



# JSNA - health and wellbeing outcomes Summary performance report for Staffordshire December 2018

## Introduction

Staffordshire's health and wellbeing strategy is monitored through an outcomes framework which is 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. 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.

Some of the health and wellbeing data presented within the report is older to allow for benchmarking to be made possible. There remain a number of gaps particularly around routine public perception and patient experience indicators. The quarterly outcomes report continues to evolve and include new measures from the health and wellbeing space, e.g. Family Strategic Partnership, sustainability and transformational partnership and safeguarding that are deemed important to bring to the attention of the Health and Wellbeing Board.

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

## Summary performance

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

	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"> <li>▪ Life expectancy at birth</li> <li>▪ Inequalities in life expectancy</li> <li>▪ Healthy life expectancy</li> </ul>	
Start well	Infant mortality and associated measures in Staffordshire continue to be worse than average. A number of start well indicators also remain a concern in areas where there are higher proportions of low-income families.	<ul style="list-style-type: none"> <li>▪ Infant mortality</li> <li>▪ Smoking in pregnancy</li> <li>▪ Breastfeeding rates</li> </ul>	<ul style="list-style-type: none"> <li>▪ Worklessness households</li> <li>▪ Child mortality</li> <li>▪ Low birthweight babies</li> </ul>	<ul style="list-style-type: none"> <li>▪ Children in poverty</li> <li>▪ School readiness</li> <li>▪ Childhood immunisation</li> <li>▪ Tooth decay in children</li> </ul>
Develop well	<p>There are a number of child health outcome indicators where Staffordshire is not performing as well as it could. The proportion of children with excess weight in Reception is higher than average. Unplanned admissions to hospital for long-term conditions children and young people are also higher than average. The numbers of children in need has also increased in recent years.</p> <p>Overall educational attainment at Key Stage 2 is similar to the England average but drops off considerably by Key Stage 4 (GCSEs); in addition, there are some cohorts, e.g. children receiving free school meals, children with special educational needs and those who are looked after who have lower educational attainment rates putting them at risk of economic exclusion in adulthood.</p>	<ul style="list-style-type: none"> <li>▪ GCSE attainment</li> <li>▪ 16-17 year olds not in education, employment or training (NEET) or whose activity is not known</li> <li>▪ Children with excess weight</li> <li>▪ Emergency admissions for long-term conditions</li> <li>▪ Children in need, child protection rates and rates of looked after children</li> </ul>	<ul style="list-style-type: none"> <li>▪ Pupil absence</li> <li>▪ Key Stage 2 attainment</li> <li>▪ Under 18 alcohol-specific admissions</li> <li>▪ Smoking prevalence in 15 year olds</li> <li>▪ Teenage pregnancy</li> <li>▪ Hospital admissions as a result of self-harm (10-24 years)</li> <li>▪ Children killed or seriously injured on roads</li> <li>▪ Reoffending rates for 10-17 year olds</li> </ul>	<ul style="list-style-type: none"> <li>▪ Referrals to Children's Social Care</li> <li>▪ Unintentional and deliberate injuries</li> <li>▪ First time entrants to the Youth Justice System</li> </ul>

	Summary	Performance worse than England	Performance similar to England	Performance better than England
Live well	<p>There are concerns with performance against healthy lifestyle indicators such as alcohol consumption and excess weight. In addition, performance on early detection of cancer could be improved particularly as there has been a steady decline in breast and cervical screening rates. There are also concerns for outcomes for people with long-term conditions to participate in life opportunities which enable them to live independently. The number of people who are admitted for self-harming is also higher than average.</p>	<ul style="list-style-type: none"> <li>▪ Employment of people with long-term conditions</li> <li>▪ Vulnerable adults who live in stable and appropriate accommodation</li> <li>▪ Alcohol-related admissions</li> <li>▪ Excess weight in adults</li> <li>▪ Diabetes prevalence</li> <li>▪ Hospital admissions as a result of self-harm</li> <li>▪ Successful completion of drug and alcohol treatment</li> </ul>	<ul style="list-style-type: none"> <li>▪ Self-reported wellbeing</li> <li>▪ Sickness absence</li> <li>▪ Domestic abuse</li> <li>▪ Violent crime</li> <li>▪ Adult reoffending levels</li> <li>▪ Adult smoking prevalence</li> <li>▪ Healthy eating</li> <li>▪ Physical activity</li> <li>▪ Cancer screening</li> <li>▪ Deaths from drug misuse</li> </ul>	<ul style="list-style-type: none"> <li>▪ People feel satisfied with their local area as a place to live</li> <li>▪ Road traffic injuries</li> <li>▪ Statutory homelessness</li> </ul>
Age well	<p>Fewer Staffordshire residents over 65 take up their flu vaccination or their offer of a pneumococcal vaccine; in addition, fuel poverty rates in the County are high, two factors known to contribute to excess winter morbidity and mortality.</p> <p>Many age well indicators associated with the quality of health and care in Staffordshire perform poorly, for example more people are admitted to hospital for conditions that could be prevented or managed in the community. In addition, those that are admitted to hospital are delayed from being discharged.</p>	<ul style="list-style-type: none"> <li>▪ Fuel poverty</li> <li>▪ Pneumococcal vaccination uptake in people aged 65 and over</li> <li>▪ Seasonal flu vaccination uptake in people aged 65 and over</li> <li>▪ Unplanned hospitalisation for ambulatory care sensitive conditions</li> <li>▪ Delayed transfers of care</li> </ul>	<ul style="list-style-type: none"> <li>▪ Social isolation</li> <li>▪ People feel supported to manage their condition</li> <li>▪ Admissions to residential and nursing care homes</li> <li>▪ Access to reablement services</li> <li>▪ Estimated dementia diagnosis rates</li> <li>▪ Hip fractures in people aged 65 and over</li> </ul>	<ul style="list-style-type: none"> <li>▪ Falls in people aged 65 and over</li> </ul>
End well	<p>Fewer Staffordshire residents than average die before the age of 75 from cardiovascular and respiratory diseases. However, end of life care remains of some concern across the County. There are also significant inequalities in mortality rates across Staffordshire.</p>	<ul style="list-style-type: none"> <li>▪ End of life care: proportion dying at home or usual place of residence</li> </ul>	<ul style="list-style-type: none"> <li>▪ Preventable mortality</li> <li>▪ Under 75 mortality from cancer</li> <li>▪ Under 75 mortality from liver disease</li> <li>▪ Mortality from communicable diseases</li> <li>▪ Excess winter mortality</li> <li>▪ Suicide rates</li> <li>▪ Excess mortality rate in adults with mental illness</li> <li>▪ Mortality attributable to particulate air pollution</li> </ul>	<ul style="list-style-type: none"> <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	Yes	Life expectancy at birth - males (years)	2015-2017	79.7	79.6	Stable
1.1b	Yes	Life expectancy at birth - females (years)	2015-2017	82.9	83.1	Stable
1.2a	No	Inequalities in life expectancy - males (slope index of inequality) (years)	2014-2016	7.8	9.3	Stable
1.2b	No	Inequalities in life expectancy - females (slope index of inequality) (years)	2014-2016	6.7	7.3	Stable
1.3a	Yes	Healthy life expectancy - males (years)	2015-2017	63.4	63.4	Stable
1.3b	Yes	Healthy life expectancy - females (years)	2015-2017	64.3	63.8	Stable
2.1	No	Child poverty: children under 16 in low-income families	2015	12.9%	16.8%	Improving
2.2	No	Worklessness households	2017	11.1%	14.0%	Stable
2.3	Yes	School readiness (Early Years Foundation Stage): achieving a good level of development	2018	75.0%	71.5%	Stable
2.4	Yes	Infant mortality rate per 1,000 live births	2015-2017	5.5	3.9	Stable
2.5	No	Child mortality rate (ages 1-17) (ASR per 100,000)	2014-2016	12.0	11.6	Stable
2.6	Yes	Smoking in pregnancy	2018/19 Q2	12.2%	10.5%	Stable
2.7a	No	Breastfeeding initiation rates	2016/17	67.7%	74.6%	Stable
2.7b	Yes	Breastfeeding prevalence rates at six to eight weeks	2018/19 Q1	33.4%	44.4%	Improving
2.8a	No	Low birthweight babies (under 2,500 grams)	2016	7.5%	7.3%	Stable
2.8b	No	Low birthweight babies - full term babies (under 2,500 grams)	2016	2.4%	2.8%	Stable
2.9a	Yes	Diphtheria, tetanus, polio, pertussis, haemophilus influenza type b (Hib) at 12 months	2018/19 Q2	95.2%	91.7%	Stable
2.9b	Yes	Measles, mumps and rubella at 24 months	2018/19 Q2	94.0%	90.1%	Stable
2.9c	Yes	Measles, mumps and rubella (first and second doses) at five years	2018/19 Q2	90.9%	86.5%	Stable
2.10	No	Children aged five with tooth decay	2016/17	16.3%	23.3%	Stable
3.1	No	Pupil absence	2016/17	4.5%	4.7%	Stable
3.2	Yes	Key stage 2 (achieving the expected standard in reading, writing and maths)	2018 provisional	64%	64%	Stable
3.3	Yes	GCSE attainment (grades 5-9 in English and mathematics)	2018 provisional	37.7%	43.0%	Stable
3.4	Yes	Young people aged 16-17 not in education, employment or training (NEET) or whose activity is not known	2017	6.7%	6.0%	Improving
3.5a	Yes	Excess weight (children aged four to five)	2017/18	25.1%	22.4%	Stable
3.5b	Yes	Excess weight (children aged 10-11)	2017/18	34.5%	34.3%	Stable
3.6	No	Unplanned hospital admissions due to alcohol-specific conditions (under 18) (rate per 100,000)	2014/15 - 2016/17	31.5	34.2	Stable
3.7	No	Smoking prevalence in 15 years olds	2014/15	7.9%	8.2%	n/a
3.8	Yes	Under-18 conception rates per 1,000 girls aged 15-17	2017 Q3	20.5	17.9	Stable
3.9a	No	Unplanned hospital admissions for asthma, diabetes and epilepsy in under 19s (ASR per 100,000)	2016/17	387	304	Stable
3.9b	No	Unplanned hospital admissions for lower respiratory tract in under 19s (ASR per 100,000)	2016/17	580	446	Stable
3.10	No	Hospital admissions as a result of self-harm (10-24 years) (ASR per 100,000)	2016/17	435	405	Stable
3.11a	Yes	Referrals to Children's Social Care (rate per 10,000)	2017/18	526	552	Stable
3.11b	Yes	Repeat referrals to Children's Social Care	2017/18	19.6%	21.9%	Stable
3.12a	Yes	Children in need (rate per 10,000)	2017/18	358	341	Worsening
3.12b	Yes	Child protection plans (rate per 10,000)	2017/18	38.1	45.3	Worsening

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
3.12c	Yes	Looked after children (rate per 10,000)	2017/18	65.2	63.6	Stable
3.13	Yes	Children aged under 16 who are killed or seriously injured on the roads (rate per 100,000)	2015-2017	15.9	17.4	Stable
3.14a	No	Hospital admissions caused by unintentional and deliberate injuries in children under five (rate per 10,000)	2016/17	107	126	Improving
3.14b	No	Hospital admissions caused by unintentional and deliberate injuries in children under 15 (rate per 10,000)	2016/17	89	101	Stable
3.14c	No	Hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 (rate per 10,000)	2016/17	119	129	Stable
3.15	No	First time entrants to the Youth Justice System aged 10-17 (rate per 100,000)	2017	166	293	Stable
3.16	Yes	Reoffending rates for children aged 10-17	2016	47.8%	41.2%	Stable
4.1	Yes	Satisfied with area as a place to live	Sep-2018	94.3%	85.6%	Stable
4.2a	Yes	Self-reported well-being - people with a low satisfaction score	2017/18	3.4%	4.4%	Stable
4.2b	Yes	Self-reported well-being - people with a low worthwhile score	2017/18	3.6%	3.6%	Stable
4.2c	Yes	Self-reported well-being - people with a low happiness score	2017/18	8.5%	8.2%	Stable
4.2d	Yes	Self-reported well-being - people with a high anxiety score	2017/18	16.0%	20.0%	Stable
4.3	Yes	Sickness absence - employees who had at least one day off in the previous week	2015-2017	2.7%	2.1%	Stable
4.4a	No	Gap in the employment rate between those with a long-term health condition and the overall employment rate	2016/17	35.0%	29.4%	Stable
4.4b	Yes	Proportion of adults with learning disabilities in paid employment	2017/18	1.8%	6.0%	Stable
4.4c	Yes	Proportion of adults in contact with secondary mental health services in paid employment	2017/18	8.0%	7.0%	Worsening
4.5a	Yes	People with a learning disability who live in stable and appropriate accommodation	2017/18	73.1%	77.2%	Stable
4.5b	Yes	People in contact with secondary mental health services who live in stable and appropriate accommodation	2017/18	48.0%	57.0%	Worsening
4.6	Yes	Domestic abuse-related incidents and crimes (rate per 1,000)	2017/18	19.3	20.2	Increasing
4.7	Yes	Violent crime (rate per 1,000)	2017/18	21.6	23.7	Worsening
4.8	Yes	Adult reoffending levels	2016	29.3%	28.4%	Stable
4.9	Yes	Road traffic injuries (rate per 100,000)	2015-2017	29.9	40.8	Stable
4.10	Yes	Statutory homelessness - eligible homeless people not in priority need per 1,000 households	2017/18	0.3	0.8	Stable
4.11a	No	Smoking prevalence (18+)	2017	13.5%	14.9%	Stable
4.11b	No	Smoking prevalence in manual workers (18+)	2017	25.4%	25.7%	Stable
4.12	No	Alcohol-related admissions (narrow definition) (ASR per 100,000)	2017/18 Q1	729	647	Stable
4.13	No	Adults who are overweight or obese (excess weight)	2016/17	65.0%	61.3%	Stable
4.14	No	Healthy eating: adults eating at least five portions of fruit or vegetables daily	2016/17	55.9%	57.4%	Stable
4.15a	No	Physical activity in adults	2016/17	64.9%	66.0%	Stable
4.15b	No	Physical inactivity in adults	2016/17	23.2%	22.2%	Stable
4.16	Yes	Diabetes prevalence (ages 17+)	2017/18	7.3%	6.8%	Worsening
4.17a	No	Breast screening	2017	77%	75%	Worsening
4.17b	No	Cervical screening	2017	75%	72%	Stable
4.17c	No	Bowel screening	2017	62%	59%	Stable
4.18	No	Hospital admissions as a result of self-harm (ASR per 100,000)	2016/17	199	185	Stable
4.19a	Yes	Successful completion of drug treatment - opiate users	Oct-2018	5.3%	6.3%	Stable
4.19b	Yes	Successful completion of drug treatment - non-opiate users	Oct-2018	28.8%	36.2%	Stable
4.19c	Yes	Successful completion of drug treatment - alcohol treatment	Oct-2018	32.1%	38.8%	Stable
4.20	No	Deaths from drug misuse (ASR per 100,000)	2015-2017	3.9	4.3	Stable

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
5.1	No	Fuel poverty	2016	12.0%	11.1%	Stable
5.2	Yes	Social isolation: percentage of adult social care users who have as much social contact as they would like	2017/18	46.1%	46.0%	Stable
5.3	No	Pneumococcal vaccine in people aged 65 and over	2017/18	67.0%	69.5%	Improving
5.4	No	Seasonal flu in people aged 65 and over	2017/18	71.4%	72.6%	Improving
5.5	Yes	People feel supported to manage their condition	2017/18	60.9%	59.6%	Stable
5.6a	No	Acute ambulatory care sensitive (ACS) conditions (ASR per 100,000)	2016/17	1,504	1,359	Worsening
5.6b	No	Chronic ambulatory care sensitive (ACS) conditions (ASR per 100,000)	2016/17	839	813	Worsening
5.7	Yes	Delayed transfers of care (average number of delayed days per day per 100,000 population aged 18 and over)	Oct-2018	13.7	10.8	Stable
5.8	Yes	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)	2017/18	549	586	Improving
5.9a	Yes	People aged 65 and over who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	2017/18	91.1%	82.9%	Stable
5.9b	Yes	Proportion of older people aged 65 and over who received reablement / rehabilitation services after discharge from hospital	2017/18	0.7%	2.9%	Worsening
5.10	Yes	Estimated dementia diagnosis rate	Nov-2018	66.5%	68.2%	Stable
5.11	No	Falls admissions in people aged 65 and over (ASR per 100,000)	2016/17	2,005	2,114	Improving
5.12	No	Hip fractures in people aged 65 and over (ASR per 100,000)	2016/17	591	575	Stable
6.1	Yes	Mortality from causes considered preventable (various ages) (ASR per 100,000)	2015-2017	182	182	Stable
6.2	Yes	Under 75 mortality rate from cancer (ASR per 100,000)	2015-2017	134	135	Stable
6.3	Yes	Under 75 mortality rate from all cardiovascular diseases (ASR per 100,000)	2015-2017	67	72	Stable
6.4	Yes	Under 75 mortality rate from respiratory disease (ASR per 100,000)	2015-2017	30.0	34.3	Stable
6.5	Yes	Under 75 mortality rate from liver disease (ASR per 100,000)	2015-2017	19.5	18.5	Stable
6.6	Yes	Mortality from communicable diseases (ASR per 100,000)	2015-2017	9.6	10.9	Stable
6.7	Yes	Suicides and injuries undetermined (ages 10+) (ASR per 100,000)	2015-2017	9.7	9.6	Stable
6.8	No	Excess mortality rate in adults with mental illness	2014/15	346	370	Stable
6.9	Yes	Excess winter mortality	August 2017 to July 2018	36.4%	30.1%	Worsening
6.10	No	Mortality attributable to particulate air pollution, persons aged 30 and over	2016	5.2%	5.3%	Stable
6.11	Yes	End of life care: proportion dying at home or usual place of residence	2018/19 Q2	41.6%	46.8%	Stable