

Agenda item:

Title of meeting: Health and Wellbeing Board

Date of meeting: 25th September 2013

Subject: **Joint Health and Wellbeing Strategy 2012/13-2013/14, Monitoring Report**

Report From: Director of Public Health

Report by: Joanna Kerr, Head of Public Health Intelligence, Public Health Portsmouth
Matt Gummerson, Principal Strategy Adviser, Strategy Unit

Wards affected: All

Key decision: No

Full Council decision: No

1. Purpose of report

- 1.1 The purpose of this Report is to inform the HWB of Portsmouth's position on the outcomes listed in the national outcome frameworks for the NHS, Adult Social Care and Public Health and the national indicator set for CCGs in order to:
- Identify areas of improving trends
 - Identify areas of concern
 - Identify issues of concern which are not currently a priority for the HWB.

2. Recommendations

- 2.1. **The Health and Wellbeing Board are recommended to note Portsmouth's position against the relevant national outcomes frameworks.**
- 2.2. **The HWB are asked to consider the extent to which the following issues are addressed through the current JHWS, or through other Partnership Boards:**
- Lifestyle issues impacting on health and wellbeing e.g. smoking, healthy weight
 - Ensuring that socio-environmental factors impact positively on health and wellbeing e.g. use of open spaces, the built environment, employment, the economy, housing and winter warmth

- Children are the subject of a specific Objective. No partnership body is responsible for identifying and taking strategic decisions about improving the health and wellbeing of adults' or of older persons' age groups.

3. Introduction

3.1 Portsmouth's Joint Health and Wellbeing Strategy (JHWS) has four objectives:

Objective 1 Enhance quality of life for people with dementia

Objective 2 Support people to maintain their independence and dignity

Objective 3 Ensure all children get the best possible start in life by concentrating on the pre-birth to 5 year old age group

Objective 4 Improve outcomes for local people's health and wellbeing by driving up the quality, and ensuring the safety of, all services

3.2 Monitoring the implementation of the JHWS has two strands:

- Annual monitoring of the National Outcomes Framework indicators (this Report)
- Regular reports from lead officers with responsibilities for these objectives to provide assurance that targets for action and achievement are be delivered. The table below shows the dates of the Health and Wellbeing Board (HWB) meetings when the objectives were discussed:

Objective		Agenda item and date(s) of Joint Health and Wellbeing Board meeting
1	Enhance quality of life for people with dementia	Dementia summary, April 2013
2	Support people to maintain their independence and dignity	Integrated care update, June 2013
3	Ensure all children get the best possible start in life by concentrating on the pre-birth to 5 year old age group	Pre-birth to 5 years old progress update, December 2012 Future commissioning of pre-birth to 5 years old services, July 2013
4	Improve outcomes for local people's health and wellbeing by driving up the quality, and ensuring the safety of, all services	Portsmouth Safeguarding Children Board Annual Report, May 2013 Safeguarding Adults Annual Report, May 2013 Winterbourne View Response, July 2013

3.3 The purpose of this Report is to inform the HWB of Portsmouth's position on the outcomes listed in the national outcome frameworks for the NHS, Adult Social Care and Public Health and the national indicator set for CCGs in order to:

- Identify areas of improving trends
- Identify areas of concern
- Identify issues of concern which are not currently a priority for the HWB.

4 Context and overall picture

4.1 There are several hundred outcomes listed in the three national Outcomes Frameworks (Public Health, Adult Social Care and NHS) and one national Indicator Set (CCG). The 'map' showing Portsmouth's performance across all Frameworks is at:
http://www.portsmouth.gov.uk/media/API_STR_JSNA_SUMMARY_LinksToNhsCcgAscofOutcomeFrameworksJul13v4.pdf

4.2 The nationally published 2012/13 data for the Adult Social Care Outcome Framework is provisional and may be subject to change.

4.3 Key themes for Portsmouth's performance in the Public Health Outcome Framework are:

- Comparatively poor performance on socio-environmental outcomes such as community safety, housing, education
- Comparatively poor performance on lifestyle choices affecting an individual's health (or that of their children) such as smoking at time of delivery, childhood obesity, physical activity
- Combined negative impact of socio-environmental and lifestyle choices on long term Public Health outcomes relating to preventable premature mortality.

A grid ('tartan rug') showing Portsmouth's performance in the Public Health Outcomes Framework is here:

http://www.portsmouth.gov.uk/media/API_STR_JSNA_SUMMARY_TartanRugAug13v2.pdf

4.4 Specifically, the Public Health Outcome Framework measures where Portsmouth performs poorly (i.e. significantly worse than England **AND** is in the worst four of a group of 12 comparable LAs) are:

Improving wider determinants

- Pupil absence
- 16-18 not in education, employment or training
- Killed and seriously injured on the roads
- Violent crime
- Re-offending
- Statutory homelessness

Health improvement

- Mothers smoking at time of delivery
- Physically inactive adults

- Cervical cancer screening
- Take-up of NHS HealthChecks
- Self-reported wellbeing - feeling worthwhile

Health protection

- MMR for 5 year olds

Healthcare public health and preventing premature mortality

- Overall mortality rate from causes considered to be preventable
- Premature mortality rate from cardiovascular diseases
- Premature mortality rate from cancer
- Premature mortality rate from respiratory disease considered preventable
- Preventable sight loss - age related macular degeneration
- Preventable sight loss - diabetic eye disease
- Excess winter deaths.

4.5 This list would be even longer if one just examined the outcomes where Portsmouth compares significantly worse than England. Portsmouth's performance in the Public Health Outcomes Framework illustrates the range of problems facing the city. Socio-environmental and lifestyle outcomes are not especially highlighted in the current JHWS.

5 JHWS objectives and Outcome Frameworks

Looking specifically at the Outcome Frameworks and the objectives in the JHWS (Appendix 1):

5.1 Objective 1 Enhance quality of life for people with dementia

5.1.1 There are three indicators across the Outcome Frameworks relating to dementia:

- Estimated diagnosis rate (in CCG, NHS and Public Health outcome frameworks)
- Measure of effectiveness of post-diagnosis care in sustaining independence and improving quality of life (in NHS and Adult Social Care outcome frameworks)
- People with dementia prescribed anti-psychotic medication (CCG outcome framework).

5.1.2 The 'official' statistics for these indicators within the outcome frameworks have not yet been released.

5.1.3 However, we know from internal analysis of the first indicator (diagnosis rate) that there are about 1,000 people in Portsmouth who are predicted to have dementia but who have not yet been diagnosed. We also know that these people are more likely to have 'mild' or be in the early stages of dementia. Actions to increase early diagnosis are a key part of the national and local strategies.

5.1.4 Although the data has not been officially released for the third indicator, the local target is to reduce the percentage of people with dementia who are prescribed anti-psychotic medication from 14.8% (2011/12) to 12% by March 2014.

5.1.5 The HWB received a presentation about progress in achieving this Objective in April 2013.

5.2 Objective 2 Support people to maintain their independence and dignity

5.2.1 Portsmouth's achievement on these outcomes is mixed but can be examined along a pathway from enabling living at home through to avoiding hospital admission and facilitating timely hospital discharge.

5.2.2 In terms of aspects of enabling vulnerable people to **live at home**, Portsmouth is achieving better than England rates for:

- Gap in the employment rate between those with a long-term health condition and the overall employment rate
- Adults with mental health problems living independently with or without support
- Patient assessment of total health gain after elective hip or knee replacements.

5.2.3 But adults with a learning disability or with mental health problems continue to experience inequalities of employment opportunity.

5.2.4 In terms of **preventing hospital admission**, compared to England, Portsmouth is achieving better rates of older people and people at risk being vaccinated against 'flu and against pneumococcal infection (PPV).

5.2.5 Outcomes for those with conditions that should usually be managed in primary or community care setting are good as the most recent quarterly trend shows Portsmouth has comparatively low rates of adult emergency admission for acute conditions that should not usually require hospital admission (e.g. ear/nose/throat infections, kidney/urinary tract infections, heart failure) and also low rates of unplanned hospitalisation for chronic ambulatory care sensitive conditions (e.g. asthma, diabetes, heart failure, chronic obstructive pulmonary disease, dementia).

5.2.6 However, Portsmouth is performing less well on two measures which are influenced to a greater extent by environmental factors: admissions of older people due to injuries caused by falls and excess winter deaths.

5.2.7 In terms of **discharge from hospital**, compared to England, Portsmouth is achieving better (lower) rates of delayed transfers of care from hospital and better rates of those delays in transfer that are attributable to Adult Social Care. On both measures, Portsmouth has the lowest rate of the Adult Social Care comparator group of local authorities.

- 5.2.8 In terms of **preventing readmission to hospital**, Portsmouth has better rates of:
- Proportion of over 65s who were still at home 91 days after discharge from hospital into re-ablement/rehab services (measure of people being offered the service)
- 5.2.9 But is achieving worse rates of:
- Emergency readmissions within 30 days of discharge from hospital
 - Proportion of over 65s who were still at home 91 days after discharge from hospital into re-ablement/rehab services (measure of service effectiveness). This is probably related to Portsmouth's comparatively high rates of people being offered the service.
- 5.2.10 Key themes are to continue to:
- Exploit potential in socio-environment to improve health and wellbeing e.g. employment opportunities for vulnerable groups, quality of housing stock
 - Improve the experience of people receiving re-enablement or rehabilitation after hospital admission.
- 5.2.11 The HWB received an update about achievement of actions in this priority area in June 2013.
- 5.3 Objective 3 Ensure all children get the best possible start in life by concentrating on the pre-birth to 5 years age group**
- 5.3.1 The measures in the Outcome Frameworks that relate to under-5s also show a mixed picture. Portsmouth is achieving better rates than England for:
- Neonatal and infant mortality, and stillbirths
 - Percentage of babies born with a low birthweight
 - Emotional wellbeing of looked after children
- 5.3.2 The city achieved comparatively poor results for:
- Children living in poverty
 - Women smoking at time of delivery
 - Emergency admissions for children with lower respiratory tract infections - a continuing problem with admissions for respiratory conditions for this age group
- 5.3.3 Breastfeeding initiation rates have fallen slightly whilst the percentage of women who are still breastfeeding at 6-8 weeks has increased slightly. The national breastfeeding profiles¹ relate higher rates of breastfeeding with lower rates of hospital admissions for respiratory tract infections and for gastroenteritis.
- 5.3.4 Key themes are to continue to:

¹ Breastfeeding profiles. <http://atlas.chimat.org.uk/IAS/dataviews/breastfeedingprofile> Child and Maternal Health Intelligence Network. Accessed 20 August 2013

- Exploit potential in socio-environment to improve health and wellbeing eg reduce poverty, increase employment opportunities
- Reduce maternal smoking rates/promote healthy lifestyle choices.

5.3.5 The HWB received an updates about achievement of actions in this priority area in December 2012 and July 2013.

5.4 Objective 4 Improve outcomes for local people's health and wellbeing by driving up the quality and ensuring the safety of all services

5.4.1 On the key outcome measures that relate to safeguarding, Portsmouth is performing comparatively well on:

- Proportion of people who use Adult Social Care service who say those services have made them feel 'safe' or 'safe and secure'
- Children and young people aged 0-14 years admitted to hospital with unintentional and deliberate injuries (this includes childhood accidents).

5.4.2 There is scope for improvement in terms of hospital inpatient services used by Portsmouth residents.

5.4.3 The HWB received the annual reports on children's and adults safeguarding in May 2013.

6. Conclusions

6.1 The Outcome Frameworks are still in development and it is too early to say whether or not Portsmouth is making the changes needed to effect substantial improvement in health and wellbeing.

6.2 Several of the 'Red' Public Health Outcome Framework indicators relate to socio-environmental factors and are not directly related to the objectives in the current set of objectives.

6.3 However, overall Portsmouth is performing comparatively well in the key indicators chosen to monitor the JHWS. There are a few areas of concern:, smoking at time of delivery, respiratory admissions for under 15s, hospital readmission rates and excess winter deaths, and employment rates for people with mental health problems. This latter one fits with discussions at recent meetings which considered including mental health as a priority in future iterations of the JHWS.

7. Reasons for recommendations

7.1. The Health and Wellbeing Board are recommended to give consideration to the issues raised in this report which relate to the board's duty to oversee the production and implementation of a Joint Health and Wellbeing Strategy

8. Equality impact assessment (EIA)

8.1. A full EIA has been completed on the Joint Health and Wellbeing Strategy. A separate EIA is not required on monitoring reports such as this.

9. City Solicitor comments

9.1 The report has incorporated legal implications and accordingly there are no other immediate legal implications arising from this report

10. Head of finance’s comments

10.1. PCC will need to have sufficient staff resources (and therefore budget) to be able to carry out the identified tasks.

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Signed by: Andrew Mortimore, Director of Public Health

Appendices:

Appendix A - detailed performance data against outcome framework indicators

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by on

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Signed by: Name and Title