



JSNA - Health and Wellbeing outcomes Summary Report for Staffordshire February 2018

Introduction

Staffordshire's health and wellbeing strategy, Living Well, included an outcomes framework based on selected indicators from the national outcomes frameworks for public health, National Health Service and adult social care as well as measures from the Clinical Commissioning Group and children's outcomes frameworks.

This outcomes performance summary report presents data against indicators that were identified within the Living Well strategy where data is currently routinely available. This quarter also includes measures from the locally agreed outcomes framework for children. Data sources for some of the other indicators are yet to be developed. The indicators are grouped under life course stages: start well, grow well, live well, age well and end well alongside a small section on overarching health and wellbeing.

The full report which include trend and locality information is available on the Staffordshire Observatory website and acts as one of the key Joint Strategic Needs Assessment resources at <http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx>.

Summary performance

Performance against indicators are summarised into whether they are a concern for Staffordshire (the indicator performs worse than the national average), of some concern (similar to the national average or trend has been going in the wrong direction over a period of time) or little concern where the performance is better than England. *Indicates where data has been updated or is a new indicator*

	Summary	Performance worse than England	Performance similar to England	Performance better than England
Overarching health and wellbeing	There are significant health inequalities across Staffordshire for key health and wellbeing outcomes which are in the main underpinned by determinants of health.		<ul style="list-style-type: none"> ▪ Life expectancy at birth ▪ Inequalities in life expectancy ▪ Healthy life expectancy 	
Start well	Infant mortality and associated measures in Staffordshire are worse than average. The proportion of children living in poverty has increased but remains lower than England; however a significant number of start well indicators remain a concern in areas where there are higher proportions of low-income families.	<ul style="list-style-type: none"> ▪ Infant mortality ▪ Smoking in pregnancy ▪ Breastfeeding rates 	<ul style="list-style-type: none"> ▪ Children in poverty ▪ Worklessness households ▪ Child mortality ▪ Low birthweight babies 	<ul style="list-style-type: none"> ▪ Children benefiting from funded early education places ▪ School readiness ▪ Childhood immunisation ▪ Tooth decay in children

	Summary	Performance worse than England	Performance similar to England	Performance better than England
Develop well	<p>There are a number of child health outcome indicators where Staffordshire is not performing as well as it could. The proportion of children with excess weight in Reception is higher than average. Unplanned admissions to hospital for lower respiratory infections and self-harm for children and young people are also higher than average.</p> <p>Overall educational attainment is better than average; however there are some cohorts, e.g. children receiving free school meals, children with special educational needs and those looked after who have lower educational attainment rates putting them at risk of economic exclusion in adulthood.</p>	<ul style="list-style-type: none"> ▪ Proportion of pupils attending schools that were rated good or outstanding ▪ 16-17 year olds not in education, employment or training ▪ Children with excess weight ▪ Emergency admissions for lower respiratory tract infections ▪ Hospital admissions as a result of self-harm (10-24 years) 	<ul style="list-style-type: none"> ▪ GCSE attainment ▪ Under 18 alcohol-specific admissions ▪ Smoking prevalence in 15 year olds ▪ Teenage pregnancy ▪ Unplanned hospitalisation for asthma, diabetes and epilepsy ▪ Emotional wellbeing of looked after children ▪ Referrals to Children's Social Care ▪ Early help assessments ▪ Children in need, child protection rates and rates of looked after children ▪ Children killed or seriously injured on roads ▪ Young people aged 16-24 who are satisfied with area as a place to live ▪ Young people aged 16-24 who feel safe in their community ▪ Reoffending rates for children aged 10-17 	<ul style="list-style-type: none"> ▪ Pupil absence ▪ Key Stage 2 attainment ▪ Children identified as having social, emotional and mental health problems ▪ Unintentional and deliberate injuries ▪ First time entrants to the Youth Justice System
Live well	<p>There are concerns with performance against healthy lifestyle indicators such as alcohol consumption, excess weight and physical activity. In addition performance on prevention of serious illness could be improved as Staffordshire has significantly lower numbers of NHS health checks to the target population. There are also concerns for outcomes for people with long-term conditions to participate in life opportunities which enable them to live independently. The number of people who self-harm rates are also higher than average.</p>	<ul style="list-style-type: none"> ▪ Employment of people with long-term conditions ▪ Vulnerable adults who live in stable and appropriate accommodation ▪ Domestic abuse ▪ Alcohol-related admissions ▪ Excess weight in adults ▪ Physical activity ▪ Recorded diabetes ▪ NHS health checks ▪ Hospital admissions as a result of self-harm 	<ul style="list-style-type: none"> ▪ Self-reported wellbeing ▪ Sickness absence ▪ Violent crime ▪ Utilisation of green space ▪ Road traffic injuries ▪ Adult smoking prevalence ▪ Healthy eating ▪ Diabetes complications ▪ Successful completion of drug and alcohol treatment ▪ Deaths from drug misuse 	<ul style="list-style-type: none"> ▪ People feel satisfied with their local area as a place to live ▪ Re-offending levels ▪ People affected by noise ▪ Statutory homelessness

	Summary	Performance worse than England	Performance similar to England	Performance better than England
Age well	<p>Fewer Staffordshire residents over 65 take up their flu vaccination or their offer of a pneumococcal vaccine; in addition fuel poverty rates in the County are high, two factors known to contribute to excess winter morbidity and mortality.</p> <p>Many age well indicators associated with the quality of health and care in Staffordshire perform poorly, for example more people are admitted to hospital for conditions that could be prevented or managed in the community. In addition those that are admitted to hospital are delayed from being discharged.</p>	<ul style="list-style-type: none"> ▪ Fuel poverty ▪ Pneumococcal vaccination uptake in people aged 65 and over ▪ Seasonal flu vaccination uptake in people aged 65 and over ▪ Unplanned hospitalisation for ambulatory care sensitive conditions ▪ Delayed transfers of care 	<ul style="list-style-type: none"> ▪ Social isolation ▪ Social care/health related quality of life for people with long-term conditions ▪ People feel supported to manage their condition ▪ People receiving social care who receive self-directed support and those receiving direct payments ▪ Permanent admissions to residential and nursing care ▪ Emergency readmissions within 30 days of discharge from hospital ▪ Estimated dementia diagnosis rates ▪ Reablement services ▪ Hip fractures in people aged 65 and over 	<ul style="list-style-type: none"> ▪ Falls in people aged 65 and over
End well	<p>Fewer Staffordshire residents than average die before the age of 75 from cardiovascular and respiratory diseases. However end of life care, winter deaths, early death rates from cancer, liver disease and suicides remains of some concern across the County. There are also significant inequalities in mortality rates across Staffordshire.</p>	<ul style="list-style-type: none"> ▪ End of life care: proportion dying at home or usual place of residence 	<ul style="list-style-type: none"> ▪ Preventable mortality ▪ Under 75 mortality from cancer ▪ Under 75 mortality from liver disease ▪ Mortality from communicable diseases ▪ Excess winter mortality ▪ Suicide ▪ Excess mortality rate in adults with mental illness ▪ Mortality attributable to particulate air pollution 	<ul style="list-style-type: none"> ▪ Mortality from causes considered amenable to healthcare ▪ Under 75 mortality from cardiovascular disease ▪ Under 75 mortality from respiratory disease

Table 1: Summary of health and wellbeing outcomes

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
1.1a	Yes	Life expectancy at birth - males (years)	2014-2016	79.7	79.5	Stable
1.1b	Yes	Life expectancy at birth - females (years)	2014-2016	82.9	83.1	Stable
1.2a	Yes	Inequalities in life expectancy - males (slope index of inequality) (years)	2014-2016	7.8	9.3	Stable
1.2b	Yes	Inequalities in life expectancy - females (slope index of inequality) (years)	2014-2016	6.7	7.3	Stable
1.3a	Yes	Healthy life expectancy - males (years)	2014-2016	64.9	63.3	Stable
1.3b	Yes	Healthy life expectancy - females (years)	2014-2016	65.4	63.9	Stable
2.1	No	Child poverty: children under 16 in low-income families	2014	15.1%	20.1%	Worsening
2.2	No	Worklessness households	2016	12.7%	14.6%	Stable
2.3a	No	Percentage of two year old children benefiting from funded early education places	Jan-2017	78%	71%	Stable
2.3b	No	Percentage of three and four year old children benefiting from funded early education places	Jan-2017	100%	95%	Stable
2.4	No	School readiness (Early Years Foundation Stage): achieving a good level of development	2017	74.5%	70.7%	Stable
2.5	No	Infant mortality rate per 1,000 live births	2014-2016	5.2	3.9	Stable
2.6	No	Child mortality rate (ages 1-17) (ASR per 100,000)	2013-2015	10.3	11.9	Stable
2.7	Yes	Smoking in pregnancy	2017/18 Q2	12.9%	10.9%	Stable
2.8a	No	Breastfeeding initiation rates	2016/17	67.7%	74.6%	Stable
2.8b	Yes	Breastfeeding prevalence rates at six to eight weeks	2017/18 Q2	27.7%	42.3%	Improving
2.9a	No	Low birthweight babies (under 2,500 grams)	2015	7.6%	7.4%	Stable
2.9b	Yes	Low birthweight babies - full term babies (under 2,500 grams)	2016	2.4%	2.8%	Stable
2.10a	Yes	Diphtheria, tetanus, polio, pertussis, haemophilus influenza type b (Hib) at 12 months	2017/18 Q2	95.8%	93.1%	Stable
2.10b	Yes	Measles, mumps and rubella at 24 months	2017/18 Q2	94.1%	91.1%	Stable
2.10c	Yes	Measles, mumps and rubella (first and second doses) at five years	2017/18 Q2	90.8%	87.5%	Stable
2.11	No	Children aged five with tooth decay	2014/15	17.8%	24.7%	Improving
3.1a	Yes	Proportion of schools rated good or outstanding	Dec-2017	87.7%	89.1%	Stable
3.1b	Yes	Proportion of pupils attending schools that were rated good or outstanding	Dec-2017	84.7%	87.2%	Stable
3.2	No	Pupil absence	2015/16	4.3%	4.6%	Stable
3.3	No	Key stage 2 (achieving the expected standard in reading, writing and maths)	2017	63.2%	61.1%	Improving
3.4	No	GCSE attainment (grades 5-9 in English and mathematics)	2017	39.3%	39.6%	Stable
3.5	Yes	Young people aged 16-17 not in education, employment or training (NEET)	2016	7.5%	6.0%	n/a
3.6a	No	Excess weight (children aged four to five)	2016/17	24.9%	22.6%	Worsening
3.6b	No	Excess weight (children aged 10-11)	2016/17	33.6%	34.2%	Stable
3.7	Yes	Unplanned hospital admissions due to alcohol-specific conditions (under 18) (rate per 100,000)	2014/15 - 2016/17	31.5	34.2	Stable
3.8	No	Smoking prevalence in 15 years olds	2014/15	7.9%	8.2%	n/a
3.9	Yes	Under-18 conception rates per 1,000 girls aged 15-17	2016 Q3	21.4	19.3	Stable
3.10a	No	Unplanned hospital admissions for asthma, diabetes and epilepsy in under 19s (ASR per 100,000)	2015/16	334	312	Stable
3.10b	No	Unplanned hospital admissions for lower respiratory tract in under 19s (ASR per 100,000)	2015/16	575	423	Worsening
3.11	No	Proportion of children identified as having social, emotional and mental health problems	2017	1.4%	2.3%	Stable

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
3.12	No	Emotional wellbeing of looked after children (score)	2015/16	14.9	14.0	Stable
3.13	No	Hospital admissions as a result of self-harm (10-24 years) (ASR per 100,000)	2015/16	490	431	Stable
3.14a	No	Referrals to Children's Social Care (rate per 10,000)	2016/17	542	548	Worsening
3.14b	No	Repeat referrals to Children's Social Care	2016/17	20.3%	21.9%	Stable
3.15	No	Early help assessments (rate per 10,000)	2017/18 Q1	218	n/a	Stable
3.16a	No	Children in need (rate per 10,000)	2016/17	321	330	Improving
3.16b	No	Child protection plans (rate per 10,000)	2016/17	32.0	43.3	Improving
3.16c	No	Looked after children (rate per 10,000)	2016/17	59.0	61.7	Stable
3.17	No	Children aged under 16 who are killed or seriously injured on the roads (rate per 100,000)	2014-2016	16.8	17.1	Stable
3.18a	Yes	Hospital admissions caused by unintentional and deliberate injuries in children under five (rate per 10,000)	2016/17	107	126	Improving
3.18b	Yes	Hospital admissions caused by unintentional and deliberate injuries in children under 15 (rate per 10,000)	2016/17	89	101	Stable
3.18c	Yes	Hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 (rate per 10,000)	2016/17	119	129	Stable
3.19	Yes	Proportion of young people aged 16-24 who are satisfied with area as a place to live	Sep-2017	91%	n/a	Stable
3.20a	Yes	Proportion of young people aged 16-24 who feel safe in their community (day time)	Sep-2017	99%	n/a	Stable
3.20b	Yes	Proportion of young people aged 16-24 who feel safe in their community (night time)	Sep-2017	87%	n/a	Stable
3.21	No	First time entrants to the Youth Justice System aged 10-17 (rate per 1,000)	2016	229	327	Stable
3.22	No	Reoffending rates for children aged 10-17	Oct 2014 to Sept 2015	43.0%	37.4%	Stable
4.1	Yes	Satisfied with area as a place to live	Sep-17	94.2%	85.6%	Stable
4.2a	Yes	Self-reported well-being - people with a low satisfaction score	2016/17	4.2%	4.5%	Stable
4.2b	Yes	Self-reported well-being - people with a low worthwhile score	2016/17	3.2%	3.6%	Stable
4.2c	Yes	Self-reported well-being - people with a low happiness score	2016/17	9.1%	8.5%	Stable
4.2d	Yes	Self-reported well-being - people with a high anxiety score	2016/17	20.6%	19.9%	Stable
4.3	No	Sickness absence - employees who had at least one day off in the previous week	2014-2016	2.3%	2.1%	Stable
4.4a	No	Gap in the employment rate between those with a long-term health condition and the overall employment rate	2016/17	35%	29%	Stable
4.4b	No	Proportion of adults with learning disabilities in paid employment	2016/17	2.2%	5.7%	Stable
4.4c	No	Proportion of adults in contact with secondary mental health services in paid employment	2015/16	14.2%	6.7%	Improving
4.5a	No	People with a learning disability who live in stable and appropriate accommodation	2016/17	74.0%	76.2%	Improving
4.5b	No	People in contact with secondary mental health services who live in stable and appropriate accommodation	2015/16	68.8%	58.6%	Improving
4.6	No	Domestic abuse-related incidents and crimes (rate per 1,000)	2015/16	27.7	22.1	n/a
4.7	Yes	Violent crime (rate per 1,000)	2016/17	19.8	20.0	Worsening
4.8	No	Re-offending levels	2014	20.8%	25.4%	Stable
4.9	No	Utilisation of green space	2015/16	17.8%	17.9%	Stable
4.10	No	Road traffic injuries (rate per 100,000)	2014-2016	28.0	39.7	Worsening
4.11	No	People affected by noise	2014/15	4.3	7.1	Improving
4.12	No	Statutory homelessness - eligible homeless people not in priority need per 1,000 households	2016/17	0.2	0.8	Stable

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
4.13a	No	Smoking prevalence (18+)	2016	15.4%	15.5%	Stable
4.13b	No	Smoking prevalence in manual workers (18+)	2016	29.8%	26.5%	Stable
4.14	Yes	Alcohol-related admissions (narrow definition) (ASR per 100,000)	2017/18 Q1	729	647	Stable
4.15	No	Adults who are overweight or obese (excess weight)	2015/16	65.6%	61.3%	n/a
4.16	No	Healthy eating: adults eating at least five portions of fruit or vegetables daily	2015/16	56.1%	56.8%	n/a
4.17a	No	Physical activity in adults	2015/16	62.3%	64.9%	n/a
4.17b	No	Physical inactivity in adults	2015/16	23.9%	22.3%	n/a
4.18	No	Diabetes prevalence (ages 17+)	2016/17	7.1%	6.7%	Stable
4.19	No	Diabetes complications (ASR per 100,000)	2012/13	66.1	69.0	Stable
4.20a	Yes	NHS health checks offered (as a proportion of those eligible)	2017/18 Q2	78.8%	82.5%	Improving
4.20b	Yes	NHS health checks received (as a proportion of those offered)	2017/18 Q2	43.1%	48.4%	Stable
4.20c	Yes	NHS health checks received (as a proportion of those eligible)	2017/18 Q2	33.9%	39.9%	Improving
4.21	Yes	Hospital admissions as a result of self-harm (ASR per 100,000)	2016/17	199	185	Stable
4.22a	Yes	Successful completion of drug treatment - opiate users	Nov-2017	6.8%	6.7%	Stable
4.22b	Yes	Successful completion of drug treatment - non-opiate users	Nov-2017	48.4%	37.0%	Stable
4.22c	Yes	Successful completion of drug treatment - alcohol treatment	Nov-2017	50.4%	38.7%	Stable
4.23	No	Deaths from drug misuse (ASR per 100,000)	2014-2016	3.7	4.2	Stable
5.1	No	Fuel poverty	2015	12.0%	11.0%	Worsening
5.2	No	Social isolation: percentage of adult social care users who have as much social contact as they would like	2016/17	47.1%	45.4%	Stable
5.3	No	Pneumococcal vaccine in people aged 65 and over	2016/17	65.6%	69.8%	Worsening
5.4	No	Seasonal flu in people aged 65 and over	2016/17	69.3%	70.5%	Worsening
5.5	No	Social care related quality of life (score)	2016/17	19.0	19.1	Stable
5.6a	No	Health related quality of life for people with long-term conditions (score)	2016/17	0.74	0.74	Stable
5.6b	No	Health related quality of life for people with three or more long-term conditions (score)	2016/17	0.46	0.46	Stable
5.6c	No	Health related quality of life for carers (score)	2016/17	0.79	0.80	Stable
5.7	No	People feel supported to manage their condition	2016/17	64.6%	64.0%	Stable
5.8a	No	Proportion of people using social care who receive self-directed support	2016/17	82.7%	89.4%	Improving
5.8b	No	Proportion of carers who receive self-directed support	2016/17	92.9%	83.1%	Stable
5.8c	No	Proportion of people using social care who receive direct payments	2016/17	27.2%	28.3%	Stable
5.8d	No	Proportion of carers who receive direct payments	2016/17	75.2%	74.3%	Stable
5.9a	No	Acute ambulatory care sensitive (ACS) conditions (ASR per 100,000)	2015/16	1,418	1,319	Worsening
5.9b	No	Chronic ambulatory care sensitive (ACS) conditions (ASR per 100,000)	2015/16	800	812	Worsening
5.10	Yes	Delayed transfers of care (average delayed days per month per 100,000 population aged 18 and over)	2017/18 Q3	520	389	Stable
5.11	No	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes (rate per 100,000 population)	2016/17	634	611	Stable
5.12a	No	People aged 65 and over who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	2016/17	85.8%	82.5%	Stable
5.12b	No	Proportion of older people aged 65 and over who received reablement / rehabilitation services after discharge from hospital	2016/17	1.3%	2.7%	Stable

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
5.13	No	Readmissions within 30 days of discharge from hospital	2011/12	11.9%	11.8%	Stable
5.14	Yes	Estimated dementia diagnosis rate	Dec-2017	67.3%	68.3%	Stable
5.15	Yes	Falls admissions in people aged 65 and over (ASR per 100,000)	2016/17	2,005	2,114	Improving
5.16	Yes	Hip fractures in people aged 65 and over (ASR per 100,000)	2016/17	591	575	Stable
6.1	No	Mortality from causes considered preventable (various ages) (ASR per 100,000)	2014-2016	180	183	Stable
6.2	No	Under 75 mortality rate from cancer (ASR per 100,000)	2014-2016	134	137	Stable
6.3	No	Under 75 mortality rate from all cardiovascular diseases (ASR per 100,000)	2014-2016	68	73	Stable
6.4	No	Under 75 mortality rate from respiratory disease (ASR per 100,000)	2014-2016	30.2	33.8	Stable
6.5	No	Under 75 mortality rate from liver disease (ASR per 100,000)	2014-2016	18.7	18.3	Stable
6.6	No	Mortality from communicable diseases (ASR per 100,000)	2014-2016	9.8	10.7	Stable
6.7	No	Excess winter mortality	August 2015 to July 2016	19.3%	15.1%	Stable
6.8	No	Suicides and injuries undetermined (ages 10+) (ASR per 100,000)	2014-2016	10.1	9.9	Stable
6.9	No	Excess mortality rate in adults with mental illness	2014/15	346	370	Stable
6.10	Yes	End of life care: proportion dying at home or usual place of residence	2017/18 Q2	43.4%	46.4%	Stable
6.11	No	Mortality attributable to particulate air pollution, persons aged 30 and over	2015	4.5%	4.7%	Stable