

## **AGENDA ITEM**

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

**29 MARCH 2017**

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

## **PERFORMANCE UPDATE – MARCH 2017**

### **SUMMARY**

This report provides a performance update on key indicators from the performance monitoring framework for the Joint Health and Wellbeing Strategy delivery plan, at March 2017.

### **RECOMMENDATIONS**

1. The Stockton-On-Tees Health and Wellbeing Board are asked to note the update and data and consider any implications for addressing performance issues and health inequalities as well as 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.
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. This report covers Q3 data or newly released annual data where available and otherwise refers to previous reports. Data such as obesity rates from the National Child Measurement Programme are updated annually in line with the Public Health Outcomes framework (PHOF) or Public Health England (PHE) data release timescales. Local data and context is included where possible.
4. The local performance summary is set out below and refers to national benchmarking and trend data where available.
5. 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.

## **HEALTH IMPROVEMENT**

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

- The latest data for the period 2015/16 was released in November 2016 and has been reported to the HWB in January 2017.
- Please find further information on trends in the appendix.

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

- The latest data for the period 2015/16 was released in November 2016 and has been reported to the HWB in January 2017.
- Please find further information on trends in the appendix.

Childhood obesity remains a significant issue for Stockton.

The school nursing service continues to deliver pro-active follow-up to families with obese children resulting in an increase in referrals to the family weight management.

The Phunky Foods programme has increased engagement with primary and secondary schools to raise the profile of the importance of healthy eating and physical activity for pupils and staff and is supporting schools to make sustainable healthy changes.

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

- Cumulative figures for Q1-3 in 2016/17 show that 1515 smokers set a quit date.
- Based on this data, 7.1% of the smoking population are projected to be accessing the stop smoking service compared to 4.4% nationally. This means that the service has achieved the target of 6%.
- Stockton remains in the top 3 local authorities for performance in the region.
- Data source: Stockton on Tees Stop Smoking Service. North Tees and Hartlepool Foundation Trust (NTHFT) Q1-3 2016/17

Stockton Public Health commissions specialist smoking cessation services from NTHFT which are regarded as an example of best practice nationally.

Current estimates indicate that the service exceeds the suggested minimum of 5% of the smoking population to access stop smoking services.

Work is continuing with partners from the Adults Health and Wellbeing and Children and Young People's Partnerships to help gain greater reach into the smoking population particularly those from the most deprived wards who have the highest smoking prevalence.

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

- Cumulative figures for Q1-3 for 2016/17 show 559 quitters
- This represents a reduction by almost 20% compared to the same period of time in 2015/16.
- Regional data for Q3 for comparison is not yet available from FRESH Smoke Free North East.
- 64.4% of those who accessed the stop smoking service were from the most deprived wards
- 59.6% of those who achieved to quit smoking were from the ten most deprived wards
- Data source: Stockton on Tees Stop Smoking Service. North Tees and Hartlepool Foundation Trust (NTHFT) Q1-3 2016/17

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 smoking cessation service. Work continues at national level to understand the impact and evidence around this. The latest research by ASH finds that the use of electronic cigarettes remains very low among young people in UK. The survey found that young people may have tried e-cigarettes but regular use is still rare and confined largely to those who currently smoke or have previously smoked.

There is evidence which reduces the uptake of young people smoking. One is 'Smoking Free Children Play Areas' and the other is 'Smoke Free Quality Standard' guidance for schools. Stockton has implemented both of these initiatives.

We worked with local primary schools to design the local smoke free signs for all children play areas and school gates across the Borough. This initiative aimed to de-normalise smoking to children. Public Health also works closely with the Education Inclusion Team to develop the health and wellbeing section within the Quality Inclusion Mark for all schools in the Borough. The Risk Taking Behaviour roadshow and toolkits were developed to support the schools on not only the smoking agenda but also other risk taking behaviours.

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

- Alcohol-related hospital admission rates currently stand at 692 per 100,000 population in Q3 against a proposed yearly cumulative target of 2624.
- This represents a reduction of 3.1% compared to Q1 2015/16 rate of 714.
- Data source: Balance North East for Q1 2016/17

The Alcohol Strategic Group is developing an alcohol prevention strategy working closely with licensing and police colleagues. This includes the development of a cumulative impact policy in relation to the impact of licensed premises on our communities. Public health commissions frontline treatment services provided through Lifeline. Lifeline offers treatment interventions within the community and is currently working with 524 (12 month rolling number) individuals across the borough.

**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 Q3 5.7% of opiate drug users left drug treatment successfully
- This is above the local target of 5.5%. but below national average and best practice in comparable local authorities.
- Performance has improved from 5.1% in Q2 2016/17.
- Data source: National Drug Treatment Monitoring System (NDTMS) for Q3 2016/17

Stockton performance remains low in comparison with comparator authorities (top quartile performance is between 8.17% and 13.45%). However there are many factors which contribute to this particularly around drug prevalence and penetration levels of people in treatment therefore simple comparison should be exercised with caution.

The performance indicator has a six month lag in order to measure re-presentation rates in the six months following exit. Therefore Q3 performance reflects numbers leaving treatment in the 12 months up to the end of June 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 performance 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% which has stabilised in Q3.

**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 Q3 performance was 37.5% against a target of 35%.
- This is lower than the previous reported figure of 45.8% for time period Q2 2016/17.
- Data source: National Drug Treatment Monitoring System (NDTMS) for Q3 2016/17

Numbers in treatment (rolling 12 month) have increased slightly at 232 compared 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 4.3% (2 out of 46 exits) therefore we expect numbers in treatment to gradually 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.

## **HW Self-reported wellbeing - % of people with a low satisfaction score**

- 5% of adults reported a low satisfaction with their wellbeing compared to 5.3% at regional and 4.6% at national level.
- Data source: PHOF for 2015/16 data

Low satisfaction with wellbeing in Stockton is similar to regional and national level. The score in 2015/16 has been an improvement to the previous year when satisfaction was significantly worse than national average.

## **HW Breastfeeding initiation and breastfeeding prevalence at 6-8 weeks after birth.**

- Breastfeeding initiation rates in Stockton were 58.2% compared to 60.1% in the North East and 74.3% in England.
- Breastfeeding prevalence rates at 6-8 weeks were 29.6% in Stockton compared to 43.8% in England.
- Please find further information on trends in the appendix. .
- Data source: PHE and CHIMAT for 2014/15

Trend data for breastfeeding shows little change in initiation rates over the last 5 years and a slight increase in prevalence rates which brings Stockton closer to national figures.

The initiation and continuation of breastfeeding continues to be a priority, with midwifery, health visiting and children's centre services offering direct support to women and families. All health visitors have received UNICEF Baby Friendly Initiative standard training to ensure that they are able to provide up to date and accurate advice to those who require additional support. A multi-agency clinical reference group has been established by North Tees Hospital Foundation Trust through the 0-5 Healthy Child Programme services to embed high quality training and support across the ante-natal and early years system.

The Breastfeeding Welcome (BFW) Scheme continues to expand with 46 sites across the borough being accredited as meeting the BFW standards. Work is commencing with Tees Active who are seeking to ensure that each of their sites gain Breastfeeding Welcome accreditation and that staff are trained to provide appropriate support and information.

Planning has also commenced for this year's 'Big Latch On' event which aims to promote and support breastfeeding families by making breastfeeding a normal part of everyday life at a community level. This year's event will take place during World Breastfeeding Week in August.

## HEALTH PROTECTION

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

- The Chlamydia diagnosis rate for 2014/15 in Stockton was 1512 compared to 1794 in the North East and 1887 in England.
- Please find further information on trends in the appendix.
- Data source: PHE (CTAD) 2015/16

The chlamydia diagnosis rate combines uptake of testing and positivity rate and therefore presents a balanced measure of coverage and targeted testing. The chlamydia diagnosis rate for Stockton is below the regional and national average. SBC commissions the local sexual health service and Brook is subcontracted by the service since December 2016 to delivery community based sexual health outreach with a focus on improving chlamydia testing. The sexual health service is also subcontracting the majority of community pharmacies to offer chlamydia testing to young people.

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

- The under-18 conception rate for Stockton in 2014 was 34.4 compared to 30.2 in the North East and 22.6 in England.
- Please find further information on trends in the appendix.
- Data source: PHE

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 decrease is not as rapid as in the majority of North East local authority areas.

A Tees-wide Integrated Sexual Health Service is commissioned to provide Level 1, 2 and 3 sexual health services including provision of contraception.

The new service model focuses on developing outreach provision, preventative approaches and working with those from the most vulnerable communities. Brook is now rolling out training for school nurses and youth workers to increase knowledge and access to information, contraception, services 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. The service has subcontracted the majority of community pharmacies to provide emergency contraception and C card.

### **HW Childhood Flu Programme**

- 100% of Stockton schools were visited as part of the programme in 2016/17.
- The estimated total number of children who were offered vaccination in schools was 7664 and the total number of children vaccinated in schools was 4312

- Estimated cumulative percentage uptake in schools during the 2016/17 season was 56%
- Data source: NHS England

Harrogate and District NHS Foundation Trust is commissioned by NHS England to roll out the Childhood Flu Vaccination programme. Delivery of the programme was undertaken within Stockton schools for year 1, 2 and 3 pupils from late October until December 2016, with community based clinics offered to children educated out of school or as catch up for those who were absent on the day of visit. The ambition was for the provider to vaccinate between 40% and 60% of eligible children and this was achieved. Uptake was slightly lower this year than in the previous year (58% uptake in 2015).

## **HEALTHCARE AND PREMATURE MORTALITY**

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

- 7800 people were invited for and 3956 received a Healthy Heart Check in Q1-3 in 2016/17
- 19,603 people in Stockton have received a Healthy Heart Check since 2013.
- Based on current performance data, the local performance target of 50% of the annual eligible population to receive a NHS health check programme will be achieved.
- Data source: NECS, PHE and Healthier Lives

In the year to date (Q1 to Q3), 2196 people from the top 10 most deprived wards were invited to have the health check and 55.7% of those were assessed. This compares with 49% 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.

## **ADRESSING HEALTH INEQUALITIES**

The Healthy Heart Check programme has incentivised the invitation and delivery of Healthy Heart Checks to people living in the most deprived areas of Stockton over the past two years. 23.5% of all health checks were in resident from the most deprived quintile of the population. The proportion of assessments in the most deprived areas has increased since 2013.

## **ADDITIONAL ACTIVITY**

Work is currently underway to refresh the Domestic Abuse Strategy, the proposed content of which is being discussed within the Domestic Abuse Steering Group and will be taken to Safer Stockton Partnership and the Children and Young Peoples Partnership in March 2017.

From November 2016 Public Health has commissioned 12 full day Domestic Abuse training courses for frontline staff to be delivered by the commissioned specialist service. The content of the training included training on questioning techniques and

awareness raising to encourage early identification by frontline staff working with young people and adults in Stockton-on-Tees. The initial 8 courses proved very popular and an additional 4 courses were added. A range of services and frontline staff have attended so far including mental health services, stop smoking services, SBC schools, Children's Services, Children's centres, and North Tees and Hartlepool Foundation Trust.

Warm Homes Healthy People 6 was launched on the 3rd October 2016. The programme continues to include the eligibility criteria introduced in 2015 with the aim of delivering essential interventions, such as income maximisation, energy debt advice, emergency heating and boiler repairs within a timely manner, whilst ensuring that those most in need can access support within the project budget. Publicity around the scheme has concentrated on those most vulnerable with the message taken directly to community locations and forums and a case study included within Stockton News, as well as raising the profile of the scheme with referring professionals at a small launch event.

### **FINANCIAL IMPLICATIONS**

There are no direct financial implications of this update.

### **LEGAL IMPLICATIONS**

There are no specific legal implications of this update.

### **RISK ASSESSMENT**

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**

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**

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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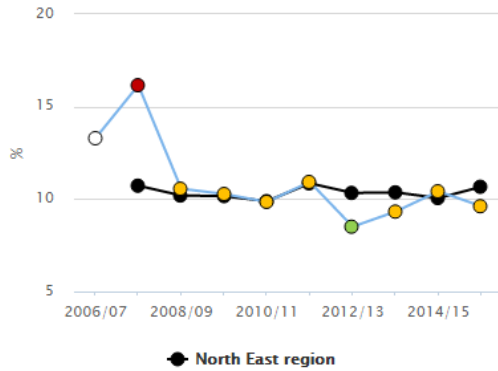
## APPENDIX - TREND INFORMATION FOR SELECTED INDICATORS

### Reception: Prevalence of obesity

Stockton-on-Tees

Proportion - %

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Recent trend:

Period	Count	Value	Lower CI	Upper CI	North East	England
2006/07	217	13.3	11.7	15.0	*	9.9
2007/08	321	16.2	14.6	17.8	10.7	9.6
2008/09	216	10.6	9.3	12.0	10.2	9.6
2009/10	223	10.3	9.1	11.6	10.2	9.8
2010/11	226	9.8	8.7	11.1	9.9	9.4
2011/12	252	10.9	9.7	12.3	10.8	9.5
2012/13	203	8.5	7.5	9.7	10.3	9.3
2013/14	218	9.3	8.2	10.6	10.4	9.5
2014/15	257	10.4	9.3	11.7	10.1	9.1
2015/16	240	9.6	8.5	10.8	10.7	9.3

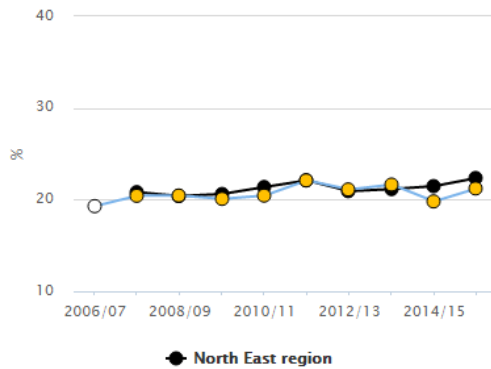
Source: NHS Digital, National Child Measurement Programme

### Year 6: Prevalence of obesity

Stockton-on-Tees

Proportion - %

Export chart as image [Show confidence intervals](#)



Recent trend:

Period	Count	Value	Lower CI	Upper CI	North East	England
2006/07	238	19.3	17.2	21.6	*	17.5
2007/08	417	20.4	18.7	22.2	20.8	18.3
2008/09	397	20.4	18.7	22.3	20.4	18.3
2009/10	432	20.1	18.4	21.8	20.6	18.7
2010/11	400	20.4	18.7	22.3	21.4	19.0
2011/12	421	22.1	20.3	24.0	22.1	19.2
2012/13	412	21.1	19.4	23.0	20.9	18.9
2013/14	446	21.6	19.9	23.5	21.2	19.1
2014/15	406	19.8	18.1	21.6	21.5	19.1
2015/16	470	21.2	19.6	23.0	22.4	19.8

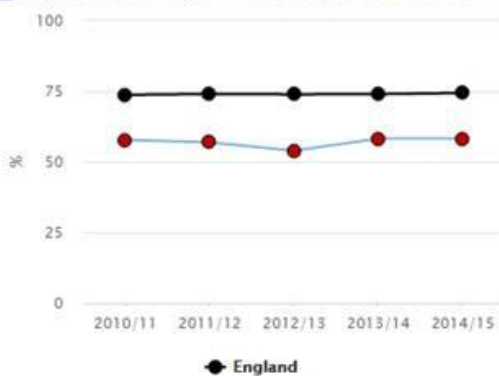
Source: NHS Digital, National Child Measurement Programme

### Breastfeeding initiation

Stockton-on-Tees

Proportion - %

Export chart as image [Show confidence intervals](#)



Recent trend:

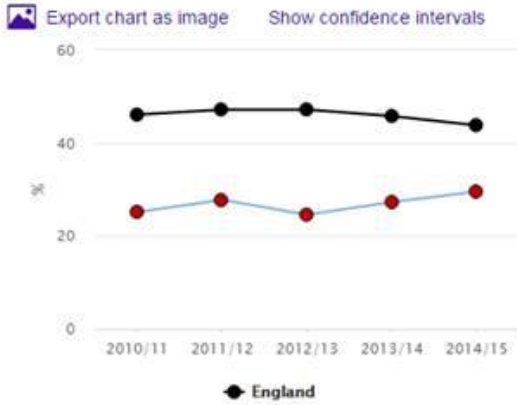
Period	Count	Value	Lower CI	Upper CI	North East	England
2010/11	1,351	57.7	55.7	59.7	57.4	73.7
2011/12	1,368	56.9	54.9	58.8	58.9	74.0
2012/13	1,267	53.9	51.9	55.9	59.3	73.9
2013/14	1,328	58.2	56.2	60.2	60.3	74.0
2014/15	1,326	58.2	56.2	60.2	60.1	74.3

Source: LA, Regional and England data are calculated by NHS England. Public Health England Knowledge and Intelligence Team (East) has calculated Shires and additional geographies.

### Breastfeeding prevalence at 6-8 weeks after birth - previous method

Stockton-on-Tees

Proportion - %



Recent trend: ↗

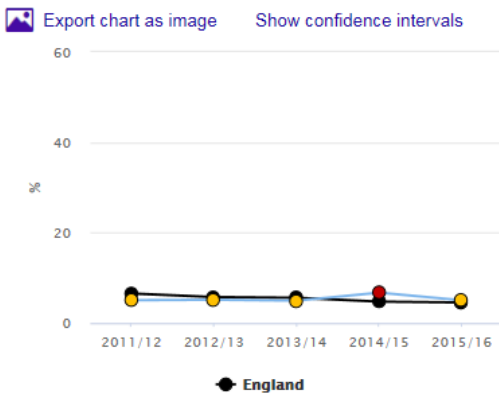
Period	Count	Value	Lower CI	Upper CI	North East	England
2010/11	611	25.2	23.5	26.9	30.0	46.1
2011/12	669	27.8	26.0	29.6	30.2	47.2
2012/13	587	24.6	22.9	26.3	31.2	47.2
2013/14	646	27.3	25.5	29.1	*	45.8
2014/15	682	29.6	27.7	31.5	*	43.8

Source: LA Regional and England data are calculated by NHS England. PHE National Child and Maternal Health Intelligence Network has calculated additional geographies.

### 2.23i - Self-reported wellbeing - people with a low satisfaction score

Stockton-on-Tees

Proportion - %



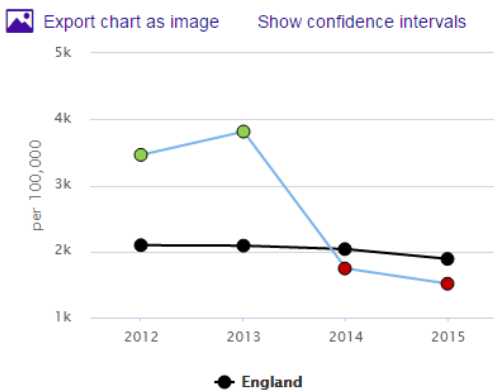
Period	Count	Value	Lower CI	Upper CI	North East	England
2011/12	-	5.0	3.4	6.7	6.5	6.5
2012/13	-	5.1	3.5	6.8	6.7	5.7
2013/14	-	4.9	3.0	6.8	6.3	5.6
2014/15	-	6.7	4.8	8.7	6.0	4.7
2015/16	-	5.0	3.2	6.9	5.3	4.6

Source: Annual Population Survey (APS); Office for National Statistics (ONS).

### Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02)

Stockton-on-Tees

Crude rate - per 100,000



Recent trend: -

Benchmarking against goal: <1,900 1,900 to 2,300 ≥2,300


Period	Count	Value	Lower CI	Upper CI	North East	England
2012	869	3,461	3,235	3,699	2,722	2,095
2013	936	3,813	3,573	4,065	2,633	2,088
2014	424	1,742	1,580	1,916	2,034	2,035
2015	368	1,512	1,362	1,675	1,794	1,887

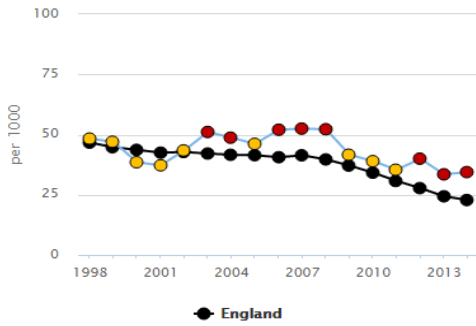
Source: Public Health England


**Under 18s conception rate / 1,000 (PHOF indicator 2.04)**

Stockton-on-Tees

Crude rate - per 1000

 Export chart as image    [Show confidence intervals](#)



Recent trend: 

Period	Count	Value	Lower CI	Upper CI	North East	England
1998	181	48.3	41.5	55.9	56.5	46.6
1999	176	47.0	40.3	54.5	55.3	44.8
2000	151	38.5	32.6	45.2	50.8	43.6
2001	150	37.2	31.5	43.7	48.3	42.5
2002	172	43.4	37.2	50.4	51.2	42.8
2003	197	51.1	44.2	58.7	52.4	42.1
2004	185	48.7	41.9	56.2	51.2	41.6
2005	176	46.1	39.6	53.5	50.5	41.4
2006	199	52.0	45.0	59.7	49.1	40.6
2007	209	52.5	45.6	60.1	52.8	41.4
2008	209	52.2	45.4	59.8	48.0	39.7
2009	164	41.6	35.5	48.5	45.7	37.1
2010	145	38.9	32.9	45.8	43.5	34.2
2011	127	35.4	29.5	42.1	38.4	30.7
2012	138	40.0	33.6	47.2	35.5	27.7
2013	111	33.5	27.5	40.3	30.6	24.3
2014	115	34.4	28.4	41.3	30.2	22.8

Source: Office for National Statistics (ONS)