

**Report to:** Health and Wellbeing Board

**Date:** 21 October 2015

**Report of:** Wendy Meredith  
Director of Public Health

**Report No:**

**Contact Officer:** Dawn Lythgoe  
Principal Policy Officer

**Tel No:** 01204 331095

**Report Title:** **Refresh of the Health & Wellbeing Strategy**

**Non Confidential:** This report does **not** contain information which warrants its consideration in the absence of the press or members of the public

**Purpose:**

**Recommendations:** The Health and Wellbeing Board is requested to:

- Support the formation of a Health & Wellbeing Strategy Review Group made up representatives from each organisation represented on the Board
- Agree the outline recommendations for review, process and timescales

**Decision:**

**Background  
Doc(s):**

## 1 Introduction

The Health and Wellbeing Board has a statutory responsibility to develop and oversee a Joint Health and Wellbeing Board Strategy that responds to the needs of the local population by focussing on the key issues emerging from the Joint Strategic Needs Assessment (JSNA).

The existing strategy was approved in 2012 and sits within the wider strategic priorities set out in the Bolton Vision Strategy, which is currently under review and will become Bolton's five year vision to 2020.

The Health and Wellbeing Strategy is due to be refreshed and will need to align with the Vision Strategy and with the development of the Locality Plan to support Greater Manchester health and social care devolution.

The Bolton Health and Care Locality Plan is a whole system strategic document which directly responds to the Greater Manchester (GM) Devolution programme. The plan sets out the ambitious aims for real improvement in outcomes for the population of Bolton through whole system reform and significant investment in early intervention and prevention.

## 2 Looking back 2013-2016

A report summarising performance of each indicator over the course of the Health and Wellbeing Strategy 2013-2016 is available at **Appendix 1**.

The report also contains initial recommendations regarding the potential inclusion/exclusion of existing outcome indicators in relation to the refreshed strategy. These recommendations are draft, have been proposed by the Public Health Team, and are intended to inform future debate about the overall content of the new document.

Headline messages from the performance summary are:

- we are improving life expectancy at a faster rate than is being seen nationally;
- although we have seen marginal improvements in relation to the slope of inequality, we still have the widest internal inequality gap of our statistical neighbours for men and the second widest for women;
- the local focus on reducing the life expectancy gap compared to England as a whole and also reducing the local gap between Bolton wards needs to be maintained;

- very local, self-reported, trend data about the health and wellbeing of Bolton residents currently remains unavailable due to information governance issues relating to the requirements of the Health and Social Care Act.

### 3 Looking forward 2016-2020

At a Health and Wellbeing Board Development Session in July 2015, board members were asked to give their thoughts on the review of the strategy and in particular whether or not this should be a part of or replaced by Bolton's Locality Plan.

Comments included:

- The HWB Strategy needs to feed Bolton's overall Locality Plan
- Locality Plan and HWB Strategy could be one
- They are two strategies, co-dependent and overlapping, and should be aligned
- Refreshing the strategy is a good opportunity to re-focus on fewer priorities
- Keep operating at a strategic level and focussed on outcomes
- Set hard targets to make ground shifting change
- Engage the wider public

### 4 Refreshing the Health and Wellbeing Strategy

It is recommended that:

#### 4.1 The refreshed strategy:

- a. should not be subject to wholesale change, but be refined, cut-back and more focussed on key priorities;
- b. should be structured to align with the life courses being developed at GM level (as per **table 1** below);
- c. will continue to focus on improving local health outcomes and reducing health inequalities;
- d. will mirror the lifespan of the Bolton Vision Strategy, running from 2016-2020 (with the caveat that it may be subject to small reviews in between time due to the rapidly changing context).

#### 4.2 A small strategy review group made of representatives from each of the organisations on the Health and Wellbeing Board is formed, to:

- a. lead on the refresh of the strategy and make recommendations for changes;
- b. ensure that the priorities, outcomes and indicators reflect the evolving context and associated work programmes;
- c. develop and implement the consultation plan

<b>Current Strategy 2013-2016</b>	<b>Recommended Refreshed Strategy 2016-2020</b>
Starting Well	Starting Well
Developing Well	
Living Well	Living Well
Working Well	
Ageing Well	Ageing Well
End of Life	

**Table 1:** Health & Wellbeing Strategy - current and recommended structure

## 5 Timescales

<b>21 October 2015</b>	Report to Health & Wellbeing Board to outline the recommendations, process and timescales to review the Health & Wellbeing Strategy
<b>November 2015</b>	Health and Wellbeing Strategy Review Group meet to draw up draft headlines and consultation plans
<b>November 2015</b>	Draft headlines of refreshed Strategy shared electronically with Health and Wellbeing Board members and partners for feedback and comments
<b>7 December 2015</b>	Draft headlines of refreshed Strategy shared at the Bolton Vision Conference for consultation with wider partners and stakeholders
<b>9 December 2015</b>	Update and next steps reported to the Health and Wellbeing Board
<b>27 January 2016</b>	Update on progress to Health and Wellbeing Board
<b>16 March 2016</b>	Update on progress to Health and Wellbeing Board
<b>27 April 2016</b>	Final ready for approval by Health and Wellbeing Board

## 6 Recommendations

The Health and Wellbeing Board is requested to:

- Support the formation of a Health & Wellbeing Strategy Review Group made up representatives from each organisation represented on the Board
- Agree the outline recommendations for review, process and timescales

# **Health & Wellbeing Strategy**

## **Performance Management Framework**

**Brief summary of all indicators ahead of the refresh of the Strategy**

Mark Cook

Intelligence Specialist

Public Health

# Health & Wellbeing Strategy

## Performance Management Framework

*Report summarising performance of each indicator over the course of the Health & Wellbeing Strategy*

## Overarching Indicators

### 1.11.2 1.3 1.4 Life Expectancy at birth

Positively, the gap compared to England continues to reduce meaning we are improving Life Expectancy (LE) at a faster rate than seen nationally.

Recommended that for the refreshed strategy LE for men and women is removed as an indicator as it is likely to increase year on year.

Recommended that in future there is a continued focus on reducing the LE gap compared to England as a whole and also reducing the local LE gap between Bolton wards.

### 1.5 1.6 Slope Index of Inequality

Although we have seen marginal improvements in relation to this indicator, we still have the widest internal inequality gap of our statistical neighbours for men and the second widest for women.

Recommended that, as above, there is a continued focus on reducing the local LE gap between Bolton wards.

### 1.7 Mean population wellbeing score (WEMWBS)

Trend data unavailable due to Information Governance issues relating to the Health & Wellbeing Survey.

Recommended that this indicator is removed until Health & Wellbeing Survey Information Governance issues resolved.

### 1.8 Good to excellent general health

Trend data unavailable due to Information Governance issues relating to the Health & Wellbeing Survey.

Recommended that this indicator is removed until Health & Wellbeing Survey Information Governance issues resolved.

# Starting Well

## 2.1 Infant mortality (PHOF 4.1)

Following our past peak the rate has now stabilised around the average for our statistical neighbours.

Recommended that this indicator continues to be included in the refreshed strategy.

## 2.2 Low birth weight

This is an erratic indicator with little change over time. However as this is an important public health indicator consideration should be given to rolling the indicator forward.

Recommended that this indicator continues to be included in the refreshed strategy.

## 2.3 Breastfeeding prevalence 6-8 weeks (PHOF 2.2ii)

Some of our statistical neighbours have insufficient data which affects confidence in terms of benchmarking data. Nevertheless, from a purely local perspective, the increases we are now seeing in relation to this indicator should be considered wholly positive.

Recommended that this indicator continues to be included in the refreshed strategy.

## 2.4 Smoking in pregnancy (PHOF 2.3)

There has been a consistent reduction year on year in smoking in pregnancy. This reflects decreases in the smoking prevalence as a whole, but we have only recently come into line with our statistical neighbours which is pleasing.

Recommended that this indicator continues to be included in the refreshed strategy.

## 2.5 Tooth decay in children under 5 years (PHOF 4.2)

Nationally the inconsistent release of this data and the cohort it relates makes trends difficult to monitor. However currently we are worse than our statistical neighbours and notably worse than England as a whole. Given this indicator is a key indicator of the health of the public consideration should be given to rolling the indicator forward.

Recommended that this indicator continues to be included in the refreshed strategy.

## 2.6 3.5 Excess weight in Reception/Year 6 children

The picture differs by age for this indicator. Although we have seen a recent increase back to the national average in Bolton's Reception children, historically this group has had a lower rate of excess weight in comparison to national data (i.e. significantly better on previous three occasions). It is clear for this cohort that the trend has fluctuated over time but older children in Bolton are generally more likely to be overweight than their peers. Given that the National Child

Measurement Programme is a nationally mandated public health service consideration should be given to rolling this indicator forward.

Recommended that this indicator continues to be included in the refreshed strategy.

## 2.7 Attainment at Early Years Foundation Stage

The latest data (2013/14) shows that 54.0% of Bolton's children achieve a good level of development at the end of the Early Years Foundation Stage. Though this is an increase of 6 percentage points on the previous year, the increase is not as pronounced as that seen nationally and across our statistical neighbours, meaning the attainment gap is widening.

Recommended that this indicator continues to be included in the refreshed strategy.

## 2.8 2.9 Unplanned admission rates for children: asthma, diabetes, epilepsy (NHSOF 2.3ii) and for LRTIs (NHSOF 3.2)

In general child admission trend data can be erratic but these rates are currently relatively stable. Admissions for asthma, diabetes, and epilepsy have been slowly decreasing whilst admissions for LRTIs demonstrate a slow upward trend.

Recommended that this indicator continues to be included in the refreshed strategy.

## 2.10 2.11 3.18 LAC annual health assessment, immunisations, and GCSE attainment

The proportion of Looked After Children receiving annual health assessments and timely immunisations has improved greatly over the last 4 years. Also, 15% of Bolton's Looked After Children achieved 5 or more A\*-C grades at GCSE including English and maths in 2014 compared to the England average of 12%.<sup>1</sup>

Recommended that this indicator continues to be included in the refreshed strategy.

## 2.12 Troubled Families outcome indicators

Indicators never agreed.

Recommended that these indicators are either agreed prior to April 2016 or excluded from the refreshed strategy.

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<sup>1</sup> This is lower than the 19% who achieved this level in 2013, although the performance is not directly comparable because of reforms in 2014 affecting the performance calculations.

# Developing Well

## 3.1 Uptake rates for universal health screens

Indicator never agreed.

Recommended that this indicator is either agreed prior to April 2016 or excluded from the refreshed strategy.

## 3.2 3.3 Completed MMR immunisation by 5th birthday (PHOF 3.3x) and Dtap/IPV/Hib vaccine by their 2nd birthday

Bolton has generally maintained its impressive performance for childhood immunisations when compared to Greater Manchester and England as a whole.

Recommended that this indicator continues to be included in the refreshed strategy.

## 3.4 Healthy Schools – Enhanced

Indicator never agreed.

Recommended that this indicator is removed from excluded from the refreshed strategy.

## 3.6 3.7 Uptake of health reviews - school entry and transition to secondary school

Indicator never agreed.

Recommended that this indicator is removed from excluded from the refreshed strategy.

## 3.8 3.9 Coverage of health reviews - school entry and transition to secondary school

Indicator never agreed.

Recommended that this indicator is removed from the refreshed strategy.

## 3.10 Chlamydia diagnosis rate aged 15-24 CTAD (PHOF 3.2)

The past trend has been reversed recently and we are now below the 2,400 (per 100,000) required to affect a change in prevalence. However given that GPs are now increasing screening activity as part of the Primary Care Quality Contract it is expected that diagnosis rates will improve substantially in year.

Recommended that this indicator continues to be included in the refreshed strategy.

### **3.11 Under 18 conception rate (PHOF 2.4)**

We have seen significant reductions in under 18 conception rates in recent years that have brought Bolton back into line with England and made us joint best of our statistical neighbours. This is an outstanding achievement.

Recommended that this indicator continues to be included in the refreshed strategy.

### **3.12 Under 18 alcohol related hospital admissions**

Over the period we have seen important reductions in under 18 alcohol related hospital admissions. These have taken us towards the England average having once been comparatively very high in the past. It is anticipated that this positive trend will be maintained or further improve in the future.

Recommended that this indicator continues to be included in the refreshed strategy.

### **3.13 Hospital admissions due to injury aged 0-14**

The trend for this indicator can be erratic but our performance is currently average when measured against our statistical neighbours.

Recommended that this indicator continues to be included in the refreshed strategy.

### **3.14 Suicide and injury undetermined rate (PHOF 4.10)**

Following a recent peak in this indicator (which is often erratic due to small numbers) the trend is now looking much more positive and is consistently reducing.

Recommended that this indicator continues to be included in the refreshed strategy.

### **3.15 Children and young people's experience of healthcare (NHSOF 4.8)**

Indicator data still not available.

Recommended that this indicator is removed from the refreshed strategy.

### **3.16 Women's experience of maternity services (NHSOF 4.5)**

Indicator data still not available.

Recommended that this indicator is removed from the refreshed strategy.

### **3.17 Children hospital admissions as a result of self-harm (PHOF 2.10)**

Currently there is limited trend data (i.e. only two points of reference) for this indicator but we are currently above our statistical neighbour group.

Recommended that this indicator continues to be included in the refreshed strategy.

### **3.19 Children in poverty (PHOF 1.1)**

Child poverty rates continue to fall but this may be artefact given the definition of poverty has recently changed.

Recommended that this indicator continues to be included in the refreshed strategy.

# Living Well

**4.1 4.2 4.3 4.4 4.5 Current adult smokers, adult overweight and obese, physically active adults, physically inactive adults, drinking over limit/severely over limit**

Trend data unavailable due to Information Governance issues relating to the Health & Wellbeing Survey.

Recommended that this indicator is removed until Health & Wellbeing Survey Information Governance issues resolved.

## **4.6 Multiple risk factors**

Trend data unavailable due to Information Governance issues relating to the Health & Wellbeing Survey.

Recommended that this indicator is removed until Health & Wellbeing Survey Information Governance issues resolved.

## **4.7 Number killed or seriously injured on roads (all ages) (PHOF 1.10)**

This indicator has demonstrated year on year reductions potentially as a result of structural improvements to highways and reduced speed limits on minor roads.

Recommended that this indicator is removed from the refreshed strategy.

## **4.8 NHS Health Check uptake (PHOF 2.22ii)**

Based on 5 year cumulative data Bolton is the best performing area in the country for Health Checks.

Recommended that this indicator continues to be included in the refreshed strategy.

## **4.9 Prevalence of recorded diabetes (PHOF 2.17)**

Recorded diabetes continues to increase linearly towards our estimated prevalence.

Recommended that this indicator continues to be included in the refreshed strategy.

## **4.10 Diagnosed cancer at Stage 1 & 2 as a proportion of all cancers (PHOF 2.19)**

There is limited trend data (i.e. only two points of reference) for this indicator but we are average when compared to our statistical neighbours.

Recommended that this indicator continues to be included in the refreshed strategy.

#### **4.11 Patients with LTC supported to manage their conditions (NHSOF 2.1)**

Again there is limited trend data for this indicator which suggests only a minor improvement against the baseline.

Recommended that this indicator continues to be included in the refreshed strategy.

#### **4.12 Emergency readmissions within 30 days of discharge (NHSOF 3b)**

This indicator peaked negatively several years ago. Since this time emergency readmissions have reduced to the original background rate. Currently Bolton performs better than statistical neighbours and England as a whole.

Recommended that this indicator continues to be included in the refreshed strategy.

#### **4.13 Health related quality of life for carers (ASCOF 1D)**

Data is only currently available for one point in time making comparisons inappropriate.

Recommended that this indicator continues to be included in the refreshed strategy.

#### **4.14 Mortality from causes considered amenable to healthcare (NHSOF 1a)**

Very strong and consistent reduction year on year but we remain higher than our statistical neighbours.

Recommended that this indicator continues to be included in the refreshed strategy.

#### **4.15 Delayed transfers of care (ASCOF 2C)**

We have seen three consistent reductions to take us below statistical neighbour and England average which is extremely positive.

Recommended that this indicator continues to be included in the refreshed strategy.

#### **4.16 4.17 Patient experience of primary care (NHSOF 4a) and hospital care (NHSOF 4b)**

Minor reductions have been noted in positive reports of primary care patient experience. However there have been three consecutive improvements in the secondary care indicator.

Recommended that this indicator continues to be included in the refreshed strategy.

#### **4.18 4.19 Adults in contact with mental health services (PHOF 1.6ii) and adults with learning disabilities (PHOF 1.6i) in settled accommodation**

There is relatively limited trend data (i.e. three points of reference) for this indicator but currently Bolton is performing better than our statistical neighbours.

Recommended that this indicator continues to be included in the refreshed strategy.

#### **4.20 Successful drug treatments (PHOF 2.15i)**

Successful treatments for opiate users are falling and we are now significantly worse than England, but numbers are only small for this indicator and there have been problems with the national database. Additionally the number of opiate users in Bolton has fallen recently.

Recommended that this indicator continues to be included in the refreshed strategy.

#### **4.21 Households in temporary accommodation (PHOF 1.15ii)**

Bolton has a much lower proportion of households in temporary accommodation than is average for England (which is skewed by big cities), but we are similar to statistical neighbour group with a low but static trend.

Recommended that this indicator continues to be included in the refreshed strategy.

# Working Well

## 5.1 5.2 Workplaces and staff members signed up to Clock-on-2-Health

Indicator never agreed.

Recommended that this indicator is removed from the refreshed strategy.

## 5.3 Sickness absence (PHOF 1.09i)

There has been no significant change in the rate or in our position relative to statistical neighbour group.

Recommended that this indicator continues to be included in the refreshed strategy.

## 5.4 Employment of people with long-term conditions (NHSOF 2.2)

The proportion of people with long-term conditions in employment in Bolton has not changed significantly from baseline. Our gap as compared to England has reduced slightly because of reductions in the national rate.

Recommended that this indicator continues to be included in the refreshed strategy.

## 5.5 Proportion of adults with learning disabilities in paid employment (ASCOF 1E)

Latest official data makes Bolton the third worst performing local authority nationally for this indicator, but provisional data for 2014/15 shows a slight improvement. It is currently not possible to say where this will place Bolton in comparison with other areas nationally or regionally.

Recommended that this indicator continues to be included in the refreshed strategy.

## 5.6 Employment of people with mental illness (NHSOF 2.5)

This group has struggled to recover since the recession of 2008 and the employment rate is still lower than that for those with long-term conditions, but we are improving above baseline and performing slightly better than our statistical neighbours.

Recommended that this indicator continues to be included in the refreshed strategy.

# Ageing Well

## 6.1 Injuries due to falls - over 65s (PHOF 2.24i)

Historically, Bolton has had a notably lower rate than England and statistical neighbour group, and this remains true today, but we are increasing towards the national rate.

Recommended that this indicator continues to be included in the refreshed strategy.

## 6.2 Excess winter deaths (PHOF 4.15)

We currently have one of our highest rates locally which is a matter for serious concern.

Recommended that this indicator continues to be included in the refreshed strategy.

## 6.3 Flu vaccinations - over 65s (PHOF 3.3xiv)

Only slightly below new CMO target but we are improving and should expect to surpass target in the coming season.

Recommended that this indicator continues to be included in the refreshed strategy.

## 6.4 Permanent admissions to residential and nursing care homes (65+) (ASCOF 2A)

Consistent but minor increases over recent years.

Recommended that this indicator continues to be included in the refreshed strategy.

## 6.5 Reported vs. expected prevalence on GP Dementia Registers

Increasing positively year on year, currently at 69% which compares well to other areas.

Recommended that this indicator continues to be included in the refreshed strategy.

## 6.6 6.7 Satisfaction of people who use social services with their care and support (65+) (ASCOF 3A) and satisfaction of carers with social services (ASCOF 3B)

Satisfaction has increased over recent years and we are currently performing better than statistical neighbour group and England; the carers indicator only has one point in time at present.

Recommended that this indicator continues to be included in the refreshed strategy.

## 6.8 Stroke patients reporting improvement in activity/lifestyle (NHSOF 3.4)

Indicator data still not available.

Recommended that this indicator is removed from the refreshed strategy.

## **6.9 Older people (65+) still at home 91 days after discharge from hospital (ASCOF 2B)**

Relatively consistent with England averages over the period.

Recommended that this indicator continues to be included in the refreshed strategy.

## **6.10 Rate of stroke admissions (65+)**

Consistent increases are evident and we are notably higher than statistical neighbours and England but indicator has stopped being updated. May have to calculate locally going forward.

Recommended that this indicator continues to be included in the refreshed strategy.

## **6.11 People who feel safe using services (65+) (ASCOF 4B)**

Little significant change is evident.

Recommended that this indicator continues to be included in the refreshed strategy.

## **6.12 Emergency readmissions (75+)**

Recent negative peak but we are currently looking more stable and doing better than statistical neighbours.

Recommended that this indicator continues to be included in the refreshed strategy.

# End of Life

## 7.1 7.2 7.6 7.7 Deaths at home and in hospital, terminal admissions that are emergencies and terminal admissions that are 8 days or longer

Bolton performs relatively poorly regarding deaths at home but this is a common problem across the country. We perform just slightly worse than average across all indicators relevant to dying in hospital (terminal admissions that are emergencies, terminal admissions that are eight days or longer, average number of bed days per admission ending in death) with the exception of terminal admissions aged 85 years and over where we are notably worse than our best performing peers.

Recommended that this indicator continues to be included in the refreshed strategy.

## 7.3 People with palliative care need identified on GP Palliative Care Register

Bolton shows recent improvements for this indicator and we are now approaching our peer average regarding identification of need.

Recommended that this indicator continues to be included in the refreshed strategy.

## 7.4 7.5 Number of care homes and care home beds

When benchmarked against our fifteen statistical neighbours Bolton has the lowest number of care homes and the third number of care home beds per 1,000 people aged 75 years and over.

Recommended that this indicator continues to be included in the refreshed strategy.