AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

29TH OCTOBER 2014
REPORT OF DIRECTOR OF PUBLIC HEALTH

PERFORMANCE UPDATE - OCTOBER 2014

SUMMARY

This paper provides a performance update regarding key indicators from the performance monitoring framework for the Joint Health and Wellbeing Strategy delivery plan, at October 2014.

RECOMMENDATIONS

1. The Stockton Health and Wellbeing Board are asked to note the update and example data; and consider any implications for addressing performance issues /spreading good practice.
2. It is recommended that this performance update is circulated to the Adults' Health and Wellbeing Partnership and the Children and Young People's Partnership to inform their plans in addressing the issues highlighted in this report.

DETAIL

1. The Stockton Health and Wellbeing Board are responsible for overseeing the performance of partner organisations in relation to key health and wellbeing indicators. The Board received an example performance update on Public Health Outcomes Framework indicators in March 2014.

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. This report covers Q2 data where available and Q1 data where this is the most recent. It also highlights some trends in key data.

3. The current performance framework for the Joint Health and Wellbeing Strategy 2012-18 (JHWS) has continued to develop over the past year and is based on key indicators from the Public Health Outcomes Framework, NHS Outcomes Framework and Social Care Outcomes Framework. A new performance monitoring and reporting system is also currently being piloted in Stockton Borough Council.

4. Following the Board Away Day in February 2014, the structures underpinning the Board have been revised, generating the new Partnerships and Joint Commissioning Groups. The performance monitoring systems of the Partnerships will need to flow from and closely reflect the performance monitoring system for the JHWS, in order to monitor how the Partnerships are delivering on the JHWS. It is proposed that this performance update report is circulated to both Partnerships to inform their plans in addressing the issues highlighted in this report.

5. Recent data, together with the Due North report (*Report of the Inquiry on Health Equity for the North*, September 2014), have further highlighted the need to focus on and

reduce inequalities. Stockton Borough is now the Local Authority area with the greatest inequality in life expectancy, nationally. A paper to the October Board meeting outlines the proposed approach for addressing inequalities. This approach will require baseline data and progress monitoring on universal service provision and also on targeted activity for the most deprived decile. The Public Health Outcomes Framework will be used as the basis for this, with a small number of additional indicators where needed. The new plan to support JHWS delivery will be ready for implementation at the beginning of 2015/16. Therefore this current report is a summary of most recently available local performance data for key indicators under the 'current' performance monitoring system.

6. The local performance summary is set out below. Some national benchmarking data from the Public Health Outcomes Framework (PHOF) is referred to for context (www.phoutcomes.info). The Board 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.

7. **Life expectancy**
   - Average life expectancy is increasing:
     - Males: 78.3yrs (2010-12) from 76.9yrs (2007-09)
     - Females: 82.3 (2010-12) from 81.2yrs (2007-09)

   - However, inequality in life expectancy is also increasing. The gap in life expectance between the least and most deprived wards has increased:
     - Males: 16yrs (2010-12) from 14.8yrs (2007-09)
     - Females: 11.4yrs (2010-12) from 10.4yrs (2007-9)

   Action being taken: Strategic aims of partners prioritise reducing inequalities as well as improving health. A proposed approach is being brought to the Board in October 2014. The Adults Health and Wellbeing Partnership has already agreed to shape its work programme using this approach. The aim would be to align strategic plans of all partners with this, which would help shape discussions regarding resource prioritisation.

8. **Wider determinants of health**
   - In Q2 2014/15, 50% of children were 'school ready' (as measured by overall Good Level of Development at Early Years Foundation Stage). Figures are unavailable for Q1 2014/15. The proportion has fluctuated over time (41% in 2013/14, 62% in 2012/13, 42% in 2011/12). Q2 2014/15 performance is on-target (having improved at a greater rate than the national rate); though this is compared to a relatively low baseline.
   - Entry rate to the youth justice system was 179 per 100,000 for Stockton Borough in Q2 2014/15, compared to 93 in Q1. Performance is on-track: numbers of entrants were 510 at 2013/14 outturn, 233 at 2012/13 and 231 at 2011/12.
   - 11.7% of 16-19yr olds were Not in Education, Employment or Training (NEET) in Q2 2014/15, compared to 8.8% in Q1 2014/15 and an outturn of 8.6% in 2013/14, 9.1% in 2012/13 and 10.3% in 2011/12. Performance is on-target and the rate is decreasing over time. The % of 'not known' for Stockton Borough is 21.5%: typical for Q2 as young people's destinations are not yet know. Performance in the Borough is better than the Tees Valley average.

   Action
   Early Help and prevention work is being coordinated across Public Health and the Council's Children, Education and Social Care department (CESC) through the Early Help Strategy, aided by extra Common Assessment Framework resources, to promote earlier identification of need and support. Partners (VCS, Public Health, CESC and

CCG) are engaging with the Fairer Start project to improve early years support and 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.

- In 2012/13 an estimated 24% of Stockton Borough households experienced fuel poverty levels (similar to the regional average). This will reflect work to address fuel poverty, though the figure will also hide inequality across the Borough.

Action
On average, 73 more people die during the winter in the Borough compared with other times of the year. Around 40% of excess winter deaths are due to cardiovascular disease; around a third are due to respiratory illness. Excess winter mortality is linked to poorly heated housing and low household income. Work across partners (including Housing and Public Health) includes the Warm Homes Healthy People project, which has supported 3,500 homes (Feb. 2011 and March 2014). It includes boiler service and repair, referral for falls interventions and promoting the influenza vaccination among vulnerable groups.

9. **Health improvement**
   - Local data (**Appendix 1**) shows breastfeeding initiation rates have fluctuated between 2004-05 and 2013-14 with an upward trend but below that of England and manufacturing towns in general and below that of the North East since 2010-11. Initiation also varies between wards e.g. 85% in Northern Parishes compared to 37.1% in Stainsby Hill. 58.2% of mother initiated breastfeeding in 2013/14. Younger mothers (under 30years) are far less likely to breastfeed than those over 30. The gap between Stockton and the England average is slowly closing.
   - Breastfeeding at 6-8 weeks is increasing: 24.8% in 2012/13; 27.3% in 2013/14 and 30.3% in Q1 2014/15.

Action
Current breastfeeding support is being reviewed, in the context of refreshed NICE guidance, learning from other areas and local insight work into the cultural issues. Public Health will be working with the CCG and HealthWatch to identify multi-agency solutions e.g. pathway work across midwifery, health visiting and Children's Centres.

- 2012/13 data showed childhood obesity at reception (8.5%) has reduced below the national average and compared to 2011/12 (10.9%). 2013/14 results are expected in Autumn 2014.

Action
Public Health has recently commissioned a new Family Weight Management Service, which will work more closely with the school nursing service to provide support and follow up.

- 2012/13 data showed Stockton Borough had the third highest number of quitters in the North East. However, some of the most deprived wards have smoking rates nearly double the Stockton average. In line with national trends, 2013/14 performance is below target so far. However reduction in quitters from the smoking cessation service is below the national trend of approx. 13%: quitters in Q3 fell to 321. Quits increased in Q4 (431 completions), with a total of 1522 quitters in 2013/14. Data based on 2012/13 estimates shows variation across wards in setting quit dates (23.5% in Norton South to 3.2% in Northern Parishes) and in quitting smoking (8.4% in Norton South to 1.2% in Northern Parishes). The patterns are not

necessarily associated with deprivation e.g. 8.1% of people in Bishopsgarth & Elmtree who set a date, successfully quit.

Action
National and local downturn in quitters is believed to be due to the impact of electronic cigarettes and other alternatives to the smoking cessation service. National work continues to understand this. Locally, the stop smoking service is being intensively promoted; and additional funding is available for bids to encourage service uptake. The Stop Smoking Service is currently out to tender and work is ongoing to increase support e.g. through contracts with the hospital trust. Further analysis of ward data is underway to understand the patterns and underlying reasons for quit rates.

- The proportion of people who successfully completed treatment and did not re-present within 6 months has improved from 3.9% of the opiate-using caseload (2010), to 4.6% in Q4 2013/14. For non-opiates, performance fell from the 2010 baseline of 40.1% to 31.4%.

Action
The above pattern is in line with Public Health's focus on opiate clients, particularly those in treatment for four years or more. The reduced number of non-opiate clients in treatment is due to a reduction in referrals, particularly via arrest referral (which is reducing throughput of less complex non-opiate cases). Public Health is working with treatment providers to develop new sources of referral but fewer drug-related arrests and the new arrest referral process are likely to keep new non-opiate referrals below recent levels. Q1 2014/15 data is not yet available.

- Self-reported wellbeing is above regional levels (PHOF data). In 2011/12, Stockton-On-Tees had significantly more adults with depression than England (17.3% and 11.7%, respectively) (NEPHO data, 2013). 2012 figures indicate Stockton has a higher rate for suicide and undetermined injury deaths than the national average, but below that of the North East. Admissions for suicide and self-harm among young people is higher than the England average.

Action
Targeted training is available for specific teams to recognise self-harm in Children, Young People and Adults. A range of services are available for people requiring mental health and wellbeing support, including IAPT (Improving Access to Psychological Therapies); Primary and Secondary Mental Health Services; and Targeted Mental Health in Schools. The VCS has a significant role through e.g. MIND and through community engagement projects which improve wellbeing and reduce isolation. A Tees Suicide Prevention Task Force and action plan are in place and since 2011, an early alert system has allowed 'real time' alert to potential suicide deaths. Work is ongoing to coordinate the support 'offer', reduce stigma and understand the increased admission rates for children and young people.

- Mortality rates for chronic liver disease are in decline for the Borough and are below the North East average but remain higher than the England average (17 per 100,000 for males and 7.5 per 100,000 for females, based on 2011 data). This pattern is reflected in under 18 admissions to hospital for alcohol specific conditions (latest data 2008/10: Stockton rate is 61 per 100,000 population). Total wholly related alcohol admissions for adults declined during 2012/13 (**Appendix 2**). 2013/14 admission data is not currently available since the changes in NHS architecture through the

Health and Social Care Act. The number of adults admitted to hospital with alcohol specific conditions is in decline.

Action
Stockton Borough has a multiagency alcohol action plan covering prevention, treatment and control, including: intervention and brief advice training for the adult and children's workforce; the SAFE project in North Tees A&E between Youth Direction, Public Health and Lifeline to offer advice, information support and signposting; and workforce training on Foetal Alcohol Spectrum Disorder.

- At Q1 2014/15, 408 people were using the domestic abuse support services, comprising a high number aged 19-35 years old and renting through social or private landlords. Referral rates from the most deprived wards are significantly higher than for more affluent areas: Newtown accounts for 11% of referrals alone. Numbers of domestic abuse victims appear to have remained constant over the last couple of years and this will continue to be monitored.

Action
A new service was commissioned by Public Health in 2014 and further work will be implemented to provide support to victims and perpetrators through the new service. Since recommissioning, there have been referrals from a broad range of agencies with the Police, social services and self-referral accounting for approximately 50%. A new database has been introduced and work is underway to refine and expand data collection.

10. **Health protection**
    - Latest national (2012) data shows 72% of all sexually transmitted infections (STI) diagnoses in Stockton were in young people aged 15-24. Local data (2013) shows the Chlamydia diagnosis rate (3,310 per 100,000 15-24yr olds) is the second highest in the region.
    - The most recently available (2013) under-18 conception rate for Stockton was 38.5 per 1,000 15-17yr olds (June 2013 provisional data), which equates to an actual number of 32 conceptions in that quarter. This rate is higher than the North East average rate (32.1) and the England average (25.2) but a reduction on the local 2012 rate of 40. **Appendix 3** shows rates for the Borough have fluctuated since 1998; and the highest rates are in areas of greater deprivation. The 'hotspot wards' where rates are significantly higher than the England average are Hardwick, Billingham South, Newtown, Norton North, Norton South, Stockton Town Centre and Mandale and Victoria. Abortion rates (1998-2012) have not declined as steeply as maternity rates. Under-16 conception rates have fluctuated over time and are now comparable with the North East but higher than England: Stockton (2012) 8.7 per 1,000 (i.e. 29 conceptions that year); North East 8.4; England 5.6.

Action
Chlamydia screening work focusses on increased targeting of high-risk groups and on increasing access to testing through. A Stockton Borough sexual health action plan is being compiled following the recent health needs assessment, to cover the whole population but with particular focus on young people. This will include the development of outreach services. The process of reviewing current sexual health service provision against the contract is due to commence shortly, which will shape future service models.

- The latest national picture (PHOF 2012/13 data) shows 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).

- When looking at local trend data over the past year (**Appendix 4**), the uptake of most vaccinations has remained relatively stable, except for a decrease in MMR 1st dose uptake in Q4 2013/14. MMR 2nd dose vaccinations in Stockton Borough have also declined in Q4 2013/14 and are below the target level.
- There is variation in vaccination uptake between wards across Stockton Borough, not always associated with levels of deprivation (**Appendix 5**).
- Stockton Local Authority area is often compared with Redcar and Cleveland (R&C) Local Authority area, due to the broadly similar demographic picture. Trends show higher vaccine uptake overall in Stockton Borough compared to R&C at 12 months; and broadly similar uptake at 24 months (Men C is slightly lower over time than R&C). At 60 months (**Appendix 6**), Stockton Borough's uptake is higher for DT/Pol and broadly the same for Men C. The trend for MMR 2nd dose in Stockton does not show the increase that R&C has seen.

Action
The NHS Area Team is developing plans to increase uptake of immunisation programmes and the CCG is targeting groups to increase flu vaccination uptake. Local apparent decrease in MMR 1st and 2nd dose vaccine uptake may be due to cohort effect, though Area Team plans will look at the drop-off between MMR 1st dose uptake and 2nd dose uptake. Further support of Board members in encouraging vaccination uptake across wards would be welcomed, in-line with the Area Team's plans. For example, MMR 1st dose uptake varies from 85.71% uptake in Bishopsgarth and Elm Tree ward, to 100% in many other wards including areas of relative deprivation such as Parkfield and Oxbridge ward, and Billingham East ward. Cross-Borough learning could inform plans to improve local uptake.

- GP cancer profiles (**Appendix 7**) highlight the differences in cancer screening uptake between wards. For Q4 2013/14, breast and bowel screening uptake is higher than the England average in Norton. The bowel cancer screening rate could still be improved (as could rates nationally) and cervical cancer screening uptake (73.5%) is similar to the England average (highest uptake in England is 91.6%). Cervical and bowel screening uptake in Queens Park Medical Centre (Town Centre) is at the England average; breast screening uptake is significantly lower than the England average. Uptake of all screening in Stockton NHS Healthcare Centre (Hardwick) is significantly lower than the England average, or with very small numbers – likely to be due to a data recording / reporting issue.

Action
Understanding the reasons behind variation between practices is important and may not always be solely linked to deprivation e.g. cervical cancer screening uptake is low across the Borough. Cultural factors may have an impact, though potentially not as great as assumed e.g. cervical screening uptake is higher in Queens Park Medical Centre than in the Hardwick practice, despite a greater BME population in the Town Centre ward. Public Health and the CCG are scoping a project to use the MOSAIC tool and GP screening data, to effectively target messages and interventions where uptake is low (piloting in 4 or 5 practices initially).

11. **Healthcare and premature mortality**
    - PHOF data shows that both mortality from both preventable causes and communicable disease is lower than the region (2010/12 data): 205.9 per 100,000

compared to 226.9; and 59.5 per 100,000 compared to 71.3 respectively. Emergency readmissions within 30 days of discharge from hospital (11.6%) are lower than the region (12.7%).

- Health Checks: **Appendix 8** shows the proportion of eligible patients in the Borough receiving the NHS Health Check in Q1 2014/15 (56%). Uptake of assessment is higher in the wards of greater deprivation (66%).
- Lung Check: **Appendix 9** shows that 87% of the eligible population in Stockton Borough were assessed for COPD at Q1 2014/15. Of these, 12.9% were diagnosed with COPD who are unlikely to have otherwise received a diagnosis. **Appendix 9** also shows the greatest proportion of the eligible population screened and diagnosed, were from the most deprived areas in the Borough.

Action being taken: Though the national indicators show significantly better performance than the region regarding preventable mortality and communicable disease; further analysis shows that overarching figures mask inequality. Preventable mortality is higher in more vulnerable groups. NHS Health Checks are a universal intervention; however, historical uptake has been lower in groups with the most cardiovascular disease, stroke and diabetes i.e. areas of greater deprivation. Public Health has been working with primary care to implement contractual arrangements that particularly encourage assessment of the most vulnerable. These arrangements are proving successful in increasing uptake in these target groups and will support the Board's work to reduce inequalities across the Borough.

A similar contractual arrangement is in place to increase Lung Check uptake and Chronic Obstructive Pulmonary Disease (COPD) diagnosis in the areas of greatest deprivation. Work will continue to further increase uptake and strengthen links between the Lung Check and Stop Smoking Service and between the Stop Smoking Service and other services.

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.

CONSULTATION

11. 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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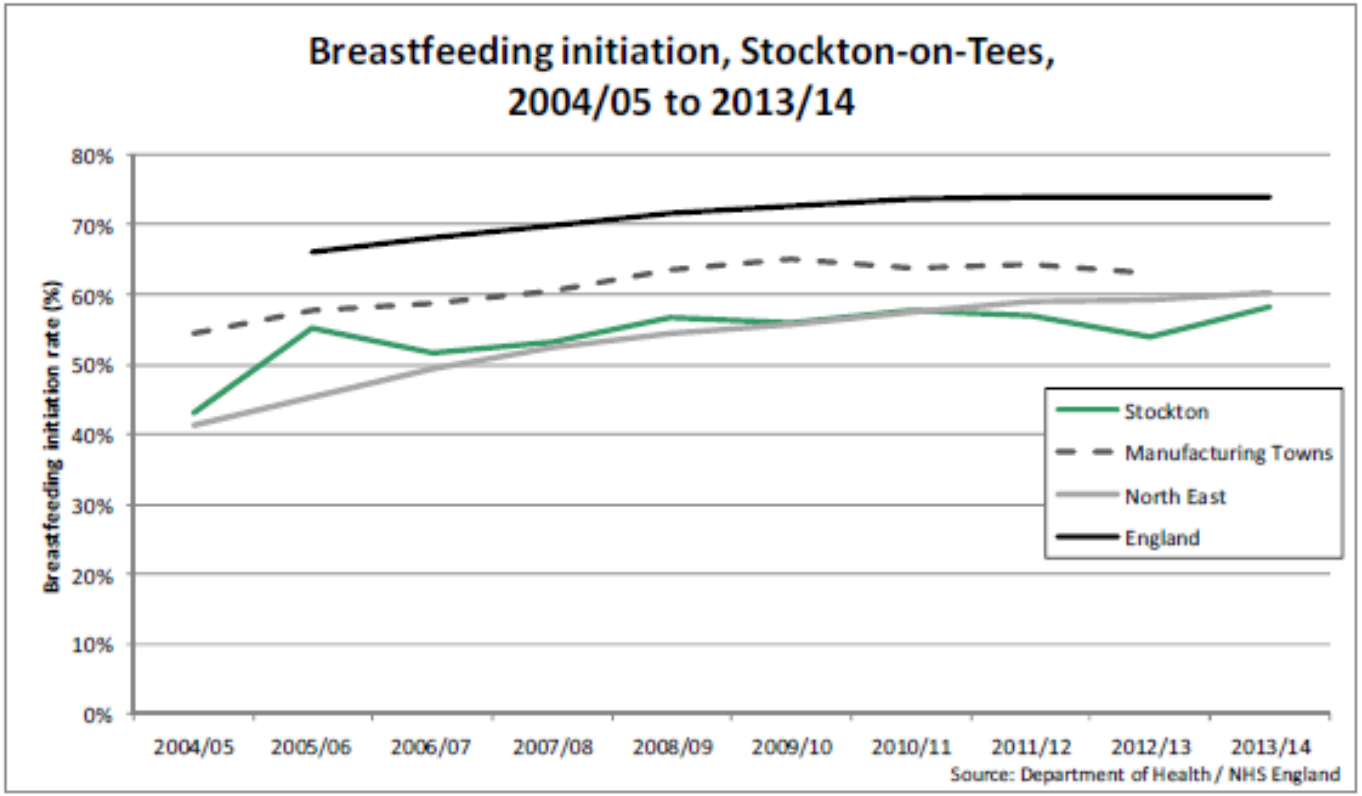
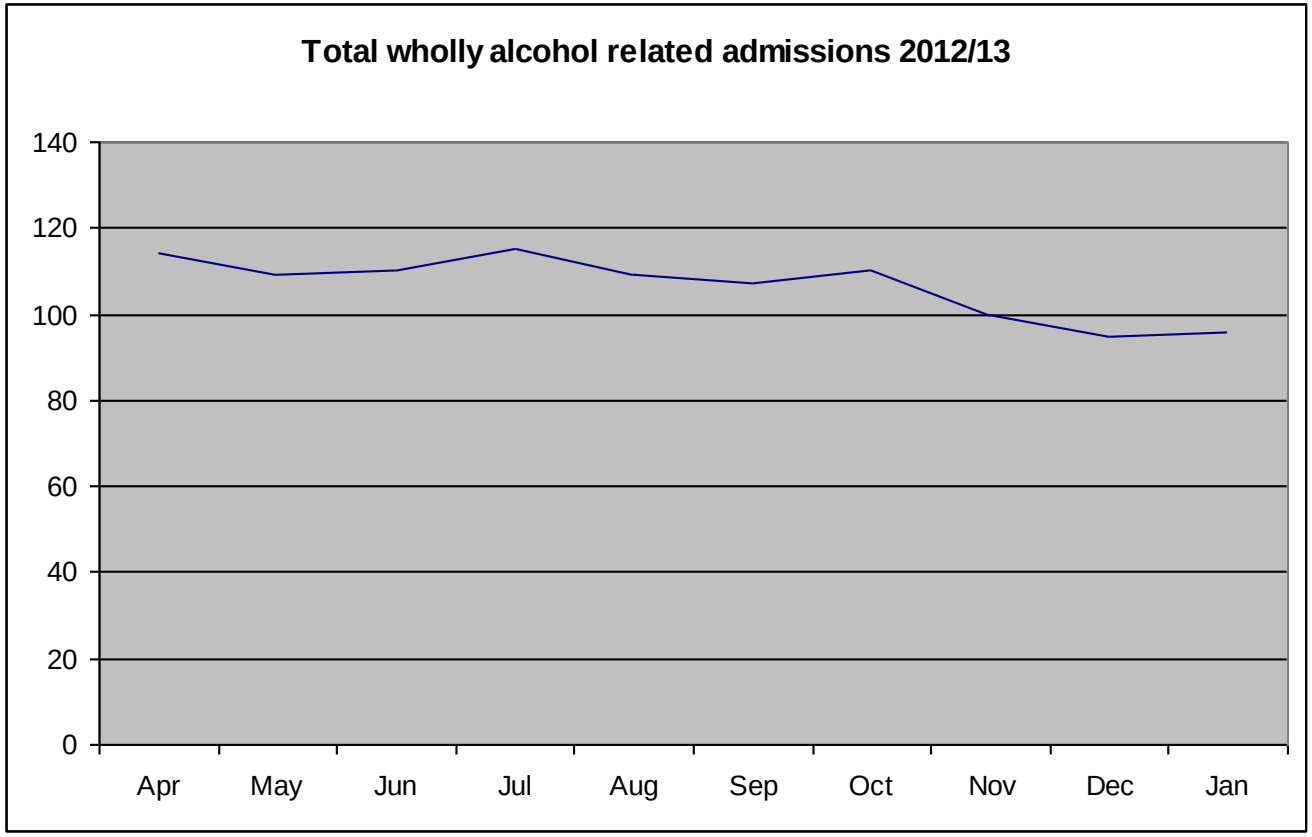
APPENDICES

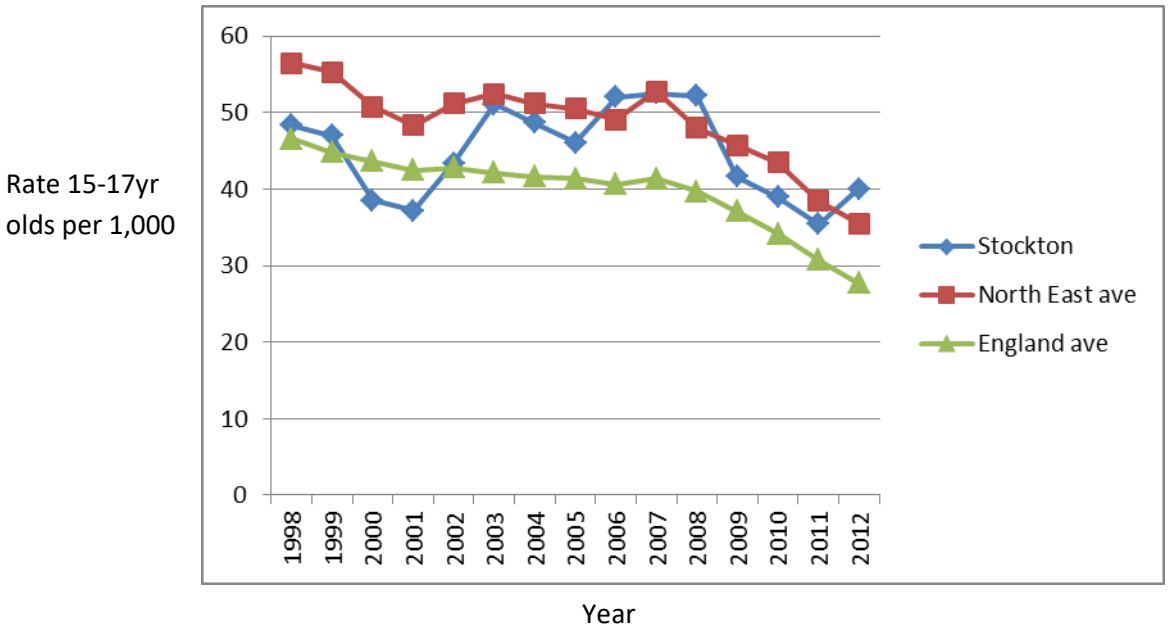
Appendix 1: Breastfeeding initiation trends 2004/05-2013/14 Stockton Borough



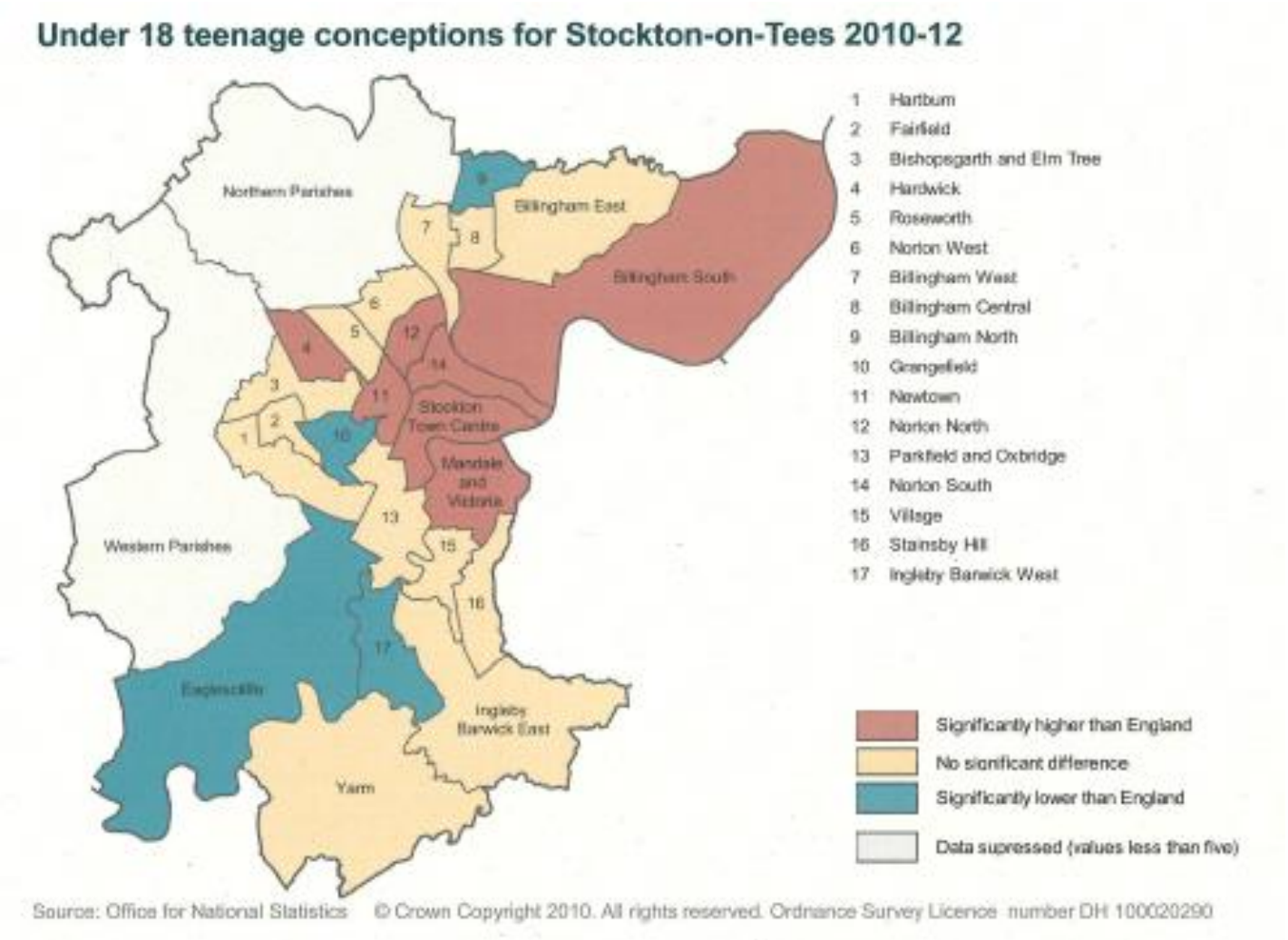
Appendix 2: Total wholly alcohol related admissions 2012/13



Appendix 3a: Under 18 conceptions in Stockton Borough 1998-2012



Appendix 3b: Under 18 conceptions in Stockton Borough by ward, 2010-2012



Appendix 4: Childhood Immunisations Stockton Borough: 2013/14

Key: Green = >95% coverage; Yellow = 90-95% coverage; Red = <90% coverage

		Quarter 1 2013-14			Quarter 2 2013-14			Quarter 3 2013-14			Quarter 4 2013-14			TOTALS 2013-14		
Stockton on Tees	**12 month cohort**	Eligible	Immunised		Eligible	Immunised		Eligible	Immunised		Eligible	Immunised		Eligible	Immunised	
	DtaP/IPV/Hib *Primary*	624	603	96.63%	615	587	95.45%	577	546	94.63%	601	578	96.17%	2417	2314	95.74%
	Men C *Infant*	624	600	96.15%	615	582	94.63%	577	531	92.03%	601	591	98.34%	2417	2304	95.32%
	PCV *Infant*	624	594	95.19%	615	582	94.63%	577	546	94.63%	601	570	94.84%	2417	2292	94.83%
	24 month cohort															
	DtaP/IPV/Hib *Primary*	637	617	96.86%	625	606	96.96%	627	605	96.49%	589	577	97.96%	2478	2405	97.05%
	MMR *1st dose*	637	598	93.88%	625	591	94.56%	627	591	94.26%	589	563	95.59%	2478	2343	94.55%
	Men C *Infant*	637	605	94.98%	625	594	95.04%	627	588	93.78%	589	562	95.42%	2478	2349	94.79%
	HiB/Men C *Booster*	637	601	94.35%	625	587	93.92%	627	589	93.94%	589	560	95.08%	2478	2337	94.31%
	PCV *Booster*	637	599	94.03%	625	590	94.40%	627	597	95.22%	589	557	94.57%	2478	2343	94.55%
	5 year cohort															
	DT/Pol *(Primary)*	679	662	97.50%	644	624	96.89%	569	555	97.54%	574	562	97.91%	2466	2403	97.45%
	DTaP/IPV *(Booster)*	679	618	91.02%	644	589	91.46%	569	526	92.44%	574	524	91.29%	2466	2257	91.52%
	Pertussis *(Primary)*	679	662	97.50%	644	624	96.89%	569	556	97.72%	574	563	98.08%	2466	2405	97.53%
	HiB *(Infant)*	679	658	96.91%	644	624	96.89%	569	555	97.54%	574	561	97.74%	2466	2398	97.24%
	Men C *(Infant)*	679	652	96.02%	644	617	95.81%	569	533	93.67%	574	557	97.04%	2466	2359	95.66%
	HiB/Men C *Booster*	679	634	93.37%	644	599	93.01%	569	544	95.61%	574	546	95.12%	2466	2323	94.20%
	MMR *1st dose*	679	656	96.61%	644	624	96.89%	569	530	93.15%	574	524	91.29%	2466	2334	94.65%
	MMR *2nd dose*	679	614	90.43%	644	590	91.61%	569	521	91.56%	574	509	88.68%	2466	2234	90.59%
	PCV *Infant*	679	636	93.67%	644	601	93.32%	569	534	93.85%	574	539	93.90%	2466	2310	93.67%
	PCV *Booster*	679	631	92.93%	644	595	92.39%	569	528	92.79%	574	531	92.51%	2466	2285	92.66%

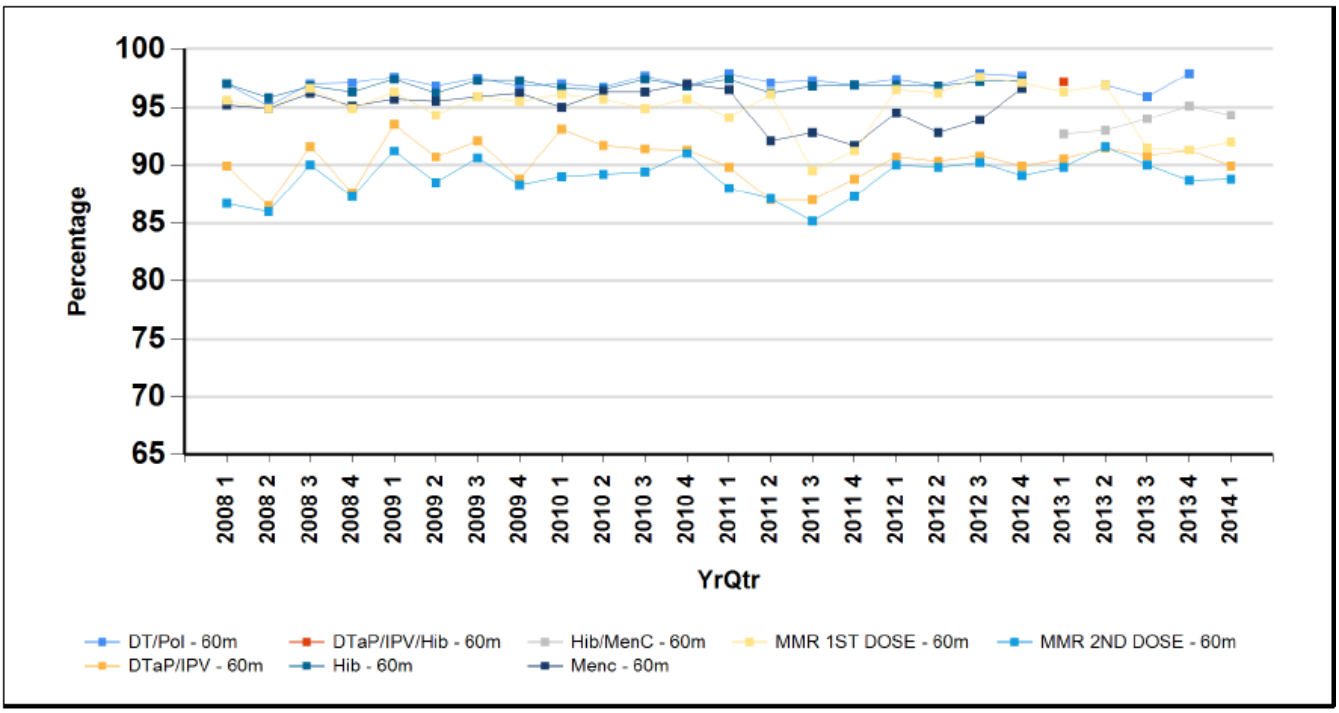
DtaP = Diptheria, Tetanus & Polio; IPV = Inactivated Polio Vaccine; HiB = Haemophilus influenzae type b; Men C = Meningitis C; PCV = Pneumococcal conjugate vaccine; DT = Diptheria; Pol = Polio; MMR = Measles, Mumps & Rubella

Appendix 5: Childhood Immunisations at 60 months: Ward-level data Q4 2013/14 (Shading = number of children <6)

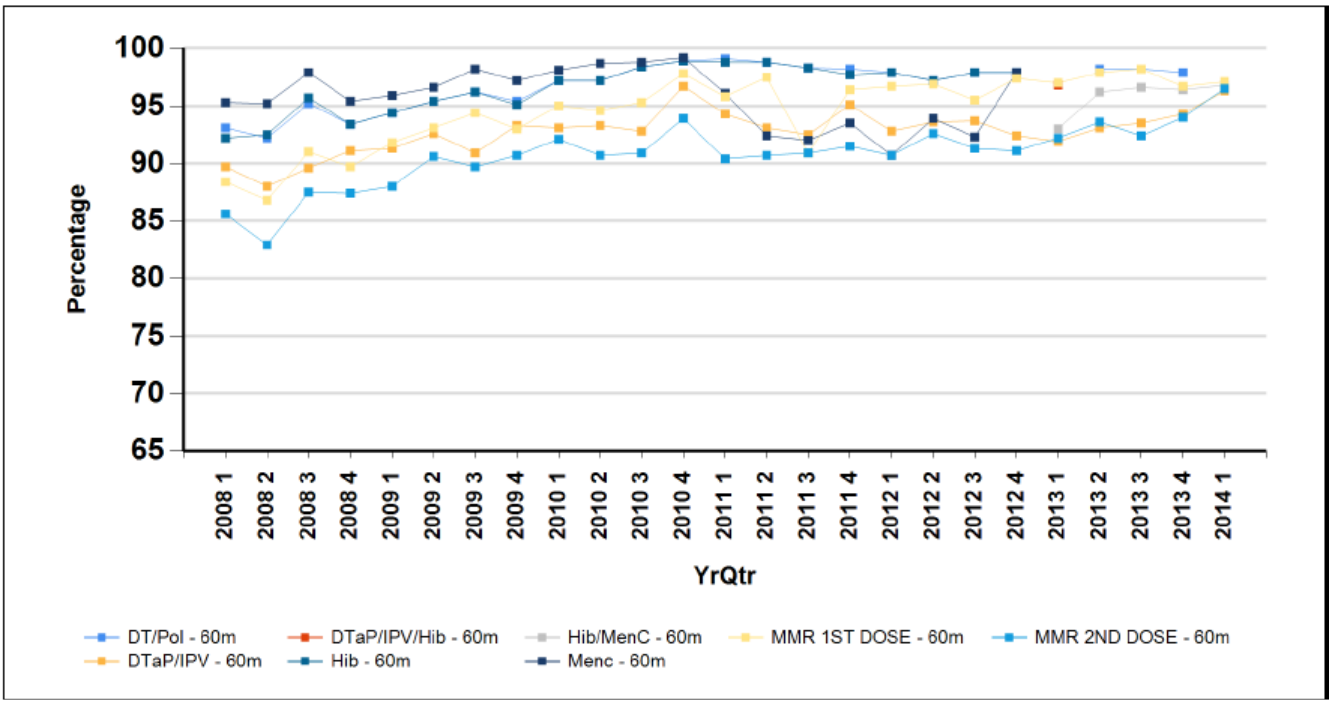
Ward	Number of children reaching the age of 5Y between 01/04/2014 and 31/07/2014	DT/PoI *Primary*		DTaP/IPV *Booster*		Pertussis *Primary*		Hib *Infant*		MenC *Infant*		Hib/MenC *Booster*		MMR *1st dose*		MMR *2nd dose*		PCV *Infant*		PCV *Booster*	
	n	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Billingham Central	33	33	100.00%	33	100.00%	33	100.00%	33	100.00%	33	100.00%	33	100.00%	33	100.00%	32	96.97%	33	100.00%	32	96.97%
Billingham East	21	20	95.24%	18	85.71%	20	95.24%	20	95.24%	19	90.48%	20	95.24%	20	95.24%	18	85.71%	18	85.71%	20	95.24%
Billingham North	13	13	100.00%	12	92.31%	13	100.00%	13	100.00%	13	100.00%	13	100.00%	13	100.00%	11	84.62%	13	100.00%	13	100.00%
Billingham South	19	19	100.00%	17	89.47%	19	100.00%	19	100.00%	19	100.00%	18	94.74%	18	94.74%	16	84.21%	19	100.00%	19	100.00%
Billingham West	11	11	100.00%	11	100.00%	11	100.00%	11	100.00%	10	90.91%	9	81.82%	10	90.91%	10	90.91%	10	90.91%	10	90.91%
Bishopsgarth and Elm Tree	18	18	100.00%	13	72.22%	18	100.00%	18	100.00%	18	100.00%	18	100.00%	15	83.33%	13	72.22%	17	94.44%	17	94.44%
Eaglescliffe	25	25	100.00%	23	92.00%	25	100.00%	25	100.00%	25	100.00%	24	96.00%	24	96.00%	23	92.00%	24	96.00%	25	100.00%
Fairfield	14	13	92.86%	14	100.00%	14	100.00%	13	92.86%	14	100.00%	13	92.86%	14	100.00%	14	100.00%	14	100.00%	14	100.00%
Grangefield	19	19	100.00%	18	94.74%	19	100.00%	19	100.00%	19	100.00%	18	94.74%	18	94.74%	18	94.74%	19	100.00%	18	94.74%
Hardwick	40	38	95.00%	34	85.00%	38	95.00%	38	95.00%	36	90.00%	35	87.50%	34	85.00%	33	82.50%	33	82.50%	35	87.50%
Hartburn	17	17	100.00%	15	88.24%	17	100.00%	17	100.00%	17	100.00%	15	88.24%	15	88.24%	14	82.35%	16	94.12%	13	76.47%
Ingleby Barwick East	31	30	96.77%	29	93.55%	30	96.77%	30	96.77%	29	93.55%	30	96.77%	29	93.55%	29	93.55%	29	93.55%	29	93.55%
Ingleby Barwick West	41	40	97.56%	38	92.68%	40	97.56%	40	97.56%	40	97.56%	41	100.00%	39	95.12%	39	95.12%	41	100.00%	39	95.12%
Mandale and Victoria	36	33	91.67%	29	80.56%	33	91.67%	32	88.89%	32	88.89%	34	94.44%	32	88.89%	32	88.89%	32	88.89%	27	75.00%
Newtown	29	28	96.55%	27	93.10%	28	96.55%	28	96.55%	28	96.55%	28	96.55%	28	96.55%	26	89.66%	27	93.10%	26	89.66%
Northern Parishes	11	10	90.91%	10	90.91%	10	90.91%	10	90.91%	10	90.91%	9	81.82%	10	90.91%	10	90.91%	10	90.91%	9	81.82%
Norton North	27	27	100.00%	22	81.48%	27	100.00%	27	100.00%	26	96.30%	25	92.59%	24	88.89%	21	77.78%	25	92.59%	24	88.89%
Norton South	17	16	94.12%	16	94.12%	16	94.12%	16	94.12%	16	94.12%	16	94.12%	15	88.24%	15	88.24%	16	94.12%	15	88.24%
Norton West	13	13	100.00%	13	100.00%	13	100.00%	13	100.00%	13	100.00%	13	100.00%	13	100.00%	13	100.00%	13	100.00%	13	100.00%
Parkfield and Oxbridge	31	26	83.87%	26	83.87%	26	83.87%	26	83.87%	25	80.65%	26	83.87%	27	87.10%	26	83.87%	24	77.42%	27	87.10%
Roseworth	32	31	96.88%	29	90.63%	31	96.88%	31	96.88%	31	96.88%	31	96.88%	28	87.50%	28	87.50%	28	87.50%	29	90.63%
Rural West																					
Stainsby Hill	20	19	95.00%	18	90.00%	19	95.00%	19	95.00%	19	95.00%	19	95.00%	17	85.00%	17	85.00%	18	90.00%	18	90.00%
Stockton Town Centre	15	14	93.33%	10	66.67%	14	93.33%	14	93.33%	14	93.33%	12	80.00%	12	80.00%	10	66.67%	13	86.67%	11	73.33%
Unknown	44	44	100.00%	43	97.73%	44	100.00%	44	100.00%	44	100.00%	44	100.00%	43	97.73%	43	97.73%	44	100.00%	44	100.00%
Village	17	17	100.00%	15	88.24%	17	100.00%	17	100.00%	17	100.00%	15	88.24%	15	88.24%	15	88.24%	16	94.12%	16	94.12%
Western Parishes																					
Yarm	15	15	100.00%	14	93.33%	15	100.00%	15	100.00%	15	100.00%	15	100.00%	14	93.33%	14	93.33%	15	100.00%	15	100.00%
TOTALS																					

Appendix 6: Childhood Immunisations – Trend data 2008-2014

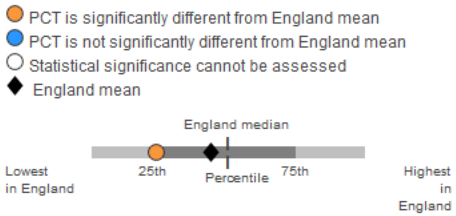
Stockton: 60 months



Redcar & Cleveland: 60 months



Appendix 7a: Cancer Screening: Q4 2013/14
Norton Medical Centre (Norton North ward)



									Practice rates or proportion in CCG/PCT		
Section	#	Indicator	Practice indicator value	Practice indicator rate or proportion	Lower 95% Confidence Limit	Upper 95% Confidence Limit	CCG/PCT mean	England mean	Lowest Practice	Range	Highest Practice
Demographics	1	Practice Population aged 65+ (% of population in this practice aged 65+)	3190	18.6 %	18.1 %	19.2 %	16.7 %	16.7 %	8.3 %		27.2 %
	2	Socio-economic deprivation, "Quintile 1" = affluent (% of population income deprived)	Quintile4	17.2 %	16.6 %	17.7 %	19.0 %	15.1 %	5.8 %		38.2 %
	3	New cancer cases (Crude incidence rate: new cases per 100,000 population)	99	578	470	704	532	479	243		922
	4	Cancer deaths (Crude mortality rate: deaths per 100,000 population)	52	304	227	398	243	230	138		419
	5	Prevalent cancer cases (% of practice population on practice cancer register)	371	2.2 %	2.0 %	2.4 %	1.8 %	1.9 %	1.1 %		2.6 %
Cancer screening	6	Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	1844	81.5 %	79.8 %	83.0 %	71.0 %	72.1 %	51.1 %		82.5 %
	7	Females, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %)	1737	77.4 %	75.6 %	79.1 %	74.7 %	73.3 %	42.9 %		83.4 %
	8	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	3057	73.5 %	72.1 %	74.8 %	73.7 %	74.0 %	63.9 %		91.6 %
	9	Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)	1223	61.2 %	59.0 %	63.3 %	57.8 %	58.8 %	43.8 %		67.7 %
	10	Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %)	658	60.5 %	57.6 %	63.4 %	56.9 %	58.7 %	39.6 %		65.8 %

Appendix 7b: Cancer Screening Q4 2013/14

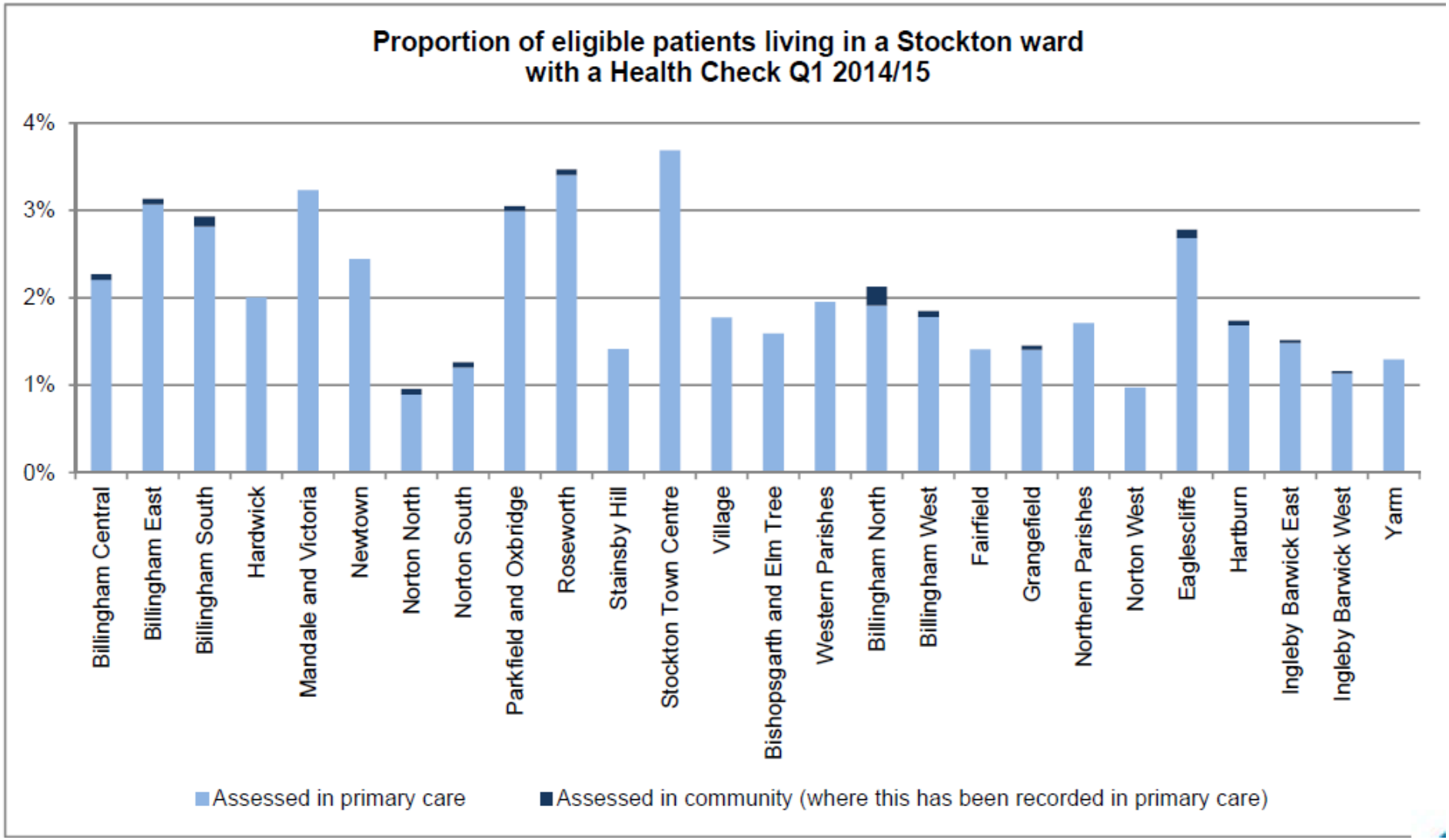
Queens Park Medical Centre (Stockton Town Centre ward)

									Practice rates or proportion in CCG/PCT		
Section	#	Indicator	Practice indicator value	Practice indicator rate or proportion	Lower 95% Confidence Limit	Upper 95% Confidence Limit	CCG/PCT mean	England mean	Lowest Practice	Range	Highest Practice
Demographics	1	Practice Population aged 65+ (% of population in this practice aged 65+)	3971	19.7 %	19.2 %	20.3 %	16.7 %	16.7 %	8.3 %		27.2 %
	2	Socio-economic deprivation, "Quintile 1" = affluent (% of population income deprived)	Quintile4	19.8 %	19.2 %	20.3 %	19.0 %	15.1 %	5.8 %		38.2 %
	3	New cancer cases (Crude incidence rate: new cases per 100,000 population)	144	714	602	841	532	479	243		922
	4	Cancer deaths (Crude mortality rate: deaths per 100,000 population)	57	283	214	366	243	230	138		419
	5	Prevalent cancer cases (% of practice population on practice cancer register)	434	2.2 %	2.0 %	2.4 %	1.8 %	1.9 %	1.1 %		2.6 %
Cancer screening	6	Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	1864	66.3 %	64.5 %	68.0 %	71.0 %	72.1 %	51.1 %		82.5 %
	7	Females, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %)	< 6	< 6	n/a	n/a	74.7 %	73.3 %	42.9 %		83.4 %
	8	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	3548	74.7 %	73.5 %	75.9 %	73.7 %	74.0 %	63.9 %		91.6 %
	9	Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)	1392	58.1 %	56.2 %	60.1 %	57.8 %	58.8 %	43.8 %		67.7 %
	10	Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %)	691	56.6 %	53.8 %	59.3 %	56.9 %	58.7 %	39.6 %		65.8 %

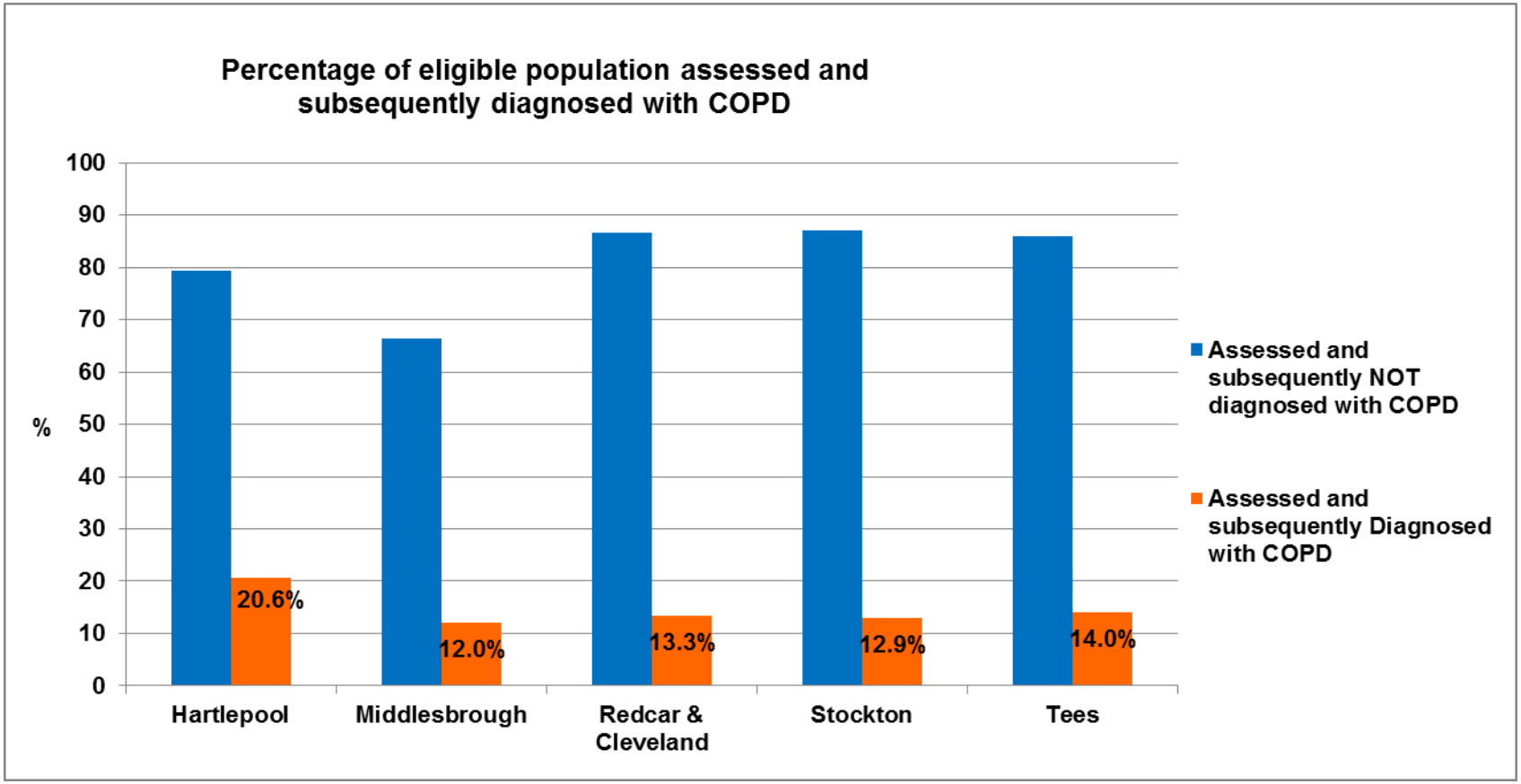
Appendix 7c: Cancer Screening Q4 2013/14
Stockton NHS Healthcare Centre (Hardwick ward)

									Practice rates or proportion in CCG/PCT		
Section	#	Indicator	Practice indicator value	Practice indicator rate or proportion	Lower 95% Confidence Limit	Upper 95% Confidence Limit	CCG/PCT mean	England mean	Lowest Practice	Range	Highest Practice
Demographics	1	Practice Population aged 65+ (% of population in this practice aged 65+)	134	8.3 %	7.0 %	9.7 %	16.7 %	16.7 %	8.3 %		27.2 %
	2	Socio-economic deprivation, "Quintile 1" = affluent (% of population income deprived)	Quintile5	29.7 %	27.5 %	32.0 %	19.0 %	15.1 %	5.8 %		38.2 %
	3	New cancer cases (Crude incidence rate: new cases per 100,000 population)	< 6	< 6	n/a	n/a	532	479	243		922
	4	Cancer deaths (Crude mortality rate: deaths per 100,000 population)	< 6	< 6	n/a	n/a	243	230	138		419
	5	Prevalent cancer cases (% of practice population on practice cancer register)	21	1.4 %	0.9 %	2.1 %	1.8 %	1.9 %	1.1 %		2.6 %
Cancer screening	6	Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	68	51.1 %	42.7 %	59.5 %	71.0 %	72.1 %	51.1 %		82.5 %
	7	Females, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %)	< 6	< 6	n/a	n/a	74.7 %	73.3 %	42.9 %		83.4 %
	8	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	251	63.9 %	59.0 %	68.5 %	73.7 %	74.0 %	63.9 %		91.6 %
	9	Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)	45	46.4 %	36.8 %	56.3 %	57.8 %	58.8 %	43.8 %		67.7 %
	10	Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %)	21	40.4 %	28.2 %	53.9 %	56.9 %	58.7 %	39.6 %		65.8 %

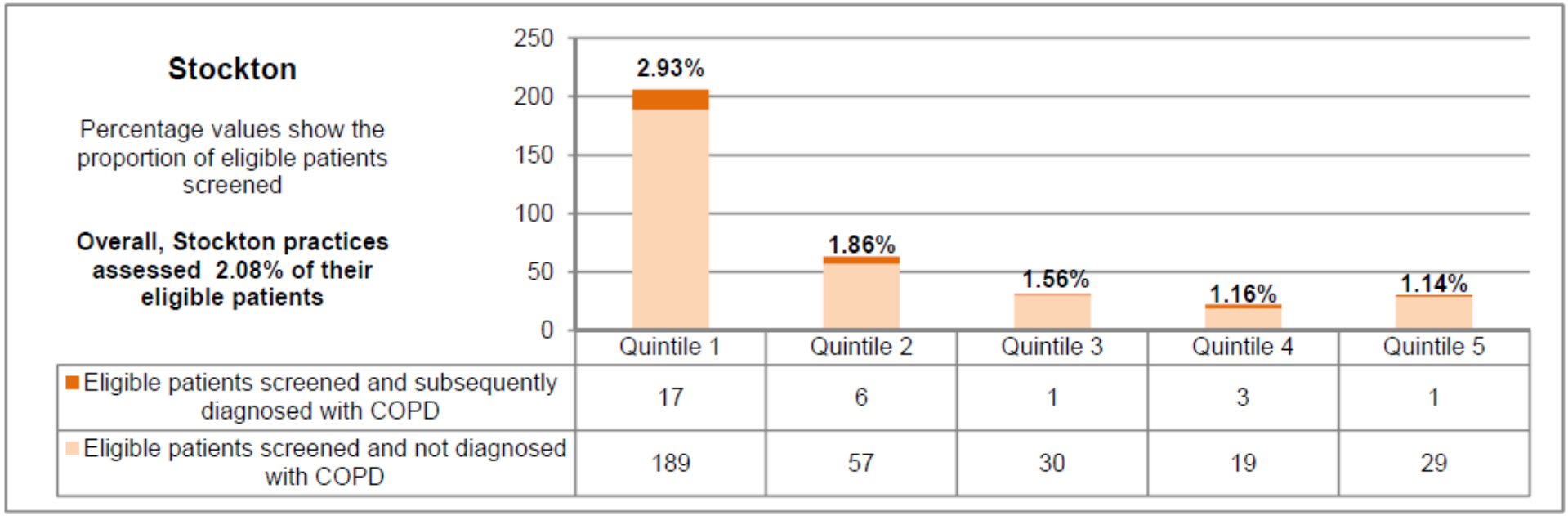
Appendix 8: NHS Health Checks uptake Q1 2014/15



Appendix 9a: Lung Check: Q1 2014/15 data – Diagnosis following the Check



Appendix 9b: Lung Check: Q1 2014/15 data – Targeting the Check



	Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5
Eligible patients screened and subsequently diagnosed with COPD	17	6	1	3	1
Eligible patients screened and not diagnosed with COPD	189	57	30	19	29