



Item 29

Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.

Title:	Joint Health and Wellbeing Strategy - Outcome measures update	
Date of Meeting:	8 th November 2022	
Report of:	Alistair Hill, Director of Public Health	
Contact:	Caroline Vass, Consultant in Public Health	Tel: 07717 303300
Email:	caroline.vass@brighton-hove.gov.uk	
Wards Affected:	All	
FOR GENERAL RELEASE		
Executive Summary		
<p>Health and Wellbeing Boards have a duty to prepare a Joint Health and Wellbeing Strategy to describe the vision and strategic aims to address the population needs identified in the Joint Strategic Needs Assessment (JSNA).</p> <p>The Brighton & Hove Health and Wellbeing Strategy 2019-30 was approved by the Board in March 2019. It sets out the vision: 'Everyone in Brighton & Hove will have the best opportunity to live a healthy, happy and fulfilling life'.</p> <p>This paper provides:</p> <ul style="list-style-type: none"> • an update on the agreed outcome measures identified in the Health and Wellbeing Strategy • advises on changes to outcome measures and proposes the inclusion of additional measures to reflect the wider impacts of Covid, and poorer performance 		

- proposes a recommendation with regards to monitoring outcome measures.

Glossary of Terms

JHWS - Joint Health and Wellbeing Strategy

JSNA - Joint Strategic Needs Assessment

GPs – General Practitioners

NHS Long Term Plan – the new plan for the NHS to improve the quality of patient care and health outcomes.

1. Decisions, recommendations, and any options

- 1.1 That the Board notes the current trend status of the Joint Health and Wellbeing Strategy outcome measures
- 1.2 That the Board agrees the changes to outcome measures and inclusion of additional measures
- 1.3 That the Board approves the proposal to monitor outcome measures by reflecting 'direction of travel'
- 1.4 That the Board considers and agrees how they would like to receive updates. Options include:
 - Annual update
 - Update at alternate meetings
 - Annual update at one meeting, supplemented by summary updates based on the Wells, at the remaining two meetings (to highlight 2 of the Wells at each meeting).

2. Relevant information

- 2.1 Health and Wellbeing Boards have a duty to prepare a Joint Health and Wellbeing Strategy to describe the vision and strategic aims to address the population needs identified in the Joint Strategic Needs Assessment (JSNA).
- 2.2 The Brighton & Hove Health and Wellbeing Strategy was approved by the Health and Wellbeing Board in March 2019. It is a high-level, strategy that sets out the vision of the Board for improving health and wellbeing and reducing health inequalities in Brighton & Hove.
- 2.3 The vision of the Boards is that: 'Everyone in Brighton & Hove will have the best opportunity to live a healthy, happy and fulfilling life'.
- 2.4 The strategy states our overarching ambition that by 2030:
 - People will live more years in good health (reversing the current falling trend in healthy life expectancy) and
 - The gap in healthy life expectancy between people living in the most and least disadvantaged areas of the city will be reduced.

- 2.5 To deliver the ambition, the strategy identifies a number of outcomes for local people that are reflected under four key areas known as the ‘Wells’: starting well, living well, ageing well, and dying well.
- 2.6 The Board agreed the outcomes measures for each of the four Wells in July 2021. This paper provides
- an update on the current outcome measures, including where impacted by the Covid-19 pandemic
 - an update on changes to the outcome measures included, and
 - proposes a way forward for monitoring the outcome measures.
- 2.7 The changes to the outcome measures include:
- to remove one measure
 - include an additional three measures to reflect negative trends in some outcomes not previously included as we had compared well in these outcomes

Development of the outcome measures

- 2.8 The initial outcome measures were based on the needs set out in the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy vision and ambition. The criteria for inclusion are:
- where they are population level outcomes (not system/process indicators)
 - where Brighton & Hove performs poorly against defined comparators
 - where there are significant inequalities within the city, and
 - now also include where the Covid-19 pandemic response is likely to have had a significant impact eg: physical activity.
- 2.9 The outcome measures are predominantly taken from: the Public Health Outcomes Framework; NHS Outcomes Framework; Adult Social Care Outcomes Framework; and Office for Health Improvement and Disparities (OHID) Wider Impacts of Covid-19 dashboard.
- 2.10 The choice of outcome measures was informed by the engagement carried out on the Joint Health and Wellbeing Strategy in 2018/19 and by discussions across Public Health, Adult Social Care, Families Children and Learning and the NHS.

Monitoring the outcome measures

- 2.11 Discussions on monitoring the progress of the Strategy outcome measures have previously considered setting targets with associated trajectories. However, the Covid-19 pandemic during 2020-2022 changed the landscape in which services were delivered and affected:
- The ability of services to deliver support to meet the strategy aims
 - The degree to which the population could take up support
 - Population lifestyle and behaviour changes

- 2.12 To set defined targets based on pre-covid-19 expectations may undermine the work that services have delivered, or are currently delivering, and demoralise services that are struggling to recover and re-build their activity.
- 2.13 Therefore, we propose to monitor progress of our Health and wellbeing Strategy by agreed 'direction of travel' of each outcome measure, for example: '**increase** rates of year 6 healthy weights', '**reduce** rates of alcohol use in under 15 year olds', etc. This is reflected in the terminology in this report.
- 2.14 It is proposed that the Board will receive regular updates on progress report, for Board members to maintain oversight of the strategy and outcomes.
- 2.15 The Board is asked to consider options for update, for example, an annual update, or more regular progress reports. One option is an annual update supplemented by progress on outcome measures relating to different Wells at the other two Board meetings.

Outcomes measures update

- 2.16 Appendix 1 presents the key outcome measures dashboard and shows trends in the outcome measures, including the latest published data. The current status of the outcome measures is summarised below, with the corresponding required direction of travel. A static trend is one where there is no significant improvement or worsening of the trend.
- 2.17 **An improving trend in the following measures:**

Overarching indicators:

- Healthy life expectancy at birth (males) – aim to improve

Starting well

- MMR vaccination (two doses in 5 years olds) - aim to increase
- The percentage of pupils in years 10-11 who have ever tried alcohol is reduced – aim to reduce
- The percentage of pupils in years 10-11 who smoke – aim to reduce
- Average Attainment 8 score for children in care – aim to increase

Living well

- Smoking prevalence (all adults and those in routine and manual occupations). – aim to reduce. NB The survey was much smaller in the most recent year and may have impacted validity of this result*
- Suicide and undetermined injury deaths – aim to reduce. NB most recent data not available as at 12 Oct 2022

- Sexually Transmitted Infection (STI) diagnoses – aim to reduce, however the direction of travel is informed by local and national knowledge of testing rates and trends. During Covid-19 testing went down and so did diagnoses. In these circumstances we would want to work towards an increase in rates to reflect improved testing. When we have high rates of testing we would want to see lower rates of diagnoses

Ageing well

- Flu vaccination of at risk individuals – aim to increase
- Flu vaccination of people aged 65 years or over aim to increase

Dying well

- The proportion of people dying at home – aim to increase. It should be noted that this has been affected by deaths during the Covid19 pandemic which might not indicate a true improving trend.

2.18 A worsening trend in the following measures:

Starting well

- Child development – aim to increase the percentage of children achieving a good level of development at 2-2.5 years
- Prevalence of overweight (including obesity) – Year 6** aim to reduce
- Percentage of pupils who feel happy – aim to increase
- Percentage of pupils who feel sad – aim to reduce
- Hospital admissions as a result of self-harm (10-24 years)* – aim to reduce

Living well

- Gap in the employment rate between those in receipt of long term support for a learning disability and the overall employment rate – aim to reduce
- Percentage of adults with a low happiness score – aim to reduce
- Percentage of adults with a high anxiety score* – aim to reduce
- Percentage of physically active adults - aim to increase
- Percentage of adults classified as overweight or obese** – aim to reduce
- Deaths from drugs misuse* – aim to reduce
- Domestic abuse related incidents – aim to reduce incidents, but we want to increase reporting so this indicator will always require some narrative.

2.19 A static trend in the following measures:

Overarching indicators:

- Healthy life expectancy (females) - aim to increase

Starting well

- Having tried cannabis (Year 10-11) – aim to reduce

Living well

- Gap in the employment rate between those in receipt of long term support for a physical or mental long-term health condition and the overall employment rate** – aim to reduce
- hospital episodes for alcohol-related conditions – aim to reduce
- HIV testing and treatment coverage** - aim to increase the proportion of population tested, to ensure that people testing positive receive prompt access to antiretrovirals, and in doing so have a successful response.
- Percentage of adults walking for travel at least three days per week** - aim to increase
- Percentage of adults cycling for travel at least three days per week** - aim to increase
- Percentage of cancers diagnosed at stages 1 and 2 - aim to increase

Ageing well

- Percentage of adult carers who have as much social contact as they would like - aim to increase
- Emergency readmissions within 30 days of discharge to hospital – aim to reduce
- Emergency hospital admissions due to falls in people aged 65 years or over* – aim to reduce
- Permanent admissions to residential or nursing care homes per 100,000 aged 65 years or over* – aim to reduce
- Under 75 mortality rate from cardiovascular disease – aim to reduce
- Under 75 mortality rate from cardiovascular disease considered preventable – aim to reduce
- Under 75 mortality rate from cancer – aim to reduce
- Under 75 mortality rate from cancer considered preventable – aim to reduce

2.20 The trends include the latest published data and the appendix provides comparison to England and comparator authorities. Those marked with * are significantly worse than England outcomes and those with ** are significantly better than the England outcomes.

Changes to the proposed outcome measures

2.21 The table, appendix 1, slide 3, outlines the current outcome measures under each 'Well' and proposes changes to the measures. It should be noted that some measures cross more than one Well. In this case the measure is not duplicated in more than one Well.

2.22 Where possible, outcome measures are included for disadvantaged groups, however these data are not always available as a result of recording issues, eg: ethnicity recording is not comprehensive. We continue to focus on the improvement of data collection to improve reporting over time.

- 2.23 We propose to include additional outcome measures to reflect worsening trends in these areas:
- Physical activity in children and young people – aim to increase
 - Adults who are overweight or obese – aim to reduce
 - Physically inactive adults – aim to reduce proportion
- 2.24 We propose to remove the outcome measure reflecting health related quality of life for older people as the data are no longer available.

3 Important considerations and implications

Legal:

- 3.1 The Health and Wellbeing Board is required to publish a joint Health and Wellbeing Strategy pursuant to the Health and Social Care Act 2012 Section 193.

Lawyer consulted: Sandra O'Brien Date: 11/10/2022

Finance:

- 3.2 The Joint Health and Wellbeing Strategy informs priorities, budget development and the Medium-Term Financial strategy of the Council, Health and other partners. This will continue to require a joined-up process for future budget setting in relation to all local public services where applicable. There are no direct financial implications as a result of the updates provided in this paper.

Finance Officer consulted: Sophie Warburton Date: 11/10/2022

Equalities:

- 3.3 The strategy, and the outcomes measures set out within this paper, includes a strong focus on reducing health inequalities. The strategy and its delivery is underpinned by the data within our Joint Strategic Needs Assessment which takes the life course approach identifying specific actions for children and young people; adults of working age and older people; and key areas for action that reflect specific equalities issues including inclusive growth and supporting disabled people and people with long-term conditions into work. An Equalities Impact Assessment is not required for the strategy itself but should be completed for specific projects, programmes and commissioning and investment decisions taking forward the strategy, as indicated within this delivery plan.

Supporting documents and information

Appendix 1: Brighton & Hove Joint Health and Wellbeing Strategy: Key outcomes measures update October 2022



