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 1 2014/15

Mark Cook

Public Health Intelligence

Public Health

Dawn Lythgoe

Principal Policy Officer

Chief Executive's Department

DEVELOPING WELL COMMENTARY REPORT: Quarter 1 2014/15

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

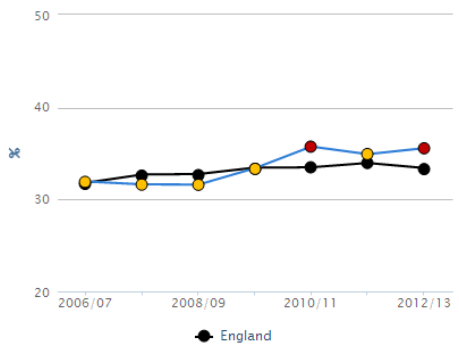
Immunisations

Historically, Bolton has performed notably better than both England and the North West across the majority of immunisations and vaccinations, especially those in childhood. The previous data release revealed an unusual difference in performance between us and our statistical neighbour group for MMR immunisations and Dtap/IPV/Hib, but this has now been rectified in the new data release, putting us back on track.

Excess weight in Year 6 children

Following the national direction, this indicator has changed from strictly a measure of obesity, to excess weight – obesity and overweight combined. As demonstrated below, generally, Bolton's trend is slowly increasing year on year.

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



Period	Sig	Value	Lower CI	Upper CI	North West	England
2006/07		31.9	30.2	33.6	31.4	31.7
2007/08		31.6	30.0	33.2	32.8	32.6
2008/09		31.6	30.0	33.2	33.0	32.6
2009/10		33.4	31.7	35.0	34.1	33.4
2010/11		35.7	34.1	37.4	34.3	33.4
2011/12		34.9	33.2	36.6	34.7	33.9
2012/13		35.6	33.9	37.2	34.2	33.3

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

Promisingly Reception obesity is falling in Bolton, but Year 6 remains an issue. Reception age children in Bolton generally have a healthier weight than the North West and England, but are more

likely to be underweight. However, this positive picture changes by Year 6 where Bolton performs poorly across all weight categories.

1.3 PROGRESS ON TASKS

The Developing Well health and wellbeing partnership group has now been established as a sub-group of the Children's Trust Board. The group has met twice so far and the Terms of Reference developed at the inaugural meeting with the overall aim to "deliver improved outcomes for children and young people". The group has:

- Agreed additional membership;
- Reviewed KPIs related to Developing Well;
- Supported proposals for a Children and Young People's Health and Wellbeing Survey;
- Received an accidents review report;
- Identified priorities for future meetings:
    - Oral health;
    - 5-19 health and wellbeing services;
    - CAHMS review;
    - Healthy Weight;
    - Vulnerable young people.

The new model with service specification for the 5-19 Health and Wellbeing Service has been developed and consultation commenced on 1st April 2014.

Regarding the priority around Healthy Schools there is ongoing support and monitoring of the Healthy Schools offer. This includes consultation with school staff, and a new model of service provision has been developed and communicated to schools.

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

The new model with service specification for the 5-19 Health and Wellbeing Service has been developed and consultation commenced on 1st April 2014.

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

Bolton typically performs better for chlamydia diagnoses than our statistical neighbours. Better performance here is a higher diagnosis rate, meaning more cases are being identified and treated in the 15-24 population and that the diagnosis rate is high enough to effect a reduction in prevalence over time (over 2,400 per 100,000 population).

In 2012, several changes were made to the collection and reporting of chlamydia activity data, to deliver a simpler and more representative national surveillance system. It is important to note that as a result of the revisions, chlamydia data for 2012 onwards are not directly comparable with data reported in earlier years. Between 2008 and 2011, community (non-GUM) chlamydia tests and diagnoses were reported using two systems; the NCSP core data return recorded all those tests carried out in NCSP registered settings, and an aggregate laboratory reporting system recorded all tests carried out in non NCSP, non-GUM settings. In January 2012 these two data sources were replaced by a single laboratory reporting system, the Chlamydia Testing Activity Dataset (CTAD). CTAD now collects data on all chlamydia tests carried out in NHS and local authority commissioned laboratories in England. Quarterly data tables for 2012 that were based on NCSP and non-NCSP/non-GUM reporting systems have been superseded and archived, and should not be used. The new data tables based on CTAD should be used instead.

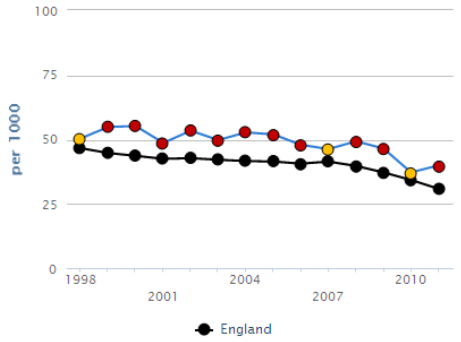
Under the new methodology, Bolton retains its higher performance than our statistical neighbours, as well as staying above the rate expected to effect a reduction in prevalence, with a diagnosis rate of 2552.0 compared to 2302.4. However, CTAD trend data is not yet available.

Under 18 conception rate

New official data shows the previous rate has been maintained (change from 36.8 to 39.6). Though this puts us around average for our statistical neighbours it is a promising update as our trend prior to these two points has historically been higher (Bolton is improving from its baseline of 46.1). The rate for teenage conceptions in children aged under 16 years of age follows a similar pattern, a recent increase from 7.3 to 8.0 per 1,000 from a historically higher rate of 10.9. Finally, in 2012/13, 1.5% of Bolton women giving birth were aged under 18 years.

It is inappropriate to publish quarterly teenage pregnancy statistics here, but Public Health does receive such data and looking ahead we expect 2012 to maintain this downward trend, and hopefully be an improvement on 2011.

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



Period	Sig	Value	Lower CI	Upper CI	North West	England
1998	●	50.3	44.2	56.9	50.3	46.6
1999	●	54.8	48.5	61.7	48.8	44.8
2000	●	55.2	48.8	62.1	47.5	43.6
2001	●	48.5	42.7	54.9	45.1	42.5
2002	●	53.3	47.3	59.9	45.4	42.8
2003	●	49.6	43.9	55.8	45.2	42.1
2004	●	52.7	46.9	59.0	46.0	41.6
2005	●	51.9	46.1	58.1	46.9	41.4
2006	●	47.8	42.3	53.8	44.2	40.6
2007	●	46.1	40.6	52.0	46.6	41.4
2008	●	49.1	43.5	55.3	44.8	39.7
2009	●	46.3	40.8	52.4	42.6	37.1
2010	●	36.8	31.9	42.3	39.6	34.2
2011	●	39.6	34.5	45.3	35.3	30.7

Source: Office for National Statistics (ONS)

Ward level data cannot be shared publicly, but from local intelligence we know that the Wards of Tonge, Halliwell, Burnden, Kearsley, Breightmet, Harper Green, and Farnworth have the highest rates (in that order). These areas have been consistently high in Bolton and reflect the connection between high teenage pregnancy rates and areas of highest deprivation. They indicate the areas in the borough where we need to target the reducing conceptions work and support for teenage parents and can inform the future commissioning of services. [Old Wards are used for comparison with the baseline].

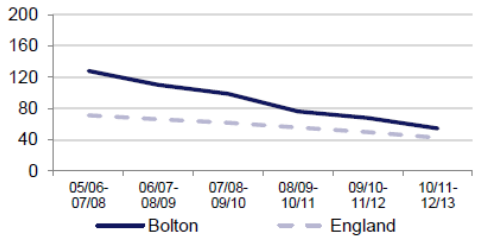
Under 18 alcohol-related hospital admissions

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 (59.8) with the most recent figure being 54.6 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 2014, published earlier this month.

Young people and alcohol

In comparison with the 2005/06-2007/08 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 2010/11-2012/13 period. The admission rate in the 2010/11-2012/13 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)



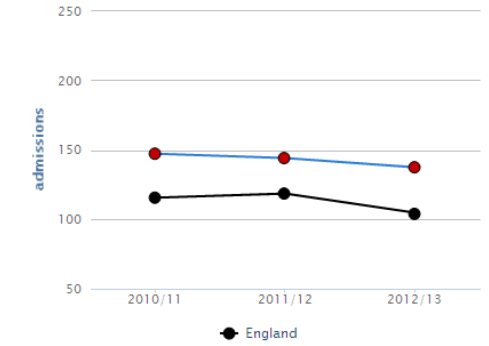
Data source: Public Health England (PHE)

Hospital admissions due to injury aged 0-14

Bolton's hospital admission rate for this indicator has been slowly reducing for the last three years to a most recent figure of 137.1 per 10,000, but we remain significantly worse than England and still higher than our statistical neighbour average (128.6).

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

Crude rate - admissions



Period	Sig	Value	Lower CI	Upper CI	North West	England
2010/11	●	147.3	137.2	158.0	152.9	115.2
2011/12	●	144.1	134.1	154.6	146.9	118.2
2012/13	●	137.1	127.4	147.3	133.9	103.8

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.

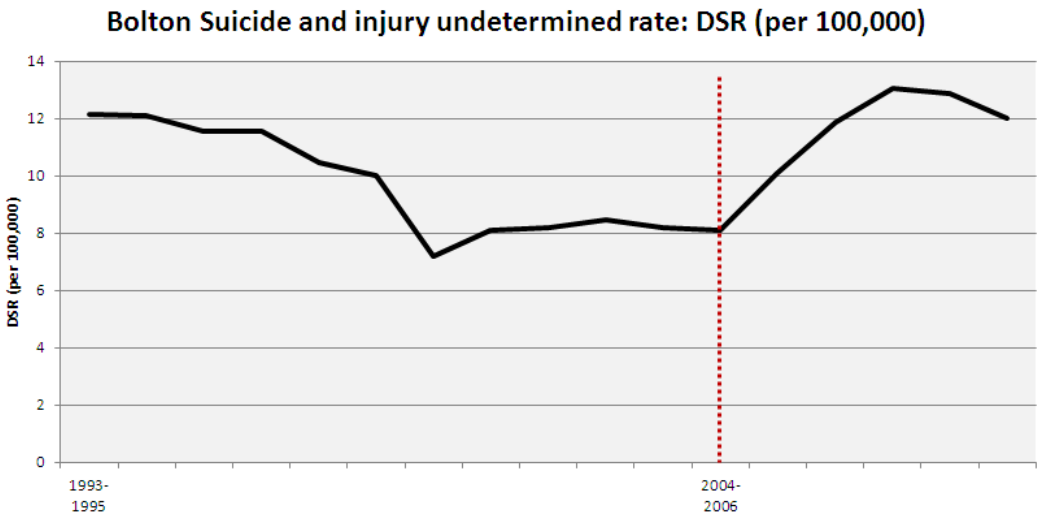
A local Accident Review report has recently been discussed at the Developing Well sub-group and shows there to be a disproportionate burden of accidents in Bolton's 0-4 year olds. Work is now underway to engage stakeholders in 0-4 accidents in the home prevention with a workshop taking place the week commencing 7th April 2014.

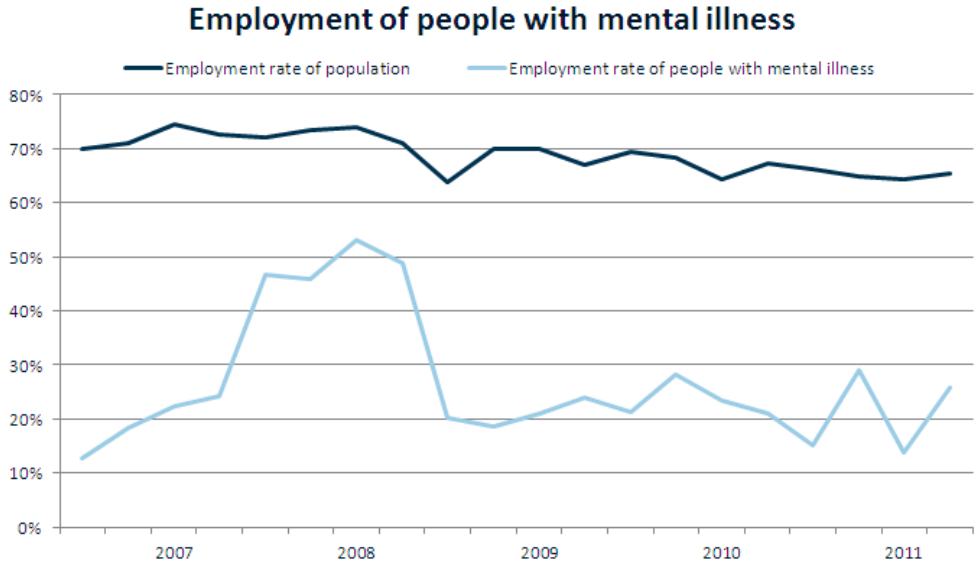
Suicide and injury undetermined rate

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 latest 3-year pooled suicide and injury undetermined rate (the official suicide rate definition) for England is 8.5 (per 100,000). Since 2004-2006 Bolton's suicide rate has increased considerably from several years at a similar rate, peaking in 2007-2009. Latest data (2010-2012) shows that our suicide rate has fallen for the second consecutive period (now 11.7 per 100,000) but it remains extremely high both compared to England (8.5) and our statistical neighbours (8.9); currently Bolton has the 5th highest suicide rate in the country (after Manchester, Blackburn with Darwen, Wigan, and North Tyneside).

The historic increase coincides with the recession of 2008 and the areas with the highest suicide rates are North West and North East, all having significantly higher social economic deprivation than average for England. While obviously not all suicides are related to mental illness, the chart below shows the historic gap in Bolton between the general population and employment of people with mental illness. Clearly, the recession of 2008 affected the general employment rate in Bolton around the same time as the increase in suicide, but the effect of the recession on the rising employment for those with mental illness is particularly pronounced and it has struggled to recover since.





Mental illness is a significant risk factor for suicides; from our local suicide audit we know that it occurs in the lives of half (49%) of all people in Bolton who commit suicide. The diagnosis in the majority of cases is recorded as 'depression'. Likewise, in the chart above 'mental illness' refers to common mental health problems which are akin to depression and anxiety disorders (as opposed to severe and enduring mental illnesses). Also, unemployment (particularly recent unemployment associated to factors such as the recession) and its wider impacts are also significant risk factors for suicide in Bolton. Therefore, the significantly increased risk of suicide for people with depression may be further exacerbated by the persistent inequality (since 2008) in unemployment amongst the same group, as demonstrated in the chart above.

3.3 PROGRESS ON TASKS

Regarding transition, Children's Services and Adult's Services are working together to formalise and strengthen procedures and protocols.

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.

Work 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.

Local approaches to suicide prevention focus on reduction of risk across the population under a shared multi-disciplinary approach – accounting for the complexity of risk and the variety of stakeholders who have the opportunity to influence. This approach has been operating since 2007 and has focused on outputs and their outcomes. A new Suicide Prevention Strategy was launched earlier this year and initial outputs are encouraging with sign-up to specific Action Plans within Primary Care, Public Health, Mental Health Services and The Samaritans. Also of note is the recent increased capacity to reduce rates of common mental health problems, risk of these conditions, and low wellbeing in the population with the introduction of the Think Positive Service and the Public Mental Health Team in early 2012. Both initiatives, which operate together under a pilot programme, have shown additional significant and demonstrable contribution towards improvement in a wide range of factors associated with suicide risk including wellbeing and mental health problems, as well as unemployment. It is important to acknowledge that this work has the potential to support an even greater reduction in suicide risk locally. Finally, the CCG are working to review the CAHMS service locally.

Going forward, work has been identified to pick up on suicides in the Child Death Overview Panel Annual Report.

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

Bolton (368.7 per 100,000 population aged 10-24) currently performs similar to the national average (346.3) and better than our statistical neighbour group (416.8). Bolton's admission rate form this indicator is static, following the national picture, where no significant change has occurred since 2007/08. There are around 200 admissions for self-harm made by people aged 10-24 in Bolton each year, with rates higher in Bolton's young women than young men.

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

The most recent release shows a reduction in LAC GCSE attainment from 22.6% to 18.8%, but this indicator is not very reliable due to small numbers and so a more significant trend is required before we can accurately judge local performance. However, 18.8% is still a greater proportion than seen nationally.

Children in poverty

The level of poverty in Bolton is worse than the England average with 22.9% of Bolton's children currently living in poverty. 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 24.1% and though similar to the North West average we remain lower than the levels of poverty seen across our statistical neighbours (24.4%).

4.3 PROGRESS ON TASKS

Work is ongoing by the Bolton Safeguarding Executive to provide appropriate interventions for the most vulnerable children in our Borough.

The Corporate Parenting Board is working towards the maintenance and improvement of Bolton's outcomes for LAC.

The Family First Stakeholder Group is ensuring local delivery of the Family First programmes.