

<b>Staffordshire Health and Wellbeing Board</b>	
Topic:	JSNA Outcomes – Quarterly Update, February 2018
Date:	08/03/2018
Board Member:	Richard Harling
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Report Type	For Debate

## Summary

1. The health and wellbeing outcomes report brings together key outcome measures from the national outcome frameworks for the NHS, adult social care and public health to support monitoring of a range of indicators and delivery of the Living Well strategy.
2. In September 2015, the Health and Wellbeing Board agreed to receive the updated summary report on a quarterly basis as a 'for information' item.
3. Information showing detailed trends and locality information will continue to be published on the Staffordshire Observatory website and forms part of the core Joint Strategic Needs Assessment dataset at:  
<http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx>

## Recommendations

4. The Board is recommended to:
  - a) Consider the report and discuss those indicators highlighted.
  - b) Review and agree priority indicators for adults (Living Well, Ageing Well and Ending Well) in line with the new health and well-being strategy.

## Key findings

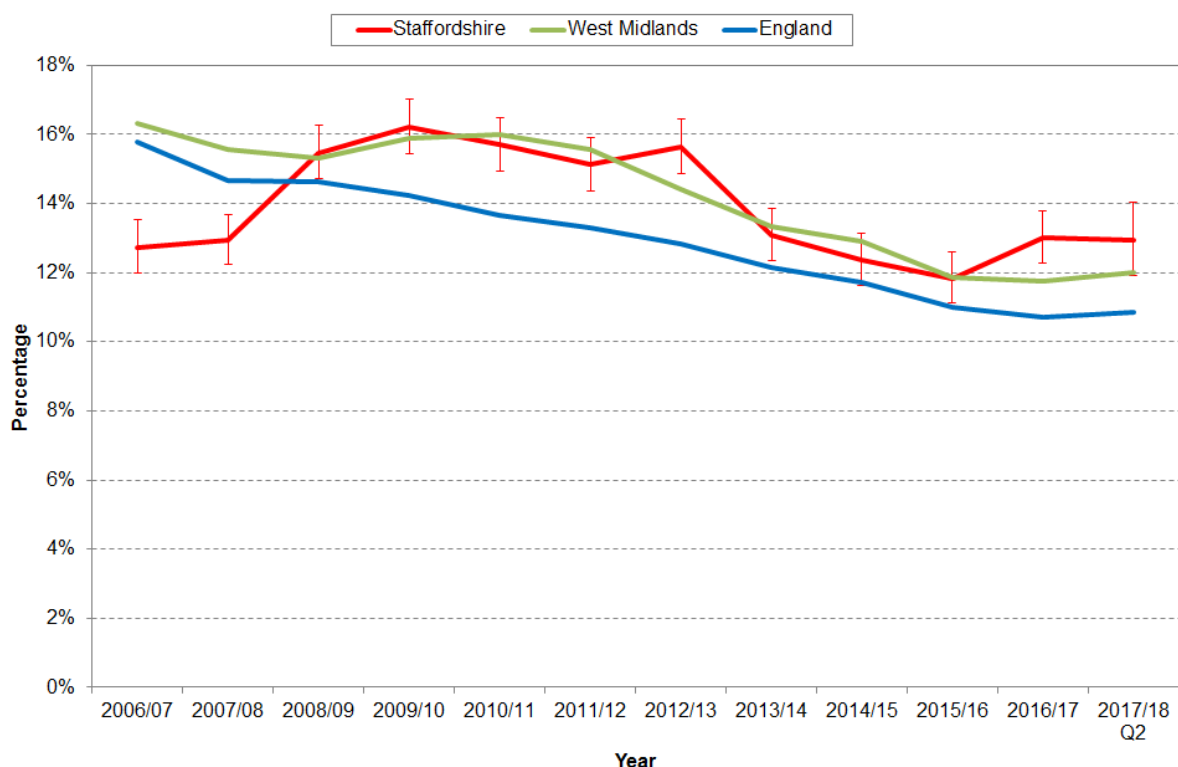
5. Some of the highlights based on **data updated this quarter** include:
  - The number of children under being admitted to hospital for unintentional injuries has fallen
  - The rates of older people being admitted to hospital for a fall has reduced and is now lower than the England average
6. Some of the challenges in Staffordshire based on **new data from this quarter** include:
  - continued high proportions of women smoking throughout pregnancy and low breastfeeding rates
  - the number of 16-17 year olds who are not in education, employment or training is higher than average
  - the number of people admitted to hospital due to an alcohol-related conditions is higher than average; admissions for self-harm are also higher than average
  - levels of violent crime are similar to average but have increased
  - the number of delayed transfers of care from hospital has fallen during December 2017 but continues to be higher than the national average

- end of life care measured by the proportion of people dying at home, or their usual place of residence, remains below the England average
7. Three of the indicators that have been updated this quarter have also been drawn out for discussion.

### **Smoking in pregnancy**

8. Smoking during pregnancy is associated with adverse effects for both mother and her unborn baby. Trends for Staffordshire show that there had been a steady reduction in the number of women smoking throughout pregnancy since 2009/10; however between 2015/16 and 2016/17 there was a slight increase in rates (
9. Figure 1).
10. The latest data shows that 13% of women smoked during pregnancy which is higher than the England average of 11%. During the first two quarter of 2017/18 rates of women smoking throughout pregnancy were higher in Cannock Chase and North Staffordshire CCGs (
- 11.
- 12.
13. Table 1). Smoking in pregnancy can increase the risk of complications for the pregnancy, babies being born with a low birthweight and infant deaths.

### **Figure 1: Smoking in pregnancy trends**



Source: Statistical release: Statistics on women's smoking status at time of delivery: England. Copyright 2017. The Health and Social Care Information Centre, Lifestyle Statistics. All Rights Reserved

**Table 1: Smoking in pregnancy by CCG**

	2014/15	2015/16	2016/17	2017/18 Q2
Cannock Chase	10.9%	12.1%	15.0%	15.6%
East Staffordshire	10.3%	9.0%	10.1%	12.2%
North Staffordshire	11.8%	14.0%	15.5%	14.9%
South East Staffordshire and Seisdon Peninsula	13.2%	11.2%	11.8%	11.1%
Stafford and Surrounds	14.7%	12.4%	12.8%	11.1%
<b>Staffordshire CCGs</b>	<b>12.4%</b>	<b>11.8%</b>	<b>13.0%</b>	<b>12.9%</b>
<b>West Midlands</b>	<b>12.9%</b>	<b>11.8%</b>	<b>11.8%</b>	<b>12.0%</b>
<b>England</b>	<b>11.7%</b>	<b>11.0%</b>	<b>10.7%</b>	<b>10.9%</b>

Key: *Statistically better than England*; *statistically worse than England*

Note: Due to the implementation of a new Maternity Clinical IT System for The Heart of England Foundation Trust, a large number of maternities had an unknown smoking status for South East Staffordshire and Seisdon Peninsula from 2014/15 Q3 to 2015/16 Q2.

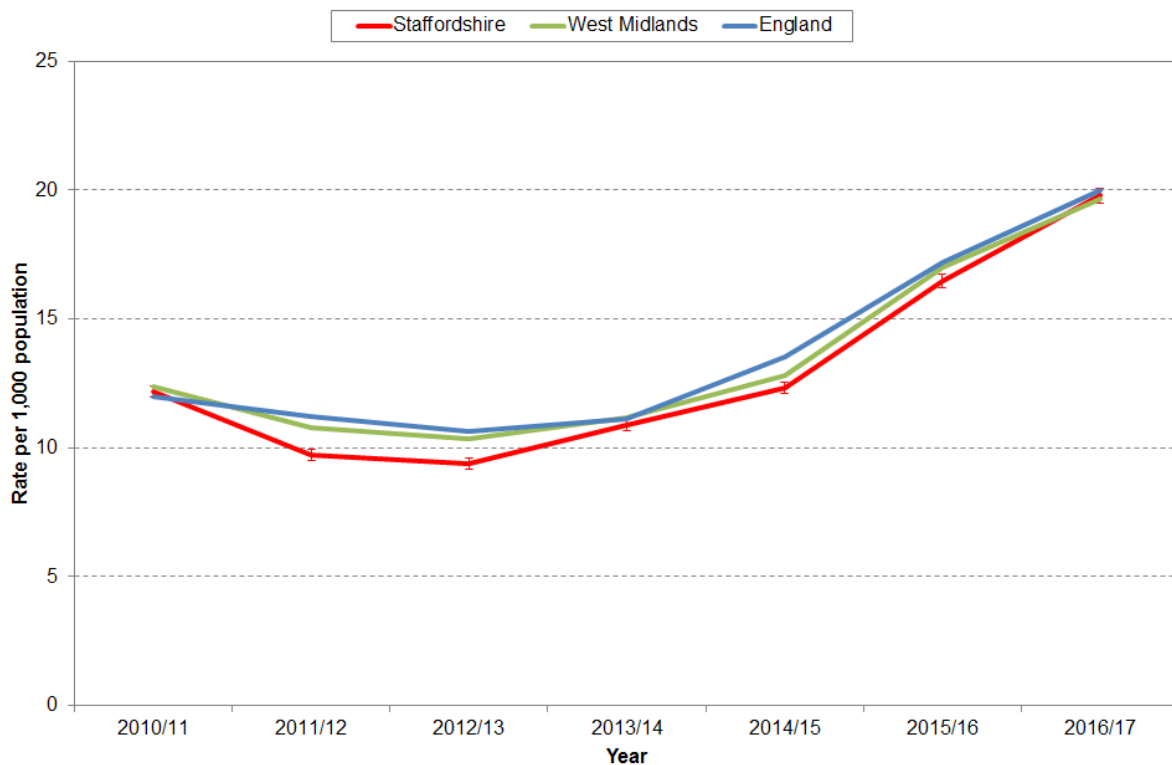
Source: Statistical release: Statistics on women's smoking status at time of delivery: England. Copyright 2017. The Health and Social Care Information Centre, Lifestyle Statistics. All Rights Reserved

## Violent crime

- During 2016/17 there were almost 17,100 reported incidents of violent crime in Staffordshire with the overall rate being similar to the England average. Figure

2 shows a continued increase in rates which is thought to be a result of more effective reporting and recording of incidents rather than real increases in levels of violent crime. During 2016/17 violent crime rates in Tamworth, Newcastle, Cannock Chase and East Staffordshire were higher than average. Being a victim of violent crime can impact on an individual's wellbeing.

**Figure 2: Trends in violent crime rates**

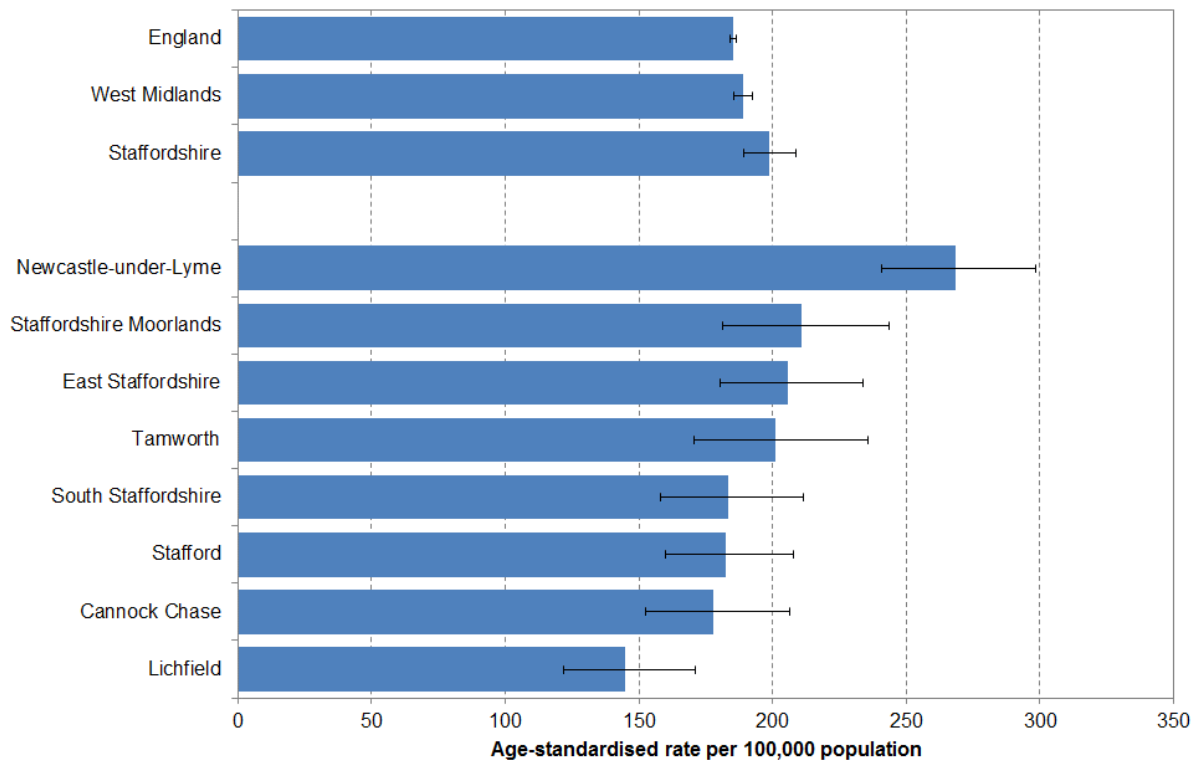


Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

### Self-harm admissions

15. Nationally self-harm is one of the top five causes of acute medical admission and those who self-harm have a one in six chance of repeat attendance at A&E within the year. Self-harm is often an expression of personal distress and there is significant and persistent risk of future suicide following an episode of self-harm.
16. During 2016/17 there were 1,675 self-harm admissions in Staffordshire; rates overall are higher than the England average and particularly high in Newcastle (Figure 3). Unlike the national trend there has been no local reduction of rates over the last five years. Staffordshire also has admissions rates that higher than the England average for children and young people aged 10-24.

**Figure 3: Self-harm admissions, 2016/17**



Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>