Health and Wellbeing SUFFOIK

SUFFOLK HEALTH & WELLBEING BOARD PERFORMANCE FRAMEWORK

CROSS-CUTTING THEMES

ISSUE: 1

DATE: Suffolk Health & Wellbeing Board, 08/09/2016

SOURCE: KNOWLEDGE & INTELLIGENCE TEAM, PUBLIC HEALTH SUFFOLK (anna.crispe@suffolk.gov.uk)

INTRODUCTION

Suffolk's Health and Wellbeing Board has refreshed its Strategy for 2016-19. As part of this work, 4 cross-cutting themes within the work of the Health and Wellbeing Board were identified:

- Reducing Inequalities
- Embedding Prevention
- Integrating Care
- Building strong and resilient communities.

Each cross-cutting theme will be considered in detail in at least one Board meeting within the annual cycle. In order to assist the Board in identifying where Suffolk is performing strongly, or where there may be room for improvement, this Performance Framework has been created. There are two pages for each cross-cutting theme, and a life course approach has been taken, allowing a focus on prenatal, children and adolescents, and on working age and older people, within each theme.

HOW TO INTERPRET THIS REPORT

The report provides a deliberately limited number of indicators in relation to each cross-cutting theme, presented in a dashboard. The dashboard gives the indicator title, definition, time period, source and relevant population. It then gives the current value for Suffolk, compared to the previous value for that indicator. The boxes for previous and current indicator value are coloured; green shows that the Suffolk value is better than the benchmark value, usually England, to a statistically significant extent; amber that the Suffolk value is similar to England; and red that the Suffolk value is worse than the England value to a statistically significant extent. If the value boxes are not coloured, this shows that statistical significance in relation to a benchmark cannot be calculated. The 'direction of travel' arrows show whether Suffolk's performance is increasing and getting worse (red up arrow); increasing and getting better (green up arrow); decreasing and getting worse (red down arrow) or decreasing and getting better (green down arrow). In addition, the relationship between each indicator and the four outcomes within the Health & Wellbeing Strategy is included in the column 'Outcome link'. A detailed key is included on the following page.

KEY

NB - When the word 'significance' is used in this key, it refers to statistical significance, meaning that the difference observed between two values (usually Suffolk and England) cannot be attributed to chance.

Previous Value: This is the value of the indicator in the previous period. If the box is shaded green, the indicator is significantly better than the England average value in the previous period; if shaded amber, the indicator is similar to the England value in the previous period; if shaded red, the indicator is significantly worse than the England average value in the previous period. If the box is not shaded, it means that the difference in comparison to the England average value in the previous period cannot be assessed.

Current Value: This is the value of the indicator in the current period. If the box is shaded green, the current value of the indicator is significantly better than the England average value; if shaded amber, the indicator is similar to the England average value; if shaded red, the current value of the indicator is significantly worse than the England average value. If the box is not shaded, it means that the difference in comparison to the England average value in the current period cannot be assessed.

Direction of travel

Increasing s

Increasing and getting better

Increasing and getting worse

Decreasing and getting better

Decreasing and it means difference in comparison to the England average value at that time cannot be assessed getting worse

No change in performance between the current and previous value

England Value: this is the England average value for that indicator in the current period

Outcome link: This column highlights where the cross-cutting theme indicators (referred to by number) are relevant to the four Health & Wellbeing Strategy Outcomes. The indicator numbers are as follows: 1 – Every child in Suffolk has the best start in life; 2 - Improving independent life for people with physical and learning disabilities; 3 – Older people in Suffolk have a good quality of life; 4 – People in Suffolk have the opportunity to improve their mental health and wellbeing.

Source: This is the source of the data. Much of the data comes from the Public Health Outcomes Framework (PHOF) which can be accessed in full here:

http://www.phoutcomes.info/public-health-outcomes-framework

CROSS CUTTING THEME - INEQUALITIES - 1

PRENATAL, BIRTH, CHIL	DHOOD & A	DOLESCENCE							
Indicator		Definition	Time period	Previous value	Current value	Direction of travel	England Value	Outcome link	Source
Healthy life	Males	Average number of years a person would expect to live in	2012-14	64.8	65.7	1	63.4	1 2 2 4	Indicator 0.1i – Public Health Outcomes
expectancy	Females	good health	2012-14	66.1	65.7	1	64.0	1, 2, 3, 4	Framework (PHOF)
Gap in life expectancy	Males	Difference in years between overall life expectancy at birth in		1.3	1.3	←→	0.0		
at birth	Females	Suffolk and life expectancy at birth for England as a whole.	2012-14	1.0	1.0	↔	0.0	1, 2, 3, 4	Indicator 0.2iv – PHOF
Slope Index of Inequality (SII) by	Males	Difference in years of life expectancy within Suffolk, from	2012-14	6.7*	6.8*	1	-	1, 2, 3, 4	Indicator 0.2iii – PHOF
deprivation quintile	Females	the most to the least deprived		4.3*	4.5*	1	-		
Dependent children under 20 in low income families	Persons	% point gap between Suffolk LAs with highest and lowest %s of children living in poverty	2013	11.4	10.9	•	-	1, 2, 4	Indicator 1.01i - PHOF Public Health Suffolk analysis
% of children receiving free school	Males	% of children with free school meals status reaching at least the	2014-15	34.9	43.3	1	42.6	1	Indicator 1.02i &1.02ii
meals achieving good development at age 5	Females	expected level in the early learning goals	2014-15	49.5	57.0	1	60.3		– PHOF
% of children receiving free school meals achieving 5 good GSCEs	Persons	Percentage of children with free school meals status achieving 5 GCSE's grade A*-C including Maths and English	2014-15	25.2	28.0	1	33.0	1	DfE Table LA8: GCSE A*-C grades inc. English and mathematics

COMMENTARY: Life expectancy in Suffolk continues to be higher than the England average, although the healthy life expectancy for females has fallen compared to its previous level. The SII for both males and females has increased, meaning that the difference in life expectancy for the most deprived people in Suffolk compared to the least deprived is growing – a sign of increasing inequality. Development at the end of reception for children receiving free school meals has improved for both boys and girls, and is now similar to the national average – despite this, only 2 in 5 boys in Suffolk entitled to free school meals are reaching a good level of development at this stage. By the age of 16, Suffolk children who are in receipt of free school meals are statistically less likely to achieve five good GCSEs than the national average – suggesting that inequalities may be perpetuated across generations in Suffolk.

CROSS CUTTING THEME – INEQUALITIES - 2

WORKING AGE & OLDER P	EOPLE								
Indicator		Definition	Time period	Previous value	Current value	Benchmark & Direction of travel	England Value	Outcome link	Source
Smoking Prevalence routine and manual workers (%)	Persons	Proportion of smokers in routine and manual occupations	2015	34.0	23.1	•	26.5	3, 4	Indicator 2.14 – Public Health Outcomes Framework
Numbers seeking debt advice	Persons	Under development						1, 2, 3, 4	Data requested from CAB
Gap in employment rate - those with LTC and overall rate (%)	Persons	% gap in employment rate between those with Long Term Condition and overall employment rate	2014-15	5.4*	9.1*	1	EoE 6.5 E 8.6	2, 3	Indicator 1.08i– Public Health Outcomes Framework
Excess deaths – circulatory, Suffolk	Persons	Number of excess deaths in most deprived quintile vs least deprived	2012-14	N/A	399	-	-	3	PHE Segment tool, May 2016
Excess deaths – cancer, Suffolk	Persons	Number of excess deaths in most deprived quintile vs least deprived	2012-14	N/A	301	-	-	3	PHE Segment tool, May 2016
Excess deaths – respiratory, Suffolk	Persons	Number of excess deaths in most deprived quintile vs least deprived	2012-14	N/A	193	-	-	3	PHE Segment tool, May 2016
Excess deaths – digestive, Suffolk	Persons	Number of excess deaths in most deprived quintile vs least deprived	2012-14	N/A	106	-	-	3	PHE Segment tool, May 2016
Excess deaths – mental / behavioural, Suffolk	Persons	Number of excess deaths in most deprived quintile vs least deprived	2012-14	N/A	69	-	-	3	PHE Segment tool, May 2016

COMMENTARY: The indicators suggest a mixed picture regarding health inequalities in adults in Suffolk. While the number of people working in routine and manual occupations in Suffolk who smoke has fallen, the gap between the proportion of people in employment who have a long term condition compared to those without has risen. Public Health England has estimated the additional number of deaths (excess deaths) which occurred between 2012-14 due to the differences in levels of deprivation within Suffolk. We cannot currently compare these numbers over time, but will be able to do so in the future. Any increases in these numbers in the future will indicate increasing health inequality due to deprivation.

CROSS CUTTING THEME – EMBEDDING PREVENTION 1

DATE: 8TH SEPTEMBER 2016

PRENATAL, BIRTH, CHIL	DHOOD & A	DOLESCENCE							
Indicator		Definition	Time period	Previous value	Current value	Direction of travel	England Value	Outcome link	Source
Low birth weight of term babies (%)	Persons	% of all live births with gestational age of at least 37 weeks and low birth weight (under 2500g)	2014	2.2	2.2	*	2.9	1	Indicator 2.01 – Public Health Outcomes Framework (PHOF)
Breastfeeding initiation (%)	Persons	% of all mothers who breastfeed their baby in the first 48 hours after delivery	2014-15	78.4	76.6	↓	74.3	1	Indicator 2.02i – PHOF
Breastfeeding prevalence at 6-8 weeks after birth	Persons	% of all infants at 6-8 week check who are partially or fully breastfed	2015-16	48.3	46.6	1	43.8 (14/15)	1	Indicator 2.02ii – PHOF
Child excess weight in 4-5 year olds	Persons	% of children aged 4-5 classified as overweight or obese	2014-15	22.2	21.0	1	21.9	1	Indicator 2.06i – PHOF
Child excess weight in 10-11 year olds	Persons	% of children aged 10-11 classified as overweight or obese	2014-15	31.8	31.9	1	33.2	1	Indicator 2.06ii – PHOF
Smoking prevalence at age 15	Persons	% of current smokers at age 15 – WAY survey		N/A	8.6	-	8.2	1	Indicator 2.09i – PHOF
15 year olds eating recommended '5 a day'	Persons	% of 15 year olds meeting the '5 a day' at 15 – WAY survey		-	50.7	-	52.4	1	Indicator 2.11iv – PHOF

COMMENTARY: Suffolk has a lower than average rate of low birth weight babies, and a higher than average rate of breast feeding initiation and prevalence at 6-8 weeks, although this has fallen slightly in the last year. The proportion of 4-5 year olds who are overweight or obese (1 in 5) is similar to the national average, while the number of 10-11 year olds who are overweight or obese (1 in 3) is lower than the national average. However, neither of these figures are encouraging for the future health of Suffolk. Nearly 1 in 10 of 15 year olds in Suffolk smoke; while this is similar to the national average, again it gives cause for concern. A similar number of 15 year olds in Suffolk are eating the recommended '5 a day' as the average for England.

CROSS CUTTING THEME - EMBEDDING PREVENTION - 2

WORKING AGE & OLDE	R PEOPLE								
Indicator		Definition	Time period	Previous value	Current value	Direction of travel	England Value	Outcome link	Source
Proportion of population meeting '5 a day' recommendation	Persons	% of adults consuming five portions of fruit and vegetables ' on a usual day'	2015	59.1	57.4	1	52.3	3	Indicator 2.11i – Public Health Outcomes Framework (PHOF)
Excess weight in adults	Persons	Percentage of adults overweight or obese, defined as BMI greater than or equal to 25kg/m ²	2012-14	N/A	65.9	-	64.6	2, 3, 4	Indicator 2.12 – PHOF
Percentage of physically inactive adults	Persons	Percentage of adults classified as inactive – less than 30 minutes of at least moderate intensity exercise in previous 28 days	2012-14	26.5	28.3	1	28.7	2, 3, 4	Indicator 2.13ii – PHOF
Smoking prevalence in adults – current smokers (APS)	Persons	Number of adults who are self- reported smokers in the Annual Population Survey	2015	19.5	16.1	1	16.9	2, 3, 4	Indicator 2.14 – PHOF
Admission episodes for alcohol-related conditions (Narrow)	Persons	Admissions to hospital where primary or secondary diagnosis is alcohol-attributable, DASR per 100,000	2014-15	576	564	1	641	3, 4	Indicator 2.18 – PHOF

COMMENTARY: Suffolk has a higher proportion of overweight and obese adults than the national average – with 2 out of 3 adults in the county in this category, this is a major cause for concern, obesity being a major determinant of premature mortality and avoidable ill health. The number of adults who are physically inactive and who are not eating '5 a day' is increasing; the number of people smoking is decreasing. The rate of alcohol-related admissions to hospital has fallen, and is lower than the national average.

CROSS CUTTING THEME – STRONGER/RESILIENT COMMUNITIES 1

DATE: 8TH SEPTEMBER 2016

PRENATAL, BIRTH, CHILDH	OOD & AD	OLESCENCE							
Indicator		Definition	Time period	Previous value	Current value	Direction of travel	England Value	Outcome link	Source
Children achieving good	Males	% children achieving at least the expected level in early	2014-15	51.1	60.4	1	58.6	1	Indicator 0.2i – Public Health
development at age 5	Females	learning goals	2014-13	66.7	75.2	1	74.3	1	Outcomes Framework (PHOF)
Year 1 pupils achieving	Males	% children who have learned phonic decoding to an age –	2014-15	69.8	73.0	1	73.0	1	Indicator 1.02ii –
expected level in phonics screening check Fema	Females	appropriate standard	2014-15	77.3	80.5	1	80.8		PHOF
Children achieving 5 good GCSEs	Persons	% of children achieving 5 A*-C CGSEs including English and Maths	2014-15	51.7	54.5	1	57.3	1	DfE GCSE / equivalent results, Subject & LA tables SFR02
% of 16-18 year olds not in education, employment or training	Persons	% of 16-18 year olds not in education, employment or training (NEET)	2015	5.6	5.2	Į.	4.2	1, 2	Indicator 1.05 – PHOF
Average difficulties score for all looked after children	Persons	Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months	2014-15	15.9	16.0	1	13.9	1	Indicator 2.08i – PHOF
% of children where there is cause for concern	Persons	% of children aged 5-16 who have been in care for at least 12 months who are affected by poor emotional wellbeing	2014-15	-	48.0	-	37.0	1	Indicator 2.08ii – PHOF

COMMENTARY: The proportion of boys and girls achieving both a good level of development at age 5, and the expected level in the phonics screening check at age 6, has increased. Girls are performing better than boys in both these indicators, although the proportion of boys achieving good development at age 5 is now significantly better than the national average. The proportion of pupils achieving five good GCSEs has also increased, but remains lower than the national average. The proportion of 16-18 year olds not in education, employment or training has declined over the last two years, but remains higher than the national average. Both the average difficulties score for looked after children, and the % of looked after children where there is cause for concern, is higher in Suffolk than in the rest of the East of England and Nationally – although the significance of these differences cannot be assessed.

CROSS CUTTING THEME – STRONGER/RESILIENT COMMUNITIES 2

DATE: 8TH SEPTEMBER 2016

WORKING AGE & OLDER PEO	OPLE								
Indicator		Definition	Time period	Previous value	Current value	Direction of travel	England Value	Outcome link	Source
Percentage of working age	Males	% of all respondents in the Labour Force Survey classed as	2014-	80.3	81.8	1	78.2		Indicator 1.08iv –
people in employment	Females	employed (aged 16-64)	15	69.9	70.9	1	67.6	1, 2, 3, 4	Public Health Outcomes Framework
Domestic Abuse	Persons	Rate of domestic abuse incidents recorded by the police per 100,000 population	2014- 15	13.3*	14.8*	1	20.4	1, 2, 3, 4	Indicator 1.11 – PHOF
Fuel Poverty	House- holds	% of households experiencing fuel poverty based on 'low income, high cost' methodology	2013	9.7	9.6	1	10.4	1, 2, 3, 4	Indicator 1.17 – PHOF
Adult social care users who have as much social contact as they would like	Persons	% of adult social care users who have as much social contact as they would like	2014- 15	42.2	45.9	1	44.8	3, 4	Indicator 1.18i – PHOF Adult Social Care Users Survey
Adult carers who have as much social contact as they would like	Persons	% of adult carers who have as much social contact as they would like -	2014- 15	28.9	25.6	1	38.5	3, 4	Indicator 1.18ii – PHOF, Personal Social Services Carers survey
Use of outdoor space for exercise/health	Persons	% of people using outdoor space for exercise/ health reasons	Mar 14 – Feb 15	22.0	18.7	1	17.9	1, 2, 3, 4	Indicator 1.16 - PHOF
People reporting low life satisfaction	Persons	% of responders in ONS Annual Population survey scoring 0-4 to in life satisfaction question, where 10 = fully satisfied	2014- 15	4.1	5.6	1	4.8	2, 3, 4	Marmot Indicators, PHE, 2015 (from ONS)
Wellbeing & Resilience Measures – 'WARM'		In development – based on Young Foundation work				i f		David David	In development

COMMENTARY: Employment levels remained high in Suffolk in 2014/15. Despite this, reported rates of low satisfaction with life increased. Reported incidents of domestic abuse also increased, but it is difficult to determine whether this was because of an increase in incidents, or an increase in reporting, which is to be welcomed. Suffolk was less fuel poor, on average, than England, although we know that fuel poverty is an issue for many rural households in Suffolk. Fewer than 1 in 2 of adults receiving support from social services had as much social contact as they would have liked, and only 1 in 4 adult carers had as much social contact as they would have liked. Given that carer breakdown can be a major driver of health and care need, this finding is concerning.

CROSS CUTTING THEME – INTEGRATION 1

PRENATAL, BIRTH, CHIL	DHOOD & Al	DOLESCENCE							
Indicator		Definition	Time period	Previous value	Current value	Direction of travel	England Value	Outcome link	Source
Emergency admissions to hospital	Males – IES CCG	Unplanned hospitalisation for asthma, diabetes or epilepsy in		317	326	1	362		NHS Outcome
for children with asthma, diabetes or epilepsy	Females – I ES CCG	the under 19s, directly standardised rate per 100,000 population	2014-15	267	227	•	290	1, 2	Framework
Emergency admissions to hospital for children with	Males – WS CCG	Unplanned hospitalisation for asthma, diabetes or epilepsy in the under 19s, directly	2012 14	473	568	1	362	1, 2	NHS Outcome
asthma, diabetes or epilepsy	Females – WS CCG	standardised rate per 100,000 population	2012-14	399	454	1	290		Framework
Emergency admissions to hospital	Males – GYW CCG	Unplanned hospitalisation for asthma, diabetes or epilepsy in		356	444	1	362		NHS Outcome
for children with asthma, diabetes or epilepsy	Females – GYW CCG	the under 19s, directly standardised rate per 100,000 population	2012-14	342	336	•	290	1, 2	Framework
Young people hospital admissions for self-harm	Persons	Directly standardised rate of admission for self-harm per 100,000 population aged 10-24	2010/11 – 2012/13	339.7	341.0	1	352.3	1, 2, 4	PHE Local Authority Child Health Profiles

COMMENTARY:

Indictors which capture the effect of service integration are still in development nationally; the indicators listed above should therefore be treated with some caution, as they are proxies at best. For children with asthma, epilepsy and diabetes, good co-ordination and integration of care and support should reduce the number of times they are admitted to hospital as emergency cases. West Suffolk CCG has higher rates than the national average for these conditions. Likewise, admission to hospital for self-harm can also be considered a proxy indicator for effective, integrated mental health and emotional wellbeing services. Suffolk's admission rate is similar to the national average, but has risen slightly in the last two years.

CROSS CUTTING THEME – INTEGRATION 2

WORKING AGE & OLDER PEOPLE										
Indicator		Definition	Time period	Previous value	Current value	Direction of travel	England Value	Outcome link	Source	
Excess winter deaths	Males	Ratio of extra deaths from all causes that occur in winter months compared with expected	Aug 2013	19.8	12.6	•	10.0	3	Indicator 4.5i – Public Health Outcomes	
	Females	number of deaths (not standardised)	– Jul 2014	19.5	8.9	1	13.2	3	Framework	
Delayed transfers of care	Persons	Delayed transfers of care, days of delay, all ages, all settings per 100k of population	2014-15	-	12.4*	-	11.1	2, 3, 4	Adult Social Care Outcomes Framework indicator 2C	
Proportion of people still at home 91 days after discharge from hospital	Persons	Percentage of those aged 65 over still at home 91 days after discharge into reablement / rehabilitation services	2014-15	73.8	75.3*	1	82.1	3	Adult Social Care Outcomes Framework indicator 2b(1)	
Proportion of people who use services who have control over their daily life	Persons	% of respondents to Adult Social Care survey who identify no needs in this area	2013-14	78.5	76.3	1	76.8	2, 3, 4	Adult Social Care Outcomes Framework indicator 1B	
Proportion of people who die at home		Deaths at home per quarter as a proportion of all registered deaths	2012-13 Q3	46.5*	47.8	1	44.0	3	Primary Care Mortality Database, HSCIC	

COMMENTARY: Excess winter deaths are included as a proxy indicator for the effectiveness of care for older people; most excess deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly. England and Wales have higher excess winter deaths than other European countries with colder climates, suggesting that some of these deaths may be preventable if care was organised and provided in an improved way. Excess winter deaths in Suffolk are similar to the national average. As significantly lower proportion of elderly patients discharged from hospital are still at home three months later than the national average; again, this may suggest opportunities to improve the integration and effectiveness of care. Suffolk is good at enabling people to die at home, and a high proportion of service users felt they had control over their daily lives – this last figure has declined in the most recent data, again perhaps suggesting opportunities for the better integration of health and care services.