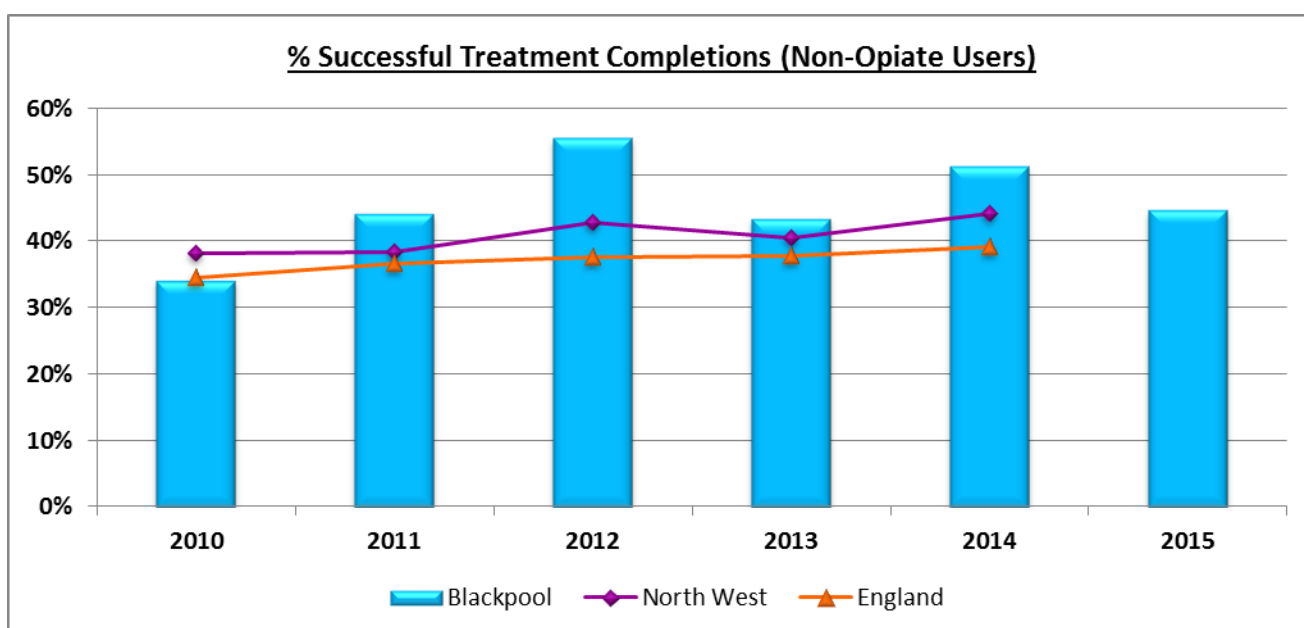


## CABINET SECRETARY (HEALTH)

Indicator Description	Better to be?
% of non-opiate drug users successfully completing treatment who do not re-present to treatment within 6 months	High

2013/14	2014/15	2015/16					Target 2015/16	
		Q1	Q2	Q3	Q4	EoY	Increase on last year	
43.43%	51.22%	51.2%	46.9%	39.5%	44.7%	<b>44.7%</b>	Increase on last year	↓ x



**Commentary:**

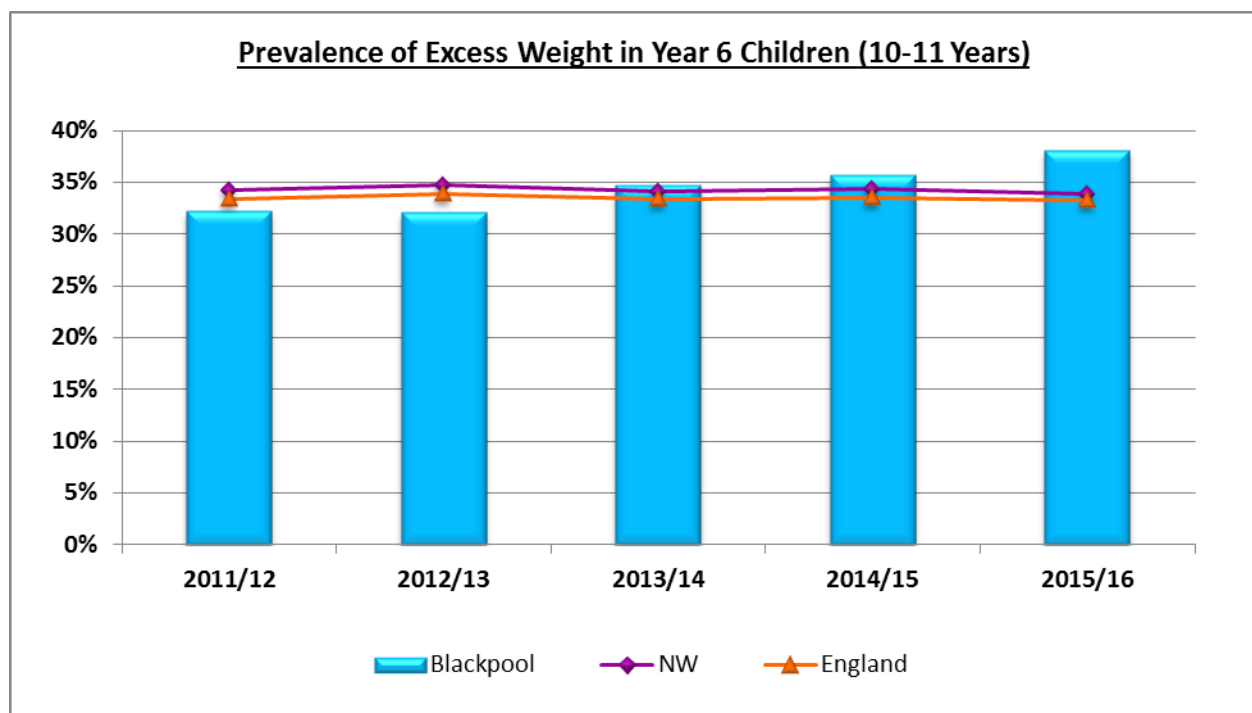
The percentage of non-opiate clients who successfully completed treatment and did not represent within 6 months in Quarter 4 has increased from 39.5% in Q3 to 44.7% in Q4, but continues to be below the baseline. The percentage needs to be read with caution as the number of non-opiate clients in treatment is low and therefore any small reduction in numbers shows a large percentage drop. Blackpool is still performing within the top quartile range for comparator local authorities and is considerably higher than the national average of 39%.

The treatment services are increasing awareness and referrals into service through promotional material and social media and implementing more satellite services in the local community to increase access and engagement for non-opiate clients.

**Appendix 6 (b) - Exception Reports (End of Year 2015/16)**

Indicator Description	Better to be?
Prevalence of excess weight in Year 6 children (10-11 years)	Low

2013/14	2014/15	2015/16	Target 2015/16	
34.72%	35.67%	<b>37.98%</b>	<b>34.4%</b>	↑*



**Commentary:**

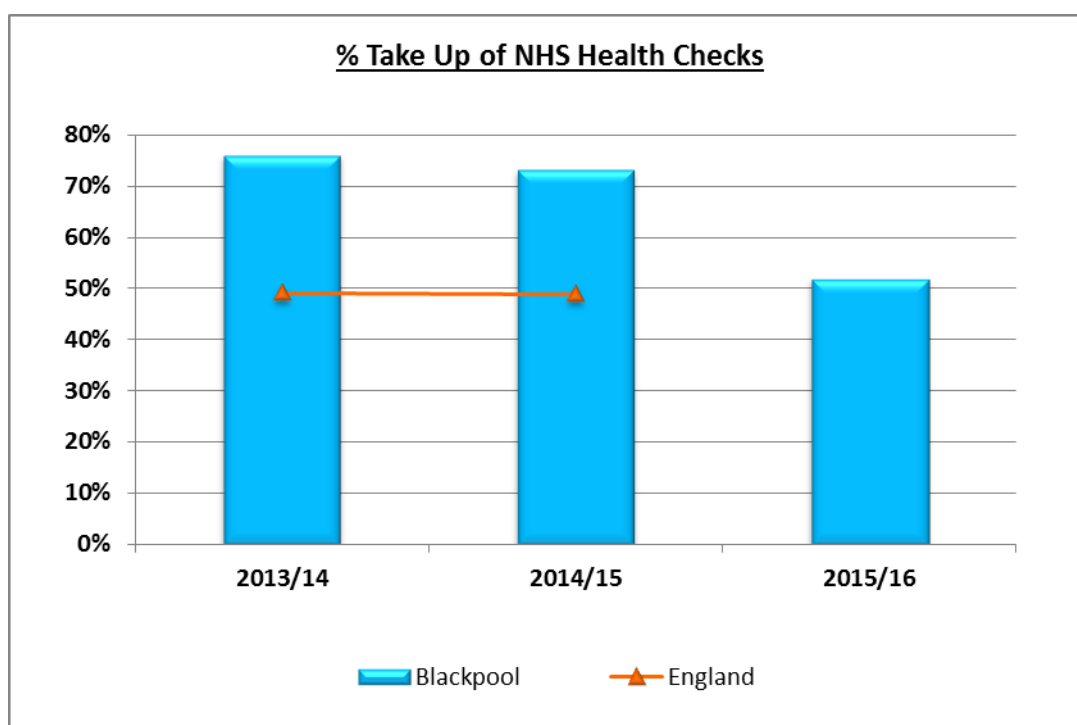
Child obesity rates in Blackpool are rising against an apparent levelling off nationally. We understand that Blackpool is not alone in this phenomenon and that other deprived areas are seeing similar patterns. Not only are overweight/obesity levels unacceptable but this is an area of widening inequalities that appears to have accelerated in the last couple of years. The National Child Measurement Programme (NCMP) for Blackpool shows that the prevalence of excess weight in Year 6 Children in 2014/15 was 35.67% and has increased to 37.98% in 2015/16.

The Healthy Weight Strategy has been refreshed, and the key focus of this is to improve the nutrition and diets of young people. In addition, the Council has recently signed up to the Local Authority Declaration on Healthy Weight to address the issues of obesity. The focus of the declaration will strive to protect children from inappropriate marketing by the food and drink industry, provide easy access to fresh drinking water, improve the quality of packed lunches by developing a local agreement with schools to implement guidance, and continue to work with schools to increase the number of children who walk to school. Public Health continue to commission Early Years Physical Activity, which is aimed at 0-4 year olds, and the Fit2Go programme for Year 4 children as well as working with Leisure Services to develop a new Child and Family weight management programme which is aimed at 5-10 year olds.

## Appendix 6 (b) - Exception Reports (End of Year 2015/16)

Indicator Description	Better to be?
% take up of NHS Health Checks per year amongst the eligible population (aged 40-74)	High

2013/14	2014/15	2015/16		DoT Against Target
		EoY	Target	
76.08%	73.14%	52%	Increase on previous year	↓ x



### Commentary:

There has been a change of data processor as part of the NHS Health Checks process which means we have implemented new data templates. We were aware that this may affect our performance but believe that the quality of the data we now receive is an accurate record of the true number of NHS Health Checks that take place in Blackpool.

During 2015/16 we also introduced a new GP Provider Service Specification. The emphasis of this specification is the quality of health checks, not quantity. This includes ensuring that all mandated aspects of the NHS Health Check are undertaken and appropriately recorded onto the GP system (EMIS). This has caused our numbers to look lower, as we now do not recognise activity as an NHS Health Check unless all mandated fields are completed and recorded on EMIS – this includes discussion and measurements for alcohol, weight and dementia (as appropriate).

We are in the process of undertaking a Health Equity Audit which will look in detail at performance and outcomes, and will report the findings of this audit back to the Health & Wellbeing Board as soon as they have been finalised.

**Appendix 6 (b) - Exception Reports (End of Year 2015/16)**