

**PUBLIC HEALTH**

Indicator Description	Better to be?
Number of drug users successfully completing treatment	High

	2017/18					Target
	Q1	Q2	Q3	Q4	EoY	
<b>Opiates</b>	19	30	41	37	<b>127</b>	<b>200</b>
<b>Non-opiates</b>	10	11	21	10	<b>52</b>	<b>200</b>

**Commissioner Response:**

Performance for both opiate and non-opiate drug completions is below the annual targets. However, the numbers of opiate users successfully completing treatment has continued to increase compared with Quarter 1 2017-2018 when the new Horizon service commenced. The reasons for this are:

- The new service is retaining people in treatment and maintaining abstinence. There is a different phasing of programmes and this means that the recording of a completion for structured treatment is done at a later stage than previously. In 2018-2019, the service will be recording completions when clients finish the structured treatment intervention, rather than when the recovery journey is completed.
- A more in-depth analysis of data by the provider is showing that non-opiate use is part of a poly-using pattern, with alcohol being the primary substance. This means that for recording purposes the non-opiate clients/outcomes are often included within the reported figures for successful alcohol treatment completions. This is attributed to be the main reason for a reduction in the number of non-opiate clients in recorded as in treatment and completing treatment successfully.
- In previous years national data has been collated to monitor performance against the business plan. This data was based on a rolling 12 month figure. For 2017-2018 the data source has changed and local data is now being utilised to monitor performance.
- There appears to be significant discrepancies in data reported by the previous provider. Having looked at the previous provider’s submitted data, there is a discrepancy between the national Quarter 4 rolling figure (for 2016-2017) and the local figure for this same period. Taking these points into account it would appear that the baseline target set for the new provider in 2017-2018 was overly ambitious as it has been based on previously inaccurate local data. The local data from the new provider does reflect the nationally reported data and Blackpool is in line with the national average.
- National reporting of drug and alcohol treatment only concentrates on the Tier 3 subset of treatment (structured interventions of 12 weeks or more) whilst local reporting includes Tier 2 treatment delivery (interventions of under 12 weeks duration). Commissioners are currently in discussion with Public Health England in relation to recording all structured interventions nationally, irrespective of whether they are Tier 2 or Tier 3. This will mean that the reported treatment figures will change.

## App 5 (b) - Exception Reports (End of Year 2017-2018)

Indicator Description	Better to be?
Chlamydia testing coverage rate 15-24 year olds	High

2015/16	2016/17	2017/18					Target
		Q1	Q2	Q3	Q4	EoY	
26.9%	38.6%	28.8%	30.2%	30%	28.5%	29.4%	>30%

### Commentary:

Chlamydia screening activity has been investigated by the service this year due to a significant dip in performance reported on CTAD (the national reporting system). Data quality issues in lab submissions to CTAD were identified, with tests for the Connect Young People Service being miscoded and therefore not being picked up following submission.

The chlamydia screening activity, using locally reported data, is very marginally under target. The service have an action plan in place to improve on the chlamydia screening figures going forward so it is anticipated that there will be an improvement in Q1 2018-2019 reported activity.

Indicator Description	Better to be?
People taking up an NHS Health Check invite per year	High

2015/16	2016/17	2017/18					Target
		Q1	Q2	Q3	Q4	EoY	
43.1%	33.9%	58%	57.1%	56.5%	<i>Data available Jun 2018</i>		Maintain 75%

### Commentary:

The figures represent the proportion of people invited for an NHS Health Check taking one up since the 1st April 2013.

To achieve the national target of 75% by March 2018, the uptake of health checks must be maintained at 75% or above in each period. Although Blackpool is below this national target, the attainment at each quarter in 2017/18 has been higher than the uptake both in the North West and England.

	Q3 2017/18
Blackpool	56.5%
North West	50.8%
England	48.5%

## App 5 (b) - Exception Reports (End of Year 2017-2018)

Indicator Description	Better to be?
Number of successful smoking quitters at 4 weeks	High

2015/16	2016/17	2017/18					Target
		Q1	Q2	Q3	Q4	EoY	
686	842	146	42	10	<i>Data available Jun 2018</i>		686

### Commentary:

Performance in Quarter 3 is much lower than the previous quarter and for the same period over the previous 3 years. This is due to the decommissioning of the specialist stop smoking service. The service ceased from the end of Quarter 2 but had stopped taking new referrals from the end of Quarter 1 to allow any new patients at that point to receive a full service. We also had a pause in provision between the end of the specialist stop smoking service contract and the interim arrangement we now have in place, provided by community pharmacies and some GP practices.

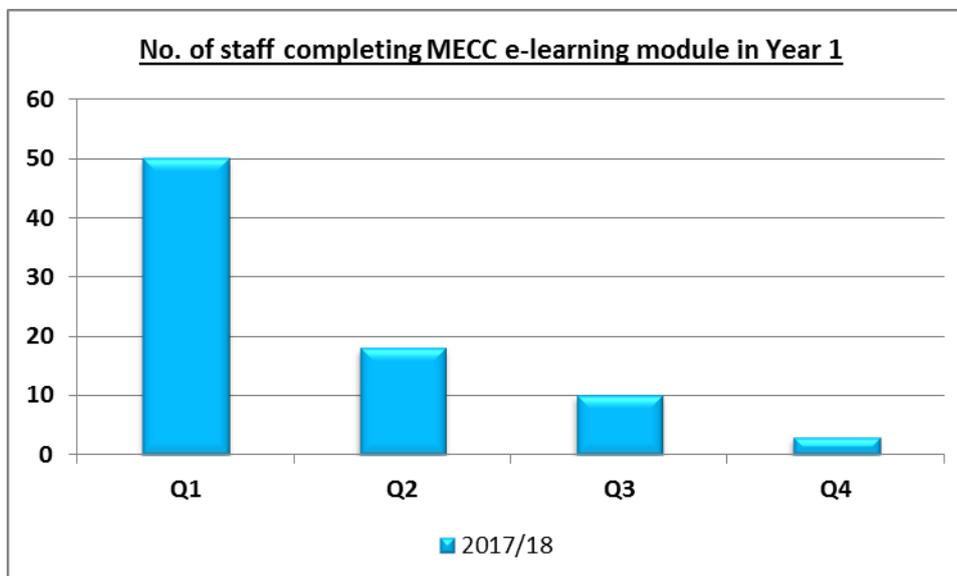
Although the numbers are now lower, we do expect to see these increase in Quarter 4 as the interim service in pharmacies and GPs advances. In the new interim service, payments are only made to the service on Carbon Monoxide verified quits whereas in the previous specialist service a number of the quits recorded were not CO verified (some were self-reported quits). With the interim service, although numbers will be lower, we can be assured that they are verified quits.

Work is underway to develop a new stop smoking model which will meet the needs of Blackpool residents. This new model is currently awaiting approval from the relevant committees. Once the new model is approved, new targets will be introduced and it is expected that the number of successful smoking quitters at 4 weeks will increase significantly.

**App 5 (b) - Exception Reports (End of Year 2017-2018)**

Indicator Description	Better to be?
Number of staff completing Making Every Contact Count (MECC) e-learning module in Year 1	High

2017/18					Target
Q1	Q2	Q3	Q4	EoY	
50	18	10	3	<b>81</b>	<b>300</b>



**Service Response:**

It has been recognised that the uptake of the MECC training is much lower than expected.

There are now a number of interventions underway to improve performance. A campaign will be rolled out to promote the concept of MECC, with the aim of gaining 'buy-in' to the MECC model from staff. We then anticipate an increased uptake of the e-learning module. The campaign will involve attending Directorate Management Teams (DMTs) to deliver a presentation on MECC – demonstrating what MECC is, how it can fit into everyone's day to day roles and the benefits of delivering MECC to the individual, their own families and the wider community. The campaign will also include promotional posters and electronic information through a range of channels aimed at Blackpool Council staff and volunteers.

The first presentation was delivered at Adult Services DMT in February 2018, with the campaign materials also launching at the same time. Following this, some meeting dates have been booked in with individual teams within Adult Services. Dates are now to be set with other DMTs to promote the programme. We hope to see an increase in activity in Quarter 1 of 2018/19 as a result of this work.

## App 5 (b) - Exception Reports (End of Year 2017-2018)

Indicator Description	Better to be?
Number of successful alcohol treatments (structured interventions)	High

2017/18					Target
Q1	Q2	Q3	Q4	EoY	
56	73	78	46	253	500

### Service Response:

Performance for the number of successful alcohol completions is below the annual target. The reasons for this are:

- The new service is retaining people in treatment and maintaining abstinence. There is a different phasing of programmes and this means that the recording of a completion for structured treatment is done at a later stage than previously. In 2018/19, the service will be recording completions when clients finish the structured treatment intervention, rather than when the recovery journey is completed.
- In previous years national data has been collated to monitor performance against the business plan. This data was based on a rolling 12 month figure. For 2017/18, the data source has now changed and local data is being utilised to monitor alcohol treatment completions. Having looked at the previous provider's submitted data there is a discrepancy between the national Quarter 4 rolling data (for 2016/17) and the local figure for this same period.
- Taking these points into account it would appear that the baseline target set for the new provider in 2017/18 was overly ambitious as it has been based on previously inaccurate local data.
- The local data from the new provider does reflect the nationally reported data and Blackpool is in line with the national average.