

**Corporate Plan 2020/2021: Performance Report**  
**Year-end (1 October 2020 to 31 March 2021) Exception Reports**

**Priority:**

**P3 – Reducing health inequalities and improving health outcomes**

- KPI No. 28 Reduce smoking in adults
- KPI No. 29 Proportion of all in drug treatment who successfully completed treatment and did not re-present within six months.

<b>Department: Public Health &amp; Wellbeing</b>		
<b>Priority: P3 – Reducing health inequalities and improving health outcomes</b>		
<b>Performance Measure: KPI No. 28 Reduce smoking in adults</b>		<b>Good performance is: Lower</b>
<b>Target: 15%</b>		<b>Baseline: 16.2% (2018)</b>
<b>Quarterly performance</b>	<b>Half year performance and RAG rating</b> 15.5% (2019)  (AMBER)	<b>Year-end performance and RAG rating</b> 15.5% <b>Taken from Tobacco Control Profile Data:</b> <b>Period 2019 (latest report)</b> (RED)
<p><b>What is the reason for the performance?</b> Current Rate is 15.5% against the North West rate of 14.5% and England rate of 13.9%. Prevalence rates have dropped continuously from 2015 when they were 21.3%. (Date Source: Public Health England Local Tobacco Control Profiles)</p> <p>Smoking at time of delivery (SATOD) year to date data notes 1,494 pregnancies in BwD, of which 167 are smokers (11.2%). 2019/ 20 data noted the rate was 12.2%, a 1% reduction. (Data Source: NHS Digital)</p> <p>Current value rate of smokers that have successfully quit at 4 weeks is 1,990 (NW 1,986 / England 1,808) showing an improvement. Smoking attributable hospital admissions (data from 2018/19) has increased with the value at 2,129, which is as high as 2014/15. Smoking attributable mortality value rate (2016/18) of 373.1, has reduced since 2013/15. (Date Source: Public Health England Local Tobacco Control Profiles)</p> <p>Following guidance from National Centre for Smoking Cessation and Training, quit verifications in 2020 to present have been confirmed by self and not CO-Monitoring due to COVID restrictions. This may have an impact on quit rates for 2020/21.</p> <p>Other issues include:</p> <ul style="list-style-type: none"> <li>• Lack of cohesive working with services with examples to include sharing of data, referral pathways (GP's / workplaces) and promotion of the service.</li> <li>• Decrease in the number of pharmacies signed up to the programme with 13 in 2020/21, in 2019/20 there were 21.</li> </ul>		

- No community offer such as Stop Smoking Clinics to reach those who are using alternative methods such as self-help, via GP's with Varenicline prescriptions and vulnerable / hard to engage groups.
- No local promotional materials to raise the awareness of the programme.

The Wellbeing team offer signposting to the pharmacies, personalised support, motivation and encouragement but there is no follow up / 360 feedback if referrals are received from sources such as maternity services. The Wellbeing team does not have a Stop Smoking Specialist, and training has been identified as an area for development with the service manager.

Pharmacies who deliver the Stop Smoking Service need to follow up on quit verification status as over 35% of data is outstanding.

The Tobacco Control Alliance has not met since February 2020 to provide strategic leadership and drive for the tobacco control agenda in Blackburn with Darwen in line with local and national priorities

**What is the likely impact of continued performance?** Increase in smoking related harms (hospital admissions, mortality, premature birth, birth defects, low birth weight, pregnancy loss). There will be a financial implication both short and long term with hospital admissions, days absent from work in routine & manual workers and impact of second hand smoke on others.

**What activities have been or are being put in place to address these issues?**

- Increase the number of pharmacies delivering the Stop Smoking Services in 2021/22 – 16 (at present)
- Enhanced training offer to health professionals delivering Stop Smoking Services
- Pilot projects taking place with Age UK, Union House (Hostel) and CGL / Inspire to reach more vulnerable populations
- Pilot with 5 pharmacies (in addition to CO monitors), 2 hostels and CGL to utilise spirometers as tool to raise the awareness and impact of smoking related harms on lung health
- New awareness raising material developed in both print and digital formats with a 7 week campaign planned for July 2021
- Tobacco Alliance reformed with increased membership, terms of reference and quarterly meetings
- Long Term Plan development work with acute and local maternity services across the ICS to reduce the number of smokers at time of delivery with support to partners
- Undertake CLear assessment in BwD to understand local offer and need in community, acute & maternity and drug and alcohol settings. Blackburn with Darwen are one of four sites in the North West to pilot the drug and alcohol assessment on behalf of Public Health England
- Working with NHS Lung Health Check Group to deliver the offer in Blackburn with Darwen for those aged People aged over 55 years old but less than 75 years old that have ever smoked
- Target of 10% outstanding Quit Status verification data per pharmacy in the specification for 2021/22. This will be supported with training and the development of a pharmacy support group with Community Pharmacy Lancashire Service Development Manager
- Prevention First focus to eliminate smoking among under 18s and achieve the first SmokeFree generation

- Proposal to recruit Stop Smoking Advisors to connect the Stop Smoking Programme with the 4 Primary Care Networks, workplaces, deliver community clinics and establish smoking champions across the network.

**Are there any decisions likely to be required of Executive Members in the future, in relation to this issue?** Proposal to recruit Stop Smoking Advisor(s). The Executive Member for Public Health & Wellbeing is regularly briefed on this issue. The activities to address the underperformance outlined above are also discussed via six monthly performance reporting and budget monitoring.

<b>Department: Public Health</b>		
<b>Priority: P3 – Reducing health inequalities and improving health outcomes</b>		
<b>Performance Measure: KPI No. 29 Proportion of all in drug treatment who successfully completed treatment and did not re-present within six months.</b>		<b>Good performance is: Higher</b>
<b>Target: 24%</b>		<b>Baseline: 22.3%</b>
<b>Quarterly performance</b>	<p><b>Half year performance and RAG rating</b>  <b>21.6%</b>  <b>Figure is a combined total between opiate and non-opiate completions until end of Q1 2020</b>    <b>(AMBER)</b></p>	<p><b>Year-end performance and RAG rating</b>  <b>20.55%</b>  <b>Q3 2020</b>    <b>(RED)</b></p>
<p><b>What is the reason for the performance?</b> Given changes to service delivery due to Covid and staff capacity pressures during the pandemic, the number of unplanned discharges has increased. This situation appears to be improving as restrictions are lifted, as inpatient detox was deemed clinically unsafe during this period. In some instances and if service users needed support, we would encourage them to re-present and re-engage with services before the six month period, to keep them safe and in treatment.</p> <p>There has been a reduction in drug related deaths during the year. However, other areas across the Integrated Care System (ICS) have seen an increase. This seems to have happened when people have left treatment before they are ready. This trend has been seen nationally.</p>		
<p><b>What is the likely impact of continued performance?</b> We expect this to be resolved post Covid and for the figures to improve in Q4 2021</p>		
<p><b>What activities have been or are being put in place to address these issues?</b> Post Covid recovery of service delivery, increased investment in criminal justice, recovery and drug related death activity. Increased digital support and interventions including peer support have been increased through Covid lockdowns.</p>		
<p><b>Are there any decisions likely to be required of Executive Members in the future, in relation to this issue?</b> No. However, the Executive Member for Public Health &amp; Wellbeing is regularly briefed on this issue. The activities to address the underperformance outlined above are also discussed via six monthly performance reporting and budget monitoring.</p>		