

Adult Services and Health Select Committee Overview Meeting 2016

18th October 2016

Report from Interim Director of Public Health

Public Health Service

1. Context

Members are well aware that as a Council we have had to adapt to funding reductions of £52 million over the last five years and that we are still confronted with having to find further savings. In relation to Public Health services this has meant delivering efficiencies and savings through a programme of service reviews to ensure value for money whilst securing improved health and wellbeing outcomes.

Whilst we acknowledge that we have a strong track record of sound financial management and we have been dealing with these problems successfully for many years, it will not be easy to address the additional loss of government funding of over £20 million by 2019/20. Moving forward, expectations will need to be realistic as many more difficult decisions will need to be made.

It is both acknowledged and accepted that we can't continue to do all the things we currently do and that we won't be able to work in the same way. For Public Health services this may mean the requirement to make further savings through service reviews and the commissioning process, tailoring services according to population need.

The challenge for all Members is to ensure that decisions about the basis on which services will be delivered are within the resources available, taking account of a number of factors such as reduced budget allocation, changing demographics, increasing demand, new national legislation and policy direction. Members are reminded of the four policy principles that support our decision-making:

- **Protecting the vulnerable through targeted intervention**, particularly those people in our communities who are subject to, or at risk of harm, people who are homeless or at risk of becoming homeless and those who are financially excluded or whose circumstances make them vulnerable.
- **Promoting equality of opportunity through targeted intervention**, specifically in relation to tackling health inequalities, meeting the skills gap and improving access to job opportunities, tackling fuel poverty, improving education and training opportunities, access to affordable housing and financial and digital inclusion.
- **Developing strong and healthy communities** through the provision of mainstream and preventive services that are available to all those who choose to access them.
- **Creating economic prosperity** across the Borough

It is within this context that the select committee is invited to undertake their overview duties.

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2. What has been achieved?

Mandated functions

There are 5 mandated Public Health functions that the Council is required to deliver under the Health and Social Care Act 2012. These are:

1. Community Sexual Health Services
2. Health checks
3. The National Child Measurement Programme for Children in Reception and Yr6
4. Ensuring arrangements are in place to protect the health of the population
5. Providing Public Health support for the local CCG

1. Community Sexual Health Services: a health needs assessment was carried out, together with an evaluation of delivery against the current contract in 2014/15. This information was used to inform the recommissioning of the service in 2015/16, with Stockton leading on the procurement process on behalf of the 4 Tees Local Authorities. The 5-year contract was awarded to the previous provider, Virgin Healthcare, on a Tees-wide contract valued at approx. £4m. The new contract will focus on a more developed outreach model in the community, to increase access to services and help address inequality.
2. NHS Health Checks are offered to all people aged 40 to 74 who do not have an existing cardiovascular condition. They are designed to detect increased risk factors for cardiovascular disease at an early stage to enable early intervention thus reducing the risk of strokes and heart attacks. The Health Check service has been run by the Tees Valley Public Health Shared Service on our behalf. We have continued to see good uptake in the most disadvantaged communities of our Borough through the payment scheme offered to GPs implementing the Checks. The Checks also incorporate pre-diabetes checks, which are important in detecting those at increased risk of developing diabetes and enabling intervention. Related to this, we are currently developing a diabetes plan, to help improve prevention of the disease, its detection and reducing the variation in diabetes management by working with our GP colleagues and the GP Federation.
3. National Child Measurement Programme (NCMP) is a programme to measure the height and weight of all children in reception and year 6 on an annual basis. The measurement programme is mandated but support or intervention for children who are identified as significantly overweight is not mandatory. The family weight management service delivered by MoreLife provides this service, commissioned by Public Health and working with the school nursing service.
4. Ensuring Arrangements are in Place to Protect the Health of the Population is fulfilled through close working with Public Health England and NHS England. NHS England commissions and delivers screening and immunisation programmes and the role of the DPH is to ensure their plans and arrangements are appropriate and robust. Our childhood immunisation rates continue to perform well. Public Health England provides excellent support for dealing with outbreaks of any nature together with our Environmental Health team; and in support of our preparation for the health aspects of emergency plans which we regularly exercise with other agencies.

5. Providing Public Health support for the local CCG - We work very closely with our CCG colleagues and support their work through our Public Health team led by a Public Health Consultant. This constitutes offering Public Health advice on the CCG's commissioning plans and working together to identify joint commissioning opportunities where possible. We also offer advice and support around reducing variability of primary care. The CCG also has a role in prevention and we often have common agendas around the key causes of illness and death, such as heart disease and lung disease.

Oral health improvement

Under the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012, Part 4, Local Authorities are also responsible for oral health improvement (epidemiological surveys and oral health promotion programmes). Work is underway to scope the implications of this, as it transfers to us in the Local Authority. Public Health is already undertaking a significant oral health programme in the Borough working with Public Health England, through delivering toothbrushing and fluoride varnish schemes in schools. The toothbrushing scheme has been widely adopted and the fluoride varnish scheme is soon to be rolled out. Dental surgery is the main reason for children needing a general anaesthetic and we know that improved oral health results in less pain, improved school attendance and improved self-esteem in children.

Drug and alcohol

The 2015/16 Public Health grant included a new condition that a Local Authority must, in using the grant, "...have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services...". To effectively discharge this responsibility, the wider determinants of health (as set out in the grant conditions) should also be addressed e.g. child poverty, smoking prevalence. This year, we have effectively responded to the closing of the Birchtree Practice by securing the services of our existing provider, CGL. CGL provide high quality substance misuse services and responded quickly and effectively to meet the needs of Birchtree clients.

Children and young people: 0-19 services

For health visiting services, five universal health reviews are mandated by Parliamentary regulation until April 2017. Robust evidence points to the importance of health, wellbeing and resilience in early life and the impact of this on life chances into adulthood. Local Authorities have the opportunity to bring together services for children in the early years and to join up 0-19 commissioning. We are working closely with children's services colleagues to develop and implement our vision for these services. The success of the *A Fairer Start* programme has meant that much of the approach used by this work focusing on 0-3yr olds will be mainstreamed, particularly the emphasis on outreach into the community based on community peer champions and on professional training and culture.

Further Public Health activity

The mandated functions are only a small part of the activity of the Public Health department. Indeed, a range of further functions have a significant impact on the population's health and wellbeing and are also inter-related with the mandated elements of our provision. We have maintained a focus on health inequalities this year, with a range of activities across the life course (as illustrated in the DPH Annual Report for 2015/16). Important activity for team includes includes:

- Drug and alcohol treatment services
- Tobacco control

- Oral health in children
- Diet and obesity
- Sexual Health
- Mental health including self-harm and suicide
- Warm homes
- Risk taking behaviours

For example we, together with the CCG, have lead the development of a Mental Health and Wellbeing Strategy in 2015/16. Our team undertook a comprehensive health needs assessment on the mental health and wellbeing of children and young people, to underpin policy and strategy work and inform service development. We are currently undertaking a similar piece of work for the adult population. Public Health also undertook a detailed piece of work on self-harm this year, reporting to the Health and Wellbeing Board. We are working with education improvement service colleagues to build emotional resilience in young people through a risk-taking behaviour toolkit in primary and secondary schools.

In addition, we continue to help fund and support the Warm Homes, Healthy People agenda, addressing the illness and mortality that can be caused by cold, damp homes – particularly for older people, young children and those with long term conditions.

We continue to support the work around health and social care integration (particularly the Better Care Fund) and around developing and reforming the health system (through the Sustainability Transformation Plan under development for our area).

In addition to our commissioning work, we ensure we carry out the full range of Public Health activity which can help ensure a broad impact at population-level, for example influencing partners to deliver Public Health outcomes and developing joint plans around shared agendas that can benefit health and social care e.g. our input to the work on the Children's Hub.

Public Health data and performance information

The appendices comprise:

Appendix 1 – The summary performance report from the Health and Wellbeing Board

Appendix 2 - The current Public Health profile for the Borough

These appendices will be useful in illustrating some of the key data and figures behind the issues outlined in this report. It is helpful to note that analysing longer term patterns can be more useful in identifying trends and assessing impact of work. Therefore the figures are often a 'snap shot' in time and though they are not always this year's data, they are the most recently available and are still helpful in the context of broader trends.

3. Challenges

- Continuing to ensure services operate in the most efficient and effective manner to address the needs of the population, in a climate of financial challenge

- Ensuring that services are appropriately targeted to the level of need, whilst improving and protecting the health of the population as a whole, in accordance with the duties of the Local Authority
- The Tees Valley Public Health Shared Service is to be disbanded at the end of December 2016, following a reluctant decision by Tees Valley Chief Executives. Work is ongoing to maintain business continuity and to continue to secure scarce specialist skills as far as possible
- Continuing to input to the developing STP, across a broad footprint, particularly to inform the plans around prevention
- Work with partners through the Health and Wellbeing Board to realise the potential of the health and social care integration agenda in the most appropriate manner

4. Emerging Issues

- There is the opportunity for further closer strategic working with other areas e.g. children's services
- Greater integration of health and social care services, driven by national policy

5. Possible Areas for In Depth Review (This should be line with Council policy priorities)

- The developing plan regarding the prevention, diagnosis and treatment of diabetes will highlight some areas where review would be valuable
- Mental and emotional wellbeing in children and young people

PERFORMANCE UPDATE – OCTOBER 2016

SUMMARY

Health improvement

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

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

Context

Stockton Public Health commissions smoking cessation services, which are regarded as an example of best practice nationally. National guidance suggests that we should access a minimum of 5% of the smoking population. Work continues with partners from the Adults Health and Wellbeing and Children and Young People's Partnerships.

HW202 % Smoking Quitters (number of four week quitters in the smoking cessation service commissioned by Stockton-On-Tees Public Health) and % of total population who access the stop smoking service who are residents from the ten most deprived wards of the borough.

- There were 944 quitters in 2015/16 against a target of 1400, this is 33% below target.
- There were 71 fewer quitters compared with 2014/15. This equates to a 7.1% reduction, which is lower than NE (8.9%).
- Percentage of individuals accessing the stop smoking services who are resident in our ten most deprived wards who have quit at four weeks is 40.4%.
- Percentage of the total population who access the stop smoking service who are residents from the ten most deprived wards of the borough is 63.8%.

Context

This national and local downturn in smoking quitters is believed to be a result of the impact of electronic cigarettes and other alternatives to the use of the smoking cessation service. Work continues nationally to understand the impact of these alternatives. Recent work includes an intensive promotion of the local stop smoking service including a leaflet drop in all wards and advertising in a local newspaper.

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

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

Context

To reduce alcohol related risk and harm across the Borough, Alcohol Screening and delivery of Brief Interventions (BI) Training is being delivered through 'Have a Word' Alcohol Training.

Alcohol brief interventions/advice are an evidence based method of reducing alcohol harm. Both adult and children's workforce teams are currently taking part in the programme, with both Adult and Children & Young People's Partnership Boards giving their support to the programme. Training so far has received a positive response, with over 75% of participants strongly agreeing that training has improved their understanding of BI, confidence in delivery and anticipation that they will carry out BIs in the future.

The Public Health team are also working with the partners to develop a map which depicts alcohol related harm. The purpose of the map is to support targeting of work from partners and to highlight areas which require additional alcohol control measures via the local authority licensing policy. The partnership currently has representation from Public Health, Trading Standards, Licensing, the CCG, Police and Community Safety. This partnership approach is an excellent opportunity to support the reduction of alcohol related harms within the Borough.

HW301 Number of opiate drug users that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a proportion of the total number in treatment

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

Context

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

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

HW302 Number of non-opiate drug users that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a proportion of the total number in treatment:

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

Context

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

Health protection

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

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

Context

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

The diagnosis rate for Stockton has dropped further within the first quarter of 2016/17. Only Middlesbrough within the North East region achieved the diagnosis rate target in this quarter. The new contract to deliver integrated sexual health services across Tees has a specific focus on increasing diagnosis and treatment of all sexually transmitted infections including chlamydia and will utilise assertive outreach to engage with the most vulnerable communities. Stockton in particular will benefit from increased outreach within this model. Sexual Health Teesside will also work closely with schools, colleges and young people's services to deliver a range of preventative services including sex and relationships education and an accessible condom distribution scheme.

Healthcare and premature mortality

HW204 Uptake of NHS health check programme by those eligible

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

Context

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

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. In brief, some key areas include:

- Healthy Heart Check Steering Group
- Collaborative work on homelessness
- Review of Domestic Abuse service and Domestic Abuse Strategy