

REPORT TO: Adult, Social Care and Health Select Committee

DATE: 20th October 2026

REPORT OF DIRECTOR OF ADULTS, HEALTH & WELLBEING

Public Health Overview Report

Summary

This report gives an overview of the key achievements and challenges in 2025/26 Public Health.

Key Achievements

1. The refreshed JSNA adopts a more flexible and continuous approach to needs assessment, enabling topics to be developed and updated as new evidence becomes available. Since the launch of Version 2.0, a number of thematic assessments have been completed, including:
 - Special Educational Needs and Disabilities (SEND)
 - Children in Need
 - Homelessness
 - Work, Skills and Health
 - Green Spaces
 - Sexual Health
 - Smoking and Vaping
 - Substance Use
 - Alcohol

These assessments provide an up-to-date understanding of local needs and inequalities and support evidence-based commissioning, service planning and partnership decision-making across Stockton-on-Tees.

2. Increase in completion rates of domestic abuse perpetrator programme (from 30% to 71%). The Respect 27-week programme, supporting perpetrators of domestic abuse to change harmful behaviours, is delivered through a public health contract with Harbour. Work has been underway to further improve engagement and completion rates for the programme. Harbour practitioners have strengthened links with social care practitioners and teams, including attending team meetings to promote awareness and understanding. Clear conversations between practitioner and client supported positive attitudes towards participating in the programme.
3. Adults with severe multiple disadvantage engaging with Peer Advocates / MDT outreach in Stockton town centre. Following engagement of communities to gain insights and understand experiences, Public Health successfully established a multi-disciplinary outreach team to provide a recovery and support offer, complementing the community safety team's work to reduce street drinking in Stockton Town Centre. Working closely with VCSE partners, a Multi-agency Outreach Team provided a collaborative response to seeking out groups of street drinkers and providing a schedule of alternative activities and support. This comprised strong partnership and coordination across Peer Advocates, Stockton Recovery Service, The Moses Project, A Way Out, Bridges, Community Safety,

Homelessness team and the Police. Practical tools such as the shared drop-in timetable and training opportunities have strengthened the overall system response to the enhanced Public Spaces Protection Order (PSPO).

4. Re-commissioning of integrated SH service

Following a successful procurement process in August 2025 a new Teesside Integrated Sexual Health provider started delivering contraceptive and sexual health services to Stockton-on-Tees residents. The service comprises North Tees and Hartlepool Foundation Trust, Hartlepool and Stockton Health GP Federation and Elm GP Federation, working together as 'Teesside Together'. Locally the service operates out of a hub at Endurance House and provides a range of outreach and community-based services across the borough. The service is commissioned collaboratively with the ICB and the other Tees local authorities.

5. 5-19 services – revised / children front door

Public health has worked closely with our provider of the 0-19 Healthy Child Programme (Harrogate & District NHS Foundation Trust), children's services and other partners, to transform the service model for 5-19 year olds, to ensure focus on evidence-based best practice, streamline and clarify support pathways, reduce system duplication, and strengthen the focus on local need. A targeted communications plan raised awareness among partners, children, young people and families.

Public Health played a key role in the development of the new Children's Front Door and the Families First Partnership needs assessment, helping to strengthen collaborative working across services. Improved integration between the Family Help Point and the 0-19 Service has enhanced the early identification of need, enabling timely intervention, improving outcomes for children and families, and helping to prevent escalation to higher-cost statutory services. Public Health also led the development of the Serious Youth Violence Needs Assessment, across partners. This informed the Youth Justice Board's strategy, aiming to strengthen a multi-agency approach, tackle underlying causes, enhance protective factors, and improve outcomes.

6. Active Stockton – Sport England Place Partnership

£1.2m of Sport England funding over the next 2 years has been secured through co-lead work between SBC Public Health and the Sport and Active Lives team, to improve health and wellbeing through communities being active in their daily lives. The work is founded in extensive community insights work, covering target areas across the borough such as Billingham and Haverton Hill, Roseworth, Stockton town centre, Thornaby, and Norton; alongside focused work with people with disabilities, ethnic minority communities, and young people transitioning to adulthood. A delivery plan has been co-developed with partners and communities, rooted in this insight, addressing issues such as mental health, confidence and chronic health conditions / pain. Outcomes to achieve a more inclusive and active borough will be monitored throughout.

7. Health and Wellbeing Board ways of working

Public Health has directly supported the Health and Wellbeing Board to strengthen its ways of working, clarify its responsibilities and improve its overall effectiveness. An agreed monitoring and accountability framework has been developed to support the Board in overseeing delivery of the Health and Wellbeing Strategy. The framework provides the Board with a more active role in strategic oversight, while creating greater opportunities to explore priority issues in more depth. This is intended to support constructive challenge, identify opportunities for advocacy, and enable the Board, collectively or through individual

members, to help address and unblock key challenges. Topics reviewed to date include social isolation and loneliness, early years, healthier weight and the food environment, and inclusive growth.

Challenges

1. School readiness and development

As part of the national drive to improve these important determinants of health and wellbeing, public health is working closely with children's services and partners to support achievement of the challenging targets set by government on good level of development (GLD) at 2.5yrs and 5yrs old. This includes work on bonding and attachment, infant feeding, maternal and parental mental wellbeing, child physical development and parental and child literacy. Our 0-5 health visiting service is an important contributor, and our Healthy Child Programme aims and delivery are well-aligned with the work across partners and the Families First Reforms to address the inequality in GLD across the borough, particularly the current challenging outcomes in some of our communities.

2. System change – reconfiguration (NHS/ICB)

The NHS system has undergone significant change nationally and regionally with resulting change in structures and personnel. University Hospital Tees Group has also now been formed with ongoing change in the organisation. We benefit from strong local relationships between Public Health and local NHS colleagues and are fortunate there has been some continuity in local ICB leads and representation at meetings. An ongoing priority remains close partnership working with NHS colleagues to align agendas wherever possible, as the system changes embed, for example on work, skills & health; neighbourhood health; and prevention and long term conditions. Public Health is embedded in these discussions locally and regionally.

3. Financial challenge

Public Health has successfully identified £1m in-year, to support wider work across the Council to achieve public health outcomes, in line with the national requirements on public health grant spend. This has significantly contributed to the work on transformation and on efficiency across the organisation. Work continues to maximise value for money from Public Health grant spend, embed early prevention, address demand and tackle inequalities, working closely with internal and external partners. It is recognised that the Council continues to face significant financial pressures and maintaining a focus on early prevention is challenging but important in this context.

Emerging Issues

1. Neighbourhood health plan

Development of a Stockton-on-Tees Neighbourhood Health Plan is a key emerging priority for the coming year, building on learning from our participation in the national scheme pilot and wider place-based partnership arrangements, to shift health and social care activity towards prevention and early intervention. The plan will provide a shared vision and framework to support aligning the efforts of health, care, voluntary sector and community partners around shared outcomes. The local ambitions for the plan will be to improve

healthy life expectancy, reduce health inequalities, support people to live independent, healthy lives, strengthen community capacity and coproduction, and make better use of collective resources whilst delivering national expectations for health and care reform. We are working to ensure the developing approach to neighbourhood health fits with and complements wider discussions on neighbourhoods and communities (including Pride in Place) and work across partners including public health to support communities with the most complex needs.

2. Children and Young People Vaping

National representative data indicate that more young people report vaping than smoking, but most young people neither smoke nor vape and most who try vaping do not go on to vape regularly. A local school survey of year 8 and year 10 pupils in 2022 (n=1588) reported an increase in regular vaping by year 10 with 13% of girls and 9% of boys reporting to vape on most days - representing an emerging concern. Robust research shows that vaping is an effective quit aid for smokers and is less harmful than smoking tobacco. However vaping is not without risk of harm (Nicotine dependence can develop with reported short-term effects; potential long-term health harms are currently unknown).

The Tobacco and Vaping Act (2026) introduces a law to prevent the sale of tobacco to anyone born in 2009 or later, to protect children and future generations from the harms of tobacco. Laws to prevent marketing of vaping which targets children and/or non-smokers is currently under consultation. SBC Public Health continues to work with schools, colleges, children's services and wider partners to prevent children and young people from starting to smoke or vape, and to support them to quit.

3. Local Plan

The development of the new Local Plan presents a significant opportunity to further address the determinants of health and wellbeing through national and local policy e.g. access to green space, prevalence of hot food takeaways, provision of affordable good quality housing. Public health is working closely with SBC planning and regeneration colleagues to shape the Local Plan through public health data and community insight, support on evidence base and learning from other areas / national and regional networks, connections with NHS partners, and through developing and maximising tools such as a health impact assessment for new developments. This will support wider work to address the Council- and system-wide outcomes of improving life expectancy and health life expectancy, as well as specific work on issues such as overweight and obesity.

4. Community insights

Public Health continues to actively support the local work through the Thriving Communities Board, to build our local approach to co-production and working in partnership with local communities. A network of community health and wellbeing champions across the borough is commissioned by public health to enable two-way conversations with communities, to help understand health and wellbeing needs and address inequalities. They support work such as Active Stockton and neighbourhood health and focused partnership programmes in Stockton Town Centre and Hardwick; we are also holding more open conversations with the champions to understand more about priorities and concerns for communities which we will continue to develop over the coming year.

Stockton-on-Tees Plan – Progress 2026

Public Health

Summary

Following Council agreement of the Stockton-on-Tees Plan in 2024, it was agreed that Adult, Social Care and Health Select Committee would receive annual performance updates of the Tier 2 outcomes.

The indicators attached (Appendix 1) provide Adult, Social Care and Health Select Committee with an update on the Council's progress against the high-level outcomes identified in the Stockton-on-Tees Plan.

Recommendations

Adult, Social Care and Health Select Committee is recommended to note and comment on the update attached at Appendix 1.

Reasons for the Recommendations

1. To Ensure Transparency and Accountability:

Regular reporting against the Stockton-on-Tees Plan enables Members to monitor progress, assess the effectiveness of service delivery, and ensure that the Council remains accountable to residents and partners.

2. To Support Evidence-Based Decision Making:

The report provides an overview of outcomes, highlighting both achievements and areas requiring improvement. This evidence base supports informed decision-making and prioritisation of resources.

3. To Drive Continuous Improvement:

Identifying areas for improvement allows for timely intervention and the implementation of corrective actions. This promotes a culture of continuous improvement across services and contributes to better outcomes for communities.

4. To Align with Strategic Priorities:

Monitoring progress against the Stockton-on-Tees Plan ensure that the organisation remains focused on delivering its strategic objectives and that progress is aligned with the Council's vision and long-term goals.

5. To Inform Future Planning and Budgeting:

Insights from the report can inform future service planning, policy development, and budget setting, ensuring that resources are targeted effectively to meet community needs.

6. To Highlight and Celebrate Success:

Recognising areas of strong progression helps to motivate staff, share best practice, and reinforce the Council's commitment to delivering high-quality services.

Detail

1. The Stockton-on-Tees Plan (2024) set a Vision for the future of the Borough, developed with communities, for communities:
 - a. Our Vision: Stockton-on-Tees is home. It's a warm and friendly place where we welcome others and come together as a single community. We are a diverse and inspiring Borough, culturally rich and with confidence in a future that we can all share and be proud of. At the economic heart of the Tees Valley, we are a dynamic, safe and healthy place where everyone can grow and succeed. We will continue to work together to reduce inequalities and barriers to opportunity.
2. The wider plan was developed to reflect the drivers and priorities that can turn our Vision into reality, and included a picture of success, underpinned by key outcome measures (What success looks like – Stockton-on-Tees Borough Council).
3. Outcomes centre around all the following priority areas:
 - **The Best Start in Life to Achieve Big Ambitions**
 - **Healthy and Resilient Communities**
 - **A Great Place to Live, Work and Visit**
 - **An Inclusive Economy**
 - **A Sustainable Council**
4. Appendix 1 provides the first year's progress report against key outcome measures, it includes:
 - a. The vision and priorities
 - b. Key indicators (current position and direction of travel)
 - c. Activity to date
 - d. Planned activity
 - e. Key metric

5. This includes:

- a. Areas where the Council performs above the national average, and demonstrates strong performance trends aligned to our ambitions:

Ref	Indicator	Previous	Latest		
2	Number of households referred to domestic abuse safe accommodation services that could not be supported due to unmet needs (MHCLG)	10	13		better
3	Proportion of the opiate and/or crack prevalent population (15-64) that are not in treatment (unmet need) (NDTMS)	43.85%	42.76%		better
4	Percentage achieving good level of development at 2-2.5 year review (also reflected in the health and wellbeing outcome)	86.10%	90.00%		better
16	Deaths attributable to particulate air pollution (particulate matter less than 2.5 micrometres in diameter [PM2.5]) (DHSC)	5.50%	4.60%		better
17	Child development: Percentage of children with a good level of development at 5 years old (DfE)	69.70%	69.50%		better
20	Winter mortality index (excess winter deaths)	23.5%	5.7%		better
24	Smoking prevalence of adults RMOs (APS 1 year range)	31.6%	7.4%		better
33	Flu vaccine uptake for 65 and over	80.20%	76.90%		better

- b. Areas where the Council shows strong performance relative to national averages, however there is a need to manage local trends to improve outcomes:

Ref	Indicator	Previous	Latest	
1	Proportion of alcohol-dependent population (18+) that are not in treatment (unmet need) (NDTMS)	78.60%	74.10%	

- c. Areas where the Council demonstrates strong performance trends aligned to our ambitions:

Ref	Indicator	Previous	Latest	
14	Oral health: percentage of 5-year-olds with experience of visually obvious dental decay (DHSC)	7.00%	22.60%	
19	Average adolescent vaccine uptake (from the data for: HPV females; HPV Males; MenACWY; TdIPV)	63.07%	72.17%	

- d. Known areas of challenge, which form the basis of targeted activity to improve outcomes:

Ref	Indicator	Previous	Latest	
5	Physical inactivity: less active (less than 30 minutes per day) (Sport England - Table 3)	33.10%	26.90%	
6	Healthy life expectancy at birth-Males	56.5	56.5	
7	Healthy life expectancy at birth-Females	56.7	56.9	
8	Slope index of inequality life expectancy at birth-Males	16	15.8	
9	Slope index of inequality life expectancy at birth-Females		13.9	
10	Smoking: percentage of those setting a quit date who successfully quit smoking (DHSC)	47.50%	42.30%	
11	Rate of alcohol-specific mortality (directly standardised rate per 100,000) (DHSC)	20.8	20.2	
12	Obesity: year 6 obesity prevalence (DHSC)	26.30%	24.60%	
13	Sexual health: under 18 conception rate (DHSC)	21.4	17.4	
15	Mental Health: Suicide Rate (DHSC)	11.8	14.6	
18	Breastfeeding prevalence 6 to 8 weeks	No data	39.2%	
21	Rate of reported DA crimes (per 1,000)	43.0	42.5	
22	Deaths from drugs misuse (rate per 100,000)	7.20	6.20	
23	Smoking prevalence aged 18 years+ (current smokers APS 1 year range)	6.50%	11.40%	
25	Smoking prevalence in adults admitted to treatment for substance misuse	82.8%	82.1%	
26	Mortality rates from smoking attributable disease	267.9	249.3	
27	Premature mortality in adults with severe mental illness (SMI)	163.3	154.1	
28	Under 25s repeat abortions	27.90%	33.00%	
29	Under 75 mortality rate for CVD (1 year range)	80.50	75.80	
30	Diabetes prevalence	8.00%	8.20%	
31	Under 75 mortality rate from all cancers (all ages 1 year)	257.80	249.50	
32	Overweight (including obesity) prevalence in adults	71.70%	76.10%	

- e) Indicators that are specific to SBC with a positive trend:

N/A

Community Impaction and Equality and Poverty Impact Assessment

6. The Council Plan drew from a wide range of data and intelligence. But overall, it represents the voice of the Borough. It has been developed with communities, for communities. Intelligence has been gathered from:

- Our Residents Survey
- Conversations with Community Groups

- Face-to-face interviews
 - Out Viewpoint Panel
7. Key themes from our conversation with communities, and which are reflected in the Council Plan are:
- Creating a Borough to be proud of that encourages more young people to stay here
 - Creating employment opportunities and raising aspirations
 - Creating safe communities and reducing anti-social behaviour in town centres
 - Good Schools and Colleges
 - Good transport links – including cycleways & pathways
 - Joint working with communities and creating an inclusive Borough
8. Working closely with our communities and partners will help us meet the needs of our residents and make Stockton-on-Tees a place we can all be proud of. Some examples of how we will measure success include the following:
- The number of children in poverty
 - Educational attainment
 - Feelings of belonging in communities
 - Crime rates & perceptions of crime
 - Satisfaction with employment & accommodation
 - Employment rates & productivity

Corporate Parenting Implications

9. The Stockton-on-Tees Plan's strategic priorities will support the Local Authority to deliver its statutory functions and enable it to be an effective Corporate Parent.

Financial Implications

10. The Stockton-on-Tees Plan is aligned with the Council's Medium Term Financial Plan. There are no financial implications as a direct result of this report. Financial Implications will be considered through any proposed action to deliver and approval sought at that point.

Legal Implications

11. Any and all legal implications will be identified through careful action planning throughout the delivery of the Stockton-on-Tees Plan noting, in particular, that growing pressures on communities and public services will require effective

management of all Council's resources, and that, any decisions made pursuant to the Council Plan are also made in accordance with the law to minimise any risk of legal challenge.

Risk Assessment

12. The Stockton-on-Tees Plan provides the vision or the future of the Borough. The greatest risk associated with the Stockton-on-Tees Plan is that the development has not been sufficiently robust and that the wrong priorities have been identified. This risk has been mitigated by a detailed development process including considerable consultation with our communities, partners and internally with Members and officers.

Wards Affected and Consultation with Ward Councillors

All Stockton-on-Tees Wards are affected.

Background Papers

Council Plan (Council Report, November 2024)

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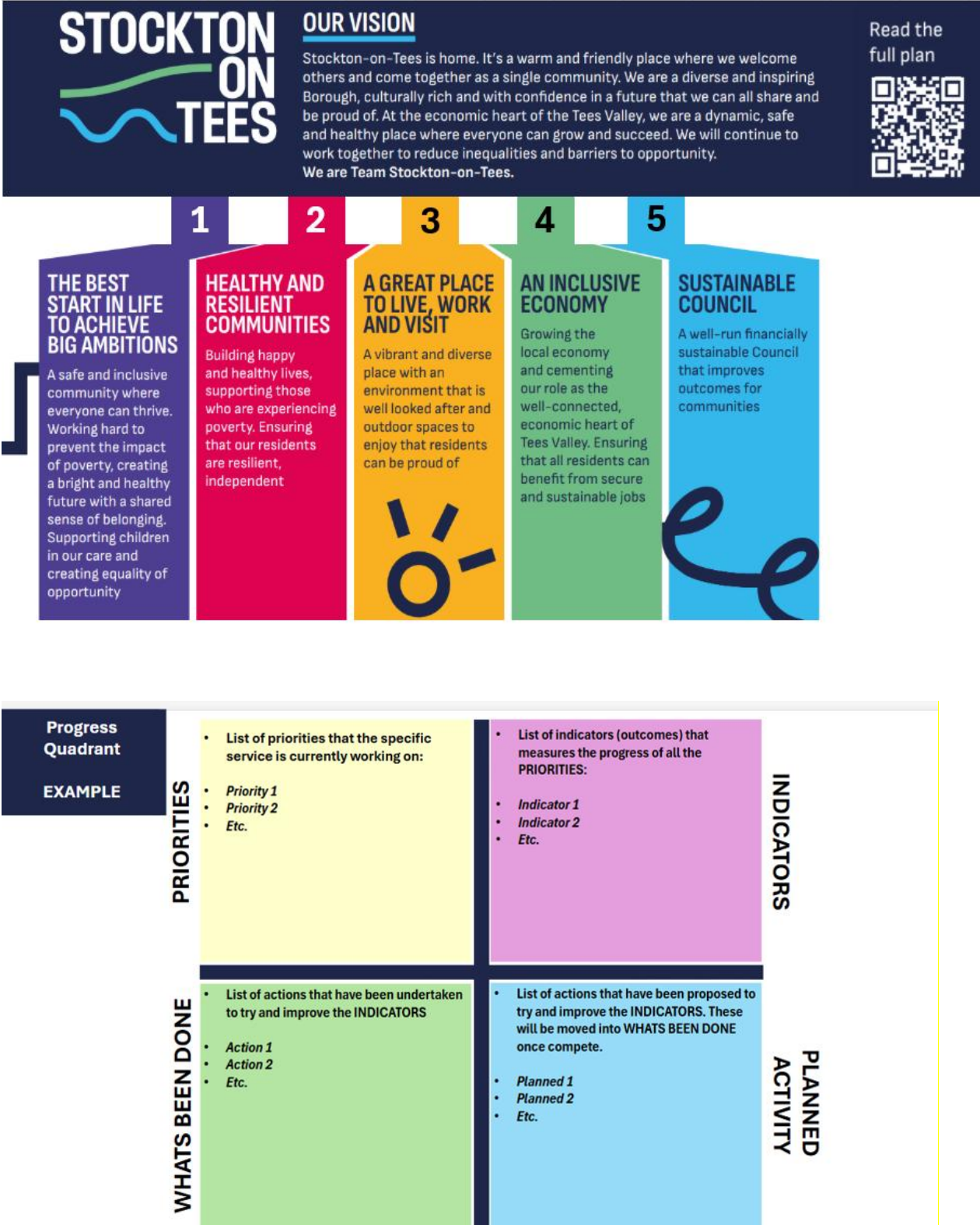
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Appendix 1 – Measuring Progress

a) The vision, priorities and key indicators



Public Health		Service Priorities				
		THE BEST START IN LIFE TO ACHIEVE BIG AMBITIONS	HEALTHY AND RESILIENT COMMUNITIES	A GREAT PLACE TO LIVE, WORK AND VISIT	AN INCLUSIVE ECONOMY	SUSTAINABLE COUNCIL
		↓	↓	↓	↓	↓
Unique Indicator Code	Priority	Linked to above priority				
PH001	All children and families have the best start in life	Yes	Yes	Yes	Yes	Yes
PH002	Everyone has a healthy standard of living	Yes	Yes	Yes	Yes	Yes
PH003	Everyone lives in healthy and sustainable places and communities	No	Yes	Yes	Yes	Yes
PH004	Everyone lives long and healthy lives	No	Yes	Yes	Yes	Yes

b) Activity to date

1	Street outreach team developed to help identify and build trust with those not currently in treatment, working with other Council teams and VCSE partners
2	Work with housing to understand unmet need and build into joint plans on addressing supported and safe accommodation. This is a national issue. Significant local work progressed to fit safety measures to homes in response to risk, to make their accommodation more secure.
3, 22	Street outreach team developed to help identify and build trust with those not currently in treatment, working with other Council teams and VCSE partners
4, 18	Direct support to partnership plan on addressing Good Level of Development, linked to Best Start in Life Delivery Plan
5, 31, 33	£1.2m Sport England secured; delivery plan developed based on community insights
6	System outcome – Public Health work programme tailored to address this alongside partners
7	System outcome – Public Health work programme tailored to address this alongside partners
8	System outcome – Public Health work programme tailored to address this alongside partners
9	System outcome – Public Health work programme tailored to address this alongside partners
10	Use of additional stop smoking grant from government to build work across teams and partners working with target communities e.g. in social housing, mental health hospital and targeting pregnant women
11	Supported people to access and maintain treatment, including through Individual Placement and Support (tailored support to achieve employment) and commissioning of Recovery Connections providing lived experience support to people in treatment and recovery
12	Growing Well Growing Healthy service being evaluated and redesigned with stakeholders to continue to build support for children and families identified through National Childhood Measurement Programme
13, 28	New sexual health service commissioned, including community contraceptive service aiming to improve access
14	Ongoing delivery of toothbrushing scheme across priority areas in primary schools, working alongside schools and with the oral health promotion team.
15, 27	Tees Suicide Prevention Coordinator (joint role across Tees public health teams) analysing trends and facilitating lessons learned exercises, to enable changes to practice as needed across the system. Identifying priorities for strategy development and supporting delivery
17	Joint work with Environmental Health to continue campaign around schools, addressing idling vehicles and awareness raising with children and families
18	See 4 above
18	Breastfeeding Friendly Scheme running across the borough including local businesses and services

19	Local and regional insights work to continue to improve uptake. Tees Valley Local Immunisation steering Group vaccine promotional resource development and distribution.
20	Public Health funded Warm Homes Healthy People scheme continues
21	Work ongoing across partners and the community to promote reporting of domestic abuse so it can be addressed
22	See 3 above
23, 24, 25, 26, 27, 31	Use of additional government stop smoking grant to support work in community with target groups, in partnership with VCSE, TEWV etc. Under 75 mortality rates are a system outcome
28	See 13 above
30	Diabetes prevalence is a system outcome. See 5 above. Also Health and Wellbeing Board deep dive held on Healthy Weight. 4860 NHS Health checks delivered in 2025/26, which includes screening for diabetes.
31	Under 75 mortality rates are a system outcome. Health and Wellbeing Board deep dive held on Healthy Weight. Ongoing work to address smoking including in target groups.
32	See 5 above. Also Health and Wellbeing Board deep dive on healthy weight with actions agreed. New Food Equity group (reporting to HWB) established to help address food and nutrition element of healthy weight. Work commencing on Local Plan
33	System outcome. Work continuing with social care providers and community / VCSE partners

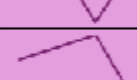
c) Planned activity

1	Work underway to seek external funding to make street outreach approach sustainable
2	Continue work this year, including opportunities to seek external funding and explore potential for additional safe accommodation for women, learning from other areas, working across council service areas (e.g. Housing and Planning) to identify opportunities
3, 22	Work underway to seek external funding to make street outreach approach sustainable
4, 18	Support delivery of partnership plan on Goof Level of Development, including early identification of families needing support and providing this support e.g. implementation of new 3.5-year-old developmental review, infant feeding support– delivered through Public Health services and approach
5, 31, 33	Deliver and monitor Active Stockton Partnership delivery plan
6	System outcomes – continue to tailor Public Health work programme and services to address this alongside partners
7	System outcomes – continue to tailor Public Health work programme and services to address this alongside partners
8	System outcomes – continue to tailor Public Health work programme and services to address this alongside partners. Neighbourhood health plan will support, also public health work to use data and insights to address inequality and target prevention across the system
9	System outcomes – continue to tailor Public Health work programme and services to address this alongside partners. Neighbourhood health plan will support, also public health work to use data and insights to address inequality and target prevention across the system
10	Continue to build target work in communities and neighbourhoods, working with community H&W champions, other services and teams and VCSE organisations. Plan to build and embed local approach to MECC across services and partners.
11	Continue to support people in treatment and recovery e.g. through peer advocacy programme. Planned approach to embedding MECC further across the system, including as part of neighbourhood health approach
12	Continue to develop support through Growing Well Growing Healthy service, for children and families identified through National Childhood Measurement Programme. Local Plan work to help address determinants of obesity and overweight across age groups.
13, 28	Fully implement new condom digital offer, making this more accessible. Continued work with schools, colleges, children's services and partners to build resilience in young people, manage risk and support healthy relationships
14	Implement fluoride varnish programme in target areas with highest levels of decay
15, 27	Work underway with ICB across region to strengthen whole-system approach to suicide prevention, working with partners (e.g. TEWV).

17	Continue to implement work articulated in joint annual air quality assurance plan, linked with wider work on carbon reduction
18	See 4 above
18	Continue to build infant feeding support as part of approach to healthy weight and Good Level of Development, including building closer engagement of maternity services
19	Further work with school immunisations provider, together with the commissioner (NHS England) to address inequality in uptake e.g. myth-busting, maximising consent. Healthy Schools criteria to include guidance on vaccine consent and education in line with RSHE curriculum.
20	Continued funding for Community Spaces, supporting people to keep warm in Winter and to address loneliness and isolation
21	Public health interim support to (previously OPCC funded) hospital IDVA post, which has been successful in promoting reporting of DA and providing support (alongside GP and CYP IDVAs). Partnership work planned to secure sustainable funding for this hospital role.
22	See 3 above
23, 24, 25, 26, 27, 31	Continued use of additional government stop smoking grant to support work in community with target groups. Strengthen joint work with maternity and mental health services. Progress work to embed MECC approach across key Council services and partners. Smoking remains key cause of preventable premature mortality. Neighbourhood Health Plan will include addressing drivers of poor health including smoking. Under 75 mortality rates are a system outcome
28	See 13 above
30	See 5 above. Diabetes rates are a system outcomes. Healthy Weight Declaration and associated actions proposed to be adopted by Health and Wellbeing Board. Local Plan work will help address drivers of unhealthy diet and low physical activity. Neighbourhood Health Plan will include addressing key conditions (e.g. diabetes) and their drivers. NHS Health Checks continuing.
31	Under 75 mortality rates are a system outcome. Healthy Weight Declaration and associated actions proposed to be adopted by Health and Wellbeing Board. Local Plan work will help address drivers of poor health. Neighbourhood Health Plan will include addressing key conditions (e.g. cancer) and their drivers
32	See 5 above. Healthy Weight Declaration and associated actions proposed to be adopted by Health and Wellbeing Board. Work through Food Equity group (reporting to HWB) to be progressed. Work to shape Local Plan and policies to support an environment where people can be healthy, including re: healthy weight
33	System outcome. Further promote uptake through work with local communities, the VCSE, NHS and other Council and service partners including myth-busting where needed, linked with wider regional approaches

d) Key Metrics

	Indicator	Polarity	Previous 2 years		Previous year	Latest data	Latest data date	Trend
1	Proportion of alcohol-dependent population (18+) that are not in treatment (unmet need) (NDTMS)	Low is good	82.20%	77.60%	78.60%	74.10%	2023/24	
2	Number of households referred to domestic abuse safe accommodation services that could not be supported due to unmet needs (MHCLG)	Low is good	No Data	No data	10	13	2024/25	
3	Proportion of the opiate and/or crack prevalent population (15-64) that are not in treatment (unmet need) (NDTMS)	Low is good		45.57%	43.85%	42.76%	2024/25	
4	Percentage achieving good level of development at 2-2.5 year review (also reflected in the health and wellbeing outcome)	High is good	91.40%	86.30%	86.10%	90.00%	2023-24	
5	Physical inactivity: less active (less than 30 minutes per day) (Sport England - Table 3)	Low is good		27.40%	33.10%	26.90%	2023/24	
6	Healthy life expectancy at birth-Males	High is good	59.6	58.1	56.5	56.5	2021-23	
7	Healthy life expectancy at birth-Females	High is good	60.4	58.8	56.7	56.9	2021-23	
8	Slope index of inequality life expectancy at birth-Males	Low is good	14.6	14.8	16	15.8	2021-23	
9	Slope index of inequality life expectancy at birth-Females	Low is good	13.6	13.8		13.9	2021-23	
10	Smoking: percentage of those setting a quit date who successfully quit smoking (DHSC)	High is good	49.20%	46.30%	47.50%	42.30%	2024/25	
11	Rate of alcohol-specific mortality (directly standardised rate per 100,000) (DHSC)	Low is good	21.8	13.7	20.8	20.2	2023	
12	Obesity: year 6 obesity prevalence (DHSC)	Low is good	No data	26.30%	26.30%	24.60%	2023-24	
13	Sexual health: under 18 conception rate (DHSC)	Low is good	25.9	21.3	21.4	17.4	2021	
14	Oral health: percentage of 5-year-olds with experience of visually obvious dental decay (DHSC)	Low is good	20.60%	19.50%	7.00%	22.60%	2023-24	
15	Mental Health: Suicide Rate (DHSC)	Low is good	10.2	12.4	11.8	14.6	2022/24	

17	Child development: Percentage of children with a good level of development at 5 years old (DfE)	High is good	No Data	68.10%	69.70%	69.50%	2024	
18	Breastfeeding prevalence 6 to 8 weeks	High is good	No Data	31.9%	No data	39.2%	2024/25	
19	Average adolescent vaccine uptake (from the data for: HPV females; HPV Males; MenACWY; TdIPV)	High is good	71.54%	65.75%	63.07%	72.17%	2024/25	
20	Winter mortality index (excess winter deaths)		28.5%	2.5%	23.5%	5.7%	2021/22	
21	Rate of reported DA crimes (per 1,000)	Low is good	42.2	44.2	43.0	42.5	2024/25	
22	Deaths from drugs misuse (rate per 100,000)	Low is good	9.60	8.70	7.20	6.20	2022/24	
23	Smoking prevalence aged 18 years+ (current smokers APS 1 year range)	Low is good	11.60%	12.00%	6.50%	11.40%	2024	
24	Smoking prevalence of adults RMOs (APS 1 year range)	Low is good	22.2%	26.9%	31.6%	7.4%	2023	
25	Smoking prevalence in adults admitted to treatment for substance misuse	Low is good	53.4%	84.7%	82.8%	82.1%	2019/20	
26	Mortality rates from smoking attributable disease	Low is good	239.6	256.7	267.9	249.3	2017/19	
27	Premature mortality in adults with severe mental illness (SMI)	Low is good	139.8	151.2	163.3	154.1	2021/23	
28	Under 25s repeat abortions	Low is good	25.70%	36.40%	27.90%	33.00%	2023	
29	Under 75 mortality rate for CVD (1 year range)	Low is good	76.30	73.00	80.50	75.80	2024	
30	Diabetes prevalence	Low is good	7.40%	7.70%	8.00%	8.20%	2024/25	
31	Under 75 mortality rate from all cancers (all ages 1 year)	Low is good	270.20	276.80	257.80	249.50	2024	
32	Overweight (including obesity) prevalence in adults	Low is good	75.60%	70.10%	71.70%	76.10%	2023/24	
33	Flu vaccine uptake for 65 and over	High is good	84.60%	82.40%	80.20%	76.90%	2024/25	