

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

REPORT OF INTERIM DIRECTOR OF PUBLIC HEALTH

PERFORMANCE UPDATE – DECEMBER 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 December 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 Q2 data where available and the most recent data where Q2 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). 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 November 2016 and is for the period 2015/16.
- This data indicated that 9.6% of the reception year age group are considered obese.
- We have missed the target of 9.5%. However this figure is better than 10.5% in 2014/15. We are worse than the national average of 9.3% but better than the regional average of 10.7%.
- Nationally the prevalence of obesity in Reception aged children has increased since 2014/15. Stockton-on-Tees rates have decreased since 2014/15.

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

- The latest published data was released in November 2016 and is for the period 2015/16.
- This data indicated that 21.3% of the year 6 group are considered obese. This figure is worse than the rate of 19.6% seen in 2014/15 but better than the rate seen in 2013/14 (21.5%).
- We have achieved the target of 21.5%.
- In year 6 obesity rates are consistently higher than the England average of 19.8% but are lower than the regional average of 22.4%.
- Nationally the prevalence of obesity has increased since 2014/15 in year 6.
- National data has shown that the deprivation gap as measured by the differences in obesity prevalence between the most and least deprived areas has increased over time. This also reflects the local trend in Stockton-on-Tees.

Context

Obesity remains a significant issue for Stockton-on-Tees. The Children and Young Peoples Public Health School Nursing Service continue to achieve a high coverage rate delivering the National Child Measurement (NCMP) which ensures high quality data for service planning and analysis. The School Nursing Service is now providing pro-active follow-up to families when a child is identified as obese through the NCMP. This has resulted in more referrals to the Family Weight Management Service (Morelife).

The Phunky Foods programme continues to engage with primary and secondary schools to support a whole school approach to healthy eating and physical activity. The programme is currently being delivered in 35 primary schools.

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

- Q1 (2016/17) showed that 535 smokers set a quit date.
- Based on Q1 data, there is 7.2% of the smoking population projected to be accessing the stop smoking service.
- 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)

- There were 218 quitters in Q1 2016/17 against a target of 350, this is 38% below target.
- There were 23 fewer quitters compared with Q1 2015/16. This equates to a 9.5% reduction, which is higher than the North East which has seen a 0.4% increase in 4 week quitters.
- Percentage of individuals accessing the stop smoking services who are resident in our ten most deprived wards who have quit at four weeks is 53.9%.
- Percentage of the total population who access the stop smoking service who are residents from the ten most deprived wards of the Borough is 67.4%.

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

No new data available for Q2

Context

Work is continuing around the development of a Borough multiagency alcohol strategy. The alcohol strategic group now meets bi-monthly, with various partners and champions around the table to provide strategic oversight of the local action plan to address alcohol harm reduction. The group are also looking at ways to gather intelligence to strengthen, support and target work in the Borough. Currently work is in early development to connect the work of Lifeline (local alcohol service) and Trading Standards to address underage alcohol sales.

To reduce alcohol related risk and harm across the Borough, Alcohol Screening and delivery of Brief Interventions (BI) Training continues to be delivered through 'Have a Word' Alcohol Training. One hundred and sixty eight practitioners from 15 organisations have participated in training to date. Have a Word training has been embedded within Cleveland Fire Service training to support the rollout of the Force's safe & well visits. Four training sessions were delivered during October to the Force. Work continues to establish an email survey through the council 'Your Views' survey tool to assess the impact of training.

Fetal Alcohol Spectrum Disorder (FASD) awareness day took place on 9th September, with a range of activities and promotion taking place across that whole week including:

- FASD infographic and covering letter sent to GPs, Childrens Centres, partner services, licenced premises, SBC staff areas and healthy workplaces.
- A Fairer Start volunteers distributed FASD leaflets and verbally spread the '049' alcohol in pregnancy message.
- Youth Direction group activities using FASD animation.
- Joint Tees campaign to pharmacies with posters and stickers placed on all prescriptions to 16-45 year olds during the week.
- Two information stands at Stockton Central Library on Wednesday 7th September and Love Stockton building on 9th September delivered by FASD Network UK & Lifeline Alcohol Service.

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 Q2 performance was 5.1% against a target of 5.5%.
- This is better than the previous reported figure of 4.8% for time period Q4 2015/16.

Context

Stockton performance remains low in comparison with comparator authorities (top quartile performance is between 8.05% and 17.9%). The performance indicator has a six month lag in order to measure re-presentation rates in the six months following exit. Therefore Q2 performance reflects numbers leaving treatment in the 12 months up to the end of March 2016. Exit rates increased significantly in January to March due to an increase in the use of community based detox. The Q4 improvement in exits

has failed to boost performance in this indicator as much as anticipated due to an increase in re-presentations in September.

The national trend shows continuous and significant decline falling from 7.6% in 2014/15 to 6.8% in 2015/16. Q2 2016/17 has seen a further decline to 6.6%.

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 45.8% against a target of 35%.
- This is better than the previous reported figure of 43.3% for time period Q1 2016/17.

Context

Numbers in treatment (rolling 12 month) have fallen from 243 to 225 in Q2. Referral rates remain consistent despite significant fluctuations in the number of arrests and drug tests taking place in arrest referrals.

Re-presentation rates remain low at 4.8% (3 out of 63 exits) therefore we expect numbers in treatment to continue 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. There is potential for this to increase numbers in treatment in the short term.

Self-reported wellbeing (PHOF data)

- No update available since 2014/15

5. Health protection

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

- No update available since that provided for Q1

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

Latest Annual Data

- 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
- Under 18 conception data for 2015 will be available at end of Q4 2016-17.

Quarterly Data

- The latest quarterly data available is for Q2 2015-16.
- Stockton rate is 29.5 per 1000 of the 15 – 17 year old population. This is a 5.4% reduction when compared to the same quarter in 2014-15.
- North East Q2 2015-16 average rate is 29
- England Q2 2015-16 average rate is 21.6

Context

Whilst the latest quarterly and annual under 18 conception data for Stockton indicates a decline in conception rates in the Borough, the rate of this decline is not as rapid as in the majority of North East local authority areas.

A Tees-wide Integrated Sexual Health Service (provided by Virgincare) is commissioned to provide Level 1, 2 and 3 sexual health services including provision of contraception, screening and treatment for sexually transmitted infections and provision of advice and information on sexual health and relationships.

A new service model has been in operation since August 2016 and continues to offer a hub and spoke approach but places a greater emphasis on outreach provision, preventative approaches and working with those from the most vulnerable communities. The model includes the delivery of services specifically for young people and this work is being delivered by Brook, a national young people's sexual health and wellbeing charity. Brook will be providing specific focused work to increase access to outreach services, chlamydia screening and C Card (condom distribution) alongside the delivery of evidence based education and training packages to groups of young people and targeted support for the most vulnerable. In addition, Brook will deliver workforce development programmes for the children and young people's workforce to up skill them in the delivery of sexual health and relationship advice and information.

Childhood Flu Programme

- No new data available

Context

Harrogate and District NHS Foundation Trust has been commissioned by NHS England to roll out the Childhood Flu programme across Stockton-on-Tees. Delivery of the programme began in Stockton schools from late October and will continue through until December. Uptake data will be confirmed in the Q3 performance report.

6. Healthcare and premature mortality

HW204 Uptake of NHS health check programme by those eligible

- Cumulative figures for Q1 and Q2 2016/17 show there were 4959 invited to attend a healthy heart check and 2678 were assessed. Based on the current performance data, the projected uptake of NHS health check programme will achieve the target of 50% of those invited.
- The total number who accessed checks was similar compared to the same period of time last year.

Context

In the year to date (Q1 & Q2), 1276 people from the top 10 most deprived wards were invited to have the health check and 63.7% of those were assessed. This compares with 46.5% from Quintile 3 to 5 who were assessed in this same time period. We have continued to improve on the number of people from the top 10 most deprived wards 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 the Stockton average. Two wards have been identified with a low uptake rate: Ragworth and Norton North. A series of drop-in sessions have been arranged at Ragworth Community Centre aiming to increase the number of people from these areas attending for HHC. Four sessions of Healthy Heart Checks have been arranged at Ragworth Community Centre and a total of 15 residents completed the check.

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 has been delivered. The training aimed to increase awareness amongst people with learning disabilities but also to provide the skills and knowledge for staff to raise awareness within their own settings. A total of 50 frontline staff across Health and Social care attended the training.

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 practice and local intelligence to support this piece of work. A further update was provided at the November Adults' Health and Wellbeing Partnership meeting. Partners have decided to have a further discussion around the dual diagnosis policy and pathway at a future meeting (alcohol and mental health) to ensure individuals receive appropriate support.

A review of the Domestic Abuse service was completed in September 2016. Work is currently underway to refresh the Domestic Abuse Strategy, the proposed content of which is being discussed within the Domestic Abuse Steering Group.

8. Additional activity

The Public Health Team continues to deliver a range of services to support Children's Social Care operations.

A number of these services are still under review to determine commissioning intentions for next year and also how these services interlink with other Public Health interventions. As an example we are considering how the mental health support service that is specifically commissioned for looked after children fits with the wider Children's Mental Health service and the specific service that we commission for children who have been sexually abused or who are at risk of sexually abusing others. This will ensure that there are no overlaps in provision as well as preventing possible gaps in provision.

A mapping exercise is underway in conjunction with partner agencies and local authorities relating to services and support for children at risk of sexual exploitation, the purpose of which will be to consider stability and longevity of services and possible opportunities for improved ways of working and shared commissioning.

We have commissioned a new Independent Advocacy service for Children and Young People as from 1 November 2016. The provider is National Youth Advocacy Services who have delivered a successful and high quality service in the Tees Valley area for a number of years.

Supported housing services for young people are also still in the process of being re-commissioned as part of a wider strategic review across the Council of short term housing for adults aged 16 and over. It is expected that the new service tender will be advertised in the new year following a process of consultation with existing service providers and service users.

The Supervised Family Contact and Transport and Children's Home and Community based Support Services delivered by Reach Out Care Support Services continues to be a very busy service and is currently delivering in excess of 1000 hours per week of service to children who are in the care of the local authority. The next few weeks are the busiest time of year for the service, adding additional pressure, as children and their families who only get together occasionally need to meet in the run up to Christmas.

In addition the service is also delivering around 300 hours per week personal care and support to children with disabilities and complex needs.

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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