

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

29 JUNE 2016

REPORT OF DIRECTOR OF ADULTS AND HEALTH

PERFORMANCE UPDATE – JUNE 2016

SUMMARY

This paper is a year-end report and provides a performance update regarding key indicators from the performance monitoring framework for the Joint Health and Wellbeing Strategy delivery plan, at June 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. In addition, performance data relevant to the Children and Young People's Partnership will be incorporated into the overall performance report for this Partnership group.

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 Q4 and end of year data where available and the most recent data where Q4 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 not 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). 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:

- No new data available. 2015/16 NCMP data will be available in December 2016

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

- No new data available. 2015/16 NCMP data will be available in December 2016

Context

Obesity remains a significant issue for Stockton-on-Tees. Public Health has significantly increased funding for family weight management support since April 2015. The service is currently not meeting its target for numbers of children, young people, parents/carers referred into the service that complete the programme. This is largely due to low numbers of referrals to the service, however Morelife is continually engaging with partners (e.g. schools, GP practices, community groups, retailers) to promote the service and support them in making referrals. The majority of families accessing the service are from quintile 1 and 2, therefore they will be working with families who are more likely to have complex issues. The service is achieving positive outcomes for BMI reduction.

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

- Q3 cumulative total (2015/16) showed that 1672 smokers set a quit date.
- This equates to 8% of the smoking population accessing the service compared with the NE figure of 6.1%.
- This is below the target of 10%, though Stockton is in the top 3 for performance in the region.
- End of year data for 2014/15 showed that 8.8% of the smoking population accessed the service in 2014/15.

Context

Stockton Public Health commissions smoking cessation services, which are regarded as an example of best practice nationally. National guidance suggests that we should access a minimum of 5% of the smoking population. Work continues with partners from the Adults Health and Wellbeing and Children and Young People's Partnerships.

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

- There were 695 quitters in Q3 against a target of 1050 this is 34% below target.
- In 2014/15 the number of smoking quitters was 25% below target.

Context

This national and local downturn in smoking quitters 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. Recent work includes an intensive promotion of the local stop smoking service including a leaflet drop in all wards and advertising in a local newspaper.

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

- There were 562 admissions per 100,000 for Q3 2015/16 giving an extrapolated figure of 2551 against a proposed target of 2560. This is a 6.5% reduction compared to the same period in 2014/15.
- This is now better than the official whole year 2014/15 figure of 2684 and also lower than the North East average of 2666. However, it remains 25% above the England average of 2139.

Context

To reduce alcohol related risk and harm across the Borough, Alcohol Screening and delivery of Brief Interventions Training is being delivered through 'Have a Word' Alcohol Training. Alcohol brief interventions/advice are an evidence based method of reducing alcohol harm. Both adult and children's workforce teams are currently taking part in the programme, with both Adult and Children & Young People's Partnership Boards giving their support to the programme.

The public health team are currently reviewing the evidence base of interventions to prevent young people from drinking alcohol or engaging in substance misuse, recommendations will be presented to the Children and Young People's Commissioning Group in the summer.

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

- In Q4 performance was 4.5% against a target of 6%.
- This is below than the previous reported figure of 4.7% for time period Q2 2015/16.

Context

Stockton performance remains low in comparison with comparator authorities (top quartile performance is between 8.7% and 13.4%). However, analysis has shown that we have 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. A reduction in the number of unplanned exits and a significant increase in the successful exits from treatment across Q4 have resulted in a major improvement in the proportion of those leaving treatment successfully from 4.9% in Q3 to 6.3%. These exits will be reported in September 2016 once six month re-presentation rates are available. We are anticipating an increase in performance to above 6%. The national trend shows continuous and significant decline falling from 7.6% in 2014/15 to 6.8% in 2015/16.

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 Q4 performance was 43% against a target of 35%. This is better than the previous reported figure of 40.1% for time period Q3 2015/16.

Context

Numbers in treatment are falling due to a reduction in overall police arrests and subsequent referrals for positive drug tests. There are 114 non-opiate clients in treatment (2015/6 - rolling 12 month figure) compared to a three year average of 115. Numbers in treatment in 2014/15 were around 140 following a big fall previously to below 80, following recommissioning of the arrest referral service in that year. We therefore expect numbers in treatment to fall further given the improved exit rates and fewer referrals. This is likely to make completion performance more unpredictable.

Self-reported wellbeing (PHOF data)

- No update available since 2014/15

5. Health protection

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

- No new data available until Q2

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

- 3 year annual rolling average rate for 2012 – 2014 is 35.96 per 1000 of the 15 – 17 year old population
- Stockton Rates for 2012 = 40, 2013 = 33.5, 2014 = 34.4
- North East 2014 average rate is 30.2
- England 2014 average rate is 22.8

Context

Virgincare have been awarded the new Tees-wide Integrated Sexual Health Service to provide Level 1, 2 and 3 sexual health services including chlamydia screening. Work is underway to mobilise the new service which will commence from 1st July 2016.

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 model includes C Card provision for 13 – 24 year olds across pharmacies and non-healthcare provision across the Borough.

6. Healthcare and premature mortality

HW204 Uptake of NHS health check programme by those eligible

- In 2015/16 there were 10282 invited to attend a healthy heart check. This exceeded the target for invites. 5558 were assessed giving a year end performance of 54% against a target of 50%.
- This is better than the previous reported figures of 52.2% for Q3 and 48% for 2014/15 (end of year).

Context

- In the year to date (Q1-Q4 15/16) we have improved on the number of people from the two most deprived quintiles that attended for an assessment. 3743 invitations were sent to those in lowest 2 quintiles and 1902 of these attended the assessment.
- This equates to 50.8% who accepted the invitation, which compares favourably with the 31% reported in 2014/15.

7. Addressing Health Inequalities

Work has been ongoing through Public Health input to the Health and Wellbeing Board in 2015/16 to improve health and wellbeing and reduce inequalities.

The inequalities workshop held in July 2015 with providers and VCSE identified a range of proposals that partner organisations suggested that could address inequalities. We are working with providers of our commissioned services to strengthen collaboration between services. Our focus is to consider the needs of our

most vulnerable populations and foster a health inequalities sensitive approach to service delivery. To date we have considered a shared assessment tool; a protocol for 'warm handover' and the development of a community assets map.

The Warm Homes Healthy People (WHHP) project which is jointly commissioned and led by Public Health and Economic Growth and Development Services (EGDS) has been running since Winter 2011/12. In 2015 the eligibility criteria for the scheme was evaluated and the WHHP programme for 15/16 was launched with a revised eligibility criteria designed to ensure the most vulnerable Stockton-on-Tees residents received the necessary help and support in a timely manner to prevent health impacts of cold homes. 335 individual referrals were supported during October 2015 - March 2016 with a range of interventions including boiler repairs and energy advice.

Following work undertaken in 2015, key cross cutting themes and opportunities continue to be discussed and the partnership meetings are planned for the rest of the year. Sessions during 2015/16 have included updates on the Tobacco Control Action Plan and a review of the sexual health services provision within the Borough. In addition, an adult's 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 Adult's Health and Wellbeing Partnership.

The adult's partnership also had a presentation on the opportunities for engaging with arts and culture. This has led to a proposals for partnership working that have been started in the last quarter of 2015/16 and are ongoing, specifically looking at how arts interventions can address health and wellbeing.

A range of services were reviewed in 2015/16 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

Future and ongoing reviews include:

- A review of the Tees-wide Suicide Prevention Action Plan with colleagues from across Tees. The Suicide Prevention Taskforce will lead the delivery and governance of the plan; the mental health strategy is in development with partners.
- A review of the Domestic Abuse service taking place between April and August 2016. The multiagency Domestic Abuse Action Plan was refreshed in March 2016, covering awareness and education, early intervention and support and protection. As part of the action plan, a Domestic Abuse awareness campaign is due to launch in June 2016 following consultation with service users and members of the public including a rapid response viewpoint consultation.

Current local work is capturing the views of services users and the community, including:

- Since the previous annual report the mental health needs assessment has been completed; it has been utilised to support the development of the Children and Young People's Mental Health Transformation Plan which includes further consultation with children and young people.
- As part of the development of an Adults Mental Health Needs Assessment there will be series of events with partners, stakeholders and service users to support the process. This Needs Assessment will feed into the wider strategy for Mental Health.
- Recommissioning of the drug treatment service in January 2017.
- The Viewpoint health survey took place in Spring 2016 and is due to report in June 2016. Results will be presented to CMT and to the Health and Wellbeing Board.

8. Additional activity reported in Corporate Performance Report

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.

SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS

12. 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

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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