

How the Board Will Monitor the Success of the Joint Local Health and Wellbeing Strategy - Performance Data

Date: 30 March 2023

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Consideration: Information Discussion
 Decision Endorsement

Please indicate to which priority in the Joint Local Health and Wellbeing Strategy, [Happier, Healthier Lives Strategy \(2022-2025\)](#) your report links to.

Start Well	Live Well	Age Well
<input checked="" type="checkbox"/> Improving outcomes during maternity and early years	<input checked="" type="checkbox"/> Reducing the rates of cardiovascular disease	<input checked="" type="checkbox"/> Improving places and helping communities to support healthy ageing
<input checked="" type="checkbox"/> Improving mental health support for children and young people	<input checked="" type="checkbox"/> Improving mental health support for adults particularly for those at greater risk of poor mental health	<input checked="" type="checkbox"/> Improving mental health support for older people and reducing feelings of social isolation
<input checked="" type="checkbox"/> Reducing the prevalence of obesity in children and young people	<input checked="" type="checkbox"/> Reducing the prevalence of obesity in adults	<input checked="" type="checkbox"/> Increasing the physical activity of older people

1. Purpose of report

- 1.1. The refreshed Joint Local Health and Wellbeing Strategy (JLHWS) and action plan were approved at the September 2022 Health and Wellbeing Board (HWB).
- 1.2. The action owners have proposed measures and targets which will measure the success of the JLHWS.
- 1.3. This report is to agree the baseline data and approach to monitoring progress.

2. Recommendation to the Health and Wellbeing Board

- 2.1. To note and agree the performance measures and targets in the attached table (appendix A).

Start Well	Live Well	Age Well
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- 2.2. To note and agree the frequency of monitoring at the Health and Wellbeing Board as set out in paragraph 3.6.
- 2.3. To note that the performance dashboard is under development.

3. Content of report

Background

- 3.1. The refreshed Joint Local Health and Wellbeing Strategy (JLHWS) and action plan are in place for three years until September 2025.
- 3.2. There are three strategic themes, Start Well, Live Well and Age Well with three priorities identified for each strategic theme:



- 3.3. Leads have been agreed for each of the nine priorities across Health and Wellbeing Board partners. The action plans for each of the nine priorities will be used to hold Board members to account for delivery of the actions.
- 3.4. Each lead has been asked to provide performance measures for the Board to monitor the delivery of the action plans. The aim for each plan is to improve the health and wellbeing of Buckinghamshire residents and reduce health inequalities.
- 3.5. This report summarises the proposed performance measures which can be found in appendix A.

- 3.6. A number of measures are dependent on release of data from national bodies, which can often be received up to six months after the period of monitoring. A majority of these performance measures are captured annually. It is proposed that the performance measures are presented to the Board annually.
- 3.7. In order to ensure that progress is monitored regularly, it is proposed that after discussion of initial action plans short regular updates on progress and help required are brought to the Board on a six monthly basis.

Start Well

Improving outcomes during maternity and early years

- 3.8. What are the measures?
- Percentage of women who are smokers when they give birth
 - Percentage of children achieving at least expected development levels on their two to two and a half year old health visitor assessment in our most deprived areas
 - Percentage of babies who are breastfed from birth until they are at least six to eight weeks old
- 3.9. Why have these measures been chosen?
- Smoking during pregnancy is the most preventable risk factor for low birth weight, premature birth and miscarriage. Those who smoke in pregnancy are more often living in deprived areas where people already have poorer health outcomes.
 - A young child's early development of skills such as communication and problem-solving is essential to ensure that they can get the most out of their education when they start school. Currently children from more deprived areas are less likely to achieve the key development milestones which are so important for school readiness.
 - Babies that are breastfed have a lower risk of asthma, obesity, diabetes, and sudden infant death syndrome (SIDS), but breastfeeding is less likely to be initiated and sustained by women living in more deprived communities.

Improving mental health support for children and young people

- 3.10. What are the measures?
- The number of children and young people (aged under 18) that have accessed support from NHS funded community services and school or college based Mental Health Support Teams in the last 12 months
 - The gap in the proportion of children and young people (aged under 18) that have accessed support from NHS funded community services and school or college based Mental Health Support Teams in the last 12 months, between the most and the least deprived fifths of the population

- The number of women that are pregnant, or recently had a baby, that have accessed support from a specialist community mental health service (face to face or video) in the last 12 months

3.11. Why have these measures been chosen?

- National data show that not all children and young people are able to access mental health support when they need it. We want to make sure that more children and young people that need mental health support in Buckinghamshire can access it
- Children in the poorest households in the UK were 4 times more likely to have serious mental health difficulties by the age of 11 than those in wealthiest. We want to make sure that children and young people living in more deprived areas are as able to access support as those living in the least deprived areas
- Historically, not all women in England that need mental health support in pregnancy and the first year after birth have had good access to support. We want to make sure that women that need support for their mental health at this time can access it.

Reducing the prevalence of obesity in children and young people

3.12. What are the measures?

- Percentage of children in Reception year at school who are overweight and obese
- Percentage of children in Year 6 at school who are overweight and obese
- Percentage of eligible families accessing the Healthy Start scheme
- Number of children accessing weight management services in Buckinghamshire

3.13. Why have these measures been chosen?

- The National Child Measurement programme (NCMP) is a mandatory screening programme delivered by the Local Authority which measures the height and weight of children in Reception and Year six at state-funded schools on an annual basis giving an accurate picture of current prevalence
- Healthy Start is a government food assistance programme for low-income families. It provides financial support to low-income families and pregnant women for fruit, vegetables, pulses, milk or infant formula.

Live Well

Reducing the rates of cardiovascular disease

3.14. What are the measures?

- The number of eligible people in priority risk groups (in the 40% most deprived areas in Buckinghamshire) who have an NHS Health Check each year
- The percentage of eligible of patients who were referred to NHS tobacco dependency services (acute inpatients, maternity and mental health inpatients) who later successfully quit smoking (four week quit)

- Proportion of patients (15+) who have had their blood pressure checked in the last year in the four most deprived Primary Care Networks
- Proportion of patients under 80 years old with hypertension whose last blood pressure reading (in the last 12 months) was less than or equal to 140/90 mmHg for the four most deprived Primary Care Networks.

3.15. Why have these measures been chosen?

- Residents living in our most deprived areas and people from certain ethnic groups are at a higher risk of cardiovascular disease than the Buckinghamshire average. The NHS Health Check aims to reduce the risk of a person's cardiovascular disease by identifying people's risk factors and what they can do about it. Over the last five years, residents in more deprived areas have received fewer NHS Health Checks compared to residents in less deprived areas. To improve the outcomes of residents at increased risk of cardiovascular disease, there should be an increase in their access and experience of preventative services like the NHS Health Check and smoking cessation services.
- NHS inpatients (acute and mental health) and maternity patients who smoke should be offered the opportunity to quit smoking while under the care of the NHS. This approach has been shown to be successful at increasing the number of residents who stop smoking thus reducing a wide range of health problems including cardiovascular disease and cancer.
- Residents in the more deprived areas of the county are more like to develop high blood pressure earlier than residents in other areas. However, they are less likely to be identified early and have their blood pressure managed appropriately. Therefore, increasing the numbers of higher risk residents who check their blood pressure regularly will increase the numbers seeking support sooner.

Improving mental health support for adults particularly for those at greater risk of poor mental health

3.16. What are the measures?

- Reduce the gap in the percentage of white British and ethnic minority patients with a mental health emergency that have not previously had contact with mental health services
- Reduce the gap in patients that complete NHS Talking Therapies treatment between those living in the most and least deprived areas in Buckinghamshire
- Increase the percentage of patients with a Severe Mental Illness (have a diagnosis of schizophrenia, bipolar affective disorder or psychosis) that have had a full physical health check with their doctor in the last 12 months (all components)

3.17. Why have these measures been chosen?

- People from some groups find it harder to access mental health services when they need them and have a poorer experience of services when they do. This includes people from certain ethnic minority groups. We want to ensure people can access mental health support earlier, and not as an emergency, regardless of their ethnic group.
- Emergency mental health admissions are also higher in our more deprived areas. NHS Talking Therapies are an evidence based early treatment for people that need support with their mental health and we want to ensure that people living in deprived areas are as able to access and complete treatment as those living in the least deprived areas.
- People with a severe mental illness (schizophrenia, bipolar disorder, and major depressive disorder) have an 85% higher chance of dying from cardiovascular disease compared with people that do not. Physical health checks can help to identify and manage risk factors earlier.

Reducing the prevalence of obesity in adults

3.18. What are the measures?

- Percentage of adults classified as overweight or obese
- Number of adults accessing adult weight management services in Buckinghamshire
- Percentage of adults meeting the recommended physical activity levels

3.19. Why have these measures been chosen?

- Tackling obesity is a long-term health challenge with many causes. Obesity prevalence continues to rise in both men and women, and it is a significant health risk, associated with increased risk of diseases including diabetes, heart disease and some cancers, alongside implications for mental health and a reduction in life expectancy. Obesity rates are highest in the most deprived areas and are higher in some ethnic minority groups.

Age Well

Improving places and supporting communities to promote healthy ageing

3.20. What are the measures?

- Healthy life expectancy at age 65 (males and females)
- Proportion of people aged 65+ who are economically active
- Third metric (process-based) to be agreed once healthy ageing strategy produced

3.21. Why have these measures been chosen?

- Increasing healthy life expectancy is an ultimate outcome to strive for in a population and represents real success at a system level and across the full length of people's lives. There is a lag in reporting so it is worth noting that it will get worse before it gets better due to the direct impact of the Covid-19 pandemic, so this will be a long-term sustained ambition. We

know that economic activity in older adults reduced during the pandemic so we expect this measure will be a more responsive marker of recovery for the health of a population, as well as labour shortages being an issue in their own right.

Improving mental health support for older people and reducing feelings of social isolation

3.22. What are the measures?

- The proportion of adults reporting feeling lonely often/always or some of the time
- The proportion of people aged over 65 estimated to have dementia that have been diagnosed
- The number of people aged 65 and over who enter treatment with NHS Talking Therapies

3.23. Why have these measures been chosen?

- Loneliness increased in adults in Buckinghamshire with the start of the Covid pandemic, and this is on a background of a longer term trend of more older adults living alone across the South East. Reduced loneliness is a marker of improved wellbeing itself, but also reduces the risk of developing dementia and is often accompanied by greater physical activity.
- Providing a timely dementia diagnosis enables the provision of treatment and support to people living with dementia and their carers to reduce the impact of the condition and facilitate better health and care outcomes.
- Older people with common mental health problems are six times more likely to be prescribed medication and less likely to receive talking therapies than younger people. We want to make sure people over the age of 65 are as able to access talking therapies as people in younger age groups.

Increasing the physical activity of older people

3.24. What are the measures?

- Increase the number of 65+ year olds utilising local leisure centres
- Educate health professionals to be able to provide physical activity advice to older age clients
- Increase the number of older adults achieving two or more sessions of muscle strength exercises per week

3.25. Why have these measures been chosen?

- Local adult physical activity levels are monitored through national surveys which do not provide age breakdowns. Monitoring the number of older adults accessing services or offered guidance and support via a health professional is the most reliable proxy measure of success.

4. Next steps and review

- 4.1. Development of supporting data including contributions from VCSE over April to September.
- 4.2. Development of performance dashboard for the HWB internet site over April to September.

5. Background papers

- 5.1. Appendix A - Joint Local Health and Wellbeing Strategy 2022 – 2025 Action Plan Performance Measures