellbeing implications

- 11.1. 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.

## 12. Report author and contact

- 12.1. Dr Catherine Mbema, [Catherine.mbema@lewisham.gov.uk](mailto:Catherine.mbema@lewisham.gov.uk)

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