

 Brent  <i>Clinical Commissioning Group</i>	Health and Wellbeing Board 9 October 2018
	Report from the Director of Public Health
Public Health England Dashboard: the Brent picture	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	One: <ul style="list-style-type: none"> Brent's performance on the dashboard indicators
Background Papers:	N/A
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1.0 Purpose of the Report

1.1 The report informs the Board of the recent publication of the Public Health England (PHE) Dashboard and Brent's performance as measured by the dashboard.

2.0 Recommendation

2.1 The Health and Wellbeing Board is asked to note the performance on the PHE Dashboard.

3.0 Detail

3.1 Public Health England (PHE) published the "Public Health Dashboard" for local authorities earlier this year. A link is available here - <https://fingertips.phe.org.uk>

3.2 The eight indicators in the dashboard cover public health service areas that local authorities lead. The majority of data in the dashboard was already in the public domain. However, the ranking of authorities is new. Brent's 'performance' can be compared to all other upper tier local authorities, to authorities with similar levels of deprivation, and with our nearest statistical neighbours, as

defined by the Chartered Institute of Public Finance and Accountancy (CIPFA).

- 3.3 Brent is in the 4th socioeconomic decile (“more deprived”)¹. Other authorities in this grouping are: Bristol, County Durham, Enfield, Gateshead, Greenwich, Leeds, Luton, Plymouth, Portsmouth, Sefton, Sheffield, Southampton, Wakefield and Wirral.
- 3.4 Brent’s nearest statistical neighbours are: Ealing, Haringey, Waltham Forest, Enfield, Hounslow, Redbridge, Lewisham, Croydon, Greenwich, Newham, Southwark, Harrow, Merton, Barnet, Lambeth
- 3.5 Seven of the eight indicators are composite i.e. a summary measure of a number of different indicators.
- 3.6 Brent ‘performs’ well on 5 and poorly on 3 (childhood obesity, best start in life and air quality) as detailed below. Appendix one is a graphical representation of these results.

Childhood Obesity

- 3.7 As the Health and Wellbeing Board will be aware, childhood obesity is a particular problem in Brent. This is reflected in the dashboard: Brent is ranked 149 out of 150 total local authorities (Barking and Dagenham is worst), 15th out of the 15 authorities with similar deprivation and 16th out of the 16 statistical neighbours.
- 3.8 A local action plan is in place with progress reported to the Brent Children’s Trust. Action underway includes:
 - The new 0-19 years children’s public health service includes
 - a tier 2 weight management service
 - Breast feeding peer support service and an infant feeding co-ordinator
 - Maternal Childhood Sustained Home Visiting (MECSH model). This is an evidence based model of health visiting support which provides targeted support to the most vulnerable families. In Brent extra modules on obesity and oral health have been included
 - Health visiting and Children’s Centres have achieved UNICEF Baby Friendly Initiative Stage 2 and are on track to achieve Stage 3 next year
 - Healthy Early Years Awards are offered to all nurseries, children centres and childminders. Accreditation requires action on children’s nutrition and physical activity. Since 2013, the award has been awarded 138 times (includes settings that have received it more than once) to 103 settings.
 - Healthy Schools London is supported by the public health team and includes a focus on physical activity, healthy eating and sugar awareness. To date, 32 Brent schools have achieved a bronze award, 11 schools have achieved silver and 1 school have achieved gold.

¹ According to IMD (2015)

- The Junior Citizenship Scheme which reaches nearly all year 6 children in the borough includes a sugar awareness session developed and delivered by the public health team.
- Work with catering establishments to promote the Healthy Catering Commitment. To date, 44 premises have achieved the HCC award - <https://www.brent.gov.uk/services-for-residents/healthy-living/diet-and-healthy-eating/healthier-catering-commitment/>
- The Council is a signatory to Sustain's Local Government Declaration on Sugar Reduction and Healthier Food.
- Brent Council has received £195k from the Healthy Pupils Capital Fund which is funded from the Soft Drinks Industry Levy. Schools have been invited to bid for one off capital project to improve pupils' health.

3.9 Following a report to Scrutiny earlier this year, a Task Group on the issue is planned.

NHS Health Checks

3.10 Brent performs well on this indicator being in the best quartile of authorities nationally. The indicator is based upon the proportion of the eligible population invited for and having a health check. Brent is ranked 26th out of 152 authorities; 2nd out of the 15 authorities with similar deprivation (Gateshead performs best); and 5th of the 16 statistical neighbours.

Tobacco Control

3.11 Brent performs well on this indicator being in the best quartile of authorities nationally. This indicator is based on estimated adult smoking rates and rates of smoking in pregnancy. The performance of smoking cessation services has no impact on this indicator. Brent is ranked 7th out of 149 authorities; first for authorities with similar deprivation; and 4th out of the 16 statistical neighbours.

3.12 This indicator is only concerned with cigarette smoking. The use of other forms of tobacco such as chewing tobacco or shisha, both of which are concerns locally, is not measured or reported by PHE.

Alcohol treatment

3.13 Brent performs well on this indicator being in the best quartile nationally. Brent is ranked 13th out of 149 authorities; 2nd of the 15 authorities with similar deprivation (Greenwich is best) and 4th of the 16 statistical neighbours (Greenwich is best).

3.14 This is a composite indicator: it measures waiting times (where Brent is best nationally), the proportion of estimated dependent drinkers not in treatment, successful completion of treatment and deaths in treatment.

Drug treatment

- 3.15 Brent performs very well on this indicator being ranked 3rd of all authorities; 1st of the 15 with similar levels of deprivation; and 2nd of statistical neighbours (Redbridge is first).
- 3.16 This is a composite indicator: it measures waiting times (again Brent is best nationally), the proportion of estimated opiate users not in treatment, successful completion of treatment and deaths in treatment.

Best start in life

- 3.17 Brent performs poorly on this indicator being in the worst quartile of authorities nationally. Brent is ranked 122nd out of 125 authorities (data is not available for a number of authorities); 12th out of 12 authorities with similar deprivation – and available data – and 11th out of the 11 statistical neighbours for whom data is available.
- 3.18 This is a composite indicator. Brent performs reasonably on the proportion of completed new birth visits (98.6%). However, we perform poorly on school readiness, at 69.9%, and the proportion of children aged 2-2.5 years receiving the ASQ-3 (a standardised developmental assessment) as part of the Healthy Child Programme, at 23%.
- 3.19 Ofsted outcomes for early years provision in Brent have been improving ensuring access to high quality early education and childcare for all children. Good Level of Development (GLD) results have been improving year on year and the gap between Brent and the national figure is closing, although as yet GLD figures are not above the national average which is the target being worked towards. Contributory factors to this could be the lower than average take-up of the free entitlements (except for the 30 hours entitlement) and the high numbers of children with EAL.
- 3.20 It is acknowledged that while take-up of 30 hours places is high in Brent (94% in Summer 2018), take-up of the free entitlements for eligible 2 and all 3 and 4 year olds remain at 59% and 80% respectively, well below the national averages of 72% and 94% respectively. This is cause for concern as this indicates that the benefits of early education are not reaching some of the children who may be in most need. It is also a contributory factor for some children entering school with a low baseline and therefore needing to make additional progress to close the gap and reach expected GLD outcomes
- 3.21 While most of Brent's significant ethnic groups perform well compared to either the same group nationally or to all pupils, the focus will continue on those priority groups whose attainment remain below national averages, and in particular the Black Caribbean group because of the very low attainment of Black Caribbean boys.
- 3.22 Key areas of work in Brent in order to ensure that all children, including those with SEN or disability, are given the best start in life will include working to improve the quality of early education provision through supporting assessment

and planning. This will contribute to raising the attainment of all children and in particular children from the identified priority groups and those who are not at their expected stage of development. Alongside this, engagement with parents will take place through home learning and outreach sessions, raising awareness of the long term benefits, in terms of children's future educational attainment, of high quality early education and childcare that may also enable parents to return to work to improve wider outcomes for families.

- 3.23 When responsibility for commissioning health visiting passed from NHSE to the local authority the service performed poorly in all metrics. A prioritised improvement plan has been put in place and monitored through contract management. The new provider and the commissioner have prioritised antenatal visits, new birth visits and the 6-8 week check over the 2-2.5 year check, all of which are now on target, as well as introducing an intensive home visiting service for the most vulnerable mothers. The dashboard reports performance in 2016/17 and the 2-2.5 year check has been improving with most recent data showing 40%. However, there is a need to improve further. The poor performance is due to staffing shortages, due to difficulties in recruiting and retaining scarce staff, a lack of available space in the community, and a continued prioritisation of earlier checks.

Sexual and reproductive health

- 3.24 Brent performs well on this indicator being in the best quartile of authorities nationally. Brent is ranked 12th of 150 authorities nationally; 3rd of the 15 authorities with similar deprivation; and 4th out of statistical neighbours.
- 3.25 This is a composite indicator including chlamydia detection rate. HIV testing coverage, rates of long acting reversible contraception, under 18s conception rates and STI testing rate. Brent's performance is good across all the individual indicators.

Air quality

- 3.26 Brent is worse than average being ranked 96th of 134 authorities. This is an interim indicator and is the proportion of the population in a local authority area who live in an Air Quality Management Area. These are areas where the local authority has determined that the national air quality objectives are unlikely to be met and therefore where the authority has put together a Local Air Quality Action Plan. The indicator therefore reflects both air quality in an area and the local authority's response.
- 3.27 Brent has a current Air Quality Action Plan which was agreed in 2017 - <http://democracy.brent.gov.uk/documents/s47267/Air%20Quality%20Action%20Plan%202017-2022%20-%20Full%20Report.pdf>

4.0 Financial Implications

- 4.1 There are no financial implications arising as a result of this report.

5.0 Legal Implications

5.1 There are no legal implications arising as a result of this report.

6.0 Equality Implications

6.1 There are no equality implications arising as a result of this report.

7.0 Consultation with Ward Members and Stakeholders

7.1 Ward members have not been consulted over this report.

Report sign off:

Melanie Smith
Director of Public Health