STRATEGIC ITEM

Committee: Health and Wellbeing Board

Date: 20 June 2017

Agenda item:

Wards: All

Subject: **Health & Wellbeing Strategy 2015-18: Update Monitoring Report**

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead member: Cllr Tobin Byers, Adult Social Care & Health

Forward Plan reference number:

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Recommendations:

A. To consider the update on outcome indicators measuring progress on the Health & Wellbeing Strategy 2015-18.

B. To consider the progress on Childhood Obesity and Social prescribing priorities (2016/17), and to continue to champion actions in these areas.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The H&WB Board considered the Annual Progress Report 2016 on implementation of the Health & Wellbeing Strategy 2015-18 at its November 2016 meeting.

This paper provides an update on outcome indicators; specifically trends in life expectancy, and also the three indicators with *Red* status in the Annual Progress Report (immunisation, childhood obesity, and fuel poverty). This responds to the request of the Board at the November meeting.

This paper also reports on the H&WB priorities for 2016/17- childhood obesity and social prescribing.

1.2 Life expectancy is the strategic overarching indicator used to measure and monitor differences in health & wellbeing between different communities within the borough.

In summary, our analysis shows that the trend for women is positive-the difference in female life expectancy between the most deprived and least deprived wards reduced over the period 2005-2014. In contrast, the difference in male life expectancy between the most deprived and least deprived wards increased slightly. This year's Annual Public Health Report will examine the trends in health equalities within the borough in more detail.

1.3 The target for increasing the uptake of MMR immunisation at 5 years of age remains unlikely to be met by 2018. Although there have been some improvements from baseline, the most recent data shows that progress remains difficult. NHS England (the commissioner for immunisation) reported performance and actions to the Healthier Communities Overview & Scrutiny Panel in March 2017.

1.4 Targets for reducing inequalities in childhood obesity have been revised (downwards) through the development of Child Healthy Weight Strategy 2016-18. The new targets remain ambitious but recognise the scale of the challenge.

1.5 Promotion of energy switching to reduce residents' energy bills has proved not to be an effective way to address fuel poverty because of the limited reach of scheme. It is clear that a more comprehensive approach is required. We plan to undertake a further review of the problem and the opportunities for actions taking account of resource constraints.

1.6 In addition, the Annual Progress Report rated reduction in waiting times for CAMHS through effective integrated CAMHS pathways as *Amber*. Members are asked to note that the reduction of waiting times specifically for Autistic Spectrum Disorder Assessment/Diagnosis remains problematic. Commissioners are working with the provider (SW London & St George's NHS Mental Health Trust) on actions to secure improvements in the short term, while a more systematic review of the pathway is planned to ensure a solution for the longer term.

1.7 The Health & Wellbeing Board considered the new Child Healthy Weight Strategy 2016-18 at its March meeting, and further progress on implementation has been made to date.

1.8 The social prescribing pilot went live in January 2017 in two volunteer practices in East Merton. By the end of May 2017, 84 new patients had been seen by the Social Prescribing Coordinator with issues relating to social isolation and mental health, and subsequently patients are accessing community services including volunteering opportunities.

Health & Wellbeing Strategy 2015-18: Update Monitoring Report

1. Purpose

This is an update paper following the Health & Wellbeing Board's consideration of the Annual Progress Report 2016 on implementation of the H&WB Strategy 2015-18 at its November 2016 meeting.

The purpose is:

- To report on the overarching aim of the strategy-the reduction in health inequalities within borough (as measured by life expectancy)

- As requested by the Board, to update on the three areas identified as 'red' in the H&WB Strategy Annual Progress Report 2016:
    - Immunisation
    - Childhood obesity
    - Fuel poverty & energy switching

- To update on the Health & Wellbeing Board 2016/17 priorities
    - Childhood obesity
    - Social prescribing.

2. Trends in life expectancy between different areas in Merton

The Health & Wellbeing Strategy has the broad goal of *achieving a fair share of opportunities for health and wellbeing for all Merton residents* as measured by trends in life expectancy within Merton.

Measuring trends at sub-borough level over time poses methodological difficulties. We have developed a working methodology that examines the differences in life expectancy between the most deprived wards and least deprived wards within the borough over time.

The initial findings are set out below.

In summary the trend for women is positive- the difference in female life expectancy between the most deprived and least deprived wards in the borough has reduced.

In contrast, the difference in male life expectancy between the most deprived and least deprived wards has increased slightly.

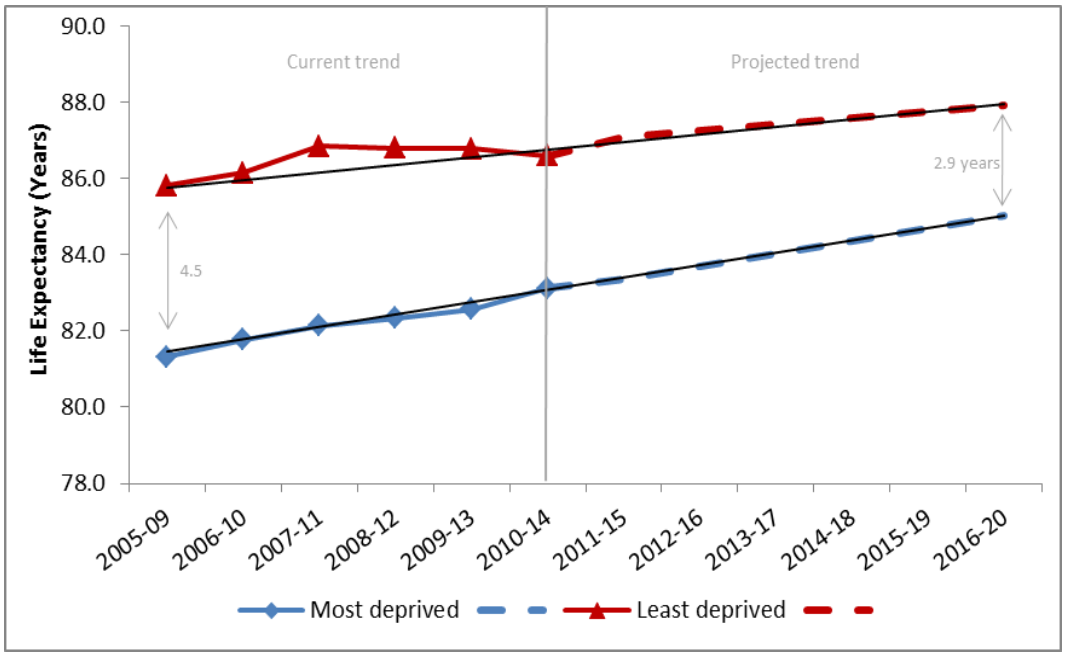
The Public Health Annual Report for 2017/18 will focus health inequalities. The intended aim is to describe and analyse the trends in health inequalities between different communities in Merton and thereby define the nature of the challenge and the potential for closing the gap.

Female life expectancy

Female life expectancy for most deprived wards has increased by almost 2 years at a rate of 0.4% over a 9 year period (2005-2014) from 81.3 years to 83.1 years. In least deprived wards female life expectancy has increased by 0.8 years from 85.8 years to 86.6 years, at a rate of 0.2%.

The gap in female life expectancy at birth between the most deprived and least deprived wards in Merton has **decreased** over a 9 year period (2005-2014) from 4.5 years to 3.5 years. Projections of this trend to 2020 this shows a **narrowing** of the gap of 2.9 years.

Female Life Expectancy at birth

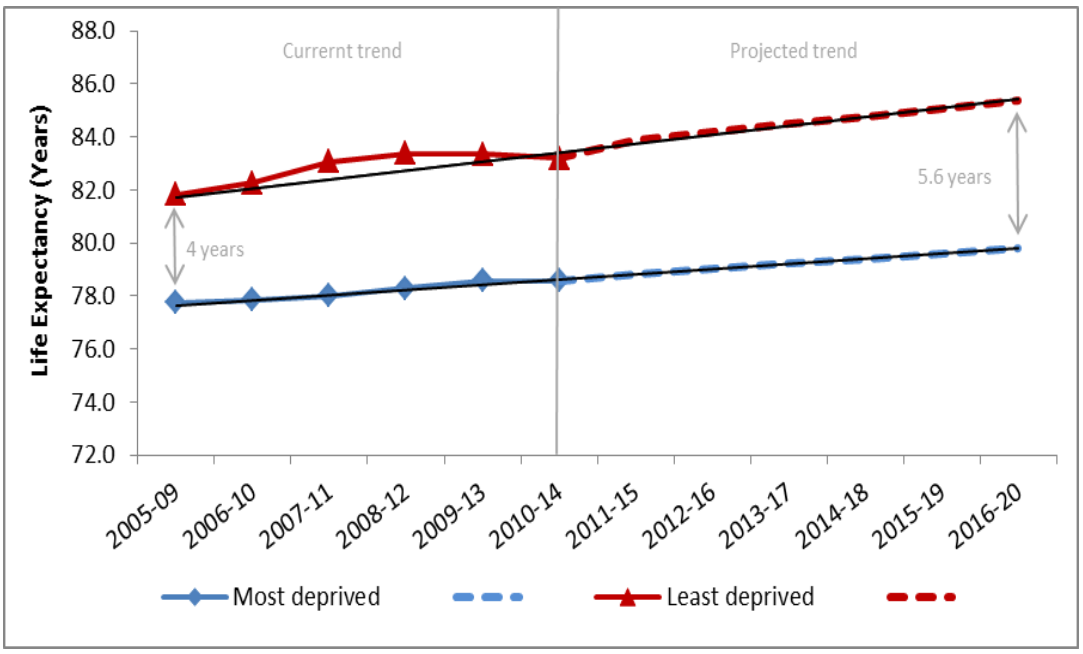


Male life expectancy

Male life expectancy for most deprived wards has increased by only 0.8 years at a rate of 0.2% over a 9 year period (2005-2014) from 77.8 years to 78.6 years. In least deprived wards male life expectancy has increased by 1.4 years from 81.8 years to 83.2 years, at a rate of 0.4% which is double the rate compared to females.

The gap in male life expectancy at birth between the most and least deprived wards in Merton has **increased** over a 9 year period (2005-2014) from 4 years to 4.6 years. Projection of this trend to 2020 this shows a **widening** of the gap of 5.6 years.

Male life expectancy



2. Areas at risk of not achieving target outcomes for 2017/18

2.1 Uptake of child immunisation is increased

The target of achieving 87.6% MMR uptake at aged 5 by 2018 will be challenging

Although the uptake rate has improved from the baseline to above 80.4% (2014/15), the most recent data (79.8% at Q3 2016/17) shows that sustaining the improvement is difficult.

The Healthier Communities and Older People Overview & Scrutiny Panel considered *Childhood Immunisations* at its March 2017 meeting. A paper prepared by NHS England (NHSE) reported performance and set out the action plan for improvements.

The MMR uptake at age 5 in Merton remains significantly lower than England but similar to London.

The Merton Childhood Immunisation Steering Group (with NHS England, MCCG, Public Health and providers) is working to take forward the actions to improve immunisation uptake. These actions have included:

- NHS England visiting GP practices and providing advice on improving performance on childhood immunisations and child flu uptake.
- PHE and NHSE providing training on changes to the immunisations schedule,
- Health visitors promoting immunisations and signposting families
- Continued promotion of childhood immunisations e.g. through '*My Merton'*

The H&WB Board will need to continue to monitor performance.

Outcome Indicator	Baseline	Current	Target	RAG rating	Commentary
Immunisation - MMR2 at 5 years	72.2% 2013/14	80.4% (2014/15) 80% (2015/16) 79.8% (Q3 2016/17)	87.6% (2018) National target 95%	R	MMR2 has increased from 72.2% baseline in 2013/14. However the recent data shows a slight decline in performance.

2.2 Inequality in childhood obesity is reduced

The marked inequality in childhood obesity between east and west Merton is increasing, while for the borough as a whole, the level of excess weight in children has reduced (and met the H&WB strategy target).

The Child Healthy Weight Strategy 2016-18 was approved by Cabinet in January 2017. The Annual Public Health Report 2017/18 focused on childhood obesity- and demonstrated the scale of challenge. Trends and projections show a widening gap in childhood obesity.

New targets to reduce inequalities have been agreed through this process of strategy development, specifically

- To halt the widening gap in the proportion of obese 10-11 year olds between east & west Merton –target –not to excess 2015/16 gap of 9.2%
- To reduce the gap in proportion of obese 10-11 year olds between east & west Merton –target 8% by 2016/17-18/19 (three year aggregate figures)

Outcome Indicator	Baseline	Current	Target	RAG rating	Commentary
Gap between % of 10-11 year olds with **obesity** weight between east and west Merton	6.2% 2010/11-2012/13 (rolling aggregated 3 years data)	7.8% 2011/12-2013/14 -	8% 2016/17-2018/19 New target Original target 6%	R	The gap has widened since the HWBB baseline. New targets set in the Child Healthy Weight Strategy

2.3 Fuel poverty is reduced through collective energy switching

Fuel poverty is an issue of inequality**.** In the east of the borough 10.8% of households are fuel poor this is above both the London (10.6%) and national (10.6%) while in the west of the borough the rate is 10.4%. An estimated 8,400 residents in total are living in fuel poverty (source Department for Energy and Climate Change 2014).

In Merton the aim has been to promote the Big London Energy Switch to enable residents to access collective energy switching programmes as a way of reducing energy bills.

This indicator is rated red as the number of residents switching remains small (although latest figures show improvement), and the approach has proved not to be the most effective way for the council to tackle the issue of fuel poverty, or more importantly help people living who are fuel poor for the following reasons:

- People who are in debt to their energy supplier may be prevented from switching
- The offers for residents with pre-paid meters were not always very attractive
- Accessibility was an issue – the process was primarily an online procedure (although offline registration was available by phone) so online users were more likely to register
- Energy switching is more attractive to people who are able to pay their energy bills

It is clear that a combination of measures are required to address more systematically this issue. A number of other London boroughs including Sutton and Tower Hamlets have developed Fuel Poverty Action Plans- as a focus for mapping and coordinating actions.

We will undertake a further review of the problem and current activities (spanning adult social services, Public Health, Environmental Health and Future Merton) to identify opportunities for tackling fuel poverty (and related issues of winter warmth) more systematically and taking account of the limited resources available.

Potential interventions include Retrofit schemes-that improve the performance of domestic energy use, with community organisations being funded through Carbon Offset payment arrangements. The Climate Change team is currently exploring the establishment of a ‘Community energy fund’ as the means to manage Carbon Offset payments, with the potential to support such schemes.

Outcome Indicator	Baseline	Current	Target	RAG rating	Commentary
Promote & facilitate the London Energy Switch in Merton	2013/14 Total registrations: 1103 Total switchers: 117	2014/15 Total registrations: 302 Total switchers: 88 (-24% on 2013/14) 2015/16 Total registrations: 385 Total switchers: 74 (-15% on 2013/14) 2016/17 Total registrations: 254 Total switchers: 147 (25% + on 2013/14)	Increased participation of 10% annually	R	Although 2016/17 show improved performance, numbers are small ; vulnerable groups - possibly with debt & prepaid meters have difficulty switching

2.4 Waiting times for CAMHS are reduced through putting in place integrated pathways

The Annual Progress Report rated reduction in waiting times for CAMHS through effective integrated CAMHS pathways as *Amber*.

Members are asked to note that the reduction of waiting times specifically for Autistic Spectrum Disorder Assessment/Diagnosis remains problematic.

- In autumn 2016 CCG Commissioners provided approximately £634k to reduce the current waiting list backlog but indicated that no additional recurrent funding will be available in 2017/18. Alongside this, SWLStG NHS Mental Health Trust (the provider) has found efficiencies. This has achieved some increase in numbers of assessments undertaken.
- The provider (at request of commissioners) reviewed eligibility criteria for this service and made proposals that reduce the number of children and young people who are able to access a full diagnostic assessment from the Trust (focusing on those children and young people that have mental health needs and/or ADHD as well as social and communication disorder). This potentially will achieve improvements for the short term.
- A full systematic review of the pathway will be carried out over the next 12 months (across the sector) to re-engineer the ASD Pathway, to ensure sufficient capacity, and to ensure families can access the NICE compliant assessment and support they need, within acceptable timescales.

The Merton Autism Strategy 2017-2022 is currently being drafted, with *Referral and Diagnostic Assessment* as a priority theme. This will be considered by the H&WB Board at a future meeting.

3. Health & Wellbeing Board 2016/17 Priorities

3.1 Childhood Obesity

The Health & Wellbeing Board discussed the new Child Healthy Weight Strategy 2016-18 at its March meeting. Childhood obesity is now part of the Council's agreed Health in All Policies Programme.

The Child Healthy Weight Action Plan is being implemented and achievements include:

- Engagement and conversations with the local community through for example the London Great Weight Debate and now a Merton Great Weight Debate focusing on engaging residents in the east of the borough, BAME communities, children and young people to shape Merton's approach further.
- Engaging local partners such as All England Lawn Tennis Club, Sustainable Merton, schools clusters and Merton School Sports Partnership to help increase physical activity and improve food environment e.g. promoting the 'daily mile' for schools, Early Years Activation Pilot and developing a food poverty action plan.
- Developing and expanding the Healthy Catering Commitment for businesses in the east of the borough to improve the food environment e.g. through working with fast food outlets to offer healthier options and make smaller portion sizes available.
- Work to make the Wilson an exemplar in healthy weight environment combining design expertise with ideas from the community about what promotes healthy living.
- Taking actions around schools to improve air quality, as part of the Merton draft Air Quality Action Plan, and including promotion of active travel and physical activity.

3.2 Social Prescribing

Social prescribing is an important element of the East Merton Model of Health & Wellbeing – the planned blue print Merton wide service transformation. Social prescribing (SP) is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector.

The Social Prescribing Implementation Group is managing delivery of the Social Prescribing one year pilot- with representation from Public Health, CCG commissioning, General Practice, MVSC, Health Watch and CLCH.

Key features and achievements:

- The pilot is based on Wide Way and Tamworth GP practices (population 17,400). A Social Prescribing Coordinator was appointed and is based in the practices (and hosted by MVSC).
- The total budget is £105,000-from Council Voluntary Grants, Public Health, CCG, and including £25,000 from SW London Health Innovation Network for the evaluation.
- The pilot became operational from January 2017. Patients eligible for the service are those with issues relating to social isolation, low level mental health problems and frequently presenting at general practice. By the end of May 84 new referrals were seen by the SP Coordinator, and these patients are accessing a range of community services, and also being referred to IAPT services.
- The intention is that the pilot will be expanded to a number of neighbouring practices over the next few months.
- The evaluation project has been commissioned and about to start, with a baseline report being produced in July.
- A learning event is planned for early July-bringing together experiences from a number of related navigator /case management projects in the borough.
- A funding plan is being prepared and a Big Lottery funding bid will be made in June/July to secure funding to cover the scaling up of the service to all practices in 2018.