

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD 31/01/18

REPORT OF DIRECTOR OF PUBLIC HEALTH

PERFORMANCE UPDATE for Q2 2017/18

January 2018

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 January 2018.

RECOMMENDATIONS

1. The Stockton-on-Tees Health and Wellbeing Board are asked to note the performance update and data and to 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

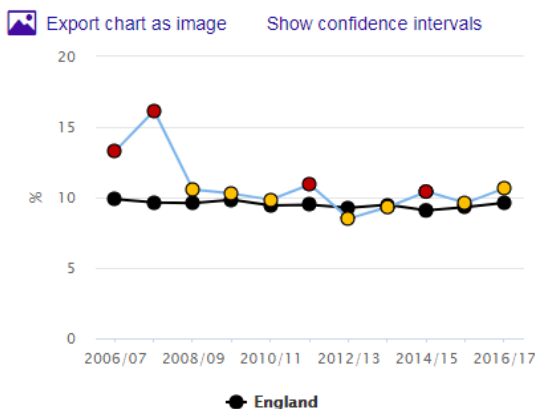
1. The Stockton Health and Wellbeing Board is responsible for overseeing the performance of partner organisations in relation to key health and wellbeing indicators. This is the quarterly performance update report to the Board, compiled on an exception basis as agreed. Key areas of performance are outlined, 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 Q2 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

10.7% of children in reception in Stockton-on-Tees were obese in 2016/17, compared to 9.6% in England. Over the last decade the proportion of obese children has initially fallen and remained stable and similar to the England average since 2008/09.

Reception: Prevalence of obesity Stockton-on-Tees Proportion - %



Recent trend: ↓

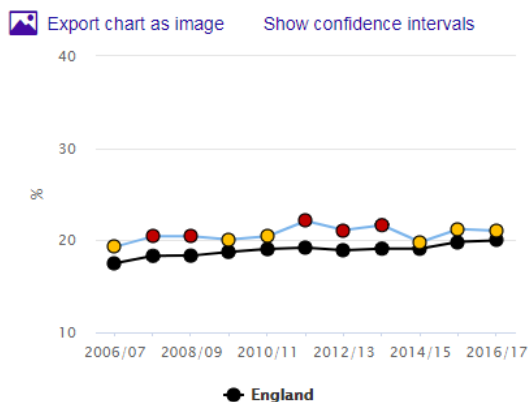
Period	Count	Value	Lower CI	Upper CI	North East	England
2006/07	217	13.3	11.7	15.0	*	9.9
2007/08	321	16.2	14.6	17.8	10.7	9.6
2008/09	216	10.6	9.3	12.0	10.2	9.6
2009/10	223	10.3	9.1	11.6	10.2	9.8
2010/11	226	9.8	8.7	11.1	9.9	9.4
2011/12	252	10.9	9.7	12.3	10.8	9.5
2012/13	203	8.5	7.5	9.7	10.3	9.3
2013/14	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
2016/17	261	10.7	9.5	11.9	10.7	9.6

Source: NHS Digital, National Child Measurement Programme

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

21.1% of children in year 6 in Stockton-on-Tees are obese compared to 20.0% in England. The proportion of obese children has remained stable and similar to the England average since 2014/15.

Year 6: Prevalence of obesity Stockton-on-Tees Proportion - %



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
2016/17	480	21.1	19.4	22.8	22.5	20.0

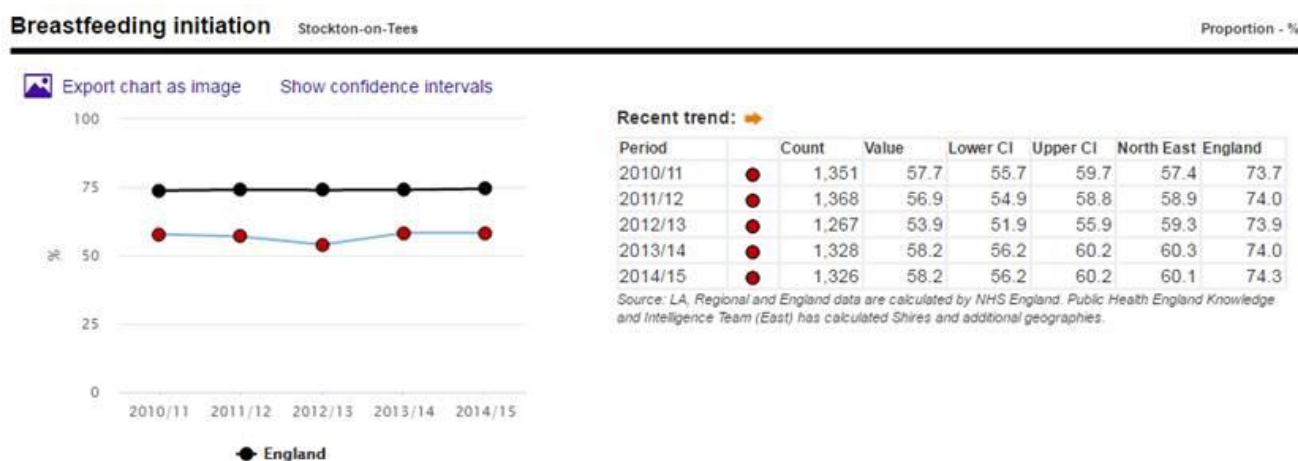
Source: NHS Digital, National Child Measurement Programme

The family weight management service (Morelife) and Phunky Foods programme have continued to engage with targeted primary schools that have higher obesity rates. The schools are primarily in areas of higher deprivation. The services have actively delivered interventions in half of the schools identified and are working towards working with all targeted schools by March 2018.

Maternal & Child Nutrition training has been commissioned as part of the A Fairer Start project. HENRY (A national charity enabling a healthy start in life for babies and children) has been commissioned to deliver evidenced based early years training courses for all practitioners working with families of young children in the central Stockton ward. HENRY has trained 37 people so far from a range of organisations, including health visiting, midwifery, early years practitioners, outreach workers and volunteers will help practitioners support families to develop a healthier lifestyle and give babies and young children a healthy start in life.

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

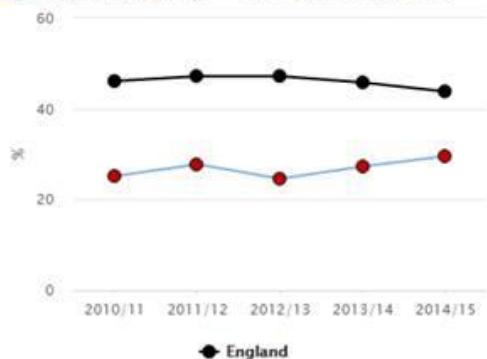
Breastfeeding initiation rates have remained stable and significantly below the England average between 2010/11 and 2014/15.




Breastfeeding rates have increased slightly between 2010/11 and 2014/15 and remained well below the England average. Data source: PHE and CHIMAT.

Please note: 2015/16 data not available due to data validation issues.

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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	567	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.

Events were held across the borough to promote World Breastfeeding Week during August. SBC Community Engagement, Children’s Centres, Public Health and Communications teams worked with North Tees and Hartlepool NHS Foundation Trust (NTHFT) and Tees Active to deliver a programme of events held within community venues to promote breastfeeding and increase awareness of the importance of positive attachment regardless of feeding choice.

The Breastfeeding Welcome Scheme continues to progress with 52 sites across Stockton now adopting the breastfeeding welcome charter.

In September, NTHFT provided a ‘train the trainer’ Breastfeeding Awareness programme for key staff within Tees Active to become breastfeeding champions. Billingham Forum, Splash, Thornaby Pavillion and Thornaby Pool are now compliant with the breastfeeding welcome charter throughout their premises.

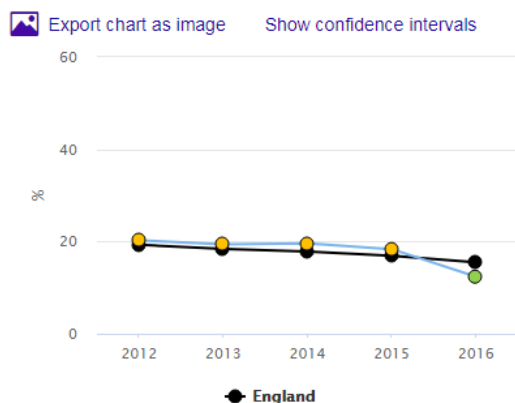
Service developments initiated as part of the 0-5 Healthy Child Programme contract (health visiting service) have supported the development of a specialist infant feeding clinic which will offer assessment, guidance and practical support to breastfeeding women as well as providing specialist advice to health professionals. NTHFT Infant Feeding Coordinators will deliver this service from October 17, delivering 1 clinic per week.

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

Smoking Prevalence in adults - current smokers (APS)

Stockton-on-Tees

Proportion - %



Recent trend: –

Period	Count	Value	Lower CI	Upper CI	North East England
2012	-	20.3	18.0	22.5	22.0
2013	-	19.4	17.1	21.7	21.2
2014	-	19.6	17.3	22.0	19.8
2015	-	18.4	15.9	20.8	18.7
2016	-	12.4	10.2	14.5	17.2

Source: Annual Population Survey (APS)

- Current smoking prevalence in Stockton is 12.4%, this is below the England average. However, it is likely that those from the most deprived areas of Stockton-on-Tees will still have significantly higher rates than the national average.
- Q2 2017/18 figures show that 475 smokers set a quit date – a 6.7% reduction compared with Q2 2016/17.
- Based on Q2 2017/18 data, it is projected that 10% of the smoking population will access the stop smoking service by year-end. This means that the service would surpass the local target of 6%.
- Stockton remains one of the top 5 local authorities for performance in the region.

Data source: Stockton on Tees Stop Smoking Service. North Tees and Hartlepool Foundation Trust (NTHFT) 2016/17. Public Health England: Local Tobacco Control Profiles

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

- Q2 2017/18 figures show 169 quitters. This is a 15.5% reduction compared with Q2 2016/17. 35.6% successfully quit at 4-weeks, which is 4.4% below the target.
- 65% of those who accessed the stop smoking service were from the ten most deprived wards in Stockton-on-Tees.
- 65% of those who achieved four week quit target were from the ten most deprived wards in Stockton-on-Tees.

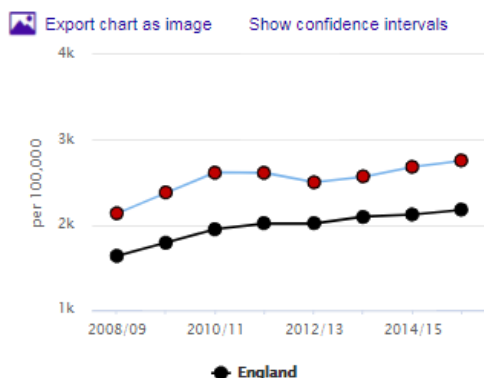
Data source: Stockton on Tees Stop Smoking Service, North Tees and Hartlepool Foundation Trust (NTHFT) Q2 17/18. Department of Health: Stop Smoking Service Quarterly Monitoring Return 2017/18

The challenge is that there has been a reduction of smokers accessing stop smoking services year on year. It is believed to be as a result of a smaller cohort of smokers and electronic cigarettes and other alternatives becoming available. In addition it is well known that around two thirds of smokers use an unaided method (e.g. “cold turkey”) to

stop smoking. A system-wide approach to encourage and discuss stop smoking support whenever the opportunity arises is being promoted and extended further.

HW300 Rate of hospital admissions for alcohol related conditions (broad) per 100,000 population

9.01 - Admission episodes for alcohol-related conditions (Broad) (Persons) Stockton-on-Tees Directly standardised rate - per 100,000



Recent trend: =

Period	Count	Value	Lower CI	Upper CI	North East	England
2008/09	3,712	2,136	2,067	2,207	2,326	1,639
2009/10	4,168	2,380	2,307	2,454	2,467	1,797
2010/11	4,644	2,620	2,545	2,697	2,672	1,954
2011/12	4,650	2,614	2,539	2,691	2,800	2,020
2012/13	4,495	2,502	2,429	2,577	2,678	2,020
2013/14	4,651	2,566	2,492	2,641	2,649	2,101
2014/15	4,897	2,684	2,609	2,761	2,666	2,126
2015/16	5,074	2,757	2,681	2,834	2,680	2,179

Source: Calculated by Public Health England, Risk Factors Intelligence team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

- Alcohol-related hospital admission rates for 2015/16 were 5,074 per 100,000 population.
 - This represents a quarterly increase of 3.6% compared 2014/15.
- Data source: PHE

The alcohol JSNA chapter is being refreshed to highlight key actions and priorities. Partners involved in the process of gathering data and performing analysis include Cleveland Police; Community Safety; Licensing; CCG and Public Health.

The Public Health Team continues to provide support to police and licensing colleagues as a responsible authority for alcohol licensing.

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 2017-18, performance was 4.3% against a quarterly target of 5.5%.
- This is below the previous reported figure of 5.3% in Q1 2017/18.

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 2017. The move from two treatment providers to one in August 2016 has resulted in some disruption to services and a slight increase in unplanned exits. Completion numbers have fallen and a temporary increase in the rolling 12 month numbers in treatment has reduced the completion rate by approx. 0.2%. Numbers in treatment on a rolling 12 month basis have fallen in Q2 as the disruption caused by the transition to one service recedes. Ongoing clinical capacity

issues and unplanned exits from the more chaotic clients suggests that successful completion performance will be below target for the next 3 quarters.

The national trend showed continuous and significant decline falling from 7.6% in 2014/15 to 6.6% in Q4 2016/17. Since then it has remained more stable at 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 Q2 2017-18, performance was 36.1% against a target of 35%.
- This is higher than the previous reported figure of 34.7% in Q1 2017-18.

Numbers in treatment (rolling 12 month) have decreased to 208 compared to 222 in Q1, and are down 15% from the 245 in treatment in Q1 2015/16. Referral rates have remained fairly consistent despite significant fluctuations in the number of arrests and drug tests taking place in arrest referrals.

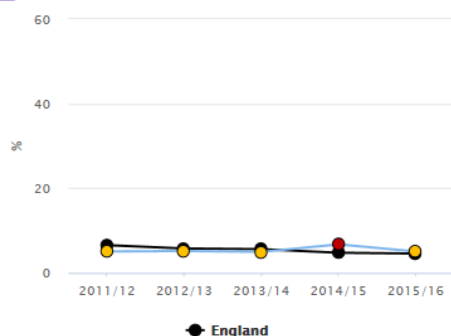
Re-presentation rates remain low at 5.8% (3 out of 52 exits). We expect numbers in treatment to further decline if exit rates remain above target. We are working with partners to improve offender management for those with substance misuse issues with the aim of increasing the level of meaningful treatment for those where substance misuse remains a factor in driving offending behaviour.

HW Self-reported wellbeing – People with low satisfaction score

The proportion of people in Stockton who report low satisfaction with their wellbeing was 5% and has remained mostly stable and similar to the national average since 2011/12.

2.23i - Self-reported wellbeing - people with a low satisfaction score Stockton-on-Tees Proportion - %

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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).

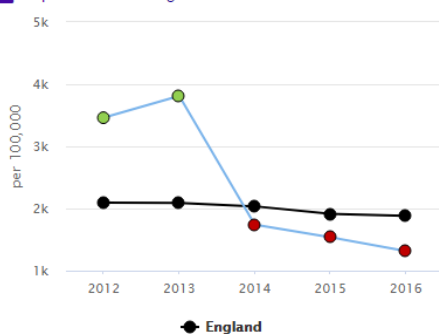
HEALTH PROTECTION

HW103 Chlamydia detection rate (15-24 year olds)

- The chlamydia detection rate for 2016 in Stockton was 1,317 compared to 1,836 in the North East and 1,882 in England.
- The chlamydia detection rate has fallen since 2014 and is below the national average. Previous data should not be considered due to data issues (double counting).
- Data source: PHE (CTAD)

Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) Stockton-on-Tees Crude rate - per 100,000

Export chart as image Show confidence intervals



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	1,539	1,386	1,704	1,818	1,914
2016	315	1,317	1,176	1,471	1,836	1,882

Source: Public Health England

SBC commissions the local sexual health service; the service subcontracts the majority of community pharmacies to offer chlamydia testing to young people. A Community Condom Distribution (C Card) scheme is currently under development through the service which will further increase the access that young people have to contraception, chlamydia testing and sexual health advice.

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

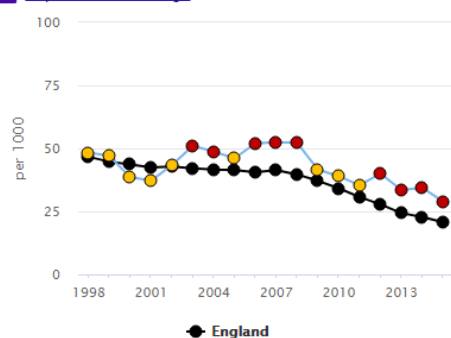
- The under-18 conception rate for Stockton in 2015 was 28.9 compared to 28.0 in the North East and 20.8 in England.
- Teenage pregnancy rates in Stockton and in England have declined significantly since 1998. However, conception rates in Stockton have not declined at the same pace and were significantly higher than the England average between 2012 and 2015.
- Data source: PHE

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
2015	94	28.9	23.4	35.4	28.0	20.8

Source: Office for National Statistics (ONS)

SBC Public Health and Education Improvement Service are working together to update the preventative messages included within the school PSHE curriculum in line with the latest evidence base and Ofsted requirements. The services are also working closely with schools to ensure that they are prepared for the requirement for relationships education to be taught at primary and for relationships and sex education to be taught at secondary level from September 2019.

An evaluation of the Risk Taking Behaviour road show for secondary school has taken place and a working group is currently updating the roadshow content to ensure it is aligned with the current evidence base around resilience and risk taking behaviour.

The public health team and Stockton Public Health library are currently working to identify high quality resources to distribute to GP settings across the borough to support work around contraception within primary care.

HEALTHCARE AND PREMATURE MORTALITY

HW204 Uptake of NHS health check programme by those eligible

NHS Health Checks, locally branded as Healthy Heart Checks are offered every five years to everyone aged 40 to 74 without pre-existing conditions.

- 2,207 people were invited for and 1,119 received a Healthy Heart Check in Q2 2017/18
- All (100%) eligible people have been INVITED to an NHS Health Check since 2013. Currently we have exceeded the target (by 7.3%) in Q2 2017/18. Stockton is ranked 15th out of 152 local authorities in England.
- 47.4% (23,784) of eligible people have RECEIVED an NHS Health Check in Stockton since 2013. Stockton is ranked 43rd out of 152 local authorities in England.
- Stockton has achieved the local performance target with 54.8% of the eligible population receiving an NHS health check in Q2. Stockton has performed better when compared to the other Tees LAs.
- Cumulative Q1 & Q2 2017/18 data shows that 736 people from the top 10 most deprived wards were invited to have a health check and 54.3% of those were assessed. This compares with 54.8% from the least deprived wards. We have continued to improve on the number of people from the top 10 most deprived wards that attended for an assessment.

HW Uptake of Annual Health Checks for people with learning disabilities

People with learning disabilities often have poorer physical and mental health than other people. The Annual Health Check scheme is offered to adults and young people aged 14 or above with learning disabilities who need more health support and who may otherwise have health conditions that go undetected.

- In 2016-17 51% of the local population with learning difficulties received an annual health check.
- The CCG has developed a sub group as part of its action plan to increase the take up of Annual Health checks in 2017/18 as well as participation in flu vaccinations and cancer screening.
- Actions taken so far include the review of the reporting template, addressing annual health check performance as part of clinical locality lead visits to practices and offer of further physical health and screening activity focused upon people with learning disabilities in parallel.
- Flu Immunisation: In 2015-16 41% of the learning disability population received immunisation. In 2016/17 this was 44%.

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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