AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD / PARTNERSHIP

29TH JANUARY 2015
REPORT OF DIRECTOR OF PUBLIC HEALTH

PERFORMANCE UPDATE - JANUARY 2015

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 January 2015.

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. This is the quarterly performance update report to the Board, compiled on an exception basis as agreed. Key areas of performance are outlined, with some areas of good performance highlighted and some areas where improvement is required. This report covers Q3 data where available and the most recent data where Q3 data is unavailable. The report is shorter than the last quarterly report, as where no new data has become available since the last quarter, performance and narrative have not been duplicated.

2. A paper to the October Board meeting outlined a proposed approach for addressing inequalities, which was approved. This approach requires baseline data and progress monitoring on universal service provision and also on targeted activity for the most deprived decile. Work is underway to source this baseline data. This current report is a summary of most recently available local performance data for key indicators under the 'current' performance monitoring system.

3. 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.

4. **Life expectancy**
   - As highlighted in the previous performance report (October 2014), 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. An approach to addressing inequalities was agreed by the Board in October 2014. Work is underway to align strategic plans of partners to address inequalities in a coordinated way.

5. **Wider determinants of health**
   - In 2014, 50% of children were 'school ready' (as measured annually by overall Good Level of Development at Early Years Foundation Stage), compared to 56% in the North East and 60% in England. The local proportion has fluctuated over time (41% in 2013/14, 62% in 2012/13, 42% in 2011/12). Local performance has 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 325 per 100,000 for Stockton Borough in Q3 2014/15, compared to 179 in Q2 and 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.
   - 9.5% of 16-19yr olds were Not in Education, Employment or Training (NEET) in Q3 2014/15, compared to 7.9% in Q2 and 8.8% in Q1. There was 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.

   Action
   Early Help and prevention work is being coordinated across the Council's Children, Education and Social Care department (CESC) and SBC Public Health through the Early Help Strategy. An Implementation Group has been constituted and is currently looking at various models and options for coordinating Early Help services in order to implement the Strategy. Partners (VCS, Public Health, CESC and CCG) are engaging with the Fairer Start project to improve early years support and development.

6. **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. Q2 2014/15 data show a 50.89% rate compared to 50.42% in 2013/14 and 53.10% in 2011/12.
   - Breastfeeding at 6-8 weeks is increasing overall: 24.8% in 2012/13; 27.3% in 2013/14; 30.3% in Q1 2014/15 and 28.9% in Q2 2014/15. Rates vary between 17.8% in Rosebank Children's Centre area and 55.7% in Layfield Children's Centre area.

   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 is working with the CCG and HealthWatch to identify multi-agency solutions e.g. pathway work across midwifery, health visiting and Children's Centres.

- 2013/14 data shows childhood obesity prevalence was 9.2% at reception and 21.5% at year 6. The table below shows trends since 2010/11. Rates have fluctuated slightly but remained below 2011/12 figures.

	2010/11		**2011/12**		**2012/13**		**2013/14**	
Very	Rec.	Y 6	Rec.	Y 6	Rec.	Y 6	Rec.	Y 6
overweight	9.8%	20.7%	11%	22.1%	8.4%	20.0%	9.2%	21.5%

Action
Public Health has commissioned a new tier 2 Family Weight Management Service to commence in April 2015, which will work more closely with the school nursing service to provide support and follow up. The service will target families in the 20% most deprived wards in the Borough. Public Health is also developing a population approach with partners to raise awareness and promote brief interventions among partners, including in vulnerable groups, to reach people not currently in services.

- Nationally, there has been a reduction in quitters from smoking cessation services.
- Based on Q1 and Q2 2014/15 rates, Stockton Borough stop smoking service is in the top three Local Authorities in the North East for the number of smokers accessing the stop smoking service (4.63% of the smoking population, compared to 3.2% in the North East). It is also amongst highest performing nationally. The number of pregnant women quitting has remained steady compared to 2013/14 (18.2% of women smoked at time of delivery in 2013/14, compared to 18.1% in the North East and 12% in England).
- Stockton is in the top four Local Authorities in the North East showing the least reduction in the number of people accessing the stop smoking service, compared with the same quarter in 2013/14 (29.5% fewer people accessing the services). The North East average is 34.3% reduction in numbers accessing the service.
- Nearly 60% of Stockton Borough clients are from Routine and Manual groups, are unemployed, sick / disabled or are unpaid carers i.e. vulnerable groups which usually represent some of the most deprived communities.

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. Public Health has recently recommissioned North Tees & Hartlepool NHS Foundation Trust as the local stop smoking service provider, following a service review and tender process. Public Health will work with the service to make use of data and ensure the service continues to effectively target vulnerable populations; and to effectively promote the service to different population groups.

- The proportion of opiate users who successfully completed treatment and did not re-present within 6 months has improved from 4.6% (Q4 2013/14) and a baseline of 3.9% (2010), to 5.2% in Q3 2014/15. For non-opiates, performance fell from 31.4% (Q4 2013/14) and a baseline of 40.1% (2010) to 28.3% (Q3 2014/15).

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 significant reduction in referrals from custody following the re-

commissioning of the service in April, which has reduced the throughput of cocaine clients. Referrals into treatment have begun to increase since August 2014 but exits and the subsequent six month period to measure any re-presentation means the downturn is likely to negatively influence performance until after Q1 2015/16. Public Health is working with treatment providers to develop new sources of referral.

- 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. **Appendix 2** shows the number of admissions due to intentional self-harm in 18+yr olds and the variation between wards.
- Admissions for suicide and self-harm among young people is higher than the England average. **Appendix 3** shows the number of admissions due to intentional self-harm in under-18yr olds and the variation between wards.

Action
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. A Tees Suicide Prevention Task Force and action plan are in place. Work is ongoing to coordinate the support 'offer', reduce stigma and understand the increased admission rates for children and young people. Work for all age groups will need to be tailored to the level of ward need – numbers of admissions for self-harm are higher in wards of greater deprivation and this may be due to a range of factors such as increased financial pressures and co-existing conditions.

- The rate of hospital admissions with alcohol-related conditions (persons, all ages) was 2614 per 100,000 in 2011/12 and 2502 per 100,000 in 2012/13 (a reduction of 4.2%). However this is a broad measure and 'alcohol-related conditions' is broadly interpreted. A more accurate indicator of the direct impact of alcohol is hospital admissions wholly attributable to alcohol. 2012/13 data for this indicator is currently being confirmed due to apparent discrepancies in locally and national generated rates, which may be due to differences in calculation methods. **Appendix 4** shows data from 2008/09 onwards for both indicators. 2014/15 data is extrapolated from October 2014 data. This shows a further reduction in admissions (narrow measure) of 11% in 2013/14 but an increase in 2014/15 of 10% (based on April-October data).

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 Q2 2014/15, 467 people were using the domestic abuse support services (compared to 408 in Q1). Social services continue to make the highest proportion of referrals (36%), followed by self-referrals (20%). There are a total of 487 active caseloads up to Q2. The majority of clients are white British (79%) and are female (68%) and aged between 19 and 35 years old. 23 clients re-presented to the service within three months of discharge.

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; and work is ongoing with the service to ensure access by groups who need it. Trends will continue to be monitored to understand whether levels of re-presentation are typical of such a service.

7. **Health protection**
   - Local data (2013) shows the Chlamydia diagnosis rate is the second highest in the region (3,210 per 100,000 15-24yr olds in Stockton Borough compared to 2,545 per 100,000 in the North East).
   - The rate of new STI diagnoses (excluding Chlamydia, in <25yr olds, 2013) was 395 per 100,000 in Stockton Borough compared to 679 per 100,000 in the North East. HIV diagnosed prevalence (15-59yr olds, 2013) was 1.02 per 1,000 in Stockton Borough compared to 0.90 per 1,000 in the North East.
   - % of abortions under 10 weeks (2013) was 74.8% in Stockton Borough compared to 73.8% in the North East and 79.4% in England. Stockton is rated amber against the North East and red against England.

Action
Chlamydia screening work focusses on increased targeting of high-risk groups and on increasing access to testing. 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. Stockton Borough is not a high-risk area for HIV but monitoring this is still important. As part of the further development of sexual health services in the Borough, work will be needed to examine the abortion rates e.g. age of mother, rate of repeat abortions.

- When looking at local data over the past year (**Appendix 5**), the uptake of vaccinations has remained relatively stable between 2013/14 and 2014/15 to-date.
- There is variation in vaccination uptake between wards across Stockton Borough.

Action
The NHS Area Team is developing plans together with Public Health to increase uptake of immunisation programmes, particularly in vulnerable groups; and the CCG is targeting groups to increase flu vaccination uptake.

8. **Healthcare and premature mortality**
   - PHOF data shows that mortality from preventable causes is lower than the region (2011-13 data): 204.3 per 100,000 compared to 223.4. Mortality from communicable disease is lower than the region but not significantly so (2011-13 data): 62.9 per 100,000 compared to 66.8.
   - NHS Health Checks: 2317 eligible patients were invited to attend the Check in Q3 (2014/15) and 1027 (44%) were assessed through the primary care and community care setting against a 50% target. 30% of those eligible patients invited were from quintile 1 and 41.5% of those assessed were from quintile 1. **Appendix 6** shows the proportion of attendance for an NHS Health Check by ward.
   - Lung Check: 320 patients were assessed in Q3 with 30 patients (9.49%) diagnosed with COPD following the assessment. 46% of the eligible patients invited were from quintile 1 and amount those, 2.11% were diagnosed with COPD i.e. approximately

40% of the total new COPD diagnoses are from quintile 1. **Appendix 7** shows the service has successfully targeted the most deprived quintile. Since the Lung Health Check programme was introduced in 2013, new diagnoses of COPD have increased across Tees with a 64% increase by 2014 against the 2009 baseline.

Action being taken: Though the national indicators show significantly better performance than the region regarding preventable mortality; 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. Attendance by those in the most vulnerable groups compared to the rest of the population was slightly lower in Q3 than in Q2 but is still relatively good and higher than attendance by the quintile 5 population (the most affluent). The drop may be due to natural fluctuation in the figures. Work will continue to ensure attendance by those in the most vulnerable groups remains high.

The Lung Check is also set up to promote uptake and Chronic Obstructive Pulmonary Disease (COPD) diagnosis in the areas of greatest deprivation. Data shows this is successful and the service is increasing its success in this over time. Work will continue to further increase uptake and strengthen links between the Lung Check and the existing and newly commissioned Stop Smoking Service (commissioned from April 2015).

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 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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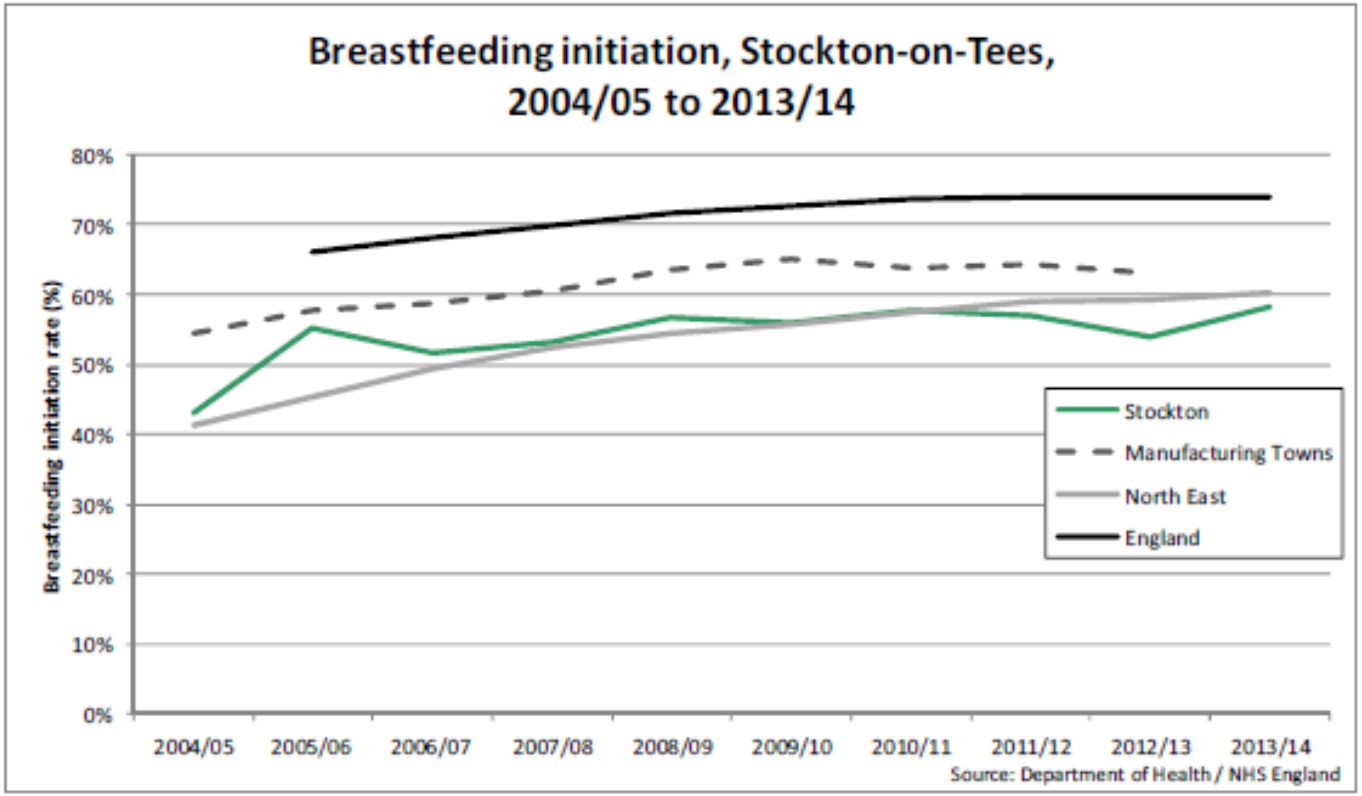
APPENDICES

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



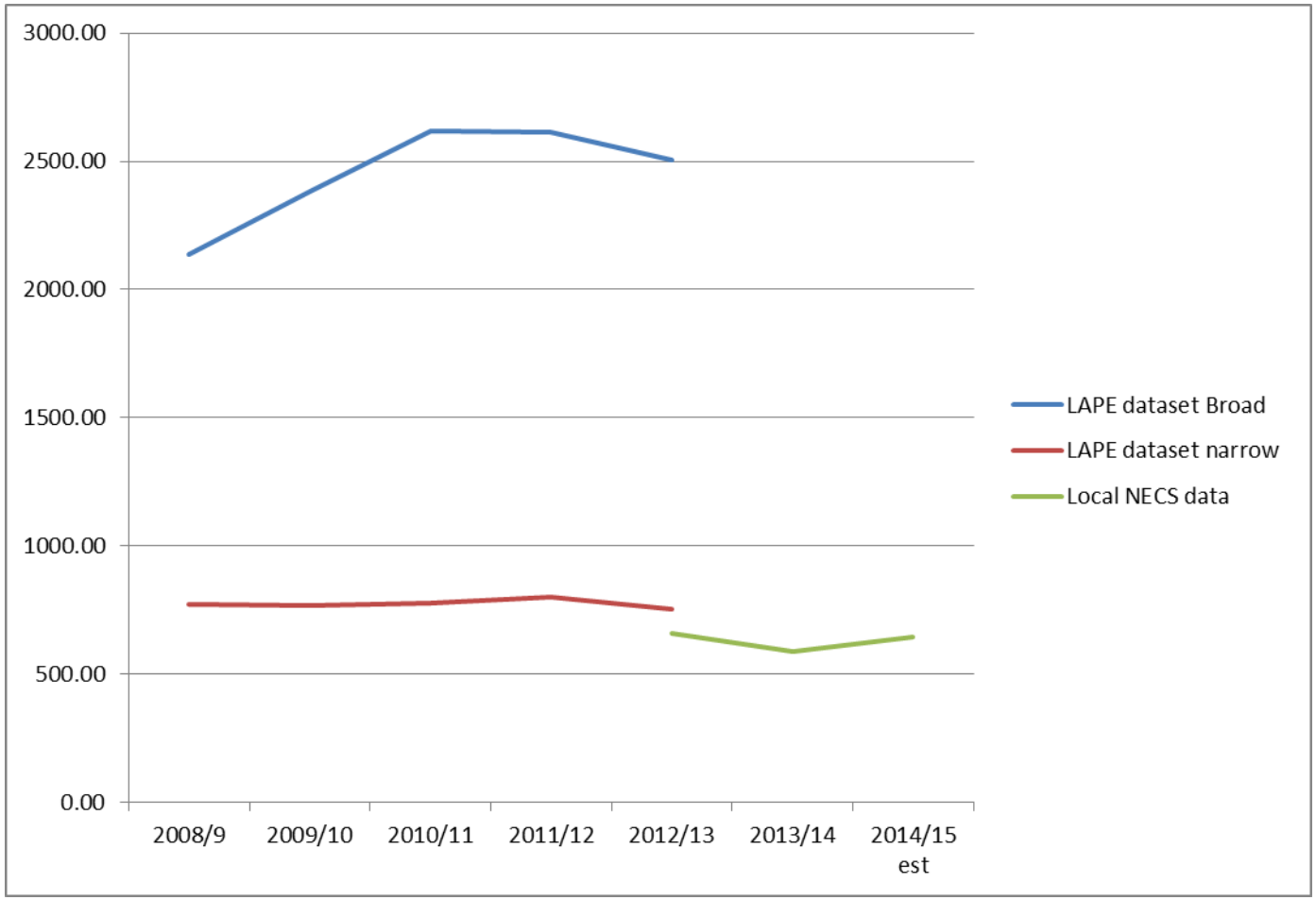
Appendix 2: Hospital admissions due to intentional self-harm in 18+yr olds, 2011/12 – 2013/14

Age	1112 Total	1213 Total	1314 Total	Grand Total
Stockton Town Centre	47	81	65	193
Hardwick	44	48	32	124
Newtown	43	41	34	118
Billingham East	51	33	24	108
Norton South	35	36	34	105
Mandale and Victoria	43	33	28	104
Parkfield and Oxbridge	36	30	34	100
Billingham Central	30	23	18	71
Village	18	25	22	65
Roseworth	25	24	12	61
Norton North	14	29	17	60
Billingham North	12	25	13	50
Stainsby Hill	19	14	12	45
Billingham South	15	14	9	38
Ingleby Barwick West	8	14	13	35
Grangefield	12	16	5	33
Bishopsgarth and Elm Tree	11	8	11	30
Ingleby Barwick East	11	11	5	27
Eaglescliffe	11	11	<5	25
Yarm	8	9	7	24
Hartburn	7	8	8	23
Billingham West	8	3	5	16
Fairfield	10	<5	<5	14
Norton West	<5	<5	<5	8
Western Parishes	<5	<5	<5	6
OTHER	12	8	<5	20
Grand Total	**535**	**553**	**415**	**1503**

Appendix 3: Hospital admissions due to intentional self-harm in <18yr olds, 2011/12 – 2013/14

	1112 Total	1213 Total	1314 Total	Grand Total
Stockton Town Centre	8	8	10	26
Mandale and Victoria	6	13	7	26
Newtown	8	<5	12	23
Hardwick	8	6	<5	17
Stainsby Hill	<5	5	6	15
Parkfield and Oxbridge	6	7	<5	15
Hartburn	5	<5	7	14
Norton North	6	<5	<5	12
Roseworth	<5	<5	6	11
Billingham Central	<5	<5	5	11
Village	<5	<5	6	10
Bishopsgarth and Elm Tree	5	<5	<5	10
Billingham South	<5	<5	<5	9
Eaglescliffe	<5	6	<5	9
Billingham North	<5	<5	<5	8
Billingham East	<5	<5	<5	7
Ingleby Barwick West	<5	<5	<5	7
Grangefield	<5	<5	<5	6
Ingleby Barwick East	<5	<5	<5	6
Fairfield		<5	<5	5
Norton South	<5	<5	<5	5
Western Parishes		<5		<5
Billingham West	<5	<5	<5	<5
Yarm	<5	<5		<5
OTHER	<5			<5
Norton West			<5	<5
Manor House	<5			<5
Northern Parishes			<5	<5
Grand Total	**84**	**90**	**97**	**271**

Appendix 4: Total wholly alcohol attributed admissions and alcohol-related admissions 2008/09-20014/15



NB: LAPE = Local Alcohol Profile; NECS = North of England Commissioning Support

Appendix 5: Childhood Immunisations Stockton Borough: 2014/15 and 2013/14

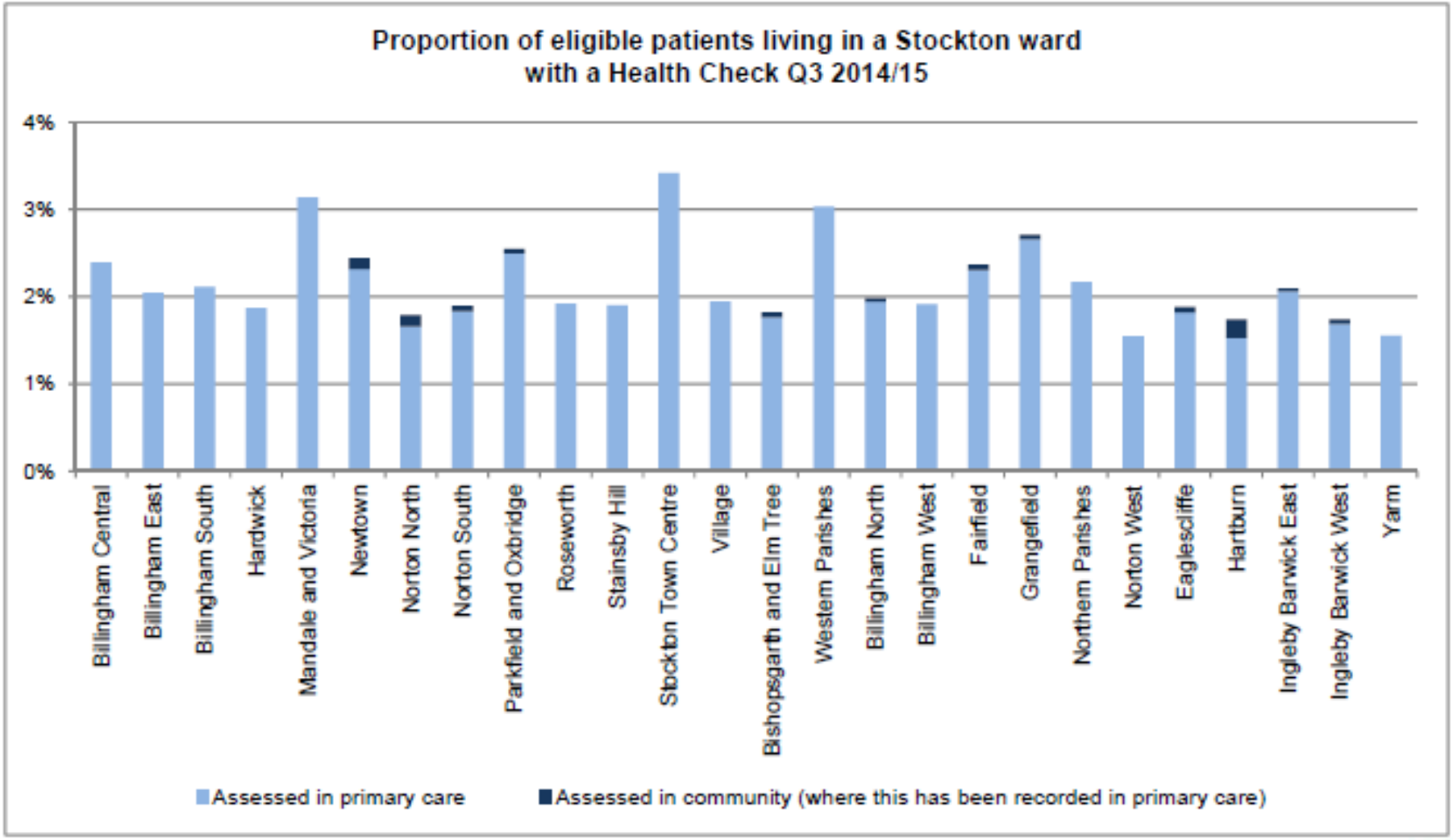
Key: Green = >95% coverage; Yellow = 90-95% coverage; Red = <90% coverage

		Quarter 1 2014-15			Quarter 2 2014-15			TOTALS 2014-15			TOTALS 2013-14		
Stockton on Tees	**12 month cohort**	Eligible	Immunised		Eligible	Immunised		Eligible	Immunised		Eligible	Immunised	
	DtaP/IPV/Hib *Primary*	619	580	93.70%	586	563	96.08%	1205	1143	94.85%	2417	2314	95.74%
	Men C *Infant*	619	609	98.38%	586	573	97.78%	1205	1182	98.09%	2417	2304	95.32%
	PCV *Infant*	619	577	93.21%	586	561	95.73%	1205	1138	94.44%	2417	2292	94.83%
	24 month cohort												
	DtaP/IPV/Hib *Primary*	597	583	97.65%	637	615	96.55%	1234	1198	97.08%	2478	2405	97.05%
	MMR *1st dose*	597	570	95.48%	637	599	94.03%	1234	1169	94.73%	2478	2343	94.55%
	Men C *Infant*	597	573	95.98%	637	605	94.98%	1234	1178	95.46%	2478	2349	94.79%
	HiB/Men C *Booster*	597	567	94.97%	637	595	93.41%	1234	1162	94.17%	2478	2337	94.31%
	PCV *Booster*	597	566	94.81%	637	599	94.03%	1234	1165	94.41%	2478	2343	94.55%
	5 year cohort												
	DT/Pol *(Primary)*	615	595	96.75%	647	636	98.30%	1262	1231	97.54%	2466	2403	97.45%
	DTaP/IPV *(Booster)*	615	553	89.92%	647	609	94.13%	1262	1162	92.08%	2466	2257	91.52%
	Pertussis *(Primary)*	615	596	96.91%	647	636	98.30%	1262	1232	97.62%	2466	2405	97.53%
	HiB *(Infant)*	615	594	96.59%	647	634	97.99%	1262	1228	97.31%	2466	2398	97.24%
	Men C *(Infant)*	615	588	95.61%	647	621	95.98%	1262	1209	95.80%	2466	2359	95.66%
	HiB/Men C *Booster*	615	580	94.31%	647	616	95.21%	1262	1196	94.77%	2466	2323	94.20%
	MMR *1st dose*	615	566	92.03%	647	613	94.74%	1262	1179	93.42%	2466	2334	94.65%
	MMR *2nd dose*	615	546	88.78%	647	600	92.74%	1262	1146	90.81%	2466	2234	90.59%

	PCV *Infant*	615	573	93.17%	647	606	93.66%	1262	1179	93.42%	2466	2310	93.67%
	PCV *Booster*	615	564	91.71%	647	601	92.89%	1262	1165	92.31%	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 6: NHS Health Checks uptake Q3 2014/15



Appendix 7: Lung Check: Q1 2014/15 data – Diagnosis following the Check