

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

**30TH SEPTEMBER 2015
REPORT OF DIRECTOR
OF PUBLIC HEALTH**

PERFORMANCE UPDATE – August 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 August 2015.

RECOMMENDATIONS

1. The Stockton-On-Tees 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 Q1 data where available and the most recent data where Q1 data is unavailable. 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, and to look at how we work with stakeholders to work collaboratively to address HIQ. This current performance 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. **Wider determinants of health**

Early Years Foundation Stage - proportion of children with an overall good level of development

- No update available from that reported at Q4.

First time entrants to the Youth Justice System

- Performance for the first quarter shows there were 11 First Time Entrants to the Youth Justice System. This equates to a rate of 61.5 per 100k population (17873 children and young people aged 10 to 17)
- This is an improvement on 2014/15 June performance of 18 First Time Entrants (equating to a rate of 100.7 per 100k pop)

Action

This is a trend that has affected everyone nationally – this is with the introduction of 2012 LASPO Act (Legal Aid, Sentencing and Punishment of Offenders) which came into effect April 2013. This brought in Out of Court Disposals as a remedy for youth offending rather than more formal disposals as it is a more versatile process i.e. including restorative interventions.

First time entrants to the Youth Justice System is therefore on track to achieve target of a 5% reduction on the previous year's number of First Time Entrants of 73.

Not in Employment, Education or Training (NEETs) / Not Known

- Latest data available is local data based on a 3 month average (April to June 2015).
- This shows a rate of young people Not in Education, Employment or Training (NEET) of 8.1% and Not Known rate of 1.0%
- Giving a combined NEET / Not Known rate of 9.1%.
- This is an improvement on the previous year's combined NEET / Not Known rate of 10.0% and compares to a Tees Valley average for the 2015/16 Q1 period of 11.1% (NEET rate of 7.9% and Not Known rate of 3.2%)

Action

Current performance is on track to achieve target.

5. Health improvement

Obesity in 4-5 Year olds (reception) Obesity in 10-11 year olds (year six)

- Data shows % of children measured through the National Childhood Measurement programme. The latest published data is for 2013/14 and was released in December 2014.
- Data for 2013-14 shows 9.2% reception, and 21.5 % year 6 children were obese.
- The last two years of data show significant and sustained reduction in both age groups There are now fewer reception children reported as obese compared to the national average (down from 10.9% in 2011/12 to 9.2% in 2013/14), but this group has seen an increase from the 8.5% recorded on 2012/13. This figure is 0.1 percent lower than the figure published in Quarter 4 and is the final published figure.
- The year 6 age group are at 21.5% (down from 22.1% in 2011/12) and has seen a 0.4% increase from the 2012/13 data and remain above the national average
- Year 6 obesity rates in Stockton-On-Tees are consistently higher than the England average, with a gradual increase in trend since the programme began in 2006-07 in line with a national increase.
- Data for 2014-15 would be expected from November 2015.

	2013-14 Stockton on Tees	2013-14 North East	2013-14 England
Obesity in 4-5 year olds (reception) % of children measured through the National Childhood Measurement programme.	9.2%	10.4%	9.5%
Obesity in 10 – 11 year olds (year six) % of children measured through the National Childhood Measurement programme.	21.5%	21.2%	19.1%

Action

The More Life Family Weight Management Service for Stockton-On-Tees commenced its service delivery on April 1st 2015, the service is open to all children aged 5-17 and their families who are struggling to maintain a healthy weight. There is a parent's only programme for those parents/carers of 0-17 year olds who are themselves overweight and wish to role model a healthier lifestyle to their children. The service will target families within the 20% most deprived wards within the borough.

Collaborative working is continuing to be embedded between the Stockton Family Weight Management Service and Children & Young People's Public Health School Nurse Service, during quarter 1 the school nurse service referred the highest number of families into the family weight management service (outside of those recruited by the family weight management service). For quarter 1, overall 242 referrals were received into service, and 17 weight management programmes have been delivered. Work is continuing between the 2 services around following up on children at both reception and year 6 who are found to be overweight or obese, and preventatively targeting those at risk prior to measurement in the NCMP through a variety of means. Work will continue to follow up on children at both reception and year 6 who are found to be overweight or obese, and preventatively targeting those at risk prior to measurement in the NCMP through a variety of means.

% of smoking population accessing the stop smoking service commissioned by Stockton-On-Tees Public Health/ Smoking Quitter (number of four week quitters for smoking cessation service commissioned by Stockton-On-Tees Public Health

- Based on 2014/15 rates (Q1-Q4 combined), Stockton Borough stop smoking service is continually maintained in the top three Local Authorities in the North East for the number of smokers accessing the stop smoking service (8.80% of the smoking population, compared to 6.56% in the North East). It is also amongst highest performing nationally.
- However, the number of pregnant women quitting has remained steady compared to 2013/14.
- Benchmarking shows that the North Tees service remains second in the NE only to South Tyneside for the proportion of smokers setting a quit date.
- According to Q4 data, the service had 270 four-week quitters. Combined Q1-Q4 data gives a total of 1016 quitters against a target of 1350. This is 25% behind target. This is a 24.6% reduction compared with 13/14 Q1-Q4 combined.
- Stockton is in the top three Local Authorities in the North East showing the least reduction in the number of people accessing the stop smoking service, compared with the year to date in 2013/14 (28.6% fewer people accessing the services). The North East average is 30.8% reduction in numbers accessing the service. This decline is fairly consistent across the NE region and nationally.
- Year to date 59% 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. (compared with 13/14, the figure is similar.)
- Year to date 71% of Stockton Borough clients are from the areas that are in the 20% most deprived areas nationally.

Action

This national and local downturn is believed to be a result of the impact of electronic cigarettes and other alternatives to the use of the smoking cessation service. Work continues nationally to understand the impact of these alternatives. There has been intensive promotion of the local stop smoking service including a leaflet drop in all wards and advertising in a local newspaper.

Stockton Public Health commissions smoking cessation services which are regarded as an example of best practice nationally. North Tees & Hartlepool NHS Foundation Trust are the local stop smoking service provider for Stockton-on-Tees. The Public Health team are working 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. Work continues with partners through the Tobacco Control Alliance

Rate of emergency hospital admissions for alcohol related harm per 100,000 population

- The annual rate, of hospital episodes with alcohol-related conditions has been
- released as provisional data. This is 2693.58 per 100,000 population. This is an increase on the last reported figure of 2502, but it is a similar increase replicated locally and nationally.
- The rate for 2014/15 in Stockton is higher than the North East average of 2643.3.
- The rate of broad hospital episodes with alcohol related conditions remain lower in Stockton than the other Tees authorities, despite this increase.

Action

This data only became available to Public Health again recently since the move to the local authority in 2013. We will be revising our strategy in line with these emerging trends. Work is on-going to ensure the information can be reported in a timely manner during 2015/16

Multiagency workforce training will be commissioned in 2015 with the aim of increasing substance misuse risk awareness, early identification and interventions to frontline staff groups, by providing them with skills required to detect potential or problematic substance use among young people and adults in Stockton-On-Tees. The public health team are also working with Licensing to integrate public health priorities into the updated statement of licensing policy. There is also work to be undertaken as part of the recent scrutiny review for the council to lobby its local MPs in support of the Directors of Public Health and Public Health England's campaign for the introduction of a national minimum unit pricing of alcohol.

The children's and young people public health school nurse service continues to implement its new service model which includes delivering brief interventions for alcohol and substance misuse.

Number of opiate drug users that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a proportion of the total number in treatment

- Q1 2015/16 saw a fall in completions from 5.1% in Q4 2014/15 to 4.4%.
- Stockton-On-Tees performance remains low in comparison with comparator authorities (top quartile performance is between 9.5% and 15.75%).
- Analysis has shown that in Stockton-On-Tees, there is a very high level of penetration into the estimated number of opiate users with high retention rates in treatment with exceptionally high numbers of clients that have been in continuous treatment for well in excess of six years.
- This creates a very challenging environment in which to move clients towards more ambitious aims of recovery and exit from treatment. Current exit rates are improving against a national trend of significant decline and re-presentation rates are at a historic low for opiate clients due to robust exit plans and ongoing post treatment monitoring and support.

Number of non opiate drug users that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a proportion of the total number in treatment:

- Q1 2015/16 saw a sharp increase in completions from 29.9% in Q4 2014/15 to 49.3%.
- The numbers of non-opiate clients continues to fluctuate as a result of disruption caused by changes to the arrest referral contract that saw referrals into treatment drop between March and August 2014.

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 has negatively influenced performance before Q1 2015/16. Public Health is working with treatment providers to develop new sources of referral.

Self-reported wellbeing (PHOF data)

- No update available from that reported at Q4.

6. Health protection

Chlamydia diagnosis (crude rate 15-24 year olds)

- The Annual data for 2014 calendar year was published in July 2015. This shows a significant drop from 3817 in 2013 to 1731.3 in 2014 and is below the target of 2400.
- 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.

Under 18 conceptions(3 year rolling average rate per 15-17 year olds per 1,000 population)

- Abortion rates within under 18s continue to be high with 46.8% of conceptions in 2013 leading to abortion. This is higher than the North East average (42.9) but lower than the England average (51.1).
- At June 2014 the Q2 under 18 conception rate for Stockton-On-Tees was 31.2 which is on target (43 per 1000) this rate is lower than the North East average rate (32.5 Q2) but still higher than the England average at 23.2. This gives us a rolling average rate of 32.7, the rate has dropped from 33.5 in 2013.

Action

The chlamydia screening work continues to focus on increasing screening in high risk and vulnerable groups. This may have had an impact positivity rates due to the targeted nature of this work in comparison to a more extensive but less focused screening approach which has been taken previously but this reduction is echoed in a number of North East authorities

A Stockton Borough Sexual Health Action Plan is currently being developed following the recent health needs assessment to cover the whole population but with a particular focus on young people. Ensuring the provision of good quality sex and relationship education at home, at school and through broader community services remains a priority. The Children and Young People's Public Health School Nurse service continues to implement its new service model which includes sexual health advice.

Vaccinations

- Quarter 1 2015/16 will be available in July 2016

Action

The NHS Area Team is continuing to develop 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.

7. Healthcare and premature mortality

Uptake of NHS health check programme by those eligible

- The end of year performance for 2014/15 shows 4855 health assessments were made against a total of 10,014 people that were offered the health check; this equates to 48% and just missing the target of 50%. 2013/14 performance was 52%.
- Q1 performance shows that 2864 NHS Health Checks were offered to an eligible population of 50354. 1301 Health checks were provided which means that 45% of people offered an NHS Health Check received one.
- Lung Check data shows that 228 patients were assessed in Q1 with 24 patients (10.5%) diagnosed with COPD following the assessment.
- 113 of the eligible patients invited for NHS Health Check were from national quintile 1 and from those, 12 were diagnosed with COPD i.e. approximately 50% of the total new COPD diagnoses are from national quintile 1.

Action

Performance in 2014/15 was down across all Tees Valley areas despite significantly exceeding the target for invitations. Targeting of people in the two most deprived quintiles has resulted in 56% of the invites going to this target group. However, only 31% of that target group accepted and were assessed compared to 48.4% of the upper three quintiles. Therefore, the targeting has resulted in a reduction in the take up rate and this needs to be reflected in future years.

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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