

## Health and Wellbeing Board Measures of Success: Exception Report January 2021

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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 worsening or remaining poor.

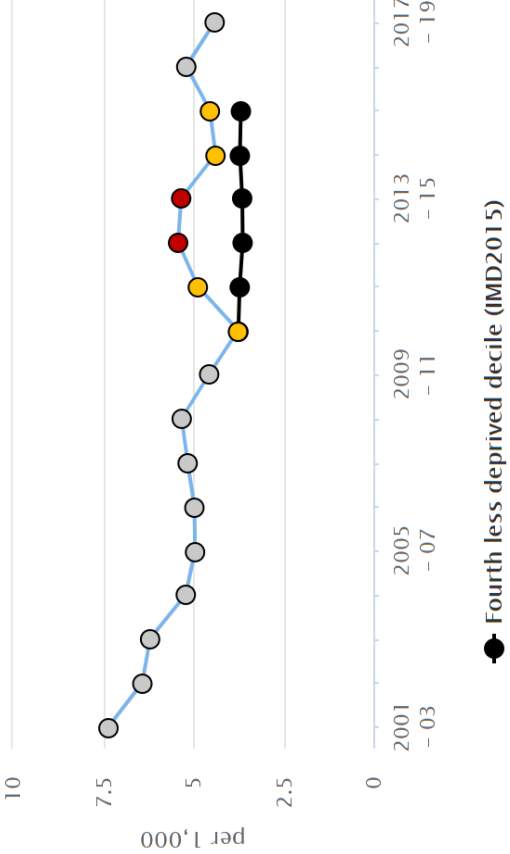
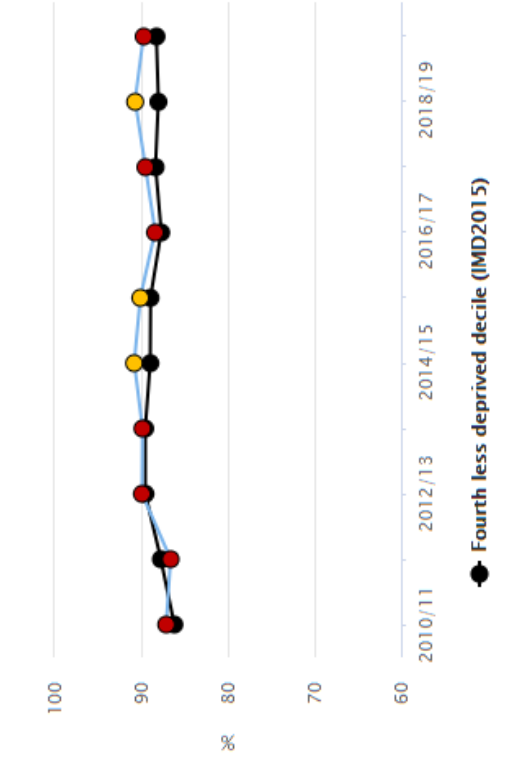
To update the Health and Wellbeing Board on what is being done to further understand and improve these outcomes.

## 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 The most recent report was provided to the Health and Wellbeing Board in July 2019.
- 1.4 Exceptions highlighted in this report, below are based on any data that has been released nationally since the previous Health and Wellbeing Board meeting (in July), and thus has data for both Milton Keynes and comparator areas. There may be more recent local information which can provide additional context. The exceptions include measures where:
  - The measure shows that Milton Keynes has changed from being similar to LA comparators previously and is now significantly 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 worse than LA comparators or below the national target.
  - Any changes to previously agreed measures of success.
- 1.5 RAG rating is reported where available. For some indicators data for 2019/20 have been published but benchmarking and RAG rating are unavailable due to boundary and IMD updates. These indicators, indicated by an asterisk, have been reviewed locally and assigned RAG ratings based on reported trends and local comparators.
- 1.6 Because of delays in reporting comprehensive data at a national level much of the data relates to 2019 and early 2020, i.e. before the substantive effects of COVID-19. The data presented here do not capture the full effect of COVID-19 in many areas.
- 1.7 All measures of success where Milton Keynes is significantly worse or 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.

<p><b>Infant mortality 2016/18</b> (Infant deaths under 1 year of age per 1000 live births)</p>	<p><b>MMR for two doses (5 years old)</b> National Target to achieve 90.0% or more</p>
<p><b>Exception</b> Orange to Red*</p>	<p><b>Exception</b> Amber to Red*</p>
<p><b>MK Value: 4.4 per 1000</b> Rank: 5<sup>th</sup> Worst/15 similar LAs Best 5% LA: 2.5 per 1000</p>  <p>● Fourth less deprived decile (IMD2015)</p>	<p><b>MK Value: 89.7%</b> Rank: 10<sup>th</sup> worst/15 similar LAs Best 5%: 93.4%</p>  <p>● Fourth less deprived decile (IMD2015)</p>
<p><b>Context and current system actions:</b> The infant mortality rate in Milton Keynes has fallen from 7.3 per 1,000 in 2001-03, and although the rate is no longer falling the rate is broadly similar to that seen in other comparable (CIPFA nearest neighbour) local authorities. However, it remains notably higher than the best performing authorities in England. The Milton Keynes Safeguarding Children Board's Child Death Overview Panel (CDOP) continues to review each reported case of child death. In addition to the annual CDOP report issued, an in-depth study of deaths due to extreme prematurity has also been completed. These reports set out recommendations for health and social partners to address child and infant mortality with a particular focus on addressing modifiable risk factors.</p>	<p><b>Context and current system actions:</b> MMR rates have fallen below the national target of 95% coverage, and have now fallen below 90%. It may be expected to fall further when next reported due to the effects of COVID-19. The CCG is leading work on childhood immunisation uptake working with PHE and NHS England, who commission immunisation.</p>
<p><b>HWB support requested:</b> Actively understand and support the recommendations set out in CDOP and Extreme Prematurity Report and continued support for system-wide efforts to address the wider determinants of infant mortality.</p>	<p><b>HWB support requested:</b> Recognition of the importance of universal vaccination, challenging vaccine misinformation, and supporting partners in ongoing action to support uptake.</p>