

**Report to OVERVIEW AND SCRUTINY PERFORMANCE AND
VALUE FOR MONEY SELECT COMMITTEE**

**Update on sexual health (with a focus on
young people) and smoking cessation
performance**

Portfolio Holder:

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Purpose of the Report

Following a previous report to PVFM in December 2017 which set out savings to Public Health services to be made in 2017/18 and 2018/19, PVFM requested further information on the impact of the savings made, this report provides an update on the impact on outcomes relating to the sexual health (with a focus on young people) and smoking cessation.

Recommendations

PVFM is asked to note the current performance relating to sexual health and smoking cessation.

Update on sexual health (with a focus on young people) and smoking cessation performance

1 Background

- 1.1 A report to PVFM in December set out the progress in implementing savings from the public health budget agreed by Star Chamber for 2017/18.
 - Savings of £150k were agreed to be met from the Integrated Youth Service contract, an element of which is Young People's Sexual Health.
 - £100k was agreed to be taken from the health check and stop smoking element of the Early Help contract.
- 1.2 Due to significant challenges to achieving the £150k savings from the Integrated Youth Service it was agreed that they would be made over a two year period 2017/18 and 2018/19.
- 1.3 It is worth noting that Public Health continue to contribute £1m to the Integrated Youth Service contract.
- 1.4 In December 2017 PVFM requested a further update be presented to highlight any impacts in performance, particularly for young people's sexual health outcomes. This paper focuses on three areas of change; teenage pregnancy, chlamydia screening rates and HIV testing update in females. The latest available data has been used however it should be noted that there is a significant time lapse with some data such as Teenage Pregnancy and so a full picture is not yet available.
- 1.5 Since the last meeting attended by Public Health PVFM have also requested specific data on smoking cessation rates.

2 Current Position – Sexual health with a young people's focus

- 2.1 In order to achieve savings the provider, Positive Steps reduced the opening hours of the young people's sexual health service, so that the service is now open for 5 hours per day Monday – Friday, 30 minutes less per day than stipulated in the service specification. Saturday opening hours are 30 minutes longer than required in the service specification. The revised opening hours have been matched to service usage patterns to ensure that the service remains open at the times when young people are most likely to want to access it.

Teenage pregnancy:

- 2.2 Overall the Oldham teenage conception rate has been on a downward trend since the beginning of 2011 with a decrease of 23.6% observed. The most recent data (Q1 2017) shows that the rate of conceptions is higher than in the corresponding quarter in the previous year (Q1 2016) – 31.1 per 1000 compared to 26.7 per 1000 in Q1 2016. (See Table 1)
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Table 1: Teenage conceptions to women under 18, (rate per 1,000 females 15-17 years), Q1 2011 – Q1 2017

	2011				2012				2013				2014				2015				2016				2017
	March	June	Sept	Dec	March	June	Sept	Dec	March	June	Sept	Dec	March	June	Sept	Dec	March	June	Sept	Dec	March	June	Sept	Dec	March
England	31.4	33.2	29.3	29.0	30.3	28.4	25.9	26.3	25.6	25.3	22.2	24.3	23.9	23.2	21.9	22.1	21.7	21.6	19.6	20.3	19.9	19.3	17.7	18.5	18.5
North West	35.8	40.2	32.4	32.8	33.5	33.1	29.9	30.1	27.5	28.9	26.5	27.4	28.1	29.7	24.8	24.6	26.1	26.6	22.4	24.0	25.0	21.6	20.5	22.4	22.8
GM (MCD)	37.5	43.2	36.0	34.3	36.5	35.2	32.8	29.0	28.5	29.2	28.2	27.0	29.4	31.1	26.0	24.1	26.2	25.7	21.9	22.5	23.9	21.8	20.5	23.3	21.4
Oldham	40.7	49.0	27.7	28.4	41.8	43.4	23.2	25.0	29.8	22.6	32.0	38.2	34.1	47.1	23.9	34.0	25.5	18.1	16.2	28.0	26.7	24.5	28.8	27.1	31.1

Source: ONS Quarterly Conceptions Data

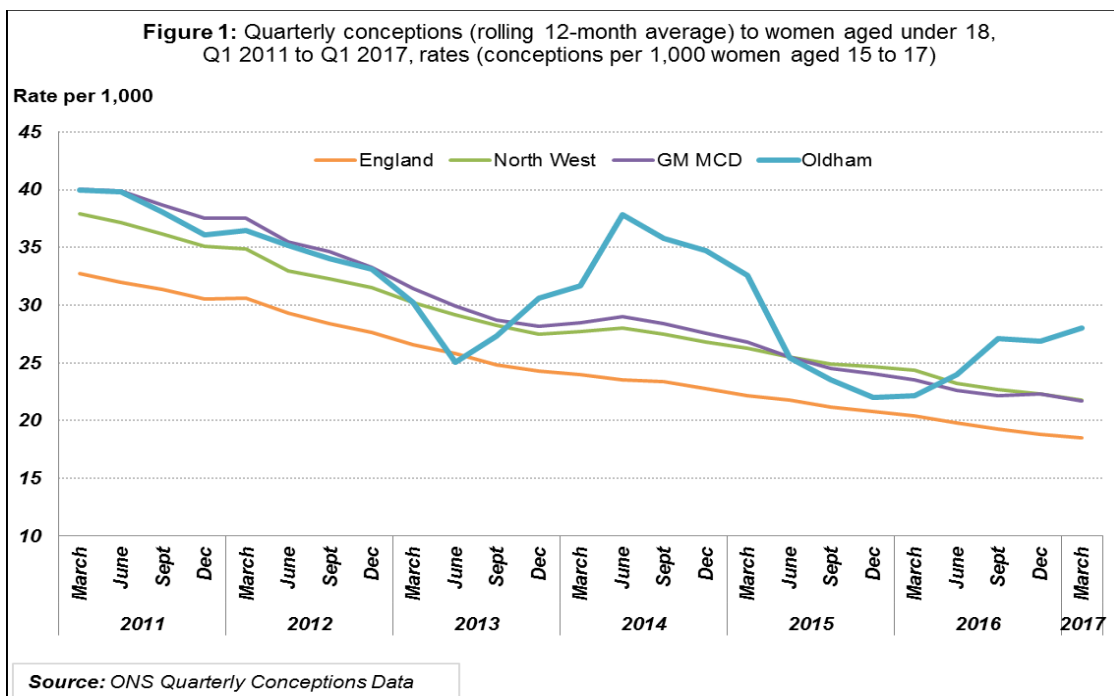
2.3 The most recent quarterly figures show that the teenage conception rate in Oldham is higher than the averages for England, the North West and Greater Manchester rates. Rolling 12-month annual rates were also found to be greater in Oldham than England, the North West and Greater Manchester rates. (See table 2)

Table 2: Teenage conceptions to women under 18, (rate per 1,000 females 15-17 yrs) Q1 2011 – Q1 2017 (Rolling 12-month average)

	2011				2012				2013				2014				2015				2016				2017
	March	June	Sept	Dec	March	June	Sept	Dec	March	June	Sept	Dec	March	June	Sept	Dec	March	June	Sept	Dec	March	June	Sept	Dec	March
England	32.7	32.0	31.4	30.5	30.6	29.3	28.4	27.7	26.6	25.8	24.8	24.3	24.0	23.5	23.4	22.8	22.2	21.8	21.2	20.8	20.4	19.8	19.3	18.8	18.5
North West	37.9	37.2	36.2	35.1	34.8	33.0	32.3	31.5	30.2	29.1	28.3	27.5	27.7	28.0	27.5	26.8	26.3	25.5	24.9	24.7	24.4	23.2	22.7	22.3	21.8
GM (MCD)	40.1	39.9	38.7	37.6	37.5	35.5	34.7	33.3	31.5	29.9	28.7	28.2	28.5	29.0	28.4	27.6	26.8	25.5	24.5	24.1	23.5	22.6	22.2	22.3	21.7
Oldham	40.0	39.8	38.1	36.1	36.5	35.2	34.0	33.1	30.2	25.1	27.3	30.6	31.7	37.8	35.8	34.7	32.6	25.4	23.5	22.0	22.2	24.0	27.1	26.9	28.0

Source: ONS Quarterly Conceptions Data

2.4 Oldham’s 12-month rolling annual rate of teenage conceptions is 2nd highest across GM MCD and highest across GM MCD for Q1 2017.

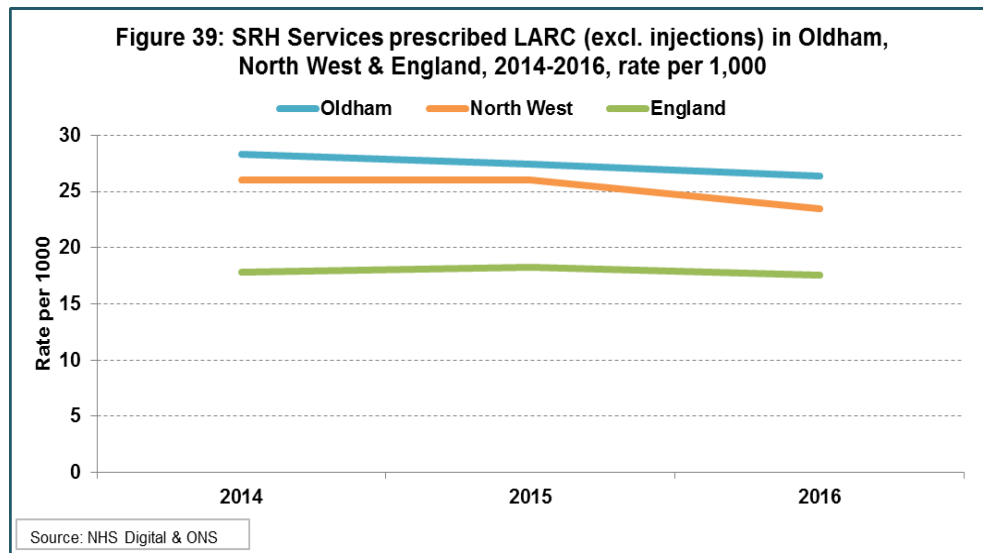


2.5 Table 3 shows the actual number of teenage conceptions to women under 18, numbers are small which means that any increase greatly affects the rate.

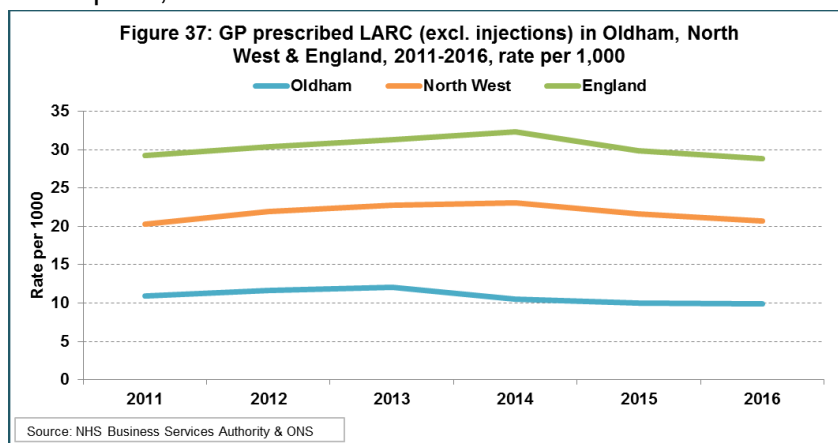
	2011				2012				2013				2014				2015				2016				2017
	March	June	Sept	Dec	March	June	Sept	Dec	March	June	Sept	Dec	March	June	Sept	Dec	March	June	Sept	Dec	March	June	Sept	Dec	March
Oldham	46	56	32	33	48	50	27	29	34	26	37	44	38	53	27	38	28	20	18	31	29	28	32	30	34

Source: ONS Quarterly Conceptions Data

- 2.6 It is worth noting that although access to contraception is an important element in reducing teenage pregnancy, there are a number of individual risk factors associated with young women experiencing pregnancy before 18:
- Free school meals eligibility: a poverty indicator
 - Persistent school absence by year 9 (aged 14)
 - Slower than expected academic progress: between ages 11-14
 - First sex before 16: associated with higher levels of regret and no contraceptive use
 - Looked after children and care leavers: approximately 3 times rate of motherhood <18
 - Experience of sexual abuse and exploitation
 - Lesbian or bisexual experience: young lesbian or bisexual women are at increased risk of unplanned pregnancy
 - Alcohol: associated with under 18 conception and STIs, independent or deprivation. One in 12 young women under 20 accessing drug and alcohol services are either pregnant or a teenage mother.
 - Experience of a previous pregnancy: 12% of births to under 20s are to young women who are already mothers; 10% abortions to under 19s are to young women who have 1 or more previous abortions
 - Young people who experience a number of Adverse Childhood Experiences will be at significantly higher risk
- 2.7 The Council currently commissions Positive Steps to deliver a range of services to support Oldham's vulnerable young people under the overarching banner of Targeted Youth Services. These include support to young people around sexual health and substance mis-use; services for young carers; delivery of missing from home return interviews; careers information advice and guidance as well as the Council's Youth Justice Service.
- 2.8 The Family Nurse Partnership programme (FNP) is an evidence-based, preventive programme for vulnerable first time young mothers. The programme also works to support fewer subsequent pregnancies.
- 2.9 Oldham ranks 4th highest across Greater Manchester for the rate of prescribed long acting reversible contraception (LARC) at Sexual Health Services and higher than NW and England averages, with a rate of 26.4 per 1,000.



2.10 Oldham however has the lowest rate of GP prescribed LARC across Greater Manchester with a rate of 9.9 per 1,000.



2.11 Evidence for reducing teenage pregnancy suggests the need for high quality relationships and sex education (RSE) combined with the use of effective contraception, provided through accessible, youth friendly services.

2.12 Young people who report receiving RSE are more likely to:

- delay first sex
- experience first sex which is consensual and to have a smaller age gap with their partner – a large age gap is associated with intimate partner violence.
- be aware of, or report sexual abuse
- protect first sex with contraception and condoms

Young women and men who cite school as their main source of RSE are:

- less likely to contract a sexually transmitted infection
- young women are less likely to be pregnant by 18 and to experience an unplanned pregnancy in later life.

2.13 The Department for Education (DfE) has published the draft statutory guidance on relationships education, relationships and sex education, and health education for consultation. Confirmation has been given that statutory status for the delivery of RSE in schools will begin in 2020, this gives schools a full year to prepare.

- 2.14 The Teenage Pregnancy and Sexual Health Board is currently completing the Public Health England (PHE) teenage pregnancy self-assessment tool to provide a summary of the current local situation, identify gaps and allocate associated actions in relation to ten key factors for effective local strategies supporting young people to prevent unplanned pregnancy and develop healthy relationships.







Chlamydia detection and screening:

- 2.15 The chlamydia detection rate amongst under 25 year olds is a measure of chlamydia control activities. Chlamydia screening is recommended for all sexually active people under 25 and on partner-change. Public Health England (PHE) recommends local authorities work towards achieving a minimum detection rate of 2,300 per 100,000 population.
- 2.16 Historically performance has been among the best in England. However, analysis of the most recently released sexual health data from Public health England identified a significant drop in detection rates and screening activity for Chlamydia in Oldham, see table below.

Recent trend: 

Benchmarking against goal:

<1,900 1,900 to 2,300 ≥2,300

Period		Count	Value	Lower CI	Upper CI	North West	England
2012		6062,050	1,890	2,220	2,361	2,095	
2013		8722,982	2,787	3,186	2,236	2,088	
2014		9013,107	2,908	3,317	2,354	2,035	
2015		1,0493,636	3,419	3,863	2,361	1,914	
2016		8703,014	2,817	3,221	2,277	1,917	
2017		5521,912	1,756	2,079	2,120	1,882	

Source: Public Health England

- 2.17 Current chlamydia screening is available through a number of providers and venues across Oldham.
- 2.18 The all age integrated sexual health service operates from a hub is at the Integrated Care Centre and spokes at Failsworth, Royton and Glodwick.
- 2.19 Positive Steps via Brook offer screening specifically to young people up to the age of 19.
- 2.20 Along with the other 9 boroughs of Greater Manchester (GM), Oldham Council jointly commission a GM STI Screening Support Service for Chlamydia and Gonorrhoea screening for 15-24 year olds. Testing kits can be accessed via the RUClear website, local GP Practices (11 active) and Pharmacies (15 active).
- 2.21 Public Health are working with Business Intelligence and service providers to explore this trend on a deeper level to help identify actions to be taken to improve Oldham's performance.

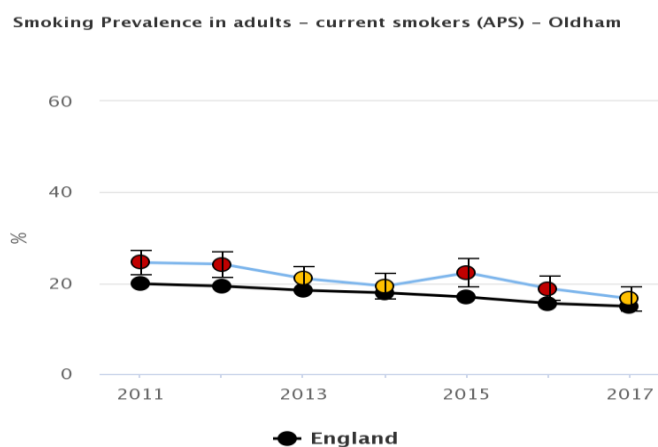
HIV testing coverage:

- 2.22 In year data from PHE showed a substantial decline in HIV testing rates in the borough, with Oldham having the lowest HIV testing rate in England. Work was undertaken with the aim of providing Oldham Council and its partners with a greater understanding of local practice in HIV testing and opportunities for improvement.

- 2.23 This piece of work highlighted that testing amongst women was particularly low and the main cause of the overall low rate. A coding issue in sexual health services (SHS) was identified, which was rectified in November 2017.
- 2.24 Data released for 2017 was unable to show any significant improvement due to the coding error being rectified at the end of the year, however our SHS provider has produced some preliminary data which shows an increase in HIV testing in women from 12% in Q1 2017 to 36% in Q1 of 2018.
- 2.25 HIV testing coverage will continue to be closely monitored through contract monitoring meetings.

3 Current Position – smoking cessation rates

- 3.1 Data released by PHE in July 2018 shows that Oldham’s smoking prevalence rate has reduced from 18.8% in 2016 to 16.6% in 2017. This is the biggest overall reduction on smoking prevalence in Greater Manchester in recent years with a reduction of 5.7% since 2015.



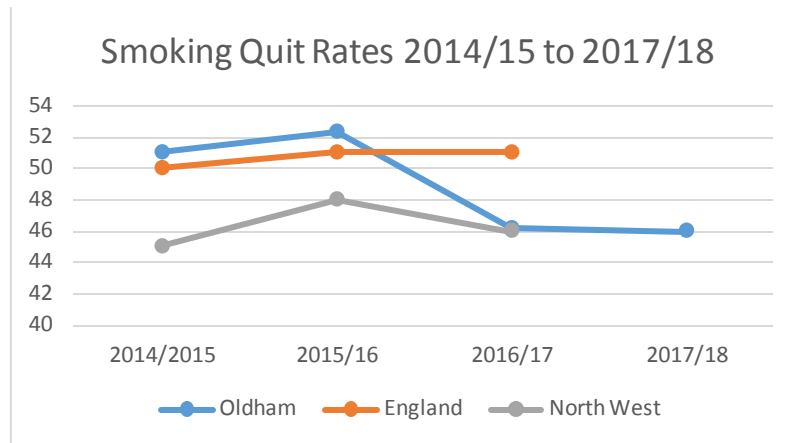
- 3.2 However, it is important to know that the prevalence data are estimates from the national Annual Population Survey (APS) based on a sample of 320,000 residents across the UK. Sample size for Oldham is not known. Any estimates are best considered together with relevant confidence intervals (i.e. values between which we expect the true value to lie, with – usually 95% - confidence). Prevalence estimates for 2017 stand at 16.6% (confidence interval: 13.8 – 19.3), compared to 14.9% in England.
- 3.3 Smoking prevalence in adults in routine and manual occupations has risen from 27.4% in 2016 to 30.1% in 2017. This is also from the APS and so the same caution should be given in terms of data accuracy. Oldham has the second highest rate in GM behind Manchester.
- 3.4 The smoking at time of delivery (SATOD) rate have increased slightly in 2017 to 14.1% after staying static at 13.3% for the previous three years.
- 3.5 Maternity services have implemented consistent CO monitoring for all pregnant women at booking and at time of delivery, this has led to an increase in the identification of pregnant smokers, which was to be expected. This should start to reduce with the implementation of the GM Smoking in Pregnancy Programme.
- 3.6 Oldham is in the first wave of the GM Smoking in Pregnancy programme which has recently become fully operational. The programme is compiled of two elements; the first is the implementation of babyclear which, is an evidence based approach, developed by the Tobacco Control Collaborating Centre (TCCC) to systematise and embed organisational change in line with NICE guidance and other policy recommendations to reduce the rates of smoking in pregnancy. It also includes a unique risk perception intervention for mums who continue to smoke at their booking scan.
- 3.7 The second element is a smokefree pregnancy incentive scheme which targets a defined group of vulnerable women (teenage pregnancy, living in areas of high deprivation, living

in areas of high smoking rates, smoked at point of delivery in last pregnancy) living in communities where smoking rates are highest, and who would find it hardest to maintain a quit without additional support.

3.8 Maternity Services at PAHT and Positive Steps are working collaborative to implement and embed the smoking in pregnancy programme in Oldham with the support of a Maternity Support Worker funded by GM.

3.9 Oldham Council commission Positive Steps (PS) to deliver a Smoking Cessation service. The service is part of a wider Early Help offer delivered by PS.

3.10 It has been recognised nationally that the number of people accessing Stop Smoking services has declined. Despite this Oldham's quit rate has remained consistent remaining at 46% for the last two years. The graph below shows that Oldham's quit rate is lower than England's but in line with the North West. Please note that data for NW and England has not yet been released for 2017/18.



3.11 Stop Smoking support is a universal offer, however due to the nature of the Early Help offer, clients accessing the service often also fall into a target group, this combined with the decline in numbers has resulted in an agreement that PS will focus on reducing inequalities and therefore target our most at risk groups.

3.12 The table below shows the total number of quits achieved by Early Help broken down as requested by gender and ethnicity. It shows that that the reach of the service has been relatively consistent over the three year period 2015/16 to 2017/18.

	Total Quits	M	F	White British	White other	Mixed	Pakistani	Bangla-deshi	Asian other	Black African	Black other	Other ethnic group
2015/16	787	354 45%	433 55%	681 (87%)	21 (2.9%)	8 (1%)	32 (4%)	26 (3%)	4 (0.5%)	10 (1%)	0	5 (0.6%)
2016/17	637	299 47%	338 53%	554 (87%)	12 (1.9%)	12 (1.9%)	28 (4%)	17 (3%)	3 (0.5%)	3 (0.5%)	5 (0.7%)	3 (0.5%)
2017/18	606	284 47%	322 53%	518 (85%)	18 (3%)	14 (2.3%)	27 (4.7%)	22 (3.6%)	0	3 (0.6%)	1 (0.2%)	3 (0.6%)

3.13 The table below is a breakdown of smoking quits in 2017/18 broken down ward. It shows that the wards with the highest deprivation are achieving a higher number of quits.

WARD	No. of Quits	Order of Prevalence in Oldham (1 being highest, 20 being lowest)
St James'	34	4

St Marys'	40	8
Waterhead	34	5
East Oldham Total	108	
Medlock Vale	36	3
Alexandra	40	1
Werneth	20	16
Coldhurst	25	7
West Oldham Total	121	
Failsworth East	23	11
Failsworth West	23	9
Hollinwood	50	2
F/worth & Hollinwood Total	96	
Chadderton North	22	15
Chadderton South	52	6
Chadderton Central	28	12
Chadderton Total	102	
Shaw	20	10
Crompton	23	18
Royton North	28	13
Royton South	34	14
Royton Shaw & Crompton Total	105	
Saddleworth North	18	19
Saddleworth South	15	20
Saddleworth West & Lees	24	17
Saddleworth & Lees Total	57	
Out of Area	17	
Total	606	

- 3.14 The Council continues to provide tailored support to the Early Help service. A Consultant in Public Health and Public Health Business and Strategy Manager provide regular one to one meetings to offer support on the delivery of smoking cessation.

4 Key Issues for Overview and Scrutiny to Discuss

- 4.1 Sexual health performance is challenging. Services are under pressure to deliver with reduced resources but it is also important to recognise the wider determinants and their role in sexual health.
- 4.2 Smoking figures suggest some progress however there is still work to do. Key areas of work currently underway are:
- Review of Council's smoking policy, proposal to become a Smokefree Policy - ongoing
 - Review and refresh of referral pathways with primary and secondary care - ongoing
 - Support providers to focus on target groups with highest smoking prevalence e.g. Routine and Manual workers – ongoing
 - Partnership agreement between GMFRS and PH commissioned services – action plans with individual services complete by end of August 2018. Signing of agreement September 2018.
 - Support the delivery of the Preventing Ill Health CQUIN in acute – ongoing

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- Support mental health wards to be completely Smokefree by 31 March 2019 - ongoing
 - Complete the PHE CLear self-assessment (version 2) with peer review – complete by Dec 2018

5. Key Questions for Overview and Scrutiny to Consider

- 5.1 Recommendation to continue to provide updates on an annual basis due to the frequency of data publication?