Worcestershire Health and Well-being Board

I.



Worcestershire Health Indicators Summary

Agenda item 9

Date	12 May 2015
Board Sponsor	Dr Richard Harling, Director of Adult Services and Health
Author	Dr Frances Howie, Head of Public Health
Relevance of paper	PrioritiesOlder people & long term conditionsYesMental health & well-beingYesObesityYesAlcoholYesOther (specify below)YesGroups of particular interestYesChildren & young peopleYesCommunities & groups with poorYeshealth outcomesYesPeople with learning disabilitiesYes
Item for	Consideration
Recommendation	 The Health and Well-being Board is asked to: Note the contents of the report, Use the information alongside the JSNA and other data to inform the renewed priorities, Request the Health Improvement Group to respond to areas of concern; and For all partners to ensure that their organisation is fully involved through the groups highlighted in paragraph 6 in addressing the concerns raised.

Background	2. 3.	The Public Health England reports, Health Profile 2014 and the Outcomes Framework (see website) are produced on a routine basis to allow local authorities to compare themselves against their peers. The Public Health Outcomes Framework Report shows indicators from the Public Health Outcomes Framework displayed in three different ways for comparisons. The information in this report can also be found at www.phoutcomes.info.
	т.	interest in the reports and the main issues raised by the indicators.
Health and Well- being in Worcestershire	5.	 In general health and well-being in Worcestershire is better than the England average. Indicators where Worcestershire continues to do particularly well are the same as last year: Overall life expectancy is 79.8 years for men and 83.5 years for women, both significantly higher than the national average (79.4 and 83.1 respectively). Healthy life expectancy, which is the number of years from birth that someone can be expected to live in good health is 65.4 years for both men and women, again both significantly higher than the national average of 63.4 years for men and 64.1 for women. Mortality from common conditions and those considered preventable are all significantly below the national averages. The under 75 mortality rate from cardiovascular disease is 71.9 per 100,000 population compared to 78.2 for England. That for Cancers is 139.2 compared to 144.4 nationally and for causes considered preventable the rate is 167.3 in Worcestershire and 182.9 in England as a whole. Mortality rates for liver disease and respiratory disease in the under 75s are also significantly below average. Infant mortality is 3.1 per 1,000 live births compared to 4.1 for England and is one of the lowest in the West Midlands. The proportion of low birthweight babies is significantly low at 2.2% compared to 2.8% nationally. This is a good indicator of likely health problems in childhood. Breast cancer screening coverage is at 79.4% compared with 75.9 nationally and cervical screening coverage is 75.5% compared to 74.2 for England Injuries due to falls are low both in all people aged 65+ (1,313 per 100,000 for men and 2,055 for

•	women - Engla in those aged 8 to 5,015 nationa Emergency rea of discharge and 10.8% compare Rates of people County's roads average and ha as in the table.	80+ at 4,308 ally. dmissions t e lower that ed to 11.8% e killed or se is significat as reduced	b per 100,00 to hospital w n the nationa for England eriously inju ntly below th over the last	0 compared vithin 30 days al average at d red on the ne national
	50.78	42.24	40.79	39.84
	46.28	30.92	29.03	30.72
 On three indicators the latest figures in this year's reports show a marked improvement on last year. Adult Obesity: The proportion of obese adults in the population is now in line with the national average where it was high last year. The proportion overweight has also reduced compared to the average, but remains slightly higher. As these are based on data from a sample survey, variation year-on-year Statutory homelessness: The overall figure is now no longer significantly different to the average and the numbers of households in temporary accommodation is significantly low. Diabetic Retinopathy Screening: The rate is up from 75% to 89% and now significantly above average. 				
Other indicators where Worcestershire was doing less well last year remain a concern. These are listed below in relation to our four main priorities and with the lead Group for further investigation and improvement work identified:				
Obe Trus •	sity – Health Im t Breastfeeding breastfeeding t	: Worcester	rshire has lo	wer rates of
Alco Trus	hol - Health Im			-
•		Bs admitted	to hospital t s higher in	for alcohol-
Men Grou	tal health and พ มp	vell-being -	Health Imp	provement

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	 Hospital stays for self-harm: the standardized rate of admissions to hospital for self-harm is still higher than the England average.
	 Other – Health Improvement Group and Children's Trust Smoking in pregnancy: the proportion of women in Worcestershire who are smokers at the time of delivery is higher than the England average. School readiness: The proportions who are considered to have a good level of development has increased by over 10% for all pupils, but remains significantly below the average. The rate for those on free school meals has also increased but remains below average. Successful completion of drug treatment: the percentage of people successfully leaving drug treatment who do not re-enter treatment within 6 months is lower than last year's figures, with just 23% of non-opiate users and 5% of opiate users who leave the service remaining drug free in 6 months.
	 Other – Health Protection Group Treatment completion for tuberculosis: rates of treatment completion are low although note that numbers are small with just 25 people contracting TB during 2010-2012. No new data have been released since last year's figures.
	 Older people and people with long term conditions – Health Improvement Group Fuel poverty: the percentage of people experiencing fuel poverty in Worcestershire remains higher than the England average.
Next Steps	8. As in paragraph 6 above, the Health Improvement Group, Children's Trust and Health Protection Group will consider improvement plans in some detail and have oversight of performance. Other monitoring is routinely completed through the Worcestershire County Council Performance Dashboard processes.
	9. Work is already in hand in each of the areas highlighted above as being of concern in paragraph 6. For example:
	a. Breast feeding: Current support has been evaluated and refocused on areas of deprivation; and UNICEF baby friendly accreditation has been achieved by all Children's Centres and by the Health & Care Trust. A comprehensive early help needs assessment is nearing final completion, which will give us greater

insight into breast feeding rates and how we can improve them, based on evidence of what works.

- b. Alcohol-specific hospital stays in under 18s: A new provider for drug and alcohol services has been commissioned from 01 April with a stronger focus on work with young people, prevention work and working with partners. The Local Authority commissions drug and alcohol services so that people can achieve full recovery and live full lives. In the past focus was on treatment with less emphasis on prevention and recovery. The re-specification redresses the balance towards more prevention and recovery.
- c. Hospital stays for self-harm: A briefing on selfharm has been passed to the Children's Safeguarding Board for their consideration to inform their suicide and self-harm guidelines, training of practitioners and future commissioning intentions; school nursing and CAMHS have agreed a revised pathway for self-harm through the Safeguarding Board; the adult mental health pathway is being redesigned with a focus on Primary Care; and the liaison service for inpatient support for self-harm is currently under review.
- d. **Smoking in pregnancy:** A focused piece of work is underway in collaboration with maternity services. We have received some extra funding from Public Health England with matched local funding to implement some aspects of the Baby Clear programme.
- e. **School readiness:** More detail on these data has been produced and made available through the DPH Annual Report which is currently being considered by commissioners in particular with regard to early help commissioners; this is also included in the early help needs assessment.
- f. **Successful completion of drug treatment:** A new provider for drug and alcohol services has been commissioned from 1 April with a focus on achieving recovery through strengthened shared care arrangements and outcomes-based payments and peer support.
- g. **Treatment completion for tuberculosis:** Recent local data shows no concern about completion rates.
- h. Fuel poverty: A County wide group is considering

	recently published NICE guidance and compiling further evidence on the location of housing without central heating along with learning from other areas such as fuel energy measures on prescription.
Background Papers	 Worcestershire Health Profile 2014 (website) Worcestershire PHOF Area Profile 2014 (website)

Worcestershire PHOF Area Profile 2014 (website)