Health & Wellbeing Strategy

Performance Management Framework

Monitoring the indicators of the Health and Wellbeing Strategy for presentation to the Health and Wellbeing Board

DEVELOPING WELL COMMENTARY REPORT: Quarter 3 2015/16

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DEVELOPING WELL COMMENTARY REPORT: Quarter 3 2015/16

KEY CHANGES FROM THE PREVIOUS REPORT:

1. *Alcohol admissions for Bolton children continue to reduce and we have made significant gains in our gap to England;*
2. *Another notable reduction in our local teenage pregnancy rate is evident;*
3. *The chlamydia detection rate has been revised nationally to fully take into account the switch to the new CTAD system with its improved removal of duplicates. This has placed Bolton below the 2,300 (per 100,000) rate we need to achieve – that we believed we were achieving – to effect a reduction in local prevalence;*
4. *Child admissions for self-harm are increasing.*

DEVELOPING WELL COMMENTARY REPORT: Quarter 3 2015/16

Many of the health problems that young people develop as they grow older are rooted in their experiences of childhood and adolescence. A sense of aspiration, achievement and security are intrinsically linked to young people's life chances and their long term wellbeing.

1.0 HELPING PEOPLE STAY WELL

1.1 PRIORITIES

- Deliver the Healthy Child Programme (5-19) including universal health screens, immunisations, and health promotion advice (e.g. vision, hearing, and National Child Measurement Programme screening);
- Ensure all schools and colleges have the opportunity to become 'Healthy Schools' including local priority areas (sexual health, substance misuse, obesity, and mental wellbeing).

1.2 OUTCOMES

Immunisations

Historically, Bolton performs notably better than both England and the North West across the majority of immunisations and vaccinations, especially those in childhood. Notable exceptions are Hib/MenC booster (5 years) where the latest release shows us to have the lowest coverage of our statistical neighbours. The Hib/MenC booster increases the protection a child gets from the first course of Hib vaccine when they are 8, 12 and 16 weeks old, and the MenC vaccine when they are 12 and 16 weeks. This boosted immunity lasts into adulthood. We perform well for the booster at 2 years. Finally, HPV and PPV stand out as the vaccinations we perform significantly better than our comparators.

COVER provides more up-to-date data for uptake of vaccinations in childhood. The latest COVER data is for the periods Q2 2012/13 through to Q2 2014/15, a period of 2 years. In summary, the rates for all COVER vaccinations in Bolton for Q2 2014/15 reported at 12 months, 24 months and 5 years were higher than the England and North West averages. They were higher than the Greater Manchester averages for all those reported at 12 months and 24 months. Those reported at 5 years were the same or lower than Greater Manchester.

COVER evaluation at 12 months:

- Coverage in Bolton of DTaP/IPV/Hibx3 and PCVx2 evaluated at 12 months of age remains high 96.0% and 96.2% respectively with 35 out of 47 General Practices achieving at least 95% coverage for both vaccines. Both showed a decrease of 1% from Q1 2014/15;
- 12 month old children evaluated in the current quarter are the first cohort to have been routinely offered rotavirus vaccine at two and three months, and the second quarterly cohort offered only one primary MenC dose at three months of age. Due to a technical issue

most CHIS systems are currently not able to extract two dose rotavirus coverage and only around half can extract one dose MenC coverage. This data is expected to be available from Q3 2014/15 onwards;

- MenC reported at 12 months fell in line with the England results.

COVER evaluation at 24 months:

- Coverage in Bolton was slightly higher than last quarter for MMR1 by 0.4 % reported at 24 months. DTaP/IPV/Hibx3, Hib/MenC and PCV reported at 24 months fell by 0.2%, 1.5% and 0.1% to 97.9%,94.3% and 95.9% respectively;
- Coverage across Bolton for DTaP/IPV/Hibx3, MMR1, and PCV at 24 months met the national targets. Hib/MenC reported at 24 months did not meet national targets. Overall, 33 out of 47 GPs reporting data in Bolton achieved at least 95% coverage for each of MMR, PCV booster and Hib/MenC booster vaccinations at 24 months.

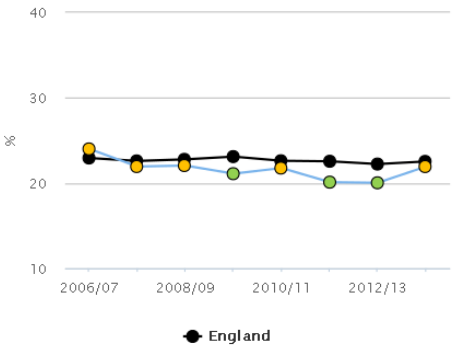
COVER evaluation at 5 years:

- Coverage in Bolton was up 0.6% to 92.3% for the DTP booster from Q1 2014/15. Across England coverage of all vaccines evaluated at five years is the same as or similar to the last quarter;
- Coverage in Bolton for MMR 1st dose and MMR 2nd dose were both up to 96.9% and 91.8%, a rise of 0.5% and 0.2% respectively from the previous quarter, both still meeting national targets. Across England MMR coverage at five years remains at an all-time high; 94.5% for the first dose and 88.5% for the second dose.

Excess weight in Year 6 children

The picture differs by age for this indicator. Although we've seen a recent increase back to the national average in Bolton's Reception children, historically this group has a lower rate of excess weight than we see nationally (significantly better on three occasions), but the older children in general are more likely to be overweight.

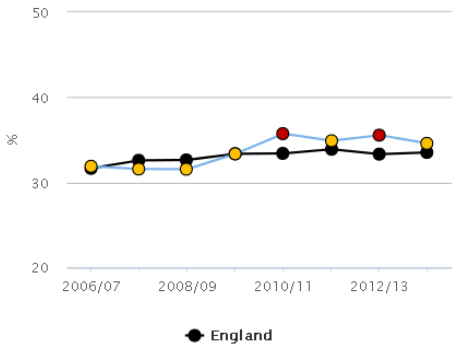
2.06i - Excess weight in 4-5 and 10-11 year olds - 4-5 year olds Bolton Proportion - %



Period		Count	Value	Lower CI	Upper CI	North West	England
2006/07		659	24.0	22.4	25.6	24.0	22.9
2007/08		674	21.9	20.5	23.4	23.3	22.6
2008/09		723	22.1	20.7	23.5	23.1	22.8
2009/10		699	21.1	19.7	22.5	23.6	23.1
2010/11		719	21.8	20.4	23.2	23.3	22.6
2011/12		682	20.1	18.8	21.5	23.1	22.6
2012/13		741	20.0	18.8	21.4	23.2	22.2
2013/14		836	21.9	20.7	23.3	23.6	22.5

Source: Health and Social Care Information Centre, National Child Measurement Programme

2.06ii - Excess weight in 4-5 and 10-11 year olds - 10-11 year olds Bolton Proportion - %



Period		Count	Value	Lower CI	Upper CI	North West	England
2006/07		891	31.9	30.2	33.6	31.4	31.7
2007/08		1,023	31.6	30.0	33.2	32.8	32.6
2008/09		1,000	31.6	30.0	33.2	33.0	32.6
2009/10		1,037	33.4	31.7	35.0	34.1	33.4
2010/11		1,093	35.7	34.1	37.4	34.3	33.4
2011/12		1,067	34.9	33.2	36.6	34.7	33.9
2012/13		1,133	35.6	33.9	37.2	34.2	33.3
2013/14		1,124	34.6	33.0	36.2	34.4	33.5

Source: Health and Social Care Information Centre, National Child Measurement Programme

1.3 PROGRESS ON TASKS

Recommendation from Bolton's Health Protection Annual Report 2015 is to continue to maintain and build on the current immunisation rates aiming for 95% coverage in all areas of Bolton by liaising with new and future providers to ensure consistent messages.

A new vaccine to prevent meningitis has been offered to all babies as part of the routine NHS childhood vaccination programme from the 1st September 2015. The Men B vaccine is now offered to babies aged 2 months, followed by a second dose at 4 months, and a booster at 12 months. There has also been a temporary catch-up programme for babies who were due their 3- and 4-month vaccinations in September 2015, to protect them when they are most at risk from infection. The Men B vaccine will protect babies against infection by meningococcal group B bacteria, which can cause meningitis and septicaemia (blood poisoning), which are serious and potentially fatal illnesses.

The Developing Well health and wellbeing partnership group meets bi-monthly to support partnership working and review progress on priority areas including:

- Oral health;
- 5-19 health and wellbeing services;
- Emotional health and wellbeing and CAMHS;
- Healthy Weight;
- Vulnerable young people.

An integrated, holistic 5-19 Health and Wellbeing Service has been commissioned and is due to be implemented under a new contract from 1 December 2015. Implementation of the new service is being overseen jointly by the Local Authority and new provider.

The Farnworth Project targeted obesity prevention model has been completed and robust results obtained. We did find a significant reduction for one point in time, but following the evaluation process it's clear that too much resource will be required to maintain this reduction across school years. What is clear from the data is that once on an obesity trajectory it becomes extremely difficult for individual children to change course. Linked to this, one major aim of the evaluation was to identify an intervention point, but after careful study of the data there is no clear intervention point to be exploited. Importantly however, it is not a new cohort of children becoming unpredictably obese, instead, it is children starting school showing signs of excess weight and getting

worse over their school life – it is happening gradually, and to more and more children in Bolton. Therefore, the key conclusion must be to invest more in early years in order to prevent children from starting school already on the trajectory we see in the data. Thus, the evaluation recommends a refocusing of the resource to early years if we are to have the greatest possible impact.

2.0 IDENTIFYING AND DEALING WITH PROBLEMS EARLY

2.1 PRIORITIES

- Introduce health reviews at key stages including school entry and transition to secondary school;
- Ensure delivery of the new model for School Nursing.

2.2 OUTCOMES

Uptake and coverage of health reviews at school entry and transition to secondary school

Performance data is currently not available for this indicator.

2.3 PROGRESS ON TASKS

A number of recent initiatives are having a beneficial effect on transition arrangements, including the new 0-25 special educational needs arrangements, and not least, the merger of the two departments.

Online policy and procedure manuals now provide clear and easily accessible guidance for professionals working across the age ranges.

3.0 TAKING GOOD CARE OF THOSE WITH HEALTH AND SOCIAL CARE NEEDS

3.1 PRIORITIES

- Ensure accessible, young people friendly substance misuse, sexual health, and mental health services;
- Harmonise age of transition from child to adult services, taking into account complex needs and vulnerability factors;
- Ensure coordinated delivery of early intervention (e.g. Family Nurse Partnership, targeted provision of parenting support programmes, targeted antenatal programmes).

3.2 OUTCOMES

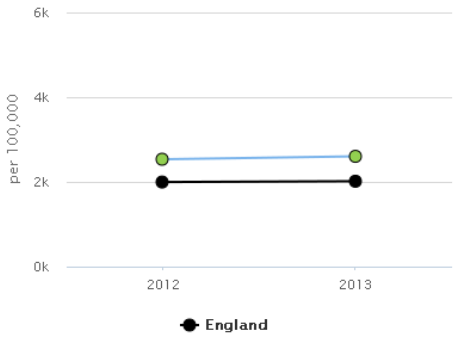
Chlamydia diagnosis rate aged 15-24 CTAD

Public Health England recommends that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population – this being the rate at which we can expect to effect a reduction in local prevalence. Historically we have performed above this level, but PHE have revised our trend by improving their ability to remove duplicates, the net effect of which has

been to reduce detection rates, and this has happened in Bolton putting us below the recommended 2,300 rate.

This is how we were performing prior to the adjustment, safely above the 2,300 target:

Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) Bolton — Crude rate - per 100,000



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

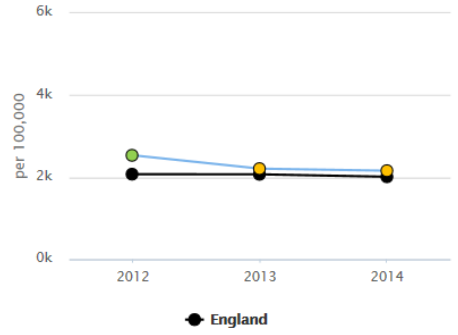
Period		Count	Value	Lower CI	Upper CI	North West	England
2012	●	923	2,535	2,374	2,703	2,322	1,997
2013	●	948	2,603	2,440	2,774	2,217	2,016

Source: Public Health England

This is how the adjustment is now reflected in our trend:

3.02 - Chlamydia detection rate (15-24 year olds) Bolton — Crude rate - per 100,000

Export chart as image Show confidence intervals



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

Period		Count	Value	Lower CI	Upper CI	North West	England
2012	●	923	2,535	2,374	2,704	2,324	2,074
2013	●	796	2,209	2,058	2,368	2,237	2,072
2014	●	778	2,159	2,010	2,316	2,288	2,012

Source: Public Health England STI surveillance systems; CTAD and GUMCADv2

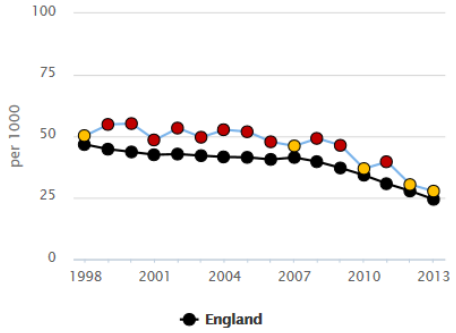
Since the adjustment we have also made two consecutive reductions in our local detection rate.

Under 18 conception rate

New official data shows another consistent reduction, and though still higher than England we remain comparative to our statistical neighbours. As the chart below demonstrates, Bolton's rate had been falling and then increasing for the previous few years – following almost a decade of stasis relative to England (significantly worse between 1999-2006) but recent years demonstrate a very positive movement in the trend.

2.04 - Under 18 conceptions Bolton — Crude rate - per 1000

Export chart as image Show confidence intervals



Period		Count	Value	Lower CI	Upper CI	North West	England
1998		249	50.3	44.2	56.9	50.3	46.6
1999		272	54.8	48.5	61.7	48.8	44.8
2000		272	55.2	48.8	62.1	47.5	43.6
2001		252	48.5	42.7	54.9	45.1	42.5
2002		286	53.3	47.3	59.9	45.4	42.8
2003		276	49.6	43.9	55.8	45.2	42.1
2004		298	52.7	46.9	59.0	46.0	41.6
2005		296	51.9	46.1	58.1	46.9	41.4
2006		273	47.8	42.3	53.8	44.2	40.6
2007		261	46.1	40.6	52.0	46.6	41.4
2008		273	49.1	43.5	55.3	44.8	39.7
2009		251	46.3	40.8	52.4	42.6	37.1
2010		198	36.8	31.9	42.3	39.6	34.2
2011		213	39.6	34.5	45.3	35.3	30.7
2012		163	30.3	25.9	35.4	31.6	27.7
2013		145	27.7	23.4	32.6	27.6	24.3

Source: Office for National Statistics (ONS)

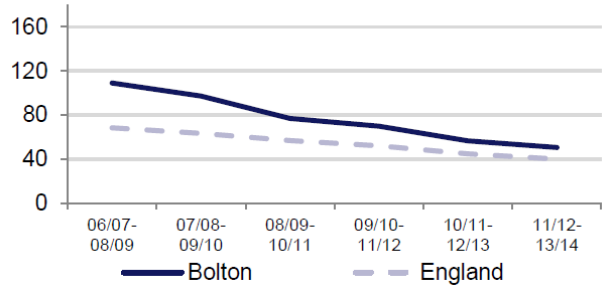
Under 18 alcohol-related hospital admissions

Bolton's under 18 alcohol admission rate has seen major and significant reductions over recent years; from a baseline of 93.7 per 100,000 we are now below our statistical neighbour average (53.0) with the most recent figure being 50.6 per 100,000. This has been an important improvement locally as well as comparatively to the national picture, where we must consider this reduction as wholly positive. As an example of progress made, the below chart is taken directly from Bolton's Child Health Profile 2015, published nationally in June.

Young people and alcohol

In comparison with the 2006/07-2008/09 period, the rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol such as alcohol overdose is lower in the 2011/12-2013/14 period. The admission rate in the 2011/12-2013/14 period is higher than the England average.

Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years)

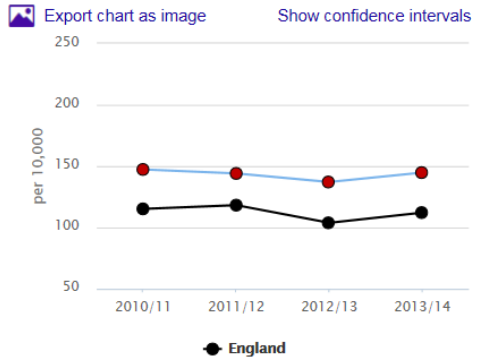


Hospital admissions due to injury aged 0-14

There persists an inequality gap to England for this indicator, which has changed little over recent years.

2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) Bolton

Crude rate - per 10,000



Period		Count	Value	Lower CI	Upper CI	North West	England
2010/11		785	147.3	137.2	158.0	152.9	115.2
2011/12		771	144.1	134.1	154.6	146.9	118.2
2012/13		742	137.1	127.4	147.3	133.9	103.8
2013/14		791	144.8	134.9	155.2	144.3	112.2

Source: Calculated by Public Health England: Knowledge and Intelligence Team (South West) from data from the Health and Social Care Information Centre - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Suicide and injury undetermined rate

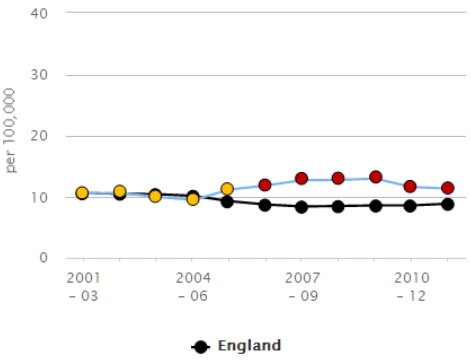
Suicide data is for all ages but is included in the Health & Wellbeing Strategy under Developing Well as suicide rates are significantly higher in young men and because of its association with mental health problems and alcohol/substance misuse.

The official suicide rate is for suicide and injury determined and is a pooled average of the previous three years. This official rate is always one to two years out of date. The latest available is for the period 2011-2013. The official suicide rate for 2011-2013 in Bolton is 11.5, based upon 93 suicides.

The latest 3-year pooled suicide and injury undetermined rate for England is 8.8 (per 100,000). Since 2004-2006 Bolton's suicide rate has increased considerably from several years at a similar rate, peaking in 2007-2009. The latest data shows that our suicide rate has fallen for the second consecutive period (now 11.5 per 100,000) but it remains high both compared to England (8.8) and our statistical neighbours (8.9); currently Bolton has the 15th highest suicide rate in the country – for context in the previous release we had the 5th highest rate in the country, and have been as high as 3rd in the past.

4.10 - Suicide rate (Persons) Bolton

Directly standardised rate - per 100,000



Period	Sig	Count	Value	Lower CI	Upper CI	North West	England
2001 - 03		82	10.7	8.5	13.3	11.8	10.5
2002 - 04		82	10.7	8.5	13.4	11.4	10.5
2003 - 05		77	10.1	7.9	12.7	11.5	10.4
2004 - 06		73	9.6	7.5	12.1	11.3	10.1
2005 - 07		87	11.3	9.0	14.0	10.6	9.2
2006 - 08		94	12.0	9.7	14.7	9.7	8.6
2007 - 09		101	12.8	10.4	15.6	9.5	8.3
2008 - 10		101	12.9	10.5	15.7	9.4	8.4
2009 - 11		103	13.1	10.7	15.9	9.7	8.5
2010 - 12		94	11.7	9.5	14.3	9.6	8.5
2011 - 13		93	11.5	9.3	14.1	10.1	8.8

Source: Public Health England (based on ONS source data)

The current rate shows Bolton to have the fifth highest suicide rate in the North West after Blackpool (13.6), Blackburn (12.0), St Helens (11.9), and Manchester (11.8). Though the differences are not statistically significant, this ranking is a notable improvement on recent years. Also in the past Bolton has experienced a very high female suicide rate, but this feature of the rate has reduced to normal in recent years.

3.3 PROGRESS ON TASKS

We are working on developing a transition pathway outlining the key tasks that need to be worked through in order to ensure a successful transition to adult services across Health and Social Care for children and young people with SEND. A process for consulting with young people about the exact content and the method of presenting this info that would be most useful is being developed. We are also working on developing an info pack for families informing them of when and how the transition from children's to adults services happens for different teams such as Speech and Language Therapy, Physio or Social Care.

A Children and Young People's Health and Wellbeing Survey has been carried out in Bolton to gain a greater understanding of the health needs of our young people. More than 6,000 pupils across Bolton participated in the survey from 53 schools (primary, secondary, special and college). Full results will be circulated following publication of the Director of Public Health's Annual Report, however compared to the England average for many of the questions, Bolton pupils reported similar levels to the reference sample:

- Bolton pupils report more bullying but less confidence that their school takes bullying seriously than do their peers in the reference sample;
- Bolton pupils seem more likely to skip breakfast and skip lunch than those in the reference sample;
- Bolton pupils seem less likely to have experience of tobacco, alcohol or illegal drugs than do those in the reference sample;
- Bolton pupils are more likely to report worrying about at least one of a list of worries than are those in the reference sample. However, their average scores for mental wellbeing are just the same as in a published sample.

The Bolton Sexual Health Network continues to prioritise the reducing teenage conception agenda and this is further supported by the strategic lead working with peers across the North West via the Teenage Pregnancy Leads Group and the Greater Manchester Sexual Health Network Priority Action Group for Young People.

The Teenage Pregnancy Strategy is shortly to be refreshed and Teenage Pregnancy Prevention and Support Groups established. Success will be measured by an annual reduction in teenage conceptions. Teenage Pregnancy rates are continuing to reduce; the majority of the work to reduce teenage conceptions is now embedded within mainstream services. Prevention and support are commissioned as part of wider services, for example within the Family Nurse Partnership service, Health Visiting, School Nursing, The Parallel and Sexual Health. The Healthy Schools team support the PHSE curriculum in schools which includes the need to have comprehensive sex education policies.

Work is ongoing to ensure coordinated delivery of the Family Nurse Partnership to teenage parents and there is a new delivery model being designed. This work will be supported by the development of a teenage parents support strategy.

Following a gap in capacity (due to maternity leave) the local suicide and self-harm prevention agenda is currently being refreshed. A review of recent evidence and good practice has been

undertaken with a view to refocusing on key areas and increasing participation and ownership by key stakeholders. Initial meetings of key stakeholders are underway and the aim is to establish dedicated working groups that create and work on specific action plans. The Suicide Prevention Strategy will also be refreshed and will continue to provide high level strategic direction.

The CCG has undertaken a review and redesign of the CAMHS service, resulting in reduced waiting times, clearer clinical pathways and redefined outcomes for children and young people. The Building Health Partnerships Project commenced in March 2015, bringing together a wide range of community stakeholders to deliver greater awareness of suicide and self-harm. The project included training to increase basic awareness of suicide and how to talk to young people in crisis.

Publication of the Suicide Prevention Partnership Annual Report for Bolton features local analysis of suicide audit and self-harm admission data (Bolton Health Matters, April 2015).

4.0 ADDRESSING THE NEEDS OF THE VULNERABLE AND COMPLEX

4.1 PRIORITIES

- Ensure specialist services provide interventions for those most vulnerable including those at risk of sexual exploitation and domestic abuse;
- Maintain and improve outcomes for Looked After Children (LAC);
- Ensure local delivery of Troubled Families (Families First) programme.

4.2 OUTCOMES

Children's hospital admissions as a result of self-harm

There has been an increase in the number of self-harm admissions in children from the 200 per year reported in the previous report to the 280 recorded here (though data refers to the tax year 2013/14). This follows a national increase evident in both adults and children. Rates are higher in Bolton's young women, though the difference between the genders is less for the most deprived in our town, and most admissions are for overdose (typically paracetamol etc.) with cutting etc. remaining rare.

GCSE attainment for LAC (5+ A*-C)

The most recent release shows a reduction in LAC GCSE attainment to 15.0% (2014); this is lower than the 19% who achieved this level in 2013, but performance is not directly comparable because of reforms in 2014 affecting the performance calculations

Children in poverty

The level of poverty in Bolton is worse than the England average with 21.6% of Bolton's children currently living in poverty. The proportion has reduced consistently now for several years but the latest release available only refers to 2012. The indicator measures the proportion of all dependent children under 20 in relative poverty – that is, living in households where income is less than 60 per cent of median household income before housing costs. The proportion has reduced from our

baseline of 24.2% and though similar to the North West average we remain lower than the levels of poverty seen across our statistical neighbours (22.5%).

4.3 PROGRESS ON TASKS

The specialist CSE team in Bolton, Phoenix EXIT continues to offer a multi-agency co-located approach and response to CSE in Bolton, as well as contributing to wider CSE work across Greater Manchester. A domestic abuse practitioner forum has been established and operates three times per year with good practitioner attendance. A Domestic Abuse Handbook has been published and signed off December 2014 by the BSCB Safeguarding Executive – this addresses good practice in Domestic Abuse, risk assessment checklists for victims and children, legal powers available to safeguard, as well as local and national resources.

Regarding the local delivery of Family First, work is underway to embed the process in a new Public Service Hub and integrate delivery with Working Well and other Complex Dependency based interventions.

Bolton Safeguarding Children's Board have oversight of the Safeguarding Children's Business Plan and monitor it regularly.

Bolton has experienced a significant rise in the number of children becoming Looked After. Many of these involve difficult and complex cases, often as a result of increasing economic and social pressures being experienced in the area. The regular audit programme undertaken by senior managers is monitoring this situation closely. In mitigation, we have stepped up the implementation of our LAC Reduction Action Plan which includes adoption, revocation of care orders and variation to special guardianship.

The introduction of Virtual Schools in Bolton has dramatically improved the attainment of our Looked After Children. In Bolton, 15% of our Looked After Children achieved 5 or more A*-C grades at GCSE including English and maths in 2014 compared to the England average of 12%. This is lower than the 19% who achieved this level in 2013, although the performance is not directly comparable because of reforms in 2014 affecting the performance calculations. Virtual School Heads are working closely with schools to ensure that Looked After Children receive appropriate support and that the pupil premium is used effectively.

In Bolton, 54 of our Looked After Children were adopted during 2014/15 compared to 59 during 2013/14. Given the significant reduction nationally in the number of adoption placement orders made following a number of high profile court judgments, this represents exceptionally good performance which we anticipate will, once again, be in the top 10% in England. Finally, 100% of Bolton's Children's Homes are now judged by Ofsted to be good or better.