



# Health and wellbeing outcomes and performance summary report for Staffordshire February 2016

## Summary performance

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

This outcomes performance summary report presents data against indicators that were identified within the Living Well strategy where data is currently routinely available. Data sources for some of the other indicators are yet to be developed. The indicators are grouped under life course stages: start well, grow well, live well, age well and end well alongside a small section on overarching health and wellbeing. The full report will be published on the Staffordshire Observatory website shortly after the Health and Wellbeing Board meeting as part of the Joint Strategic Needs Assessment process at <http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx>.

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"> <li>Life expectancy at birth</li> <li><b>Inequalities in life expectancy</b></li> <li>Healthy life expectancy</li> </ul>	
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 in some areas, particularly where there are higher proportions of families living in poverty.	<ul style="list-style-type: none"> <li>Breastfeeding rates</li> </ul>	<ul style="list-style-type: none"> <li><b>Infant mortality</b></li> <li><b>Smoking in pregnancy</b></li> <li><b>Low birthweight babies</b></li> </ul>	<ul style="list-style-type: none"> <li>Children in poverty</li> <li><b>Population vaccination coverage</b></li> <li>Tooth decay in children</li> <li>School readiness</li> </ul>
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"> <li>Children with excess weight</li> <li>Teenage pregnancy</li> <li>Chlamydia diagnosis</li> <li>Hospital admissions caused by unintentional and deliberate injuries in children and young people</li> <li>Unplanned hospitalisation for asthma, diabetes and epilepsy</li> <li>Emergency admissions for lower respiratory tract infections</li> </ul>	<ul style="list-style-type: none"> <li>Pupil absence</li> <li><b>GCSE attainment</b></li> <li>16-18 year olds not in education, employment or training</li> <li>Under 18 alcohol-specific admissions</li> <li>Smoking prevalence in 15 year olds</li> <li>Emotional wellbeing of looked after children</li> <li>Child admissions for mental health for under 18s</li> <li>Hospital admissions as a result of self-harm (10-24 years)</li> </ul>	

	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 to participate in life opportunities which enable them to live independently. The number of people who are self-harming is also higher than average.	<ul style="list-style-type: none"> <li>▪ <b>Employment of vulnerable adults</b></li> <li>▪ Vulnerable adults who live in stable and appropriate accommodation</li> <li>▪ Domestic abuse</li> <li>▪ <b>Alcohol-related admissions to hospital</b></li> <li>▪ Excess weight in adults</li> <li>▪ Physical activity amongst adults</li> <li>▪ Recorded diabetes</li> <li>▪ NHS health checks</li> <li>▪ <b>Hospital admissions as a result of self-harm</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Self-reported wellbeing</b></li> <li>▪ Violent crime</li> <li>▪ <b>Road traffic injuries</b></li> <li>▪ <b>Statutory homelessness</b></li> <li>▪ Healthy eating: adults eating at least five portions of fruit or vegetables daily</li> <li>▪ Diabetes complications</li> <li>▪ Successful completion of drug treatment</li> </ul>	<ul style="list-style-type: none"> <li>▪ People feel satisfied with their local area as a place to live</li> <li>▪ Sickness absence</li> <li>▪ <b>Re-offending levels</b></li> <li>▪ Utilisation of green space</li> <li>▪ People affected by noise</li> <li>▪ Adult smoking prevalence</li> </ul>
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. In addition those that are admitted to hospital are delayed from being discharged.</p>	<ul style="list-style-type: none"> <li>▪ Fuel poverty</li> <li>▪ Pneumococcal and seasonal flu vaccination uptake in people aged 65 and over</li> <li>▪ People receiving social care who receive self-directed support and those receiving direct payment</li> <li>▪ Unplanned hospitalisation for ambulatory care sensitive conditions</li> <li>▪ <b>Delayed transfers of care</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Social isolation</li> <li>▪ Social care/health related quality of life for people with long-term conditions</li> <li>▪ People feel supported to manage their condition</li> <li>▪ Permanent admissions to residential and nursing care</li> <li>▪ Emergency readmissions within 30 days of discharge from hospital</li> <li>▪ Reablement services</li> <li>▪ Estimated diagnosis rate for people with dementia</li> <li>▪ <b>Falls and injuries in people aged 65 and over</b></li> <li>▪ <b>Hip fractures in people aged 65 and over</b></li> </ul>	
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 end of life care, winter deaths, early death rates from liver disease, infectious diseases 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"> <li>▪ Excess winter mortality</li> <li>▪ <b>End of life care: proportion dying at home or usual place of residence</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Under 75 mortality from liver disease</li> <li>▪ Mortality from communicable diseases</li> <li>▪ Suicide</li> <li>▪ Excess mortality rate in adults with mental illness</li> </ul>	<ul style="list-style-type: none"> <li>▪ Preventable mortality</li> <li>▪ <b>Mortality from causes considered amenable to healthcare</b></li> <li>▪ Under 75 mortality from cancer</li> <li>▪ Under 75 mortality from cardiovascular disease</li> <li>▪ Under 75 mortality from respiratory disease</li> </ul>

**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)	2012-2014	79.7	79.4	Stable
1.1b	No	Life expectancy at birth - females (years)	2012-2014	83.1	83.1	Stable
1.2a	Yes	Inequalities in life expectancy - males (slope index of inequality) (years)	2012-2014	6.4	9.2	Improving
1.2b	Yes	Inequalities in life expectancy - females (slope index of inequality) (years)	2012-2014	6.4	7.0	Worsening
1.3a	No	Healthy life expectancy - males (years)	2011-2013	62.8	63.3	n/a
1.3b	No	Healthy life expectancy - females (years)	2011-2013	63.4	63.9	n/a
2.1	No	Child poverty: children under 16 in low-income families	2013	14.1%	18.6%	Improving
2.2	Yes	Infant mortality rate per 1,000 live births	2012-2014	4.6	4.0	Stable
2.3	Yes	Smoking in pregnancy	2015/16 Q1-Q2	11.5%	10.6%	Improving
2.4a	No	Breastfeeding initiation rates	2015/16 Q1	69.1%	73.8%	Stable
2.4b	No	Breastfeeding prevalence rates at six to eight weeks	2015/16 Q1	27.4%	45.2%	Worsening
2.5a	Yes	Low birthweight babies (under 2,500 grams)	2014	7.0%	7.1%	Stable
2.5b	No	Low birthweight babies - full term babies (under 2,500 grams)	2014	2.3%	2.9%	Improving
2.6a	Yes	Diphtheria, tetanus, polio, pertussis, haemophilus influenza type b (Hib) at 12 months	2015/16 Q1-Q2	97.4%	92.7%	Stable
2.6b	Yes	Measles, mumps and rubella at 24 months	2015/16 Q1-Q2	97.1%	91.0%	Improving
2.6c	Yes	Measles, mumps and rubella (first and second doses) at five years	2015/16 Q1-Q2	94.1%	87.3%	Improving
2.7a	No	Children aged three with tooth decay	2012/13	4.0%	11.7%	n/a
2.7b	No	Children aged five with tooth decay	2011/12	21.6%	27.9%	n/a
2.8	No	School readiness (Early Years Foundation Stage)	2014/15	70.0%	66.3%	Improving
3.1	No	Pupil absence	2013/14	4.4%	4.5%	Improving
3.2	Yes	GCSE attainment (five or more A*-C GCSEs including English and mathematics)	2014/15	56.1%	53.8%	Stable
3.3	No	Young people not in education, employment or training (NEET)	2014	4.5%	4.7%	Improving
3.4	No	Unplanned hospital admissions due to alcohol-specific conditions (under 18) (rate per 100,000)	2011/12-2013/14	43.9	40.1	Improving
3.5	No	Smoking prevalence in 15 years olds	2014/15	7.9%	8.2%	n/a
3.6a	No	Excess weight (children aged four to five)	2014/15	23.1%	21.9%	Stable
3.6b	No	Excess weight (children aged 10-11)	2014/15	33.4%	33.2%	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 Q3	26.6	23.3	Improving
3.8b	No	Under-16 conception rates per 1,000 girls aged 13-15	2011-2013	5.9	5.5	Improving
3.9	No	Chlamydia diagnosis (15-24 years) (rate per 100,000)	2014	1,699	1,984	Stable
3.10a	No	Hospital admissions caused by unintentional and deliberate injuries in children under five (rate per 10,000)	2013/14	179	141	Stable

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
3.10b	No	Hospital admissions caused by unintentional and deliberate injuries in children under 15 (rate per 10,000)	2013/14	124	112	Stable
3.10b	No	Hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 (rate per 10,000)	2013/14	134	137	Stable
3.11	No	Unplanned hospitalisation for 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
3.13	NEW	Child admissions for mental health for under 18s (ASR per 100,000)	2013/14	79	87	Stable
3.14	NEW	Hospital admissions as a result of self-harm (10-24 years) (ASR per 100,000)	2013/14	393	412	Stable
4.1	No	Satisfied with area as a place to live	Sep-15	90.3%	82.0%	Stable
4.2a	Yes	Self-reported well-being - people with a low satisfaction score	2014/15	4.6%	5.6%	Stable
4.2b	Yes	Self-reported well-being - people with a low worthwhile score	2014/15	3.9%	4.2%	Stable
4.2c	Yes	Self-reported well-being - people with a low happiness score	2014/15	9.9%	9.7%	Stable
4.2d	Yes	Self-reported well-being - people with a high anxiety score	2014/15	19.0%	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	Yes	Gap in the employment rate between those with a long-term health condition and the overall employment rate	2014/15	9.6%	8.6%	Stable
4.4b	No	Proportion of adults with learning disabilities in paid employment	2014/15	2.6%	6.0%	n/a
4.4c	No	Proportion of adults in contact with secondary mental health services in paid employment	2014/15	12.8%	6.8%	Worsening
4.5a	No	People with a learning disability who live in stable and appropriate accommodation	2014/15	52.2%	73.3%	n/a
4.5b	No	People in contact with secondary mental health services who live in stable and appropriate accommodation	2014/15	66.8%	59.7%	Worsening
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)	2014/15	12.3	13.5	Worsening
4.8	Yes	Re-offending levels	2013	22.8%	26.4%	Stable
4.9	No	Utilisation of green space	2013/14	21.1%	17.1%	Improving
4.10	Yes	Road traffic injuries (rate per 100,000)	2012-2014	22.0	39.3	Stable
4.11	No	People affected by noise	2013/14	5.5	7.4	Stable
4.12	Yes	Statutory homelessness - homelessness acceptances per 1,000 households	2014/15	1.4	2.4	Worsening
4.13a	No	Smoking prevalence (18+)	2014	13.7%	18.0%	Improving
4.13b	No	Smoking prevalence in manual workers (18+)	2014	22.3%	28.0%	Improving
4.14	Yes	Alcohol-related admissions (narrow definition) (ASR per 100,000)	2015/16 Q2 provisional	698	609	Stable
4.15	No	Adults who are overweight or obese (excess weight)	2012-2014	68.6%	64.6%	n/a

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
4.16	No	Healthy eating: adults eating at least five portions of fruit or vegetables daily	2014	52.9%	53.5%	n/a
4.17a	No	Physical activity in adults	2014	54.1%	57.0%	Stable
4.17b	No	Physical inactivity in adults	2014	28.5%	27.7%	Stable
4.18	No	Diabetes prevalence (ages 17+)	2014/15	6.9%	6.4%	Worsening
4.19	No	Diabetes complications (ASR per 100,000)	2012/13	66.1	69.0	Stable
4.20a	No	NHS health checks offered (as a proportion of those eligible)	2013/14-2015/16 Q2	51.8%	47.5%	Improving
4.20b	No	NHS health checks received (as a proportion of those offered)	2013/14-2015/16 Q2	42.1%	48.2%	Stable
4.20c	No	NHS health checks received (as a proportion of those eligible)	2013/14-2015/16 Q2	21.8%	22.9%	Improving
4.21	Yes	Hospital admissions as a result of self-harm (ASR per 100,000)	2014/15	207	191	Stable
4.22a	No	Successful completion of drug treatment - opiate users	2014/15	6.2%	7.2%	Improving
4.22b	No	Successful drug treatment exits - opiate users	2015/16 Q2	7.8%	7.2%	Improving
5.1	No	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	2014/15	41.8%	44.8%	n/a
5.3	No	Pneumococcal vaccine in people aged 65 and over	2014/15	64.8%	69.8%	Worsening
5.4	No	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)	2014/15	18.9	19.1	n/a
5.6	No	Health related quality of life for people with long-term conditions (score)	2014/15	0.75	0.74	Stable
5.7	No	People feel supported to manage their condition	2014/15	66.8%	64.4%	Stable
5.8a	No	People receiving social care who receive self-directed support	2014/15	64.4%	83.7%	n/a
5.8b	No	Proportion of people using social care who receive direct payments	2014/15	25.4%	26.3%	n/a
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 Q2	16.3	12.0	Worsening
5.11	No	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes (rate per 100,000 population)	2014/15	642	669	n/a
5.12	No	People aged 65 and over who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	2014/15	88.6%	82.1%	Improving
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	60.6%	61.2%	Improving
5.15	Yes	Falls admissions in people aged 65 and over (ASR per 100,000)	2014/15	2,149	2,125	Stable
5.16	Yes	Hip fractures in people aged 65 and over (ASR per 100,000)	2014/15	598	571	Stable
6.1	No	Mortality from causes considered preventable (various ages) (ASR per 100,000)	2012-2014	176	183	Improving
6.2	Yes	Mortality by causes considered amenable to healthcare (ASR per 100,000)	2011-2013	107	114	Stable
6.3	No	Under 75 mortality rate from cancer (ASR per 100,000)	2012-2014	133	142	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)	2012-2014	71	76	Improving
6.5	No	Under 75 mortality rate from respiratory disease (ASR per 100,000)	2012-2014	27.7	32.6	Stable
6.6	No	Under 75 mortality rate from liver disease (ASR per 100,000)	2012-2014	16.0	17.8	Stable
6.7	No	Mortality from communicable diseases (ASR per 100,000)	2012-2014	61.9	63.2	Improving
6.8	No	Excess winter mortality	August 2014 to July 2015 provisional	27.8%	27.4%	Worsening
6.9	No	Suicides and injuries undetermined (ages 15+) (ASR per 100,000)	2012-2014	9.1	8.9	Stable
6.10	No	Excess mortality rate in adults with mental illness	2013/14	338	352	Stable
6.11	Yes	End of life care: proportion dying at home or usual place of residence	2014/15	42.8%	45.7%	Stable