

## **AGENDA ITEM**

### **REPORT TO HEALTH AND WELLBEING BOARD**

**24<sup>th</sup> FEBRUARY 2016**

### **REPORT OF DIRECTOR OF ADULTS AND HEALTH**

## **PERFORMANCE UPDATE – FEBRUARY 2016**

### **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 February 2016.

### **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 Q3 data where available and the most recent data where Q3 data is unavailable. Where no new data has become available since the last quarter, performance and narrative have not been duplicated.
2. Updates that are reported elsewhere such as the Children and Young People's performance report are no longer included in this report to avoid duplication.
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](http://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. Health improvement

### **HW100 Obesity in 4-5 year olds (reception) % of children measured through the National Childhood Measurement Programme:**

- The latest published data was released in December 2015 and is for the period 2014/15.
- This data indicated that 10.5% of the reception year age group are considered obese.
- We have missed the target of 9.5% and this figure is worse than the 9.2% in 2013/14. We are worse than the national average of 9.1% and Regional average of 10.0%.

#### **Context**

- Obesity remains a significant issue for Stockton-on-Tees. The Public Health team is developing an obesity action plan for implementation during 2016-17 that will focus on both prevention and treatment.
- The transfer of commissioning responsibility for 0-5 Healthy Child Programme services to Public Health allows obesity prevention and identification to be further embedded into the 0-5 pathway. This will be achieved by services offering advice, guidance, support and signposting as part of the universal offer. However, more intensive one-to-one support will be focused in areas of greater deprivation.

### **HW101 Obesity in 10 – 11 year olds (year six) % of children measured through the National Childhood Measurement Programme:**

- The year 6 age group are ahead of the target at 19.6% and this is better than the 21.5% seen in 2013/14.
- We remain worse than the national average of 19.1% but better than the Regional average of 21.5%.

#### **Context**

- Public Health has significantly increased funding for family weight management support since April 2015. The service now has greater capacity to support more children, young people and their families. The Children and Young Peoples Public Health School Nursing Service and the Family Weight Management Service are provided as one comprehensive service due to a successful procurement process. This enables families to be contacted directly with an offer of support following a child being identified as overweight or obese. The service model is now holistic and comprehensive, to meet the needs of the family.
- Child obesity prevalence is strongly correlated with socioeconomic status and is highest among children living in the most deprived wards. The Family Weight Management Service has been commissioned to support families that meet the

eligibility criteria but with a specific focus on reaching those families that live in wards that are within the 20% most deprived wards nationally.

### **HW201 % of smoking population accessing the stop smoking service commissioned by Stockton-On-Tees Public Health**

- Q1 & Q2 (15/16) showed that 1111 smokers set a quit date. This equates to 7.5% of the smoking population accessing the service compared with the North East figure of 5.5%.

#### **Context**

- The national Stop Smoking Service and Delivery Guidance recommend treating at least 5% of the local smoking population. Stockton is currently achieving in excess of this level at 7.5%. The reduction in the number of people accessing the local stop smoking service is similar to the national and regional level, at around 19%.
- Amongst those who accessed the local stop smoking services, 66.7% were from Quintiles 1 & 2.
- There were 729 Stockton residents signed up to the Stoptober campaign and 637 individuals requested stop smoking packs through the Stoptober website.

### **HW202 % Smoking Quitters (number of four week quitters in the smoking cessation service commissioned by Stockton-On-Tees Public Health)**

- According to Q1 & 2 data, the service had 459 four-week quitters against a target of 700. This is 34% below target. There was a 10% reduction compared with the same quarters last year, though this was not as large a reduction as that seen regionally (16%).

#### **Context**

- Smoking prevalence data for 2014 was released in November 2015. This shows that prevalence has fallen from 19.8% in 2013 to 19.2% in 2014. The North East has seen the biggest reduction by region (down by 9.1% since 2005). Stockton-on-Tees remains below the new North East Average of 19.9% but above the national average of 18.0%.
- 52% of the total 4-week quitters (Q1&2 15/16) were from the most deprived areas (Quintile 1&2) within Stockton-on-Tees.

### **HW300 Rate of emergency hospital admissions for alcohol related harm per 100,000 population**

- There were 650.74 admissions per 100,000 for Q2 2015/16 giving an extrapolated figure of 2708 against a proposed target of 2560. This is slightly worse than the 2014/15 figure of 2705.
- The rate for 2014/15 in Stockton is higher than the North East average of 2656.

- The rate of broad hospital episodes with alcohol related conditions remain lower in Stockton than the other Tees authorities, despite this increase.

### **Context**

- A new regional programme of identification and brief advice training is being rolled out from 2016. This builds on previous work aimed at increasing substance misuse risk awareness, early identification and interventions to frontline staff groups.
- The Public Health team have also worked 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.
- Alcohol remains a significant issue for Stockton-on-Tees and continues to worsen. One of the priorities for the Public Health team is to work with partners to develop an updated Alcohol Action plan that aims to address this upward trend of hospital admissions.

### **HW301 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**

- Data to the end of Q3 will be available from the 17th February 2016.

### **Context**

- No update from that provided at Q2.

### **HW302 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:**

- In Q2 performance was 35.9% against a target of 35%. This is better than the previous reported figure of 34.1% for time period Q1 2015/16.
- Data to the end of Q3 will be available from the 17th February 2016.

### **Context**

- The numbers of non-opiate clients continues to improve following disruption caused by changes to the arrest referral contract which saw referrals into treatment drop between March and August 2014.
- Q2 completion data (exits up to 30/09/2015 but not counting representations) have recovered to 46.2% as numbers in treatment increase through more stable arrest referral numbers. If re-presentation rates remain stable we will exceed the target of 44% set for 2015/16.

### **Self-reported wellbeing (PHOF data)**

- No update available from that reported at Q4 14/15.

### **Breastfeeding Prevalence at 6-8 weeks**

- Q2 2015/16 saw a slight decrease in breastfeeding at 6 to 8 weeks from 31% in Q1 to 28.9% in Q2.

### **Context**

- Ensuring the provision of support to facilitate continuation of breastfeeding remains a priority. The transfer of commissioning responsibility for 0-5 Healthy Child Programme services to Public Health offers the opportunity to further embed advice, guidance and support for infant feeding and nutrition into the 0-5 pathway.
- With the support of the Locality Forums, 28 local businesses and organisations have signed up to a breastfeeding charter to become 'Breastfeeding Welcome'. The work plan for the forthcoming year will target businesses and venues within areas where the most deprived live, in addition to the main retail and leisure centres.

## **5. Health protection**

### **HW103 Chlamydia diagnosis (crude rate 15-24 year olds)**

- No update available this quarter.

### **HW102 Under 18 conceptions (3 year rolling average rate per 15-17 year olds per 1,000 population)**

- No update available this quarter. Verified annual data for under 18 conceptions and abortions for 2014 will be published at the end of February and will be reported next quarter.

### **Context**

- A procurement is taking place for a Teeswide Integrated Sexual Health Service to provide Level 1, 2 and 3 sexual health services including chlamydia screening. This work has been led by Stockton Borough Council and Tees Valley Public Health Shared Service.
- The new service model uses a hub and spoke approach but has a greater emphasis placed on outreach provision, preventative approaches and working with those from the most vulnerable communities.
- The new service will commence from 1<sup>st</sup> July 2016.

## **Childhood Flu Programme**

- Overall vaccine uptake of children in years 1 and 2 was 58%.
- This compares favourably with uptake across the other Tees LA areas with Hartlepool achieving 56%, Middlesbrough 54% and Redcar and Cleveland 57%.

### **Context**

- The national childhood flu immunisation programme targeting Year 1 and 2 children has continued to be delivered through local primary schools during this quarter. From early September when the programme began to completion of the programme in mid-December, all primary schools have been visited with 58% of eligible children receiving the vaccination. No schools in Stockton refused access to the provider of the programme.
- As a minimum there is an expectation that uptake levels of between 40-60% should be able to be achieved.
- NHS England are producing a final evaluation report which will be available in March 2016.

## **6. Healthcare and premature mortality**

### **HW204 Uptake of NHS health check programme by those eligible**

- There were 3975 health assessments performed out of the 7617 invited to attend, giving 52.2% in Q3 2015/16 (year to date) against a target of 50%.
- This is similar to the previous reported figure of 52.6% for Q2 2015/16 (year to date).

### **Context**

- Year to date (Q1-Q3 15/16) we have improved on the number of people from the two most deprived quintiles that attended for an assessment. 2811 invitations were sent to those in lowest 2 quintiles and 1363 of these attended the assessment.
- This equates to 48% who accepted the invitation which compares favourably with the 31% reported in 2014/15.

## **7. Addressing Health Inequalities**

Following discussions by the Board, work has been ongoing in 2015/16 aimed at improving health and wellbeing and reducing health inequalities. This includes collaborative work with stakeholders to help them consider how they can work better to address inequalities. Following the health inequalities workshop with commissioned service providers held in July 2015, follow up work has focused on how these organisations can specifically work to target the areas in which the 2% most deprived residents live, to improve health outcomes. Service providers have participated in the first meeting of a health inequalities project group to consider

ways in which services can work with our communities which are most vulnerable to poor health and to share good practice.

As well as targeting the areas in which the most deprived 2% of the population live, the 'proportionate universalism' approach (Marmot 2010) is to be enhanced with all providers.

In addition work to address health inequalities is in place through:

- An oral health programme in schools. The programme is offering tooth brushing to all nursery and reception children in the Borough and a fluoride varnish programme to the most deprived 20%.
- Following the launch of the of the fifth Warm Homes Healthy People project in October 2015, with a revised eligibility criteria, the programme has continued to deliver a universal service for those requiring preventative measures, along with further assistance measures for those in the greatest need. Wards with the highest levels of fuel poverty were targeted and information provided to health care professionals who visit vulnerable people in their own homes to encourage referrals from those most at need.
- Focusing NHS Health Checks and Lung Checks together with the Tees Valley Public Health Shared Service (TVPHSS) to continue to provide universal provision but incentivising a focus on the areas of greatest deprivation (where CVD and COPD prevalence are highest). Uptake has increased in these groups.
- Targeting provision of the stop smoking service towards the 6 areas in which there is the greatest need.
- Work with the school nursing service and the TVPHSS to develop school health profiles, to inform delivery of the new school nursing model according to need.

Other work to improve health and wellbeing and reduce inequalities includes:

- Continuing to provide development sessions at the Board and Partnerships around key health and wellbeing themes, to stimulate debate and multi-agency problem-solving e.g. alcohol, drugs misuse, mental health, sexual health.
- Input to regular multi-agency performance monitoring reports to the Board.

## **8. Additional activity reported in Corporate Performance Report**

An adults drug recovery strategy event was also delivered to members of the Health and Wellbeing Board, commissioning groups and partnership groups to allow wider discussion of the issue and to develop ideas for the future strategic direction for adult drug misuse. The key findings from this event were subsequently presented back to the Adults Health and Wellbeing Partnership. The Adults Partnership also had a presentation on the opportunities for engaging with arts and culture. This has led to a proposal for further partnership working that is to be undertaken in the remainder of 2015-16 specifically looking at how arts interventions can address health and wellbeing.

A range of services are currently being reviewed by SBC Public Health, in consultation with partners and the public, to inform future delivery & commissioning, including:

- Falls service
- Sexual Health Services as part of the review of the Tees-wide integrated sexual health service
- Joint Review between SBC Public Health & NHSE of current model of adult drug recovery and treatment & healthcare

SBC Public Health team continue to work with the CCG, to provide input into their commissioning intentions for 16-17, but also through a joint piece of work on behalf of the HWBB to look at how the NHS Five Year Forward View can be implemented within Stockton, to shift the focus of care from treatment to prevention. To start this process it was agreed to identify and map all alcohol prevention and treatment interventions to clarify commissioning responsibilities and gaps between services. Alcohol was chosen as a key HWB indicator for Public Health and as a significant risk factor identified in a number of reviews undertaken by the CCG Health and Wellbeing Workstreams.

## **FINANCIAL IMPLICATIONS**

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

## **LEGAL IMPLICATIONS**

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

## **RISK ASSESSMENT**

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

## **COUNCIL PLAN IMPLICATIONS**

12. Monitoring of performance across Board organisations will have a positive impact on coordinated activity to deliver both the Council Plan and Joint Health and Wellbeing Strategy themes.

## **CONSULTATION**

13. 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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