

**HEALTH AND WELLBEING BOARD MEASURES OF SUCCESS - EXCEPTIONS REPORT:
SEPTEMBER 2021**

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Purpose of Report:

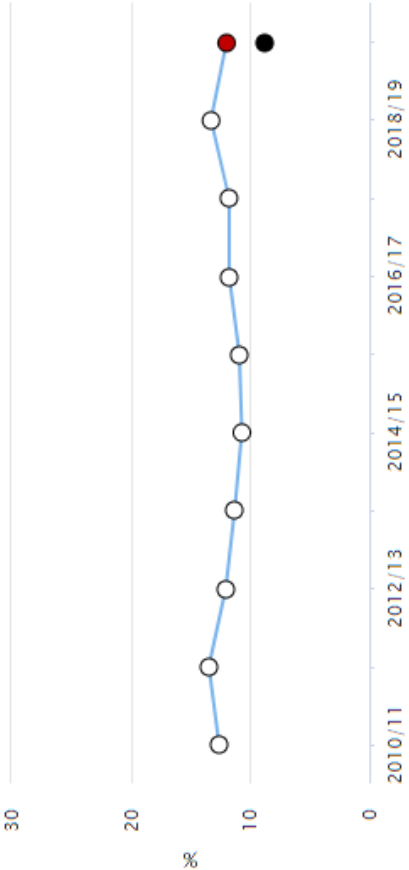
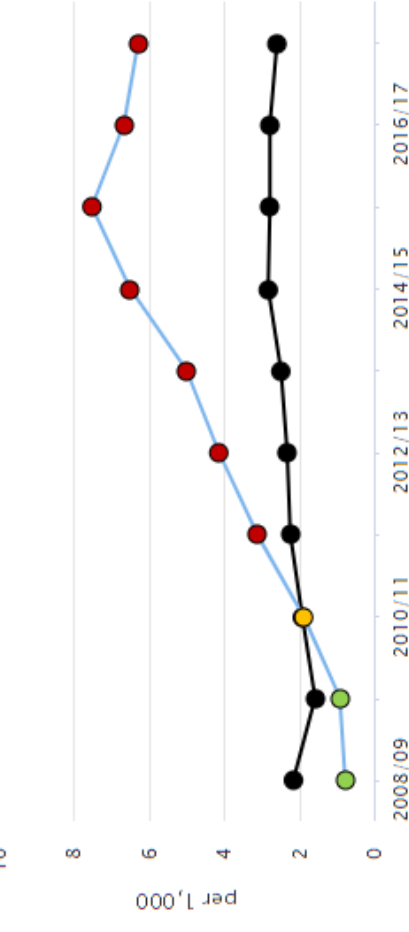
To highlight to the Health and Wellbeing Board any measures of success where new data indicates that outcomes in Milton Keynes are worsening or remaining poor.

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 (3rd least deprived decile), and with an ambition target of the best 5% of LAs in the country.
- 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 data that has been released nationally since the previous Health and Wellbeing Board meeting and has Milton Keynes and comparator information. 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.

- 1.4 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.
- 1.5 All measures of success where Milton Keynes is significantly worse or significantly better 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.

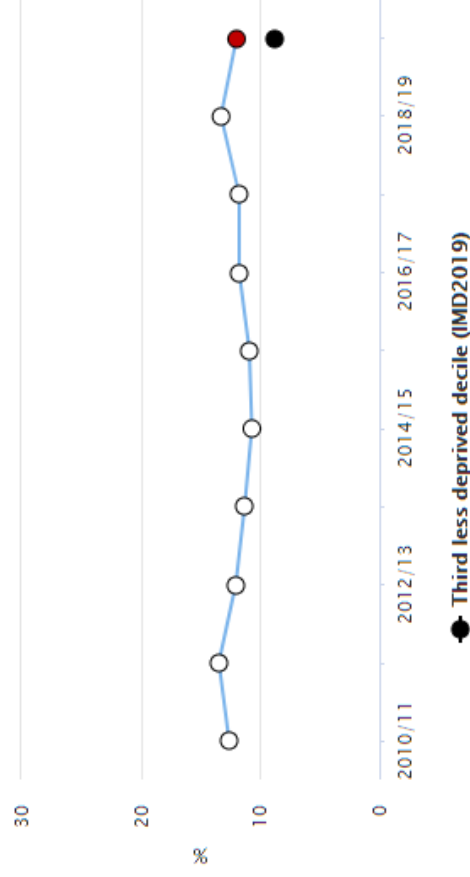
<p>Smoking status at delivery (Females, All ages) (2019/20)</p>	<p>Statutory Homelessness (2017/18)</p>
<p>Exception No RAG to Red (IMD 2019)</p>	<p>Exception Remains red (IMD 2019)</p>
<p>MK Value: 12 % Rank: 10th Worst/ 16 similar LAs Best 5% : 3.4%</p>  <p>● Third less deprived decile (IMD2019)</p>	<p>MK Value: 6.4 per 1,000 Rank: Worst/ 15 similar LAs Best 5%: 0.6</p>  <p>● Third less deprived decile (IMD2019)</p>
<p>Context and current system actions: Context: There is a persistent issue with data quality, with smoking status not recorded for 27% of pregnant women in 2020/21 at the time of delivery. This makes it an outlier in the region (for comparison the equivalent figure in Bedford is 3%). This is an issue intrinsic to the maternity data system used at the hospital and despite the continued efforts, this has proved extremely challenging to address. This has been flagged as an issue regionally and work to address this is ongoing. The latest figures (not shown) for smoking status at time of delivery are similar (12.1% for 2020/21). Current actions: There is an opt-out referral process in place for all pregnant smokers where, if unwilling to be referred, the individual is required to sign a statement declaring that they understand the risks to their baby if they continue to smoke. Throughout the pandemic, a digital training package has been delivered on a rolling basis to all maternity staff in Milton Keynes to ensure continued early</p>	<p>Context and current system actions: Context: Given the proximity to London, the rental costs in MK are high and high relative to average earnings, making rents less affordable, contributing to higher homelessness. Capacity for social housing is limited, given the population size and its growth. The current figures pre-date and thus do not reflect the pandemic. Whilst the pandemic will have had an impact on homelessness, the effects is mixed and still emerging. Current actions: Milton Keynes Council has established and invested additional resource into the Housing Solutions Team, with a focus on preventing homelessness happening. There is a four-prong approach (prevent, intervene early, move-on from temporary accommodation) and minimise cost). This team is still bedding. A new strategic housing assessment is due in 2021/22 that will assess the state of the housing market and the need for housing in MK.</p>

<p>identification and support. CO Monitoring is being reintroduced as part of the Saving Babies' Lives Care Bundle.</p> <p>Key developments include the implementation of Tobacco Dependence Treatment Services (as set out in the NHS Long-Term Plan). This is a three-year programme which aims to offer in-house support to all NHS inpatients and pregnant women who are identified as smokers. This presents a significant opportunity to reach some of the most at-risk smokers whilst they are receiving maternity care. An up-to-date tobacco control deep dive is in progress to highlight where resource can best be directed to have maximum impact on health inequalities.</p>	
<p>HWB support requested: Support to promote and uphold the smoke-free environment at all NHS sites in Milton Keynes and with the system roll-out of the Tobacco Dependence Treatment Services in maternity and inpatient settings.</p>	<p>HWB support requested: The Board note this exception and support the work underway to address the issues.</p>
<p>Data is benchmarked using IMD 2019 and pre 19/20 boundaries. Indicators reviewed locally and RAG rated based on trend and comparators.</p>	

Emergency admissions due to falls in people aged 65+ (2019/20)

Exception
Remains red
(IMD 2019)

MK Value: 2,466 per 100,000
Rank: 11th Worst/ 16 similar LAs
Best 5%: 1,691



Context and current system actions:

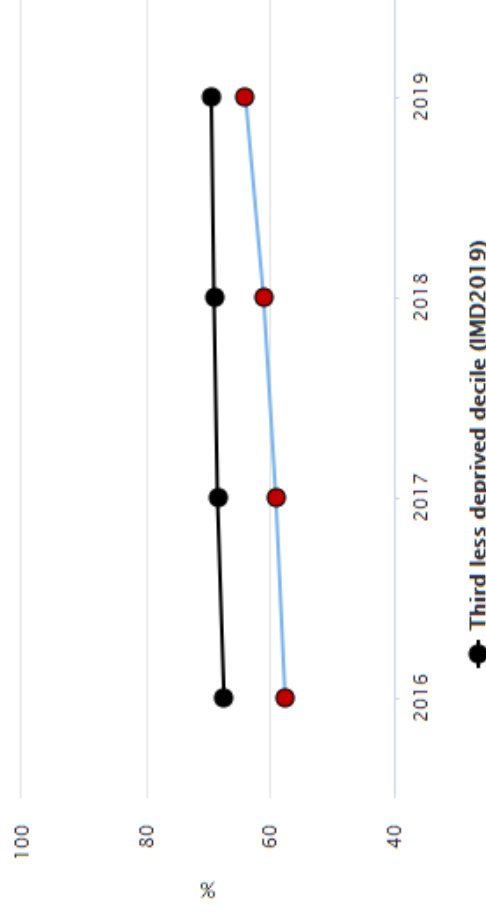
Context: Falls represent over half of all hospital admissions for accidental injury. The relatively high incidence in MK has been an established area of concern and ongoing work. As shown above whilst the situation is not improving, it is not getting worse – despite an aging population.

Current actions: A new integrated falls service was introduced in the MK area earlier this year, the plan is to implement this model across BLMK. The clinically led service, with a single point of access, identifies the falls risk factors of individual patients. The service then responds accordingly by providing both immediate and longer term solutions to keep people

Percentage dying in usual place of residence : people with dementia (aged 65+) (2019)

Exception
Remains red
(IMD 2019)

MK Value: 63.9 %
Rank: 4th Worst/ 16 similar LAs
Best 5%: 77.7



Context and current system actions:

Context: This has been an established area of concern and ongoing work in MK. As shown above, the long-term trend in MK is improving and the gap to comparator areas reducing. Responsibility has recently shifted from MK Council to the NHS (national strategy, local implementation).

Current actions: The governance structure has been revised across BLMK, with a Senior Commissioning Lead and GP Executive appointed to lead. Key strands of work are underway to deliver the National Ambitions Framework that includes redesigning the models of care for adults (and children) and supporting advance care plans to make planned and appropriate

<p>safe and prevent future falls – the service responds both to low risk/simple cases (level I service) and more complex cases (level II service).</p>	<p>decisions about place of death. Actions also include workforce education; sharing of best practice; and digital solutions to enable sharing of care records.</p>
<p>HWB support requested: The Board note this exception and support the work underway to address the issues.</p>	<p>HWB support requested: The Board note this exception and support the work underway to address the issues.</p>
<p>Data is benchmarked using IMD 2019 and pre 19/20 boundaries. Indicators reviewed locally and RAG rated based on trend and comparators.</p>	

Previous reporting

Smoking status at time of delivery 2018/19	
<p>Infant mortality 2016/18 (Infant deaths under 1 year of age per 1000 live births)</p>	<p>Smoking status at time of delivery 2018/19</p>
<p>Exception Orange to Red*</p>	<p>Exception Amber to Red*</p>
<p>MK Value: 5.2 per 1000 Rank: Worst/ 15 similar LAs Best 5% LA: 2.5 per 1000</p>	<p>MK Value: 13.30% Rank: 6th worst/16 similar LAs Best 5%: 4.6%</p>
<p>Context and current system actions: Although the infant mortality rate in Milton Keynes has fallen from 7.3 per 1,000 in 2001-03, the rate of decline has not been maintained and Milton Keynes now has the highest infant mortality rate among authorities with a similar level of deprivation. It is now more than twice as high as the best performing authorities in England. The Milton Keynes Safeguarding Children Board's Child Death Overview Panel (CDOP) met has several times and reviewed 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. As well as efforts to reduce smoking prevalence at delivery, a new weight management service for overweight women will be introduced in April 2020.</p>	<p>Context and current system actions: Latest figures for smoking status at time of delivery show a downward trend with Q1, Q2 and Q3 2019/20 standing at 9.6%, 11.4% and 11.3% respectively. All pregnant mothers are now referred to the Stop Smoking Service by the midwifery team. There is now a mandatory opt-out process where, if unwilling to be referred, the mother is required to sign a statement declaring that they understand the risks to their baby if they continue to smoke. Non-responders are re-referred back to midwives and women classified as high risk coupled with a high carbon monoxide reading are referred to the Smoking in Pregnancy Champion for further advice if they have declined a referral to the Stop Smoking Service. There is however, an issue with data quality with MKUH not recording smoking status for 20-30% of pregnant women, as smoking at time of delivery was not included as a mandatory field in the new maternity data capture module for MKUH. A deep dive into maternity services is underway to identify opportunities for improvement and to streamline tobacco control work in this area.</p>
<p>HWB support requested: 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>HWB support requested: Recognition of the importance of risks associated with smoking during pregnancy and support to raise awareness among front-line staff, including raise awareness of key smoking cessation services. Support to encourage a smoke-free environment at all NHS sites in Milton Keynes.</p>
<p>*Data for 2018/19 have been published but without benchmarking when using IMD 2015 and pre 4/19 boundaries. Indicators reviewed locally and RAG rated based on trend and comparators.</p>	

Hospital admissions for mental health conditions (2018/19)	
Emergency hospital admissions due to falls in people aged 65 and over (2018/19)	Hospital admissions for mental health conditions (2018/19)
Exception Remains Red*	Exception Green to Amber
MK Value: 2,555 per 100,000 Rank: 6 th worst /14 similar LAs Best 5% LA : 1,645 per 100,000	MK Value: 73.2 per 100,000 Rank: 2 nd best/14 similar LAs Best 5% LA : 54.6 per 100,000
Context and current system actions: A persistent upward trend since 2016/17 means that Milton Keynes now has the 6 th highest emergency admission for falls among authorities of the same level of deprivation. It is 55% higher than the best performing authority of the same level of deprivation. This trend was initially identified at the June 2019 HWB and there has been joint working between MKC and MK CCG to further understand this and to re-align the two separate falls services in Milton Keynes (which include the Community Falls Prevention Service, Clinic Based Falls Prevention Service and Hospital based Frail & Fragility Service) into integrated, highly coordinated and seamless falls pathway. This is due to launch in April 2020. They are also developing a local SOP for slips, trips and falls as well as increasing training for staff dealing with older people to better equip to identify falls risk and develop care plans for at risk clients.	Context and current system actions: In MK our indicator for the number of children admitted to hospital for mental health conditions has been stable since 2013, and consistently below the average for local authorities in the same level of deprivation. In 2017 we saw a significant improvement in our mental health related admissions by almost 40%, but our most recent values have returned to our previous baseline. We remain below the average within our deprivation decile however it must be noted that these numbers are small and could likely be a fluctuation. Nonetheless, mental health is a priority area in MK and significant work has been done in this area and we expect this indicator to fall.
HWB support requested: To support the implementation of the new falls pathway, and ensure that it meets the needs of service users.	HWB support requested: Recognition of the importance of prevention and early intervention in helping young people stay well in the community.
<small>*Data for 2018/19 have been published but without benchmarking when using IMD 2015 and pre 4/19 boundaries. Indicators reviewed locally and RAG rated based on trend and comparators</small>	