



Health and wellbeing outcomes and performance report for Staffordshire August 2015

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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	Of concern for Staffordshire	Some concern for Staffordshire	Little concern for Staffordshire
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	Breastfeeding rates in Staffordshire remain worse than average. Whilst the proportion of children living in poverty is lower than England, a significant number of start well indicators remain a concern across Staffordshire and correlate to areas where there are higher proportions of families living in poverty.	<ul style="list-style-type: none"> Breastfeeding rates 	<ul style="list-style-type: none"> Infant mortality Smoking in pregnancy Low birthweight babies 	<ul style="list-style-type: none"> Children in poverty Population vaccination coverage Tooth decay in children School readiness
Grow well	There are a large number of child health outcome indicators where Staffordshire is not performing as well as it could. In particular there is concern around educational achievement and healthier lifestyles. Unplanned admissions to hospital are also higher for this age group.	<ul style="list-style-type: none"> GCSE attainment Children with excess weight Teenage pregnancy Chlamydia diagnosis Hospital admissions caused by unintentional and deliberate injuries in children and young people Unplanned hospitalisation for asthma, diabetes and epilepsy Emergency admissions for lower respiratory tract infections 	<ul style="list-style-type: none"> Pupil absence 16-18 year olds not in education, employment or training Under 18 alcohol-specific admissions Smoking prevalence in 15 year olds Emotional wellbeing of looked after children 	

	Summary	Of concern for Staffordshire	Some concern for Staffordshire	Little concern for Staffordshire
Live well	Staffordshire residents score well on a range of satisfaction indicators. However there are concerns with performance against healthy lifestyle indicators such as excess weight, physical activity and alcohol consumption. In addition performance on prevention of serious illness could also 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 learning disabilities or a mental illness to participate in life opportunities which will help enable them to live independently.	<ul style="list-style-type: none"> Employment of vulnerable adults Vulnerable adults who live in stable and appropriate accommodation Domestic abuse Alcohol-related admissions to hospital Excess weight in adults Physical activity amongst adults Recorded diabetes NHS health checks 	<ul style="list-style-type: none"> Self-reported wellbeing Violent crime Diabetes complications Hospital admissions as a result of self-harm Successful completion of drug and alcohol treatment 	<ul style="list-style-type: none"> People feel satisfied with their local area as a place to live Sickness absence Re-offending levels Utilisation of green space Road traffic injuries People affected by noise Statutory homelessness Adult smoking prevalence
Age well	<p>In older age fewer Staffordshire residents over 65 take up their flu vaccination or their offer of a pneumococcal vaccine whilst average numbers of people suffer an injury due to a fall.</p> <p>The majority of age well indicators associated with the quality of health and care in Staffordshire are also performing poorly, for example more people are admitted to hospital for conditions that could be prevented or managed in the community.</p>	<ul style="list-style-type: none"> Fuel poverty Pneumococcal and seasonal flu vaccination uptake in people aged 65 and over People receiving social care who receive self-directed support and those receiving direct payment Unplanned hospitalisation for ambulatory care sensitive conditions Delayed transfers of care Estimated diagnosis rate for people with dementia 	<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 Permanent admissions to residential and nursing care Emergency readmissions within 30 days of discharge from hospital Reablement services Falls and injuries in people aged 65 and over Hip fractures in people aged 65 and over 	
End well	Staffordshire performs better than average for the majority of mortality indicators with fewer people than average dying from preventable causes before the age of 75, in particular from cardiovascular, cancer or respiratory diseases. However winter deaths, early death rates from liver disease and suicides remain of concern for the County. There are also significant inequalities amongst vulnerable groups and between districts.	<ul style="list-style-type: none"> Excess winter mortality 	<ul style="list-style-type: none"> Under 75 mortality from liver disease Suicide Excess mortality rate in adults with mental illness End of life care: proportion dying at home or usual place of residence 	<ul style="list-style-type: none"> Preventable mortality and causes considered amenable to healthcare Under 75 mortality from cardiovascular disease Under 75 mortality from cancer Under 75 mortality from respiratory disease Mortality from communicable diseases

Table 1: Summary of health and wellbeing outcomes

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
1.1a	No	Life expectancy at birth - males (years)	2011-2013	79.7	79.4	Improving
1.1b	No	Life expectancy at birth - females (years)	2011-2013	83.1	83.1	Improving
1.2a	No	Inequalities in life expectancy - males (slope index of inequality) (years)	2011-2013	6.6	9.1	Stable
1.2b	No	Inequalities in life expectancy - females (slope index of inequality) (years)	2011-2013	6.3	6.9	Worsening
1.3a	No	Healthy life expectancy - males (years)	2011-2013	62.8	63.3	Not available
1.3b	No	Healthy life expectancy - females (years)	2011-2013	63.4	63.9	Not available
2.1	No	Child poverty: children under 16 in low-income families	2012	14.4%	19.2%	Improving
2.2	No	Infant mortality rate per 1,000 live births	2011-2013	5.0	4.1	Improving
2.3	Yes	Smoking in pregnancy	2014/15	11.8%	11.4%	Improving
2.4a	Yes	Breastfeeding initiation rates	2014/15	67.2%	74.3%	Stable
2.4b	Yes	Breastfeeding prevalence rates at six to eight weeks	2014/15	32.8%	43.9%	Stable
2.5a	No	Low birthweight babies (under 2,500 grams)	2013	6.9%	7.4%	Improving
2.5b	No	Low birthweight babies - full term babies (under 2,500 grams)	2012	2.8%	2.8%	Stable
2.6a	Yes	Diphtheria, tetanus, polio, pertussis, haemophilus influenza type b (Hib) at 12 months	2014/15 provisional	96.7%	92.5%	Improving
2.6b	Yes	Measles, mumps and rubella at 24 months	2014/15 provisional	95.1%	90.8%	Improving
2.6c	Yes	Measles, mumps and rubella (first and second doses) at five years	2014/15 provisional	91.8%	87.0%	Improving
2.7a	No	Children aged three with tooth decay	2012/13	4.0%	11.7%	Not available
2.7b	No	Children aged five with tooth decay	2011/12	21.6%	27.9%	Not available
2.8	No	School readiness (Early Years Foundation Stage)	2014	64.2%	60.4%	Improving
3.1	No	Pupil absence	2013/14	4.4%	4.5%	Improving
3.2	No	GCSE attainment (five or more A*-C GCSEs including English and mathematics)	2014	54.9%	56.8%	Method has changed
3.3	Yes	Young people not in education, employment or training (NEET)	2014	4.5%	4.7%	Improving
3.4	No	Admissions from alcohol-specific conditions (under 18s) (rate per 100,000)	2011/12-2013/14	43.9	40.1	Improving
3.5	New	Smoking prevalence in 15 years olds	2014/15	7.9%	8.2%	Not available
3.6a	No	Excess weight (children aged four to five)	2013/14	23.6%	22.5%	Stable
3.6b	No	Excess weight (children aged 10-11)	2013/14	32.8%	33.5%	Stable
3.7	No	Emotional wellbeing of looked after children (score)	2013/14	14.4	13.9	Improving
3.8a	No	Under-18 conception rates per 1,000 girls aged 15-17	2014 Q1	29.1	24.3	Improving
3.8b	No	Under-16 conception rates per 1,000 girls aged 13-15	2011-2013	5.9	5.5	Improving

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
3.9	Yes	Chlamydia diagnosis (15-24 years) (rate per 100,000)	2014	1,699	1,984	Stable
3.10a	No	Unintentional and deliberate injuries in children under five (rate per 10,000)	2013/14	179	141	Stable
3.10b	No	Unintentional and deliberate injuries in children under 15 (rate per 10,000)	2013/14	124	112	Stable
3.10b	No	Unintentional and deliberate injuries in young people aged 15-24 (rate per 10,000)	2013/14	134	137	Stable
3.11	No	Hospital admissions - asthma, diabetes and epilepsy in under 19s (ASR per 100,000)	2013/14	408	313	Stable
3.12	No	Hospital admissions - lower respiratory tract in under 19s (ASR per 100,000)	2013/14	405	356	Worsening
4.1	No	Satisfied with area as a place to live	Mar-15	93.2%	82.0%	Stable
4.2a	No	Self-reported well-being - people with a low satisfaction score	2013/14	4.1%	5.6%	Improving
4.2b	No	Self-reported well-being - people with a low worthwhile score	2013/14	3.7%	4.2%	Stable
4.2c	No	Self-reported well-being - people with a low happiness score	2013/14	8.2%	9.7%	Stable
4.2d	No	Self-reported well-being - people with a high anxiety score	2013/14	18.1%	20.0%	Stable
4.3	No	Sickness absence - employees who had at least one day off in the previous week	2010-2012	1.9%	2.5%	Stable
4.4a	No	Gap in the employment rate between those with a long-term health condition and the overall employment rate	2013/14	11.7%	8.7%	Not available
4.4b	No	Proportion of adults with learning disabilities in paid employment	2013/14	5.2%	6.7%	Stable
4.4c	No	Proportion of adults in contact with secondary mental health services in paid employment	2013/14	16.4%	7.0%	Stable
4.5a	No	People with a learning disability who live in stable and appropriate accommodation	2013/14	72.7%	74.9%	Stable
4.5b	No	People in contact with secondary mental health services who live in stable and appropriate accommodation	2013/14	76.2%	60.8%	Improving
4.6	No	Domestic abuse (rate per 1,000)	2013/14	23.2	19.4	Stable
4.7	No	Violent crime (rate per 1,000)	2013/14	10.8	11.0	Stable
4.8	No	Re-offending levels	2012	22.7%	25.9%	Stable
4.9	No	Utilisation of green space	2013/14	21.1%	17.1%	Improving
4.10	No	Road traffic injuries (rate per 100,000)	2011-2013	23.0	39.7	Improving
4.11	Yes	People affected by noise	2013/14	5.5	7.4	Stable
4.12	No	Statutory homelessness - homelessness acceptances per 1,000 households	2013/14	1.1	2.3	Improving
4.13a	No	Smoking prevalence (18+)	2013	15.8%	18.4%	Improving
4.13b	No	Smoking prevalence in manual workers (18+)	2013	22.1%	28.6%	Improving
4.14	Yes	Alcohol-related admissions (narrow definition) (ASR per 100,000)	2014/15 provisional	691	638	Stable
4.15	No	Adults who are overweight or obese (excess weight)	2012	67.9%	63.8%	Not available
4.16a	Yes	Physical activity in adults	2014	54.1%	57.0%	Stable
4.16b	Yes	Physical inactivity in adults	2014	28.5%	27.7%	Stable

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
4.17	No	Diabetes prevalence	2013/14	6.7%	6.2%	Worsening
4.18	New	Diabetes complications (crude rate per 1,000 diabetic patients)	2012/13	66.1	69.0	Stable
4.19a	Yes	NHS health checks offered (as a proportion of those eligible)	2013/14-2014/15	43.7%	37.9%	Improving
4.19b	Yes	NHS health checks received (as a proportion of those offered)	2013/14-2014/15	41.3%	48.9%	Improving
4.19c	Yes	NHS health checks received (as a proportion of those eligible)	2013/14-2014/15	18.0%	18.6%	Improving
4.20	No	Hospital admissions as a result of self-harm (ASR per 100,000)	2013/14	208	203	Stable
4.21a	No	Successful completion of drug treatment	2013	14.6%	15.6%	Stable
4.21b	Yes	Successful completion of drug and alcohol treatment	2015/16 Q1	63.2%	46.3%	Improving
5.1	Yes	Fuel poverty	2013	11.3%	10.4%	Improving
5.2	No	Social isolation: percentage of adult social care users who have as much social contact as they would like	2013/14	44.7%	44.5%	Improving
5.3	Yes	Pneumococcal vaccine in people aged 65 and over	2014/15	64.8%	69.8%	Worsening
5.4	Yes	Seasonal flu in people aged 65 and over	2014/15	71.4%	72.7%	Stable
5.5	No	Social care related quality of life (score)	2013/14	18.7	19.0	Stable
5.6	No	Health related quality of life for people with long-term conditions (score)	2013/14	74.3%	74.3%	Stable
5.7	No	People feel supported to manage their condition	2013/14	68.1%	65.1%	Stable
5.8a	No	People receiving social care who receive self-directed support	2013/14	26.2%	61.9%	Improving
5.8b	No	Proportion of people using social care who receive direct payments	2013/14	10.6%	19.1%	Stable
5.9a	No	Acute ambulatory care sensitive (ACS) conditions (ASR per 100,000)	2013/14	1,313	1,196	Improving
5.9b	No	Chronic ambulatory care sensitive (ACS) conditions (ASR per 100,000)	2013/14	780	800	Stable
5.10	Yes	Delayed transfers of care (rate per 100,000 population aged 18 and over)	2015/16 Q1	13.8	11.6	Worsening
5.11	No	Permanent admissions to residential and nursing care homes for people aged 65 and over (rate per 100,000)	2013/14	655	651	Improving
5.12	No	People aged 65 and over who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	2013/14	86.3%	82.5%	Stable
5.13	No	Readmissions within 30 days of discharge from hospital	2011/12	11.9%	11.8%	Stable
5.14	No	Estimated dementia diagnosis rate	2014/15 provisional	59.4%	60.8%	Improving
5.15	No	Falls admissions in people aged 65 and over (ASR per 100,000)	2013/14	2,045	2,064	Stable
5.16	No	Hip fractures in people aged 65 and over (ASR per 100,000)	2013/14	571	580	Improving
6.1	No	Mortality from causes considered preventable (various ages) (ASR per 100,000)	2011-2013	175	184	Improving
6.2	No	Mortality by causes considered amenable to healthcare (ASR per 100,000)	2011-2013	107	114	Improving
6.3	No	Under 75 mortality rate from cancer (ASR per 100,000)	2011-2013	137	144	Improving

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
6.4	No	Under 75 mortality rate from all cardiovascular diseases (ASR per 100,000)	2011-2013	71	78	Improving
6.5	No	Under 75 mortality rate from respiratory disease (ASR per 100,000)	2011-2013	27.2	33.2	Improving
6.6	No	Under 75 mortality rate from liver disease (ASR per 100,000)	2011-2013	15.8	17.9	Stable
6.7	New	Mortality from communicable diseases (ASR per 100,000)	2011-2013	58.2	62.2	Improving
6.8	No	Excess winter mortality	2013/14 provisional	18.3%	11.7%	Stable
6.9	No	Suicides and injuries undetermined (15+) (ASR per 100,000)	2011-2013	10.8	10.4	Stable
6.10	No	Excess mortality rate in adults with mental illness	2012/13	307	347	Improving
6.11	New	End of life care: proportion dying at home or usual place of residence	2013/14 Q4 - 2014/15 Q3	44.0%	45.1%	Improving

Introduction

Health and wellbeing strategy vision: Staffordshire will be a place where improved health and wellbeing is experienced by all. It will be a good place to live. People will be healthy safe and prosperous and will have the opportunity to grow up, have a family and grow old, as part of strong, safe and supportive communities.

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 report presents data against indicators that were identified within the Living Well strategy where data is currently routinely available. 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 format of the report includes some trend information for Staffordshire, West Midlands and England and a breakdown for localities where information is available. Some of the health and wellbeing data presented within the report is older to allow for benchmarking to be made possible. However as the system for performance monitoring for health and wellbeing develops it is anticipated that locally derived provisional information will be included to gauge progress against some key measures.

There remain a number of gaps particularly around public perception and patient experience indicators which are being developed and included in future reporting. The quarterly outcomes report will also continue to evolve and include new measures from the health and wellbeing space, e.g. Better Care Fund and safeguarding that are deemed important by the Health and Wellbeing Intelligence Hub to bring to the attention of the Health and Wellbeing Board.

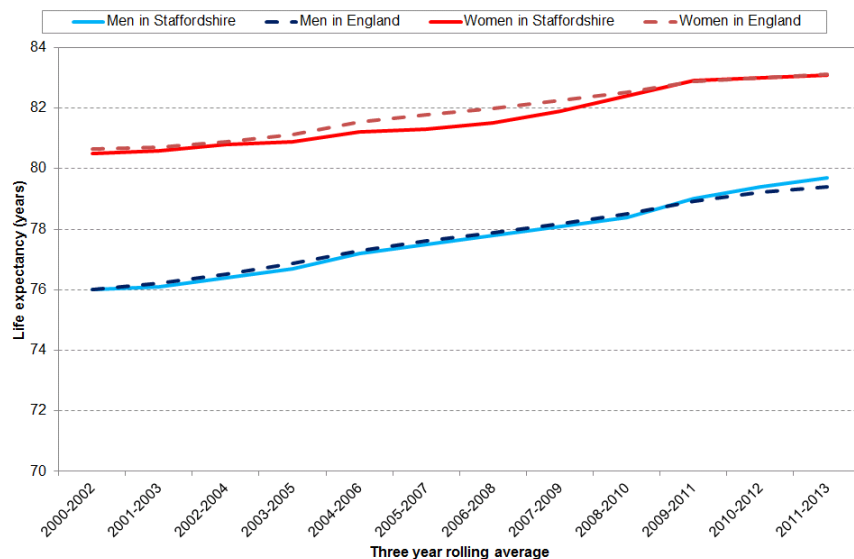
1 Overarching health and wellbeing indicators

1.1 Life expectancy at birth

Life expectancy at birth measures the average number of years a baby born in a particular population can be expected to live if it experienced the current age-specific mortality rates for that particular area throughout its life.

- Overall life expectancy at birth in Staffordshire is almost 80 years for men which is higher than the England average and 83 years for women which is similar to the national average.

Figure 1: Trends in life expectancy



Source: Office for National Statistics, Crown copyright

- Men in Newcastle have shorter life expectancy at birth by 10 months.

Table 2: Inequalities in life expectancy at birth, 2011-2013

	Men		Women	
	Life expectancy at birth (years)	Slope index of inequality (years)	Life expectancy at birth (years)	Slope index of inequality (years)
Cannock Chase	79.2	6.8	83.2	4.9
East Staffordshire	79.2	6.6	82.6	6.7
Lichfield	80.0	5.2	83.5	10.0
Newcastle-under-Lyme	78.6	8.8	82.6	6.7
South Staffordshire	80.4	5.0	83.3	7.7
Stafford	80.4	6.5	83.5	7.5
Staffordshire Moorlands	79.9	4.1	83.2	3.5
Tamworth	79.8	7.0	82.6	6.8
Staffordshire	79.7	6.6	83.1	6.3
West Midlands	78.8	9.2	82.8	6.8
England	79.4	9.1	83.1	6.9

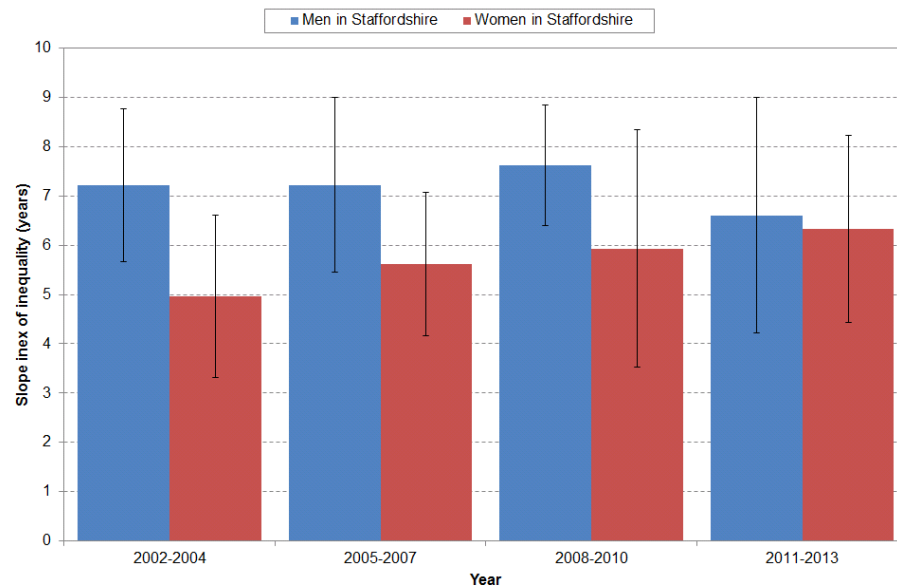
Key: **Statistically better than England; statistically worse than England**

Source: Office for National Statistics, Crown copyright

1.2 Inequalities in life expectancy

- There is a seven and six year gap for life expectancy for men and women living in the least deprived and most deprived areas of Staffordshire respectively.
- The gap in inequalities in life expectancy for men has decreased slightly whilst for women appears to be increasing (not statistical for either).

Figure 2: Trends in inequalities in life expectancy at birth (measured by slope index of inequality)



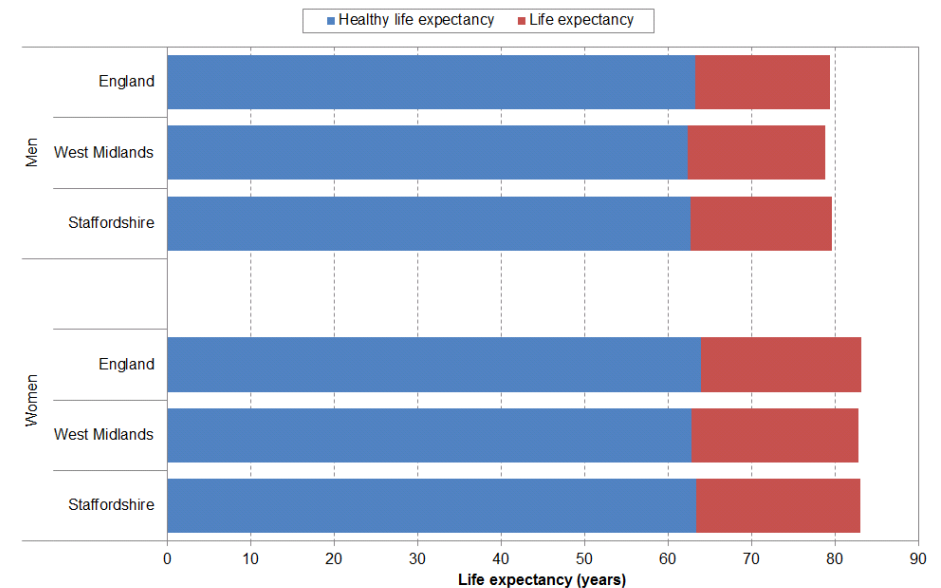
Source: Public Health England

1.3 Healthy life expectancy

Healthy life expectancy estimates the amount of lifetime spent in 'very good' or 'good' health based on how individuals perceive their health (self-reported survey based). Given that life expectancy has been increasing both locally and nationally this is a good measure of the quality of life years of a population.

- Healthy life expectancy (HLE) in Staffordshire is 63 years for both men and women.
- Overall women live longer than men but spend more years in poor health than men.
- Both men and women have HLE that is lower than the state pension age of 65.

Figure 3: Healthy life expectancy, 2011-2013



Source: Office for National Statistics, Crown copyright

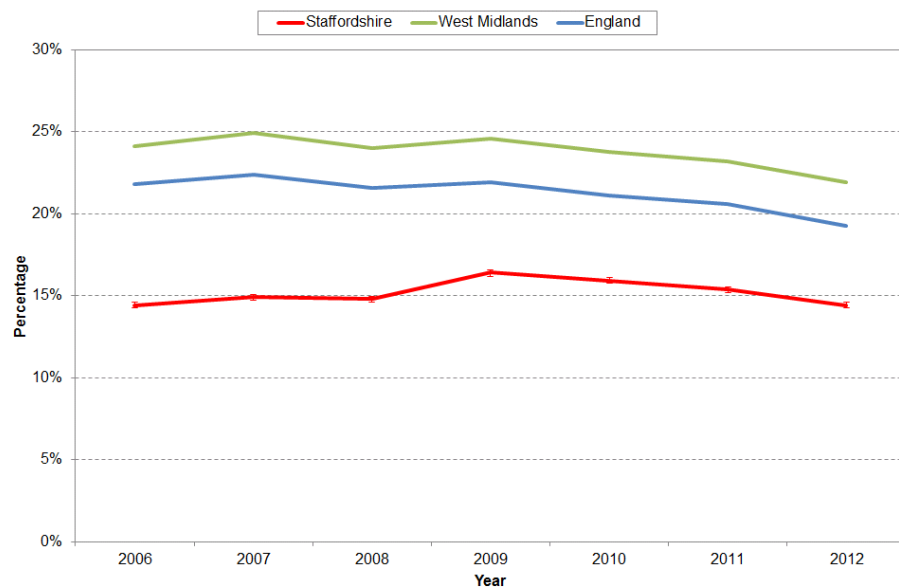
2 Start well

2.1 Children in poverty

Children living in low-income families are defined as the number of children under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income.

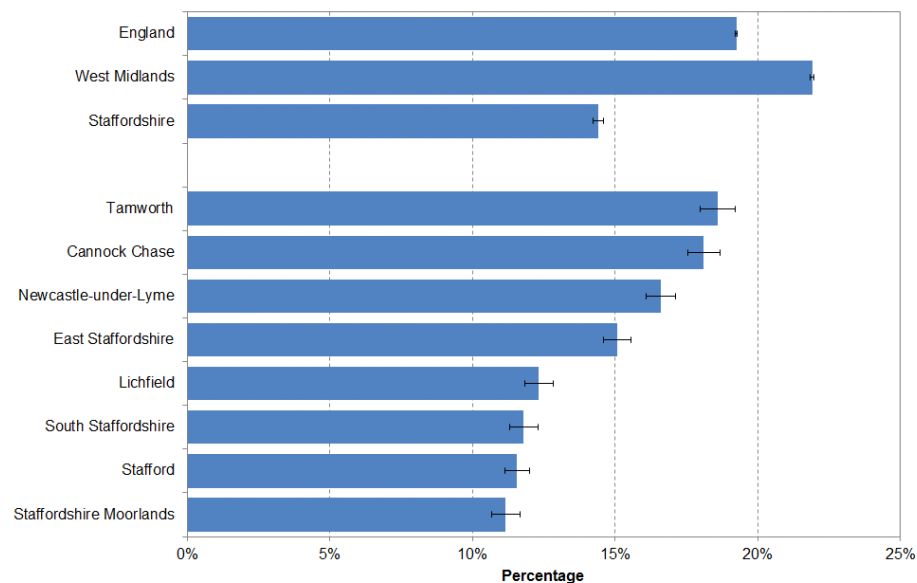
- In 2012, 14% (20,775 children) in Staffordshire were defined as living in poverty which is lower than the national average. Rates in 2012 are now similar to those in 2006 and continue to decline since the peak in 2009 (Figure 4).
- At a district level this ranges from 11% in Staffordshire Moorlands to 19% in Tamworth (Figure 18).

Figure 4: Trends in child poverty



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

Figure 5: Child poverty rates, 2012

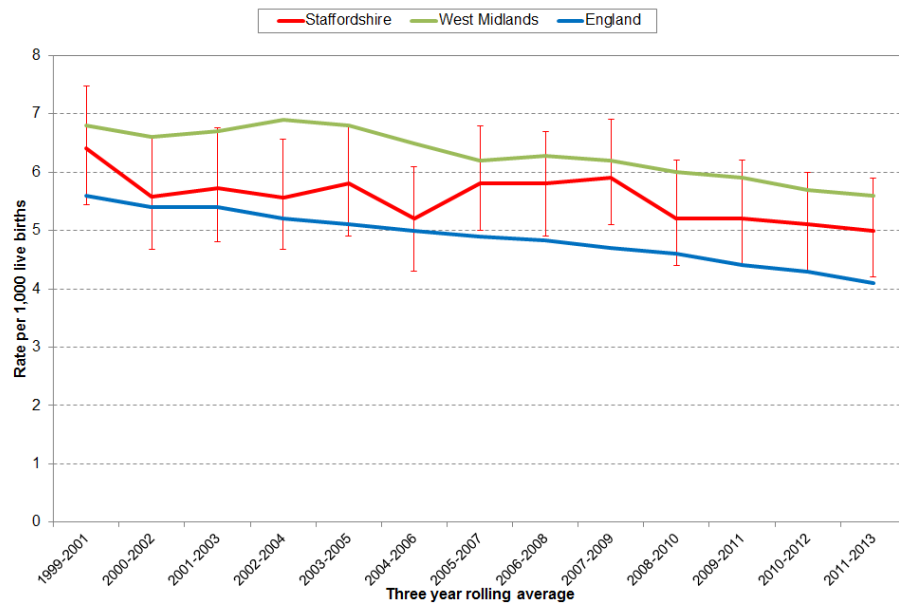


Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

2.2 Infant mortality

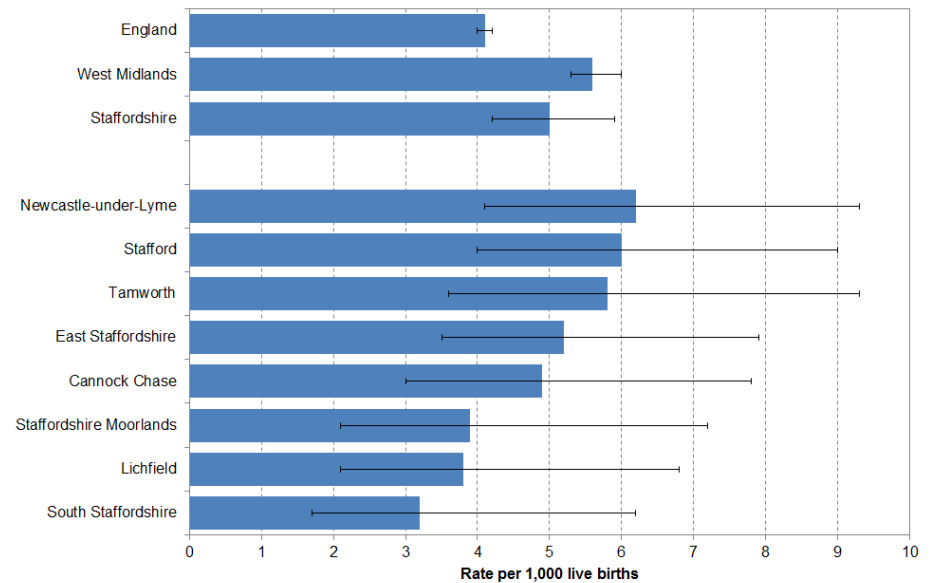
- During 2013 there were 39 infant deaths under one year in Staffordshire. Infant mortality rates in Staffordshire have steadily decreased and are similar to the England average (Figure 6).
- Infant mortality rates in Newcastle have also continued to decrease and are now also similar to the England average (Figure 7).

Figure 6: Trends in infant mortality rates



Source: HSCIC Indicator Portal (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

Figure 7: Infant mortality rates, 2011-2013

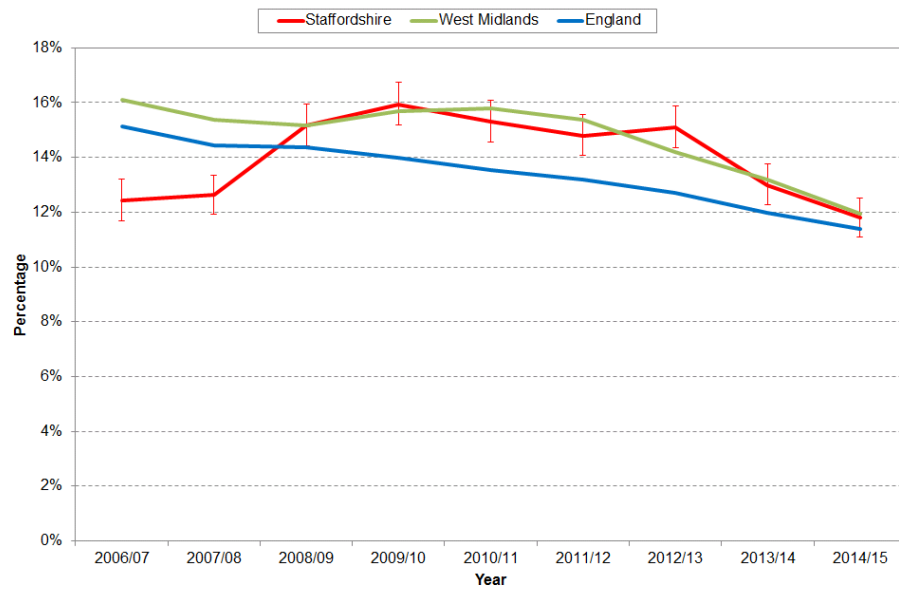


Source: HSCIC Indicator Portal (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

2.3 Smoking in pregnancy (updated)

- Trends for Staffordshire show that there has been a steady reduction in the number of women smoking throughout pregnancy since 2009/10 (Figure 8). In Staffordshire, 11.8% of mothers continued to smoke throughout their pregnancy during 2014/15 which is now similar to the England average of 12%.
- During 2014/15 rates in Stafford and Surrounds CCG were particularly high (Table 3).

Figure 8: Smoking in pregnancy trends



Source: Statistical release: Statistics on women's smoking status at time of delivery: England. Copyright 2015. The Health and Social Care Information Centre, Lifestyle Statistics. All Rights Reserved

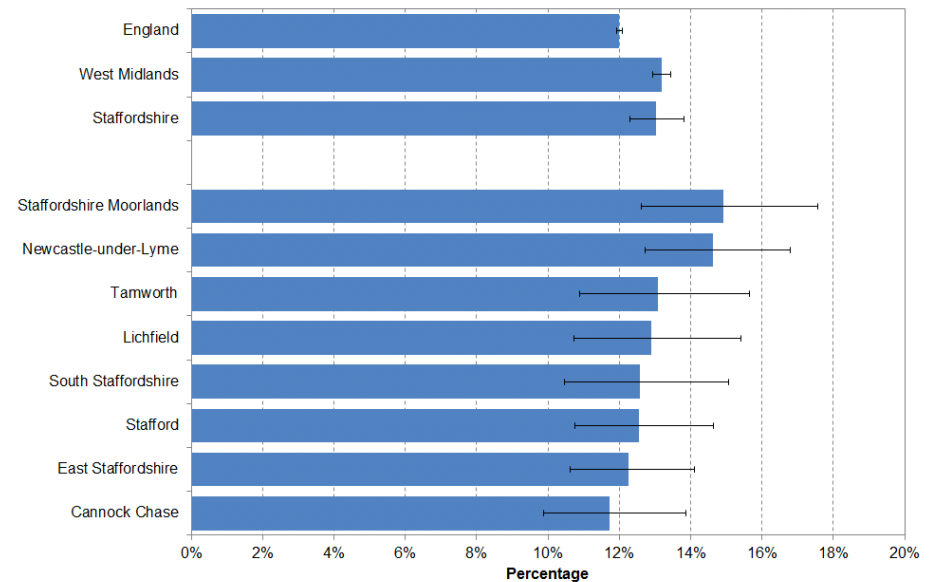
Table 3: Smoking in pregnancy by CCG, 2013/14 and 2014/15

	2013/14	2014/15
Cannock Chase	11.7%	10.4%
East Staffordshire	12.2%	10.3%
North Staffordshire	14.6%	11.6%
South East Staffordshire and Seisdon Peninsula	13.1%	11.2%
Stafford and Surrounds	12.6%	14.5%
Staffordshire CCGs	13.0%	11.8%
West Midlands	13.2%	12.0%
England	12.0%	11.4%

Key: Statistically better than England; statistically worse than England

Source: Statistical release: Statistics on women's smoking status at time of delivery: England. Copyright 2014. The Health and Social Care Information Centre, Lifestyle Statistics. All Rights Reserved

Figure 9: Smoking in pregnancy rates, 2013/14

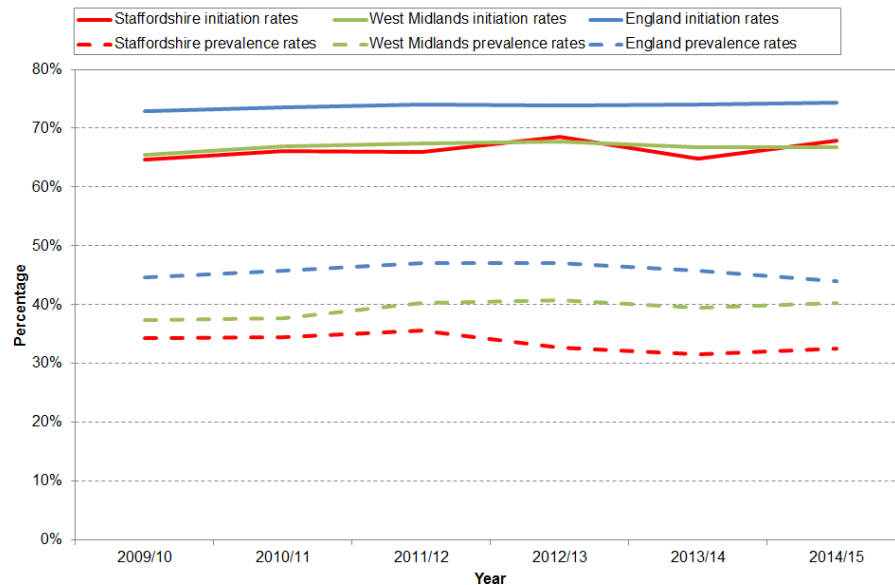


Source: Public Health England

2.4 Breastfeeding (updated)

- In Staffordshire the proportion of women breastfeeding in 2014/15 was 67% which is lower than England (74%).
- The proportion of Staffordshire mothers who continued to breastfeed at six to eight weeks in 2014/15 was 33%, which again is lower than the national average (44%).
- Trends show that there has been very little change in either initiation or prevalence rates since 2009/10 (Figure 10).

Figure 10: Trends in breastfeeding rates



Note: Data from 2013/14 onwards does not meet minimum data quality standards so should be used with caution

Source: Breastfeeding statistics, Department of Health and NHS England

Table 4: Breastfeeding rates, 2014/15

	Breastfeeding initiation rates	Breastfeeding prevalence rates at six to eight weeks
Cannock Chase	66.0%	26.1%
East Staffordshire	73.3%	32.0%
Lichfield	76.9%	36.8%
Newcastle-under-Lyme	56.3%	39.7%
South Staffordshire	69.1%	31.4%
Stafford	69.6%	38.0%
Staffordshire Moorlands	62.4%	40.3%
Tamworth	67.7%	19.8%
Staffordshire	67.2%	32.8%
West Midlands	66.8%	40.9%
England	74.3%	43.9%

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

Note: Data for 2014/15 does not meet minimum data quality standards so should be used with caution

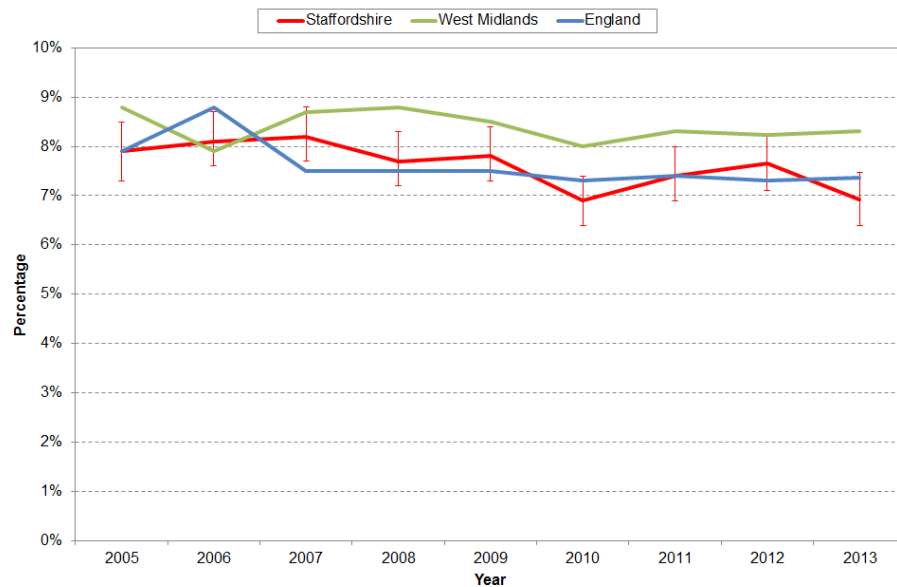
Source: Breastfeeding statistics, NHS England

2.5 Low birthweight babies

Babies weighing less than 2,500 grams at birth are considered to have a low birthweight.

- The proportion of babies born with a low birthweight in Staffordshire in 2013 was 7%, which is similar to the national average (Figure 11).
- The proportion of term babies with a low birthweight in Staffordshire during 2012 was 2.8% with rates again being similar to England (also 2.8%).

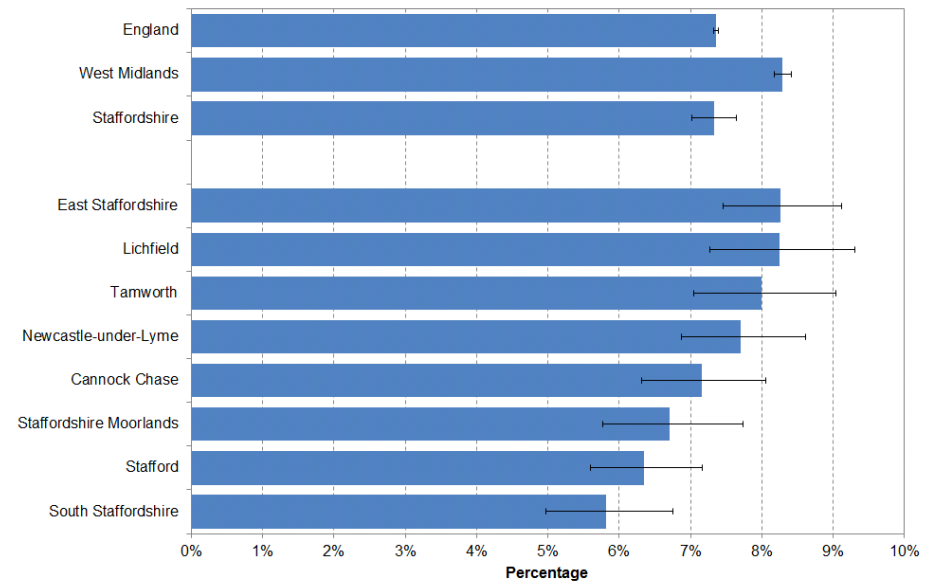
Figure 11: Trends in babies born with a low birthweight



Source: HSCIC Indicator Portal (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

- Between 2011 and 2013 East Staffordshire had a higher proportion of babies born with a low birthweight than average (Figure 12).

Figure 12: Proportion of low birthweight babies, 2011-2013



Source: HSCIC Indicator Portal (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

2.6 Population vaccination coverage (updated)

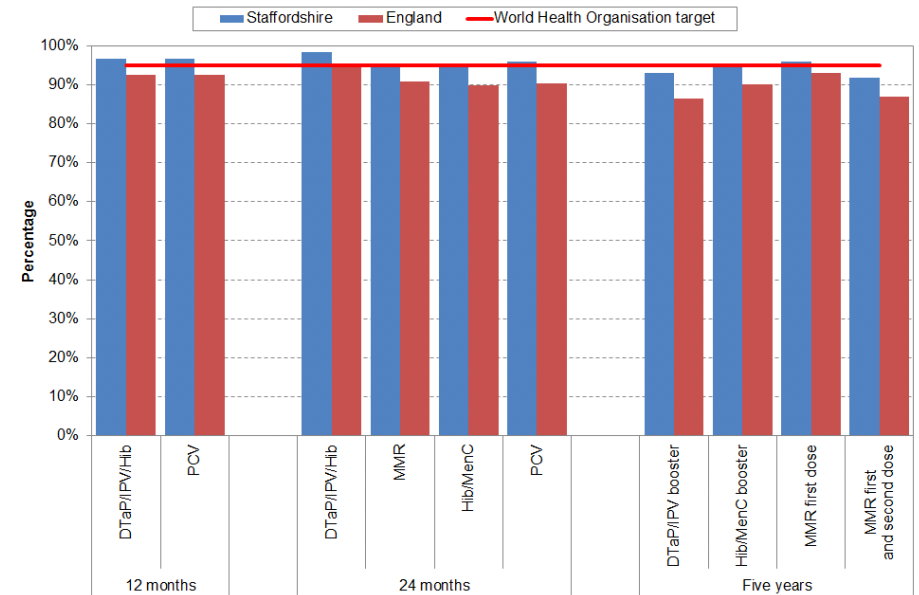
- Childhood immunisation rates in Staffordshire generally continue to improve across the board (Figure 13). Uptake rates for Staffordshire are generally higher than the England average and most now reach the 95% optimum protective target set by the World Health Organisation (WHO) (Figure 14).

Figure 13: Childhood immunisations trends in Staffordshire



Source: Child Immunisation by Clinical Commissioning Group, Quarter 4 2014/15, NHS England, Crown Copyright 2015 and COVER statistics, Copyright 2014. Health and Social Care Information Centre. All rights reserved

Figure 14: Childhood immunisations, 2014/15

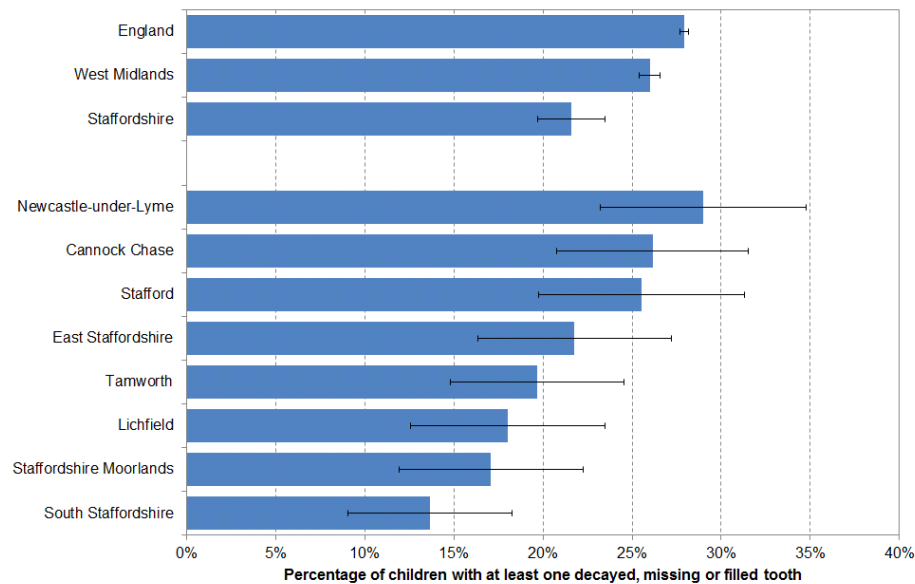


Source: Child Immunisation by Clinical Commissioning Group, Quarter 4 2014/15, NHS England, Crown Copyright 2015

2.7 Tooth decay in children

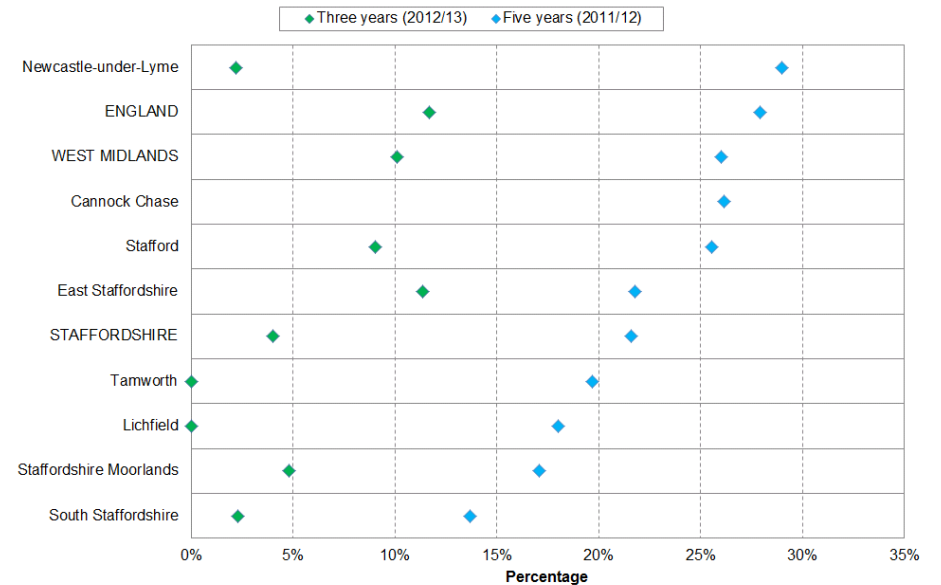
- The 2011/12 survey for five year olds found that tooth decay in this age group in Staffordshire was 22%, which is lower than both the regional and national average (Figure 15).
- Data from a more recent survey in 2012/13 found that tooth decay amongst three years olds was 4% indicating that tooth decay in children appears to increase significantly between the ages of three and five (Figure 16).

Figure 15: Children aged five with tooth decay, 2011/12



Source: National Dental Epidemiology Programme for England, Oral Health Survey of five-year-old children 2011/12, Public Health England

Figure 16: Children with tooth decay at three and five years



Note: Data for Cannock Chase for three year old is not available due to the sample being too small for an estimate of tooth decay in the area.

Source: National Dental Epidemiology Programme for England, Oral Health Survey of five year-old children 2011/12 and Oral Health Survey of three year-old children 2012/13, Public Health England

2.8 School readiness

- Overall school readiness, measured by children achieving a good level of development at the end of Reception (ages four five), in Staffordshire is better than England. Trends between 2013 and 2014 show almost an eleven percentage point increase (Figure 17).
- However there remain challenges across the County: the proportion of children achieving a good level of development ranges from 58% in East Staffordshire to 70% in South Staffordshire (Figure 18). In addition only 45% of children who are eligible for free school meals achieved a good level of development with the gap remaining similar between 2013 and 2014 (Figure 17).

Figure 17: Trends in school readiness

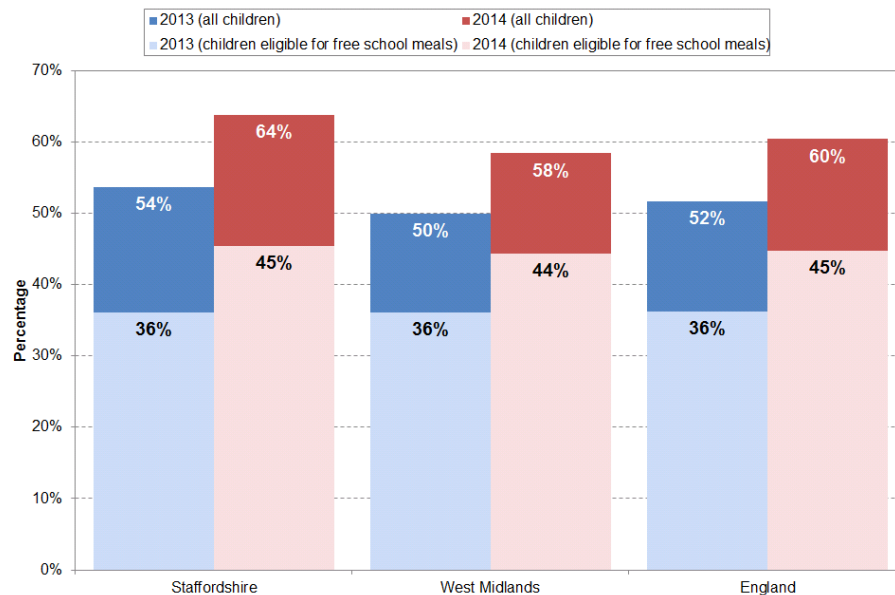
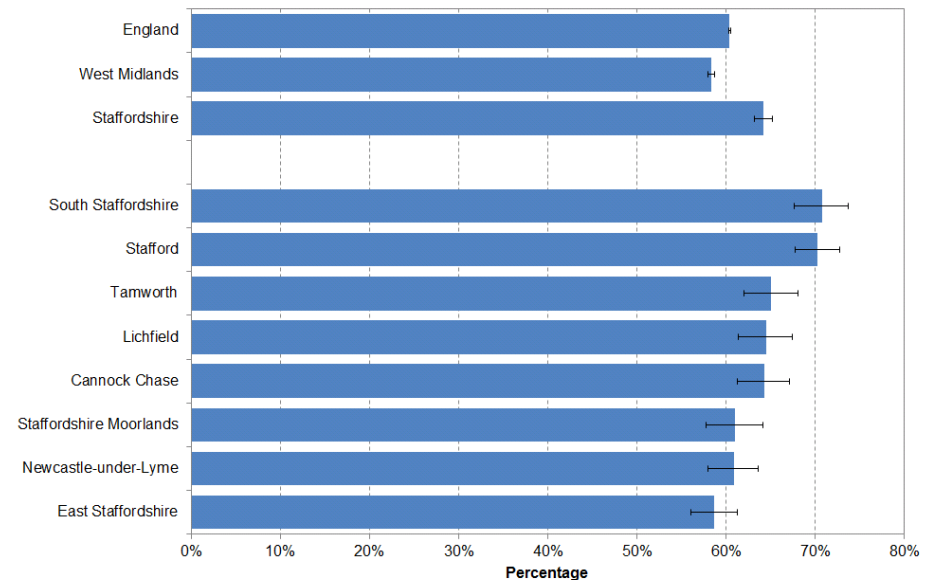


Figure 18: School readiness, 2014



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

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

3 Grow well

3.1 Pupil absence (updated)

- Overall rates of pupil absence in Staffordshire continue to decrease primary due to reductions in authorised absence (Table 5).
- Cannock Chase continues to have higher rates of children who are absent from school compared with the average.

Table 5: Pupil absence trends

	2010/11	2011/12	2012/13	2013/14
Cannock Chase	6.2%	5.5%	5.9%	4.9%
East Staffordshire	5.5%	4.8%	5.0%	4.1%
Lichfield	5.3%	4.7%	5.1%	4.3%
Newcastle-under-Lyme	5.2%	4.7%	5.2%	4.5%
South Staffordshire	5.7%	4.9%	5.2%	4.4%
Stafford	5.5%	4.8%	5.2%	4.4%
Staffordshire Moorlands	5.5%	4.8%	5.1%	4.4%
Tamworth	6.1%	5.1%	5.6%	4.7%
Staffordshire	5.6%	4.9%	5.3%	4.4%
West Midlands	5.9%	5.1%	5.4%	4.5%
England	5.8%	5.1%	5.3%	4.5%

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

Source: Staffordshire County Council and Department for Education

3.2 GCSE attainment

- In 2014, 55% of Staffordshire pupils achieved five or more A*-C grades at GCSE level including English and Mathematics, which is higher than the England average (includes independent and special schools) but **worse** than the England average for state schools.
- There are significant inequalities with rates in Tamworth (43%) and Cannock Chase (46%) being particularly low (Table 6). Newcastle is also lower than the England average for state schools.
- Only 12% of children in care achieved five or more A*-C GCSEs including English and Mathematics.

Note: Trends not available due to new methodology for 2013/14.

Table 6: Children achieving five or more A*-C GCSEs including English and Mathematics, 2013/14

	Percentage
Cannock Chase	46.5%
East Staffordshire	58.9%
Lichfield	62.8%
Newcastle-under-Lyme	50.8%
South Staffordshire	58.2%
Stafford	58.8%
Staffordshire Moorlands	57.8%
Tamworth	43.0%
Staffordshire	54.9%
West Midlands	54.9%
England (all schools)	53.4%
England (state schools)	56.8%

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

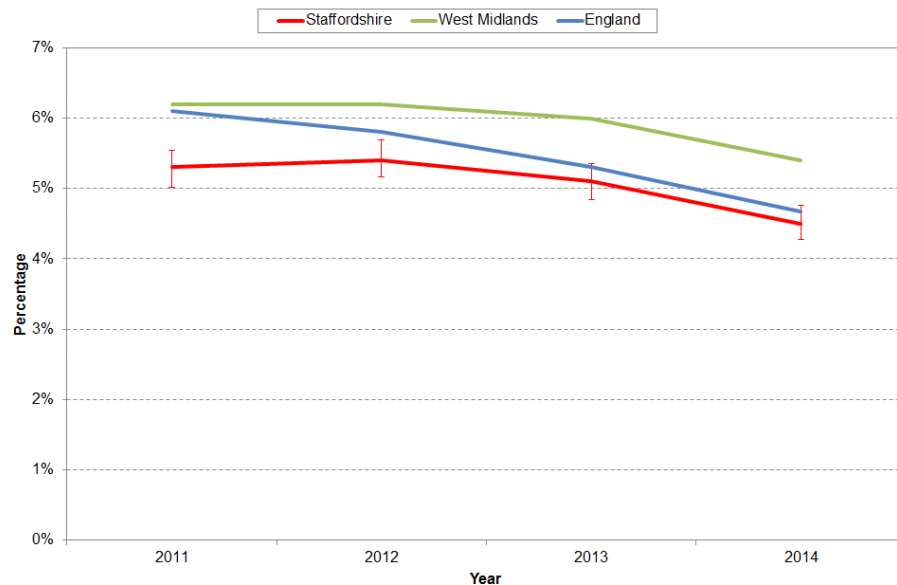
Note: Numbers may not add up due to rounding

Source: Staffordshire County Council and Department for Education

3.3 Young people not in education, employment or training *(updated)*

- The proportion of young people aged 16-18 who were not in education, employment or training (NEET) in Staffordshire during 2014 was 4.5%, which is similar to the England average of 5.3% and an improvement from previous years (Figure 19).
- Local data is available for 16-19 year olds. The proportion of young people who were NEET in this age group at the end of January 2015 for Staffordshire was 4% (Table 7). Rates in Cannock Chase and Newcastle were higher than the Staffordshire average.

Figure 19: Trends in 16-18 year olds not in education, employment or training



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

Table 7: Proportion of children aged 16-19 not in education, employment or training as at January 2015

	Percentage of 16-19 year olds who were NEET
Cannock Chase	5.5%
East Staffordshire	3.8%
Lichfield	3.3%
Newcastle-under-Lyme	5.3%
South Staffordshire	3.5%
Stafford	3.5%
Staffordshire Moorlands	2.5%
Tamworth	4.5%
Staffordshire	4.0%

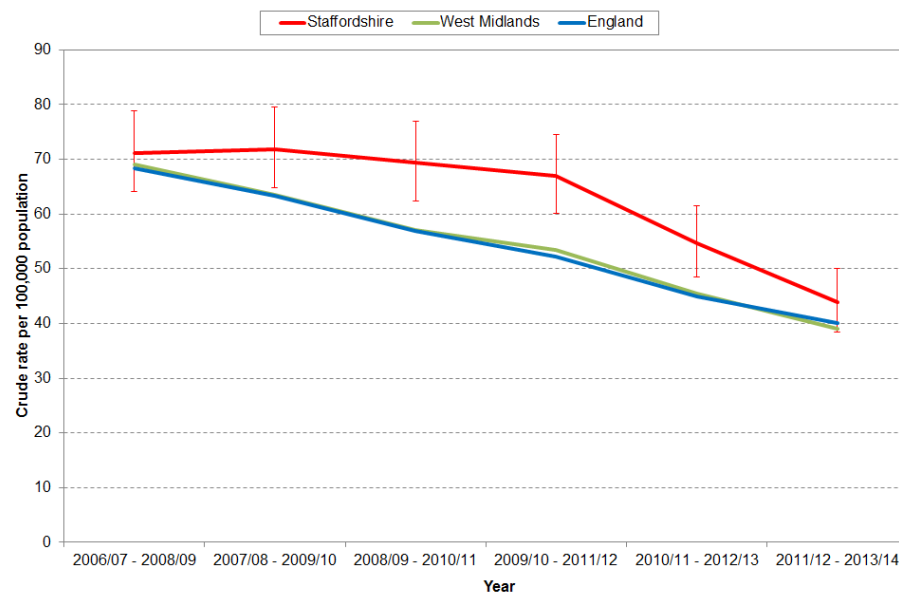
Key: *Statistically better than Staffordshire; statistically worse than Staffordshire*

Source: Staffordshire County Council

3.4 Under 18 alcohol-specific admissions

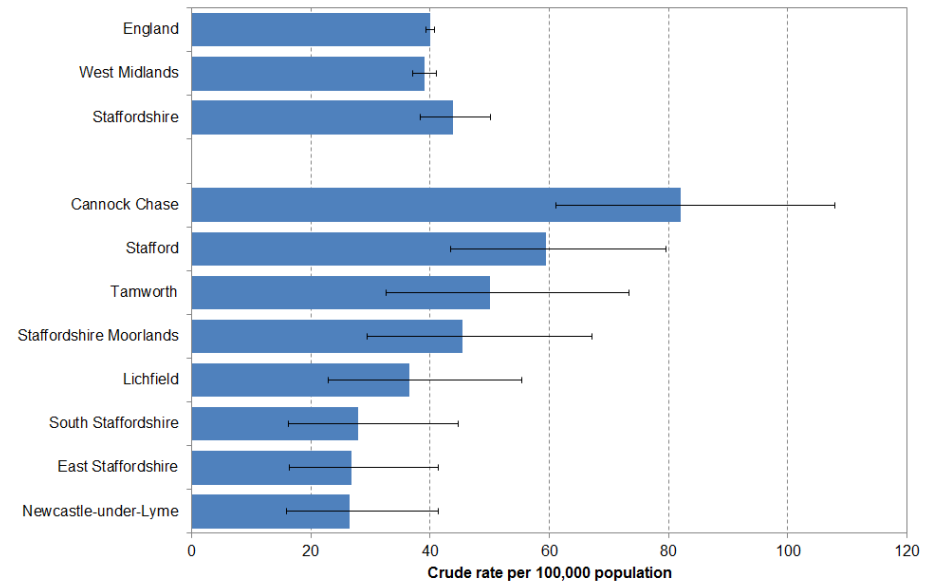
- Under-18 alcohol-specific admissions rates in Staffordshire continue to fall with the latest rates now being similar to the national average (Figure 20).
- At a district level Cannock Chase and Stafford continue to have higher than average rates (Figure 21).

Figure 20: Trends in under-18 alcohol-specific admission rates



Source: Local Alcohol Profiles for England, Public Health England

Figure 21: Under-18 alcohol-specific admission rates, 2011/12 to 2013/14



Source: Local Alcohol Profiles for England, Public Health England

3.5 Smoking prevalence at age 15 (new indicator)

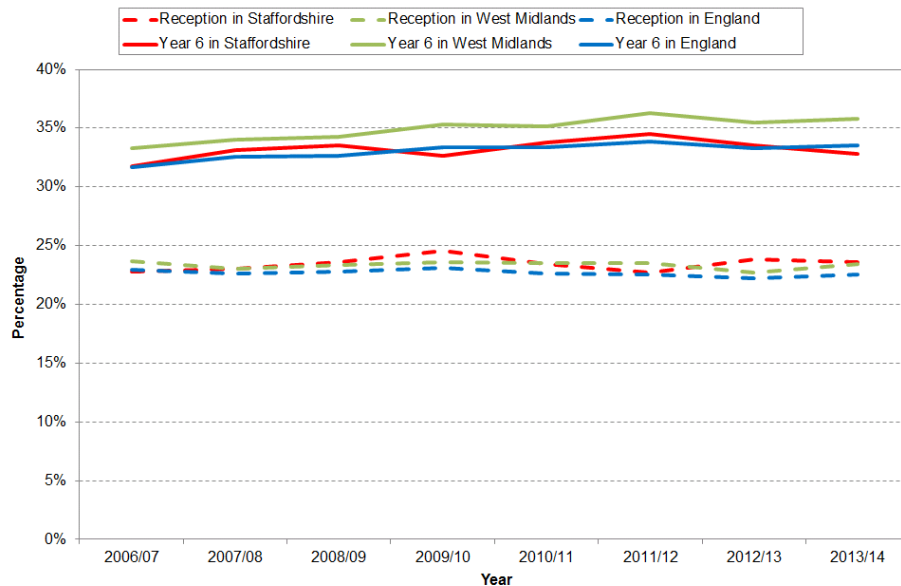
This indicator is newly sourced from the new survey “What About YOUTH (WAY)” survey during 2014/15.

- The prevalence of smoking in 15 years olds in Staffordshire during 2014/15 was 7.9% which is similar to the national average of 8.2%.

3.6 Children with excess weight

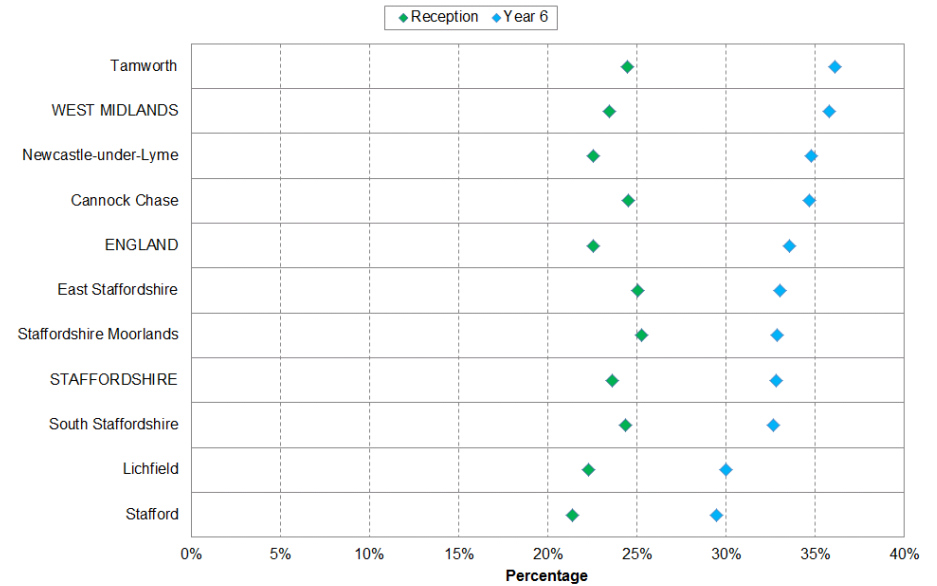
- The proportion of children in Reception (aged four to five) with excess weight (overweight or obese) in Staffordshire fell slightly from 23.9% in 2012/13 to 23.6% in 2013/14 with overall rates being higher than England (Figure 22). The proportion of children aged 10-11 (Year 6) with excess weight is higher than the England average but also fell from 33.5% in 2012/13 to 32.8% in 2013/14. Rates for Year 6 are also similar to England. Neither of the reductions were statistical.
- The prevalence of children who were overweight or obese combined in Year 6 is significantly higher than Reception across all districts (Figure 23).

Figure 22: Trends in children who are overweight or obese



Source: National Child Measurement Programme: results from the school years – headline results, Copyright, The Information Centre for Health and Social Care. All Rights Reserved

Figure 23: Children who are overweight or obese, 2013/14



Source: National Child Measurement Programme: results from the school years – headline results, Copyright, The Information Centre for Health and Social Care. All Rights Reserved

3.7 Emotional wellbeing of looked after children

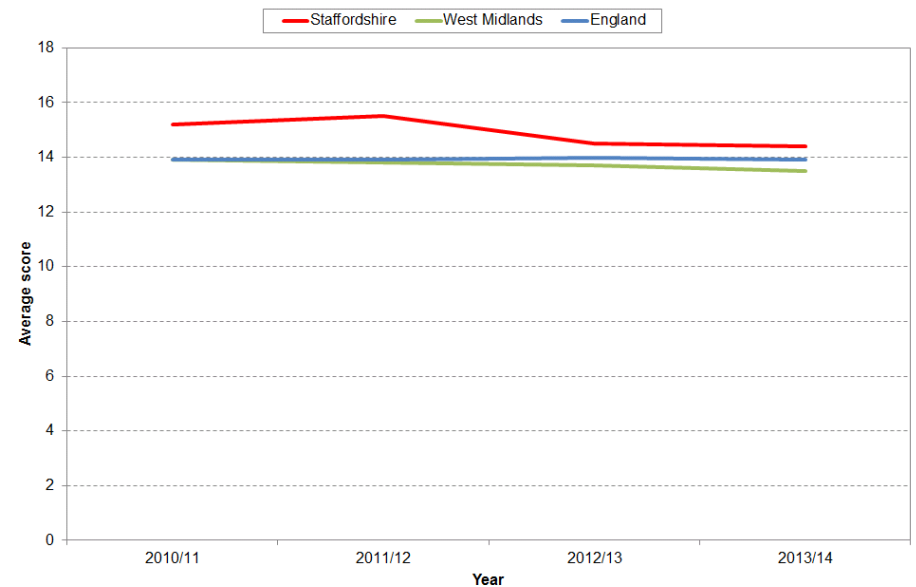
The mental health of all children is important. Evidence suggests that half of adult mental ill-health problems start before the age of 14. In terms of intelligence, there is little outcomes data on the emotional wellbeing of children and young people.

An average “difficulties” score has been used to measure the emotional wellbeing of looked after children. A higher score indicates greater difficulties (a score of under 14 is considered normal, 14-16 is borderline cause for concern and 17 or over is a cause for concern).

- The average difficulties score for Staffordshire is 14.4, which is slightly higher than the England average of 13.9. This indicates that levels of poor emotional wellbeing among looked after children may be slightly higher in Staffordshire compared to average.
- Staffordshire trends show a slight reduction in the average difficulties score amongst looked after children between 2010/11 and 2013/14 (Figure 24).

Note: District data is not currently available

Figure 24: Average difficulties score for looked after children

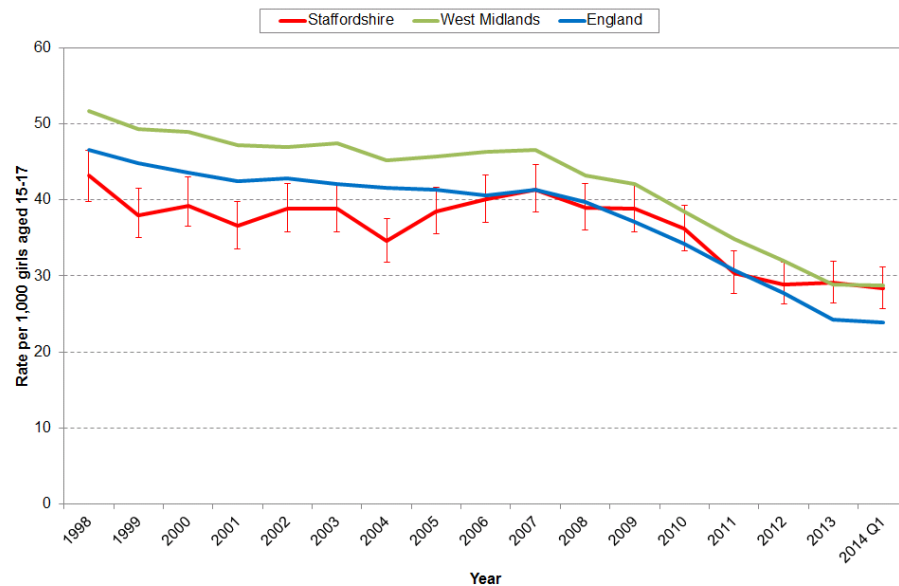


Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

3.8 Teenage pregnancy (updated)

- Between 1998 and 2013 under-18 conception rates in Staffordshire have reduced by a third. However the rate of reduction has not been as fast as England (48%) and as a consequence for the first time, Staffordshire rates in 2013 were higher than the national average. Figure 25 shows that quarterly rates as at the end of March 2014 remained higher than average.
- Teenage pregnancy rates in Tamworth and Cannock Chase are higher than average (Table 8). Tamworth also had higher than average under-16 conception rates (Figure 26).

Figure 25: Teenage pregnancy trends: under-18 conception rates



Source: Office for National Statistics

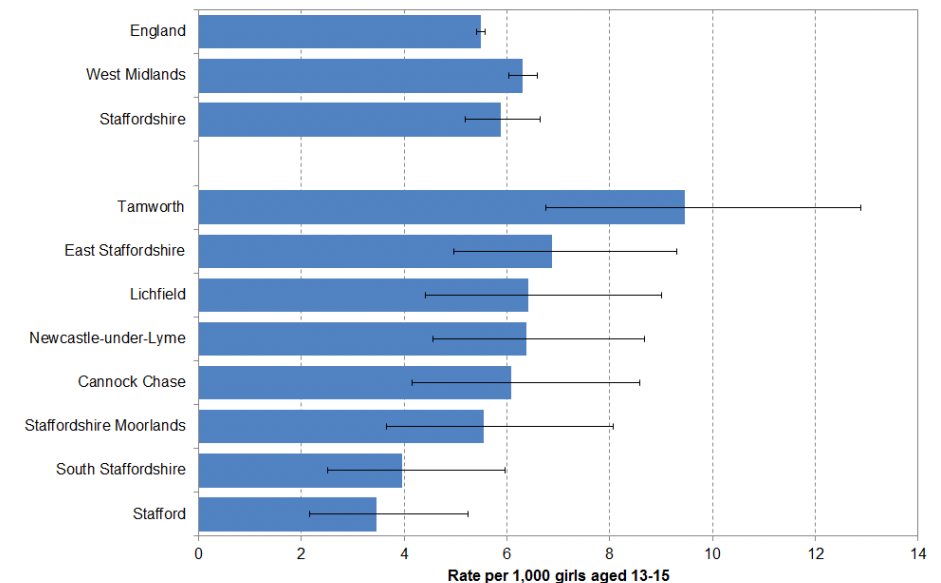
Table 8: Teenage pregnancy trends: under 18 conception rates

	Rate per 1,000 girls aged 15-17		Percentage change
	1998	2013	
Cannock Chase	52.3	37.4	-28%
East Staffordshire	45.6	28.8	-37%
Lichfield	35.2	31.5	-11%
Newcastle-under-Lyme	51.3	29.5	-42%
South Staffordshire	33.1	17.6	-47%
Stafford	35.6	26.6	-25%
Staffordshire Moorlands	37.5	21.1	-44%
Tamworth	55.7	44.0	-21%
Staffordshire	43.2	29.1	-33%
West Midlands	51.7	28.9	-44%
England	46.6	24.3	-48%

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

Source: Office for National Statistics

Figure 26: Teenage pregnancy trends: under 16 conception rates, 2011-2013

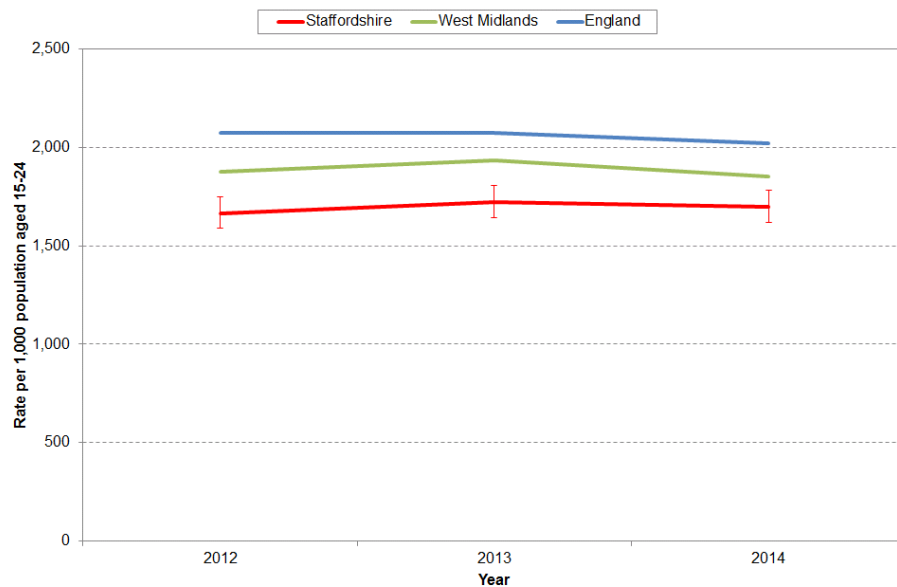


Source: Office for National Statistics

3.9 Chlamydia diagnosis (updated)

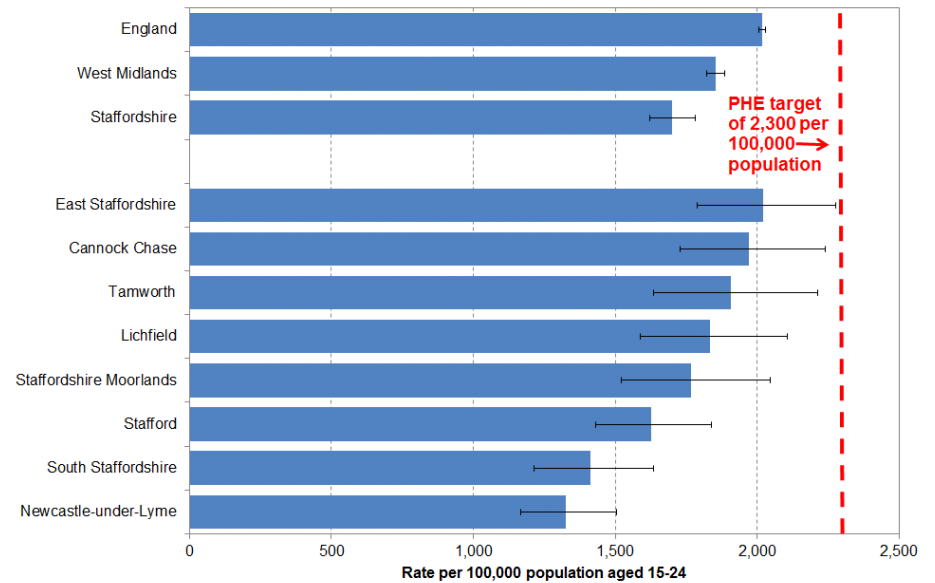
- The proportion of young people aged 15-24 in Staffordshire who were tested for chlamydia fell during 2014 is now lower than the England average. The diagnosis rate for this age group is also lower than average and falls below the Public Health England (PHE) target of at least 2,300 per 100,000 population aged 15-24 years (Figure 27 and Figure 28). This may be due to Staffordshire having lower levels of chlamydia prevalence as the target has not been adjusted for different prevalence across different geographical areas and / or that young people who are at higher risk of chlamydia are not being targeted appropriately for testing.

Figure 27: Chlamydia diagnosis rates in 15-24 year olds



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

Figure 28: Chlamydia diagnosis rates in 15-25 year olds, 2014



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

3.10 Hospital admissions caused by unintentional and deliberate injuries in children and young people

- Hospital admissions caused by unintentional and deliberate injuries for Staffordshire children under 15 and particularly those under five remain higher than the England average (Figure 29).
- Cannock Chase and Stafford both have higher than average rates for children under five and under 15 whilst levels of unintentional admissions are higher than the England average in South Staffordshire for young people aged 15-24 (Table 9).

Figure 29: Trends in hospital admissions caused by unintentional and deliberate injuries in children and young people



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

Table 9: Hospital admissions caused by unintentional and deliberate injuries in children and young people per 10,000 population, 2013/14

	Children under five	Children under 15	Young people aged 15-24
Cannock Chase	287	192	154
East Staffordshire	148	102	116
Lichfield	149	95	105
Newcastle-under-Lyme	127	113	114
South Staffordshire	126	89	161
Stafford	310	189	141
Staffordshire Moorlands	126	101	145
Tamworth	123	91	149
Staffordshire	179	124	134
West Midlands	152	116	132
England	141	112	137

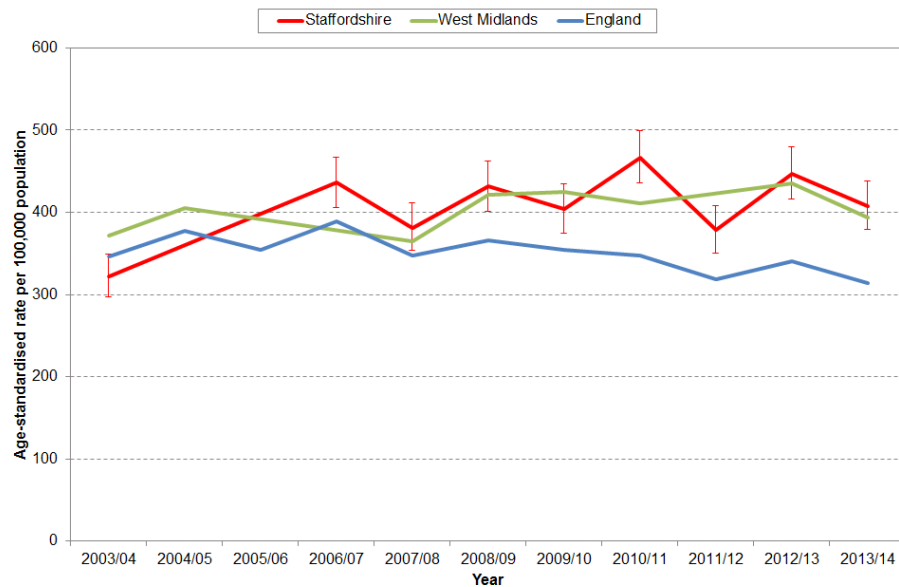
Key: *Statistically better than England; statistically worse than England*

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

3.11 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

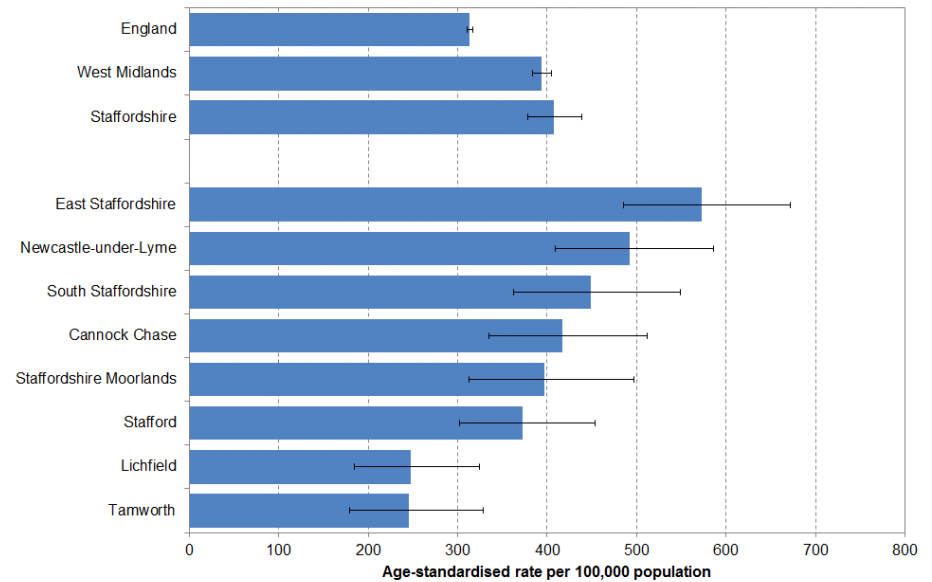
- Unlike the national trend, unplanned hospitalisation rates for asthma, diabetes and epilepsy in under 19s across Staffordshire have increased between 2003/04 and 2013/14 (Figure 30).
- Staffordshire has a high rate of unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s with the majority of these admissions being asthma. In 2013/14 East Staffordshire, Newcastle, South Staffordshire and Cannock Chase had particularly high rates (Figure 31).

Figure 30: Trends in unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s



Source: HSCIC Indicator Portal (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

Figure 31: Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s, 2013/14

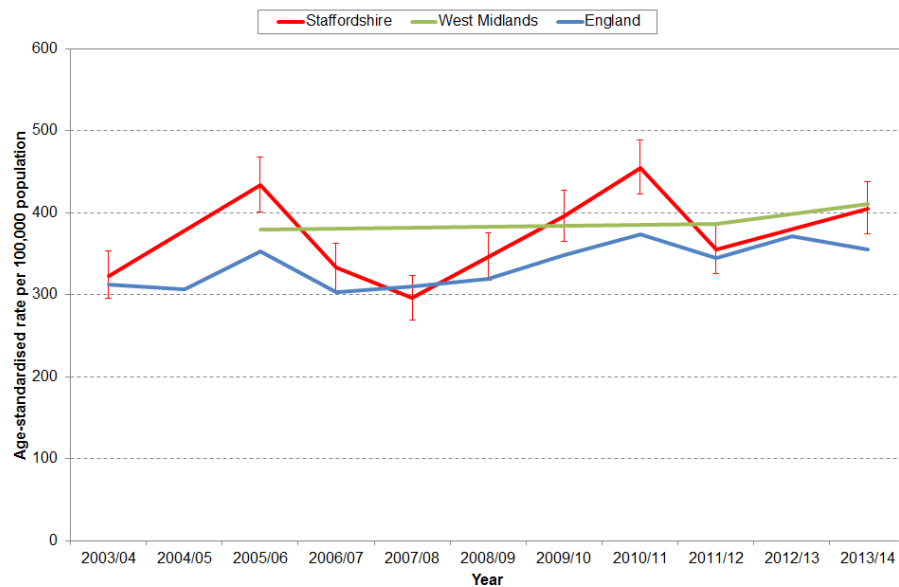


Source: HSCIC Indicator Portal (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

3.12 Emergency admissions for children with lower respiratory tract infections

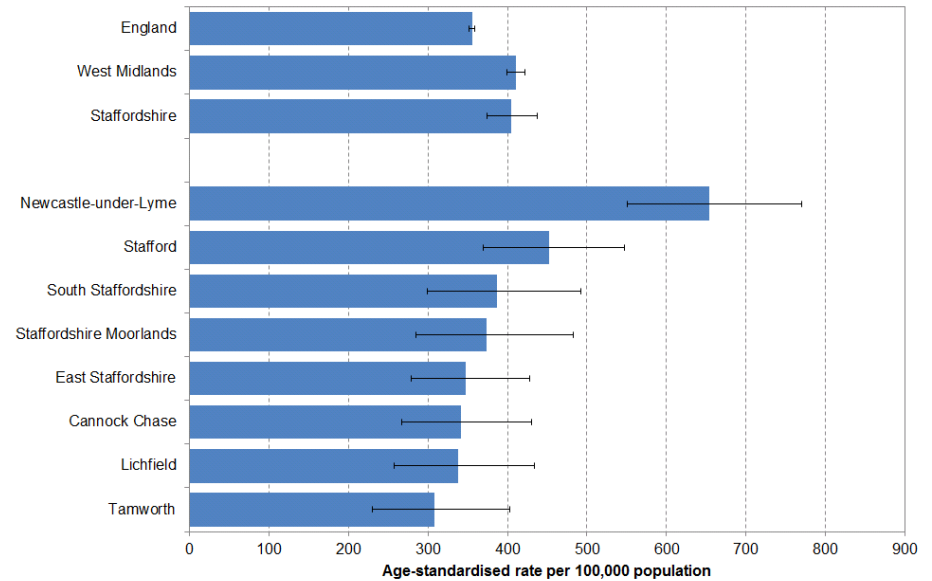
- Similar to national trends, emergency admissions for children under 19 with lower respiratory tract infections in Staffordshire have increased between 2003/04 and 2013/14 and are now higher than the England average (Figure 32).
- In terms of lower respiratory tract infections for this age group, during 2013/14 Newcastle and Stafford had higher rates of admissions than the England average (Figure 33).

Figure 32: Trends in emergency admissions for children under 19 with lower respiratory tract infections



Source: HSCIC Indicator Portal (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

Figure 33: Emergency admissions for children under 19 with lower respiratory tract infections, 2013/14



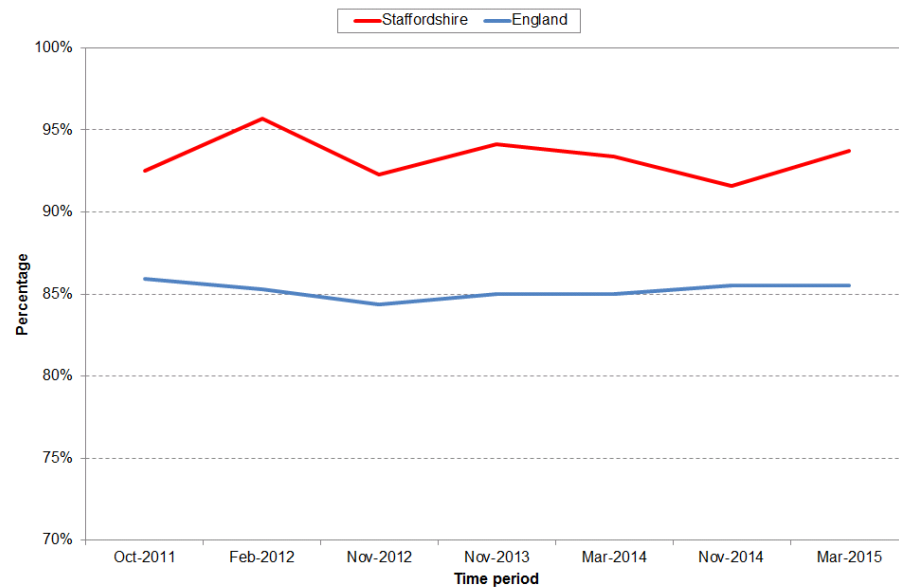
Source: HSCIC Indicator Portal (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

4 Live well

4.1 People feel satisfied with their local area as a place to live

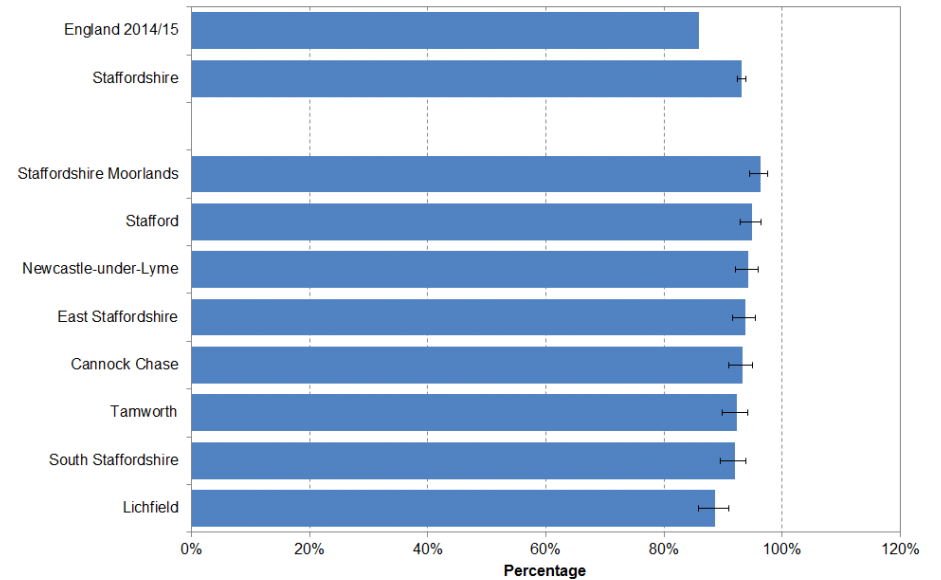
- Data from latest Feeling the Difference survey (March 2015) found that the majority of people in Staffordshire continue to feel satisfied with their local area as a place to live (94% of Staffordshire respondents). The latest national comparator data (Community Life Survey 2014/15) highlights that Staffordshire performs better than the national figure of 86%.
- However the proportion of people who are satisfied with their local area as a place to live varies across Staffordshire: from 89% in Lichfield to 96% in Staffordshire Moorlands (Figure 35).

Figure 34: Trends in people feeling satisfied with their local area as a place to live



Source: *Feeling the Difference*, Staffordshire County Council and Community Life Survey, Cabinet Office

Figure 35: People feeling satisfied with their local area as a place to live, March 2015



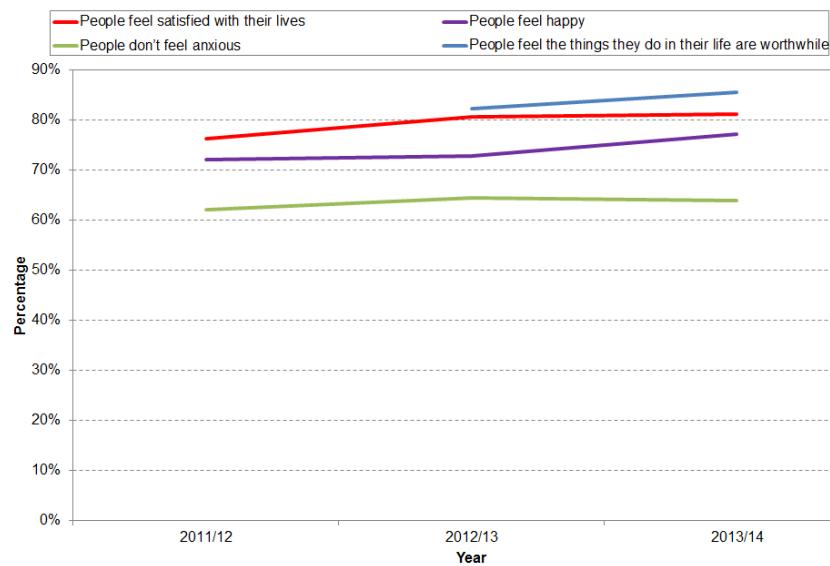
Source: *Feeling the Difference (Wave 18)*, Staffordshire County Council and Community Life Survey 2014/15, Cabinet Office

4.2 Self-reported wellbeing

There are four outcome measures relating to wellbeing. The 2013/14 national wellbeing measures indicate that in Staffordshire:

- 81% of people feel satisfied with their lives
- 77% of people feel happy
- 64% of people do not feel anxious
- 86% feel the things they do in their life are worthwhile

Figure 36: Self-reported wellbeing in Staffordshire

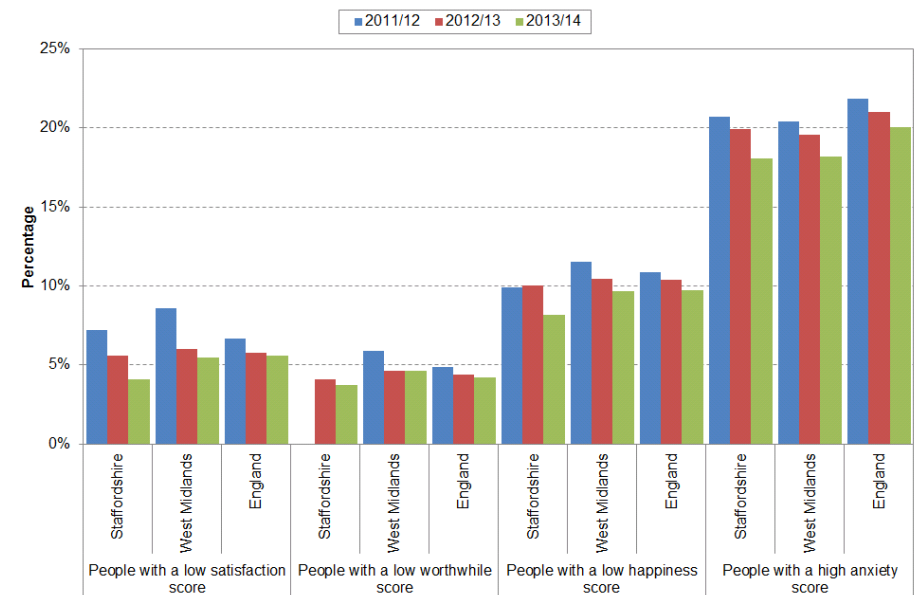


Source: Office for National Statistics, Crown copyright

In terms of comparison with England:

- The proportion of people with low satisfaction scores in Staffordshire is lower than average; the proportion of Staffordshire respondents who have low scores for feeling the things they do in their life are worthwhile and happiness and high anxiety scores are similar to England (Figure 37).

Figure 37: Trends in self-reported wellbeing



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

4.3 Sickness absence

- Sickness absence in Staffordshire is lower than England: around 1.9% of Staffordshire employees had at least one day off due to sickness absence in the previous working week (Table 10).
- Sickness absence in South Staffordshire (3.6%) and Staffordshire Moorlands (3.4%) is however higher than the national average (Figure 38).

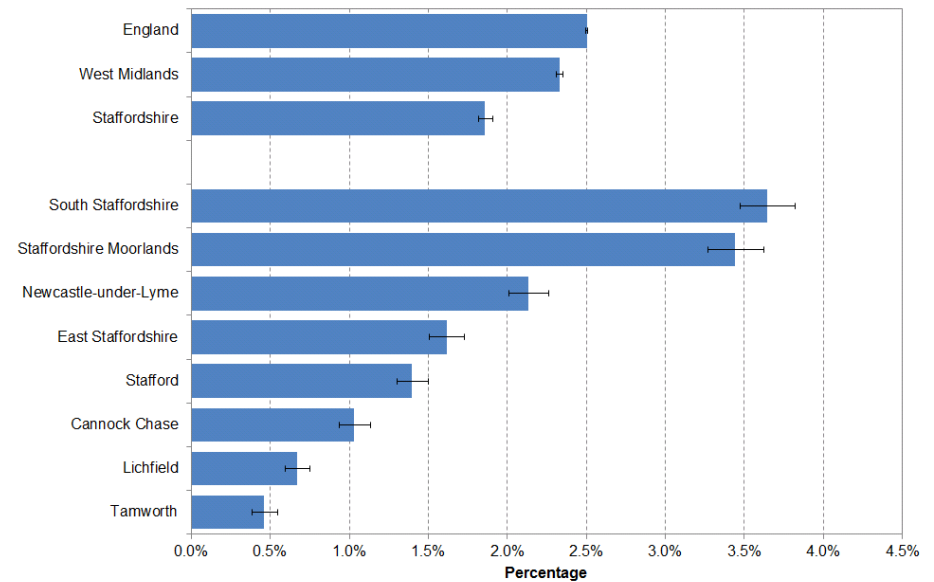
Table 10: Sickness absence rates: employees who had at least one day off in the previous week

	2009-2011	2010-2012
Staffordshire	1.9%	1.9%
West Midlands	2.1%	2.3%
England	2.2%	2.5%

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

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

Figure 38: Sickness absence rates, 2010-2012

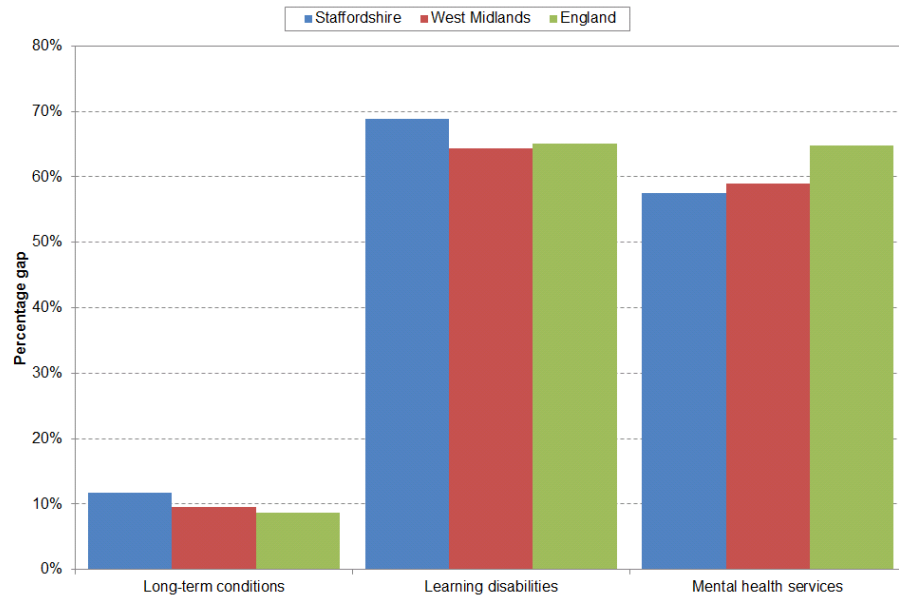


Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

4.4 Employment of vulnerable adults

- The gap between people with a long-term condition and the overall employment was 12 percentage points, similar to the nine percentage point gap across England.
- The gap between people with learning disabilities and the overall employment was 69 percentage points which is higher than the England average of 65 percentage points.
- The gap in the employment rate for those in contact with secondary mental health services and the overall employment rate was 58 percentage points which is lower than the England average (65 percentage points).

Figure 39: Gap in the employment rate between vulnerable adults and the overall employment rate, 2013/14



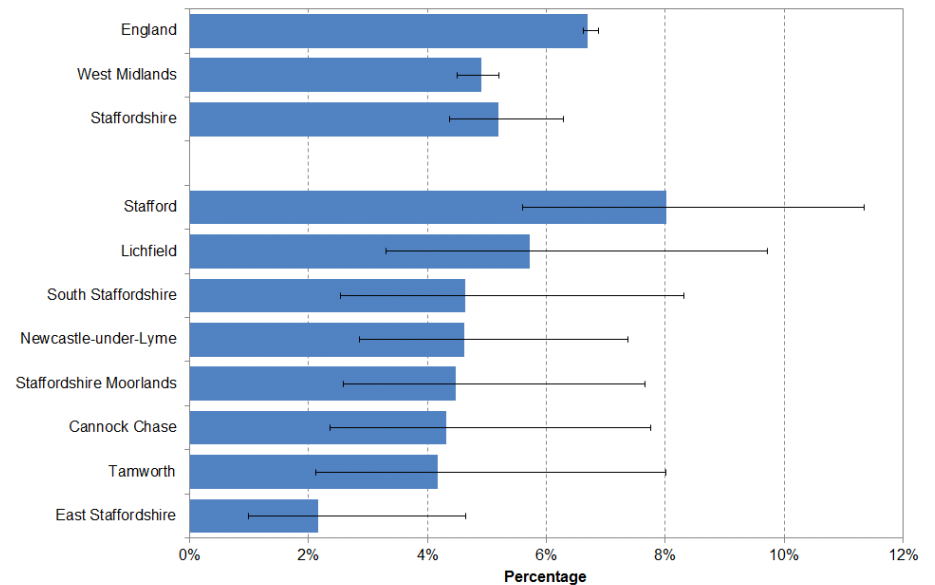
Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

Table 11: Gap in the employment rate between adults with long-term conditions and the overall employment rate, 2013/14

	Percentage point
Cannock Chase	13.2%
East Staffordshire	8.2%
Lichfield	3.7%
Newcastle-under-Lyme	8.1%
South Staffordshire	-0.5%
Stafford	7.4%
Staffordshire Moorlands	13.7%
Tamworth	43.5%
Staffordshire	11.7%
West Midlands	9.6%
England	8.7%

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

Figure 40: Proportion of adults with learning disabilities in paid employment, 2013/14

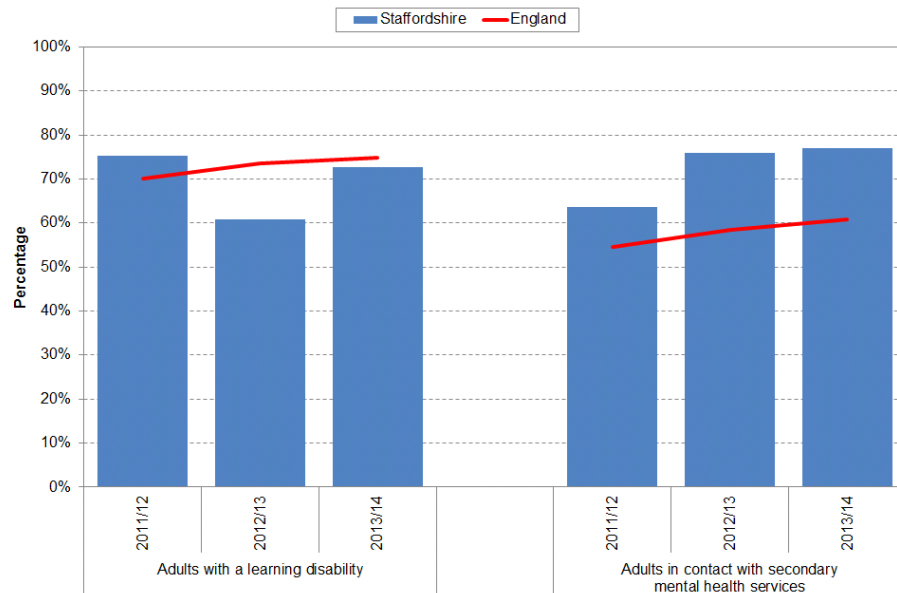


Source: Staffordshire County Council and National Adult Social Care Intelligence Service (NASIS)

4.5 Vulnerable adults who live in stable and appropriate accommodation

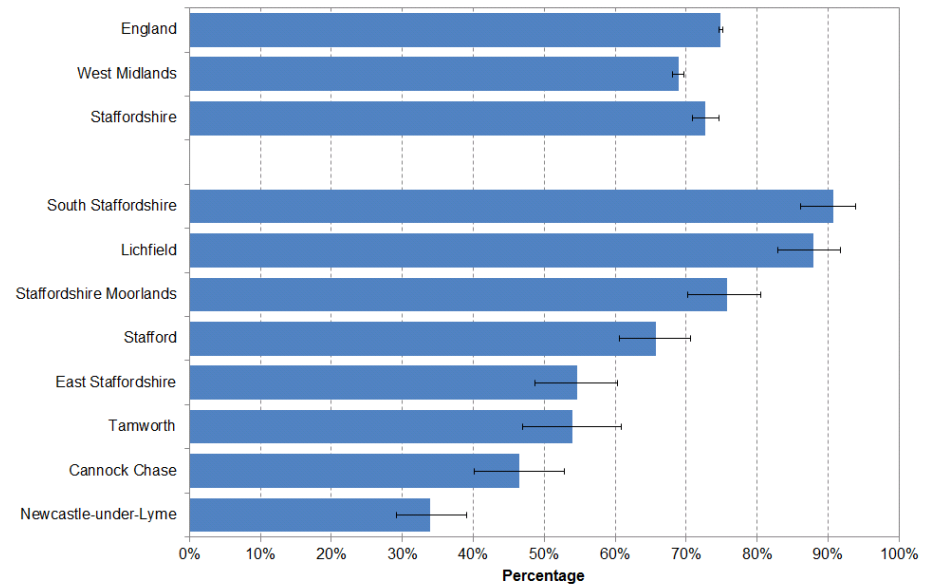
- Around 73% of Staffordshire adults with learning disabilities live in their own home or with their family which is similar to the national average (Figure 41).
- Around 77% of Staffordshire adults in contact with secondary mental health services live independently which is higher than the average of 61% across England.

Figure 41: Vulnerable adults who live in stable and appropriate accommodation



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

Figure 42: Proportion of adults with learning disabilities who live in their own home or with their family, 2013/14

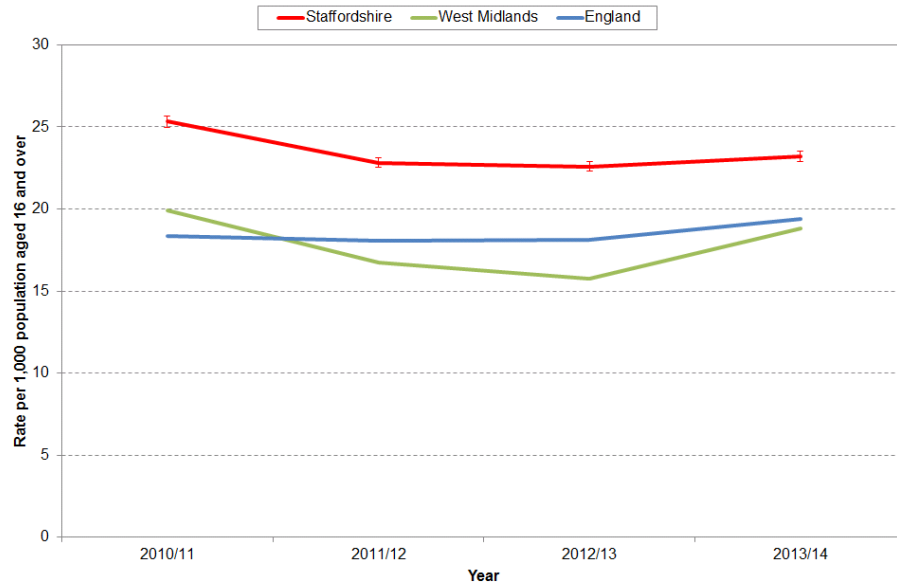


Source: Staffordshire County Council and National Adult Social Care Intelligence Service (NASIS)

4.6 Domestic abuse

- Staffordshire has a higher rate of domestic abuse incidents that are reported to the police (Figure 43). It is still likely to underestimate the problem as it tends to be under-reported.

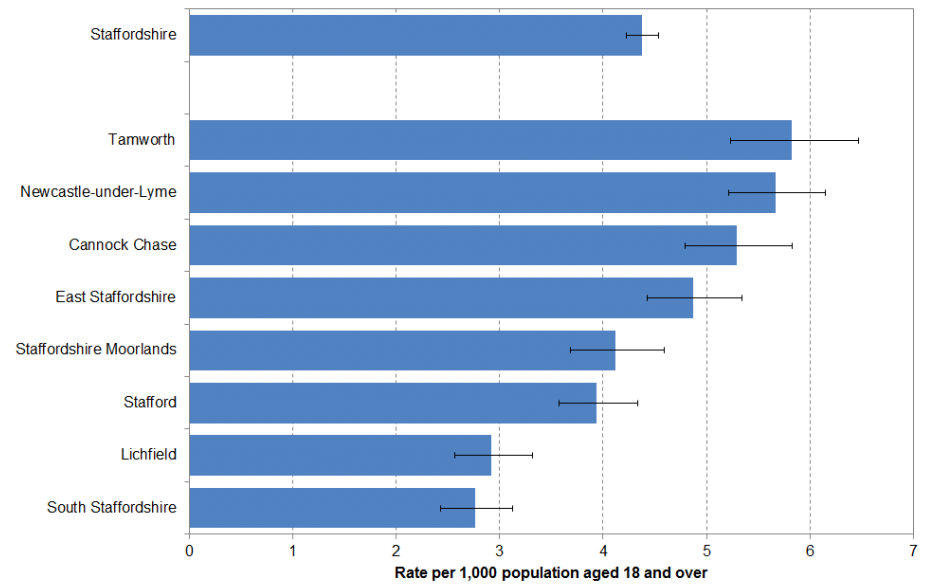
Figure 43: Trends in reported incidents of domestic abuse



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

- Local datasets suggests there are around 3,000 incidents of domestic abuse reported to police every year with rates in Cannock Chase, Newcastle and Tamworth being higher than the Staffordshire average (Figure 44). (Note: this dataset is not comparable with the nationally published rates due to differences in definitions).

Figure 44: Domestic abuse, 2013/14

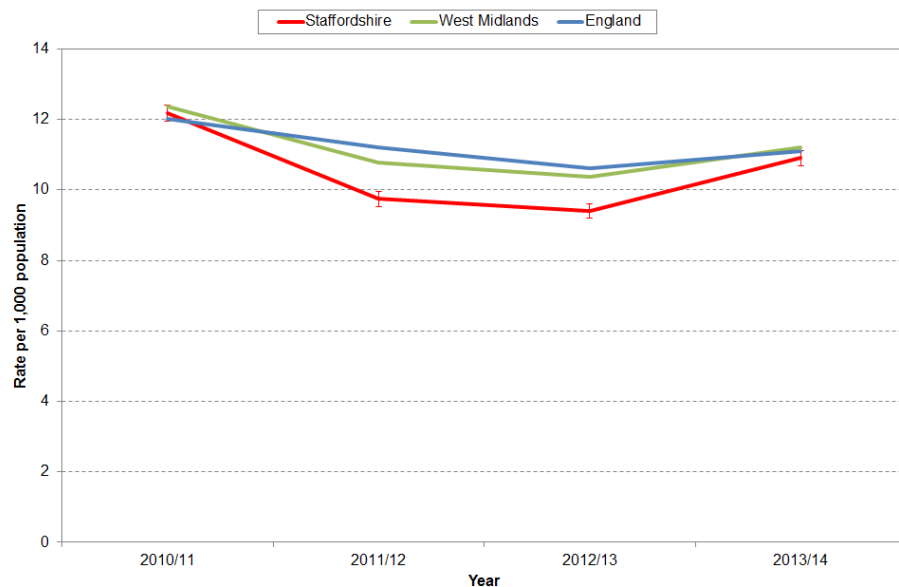


Source: Staffordshire Police and Staffordshire County Council

4.7 Violent crime

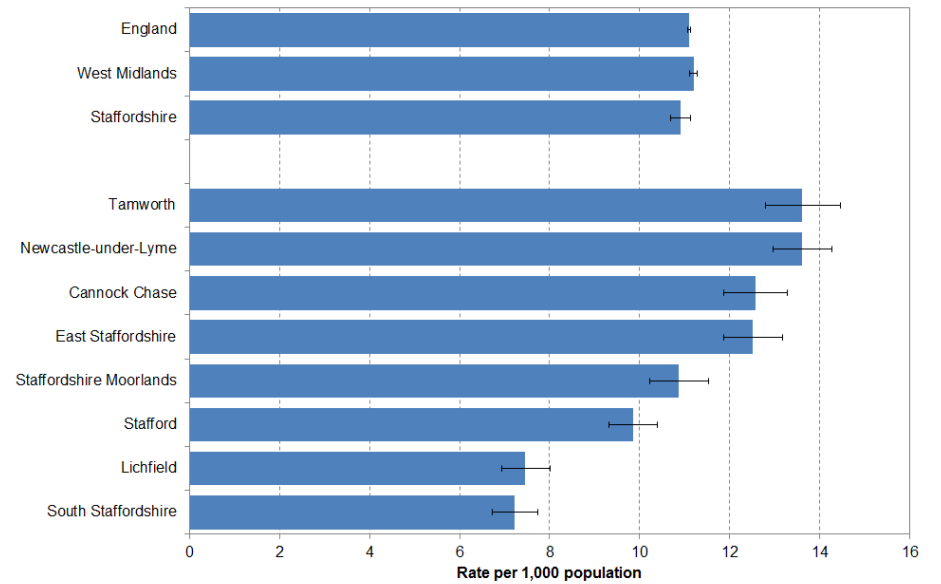
- During 2013/14 there were 9,300 violent offences in Staffordshire with the overall rate being similar to the England average. Figure 45 shows an increase in rates from the previous year which is likely to be a result of more effective reporting and recording of incidents rather than real increases in levels of violent crime.
- During 2013/14 violent crime rates in Tamworth, Newcastle, Cannock Chase and East Staffordshire were higher than average (Figure 46).

Figure 45: Trends in violent crime rates



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

Figure 46: Violent crime rates, 2013/14



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

4.8 Re-offending levels

- Re-offending rates in Staffordshire (23% or 1,400 re-offenders) remain lower than England (Table 12).
- Similar to the national trend re-offending rates among Staffordshire juveniles (40%) are almost double that for adults (22%).

Table 12: Trends in re-offending rates

	2010	2011	2012
Cannock Chase	21%	22%	24%
East Staffordshire	22%	23%	23%
Lichfield	18%	19%	18%
Newcastle-under-Lyme	23%	24%	24%
South Staffordshire	17%	19%	21%
Stafford	23%	26%	24%
Staffordshire Moorlands	24%	22%	22%
Tamworth	23%	25%	23%
Staffordshire	22%	23%	23%
West Midlands	24%	25%	25%
England	27%	27%	26%

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

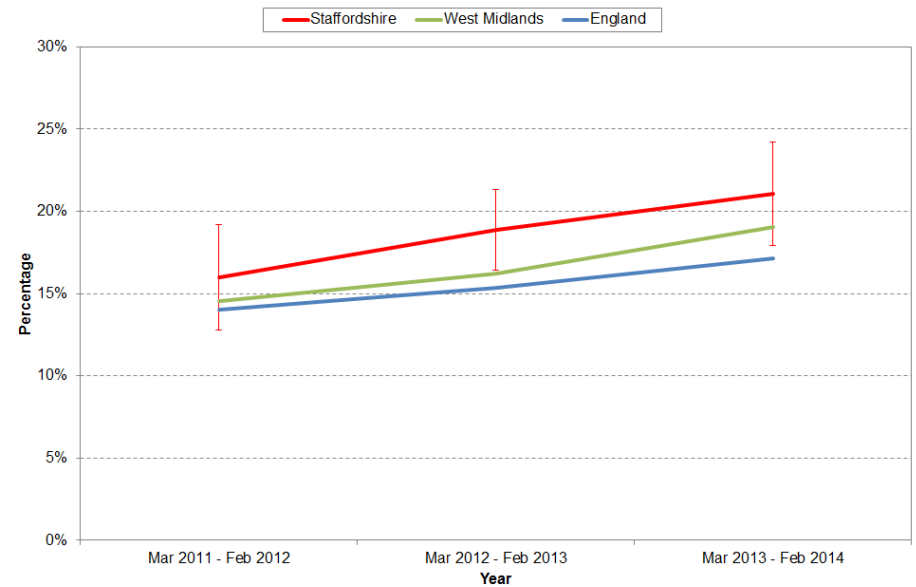
Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

4.9 Utilisation of green space

There is strong evidence to suggest that access and usage of green space has a beneficial impact on health and wellbeing.

- More Staffordshire residents aged 16 and over accessed green space for health reasons compared to the national average.
- Trends show a five percentage point increase in the proportion of Staffordshire residents accessing green space (Figure 47).

Figure 47: Utilisation of outdoor space for exercise/health reasons, adults aged 16 and over

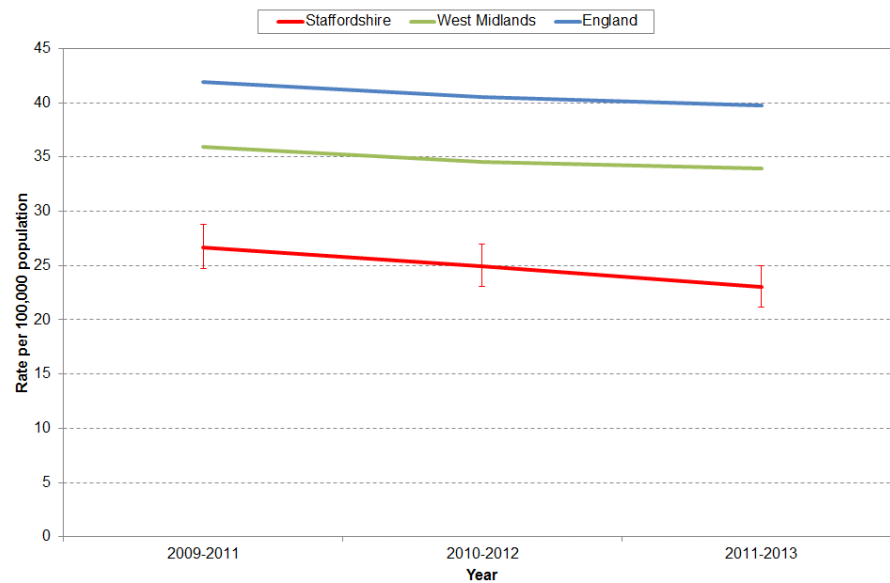


Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

4.10 Road traffic injuries

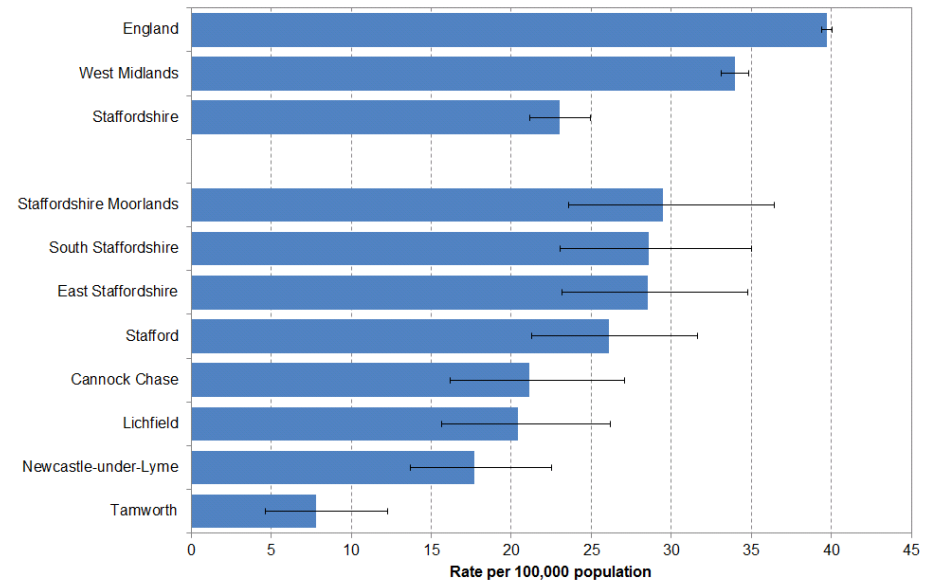
- Around 200 Staffordshire residents are killed or seriously injured on roads every year with rates being lower than the England average (Figure 48).

Figure 48: Trends in people killed or seriously injured on England's roads



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

Figure 49: People killed or seriously injured on England's roads, 2011-2013

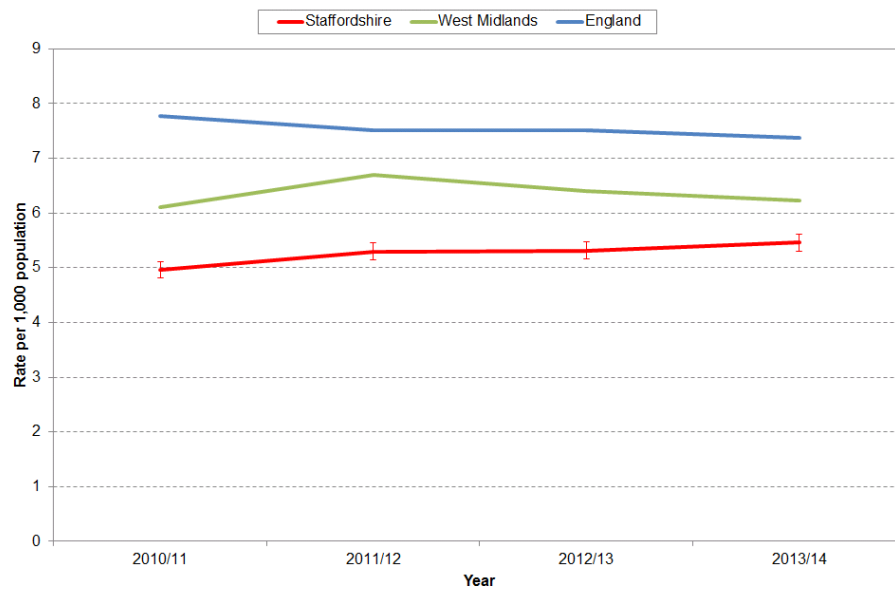


Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

4.11 People affected by noise (updated)

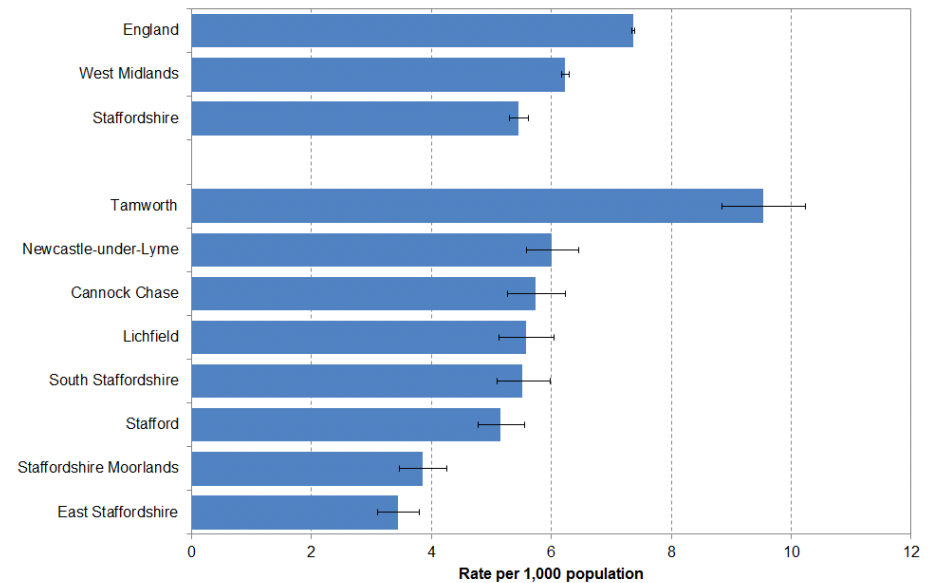
- During 2013/14 there were almost 4,700 complaints about noise by Staffordshire residents with overall rates continuing to be lower than the national average (Figure 50).
- More Tamworth residents complained about noise in 2013/14 compared to the England average (Figure 51).

Figure 50: Trends in noise complaints



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

Figure 51: Noise complaint rates, 2013/14



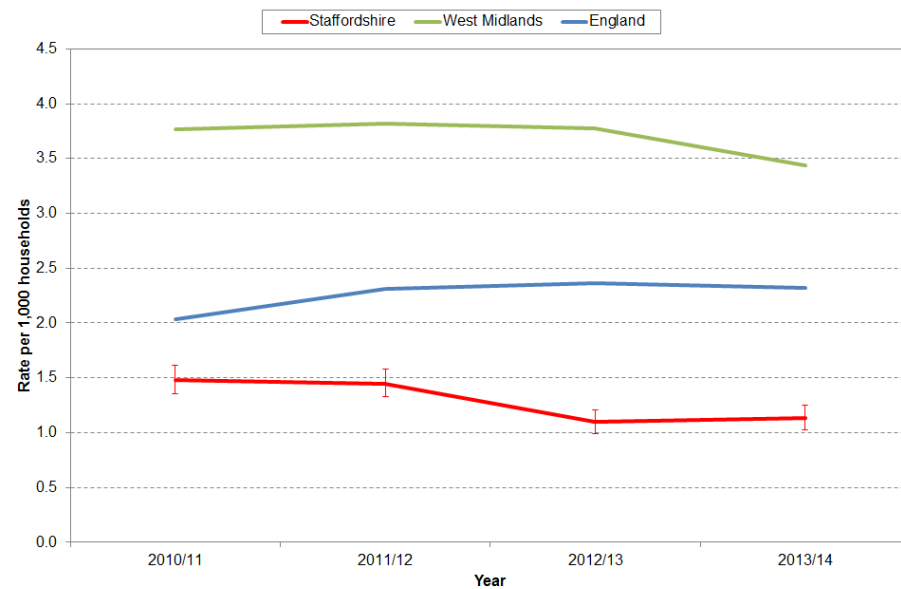
Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

4.12 Statutory homelessness

Households that are accepted as being homeless or are in temporary accommodation often have greater health needs than the average population.

- During 2013/14, 410 households were accepted as being homeless in Staffordshire and remains lower than average (Figure 52 and Table 13).

Figure 52: Trends in statutory homelessness



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

Table 13: Statutory homelessness, 2013/14

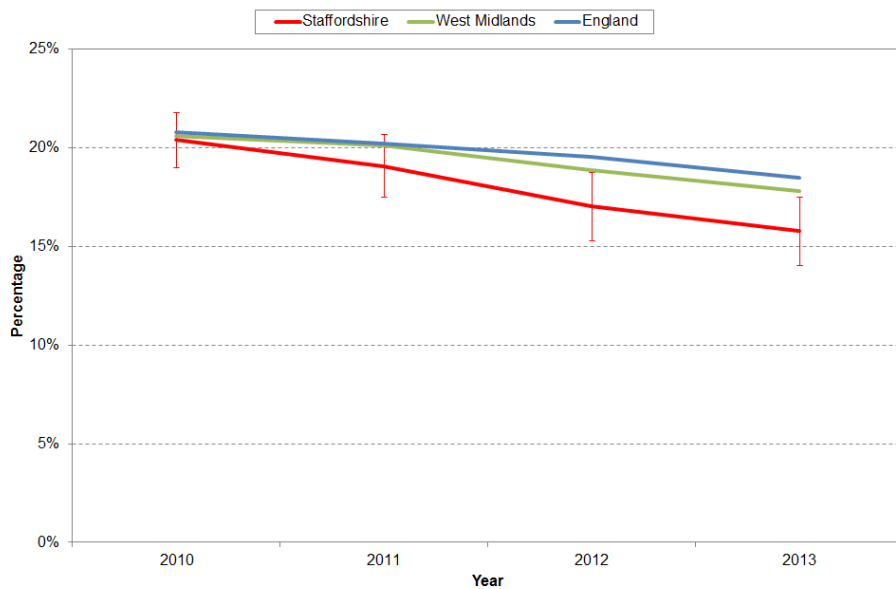
	Number	Rate per 1,000 households	Statistical difference to England
Cannock Chase	42	1.0	Lower
East Staffordshire	78	1.6	Lower
Lichfield	62	1.5	Lower
Newcastle-under-Lyme	18	0.3	Lower
South Staffordshire	27	0.6	Lower
Stafford	49	0.9	Lower
Staffordshire Moorlands	67	1.6	Lower
Tamworth	67	2.1	Similar
Staffordshire	410	1.1	Lower
West Midlands	8,020	3.4	Higher
England	52,270	2.3	

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

4.13 Adult smoking prevalence

- Smoking prevalence in Staffordshire continues to decrease. Based on data from the 2013 Integrated Household Survey smoking prevalence for adults aged 18 and over in Staffordshire was 16%. This is lower than the national average (18%) and also a reduction from the 2010 figure of 20% (Figure 53).
- Data from the same survey found that the prevalence of smoking in routine and manual groups was significantly higher (22%) contributing to increases in health inequalities.

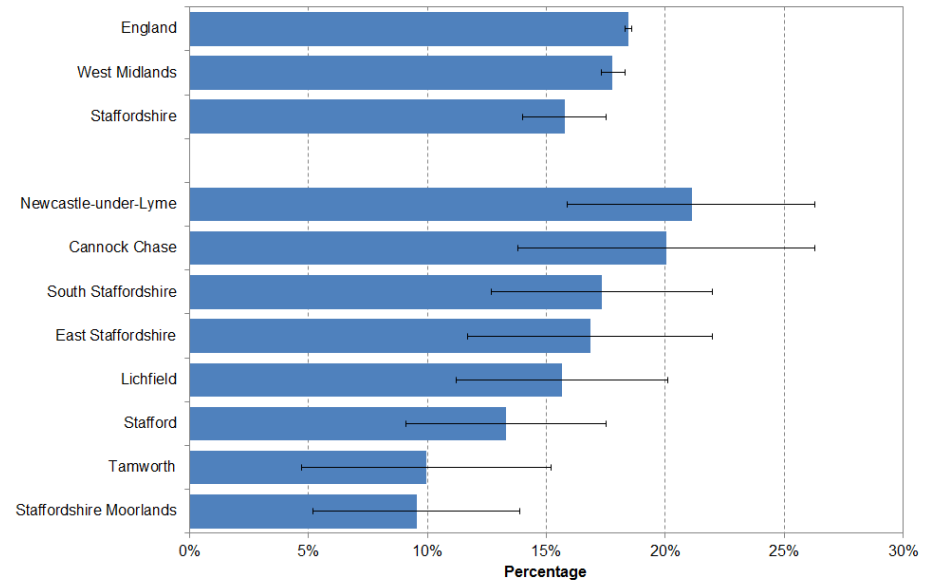
Figure 53: Smoking prevalence for adults aged 18 and over



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

- Smoking prevalence across Staffordshire districts vary with rates in Newcastle being double that of Staffordshire Moorlands (Figure 54).

Figure 54: Smoking prevalence for adults aged 18 and over, 2013

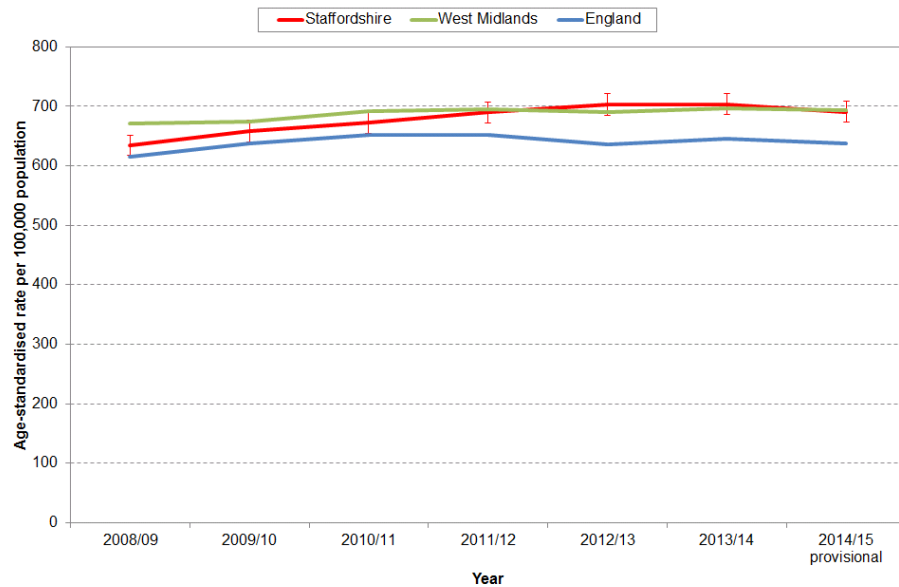


Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

4.14 Alcohol-related admissions to hospital (updated)

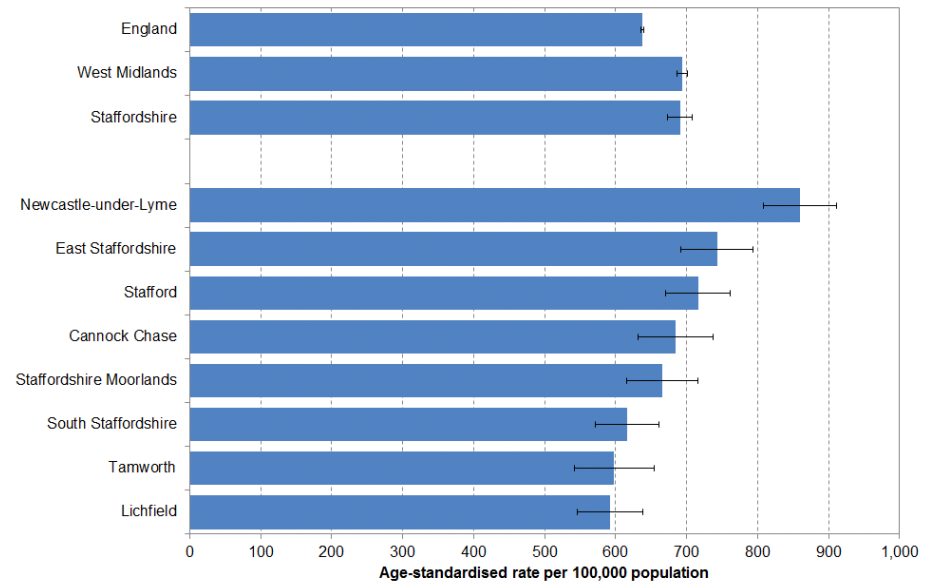
- Provisional data for 2014/15 indicates there were almost 6,000 alcohol-related admissions in Staffordshire with overall rates continuing to be higher than the England. However rates from 2013/14 indicate a downward trend with rates improving by 2% across Staffordshire between 2013/14 and 2014/15 which is better than the 1% reduction seen across England (Figure 55).
- At a district level Newcastle, East Staffordshire, and Stafford districts have particularly high rates (Figure 56).

Figure 55: Trends in alcohol-related admissions



Source: Local Alcohol Profiles for England, Public Health England

Figure 56: Alcohol-related admissions, 2014/15 provisional



Source: Local Alcohol Profiles for England, Public Health England

4.15 Excess weight in adults

- Around two-thirds of adults have excess weight in Staffordshire which is higher than the England average.
- The proportion of people who have excess weight in East Staffordshire, South Staffordshire, Stafford and Staffordshire Moorlands is higher than the average (Table 14).

Table 14: People with excess weight, 2012

	Percentage
Cannock Chase	62.5%
East Staffordshire	71.6%
Lichfield	66.7%
Newcastle-under-Lyme	63.4%
South Staffordshire	69.5%
Stafford	69.6%
Staffordshire Moorlands	70.0%
Tamworth	70.7%
Staffordshire	67.9%
West Midlands	65.7%
England	63.8%

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

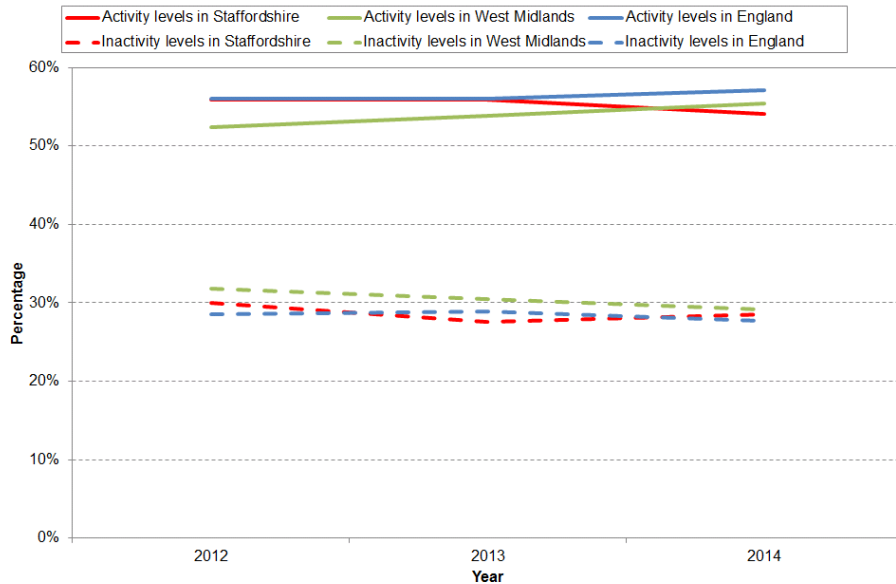
Source: Public Health Outcome Framework, Public Health England,
<http://www.phoutcomes.info/>

4.16 Physical activity amongst adults (updated)

The Chief Medical Officer recommends that adults undertake 150 minutes of moderate intensity activity over a week in bouts of 10 minutes or more.

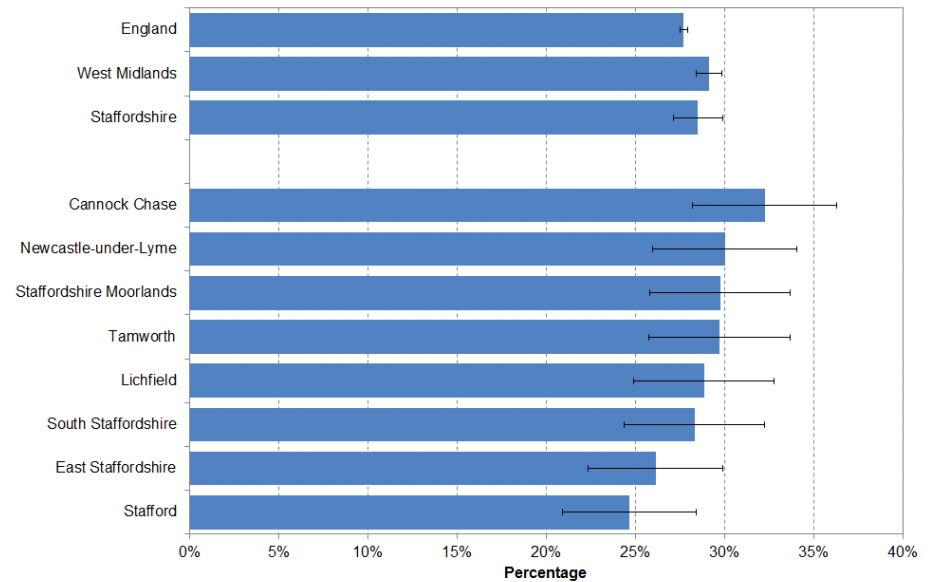
- Around 54% of Staffordshire adults met recommended levels of physical activity in 2014 which is lower than the national average. Around three in 10 adults are inactive equating to 203,000 Staffordshire residents.
- There has been little change in the proportion of adults who are active or inactive between 2012 and 2014 (Figure 57).
- Levels of physical inactivity in Cannock Chase during 2014 were particularly high (Figure 58).

Figure 57: Trends in physical activity and inactivity levels



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

Figure 58: Physical inactivity levels, 2014



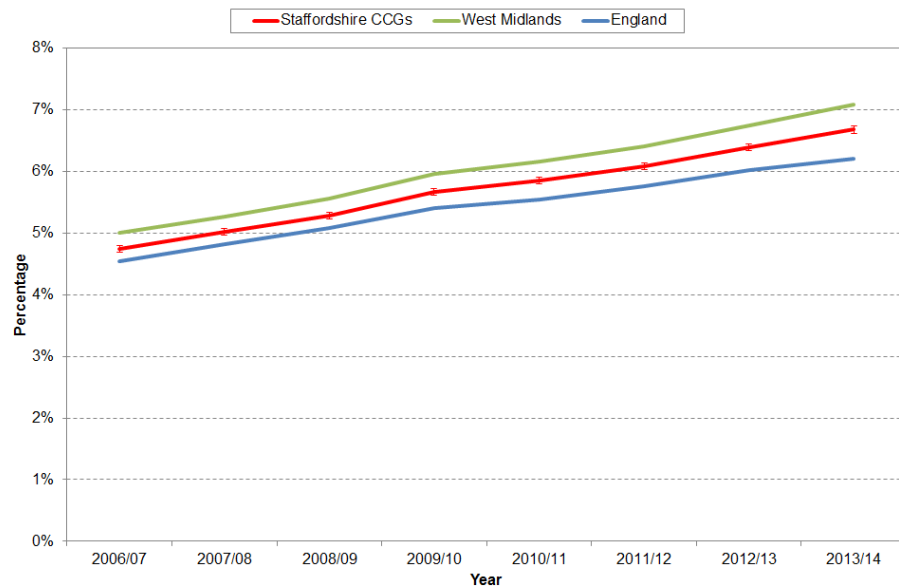
Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

4.17 Recorded diabetes

This indicator looks at the proportion of diabetes that is recorded within GP practice registers. Type 2 diabetes (around 90% of diagnosed cases) can be prevented or delayed by lifestyle changes such as exercise, weight loss and healthy eating.

- As at the end of March 2014 there was a higher prevalence of people aged 17 and over with diabetes recorded on QOF registers within Staffordshire. Trends show a continued increase in diabetes across Staffordshire (Figure 59). This may be a combination of poorer lifestyles among Staffordshire residents as well as improvements in awareness, early diagnosis and recording over time.

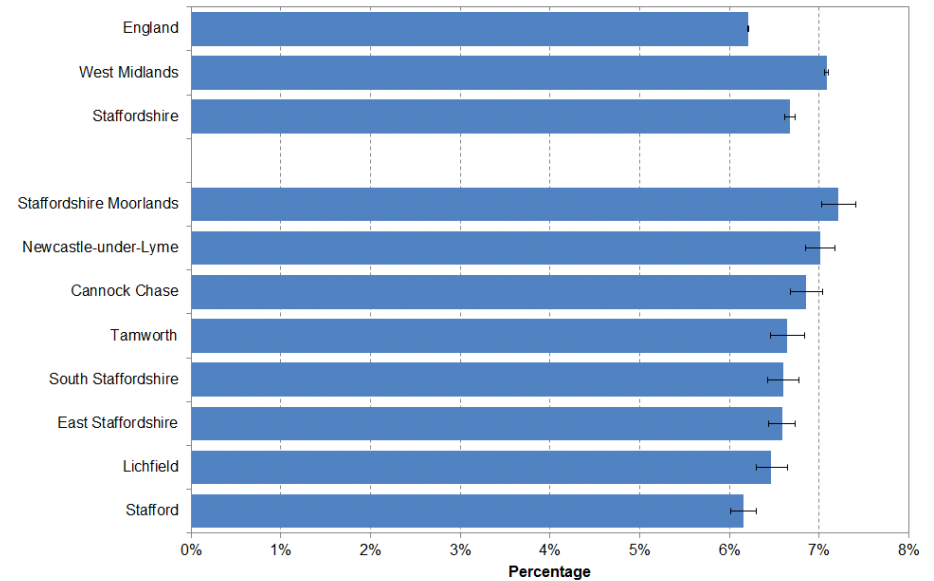
Figure 59: Trends in recorded diabetes prevalence



Source: Quality and Outcomes Framework (QOF), Copyright 2014, Health and Social Care Information Centre. All rights reserved

- The prevalence of diabetes is higher in all districts with the exception of Stafford (Figure 60).

Figure 60: Recorded diabetes prevalence, 2013/14



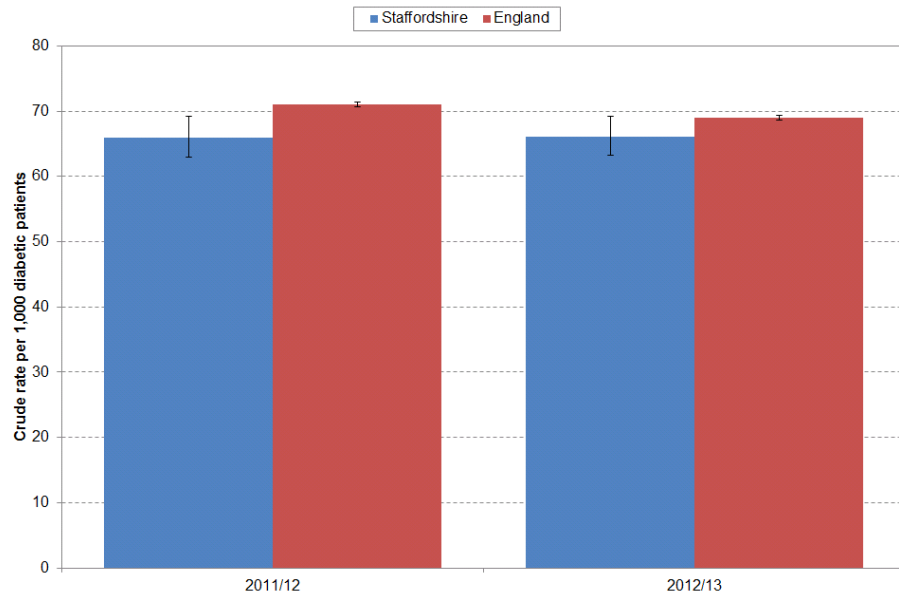
Source: Quality and Outcomes Framework (QOF), Copyright 2014, Health and Social Care Information Centre. All rights reserved

4.18 Complications of diabetes (new indicator)

This indicators reports on the number of diabetic patients who are admitted to hospital with one or more complication (for example diabetic ketoacidosis, selected cardiovascular conditions, renal replacement treatment, retinopathy treatments and / or amputations, . It is considered a useful measure of the quality of commissioning for people with diabetes.

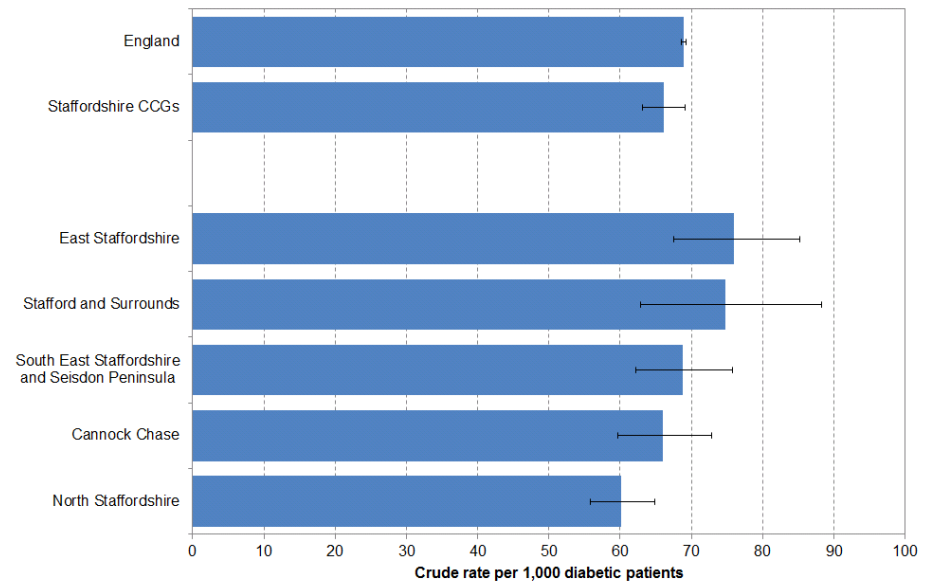
- During 2012/13 around 1,930 admissions to hospital across Staffordshire with rates being similar to the national average. Trends are similar to the previous year (Figure 61).
- Complications across Staffordshire vary with North Staffordshire CCG having lower rates than the England average (Figure 62).

Figure 61: Trends in complications of diabetes



Source: HSCIC Indicator Portal (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

Figure 62: Complications of diabetes by CCG, 2012/13



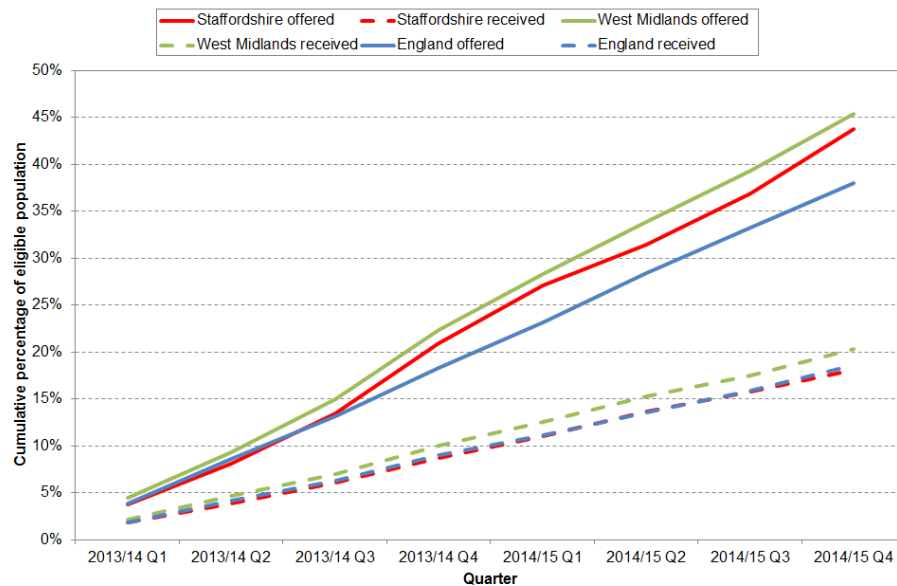
Source: HSCIC Indicator Portal (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

4.19 NHS health checks (updated)

In Staffordshire there are around 275,000 patients who are eligible to be invited for an NHS health check over a five year period (around 70% of the population aged 40-74).

- Between April 2013 and March 2015, 120,330 invites were sent to Staffordshire residents, which is 44% of the eligible population and higher than the national average of 38%. During this period almost 49,700 patients received a health check which is an uptake rate of 41% and lower than the national average of 49%. Around 18% of the eligible cohort have received a health check which is slightly lower than the national average of 19%.

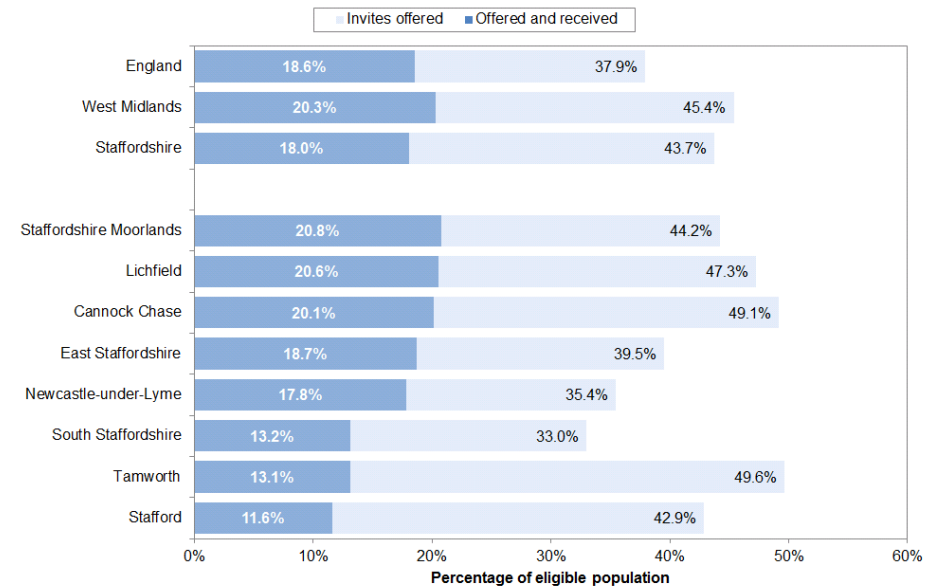
Figure 63: Trends in NHS health checks (cumulative)



Source: <http://www.healthcheck.nhs.uk/> and Public Health England

- There remains a significant inequality within Staffordshire, for example less people in Stafford, Tamworth and South Staffordshire have received an NHS health checks (Figure 63).

Figure 64: NHS health checks, April 2013 to March 2015



Source: <http://www.healthcheck.nhs.uk/> and Public Health England

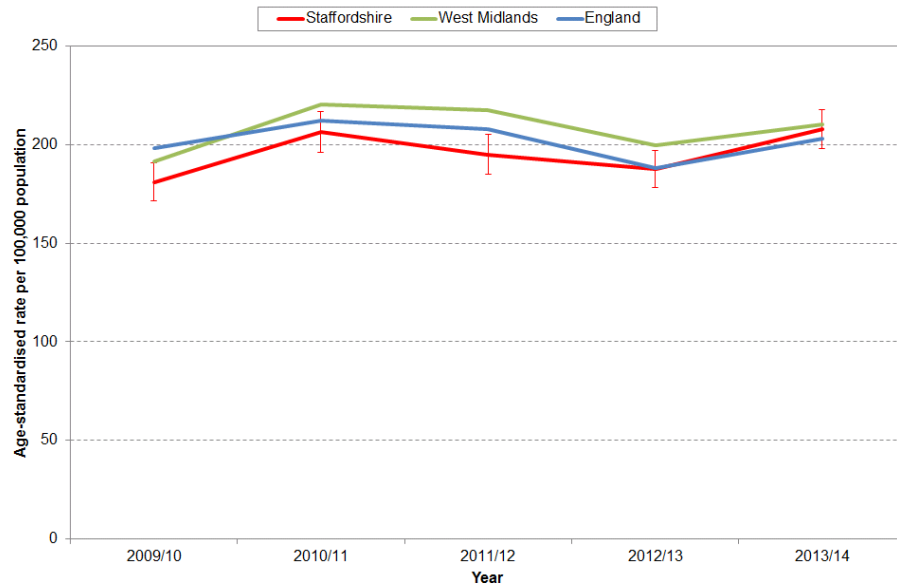
4.20 Hospital admissions as a result of self-harm

Self-harm is often an expression of personal distress and there is a significant and persistent risk of future suicide following an episode of self-harm.

- During 2013/14 there were around 1,750 self-harm admissions in Staffordshire with rates being similar to the England average (Figure 65).
- Rates in Newcastle and Stafford during 2013/14 were higher than average (Figure 66).

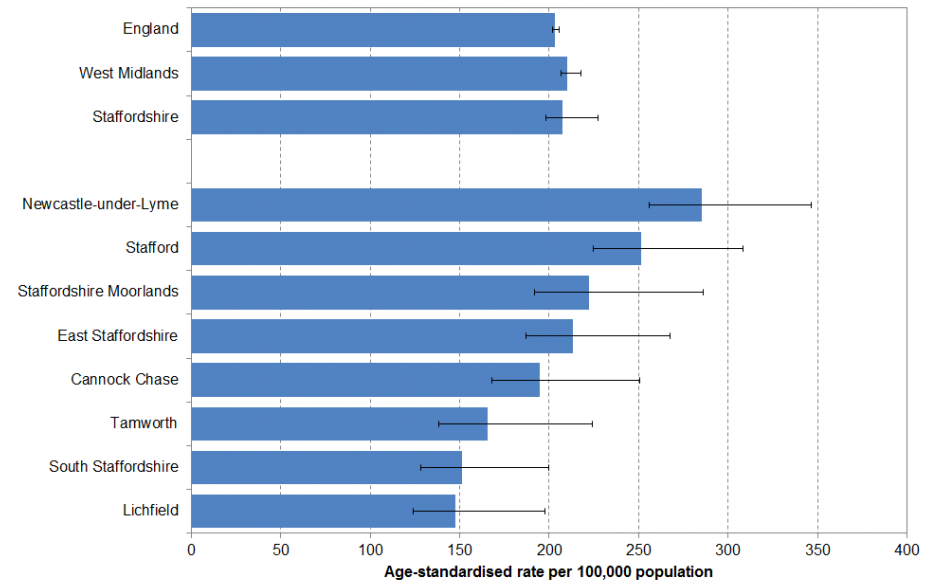
Note: Public Health England suggest that data on self-harm trends using HES data may be misleading and the rises are most likely reflective of improved data collection.

Figure 65: Trends in self-harm admissions



Source: Public Health England

Figure 66: Self-harm admissions, 2013/14



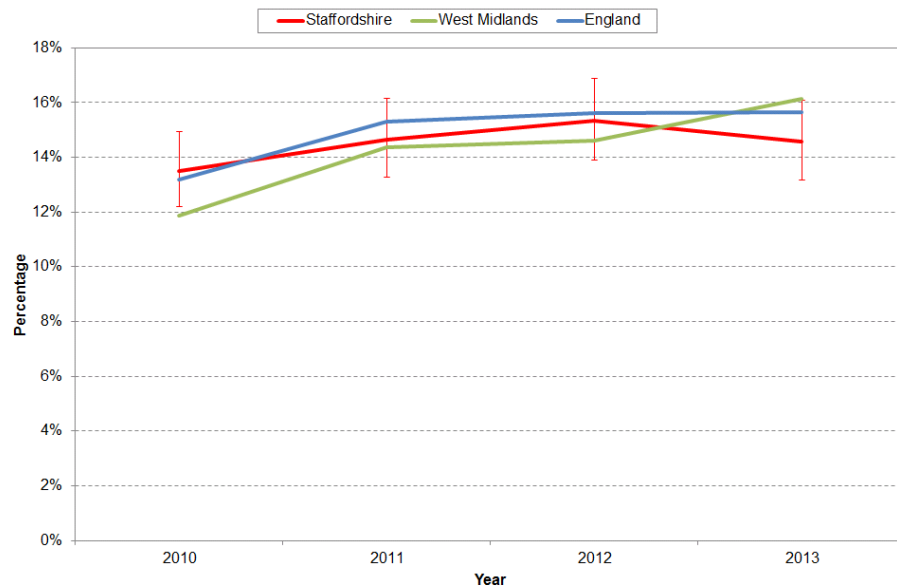
Source: Public Health England

4.21 Successful completion of drug and alcohol treatment *(updated)*

Successful completion of drug treatment is used as the key proxy measure of recovery. An individual is recorded as having completed treatment successfully if they are assessed by the clinician treating them as free from dependence. In terms of monitoring this is measured by the number of individuals who after successfully exiting services don't return to treatment within the following six months.

- During 2013 around 15% of adults successfully completed treatment for drug misuse (Figure 67). Successful completion of treatment in Staffordshire for non-opiate users (39%) is higher than opiate users (7%). Both rates are similar to the England average.

Figure 67: Proportion of people who successfully completed drug treatment and do not re-present within six months

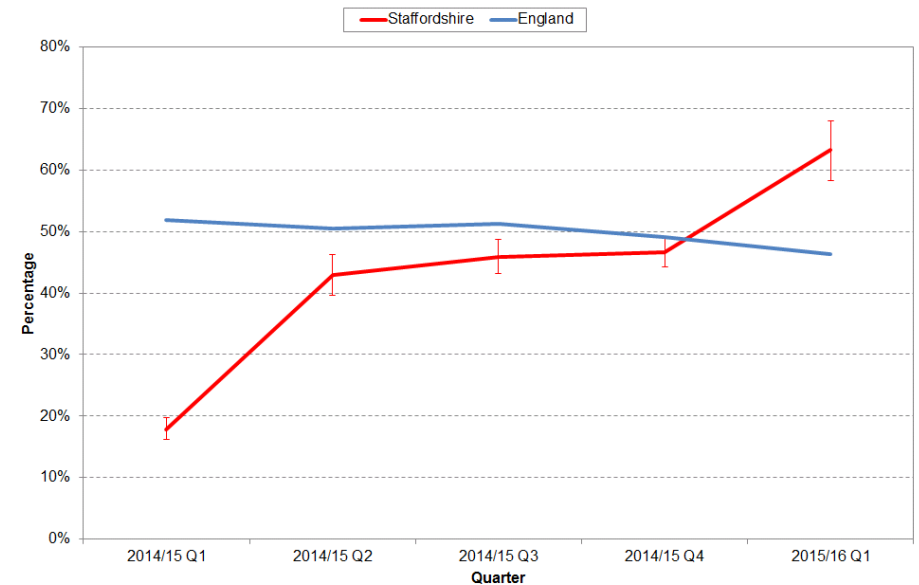


Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

A more up-to-date indicative measure of local services is the number of people who successfully exit drugs and alcohol treatment services.

- During the first quarter of 2015/16, almost 380 Staffordshire residents completed alcohol and/or drugs treatment with a success rate of 63% (Figure 68). Performance has gradually improved over the last year and for the first time was better than the national average (46%).

Figure 68: Successful completion of drug and alcohol treatment



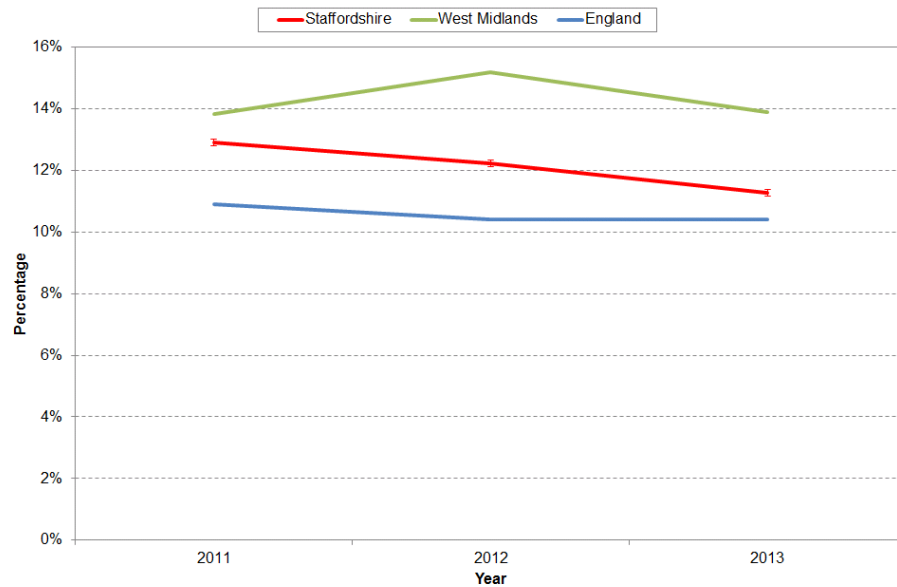
Source: National Drug Treatment Monitoring System (NDTMS)

5 Age well

5.1 Fuel poverty (updated)

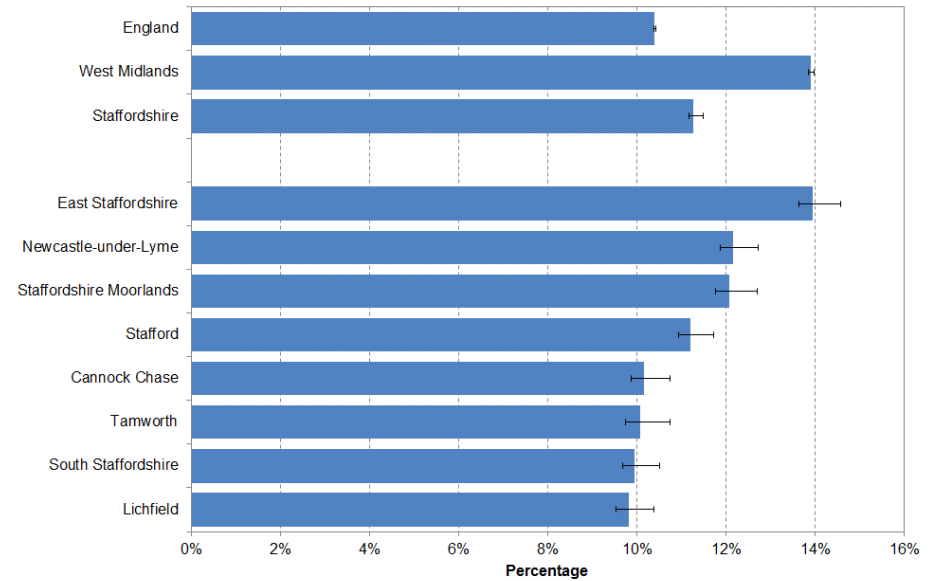
- Around 40,200 households in Staffordshire are thought to be experience fuel poverty which is higher than the England average (11% compared to 10%). Fuel poverty rates in Staffordshire in 2013 continue to reduce (Figure 69).
- East Staffordshire, Newcastle, Staffordshire Moorlands and Stafford experience high fuel poverty (Figure 70).

Figure 69: Trends in fuel poverty rates



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

Figure 70: Fuel poverty rates, 2013



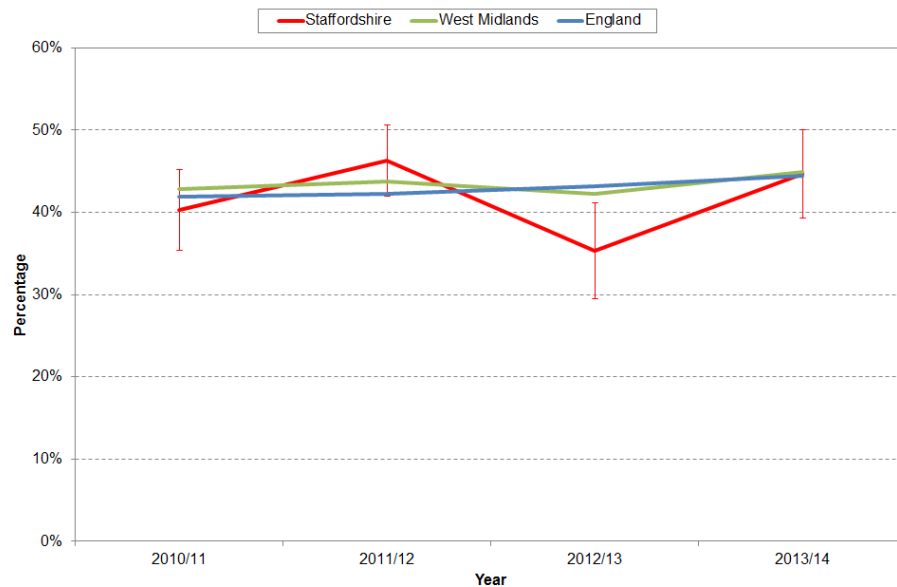
Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

5.2 Social isolation

There is a clear link between loneliness and poor mental and physical health. A key element of the Government's vision for social care is to tackle loneliness and social isolation, supporting people and carers to remain connected to their communities and to develop and maintain connections to their friends and family.

- During 2013/14 the proportion of adult social care users who reported they had as much social contact as they would like was 45%, which is similar to the England average of 41%
- Data from the last carer's survey (2012/13) found that 48% of carers reported having as much social contact as they would like. This is higher than the national average of 41%.

Figure 71: Social isolation: percentage of adult social care users who have as much social contact as they would like

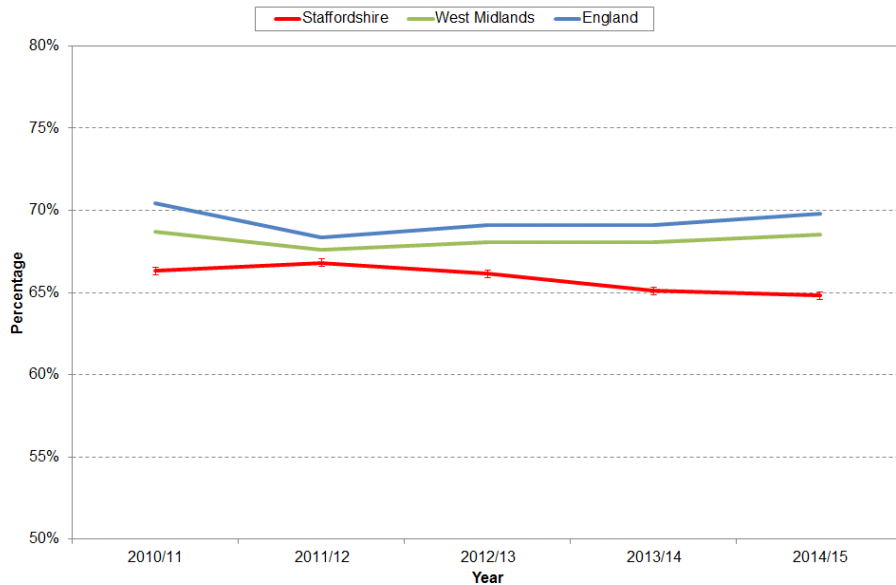


Source: Public Health Outcome Framework, Public Health England,
<http://www.phoutcomes.info/>

5.3 Pneumococcal vaccine uptake in people aged 65 and over (updated)

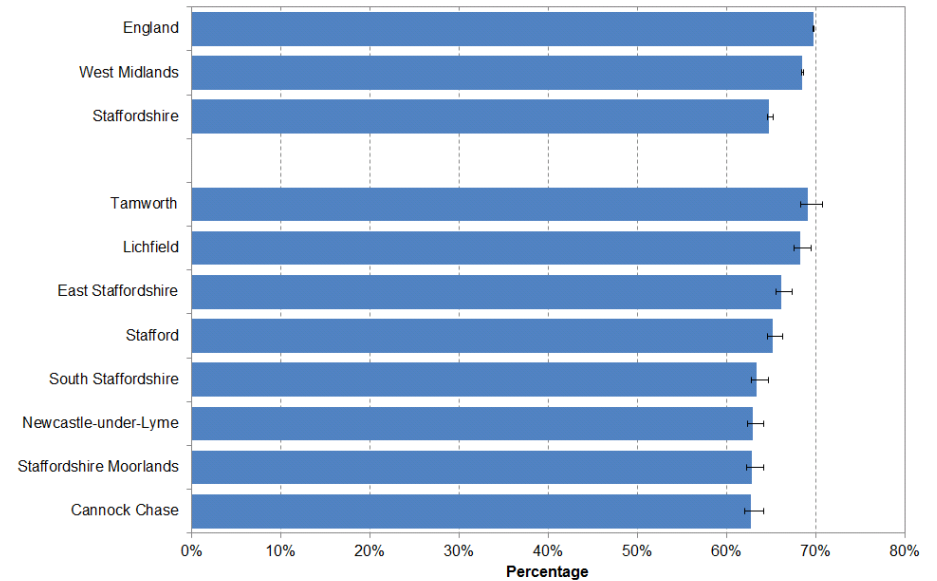
- The proportion of Staffordshire residents who are vaccinated against pneumococcal vaccine (PPV) has fallen and remains lower than the England average (Figure 72).
- With the exception of Tamworth, PPV uptake rates in all districts are lower than average (Figure 73).

Figure 72: PPV vaccination among people aged 65 and over



Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/> and DH ImmForm website: Registered Patient GP practice data, Pneumococcal Immunisation Vaccine Uptake Monitoring Programme, Public Health England

Figure 73: PPV vaccination among people aged 65 and over, 2014/15

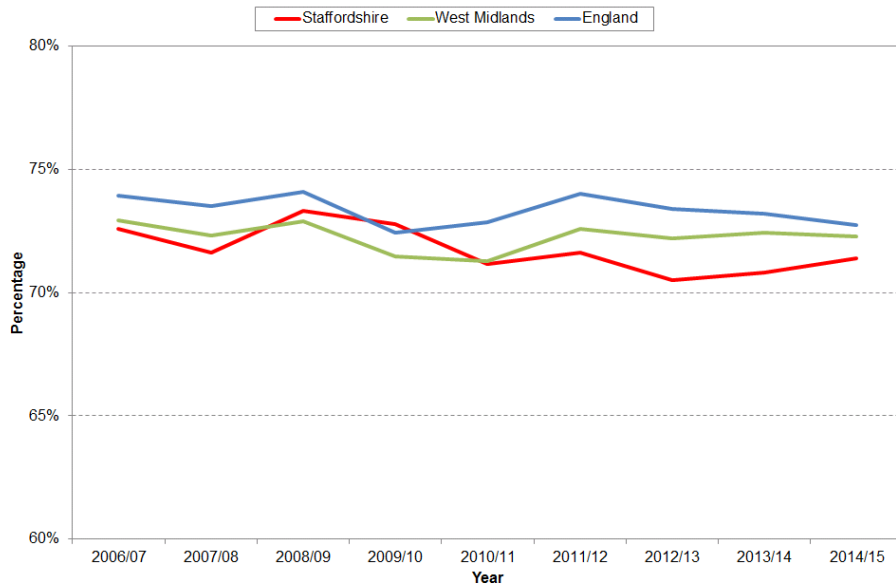


Source: DH ImmForm website: Registered Patient GP practice data, Pneumococcal Immunisation Vaccine Uptake Monitoring Programme, Public Health England and NHS England North Midlands

5.4 Seasonal flu vaccination in people aged 65 and over (updated)

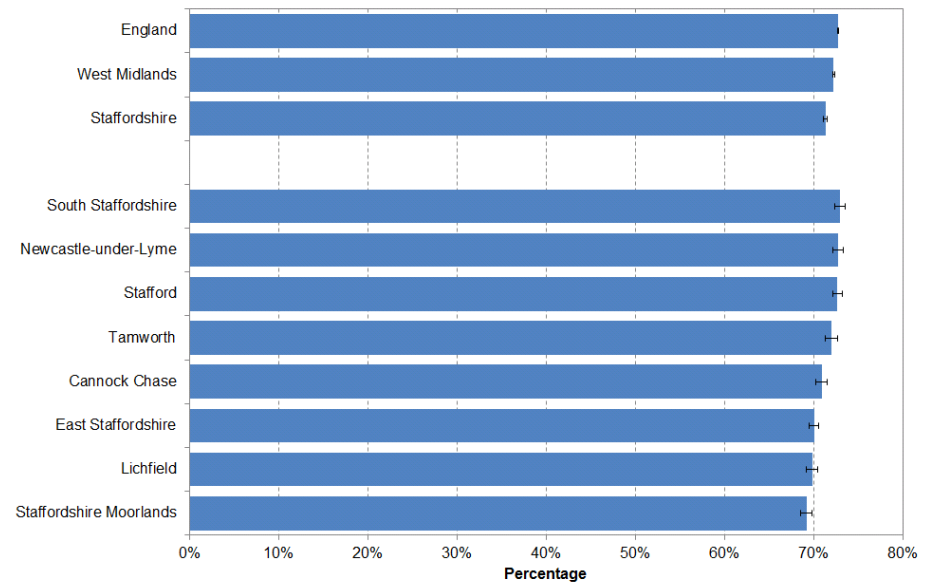
- The proportion of Staffordshire residents aged 65 and over who are vaccinated against flu has increased slightly but remains lower than the England average (Figure 74).
- With the exception of Tamworth and Newcastle, flu rates amongst all districts are lower than average with Cannock Chase, Stafford and Lichfield falling below 70% (Figure 75).

Figure 74: Flu vaccination in people aged 65 and over



Source: NHS Immunisation Statistics, The Information Centre for health and social care, Crown copyright, Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/> and DH ImmForm website: Registered Patient GP practice data, Seasonal Flu Vaccine Uptake Monitoring Programme, Public Health England

Figure 75: Flu vaccination in people aged 65 and over, 2014/15



Source: DH ImmForm website: Registered Patient GP practice data, Seasonal Flu Vaccine Uptake Monitoring Programme, Public Health England and NHS England North Midlands

5.5 Social care related quality of life

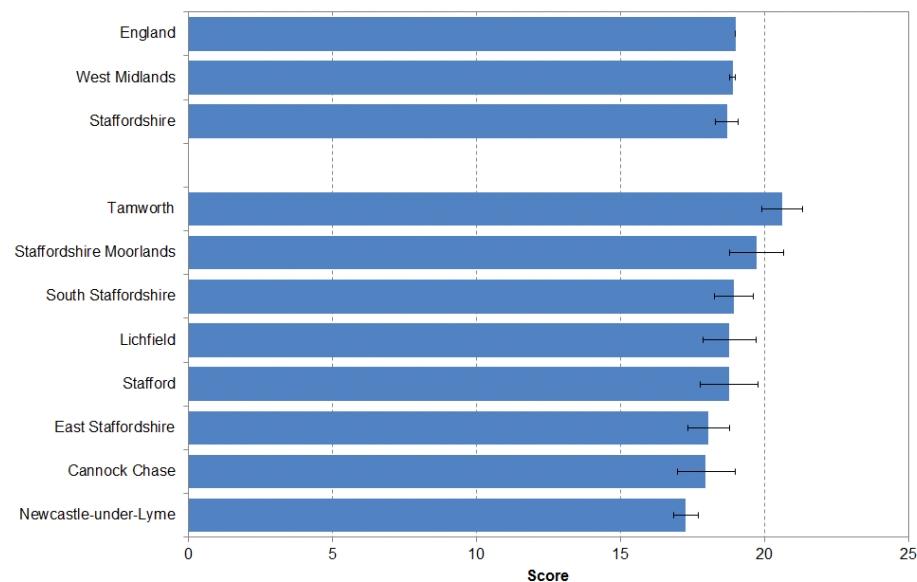
- In 2013/14, the social care related quality of life score (where the most positive score is 24) was 18.7 and similar to the average score of 19.0 across England and scores in previous years. Newcastle, Cannock Chase and East Staffordshire have lower than average scores (Figure 76).

Table 15: Trends in social care related quality of life

	Staffordshire	West Midlands	England
2010/11	18.5	18.6	18.7
2011/12	18.8	18.8	18.7
2012/13	18.5	18.9	18.8
2013/14	18.7	18.9	19.0

Source: National Adult Social Care Intelligence Service (NASIS)

Figure 76: Social care related quality of life



Source: Staffordshire County Council and National Adult Social Care Intelligence Service (NASIS)

5.6 Health related quality of life for people with long-term conditions

This indicator is complementary to the ASCOF indicator for social care related quality of life with the most positive score being one.

- Table 16 shows that trends in Staffordshire remain fairly steady and similar to England.

Table 16: Trends in health related quality of life for people with long-term conditions

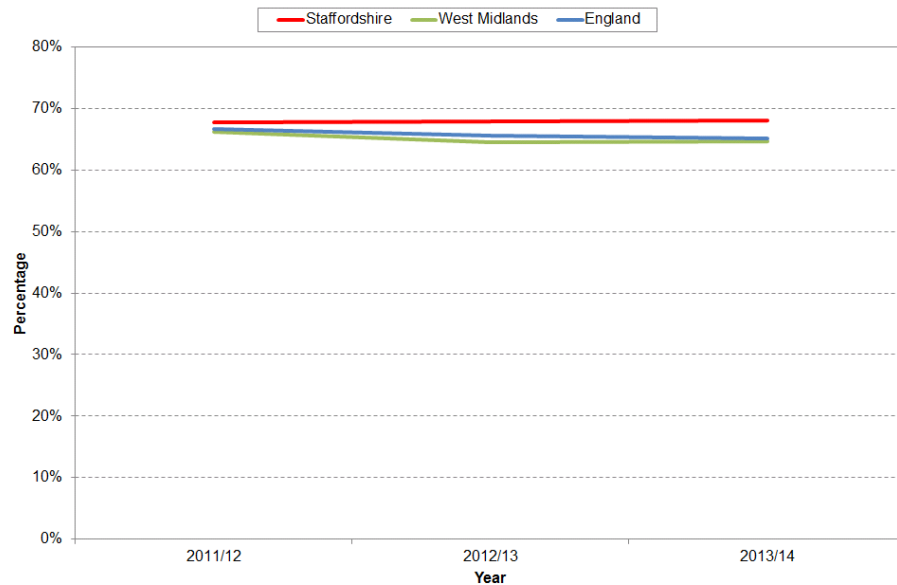
	2011/12	2012/13	2013/14
Cannock Chase	0.71	0.72	0.71
East Staffordshire	0.75	0.73	0.76
Lichfield	0.75	0.77	0.76
Newcastle-under-Lyme	0.72	0.75	0.73
South Staffordshire	0.75	0.77	0.73
Stafford	0.76	0.76	0.76
Staffordshire Moorlands	0.75	0.77	0.73
Tamworth	0.68	0.72	0.73
Staffordshire	0.74	0.75	0.74
West Midlands	0.73	0.73	0.73
England	0.74	0.74	0.74

Source: HSCIC Indicator Portal (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

5.7 People feel supported to manage their condition

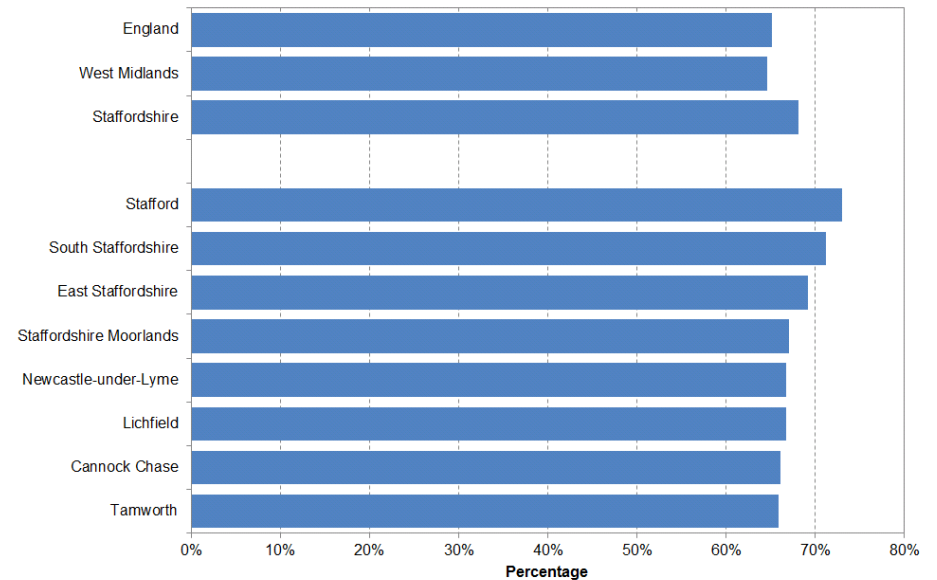
- Around 68% of Staffordshire residents feel supported to manage their condition which is similar to the national average (65%) (Figure 77).
- At a district level this ranges from 66% in Tamworth and Cannock Chase to 73% in Stafford (Figure 78)

Figure 77: Trends in proportions of people who feel supported to manage their condition



Source: *Compendium of Population Health Indicators* (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), *The NHS Information Centre for health and social care*. Crown copyright

Figure 78: Proportion of people who feel supported to manage their condition, 2013/14



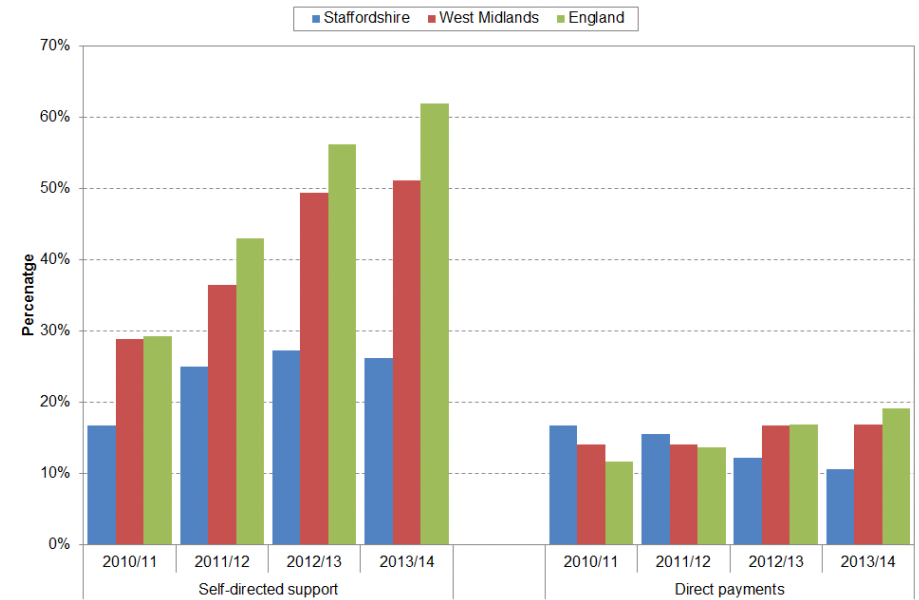
Source: *Compendium of Population Health Indicators* (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), *The NHS Information Centre for health and social care*. Crown copyright

5.8 People receiving social care who receive self-directed support and those receiving direct payment

- Staffordshire has continually performed poorly with regards to these two measures (Figure 79). During 2013/14:
 - The proportion of people receiving social care who receive self-directed support in Staffordshire is significantly lower than England (26% compared with 62%).
 - Around one in ten Staffordshire users receive direct payments. Again this is lower than the national average of 19%.

However this measure does not take into account whether or not people are eligible for self-directed support and a new measure is being developed nationally. This measure however remains an area for local improvement.

Figure 79: Proportion of people receiving social care who receive self-directed support and those receiving direct payment



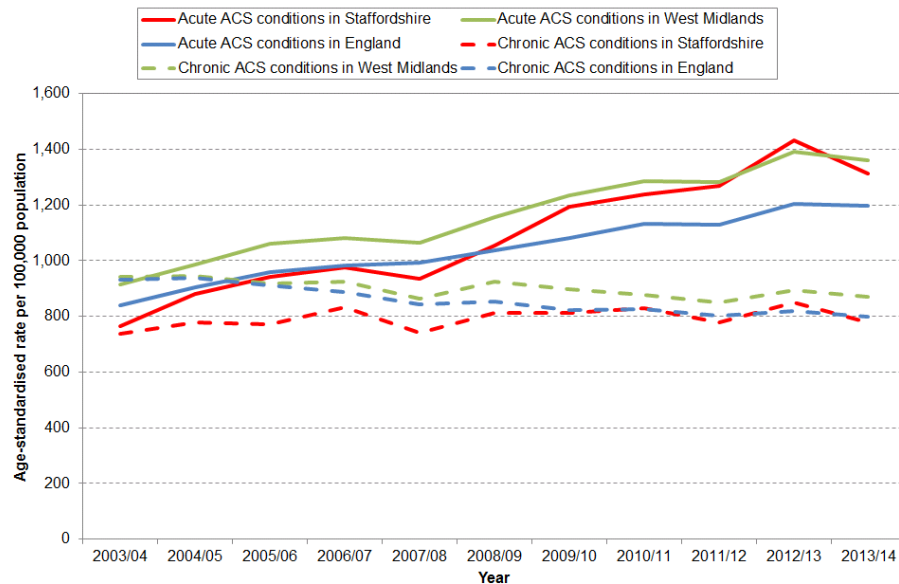
Source: National Adult Social Care Intelligence Service (NASIS)

5.9 Acute and chronic ambulatory care sensitive conditions

Two key measures within the NHS and CCG outcome framework are around managing ambulatory care sensitive (ACS) conditions:

1. Unplanned hospitalisation for chronic ambulatory care sensitive conditions
 2. Emergency admissions for acute conditions that should not usually require hospital admission
- Staffordshire trends have over the past decade shown a rapid increase in admissions for ACS conditions and in particular acute ACS conditions although rates between 2012/13 and 2013/14 did see a reduction (Figure 80).

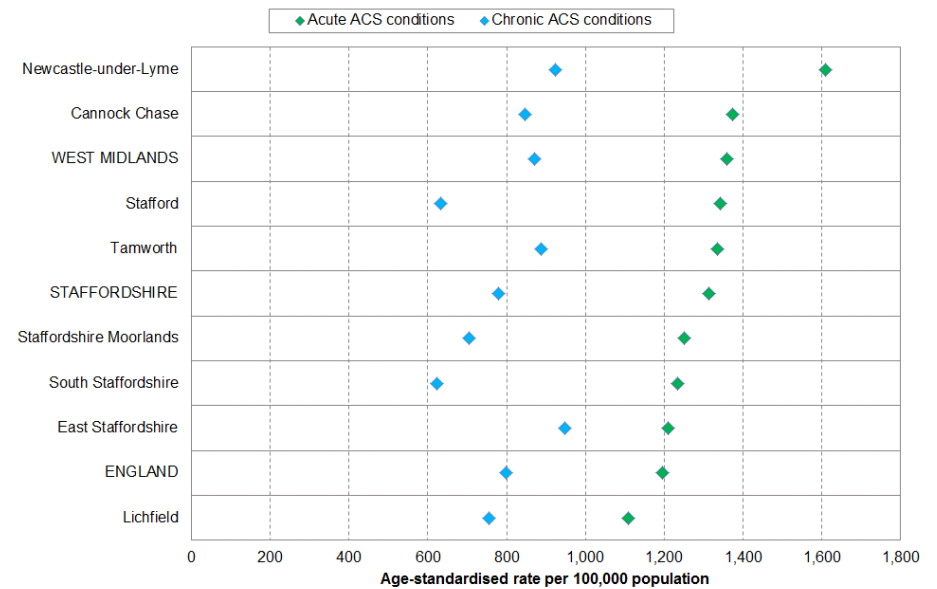
Figure 80: Trends in unplanned admissions from ambulatory care sensitive (ACS) conditions



Source: HSCIC Indicator Portal (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

- Emergency admissions rates to hospital for acute ACS conditions remain higher than the England average whilst rates for chronic ACS conditions are similar to the national average.
- Newcastle, Cannock Chase, Stafford and Tamworth have higher than average admissions rates for acute ACS conditions. East Staffordshire, Newcastle and Tamworth have higher than average admission rate for chronic ACS conditions (Figure 81).

Figure 81: Unplanned admissions from ambulatory care sensitive (ACS) conditions, 2013/14

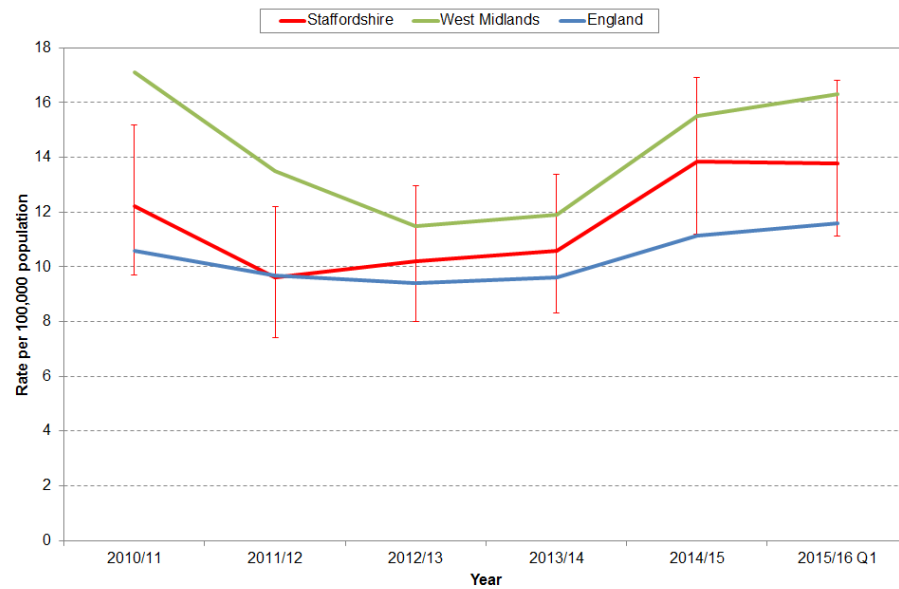


Source: HSCIC Indicator Portal (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

5.10 Delayed transfers of care *(updated)*

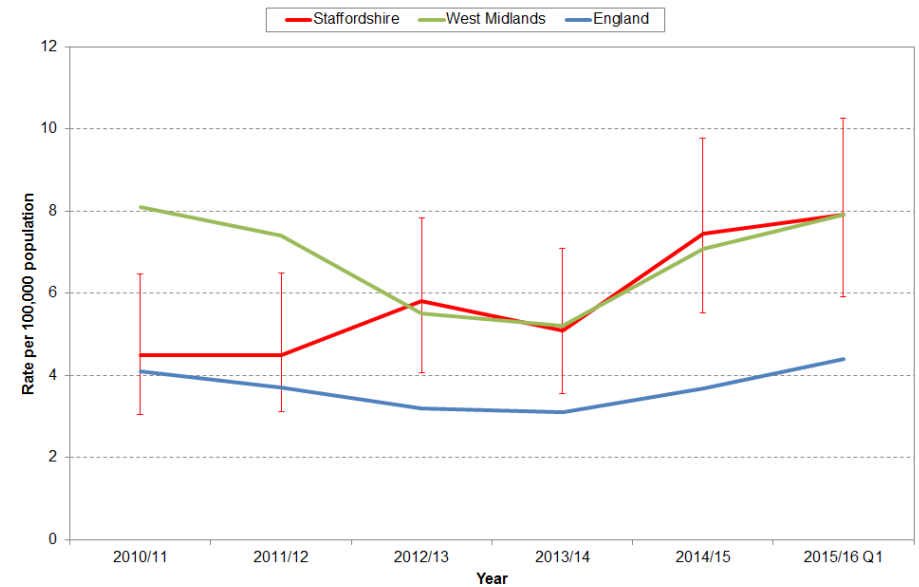
- The number of delayed transfers of care from hospital per 100,000 population in Staffordshire has increased slightly from 10.6 per 100,000 in 2013/14 to 13.8 per 100,000 in 2015/16 April and June 2016 (not statistically different) (Figure 82).
- The proportion of delayed transfers in Staffordshire that were attributable to social care also continues to be higher than the England average (Figure 83).

Figure 82: Trends in delayed transfers of care



Source: National Adult Social Care Intelligence Service (NASCIS) and Delayed transfers of care monthly statistics, NHS England

Figure 83: Delayed transfers of care attributable to social care

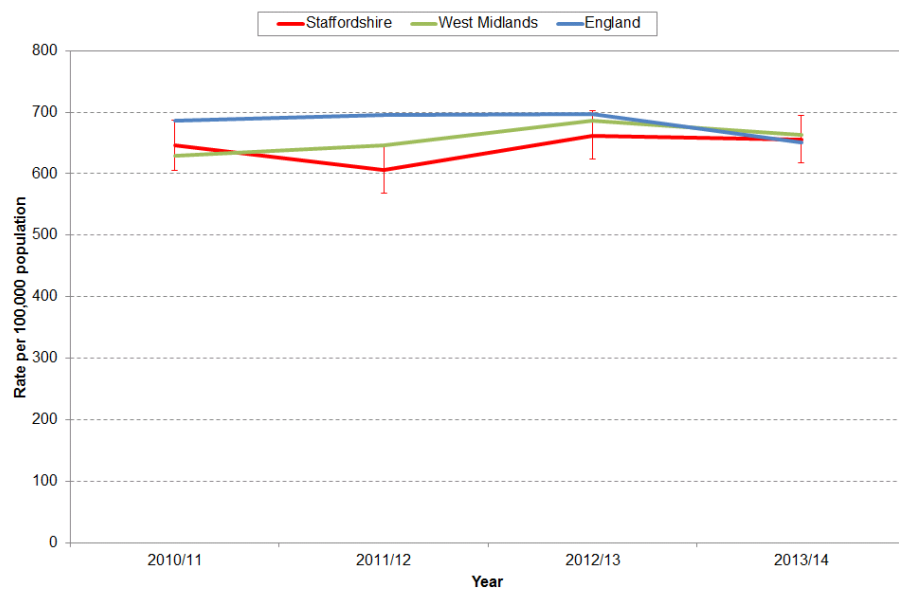


Source: National Adult Social Care Intelligence Service (NASCIS) and Delayed transfers of care monthly statistics, NHS England

5.11 Permanent admissions to residential and nursing care

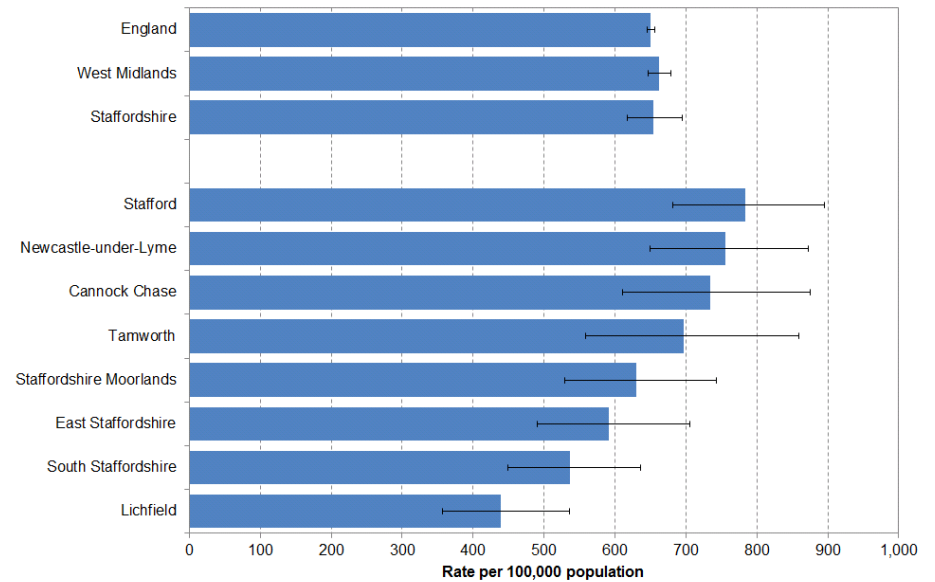
- During 2013/14 there were around 1,120 permanent admissions to people aged 65 and over to residential and nursing care homes with the rate being similar to the national average. Nationally there has been a slight reduction in the number of permanent admissions, whilst in Staffordshire the trend has remained fairly steady (Figure 84).
- Rates for Stafford residents were however higher than average (Figure 85).

Figure 84: Trends in permanent admissions of older people aged 65 and over to residential and nursing care homes



Source: National Adult Social Care Intelligence Service (NASCIS)

Figure 85: Permanent admissions of older people aged 65 and over to residential and nursing care homes, 2013/14

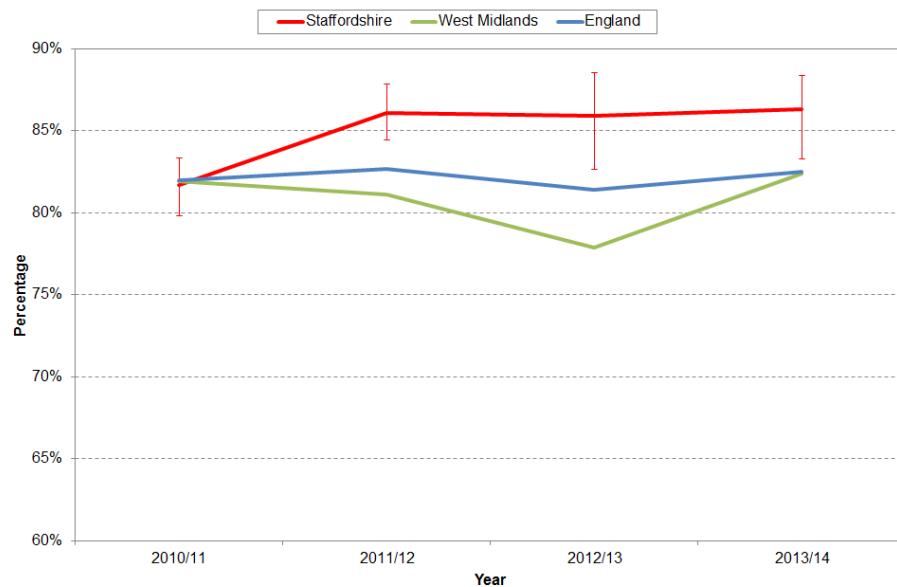


Source: Staffordshire County Council and National Adult Social Care Intelligence Service (NASCIS)

5.12 Effectiveness of reablement services

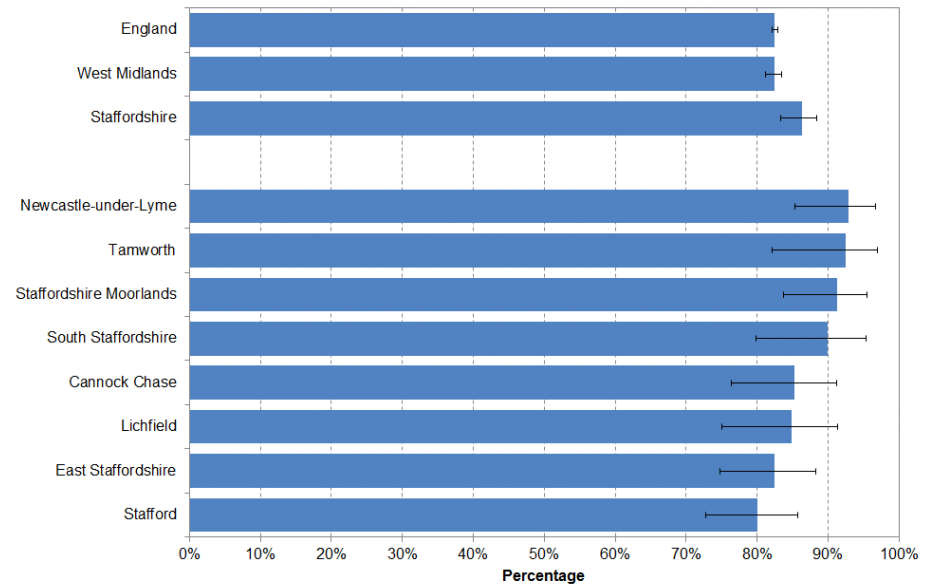
- In 2013/14 the proportion of older people (aged 65 and over) who were discharged from hospital into reablement services who were still at home after 91 days was 86%, which is higher than the England average (82%) (Figure 86). Figure 87 shows that all districts are also either higher or similar to the national average.
- The proportion of Staffordshire residents who are however offered the reablement services is however lower than average (Table 17).

Figure 86: Trends in effectiveness of reablement services



Source: National Adult Social Care Intelligence Service (NASCIS)

Figure 87: Effectiveness of reablement services, 2013/14



Source: Staffordshire County Council and National Adult Social Care Intelligence Service (NASCIS)

Table 17: Trends in coverage of reablement services

	2010/11	2011/12	2012/13	2013/14
Staffordshire	8.0%	6.6%	2.1%	2.8%
West Midlands	3.6%	4.0%	3.6%	3.4%
England	3.0%	3.2%	3.2%	3.3%

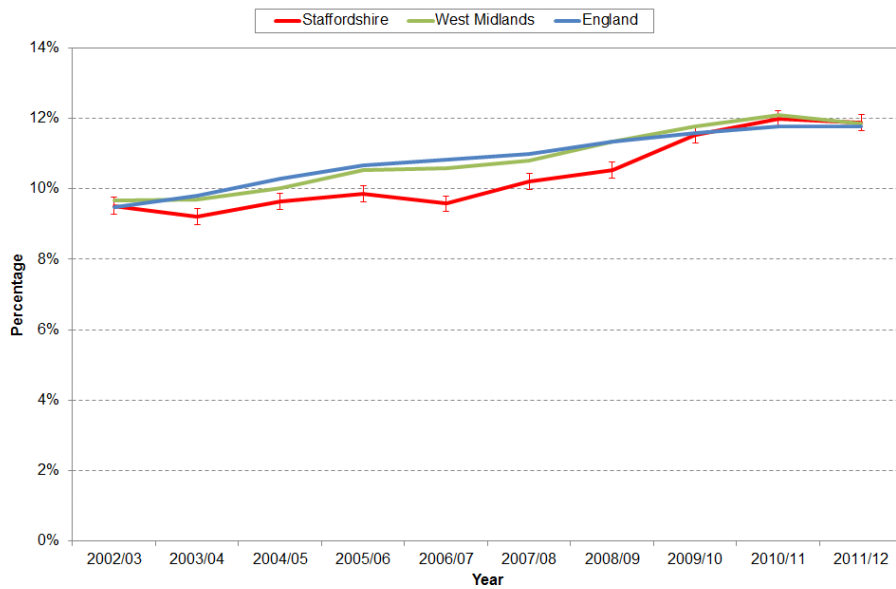
Key: *Statistically better than England; statistically worse than England*

Source: National Adult Social Care Intelligence Service (NASCIS)

5.13 Readmissions within 30 days of discharge from hospital

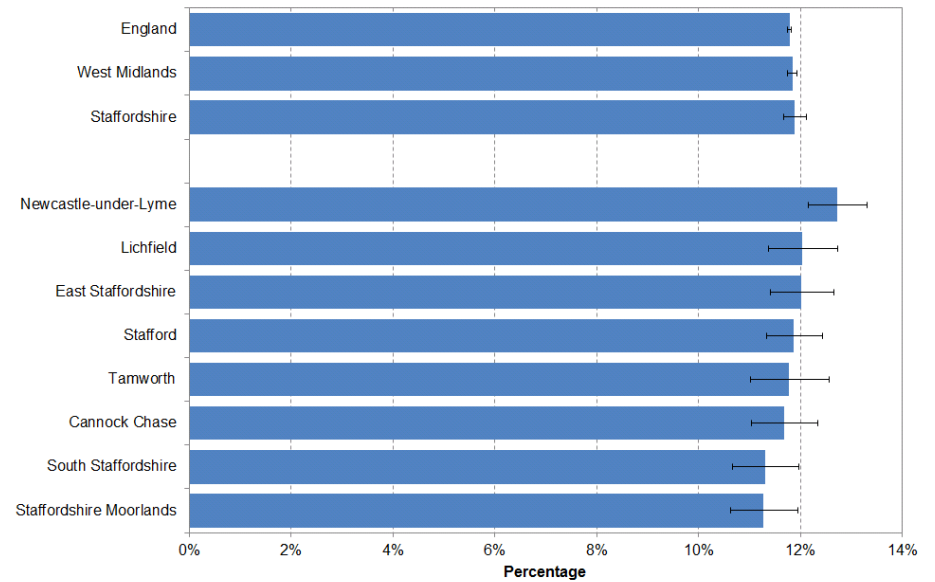
- During 2011/12 there were 10,900 readmissions within 30 days of discharge to Staffordshire patients. Readmission rates between 2002/03 and 2011/12 have increased from 9.5% in 2002/03 to 11.9% in 2011/12 (Figure 88).
- Rates in Newcastle were higher than the national average during 2011/12 (Figure 89).

Figure 88: Trends in emergency readmissions within 30 days of discharge from hospital



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

Figure 89: Emergency readmissions within 30 days of discharge from hospital, 2011/12

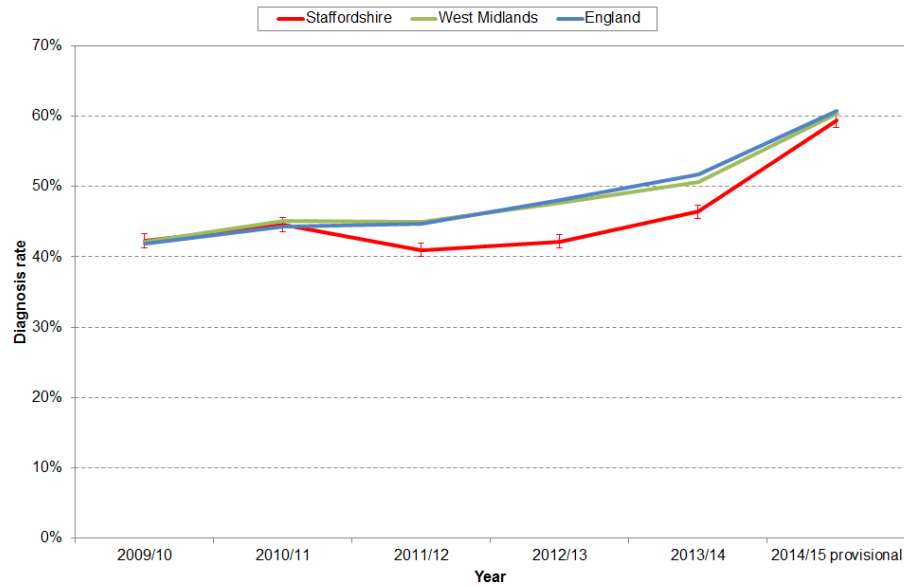


Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

5.14 Estimated diagnosis rate for people with dementia

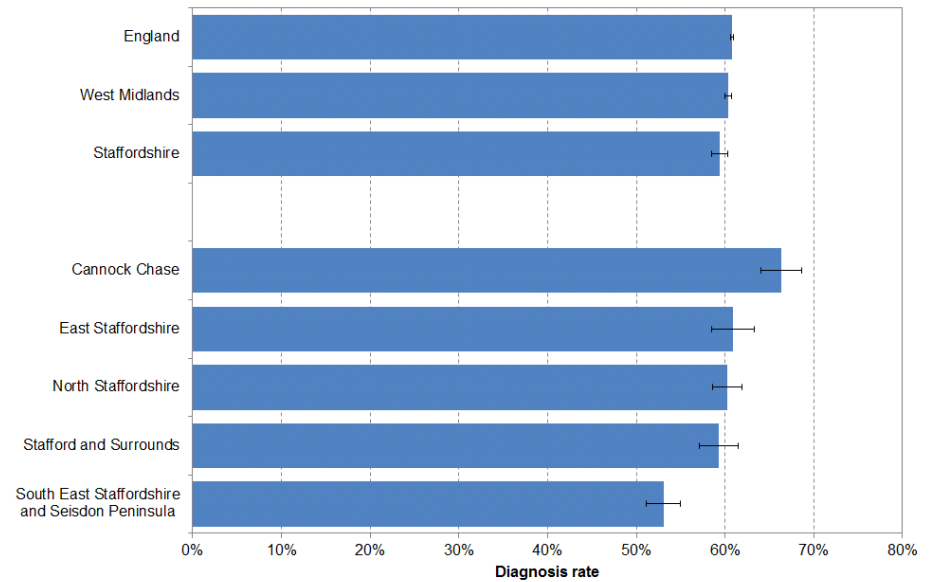
- Provisional data for 2014/15 (as at March 2015) suggests that diagnosis rate for dementia was 59%. This remains lower than the national average (61%). However there has been a significant increase between 2013/14 and 2014/15 as illustrated in Figure 90.
- The diagnosis rate for dementia in South East Staffordshire and Seisdon Peninsula CCG is particularly low (Figure 91).

Figure 90: Trends in dementia diagnosis rates



Source: Dementia Prevalence Calculator, Primary Care Web Tool, NHS England

Figure 91: Dementia diagnosis rates by CCG, 2014/15 provisional

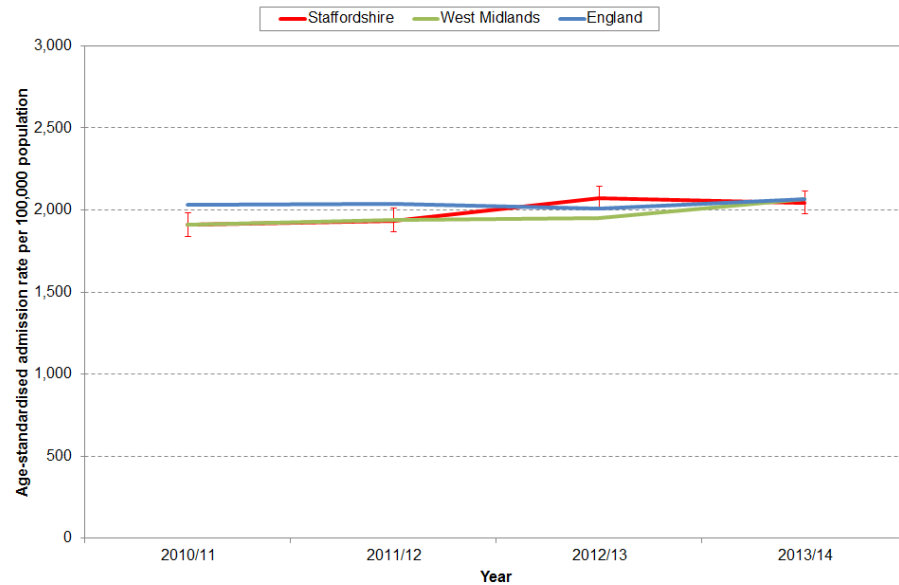


Source: Dementia Prevalence Calculator, Primary Care Web Tool, NHS England

5.15 Falls and injuries in people aged 65 and over

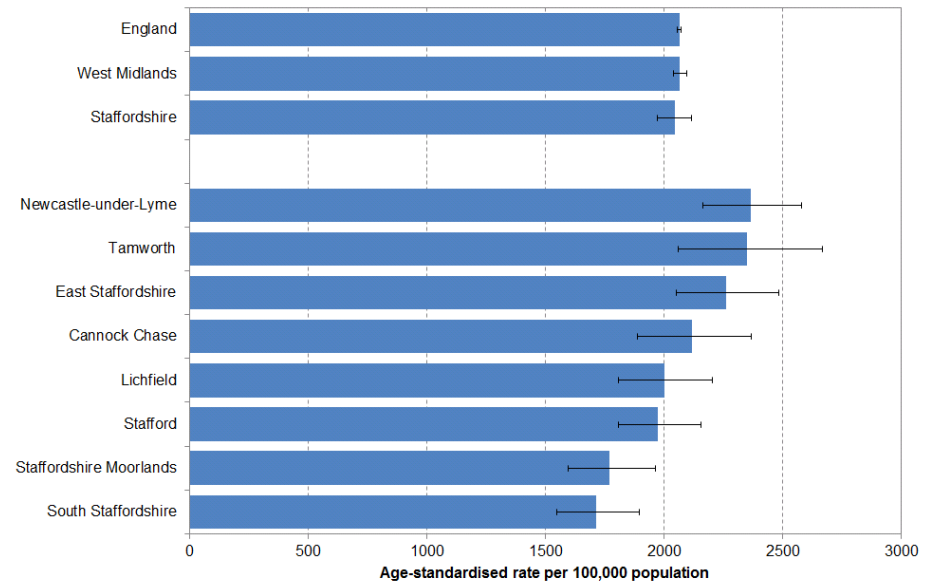
- Almost 3,450 people aged 65 and over in Staffordshire were admitted to hospital for a fall-related injury during 2013/14, with rates remaining similar to England (Figure 92).
- Rates in Newcastle are higher than England (Figure 93). Similar to the national trend rates for women and people aged over 80 are particularly high.

Figure 92: Trends in falls admissions in people aged 65 and over



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

Figure 93: Falls admissions in people aged 65 and over, 2013/14

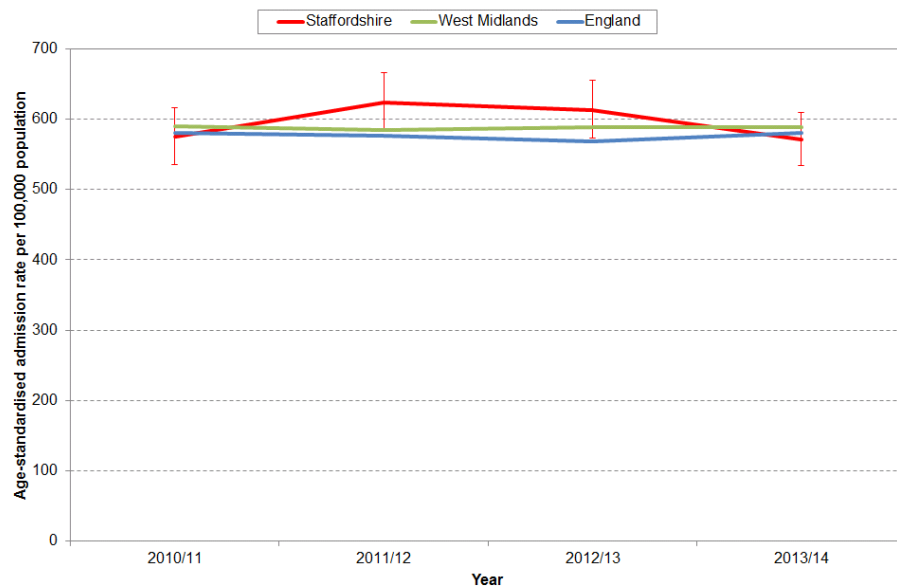


Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

5.16 Hip fractures in in people aged 65 and over

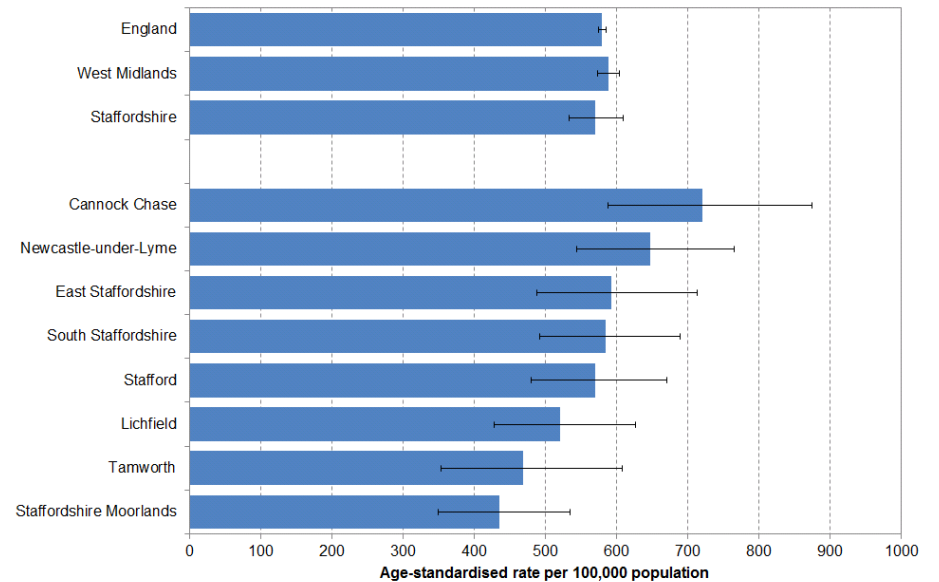
- Almost 1,000 people aged 65 and over in Staffordshire were admitted to hospital for a hip fracture during 2013/14. Rates have continued to reduce and are now similar to England (Figure 94).
- Rates in Cannock Chase are higher than England (Figure 95).

Figure 94: Trends in hip fracture admissions in people aged 65 and over



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

Figure 95: Hip fracture admissions in people aged 65 and over, 2013/14



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

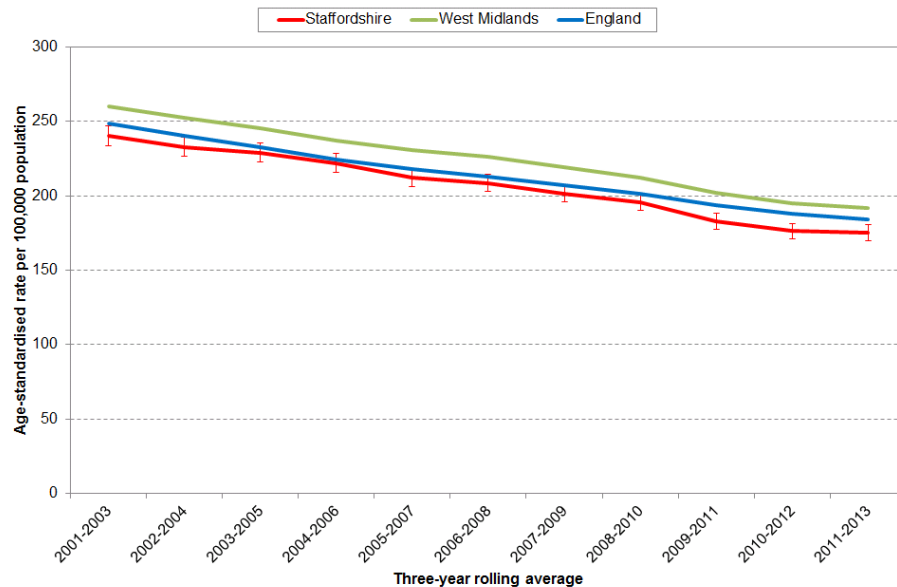
6 End well

6.1 Preventable mortality

Preventable mortality is a high level indicator that can be used to measure the success of prevention in its broadest sense. The major causes of preventable deaths can be attributed to the roots of ill-health, for example education, employment and housing as well as lifestyle risk factors such as smoking, drinking too much alcohol, unhealthy diets, physical inactivity and poor emotional wellbeing.

- In Staffordshire almost one in five deaths are from preventable causes equating to 1,500 deaths every year with overall rates being lower than average. Rates in Staffordshire reduced by 27% between 2001-2003 and 2011-2013 compared with 26% for England (Figure 96).

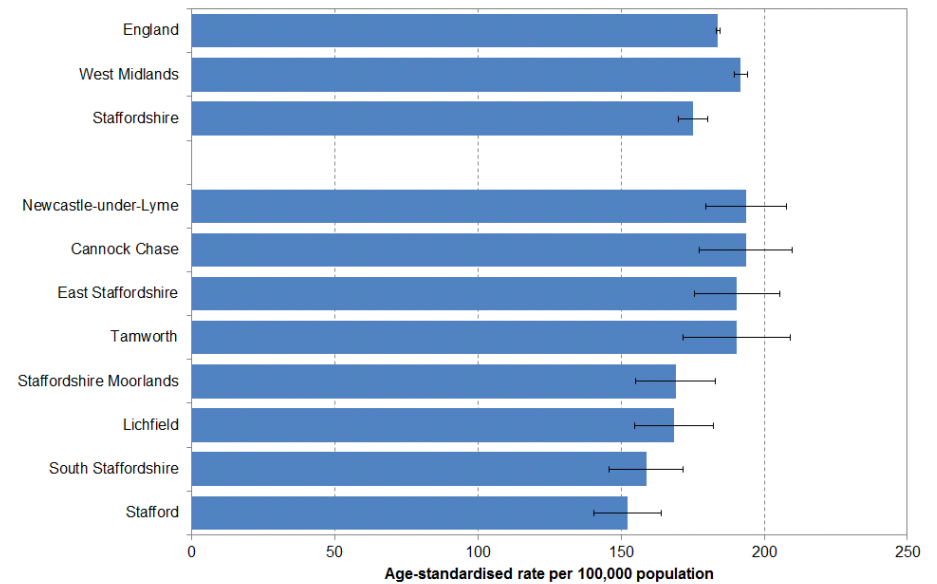
Figure 96: Trends in preventable mortality



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

- At a district level, all rates are either similar or lower than the England average (Figure 97).

Figure 97: Preventable mortality rates, 2011-2013



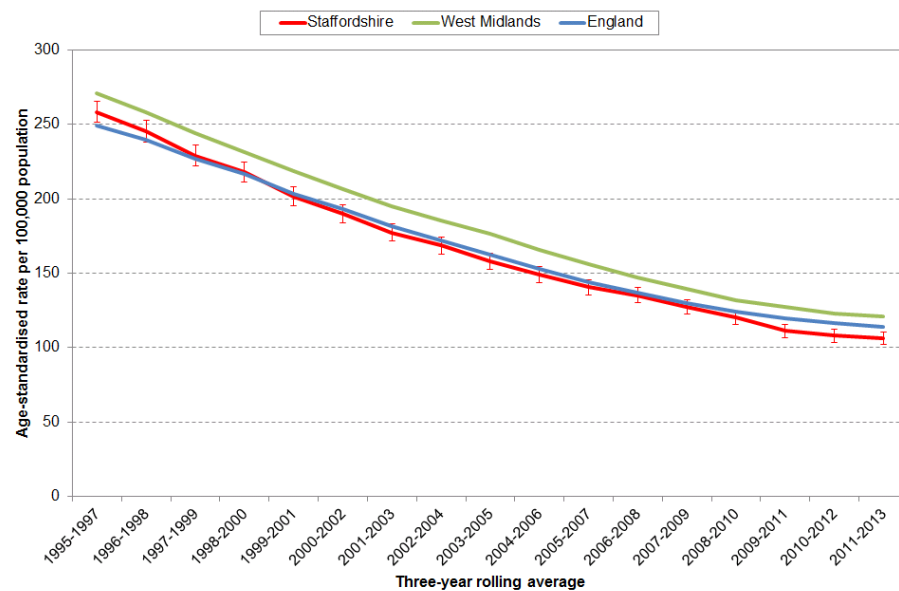
Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

6.2 Mortality by causes considered amenable to healthcare

Mortality relating to causes considered amenable to health is a complementary indicator to preventable mortality and monitors those deaths that are considered preventable by the health and care system.

- In Staffordshire around one in nine deaths are from amenable causes. Overall rates in Staffordshire are however lower than average. Trends show there has been a 59% reduction in Staffordshire compared with 54% nationally (Figure 98).

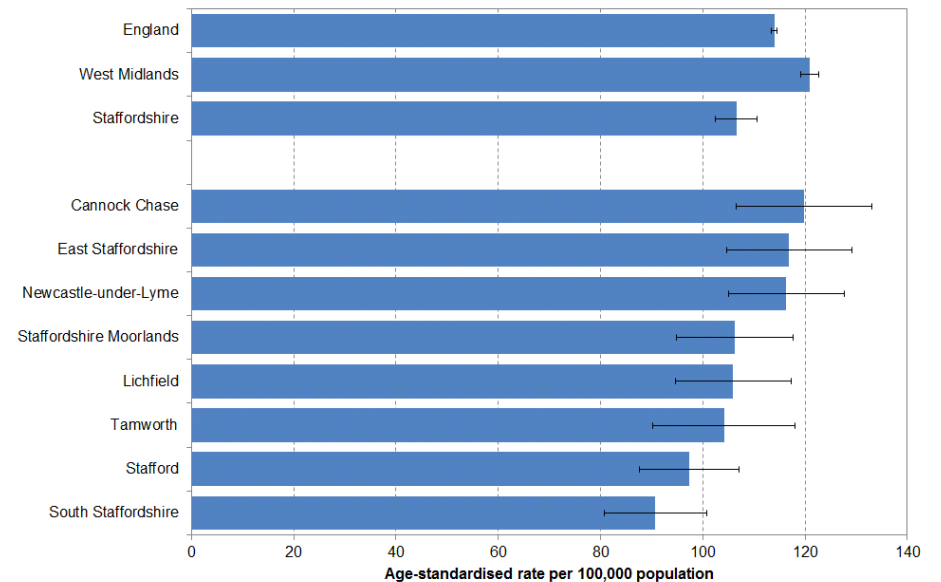
Figure 98: Trends in mortality rates from causes considered amenable to health care



Source: HSCIC Indicator Portal (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

- At a district level, all rates are either similar or lower than the England average (Figure 99).

Figure 99: Mortality rates from causes considered amenable to health care, 2011-2013

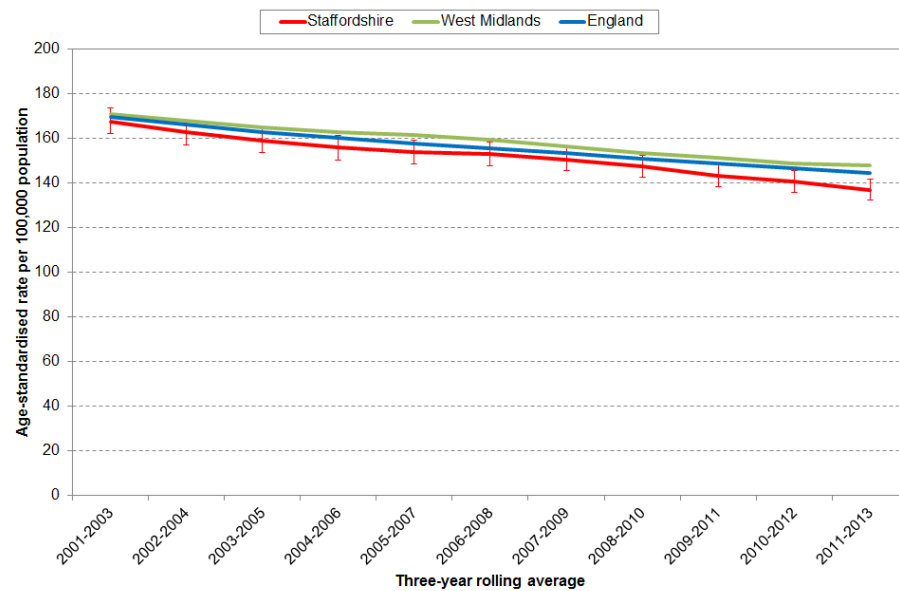


Source: HSCIC Indicator Portal (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

6.3 Under 75 mortality from cancer

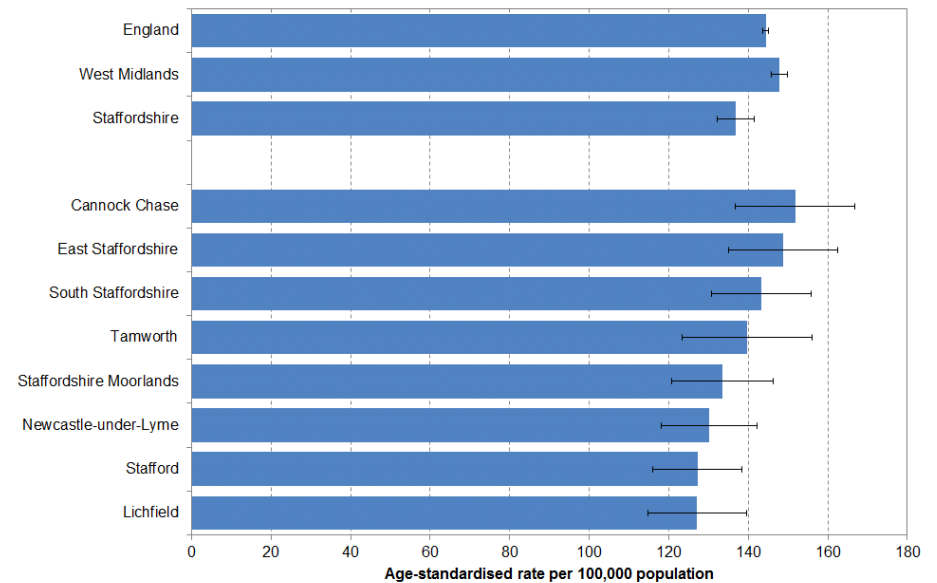
- Premature mortality rates from cancer in Staffordshire are lower than average and have reduced by 18% between 2001-2003 and 2011-2013 compared to 15% across England (Figure 100).
- At a district level, all rates are either similar or lower than the England average (Figure 101).

Figure 100: Trends in under 75 mortality from cancer



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

Figure 101: Under 75 mortality rates from cancer, 2011-2013

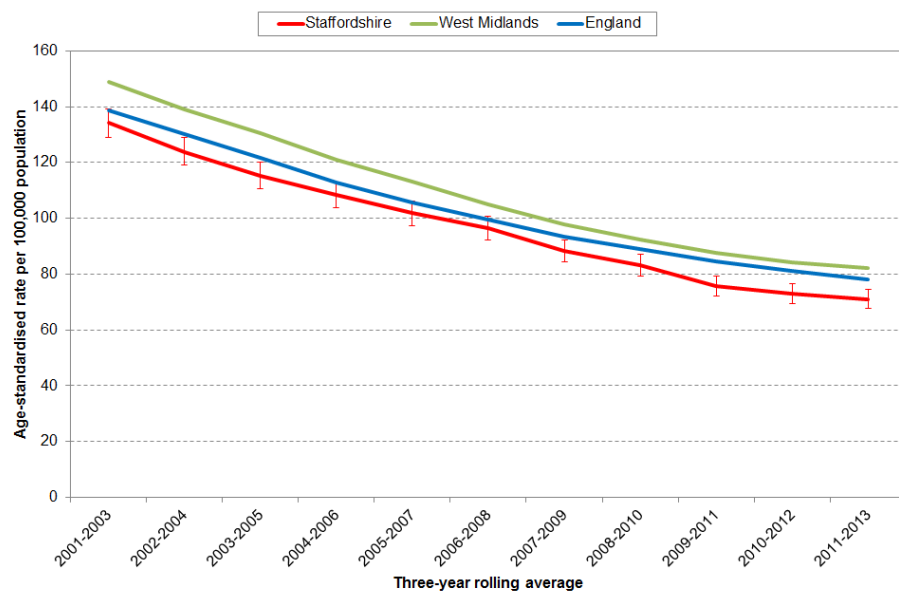


Source: HSCIC Indicator Portal (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

6.4 Under 75 mortality from cardiovascular disease

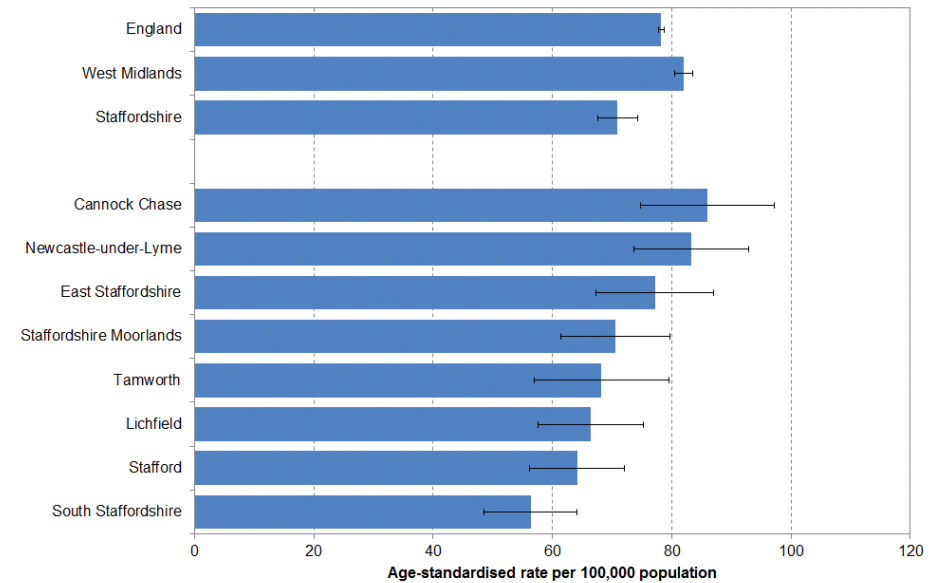
- Overall rates in Staffordshire are lower than average. Similar to the national trend, premature mortality rates from cardiovascular disease have almost halved between 2001-2003 and 2011-2013 (Figure 102).
- At a district level, all rates are either similar or lower than the England average (Figure 103). However rates in Cannock Chase are higher than the Staffordshire average, South Staffordshire and Stafford.

Figure 102: Trends in under 75 mortality from cardiovascular disease



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

Figure 103: Under 75 mortality rates from cardiovascular disease, 2011-2013

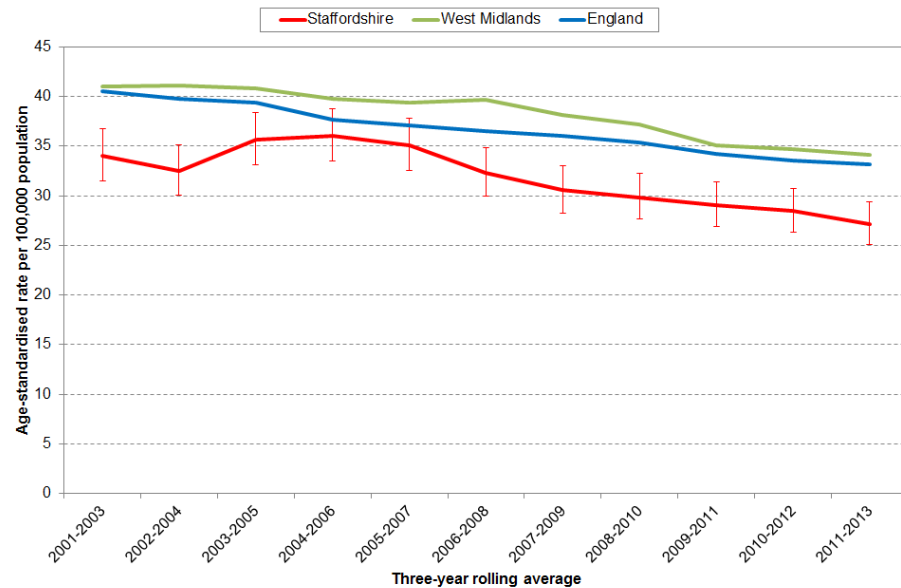


Source: HSCIC Indicator Portal (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

6.5 Under 75 mortality from respiratory disease

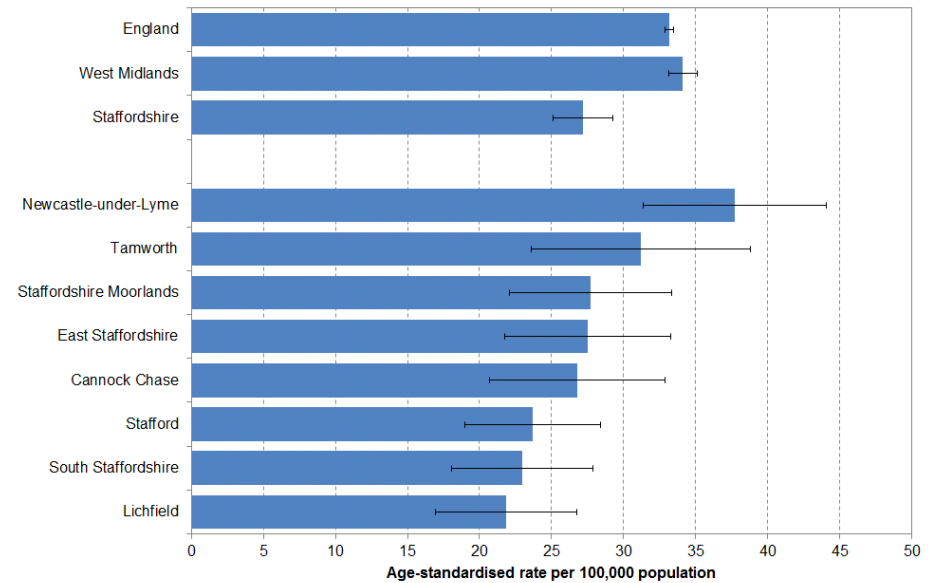
- Similar to the national trend, premature mortality rates from respiratory disease in Staffordshire have reduced by a fifth between 2001-2003 and 2011-2013 (Figure 104).
- At a district level, all rates are either similar or lower than the England average (Figure 105). Rates in Newcastle are higher than the Staffordshire average.

Figure 104: Trends in under 75 mortality from respiratory disease



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

Figure 105: Under 75 mortality rates from respiratory disease, 2011-2013

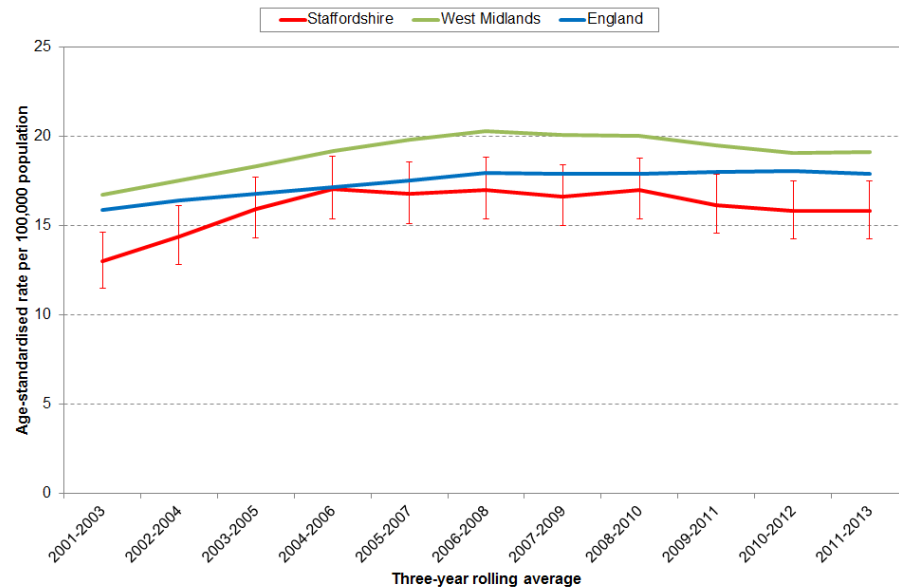


Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

6.6 Under 75 mortality from liver disease

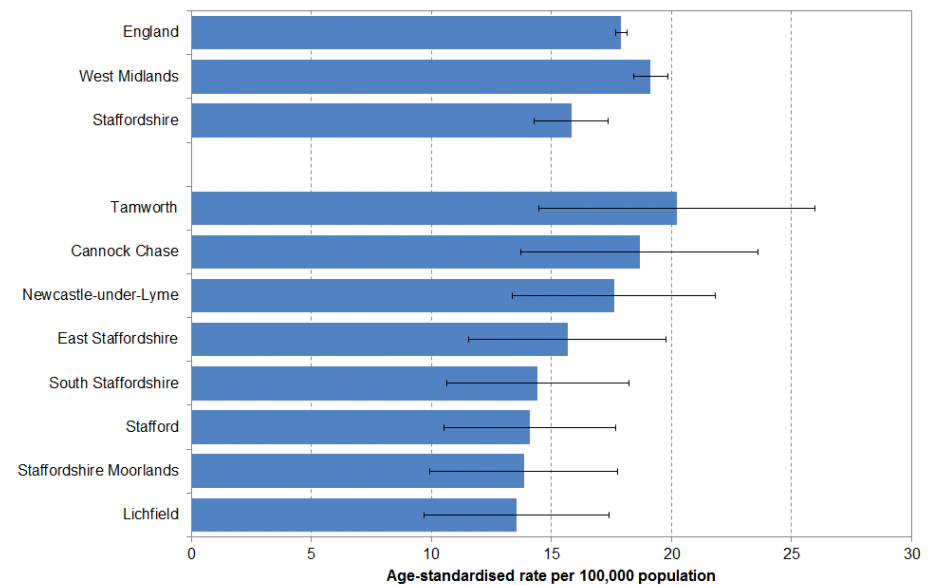
- Premature mortality rates from liver disease in Staffordshire have increased by 22% between 2001-2003 and 2011-2013. This compares with a 13% nationally (Figure 106).
- Overall rates for Staffordshire are lower than the national average. At a district level rates are similar to the England average (Figure 107).

Figure 106: Trends in under 75 mortality from liver disease



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

Figure 107: Under 75 mortality rates from liver disease, 2011-2013

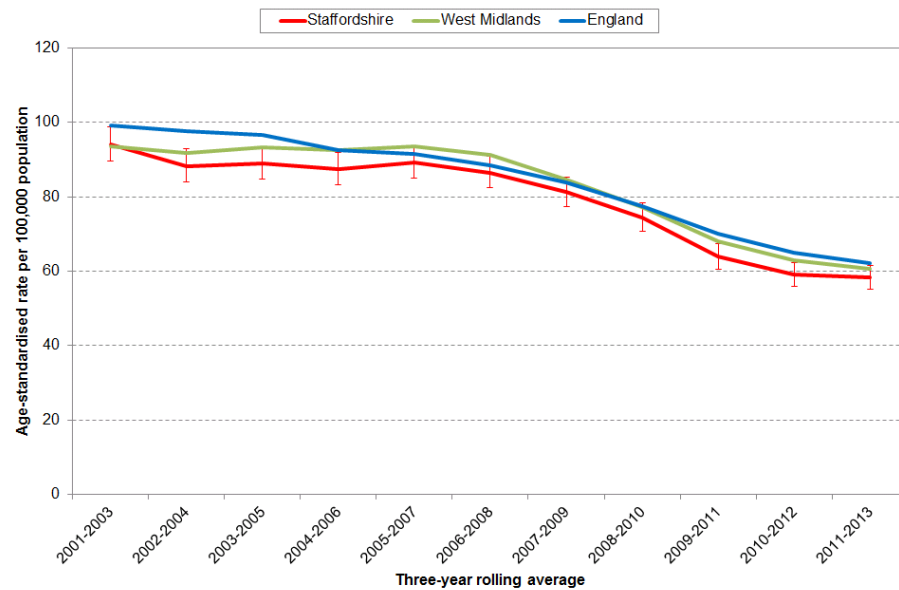


Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

6.7 Mortality from communicable diseases (new indicator)

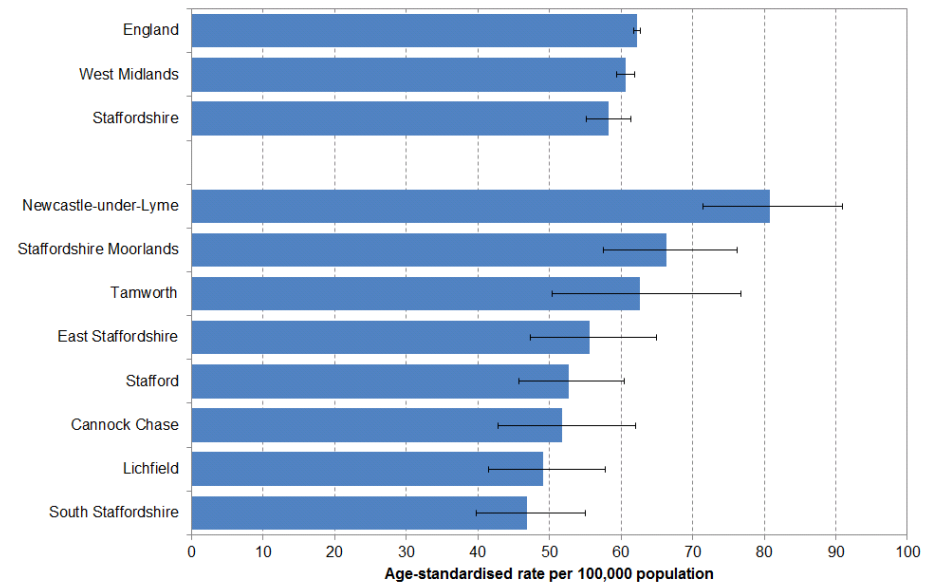
- Over 450 Staffordshire residents die every year from an infectious disease. Rates in Staffordshire have fallen by 38% between 2001-2003 and 2011-2013. This compares with a 37% nationally (Figure 106).
- Overall rates for Staffordshire are lower than the national average although Newcastle has a higher rate compared to the England average (Figure 107).

Figure 108: Trends in mortality from communicable diseases



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

Figure 109: Mortality from communicable diseases, 2011-2013

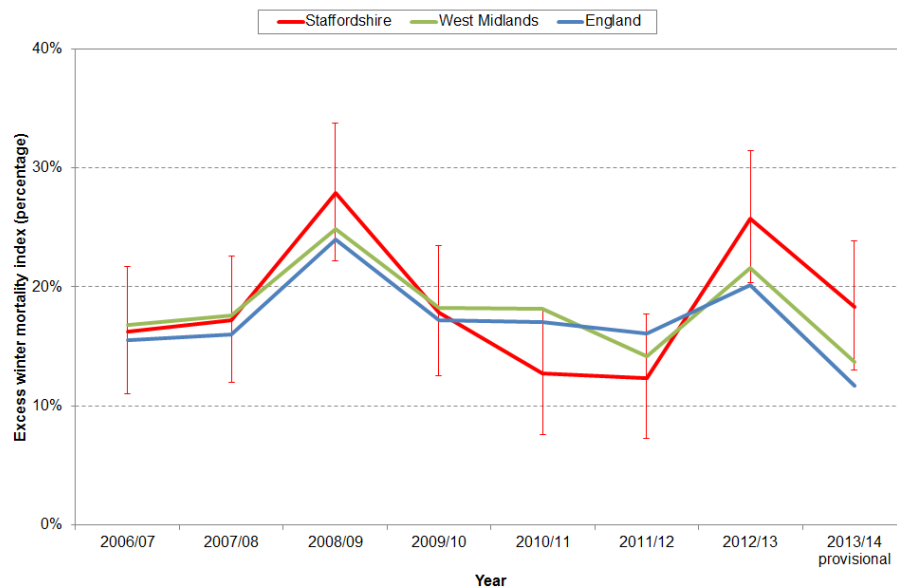


Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

6.8 Excess winter deaths

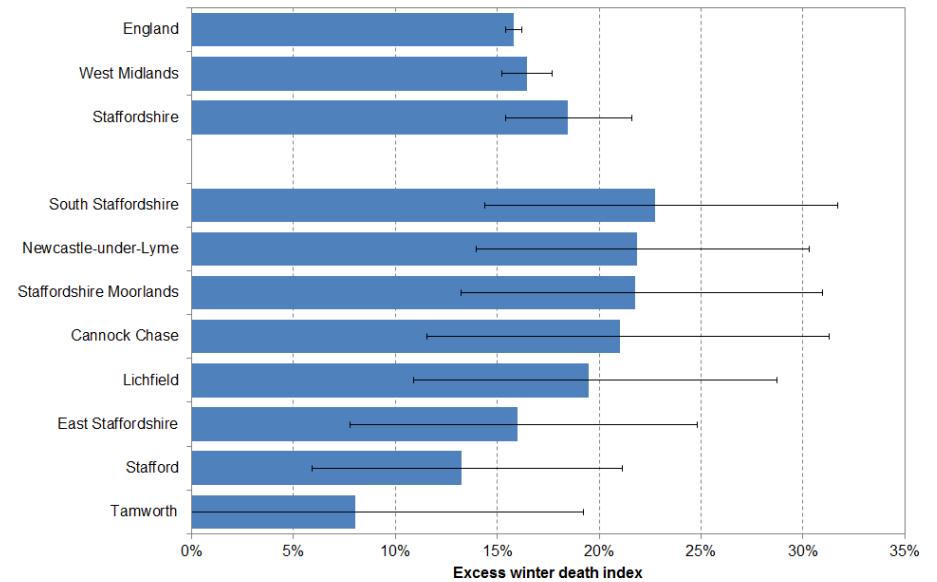
- Similar to national trends excess winter deaths in Staffordshire 2013/14 have decreased from the previous year but remain slightly higher than the England average (Figure 110).
- At a district level, rates are similar to the national average (Figure 111). Rates for people aged 85 and over are however higher than the England average.

Figure 110: Trends in excess winter deaths



Source: Primary Care Mortality Database, Mid-year population estimates, Office for National Statistics, Crown copyright and Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

Figure 111: Excess winter deaths, August 2011 to July 2014 (provisional)

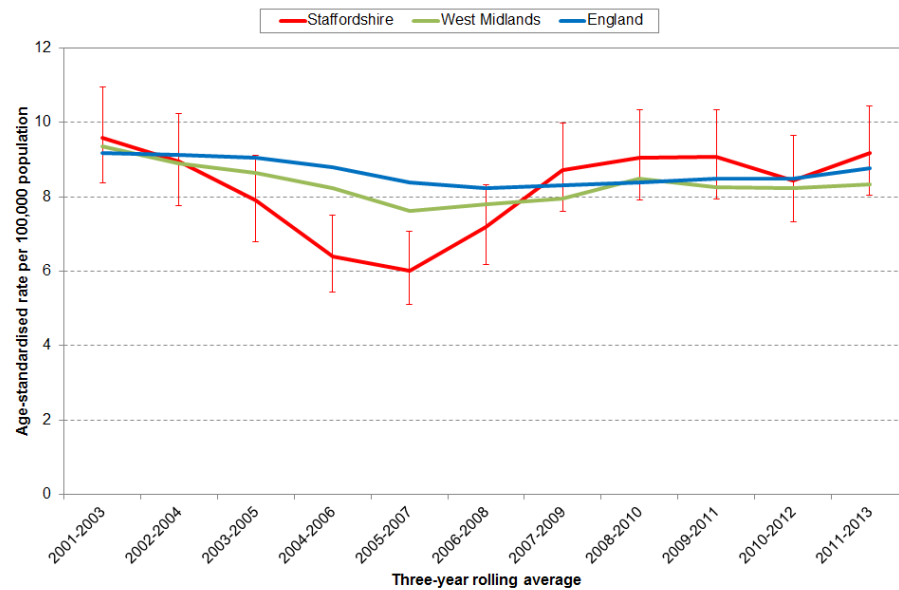


Source: Primary Care Mortality Database, Mid-year population estimates, Office for National Statistics, Crown copyright and Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

6.9 Suicide

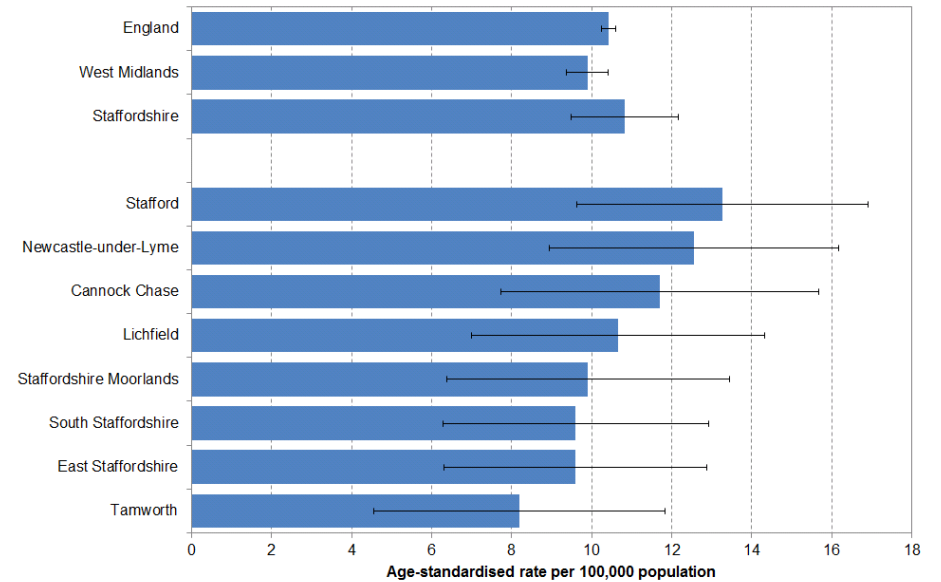
- In Staffordshire, there are around 80 suicides every year accounting for about 1% of deaths with rates being similar to the national average.
- Trends show a slight reduction in the overall rate between 2001-2003 and 2011-2013 although this is not statistically significant (Figure 112).

Figure 112: Trends in suicides and injuries undetermined (people aged 15 and over)



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

Figure 113: Suicides and injuries undetermined (people aged 15 and over), 2011-2013



Source: HSCIC Indicator Portal (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

6.10 Excess mortality rate in adults with mental illness

Research suggests that people with severe mental illness, such as schizophrenia, have life expectancy that is around 20 years shorter than the general population.

- The excess mortality rate for adults under 75 with mental illness in Staffordshire during 2012/13 was three times that of the general population. However the standardised mortality ratio in Staffordshire is lower than the England average and has improved slightly between 2011/12 and 2012/13 (Table 18).

Table 18: Standardised mortality ratio for adults under 75 with serious mental illness

	2009/10	2010/11	2011/12	2012/13
Staffordshire	284	209	331	307
England	327	335	337	347

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

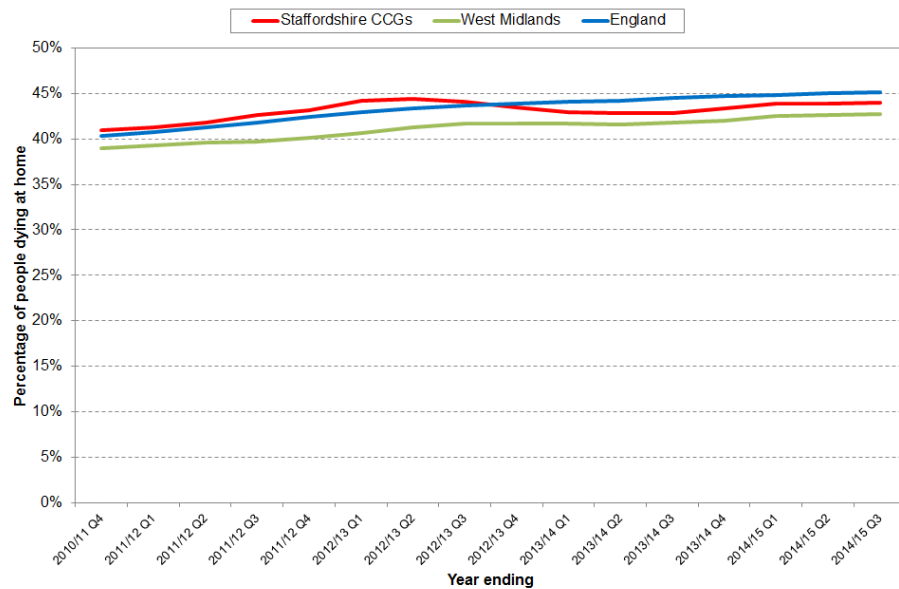
Source: Public Health Outcome Framework, Public Health England,
<http://www.phoutcomes.info/>

6.11 End of life care: proportion dying at home or usual place of residence (new indicator)

Death in hospital is considered the least likely place that people in general would choose to die compared with home, hospices and care homes. Therefore ensuring that peoples’ preferences are met involves working to reduce the number of deaths in hospital. This improves quality of care at end of life for the patients and also reduces hospital costs on unnecessary admissions.

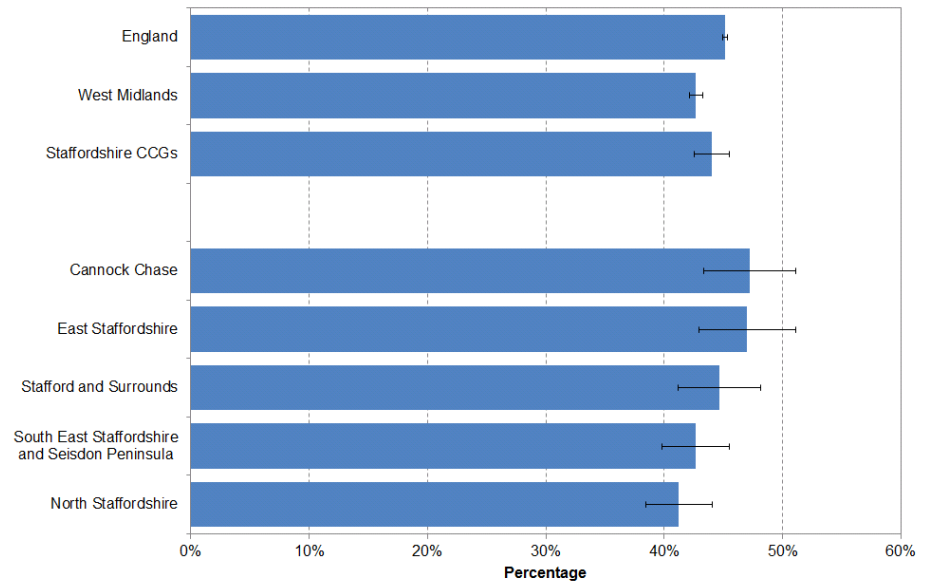
- The proportion of people dying at home has been increasing steadily (Figure 114). The proportion of people dying at home varies by CCG from 41% in North Staffordshire CCG to 47% in Cannock Chase (Figure 115). Rates for North Staffordshire CCG are below the England average.

Figure 114: Trends in people dying at home or usual place of residence



Source: http://www.endoflifecare-intelligence.org.uk/data_sources/place_of_death

Figure 115: Proportion of people dying at home or usual place of residence by district, June



Source: http://www.endoflifecare-intelligence.org.uk/data_sources/place_of_death