

HEALTH AND WELLBEING BOARD MEASURES OF SUCCESS: EXCEPTION REPORT APRIL 2019

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Purpose of Report:

To highlight to the Health and Wellbeing Board any measures of success where new data indicates that outcomes in Milton Keynes are significantly worsening or getting better

To update the Health and Wellbeing Board on what is being done to further understand and improve these outcomes

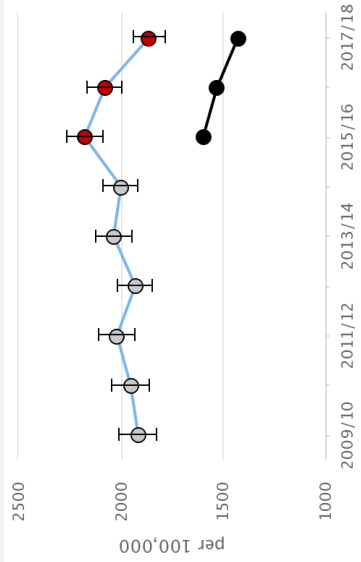
1. Background

- 1.1 A set of system summary measures of success have been agreed and the full measures will be reported to the HWB on an annual basis. Measures are compared with other LAs of a similar deprivation level (4th least deprived decile) with an ambition target of the best 5%.
- 1.2 Baseline information was provided to the Health and Wellbeing Board in September 2018, and exceptions will be reported at each Health and Wellbeing Board meeting.
- 1.3 Exceptions highlighted will be based on any new data released since the previous Health and Wellbeing Board meeting and include those where:
 - The measure shows that Milton Keynes has changed from being similar to LA comparators previously and is now significantly better or worse than comparators or below the national target
 - The measure shows that Milton Keynes has changed from being significantly better than LA comparators and is now similar or worse than LA comparators
 - Measures where Milton Keynes remains significantly better or worse than LA comparators or below the national target
 - Any changes to previously agreed measures of success
- 1.4 All measures of success where Milton Keynes is significantly worse than LA comparators are summarised in the attached **Annex**.

2. Recommendations

- 2.1 That the Health and Wellbeing Board note these exceptions, and support the work being done to address them.

3. **Key Issues – Exceptions to report**

Smoking attributable hospital admissions (2017/18)																															
Exception Remains Red	<p>MK Value: 1,860 per 100,000 LA Comparator: 1,426 Best 5%: 1,199</p>																														
 <table border="1" style="display: none;"> <caption>Smoking attributable hospital admissions (per 100,000)</caption> <thead> <tr> <th>Fiscal Year</th> <th>LA Comparator (Best 5%)</th> <th>MK Value</th> </tr> </thead> <tbody> <tr> <td>2009/10</td> <td>~1950</td> <td>~1950</td> </tr> <tr> <td>2010/11</td> <td>~1950</td> <td>~1950</td> </tr> <tr> <td>2011/12</td> <td>~1950</td> <td>~1950</td> </tr> <tr> <td>2012/13</td> <td>~1950</td> <td>~1950</td> </tr> <tr> <td>2013/14</td> <td>~1950</td> <td>~1950</td> </tr> <tr> <td>2014/15</td> <td>~1950</td> <td>~1950</td> </tr> <tr> <td>2015/16</td> <td>~1950</td> <td>~1950</td> </tr> <tr> <td>2016/17</td> <td>~1950</td> <td>~1950</td> </tr> <tr> <td>2017/18</td> <td>~1950</td> <td>1860</td> </tr> </tbody> </table> <p>● Fourth less deprived decile (IMD2015) *Deprivation decile data is not available for smoking attributable hospital admissions before 2015/16</p>		Fiscal Year	LA Comparator (Best 5%)	MK Value	2009/10	~1950	~1950	2010/11	~1950	~1950	2011/12	~1950	~1950	2012/13	~1950	~1950	2013/14	~1950	~1950	2014/15	~1950	~1950	2015/16	~1950	~1950	2016/17	~1950	~1950	2017/18	~1950	1860
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<p>Context and current system actions</p> <p>Smoking continues to kill 78,000 people in England every year and is the number one cause of preventable death in the country, resulting in more deaths than the next six causes combined. Smoking prevalence in Milton Keynes has shown improvement year on year and has gradually reduced to 13.3%; below the national average.</p> <p>Despite this, smoking attributable hospital admissions in Milton Keynes remain red. Considerable work is ongoing to reduce smoking levels, including a remodel of services which focusses primarily on vulnerable smokers. Referral pathways have been established with all major health organisations, including Milton Keynes University Hospital to promote abstinence and prevent readmission where possible. Training and resources have also been offered to a range of providers to encourage early intervention and support to smokers to quit in community settings.</p> <p>Smoking at the time of delivery remains at 11.8%, slightly above the national average and has plateaued the last couple of years. Addressing smoking in pregnancy remains a priority as impacts on a range of issues related to health, inequalities and child development. There has been a focus on smoking in pregnancy over the last year, with increased training for midwives on 'very brief advice' for smoking cessation, clearer referral and self-referral pathways to the stop smoking service and tailored resources to support both midwives and pregnant smokers.</p>																															
<p>HWB support requested</p> <p>Promotion of the new service model which provides digital support for the majority of smokers via a telephone 'quit line' and face to face support for vulnerable smokers who find it more difficult to quit. These include under 18s, pregnant smokers and those with a long term or mental health condition. Very Brief Advice Training is available for any front line staff and there is an option for residents to self-refer where necessary.</p>																															