



Health and wellbeing outcomes and performance summary report for Staffordshire February 2017

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	Performance worse than England	Performance similar to England	Performance better than England
Overarching health and wellbeing	There are significant health inequalities across Staffordshire for key health and wellbeing outcomes which are in the main underpinned by determinants of health.		<ul style="list-style-type: none"> ▪ Life expectancy at birth ▪ Inequalities in life expectancy ▪ Healthy life expectancy 	
Start well	Infant mortality rates in Staffordshire are worse than average. The proportion of children living in poverty has increased but remains lower than England; however a significant number of start well indicators remain a concern in areas where there are higher proportions of low-income families.	<ul style="list-style-type: none"> ▪ Infant mortality ▪ Smoking in pregnancy ▪ Breastfeeding rates 	<ul style="list-style-type: none"> ▪ Children in poverty ▪ Low birthweight babies ▪ Childhood vaccination coverage 	<ul style="list-style-type: none"> ▪ Tooth decay in children ▪ School readiness
Grow well	There are a number of child health outcome indicators where Staffordshire is not performing as well as it could. Overall educational attainment is better than average; however there some cohorts, e.g. children receiving free school meals or those looked after who have lower rates. Unplanned admissions to hospital are also higher for this age group.	<ul style="list-style-type: none"> ▪ Chlamydia diagnosis ▪ 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 ▪ Children with excess weight ▪ Emotional wellbeing of looked after children ▪ Teenage pregnancy ▪ Unintentional and deliberate injuries ▪ Under 18 admissions for mental health ▪ Hospital admissions as a result of self-harm (10-24 years) 	<ul style="list-style-type: none"> ▪ GCSE attainment

	Summary	Performance worse than England	Performance similar to England	Performance better than England
Live well	There are concerns with performance against healthy lifestyle indicators such as excess weight and alcohol consumption. In addition performance on prevention of serious illness could be improved as Staffordshire has significantly lower numbers of NHS health checks to the target population. There are also concerns for outcomes for people with learning disabilities to participate in life opportunities which enable them to live independently. The number of people who self-harm is also higher than average.	<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 Recorded diabetes NHS health checks Hospital admissions as a result of self-harm 	<ul style="list-style-type: none"> Self-reported wellbeing Sickness absence Violent crime Utilisation of green space Healthy eating: adults eating at least five portions of fruit or vegetables daily Physical activity amongst adults Diabetes complications Successful completion of drug treatment 	<ul style="list-style-type: none"> People feel satisfied with their local area as a place to live Re-offending levels Road traffic injuries People affected by noise Statutory homelessness Adult smoking prevalence
Age well	<p>Fewer Staffordshire residents over 65 take up their flu vaccination or their offer of a pneumococcal vaccine which may be contributing to excess winter mortality.</p> <p>Many age well indicators associated with the quality of health and care in Staffordshire perform poorly, for example more people are admitted to hospital for conditions that could be prevented or managed in the community. In addition those that are admitted to hospital are delayed from being discharged.</p>	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Fuel poverty 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 Estimated diagnosis rate for people with dementia Reablement services Falls and injuries in people aged 65 and over Hip fractures in people aged 65 and over 	
End well	Fewer Staffordshire residents than average die 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 in mortality rates across Staffordshire.	<ul style="list-style-type: none"> End of life care: proportion dying at home or usual place of residence 	<ul style="list-style-type: none"> Preventable mortality Under 75 mortality from liver disease Mortality from communicable diseases Suicide Excess mortality rate in adults with mental illness Excess winter mortality Mortality attributable to particulate air pollution 	<ul style="list-style-type: none"> Mortality from causes considered amenable to healthcare Under 75 mortality from cancer Under 75 mortality from cardiovascular disease Under 75 mortality from respiratory disease

Table 1: Summary of health and wellbeing outcomes

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
1.1a	Yes	Life expectancy at birth - males (years)	2013-2015	79.6	79.5	Stable
1.1b	Yes	Life expectancy at birth - females (years)	2013-2015	83.0	83.1	Stable
1.2a	No	Inequalities in life expectancy - males (slope index of inequality) (years)	2012-2014	6.4	9.2	Stable
1.2b	No	Inequalities in life expectancy - females (slope index of inequality) (years)	2012-2014	6.4	7.0	Stable
1.3a	Yes	Healthy life expectancy - males (years)	2013-2015	64.4	63.4	Stable
1.3b	Yes	Healthy life expectancy - females (years)	2013-2015	63.8	64.1	Stable
2.1	Yes	Child poverty: children under 16 in low-income families	2014	15.1%	20.1%	Worsening
2.2	No	Infant mortality rate per 1,000 live births	2013-2015	4.9	3.9	Stable
2.3	Yes	Smoking in pregnancy	2016/17 Q2	12.0%	10.3%	Stable
2.4a	No	Breastfeeding initiation rates	2015/16 Q1	69.1%	73.8%	Stable
2.4b	Yes	Breastfeeding prevalence rates at six to eight weeks	2016/17 Q2	24.8%	44.5%	Worsening
2.5a	Yes	Low birthweight babies (under 2,500 grams)	2015	7.6%	7.4%	Stable
2.5b	No	Low birthweight babies - full term babies (under 2,500 grams)	2014	2.3%	2.9%	Stable
2.6a	Yes	Diphtheria, tetanus, polio, pertussis, haemophilus influenza type b (Hib) at 12 months	2016/17 Q2	97.1%	92.9%	Stable
2.6b	Yes	Measles, mumps and rubella at 24 months	2016/17 Q2	93.9%	91.3%	Worsening
2.6c	Yes	Measles, mumps and rubella (first and second doses) at five years	2016/17 Q2	90.5%	87.4%	Worsening
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	2014/15	17.8%	24.7%	Improving
2.8	No	School readiness (Early Years Foundation Stage)	2015/16	73.8%	69.3%	Improving
3.1	No	Pupil absence	2014/15	4.4%	4.6%	Stable
3.2	Yes	GCSE attainment (five or more A*-C GCSEs including English and mathematics)	2015/16	54.7%	53.5%	Stable
3.3	No	Young people not in education, employment or training (NEET)	2015	3.9%	4.2%	Improving
3.4	No	Unplanned hospital admissions due to alcohol-specific conditions (under 18) (rate per 100,000)	2012/13-2014/15	36.4	36.6	Stable
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)	2015/16	22.5%	22.1%	Stable
3.6b	No	Excess weight (children aged 10-11)	2015/16	33.7%	34.2%	Stable
3.7	Yes	Emotional wellbeing of looked after children (score)	2015/16	14.9	14.0	Stable
3.8a	Yes	Under-18 conception rates per 1,000 girls aged 15-17	2015 Q3	23.0	21.2	Stable
3.8b	No	Under-16 conception rates per 1,000 girls aged 13-15	2012-2014	5.6	4.9	Stable
3.9	No	Chlamydia diagnosis (15-24 years) (rate per 100,000)	2015	1,646	1,887	Stable
3.10a	Yes	Hospital admissions caused by unintentional and deliberate injuries in children under five (rate per 10,000)	2015/16	132	130	Improving
3.10b	Yes	Hospital admissions caused by unintentional and deliberate injuries in children under 15 (rate per 10,000)	2015/16	96	104	Improving
3.10b	Yes	Hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 (rate per 10,000)	2015/16	128	134	Stable
3.11	No	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (ASR per 100,000)	2014/15	362	326	Stable
3.12	No	Hospital admissions - lower respiratory tract in under 19s (ASR per 100,000)	2014/15	440	382	Stable

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
3.13	No	Child admissions for mental health for under 18s (ASR per 100,000)	2014/15	88	87	Stable
3.14	No	Hospital admissions as a result of self-harm (10-24 years) (ASR per 100,000)	2014/15	432	399	Stable
4.1	Yes	Satisfied with area as a place to live	Sep-16	94.3%	85.6%	Improving
4.2a	No	Self-reported well-being - people with a low satisfaction score	2015/16	3.1%	4.6%	Stable
4.2b	No	Self-reported well-being - people with a low worthwhile score	2015/16	2.7%	3.6%	Stable
4.2c	No	Self-reported well-being - people with a low happiness score	2015/16	7.2%	8.8%	Stable
4.2d	No	Self-reported well-being - people with a high anxiety score	2015/16	19.0%	19.4%	Stable
4.3	Yes	Sickness absence - employees who had at least one day off in the previous week	2012-2014	2.6%	2.4%	Stable
4.4a	No	Gap in the employment rate between those with a long-term health condition and the overall employment rate	2015/16	6.2%	8.8%	Stable
4.4b	No	Proportion of adults with learning disabilities in paid employment	2015/16	2.0%	5.8%	Stable
4.4c	No	Proportion of adults in contact with secondary mental health services in paid employment	2015/16	14.2%	6.7%	Improving
4.5a	No	People with a learning disability who live in stable and appropriate accommodation	2015/16	67.0%	75.4%	Improving
4.5b	No	People in contact with secondary mental health services who live in stable and appropriate accommodation	2015/16	68.8%	58.6%	Improving
4.6	No	Domestic abuse (rate per 1,000)	2014/15	20.5	20.4	Improving
4.7	No	Violent crime (rate per 1,000)	2015/16	16.5	17.2	Worsening
4.8	Yes	Re-offending levels	2014	20.8%	25.4%	Stable
4.9	No	Utilisation of green space	2014/15	18.2%	17.9%	Stable
4.10	Yes	Road traffic injuries (rate per 100,000)	2013-2015	23.5	38.5	Stable
4.11	No	People affected by noise	2014/15	4.3	7.1	Improving
4.12	No	Statutory homelessness - homelessness acceptances per 1,000 households	2015/16	1.2	2.5	Stable
4.13a	No	Smoking prevalence (18+)	2015	13.6%	16.9%	Stable
4.13b	No	Smoking prevalence in manual workers (18+)	2015	23.4%	26.5%	Stable
4.14	Yes	Alcohol-related admissions (narrow definition) (ASR per 100,000)	2016/17 Q1	770	653	Stable
4.15	No	Adults who are overweight or obese (excess weight)	2013-2015	68.0%	64.8%	Stable
4.16	No	Healthy eating: adults eating at least five portions of fruit or vegetables daily	2015	52.7%	52.3%	Stable
4.17a	No	Physical activity in adults	2015	57.6%	57.0%	Improving
4.17b	No	Physical inactivity in adults	2015	28.3%	28.7%	Stable
4.18	No	Diabetes prevalence (ages 17+)	2015/16	7.0%	6.5%	Worsening
4.19	No	Diabetes complications (ASR per 100,000)	2012/13	66.1	69.0	Stable
4.20a	Yes	NHS health checks offered (as a proportion of those eligible)	2013/14 - 2016/17 Q2	66.0%	66.0%	Improving
4.20b	Yes	NHS health checks received (as a proportion of those offered)	2013/14 - 2016/17 Q2	42.5%	48.3%	Stable
4.20c	Yes	NHS health checks received (as a proportion of those eligible)	2013/14 - 2016/17 Q2	28.1%	31.8%	Improving
4.21	No	Hospital admissions as a result of self-harm (ASR per 100,000)	2014/15	207	191	Stable
4.22a	Yes	Successful completion of drug treatment - opiate users	July 2015 to June 2016	5.9%	6.6%	Stable
4.22b	Yes	Successful drug treatment exits - opiate users	2016	6.6%	6.9%	Stable
5.1	No	Fuel poverty	2014	10.5%	10.6%	Improving

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
5.2	No	Social isolation: percentage of adult social care users who have as much social contact as they would like	2015/16	48.4%	45.4%	Stable
5.3	No	Pneumococcal vaccine in people aged 65 and over	2015/16	66.1%	70.1%	Improving
5.4	No	Seasonal flu in people aged 65 and over	2015/16	69.8%	71.0%	Worsening
5.5	No	Social care related quality of life (score)	2015/16	19.1	19.1	Stable
5.6a	No	Health related quality of life for people with long-term conditions (score)	2015/16	0.74	0.74	Stable
5.6b	No	Health related quality of life for people with three or more long-term conditions (score)	2015/16	0.47	0.46	Stable
5.6c	No	Health related quality of life for carers (score)	2015/16	0.79	0.80	Stable
5.7	No	People feel supported to manage their condition	2015/16	65.1%	64.3%	Stable
5.8a	No	Proportion of people using social care who receive self-directed support	2015/16	80.2%	86.9%	Improving
5.8b	No	Proportion of carers who receive self-directed support	2015/16	87.1%	77.7%	Stable
5.8c	No	Proportion of people using social care who receive direct payments	2015/16	27.4%	28.1%	Stable
5.8d	No	Proportion of carers who receive direct payments	2015/16	76.5%	67.4%	Stable
5.9a	No	Acute ambulatory care sensitive (ACS) conditions (ASR per 100,000)	2014/15	1,354	1,277	Stable
5.9b	No	Chronic ambulatory care sensitive (ACS) conditions (ASR per 100,000)	2014/15	737	807	Improving
5.10	Yes	Delayed transfers of care (rate per 100,000 population aged 18 and over)	2016/17 Q3	21.0	14.8	Stable
5.11	No	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes (rate per 100,000 population)	2015/16	625	628	Stable
5.12a	No	People aged 65 and over who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	2015/16	87.8%	82.7%	Stable
5.12b	No	Proportion of older people aged 65 and over who received reablement / rehabilitation services after discharge from hospital	2015/16	1.2%	2.9%	Worsening
5.13	No	Readmissions within 30 days of discharge from hospital	2011/12	11.9%	11.8%	Stable
5.14	Yes	Estimated dementia diagnosis rate	Jan-17	66.8%	66.1%	Improving
5.15	No	Falls admissions in people aged 65 and over (ASR per 100,000)	2014/15	2,149	2,125	Stable
5.16	No	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)	2013-2015	182	184	Stable
6.2	No	Mortality by causes considered amenable to healthcare (ASR per 100,000)	2012-2014	106	112	Stable
6.3	No	Under 75 mortality rate from cancer (ASR per 100,000)	2013-2015	133	139	Stable
6.4	No	Under 75 mortality rate from all cardiovascular diseases (ASR per 100,000)	2013-2015	69	75	Stable
6.5	No	Under 75 mortality rate from respiratory disease (ASR per 100,000)	2013-2015	28.6	33.1	Stable
6.6	No	Under 75 mortality rate from liver disease (ASR per 100,000)	2013-2015	17.7	18.0	Stable
6.7	No	Mortality from communicable diseases (ASR per 100,000)	2013-2015	9.6	10.5	Stable
6.8	Yes	Excess winter mortality	August 2014 to July 2015	19.3%	14.6%	Stable
6.9	No	Suicides and injuries undetermined (ages 10+) (ASR per 100,000)	2013-2015	10.4	10.1	Stable
6.10	Yes	Excess mortality rate in adults with mental illness	2014/15	346	370	Stable
6.11	Yes	End of life care: proportion dying at home or usual place of residence	2016/17 Q1	41.6%	45.7%	Stable
6.12	Yes	Mortality attributable to particulate air pollution, persons aged 30 and over	2015	4.5%	4.7%	Stable