

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

REPORT OF INTERIM DIRECTOR OF PUBLIC HEALTH

PERFORMANCE UPDATE –SEPTEMBER 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 September 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 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. 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 (NCMP):

- No new data available.

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

- No new data available.

Context

A further update will be provided at Q2 which will include participation rates for NCMP and details of an enhanced offer to schools with high levels of childhood obesity at reception and Year 6.

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

- Q4 cumulative total (2015/16) showed that 2304 smokers set a quit date.
- This equates to 7.8% of the smoking population accessing the service compared with the NE figure of 6.3%.
- This is below the target of 10%, though Stockton is in the top 3 for performance in the region.

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) and % of total population who access the stop smoking service who are residents from the ten most deprived wards of the borough.

- There were 944 quitters in 2015/16 against a target of 1400, this is 33% below target.
- There were 71 fewer quitters compared with 2014/15. This equates to a 7.1% reduction, which is lower than NE (8.9%).

- Percentage of individuals accessing the stop smoking services who are resident in our ten most deprived wards who have quit at four weeks is 40.4%.
- Percentage of the total population who access the stop smoking service who are residents from the ten most deprived wards of the borough is 63.8%.

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 806 admissions per 100,000 for Q4 2015/16 giving a final figure of 2720 against a proposed target of 2560. This is a 1.3% increase compared to the same period in 2014/15.
- This is now just above the official whole year 2014/15 figure of 2684 and 2% above the North East average of 2666. It is 24% above the England average of 2189.

Context

To reduce alcohol related risk and harm across the Borough, Alcohol Screening and delivery of Brief Interventions (BI) 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. Training so far has received a positive response, with over 75% of participants strongly agreeing that training has improved their understanding of BI, confidence in delivery and anticipation that they will carry out BIs in the future. Plans are in place to establish an email survey through the council 'Your Views' survey tool to assess the impact of training.

Earlier this year a review of the Young People's Specialist Substance Misuse service took place. During the review performance data highlighted that planned exits and completion rates for young people in service had declined and were below national averages. A service development plan has been put in place with the service for 12 months; positive results from the service development plan include the reduction of unplanned exits from the service. In Q1 2016/17, new presentations to treatment are up from 27% compared to the same period last year.

The Public Health team are also working with the partners to develop a map which depicts alcohol related harm. The purpose of the map is to support targeting of work from partners and to highlight areas which require additional alcohol control measures via the local authority licensing policy. The partnership currently has representation

from Public Health, Trading Standards, Licensing, the CCG, Police and Community Safety. This partnership approach is an excellent opportunity to support the reduction of alcohol related harms within the Borough. Access to data from partner organisations remains a challenge. We are continuing to pursue avenues with partners to provide a full local picture of alcohol-related harm. Collation of data from across agencies will enable us to identify opportunities to intervene and reduce alcohol-related harm in our communities.

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 Q1 performance was 4.9% against a target of 5.5%.
- This is better than the previous reported figure of 4.5% for time period Q4 2015/16.

Context

Stockton performance remains low in comparison with comparator authorities (top quartile performance is between 8.6% and 16%). The performance indicator has a six month lag in order to measure re-presentation rates in the six months following exit. Therefore Q1 performance reflects numbers leaving treatment in the 12 months up to the end of December 2015. We can therefore anticipate likely performance in Q2 and beyond based on the number exiting treatment in Q4 2015/16 and Q1 2016/17. In these two quarters, exit rates increased significantly due to an increase in the use of community based detox. We achieved 6.3% in Q4 and 6.6% in Q1 2016/17. The Q4 improvement in exits will be reported in September 2016, once six month re-presentation rates are available. We are anticipating an increase in performance to around 6%. Currently only two individuals have relapsed and returned to treatment since October 2015.

The national trend shows continuous and significant decline falling from 7.6% in 2014/15 to 6.8% in 2015/16. Q1 2016/17 has seen a further decline to 6.7%.

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 Q1 performance was 43.3% against a target of 35%. This is better than the previous reported figure of 43% for time period Q4 2015/16.

Context

Numbers in treatment are now fairly stable with referral rates consistent despite significant fluctuations in the number of arrests and drug tests taking place in arrest referrals. Re-presentation rates remain low at 3.9% (2 out of 51 exits) therefore we expect numbers in treatment to begin to decline if exit rates remain above target. We are working with partners to improve offender management for those with substance

misuse issues with the aim of increasing the level of meaningful treatment for those where substance misuse remains a factor in driving offending behaviour.

Self-reported wellbeing (PHOF data)

- No update available since 2014/15

5. Health protection

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

- Chlamydia Diagnosis rate for 15-24 year olds (inclusive) - 1, 512 per 100,000 in 2015. This equates to 341 cases in the Stockton on Tees population.
- Chlamydia Diagnosis rate for 15-24 year olds (inclusive) - 1, 101 per 100,000 in Q1 2016/17. This equates to 67 cases in the Stockton on Tees population.

Context

The number of chlamydia diagnoses in Stockton on Tees residents was significantly lower in 2015 (-20%) than seen in 2014. No Local Authority area across Tees or the North East achieved the diagnosis rate target of 2,300 per 100,000 across the year.

The diagnosis rate for Stockton has dropped further within the first quarter of 2016/17. Only Middlesbrough within the North East region achieved the diagnosis rate target in this quarter.

The new contract to deliver integrated sexual health services across Tees has a specific focus on increasing diagnosis and treatment of all sexually transmitted infections including chlamydia and will utilise assertive outreach to engage with the most vulnerable communities. Stockton in particular will benefit from increased outreach within this model. Sexual Health Teesside will also work closely with schools, colleges and young people's services to deliver a range of preventative services including sex and relationships education and an accessible condom distribution scheme.

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

- No new data to provide. Annual data will be released for 2015 at end of Q4 2016/17.

Childhood Flu Programme

- No new data available

Context

NHS England is currently commissioning a new provider to deliver the annual school based Childhood Flu programme across Stockton on Tees. Delivery of the programme is scheduled to commence during October and will run until mid-December. The programme will be extended this year to include children from Year 3.

6. Healthcare and premature mortality

HW204 Uptake of NHS health check programme by those eligible

- In Q1 2016/17 there were 2578 invited to attend a healthy heart check and 1360 were assessed. Based on Q1 performance data, the projected uptake of NHS health check programme will achieve the target of 50% of those invited.
- This represents a 4.3% increase in the total number who accessed checks compared with Q1 2015/16.

Context

In the year to date (Q1 2016/17), 600 people from Quintile 1 & 2 were invited to have the health check and 66.8% of those were assessed. This compares with 47.5% from Quintile 3 to 5 who were assessed in the same time period. We have continued to improve on the number of people from the two most deprived quintiles that attended for an assessment.

7. Addressing Health Inequalities

Work has been ongoing through Public Health input to the Health and Wellbeing Board in 2016/17 to improve health and wellbeing and reduce inequalities.

A Community Healthy Heart Check (HHC) Steering Group has been established to improve the uptake of HHC from areas that indicated a very low uptake compared with Stockton average. Two wards have been identified with low uptake rate: Ragworth and Norton North. A series of drop-ins sessions have been arranged at Ragworth Community Centre aiming to increase the number of people from these areas attending for HHC.

A series of 'cancer signs and symptoms' training sessions targeting those members of staff working with those in the community with learning disabilities, service providers and social care staff have been arranged. The training aims to increase awareness amongst people with learning disabilities but also to provide the skills and knowledge for staff to raise awareness within their setting.

Public Health is working in partnership with Housing Options colleagues to look at how to improve the health and wellbeing within the local homeless population. We are currently gathering information, good practices and local intelligence to support this piece of work. A further update will be provided in November at the Adult's Health and Wellbeing Partnership.

A review of the Domestic Abuse service is underway between April and August 2016. Alongside this service review, a wider review of domestic abuse support available across Stockton has been taking place with stakeholder mapping events held in June 2016. Information collected as part of these mapping events will be used to update the current Joint Strategic Needs Analysis and the Domestic Abuse Strategy. As part of the refreshed Domestic Abuse Action Plan, a domestic abuse awareness campaign launched in June 2016 which included a series of newly developed domestic abuse posters and leaflets. The poster campaign aims to raise awareness of domestic abuse with five different themes. The campaign will be focused in those areas within the Borough where high numbers of incidents are noted, based on police data and information from the service provider.

8. Additional activity

Programmes of review work are being undertaken by the Public Health Team in relation to some of the children's Social Care services that are commissioned by Public Health.

These include;

- The mental health support service that is specifically commissioned for looked after children;
- Services for children who have been sexually abused or who are at risk of sexually abusing others;
- Services and support for children at risk of sexual exploitation;
- Supported housing services for young people.

The review processes are expected to identify any service efficiencies including, where appropriate, any possible service financial savings. The reviews are expected to be completed by the end of this year, the outcomes of which will determine the next financial years commissioning intentions.

A tender exercise has also now been completed for Supervised Family Contact and Transport and Children's Home and Community based Support Services.

This contract regularly delivers up to 600 hours per week supervised contact support and transport to children who are in the care of the local authority, and up to 200 hours per week personal care and support to children with disabilities and complex needs.

The new contract, which is for a four year period has been awarded to Reach Out Care Support Services.

Other future social care tenders which are being planned include Advocacy Services for Children and Young People, Independent Foster Care Services and Supported

Housing and Homelessness Services for Young People, and Adoption Support Services.

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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