

Agenda Item:

Joint Public Health Board

**Bournemouth, Poole and Dorset councils working
together to improve and protect health**

Insert Item No.

Date of Meeting	4 February 2014
Officer	Director of Public Health
Subject of Report	Public Health Performance Monitoring 2013/14
Executive Summary	<p>An updated set of indicators is presented following discussion at the Joint Public Health Board on 7 November 2013.</p> <p>Monitoring of public health outcome indicators can be problematic as indicators may take some time to be reported, impact may take time, and many indicators have historically been reported annually. To overcome some of these issues this report includes information on the trend compared to previous figures, updated figures where these are available, and more timely quarterly figures if available. For more recent data there may be a loss of comparability to national figures or in comparison over time.</p> <p>Monitoring has also been divided up to be clear about those areas where the authorities have a mandatory responsibility, and areas where the focus is on the strategic development or other new development areas. Commentary on individual areas, and related budget where appropriate is also now included in the report to give a clearer picture.</p> <p>The report continues to shows a good picture in most areas. The Health Checks programme is now firmly launched and activity in Bournemouth and Poole is already greater than for the whole of the previous year, whilst Dorset is anticipated to increase from October</p>

	when the Dorset contract was revised. Specific work on smoking in pregnancy also continues.
Impact Assessment: <i>Please refer to the protocol for writing reports.</i>	Equalities Impact Assessment: Not applicable as this is not a new policy or strategy
	Use of Evidence: This report has been compiled from the latest release (August 2013) of the Public Health Outcome Framework Indicator set.
	Budget: There are no direct budgetary implications of this report.
	Risk Assessment: Having considered the risks associated with this decision using the Council's approved risk management methodology, it is the officer's opinion that there are no High risks that need to be reported.
	Other Implications:
Recommendation	That the Board: consider and comment upon the indicators setting out latest known position for Public Health Dorset.
Reason for Recommendation	Monitoring of key indicators is an essential requirement to understand current position and identify where to focus resources most efficiently and effectively to make a difference to the health of the local population.
Appendices	Appendix 1 – Public Health Performance Indicators
Background Papers	Public Health Business Plan Public Health Performance Indicators – 7 November
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Public Health Dorset

1. Introduction

- 1.1 The Joint Public Health Board considered an initial set of public health performance indicators as their meeting on 7 November 2013. Although members were pleased to see that performance compared well to the national picture in most areas, they

commented that it would be helpful to have a direction of travel to compare against as well as commentary on different areas.

- 1.2 In light of this discussion Public Health Dorset has amended the report, taking account of how performance is reported in a range of other committees from across the council, key changes to the report include:
- Separation of the report into mandatory and non-mandatory, service performance, strategic performance and areas for development
 - Addition of trend data, commentary and relevant budget where appropriate
 - Information that is no longer appropriate or regularly updated has been removed
 - Inclusion of more timely and/or local data, even where this prevents comparison to the national figures
- 1.3 The revised report, with most recent data as at January 2014, is shown in appendix 1.
- 1.4 The overall picture for the three authorities compares well to the national picture. Issues include:
- Smoking in pregnancy – Dorset compares unfavourably with England and has seen an increase with most recent figures. Although there has also been a rise in Bournemouth and Poole this is not seen nationally. Public Health Dorset are working with the CCG, midwives and smoking cessation providers to develop an improved approach to identifying these women and ensuring they access smoking cessation services.
 - Health Checks (offer) – This is most likely a reflection of the Dorset PCT historical approach to provide a targeted rather than universal service. A more universal approach, in line with the statutory requirement on the local authority, has been agreed from October 2013, and should start to impact on figures in the next quarter.
- 1.5 Areas for potential development that have been identified include:
- Excess winter deaths – the report now includes two indicators, one for all ages and one for 85+. All authorities perform well, Poole in particular.
 - Road traffic accidents – Dorset and Bournemouth perform less well than England. This has been identified as a priority for the Health and Wellbeing Boards, and Public Health Dorset has a place on the Road Safety Partnership who will be delivering on this issue.
 - Hospital admissions due to injury, under 18 – Dorset and Poole perform less well than England and have seen an increase in this area. We are therefore reviewing this area to understand the reason and what potential solutions there may be and what partners need to be involved

Dr David Phillips
Director for Public Health
January 2014

Performance Update

KEY:

	statistically worse than England
	statistically no different than England
	statistically better than England



statistical decrease



no statistical change



statistical increase

Mandatory Programme - Service Performance

National Child Measurement Programme - weigh and measure all children aged 4-5 and 10-11 registered at a maintained school or academy.

Indicator	Most recent data	Actual				Trend			
		ENGLAND	Bournemouth	Dorset	Poole	ENGLAND	Bournemouth	Dorset	Poole
Uptake of NCMP Reception (age 4-5) (%)	2012-13	94.0	96.8	94.3	97.7	TARGET=90%			
Uptake of NCMP Year 6 (age 10-11) (%)	2012-13	92.7	90.8	90.9	92.5	TARGET=90%			
Excess weight age 4-5 (%)	2012-13	22.3	21.3	19.8	23.2	↓	→	→	→
Excess weight age 10-11 (%)	2012-13	33.3	32.1	29.1	28.6	↓	→	→	→

BUDGET	2013-14	38,900	Forecast	39,400
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Commentary

- Two previous service specifications now combined for 2014-15 and in negotiation. New IT system for collecting data in place from September 2013.
- Recent publication of NICE Public Health Guidance on Interventions for Childhood Obesity; now in discussion locally with key partners, alongside evaluation of previous Dorset specific service (Dimensions, now decommissioned. This service did help many of the children accessing the service to lose weight, but access rates overall were very low, so impact was small with high cost per outcome).

Mandatory Programme - Service Performance

Health Checks - ensure delivery of the Health Checks programme, with a check offered to eligible people aged between 40 and 74 once every five years, and continued improvement in the proportion of people participating in the check.

Indicator	Most recent data	Actual				Trend			
		ENGLAND	Bournemouth	Dorset	Poole	ENGLAND	Bournemouth	Dorset	Poole
Health Checks offered (%)	2012-13 (annual)	16.5	7.5	7.6	7.5				
Health Checks uptake (%)	2012-13 (annual)	49.1	47.6	51.8	47.6				
Health Checks offered (%)	YTD Q2 13-14	8.7	10.1	3.6	13.3				
Health Checks uptake (%)	YTD Q2 13-14	48.8	44.2	56.1	49.7				

BUDGET	2013-14	1,283,600	Forecast	898,146	2014-15 forecast	
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Commentary

- Revised service specification in place from October 2013, with expected increase in offer in Dorset in particular from October 2013.
- Further revisions to service specification for 2014-15 in negotiation, and intention is to develop a dynamic purchasing framework to support procurement from 2015-16.
- We also explore options for more regulated call and recall of people within the programme and for outreach within areas and groups that are less likely to access current service as ways to improve equity, effectiveness and efficiency of the programme.
- Note: 2012-13 data is based on old PCT information hence the same data is ascribed to both Bournemouth and Poole.

Performance Update

Mandatory Programme - Service Performance

Sexual health - commission open access sexual health services in line with "Best practice guidance for local authorities", Mar 2013.

Indicator	Most recent data	Actual				Trend			
		ENGLAND	Bournemouth	Dorset	Poole	ENGLAND	Bournemouth	Dorset	Poole
GP prescribed Long Acting Contraception (per 1,000 women 15-44)	2012-13	49.0	53.3	53.1	53.3	↓	↓	↓	↓
People presenting with HIV at a late stage of diagnosis (%)	2009-11	50.0	30.4	57.1	48.7	↓	→	→	→
Prevalence of HIV diagnosis (age 15-59) (per 1,000)	2012	1.50	2.88	0.66	1.57	↓	→	→	→
New STI diagnosis (per 100,000)	2012	803.7	1040.6	655.9	557.2	↑	→	→	→
Chlamydia diagnosis in age 15-24 (per 100,000)	2012	1979	2290	1432	1458	↓	↑	↓	↓

BUDGET

Contraception	2013-14	1,405,000	Forecast	1,441,790
Testing & treatment	2013-14	5,201,400	Forecast	4,626,119
Advice & prevention	2013-14	758,000	Forecast	845,050

Commentary

- Service specifications drafted and will be in place for all contracts from 2014-15. Sexual health review, working with all providers, is on going to look at need and service delivery.
- Reshaping chlamydia services for 2014-15 to provide an asymptomatic screening service that will be evaluated.
- Note: 2012-13 GP prescribing data is based on old PCT information hence the same data is ascribed to both Bournemouth and Poole.

Performance Update



Mandatory Programme - Strategic Performance

Health Protection - ensure steps are in place to protect the health of local people.

Commentary

- Dorset Health Protection Network in place to bring together Public Health England, NHS Wessex, Dorset CCG, and all tiers of local authorities within Dorset to ensure plans and good working relationships in the event of any health protection issue that occurs, such as a measles outbreak.
- The next meeting is on 22nd January 2014 : Work is underway on:
 1. Common surveillance data and reporting
 2. Workforce review

Health Care Public Health - provide a core offer of public health information and advice to the NHS as needed to improve the health of local people.

Commentary

- Memorandum of Understanding agreed with Dorset CCG. Public Health Dorset provides support to the CCG including 6 Clinical Commissioning Programmes, Individual Cases Panel and Medicines Management. CCG provides support to public health through Medicines Management and the Quality team.
- An example of current work is in the detailed breakdown on programme budgeting for mental health to understand current spend and fit with need

Performance Update

Other Public Health Commissioned Programmes - Service Performance

Drugs and Alcohol - joint commissioning, in collaboration with the three DAATs, of prevention and treatment services for drugs and alcohol problems.

Indicator	Most recent data	Actual				Trend			
		ENGLAND	Bournemouth	Dorset	Poole	ENGLAND	Bournemouth	Dorset	Poole
Successful completion of drug treatment (%) - non-opiate users	YTD Q2 13-14	40.1	39.7	44.8	57.4	↑	→	↑	↑
Successful completion of drug treatment (%) - opiate users	YTD Q2 13-14	8.1	7.9	12.6	12.9	↑	↑	↑	↑
Hep C testing of eligible service users (%)	YTD Q2 13-14	73	88	84	46	-	↑	↑	↑
Admissions for alcohol-related conditions (per 100,000)	2011-12	1974	2363	1578	1836	↑	→	→	↑
Successful completion-alcohol treatment (%)	YTD Q2 13-14	35.8	36.2	44.2	41.1	-	-	-	-

BUDGET

Public Health Dorset- Drugs & Alcohol	2013-14	3,613,200	Forecast	3,634,245
Non PHD Public Health Grant - via DAATs in LA	2013-14	7,147,000	Forecast	unknown

Commentary

- Clear working relationships established with the three DAATs and review has been proposed to look at best options for commissioning arrangements for the future.
- Increasing emphasis in future on alcohol misuse which directly affects more people than drug misuse.

Other Public Health Commissioned Programmes - Service Performance

Lifestyle services - Smoking - commission smoking cessation services and work with partners on prevention.

Indicator	Most recent data	Actual				Trend			
		ENGLAND	Bournemouth	Dorset	Poole	ENGLAND	Bournemouth	Dorset	Poole
Numbers setting a quit date	2012-13	724,427	3,024	3,717	3,024	-	-	-	-
Successful quitters (%)	2012-13	52	52	53	52				
Smoking prevalence (%)	2011-12	20.0	19.0	17.1	18.3	↓	↓	→	→
Smoking at time of delivery (%)	2012-13	12.7	13.2	16.7	13.2	→	↑	↑	↑

BUDGET	2013-14	2,067,200	Forecast	1,882,515
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Commentary

- Work with partners includes work with trading standards, environmental health and Dorset CCG
- Note: 2012-13 service and quitters data is based on old PCT information hence the same data is ascribed to both Bournemouth and Poole.
- The study at the time of delivery, data is very susceptible to individual reporting behaviours.

Other Public Health Commissioned Programmes - Service Performance

Lifestyle services - Weight & Nutrition - commission weight loss services and work with partners to encourage healthy eating and healthy weight.

Indicator	Most recent data	Actual				Trend			
		ENGLAND	Bournemouth	Dorset	Poole	ENGLAND	Bournemouth	Dorset	Poole
Numbers accessing weight loss services	2012-13	-	-	1386	-	-	-	-	-
Successful weight loss (>5%) (%)	2012-13	-	-	48.7	-	-	-	-	-
Breast feeding at 6 - 8 weeks (%)	2012-13	47.2	52.3	52.0	52.3	➡	➡	➡	➡

BUDGET	2013-14	684,000	Forecast	433,623
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Commentary

- Commissioning intention is to roll out community weight loss service to Bournemouth and Poole for 2014-15.
- Note: 2012-13 breastfeeding data is based on old PCT information hence the same data is ascribed to both Bournemouth and Poole.

Other Public Health Commissioned Programmes - Service Performance

Dental public health - statutory delivery of dental epidemiology survey, commission oral health promotion as appropriate

Indicator	Most recent data	Actual				Trend			
		ENGLAND	Bournemouth	Dorset	Poole	ENGLAND	Bournemouth	Dorset	Poole
Tooth decay index in children aged 5	2011-12	0.94	0.9	0.74	0.79	⬇	➡	⬇	➡

BUDGET	2013-14	128,272	Forecast	138,642
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Commentary

- Note: Higher index score = worse oral health
- Dental Epidemiology Survey - Service specification now in place for 2013-14 Academic Year and survey in special schools underway.
- Oral Health Promotion - no previous service specification. Service specification for 2014-15 drafted and in negotiation.

Areas for development with partners

Indicator	Most recent data	Actual				Trend			
		ENGLAND	Bournemouth	Dorset	Poole	ENGLAND	Bournemouth	Dorset	Poole
Excess winter deaths index (all ages)	Aug 10-Jul 11	17.0	12.5	9.0	8.7	-	-	-	-
Excess winter deaths index (85+)	Aug 10-Jul 11	21.2	11.2	11.0	1.7	-	-	-	-
People killed or seriously injured on the roads (per 100,000)	2010-12	40.5	46.9	51.2	39.8	-	↑	→	→
Hospital admissions due to injury - under 18 (per 10,000)	2011-12	122.6	129.3	146.6	146.8	→	→	↑	→
Slope Index of Inequality for life expectancy - Male	2009-11	9.65	8.7	6.9	5.4	-	-	-	-
Slope Index of Inequality for life expectancy - Female	2009-11	7.18	4	4.7	5.1	-	-	-	-

Commentary

- Work collaboratively with key partners over the forthcoming year and more to establish strategy, define actions and consider co-commissioning of evidence based services
- Note Slope index of Inequality measures the gradient between the most deprived decile and least deprived decile in the relevant population (larger number=greater inequality)