

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD / PARTNERSHIP

**26TH MARCH 2014
REPORT OF DIRECTOR OF
PUBLIC HEALTH**

PERFORMANCE UPDATE - MARCH 2014

SUMMARY

This paper provides an example of the Public Health Outcomes Framework data (at March 2014) which forms a large part of the performance monitoring framework for the Joint Health and Wellbeing Strategy delivery plan.

RECOMMENDATIONS

1. The Stockton Health and Wellbeing Board / Partnership are asked to note the update and example data; and consider any implications for addressing performance issues /spreading good practice.

DETAIL

1. The Stockton Health and Wellbeing Board / Partnership are responsible for overseeing the performance of partner organisations in relation to key health and wellbeing indicators. The Board and Partnership have both previously received papers on the proposed framework for performance monitoring and agreed the frequency of performance reporting to the Board and Partnership.
2. The Board is to receive quarterly performance updates and the Partnership six-monthly updates, both on an exception basis. The Board will also receive an annual report outlining performance against all indicators.
3. Development of the complete performance monitoring framework is progressing. The constituent elements of the framework are in place and will be drawn together through the new performance monitoring and reporting system being implemented in Stockton Borough Council. The new performance monitoring database will be piloted to begin reporting internal SBC data from Q4 2014/15 and fully implemented from Q1 2015/16. Monitoring against the Health and Wellbeing Strategy will be implemented as phase 2 of this work and therefore will be rolled out in 2015/16.
4. In the interim, the existing system (the Public Health Outcomes Framework online and Excel spreadsheet capturing the relevant Social Care Outcomes Framework indicators and NHS Outcomes Framework indicators) will continue to be developed and used.
5. The Board and Partnership are asked to consider how and where issues of good and poor performance are followed up across Board members organisations and then updates fed back to the Board and Partnership i.e. further investigation, action planning for remedial action where needed, dissemination of good practice. The Children and Young People's Health and Wellbeing Commissioning Group, the Adults Health and

Wellbeing Commissioning Group and the senior management teams of Board member organisations are proposed as some potential key routes for this.

6. As outlined in previous papers, the development of the performance monitoring framework is ongoing in line with the release of benchmarking data and development of priorities. The indicators for reporting by the CCG and social care in particular will be reviewed in the light of the development / requirements of the Better Care Fund work.
7. In February, new benchmark data and local data were released by Public Health England to populate the Public Health Outcomes Framework. This paper summarises the highlights from this data for discussion by the Board / Partnership (**Appendix 1**). The figures are benchmarked against the North East region. The data summary uses the most recent routine data available to Public Health England (in some cases the data covers a time period a year or more ago). RAG rating is based on whether Stockton Borough performance is statistically significantly different from North East values. Key points are as follows:
8. Overview indicators:
 - Life expectancy and gap in life expectancy are similar to the regional values but this hides significant inequality within the Borough.

Action being taken: Strategic aims of partners prioritise reducing inequalities as well as improving health. Further discussions are potentially needed regarding prioritisation of resources and how to balance focusing on target groups with universal provision.

9. Wider determinants of health:
 - Most school readiness figures are worse than the regional figures.
 - Entry to the youth justice system and 16-18yr old NEET figures are worse than the region.
 - Homelessness and social isolation performance is worse than the region.
 - The fuel poverty position and child poverty are better than the region, which may highlight work underway but will also hide inequality.

Action being taken: Early Help and prevention work is being coordinated across Public Health and CESC through the Early Help Strategy, aided by extra CAF resources, to promote earlier identification of need and support. Partners are engaging with the Ageing Better project around social isolation; and the Fairer Start project to improve early years development. Further work may be needed to build intervention according to need across the lifecourse and particularly in children, to improve their life chances and help prevent contact with the Youth Justice system and with social services.

10. Health improvement:
 - Breastfeeding rates are lower than the regional rates.
 - Successful completion of treatment for opiate users is worse than the region.
 - Cervical cancer rates are lower than the region; and access to diabetic retinopathy screening is lower than the region.
 - Self-reported wellbeing is better than the region.
 - Smoking at time of delivery is lower than the region.

Action being taken: Breastfeeding peer support is being implemented across the Borough in accordance with NICE guidelines. A programme of work is underway to increase drug treatment completion for opiate users. The NHS Area Team are developing plans to increase uptake of and access to screening programmes and this may be a possible topic of interest for future Board / Partnership meetings.

11. Health protection

- Chlamydia diagnosis (old National Chlamydia Screening Programme data) is lower than the region.
- Coverage of some immunisations are lower than the region (Dtap/IPV/Hib; Men C; PCV; Hib / MenC booster; MMR at 5yrs old; Flu (aged 65yrs+ and at-risk individuals).

Action being taken: In 2012, several changes were made to the collection and reporting of Chlamydia activity data. Therefore Chlamydia data for 2012 onwards are not directly comparable with data reported in earlier years. CTAD data will be used as a measure going forward. The emphasis is moving towards more targeting of high-risk groups and increasing access of testing through e.g. pharmacy settings. The NHS Area Team are developing plans to increase uptake of immunisation programmes and the CCG are running programmes to target groups to increase flu vaccination uptake. Immunisations may be a possible topic of interest for future Board / Partnership meetings.

12. Healthcare and premature mortality

- Mortality from causes considered preventable is better than the region.
- Mortality from communicable disease is better than the region.
- Emergency readmissions within 30 days of discharge from hospital (female) is better than the region.

Action being taken: Though none of the indicators show worse performance than the region; further data shows that overarching figures mask inequality. Preventable mortality is higher in more vulnerable groups (e.g. those living in deprivation; some BME groups; people with learning disabilities). More detailed data from Public Health England *Longer Lives* shows higher premature mortality than statistical comparator areas, particularly due to COPD and cancer. Work on tobacco control continues and the Tees Valley Public Health Shared Service provides a programme to proactively find and diagnose people with COPD. Work is underway with the CCG, Public Health and Area Team to improve screening uptake, early awareness and diagnosis of cancer.

13. In addition to the broader Public Health Outcomes Framework data reflecting partnership activity on health and wellbeing, SBC Public Health has agreed internal measures and targets for key health and wellbeing issues for the Council Plan (**Appendix 2**). The Council Plan focuses on internal activity and covers the period 2014-15 to 2016/17. The measures reflect key internal activity (across SBC) that will take place during this period and targets have been set based on the best available trend data and knowledge of the local services and population. Measures from other areas of the Council Plan will also contribute to improving health and wellbeing and reducing inequalities. The measures are taken from the Public Health Outcomes Framework to promote consistency.

FINANCIAL IMPLICATIONS

8. There are no direct financial implications of this update.

LEGAL IMPLICATIONS

9. There are no specific legal implications of this update.

RISK ASSESSMENT

10. Consideration of risk will be included in the narrative around any performance issues, together with actions being taken to mitigate this risk.

SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS

11. Monitoring of performance across Board and Partnership organisations will have a positive impact on coordinated activity to deliver both the Sustainable Community Strategy and Joint Health and Wellbeing Strategy themes.

CONSULTATION

12. Consultation has been an integral part of generating priorities for action, through the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy development process.

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Appendix 1: Public Health Outcomes Framework data (Public Health England)

Data are available from: <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000049/pat/6/ati/102/page/0/par/E12000001/are/E06000004>

Different indicators can be viewed by clicking 'overarching indicators', 'wider determinants of health' etc.

Unfortunately, data is not currently available in pdf form.

Hard copies will be circulated to the Board and Partnership prior to the meeting.

Appendix 2

STOCKTON BOROUGH COUNCIL: COUNCIL PLAN 2014-2017 - HEALTH AND WELLBEING

OUTCOME							
Every child has the best start in life							
Type	Description	2014/5 Target	2015/6 Target	2016/7 Target	Frequency	Statutory	Existing / Amended / New Measure
Performance Indicators	% obesity in 4-5 year olds (reception) (% of children measured through the National Childhood Measurement Programme)	9.5%	9.5%	9%	Quarterly	Yes	Amended
	% obesity in 10-11 year olds (year six) (% of children measured through the National Childhood Measurement Programme)	21.5%	21.5%	21%	Quarterly	Yes	Amended
	Under 18 conceptions (3yr rolling average rate 15-17yr olds per 1,000 population)	44	43	43	Quarterly	Yes	New

OUTCOME							
Ill health is prevented, wherever possible							
Type	Description	2014/5 Target	2015/6 Target	2016/7 Target	Frequency	Statutory	Existing / Amended / New Measure
Performance Indicators	% of smoking population accessing the stop smoking service commissioned by SBC Public Health	10%	11%	11%	Quarterly	No	Additional
	Smoking Quitters (number of four week quitters for smoking cessation services commissioned by SBC Public Health)	1816	1850	1850	Quarterly	No	Existing (from Council Plan 2013-14)
	Smoking status at time of delivery (% of women who smoke at time of delivery)	Improvement on previous year	Improvement on previous year		Annually		Existing (from Council Plan 2013-14)

	Rate of emergency hospital admissions for alcohol related harm (per 100,000 population)	2720	2500	2200	Quarterly	Yes	Existing (from Council Plan 2013-14)
	Successful completion of drug treatment - opiate users (% of opiate users that left drug treatment successfully who do not re-present to treatment within 6 months)	6%. To be measured in April 2014	7.5%. To be measured in April 2015	9%. To be measured in April 2016	Quarterly	Yes	Amended to reflect PHOF
	Successful completion of drug treatment outcomes for drug users – non-opiate users (% of non-opiate users that left drug treatment successfully who do not re-present to treatment within 6 months)	42%. To be measured in April 2014	44%. To be measured in April 2015	46%. To be measured in April 2016	Quarterly	Yes	Amended to reflect PHOF
	Chlamydia diagnosis (crude rate 15-24 year olds)	2400	2400	2400	Quarterly	Yes	New
	Take up of NHS Health Check programme by those eligible – health check take up (% of eligible population aged 40-74 offered an NHS Health Check who receive an NHS Health Check) Based on 100% of the practice population over 5yrs, with 20% being invited for an NHS Health Check each year.	50% of those invited i.e. 10% of 5yr eligible population per year	50% of those invited i.e. 10% of 5yr eligible population per year	50% of those invited i.e. 10% of 5yr eligible population per year	Quarterly	Yes	New