

## AGENDA ITEM

### REPORT TO HEALTH AND WELLBEING BOARD

23<sup>RD</sup> JULY 2014  
REPORT OF DIRECTOR OF  
PUBLIC HEALTH

## HEALTH PROFILES 2014

### SUMMARY

This paper provides an overview of the main issues highlighted through the Health Profile 2014 for Stockton Borough, with some comparison to other Tees Local Authority areas.

### RECOMMENDATIONS

1. The Health and Wellbeing Board is asked to note the update provided through the Health Profile 2014
2. It is proposed the data is used to inform the overall strategic priorities formulated by the Board; and the priorities for children and young people and for adults formulated by the new Children and Young People's Partnership and the Adults' Health and Wellbeing Partnership respectively.

### DETAIL

1. Annual Health Profiles are produced by Public Health England, for each Local Authority area. The Profiles use the most recently available annual data for key indicators on:
  - Our communities
  - Children and young people's health
  - Adults' health and lifestyle
  - Disease and poor health
  - Life expectancy and causes of death
2. The 2014 Profiles were published on 8<sup>th</sup> July 2014 ([www.apho.org.uk](http://www.apho.org.uk)). Together with the Public Health Outcomes Framework and the JSNA, they provide a good source of data on which to base planning, development and commissioning of services. **Appendix 1** includes the Health Profiles for Stockton, Hartlepool, Middlesbrough and Redcar & Cleveland. A descriptive summary of some of the key points follows here.
3. The Stockton profile as a whole shows more indicators where current position is significantly better than the England average, compared to Middlesbrough and Hartlepool. However, 16 of the 32 indicators are still showing current position as significantly worse than the England average; and only 5 show current position as significantly better than the England average.
4. The Profiles provide a useful indicator of health and wellbeing in the Borough, however there are some limitations to considering the data in isolation:
  - The Profiles show a snapshot of one year of data rather than trends over time, which give a more comprehensive and true picture
  - There is a time-lag for some data, meaning it doesn't reflect the previous year's activity

- The data hide inequalities within Local Authority areas – further analysis is important to understand the variation that exists between wards
- Comparators are important: comparing Stockton Borough with a statistical neighbour can be more meaningful than comparison with another Tees Local Authority area. Interventions may be more transferable from the context of a statistical neighbour area. The benefit of local comparison is that some service provision is common across more than one Local Authority area, and the varying impact of this can be looked at
- The indicators serve as a prompt for further questions and analysis, in the context of current service provision, need and demographics

### Our communities

5. Levels of deprivation, poverty and long-term unemployment across the four areas are worse than the England average, as is GCSE attainment (except in Hartlepool). Variation still exists between the areas and significant inequality within areas will account for some of this e.g. the variation in deprivation between wards in Stockton Borough. GCSE attainment has risen in Stockton compared to 2012/13. Levels of violent crime are higher in Middlesbrough and Hartlepool than they are in Redcar & Cleveland and Stockton. The Stockton rate is better than the national average, as is the statutory homelessness rate.
6. These indicators illustrate the importance of local interventions and policies to reduce poverty as much as possible and to reduce the impact of poverty. A strategic approach to addressing poverty is being coordinated through *A Brighter Borough for All* (Family Poverty Framework) and the Board may wish to consider further how partners can work together to support this e.g. discussions are underway on a coordinated approach to food poverty.

### Children and young people's health

7. All indicators (smoking at time of delivery, breastfeeding, childhood obesity in year 6, alcohol-specific hospital stays, under 18 conceptions) show a worse current position across Tees compared to the England average, with the exception of childhood obesity in year 6, in Hartlepool.
8. This picture highlights the important of early intervention and prevention work throughout the life course, and particularly with children and young people. Poor health and wellbeing in childhood is likely to manifest in poorer health and wellbeing outcomes in adulthood, so there are implications across the life course.

### Adults' health and lifestyle

9. The indicators show a current Stockton position similar to the England average. However, this does not suggest work is not needed to further improve adults' health and wellbeing. For example, the % of obese adults is bordering on being worse than the England value; and 63% of adults overweight will have a significant impact on levels of diabetes and coronary heart disease. In the area in England with the best performance, only 8.4% of people smoke. Overall, current position in Stockton is better than Hartlepool and Redcar & Cleveland for most of these indicators; and similar to Middlesbrough.

### Disease and poor health

10. Hospital stays for self-harm and alcohol-related harm and rates of drug misuse are higher in all Tees Local Authority areas than the England average; whereas incidence of malignant melanoma and rates of hip fracture in people <65 in Tees are not significantly different to the England values. Incidence of sexually transmitted infections varies

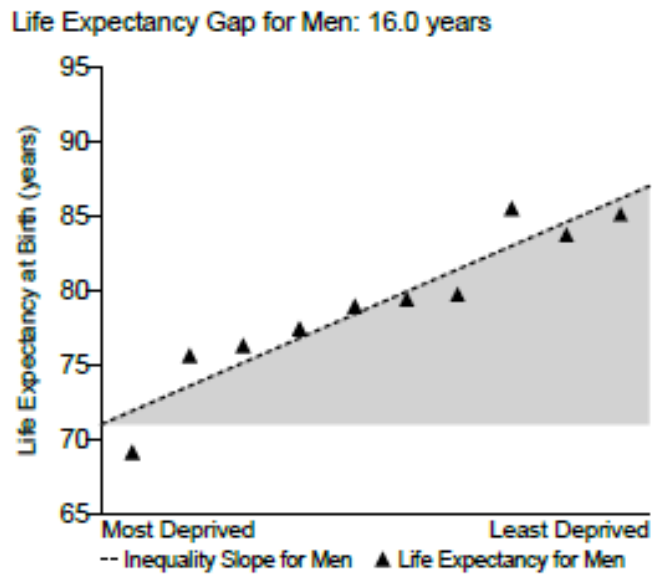
across Tees and is worse than the England average in Middlesbrough and Redcar & Cleveland. The rate in Stockton is not significantly different to England; but in Redcar & Cleveland (which has a similar mix of areas of deprivation and of affluence), rates are better than England. An action plan for sexual health is currently being developed, based on the recent health needs assessment: outreach provision and services which are young people-friendly have been highlighted as key issues and may help address STI rates.

11. Incidence of TB is lower across most of Tees than the England rate. Recorded diabetes is lower in Stockton Borough than the rest of Tees and England; and has reduced since 2012/13. This may reflect better health and good overall uptake of the NHS Health Check, however it could also reflect lower ascertainment and recording of diabetes and may warrant further analysis.

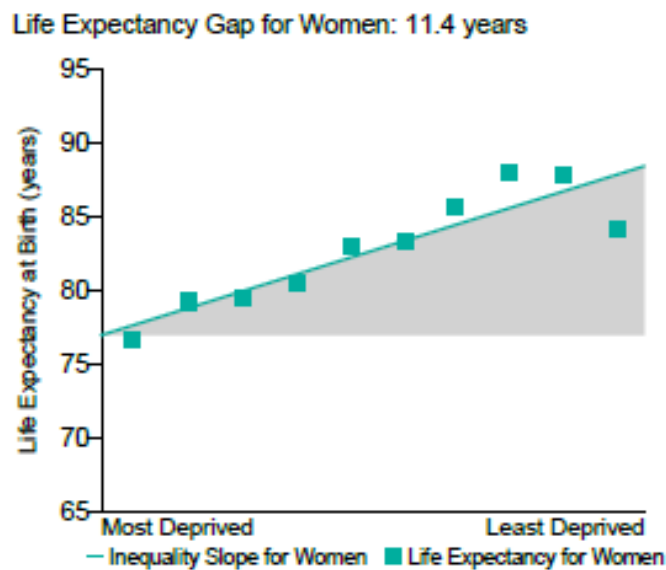
#### Life expectancy and causes of death

12. The rate of people killed or seriously injured on roads is lower across Tees than the England rate. Levels of suicide, excess winter death and infant mortality are not significantly different across most of Tees, compared to England. However, previous Public Health England data (2013) showed an increase in excess winter deaths on the previous year.
13. Smoking-related deaths are higher across Tees than they are for England, as are under 75 mortality rates due to cancer. Under 75 mortality rates due to CVD in Stockton and Redcar & Cleveland are not significantly different to those in England, though this hides significant inequality between wards, which will reflect the variation in risk factors such as smoking and levels of overweight and obesity. Rates in Hartlepool and Middlesbrough are worse than England rates.
14. The Profile shows early death from all causes is decreasing nationally and in Stockton, but the gap between the most and least deprived quintiles in Stockton remains. Early death from heart disease and stroke are decreasing nationally and locally, and the gap between Stockton and England has decreased significantly since 2002. Early death from cancer is also decreasing gradually, both locally and nationally, but the gap between Stockton and England is still significant and is only narrowing at a slow rate.
15. Life expectancy for all Tees areas is worse than for England – for both males and females. Compared to its Tees neighbours, Stockton has the second highest life expectancy for males (after Redcar & Cleveland) and the highest for females. However, the life expectancy gap (between the most deprived and least deprived decile) has increased in Stockton, compared to 2009-11: the gap is now 16yrs for men and 11.4yrs for women. **Figures 1 and 2** show the life expectancy for males and females, highlighting the gradient across deciles. If there were no inequality due to deprivation, the line would be horizontal. Particularly for men, the life expectancy for the most deprived decile is especially low compared to the others. This increases the gradient of the line significantly. This highlights the importance of providing services across the population, but with increased intensity and targeting for those in the most deprived deciles (and with other vulnerabilities)

**Figure 1: Inequality in Life Expectancy for Stockton Males (2010-12)**



**Figure 1: Inequality in Life Expectancy for Stockton Females (2010-12)**



16. Life expectancy is driven by a range of factors. However, as shown by the Longer Lives data previously presented to the Board, cancer (particularly lung cancer) is a major driver or premature mortality in the Borough.
17. It is recommended the data is considered together with the data from the Public Health Outcomes Framework and the JSNA to inform the overall strategic priorities formulated by the Board; and the priorities for children and young people and for adults formulated by the new Children and Young People's Partnership and the Adults' Health and Wellbeing Partnership respectively.

## **FINANCIAL IMPLICATIONS**

8. There are no direct financial implications of this update.

## **LEGAL IMPLICATIONS**

9. There are no specific legal implications of this update.

## **RISK ASSESSMENT**

10. Consideration of risk will be included in service development / commissioning decisions arising from the work.

## **SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS**

11. Using a consistent, evidence-based approach based on the latest available data across Board and Partnership organisations will have a positive impact on coordinated activity to deliver both the Sustainable Community Strategy and Joint Health and Wellbeing Strategy themes.

## **CONSULTATION**

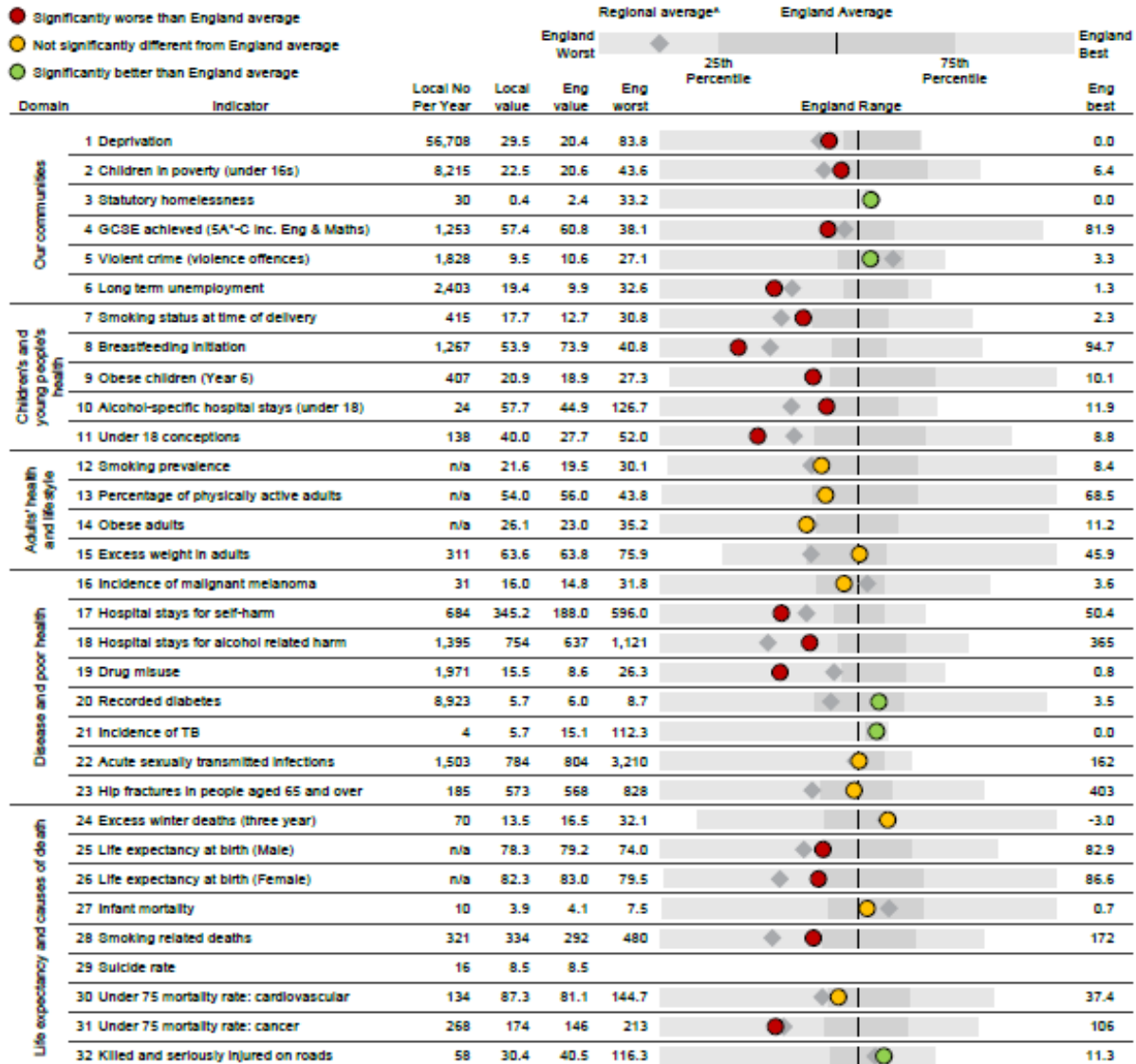
12. Consultation has been an integral part of generating priorities for action, through the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy development process. Further consultation will be needed on any future service development / commissioning.

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## Appendix 1: Summary of Health Profiles 2014

# Health Summary for Stockton-on-Tees

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator, however, a green circle may still indicate an important public health problem.



### Indicator Notes

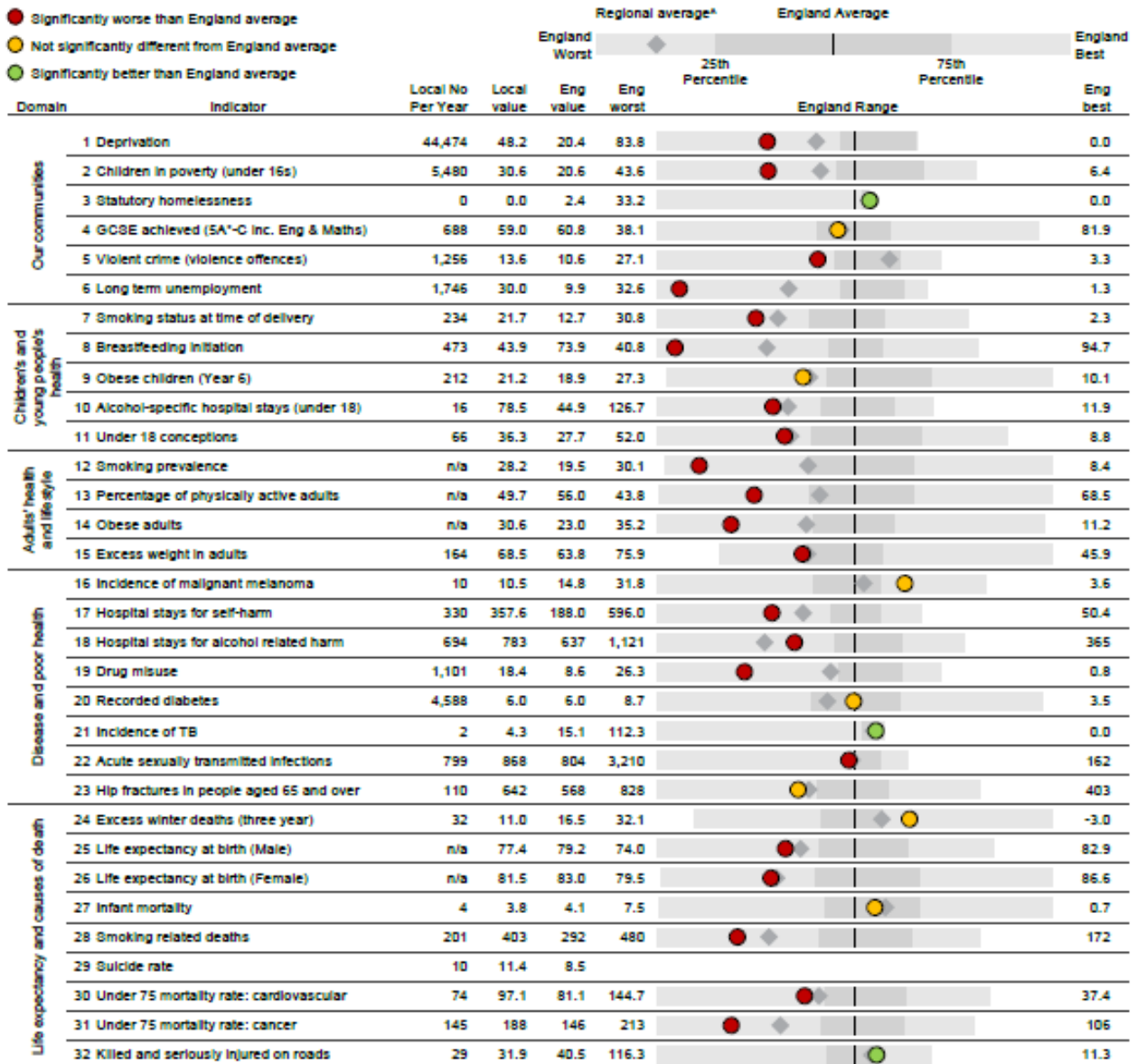
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# Health Summary for Hartlepool

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.



## Indicator Notes

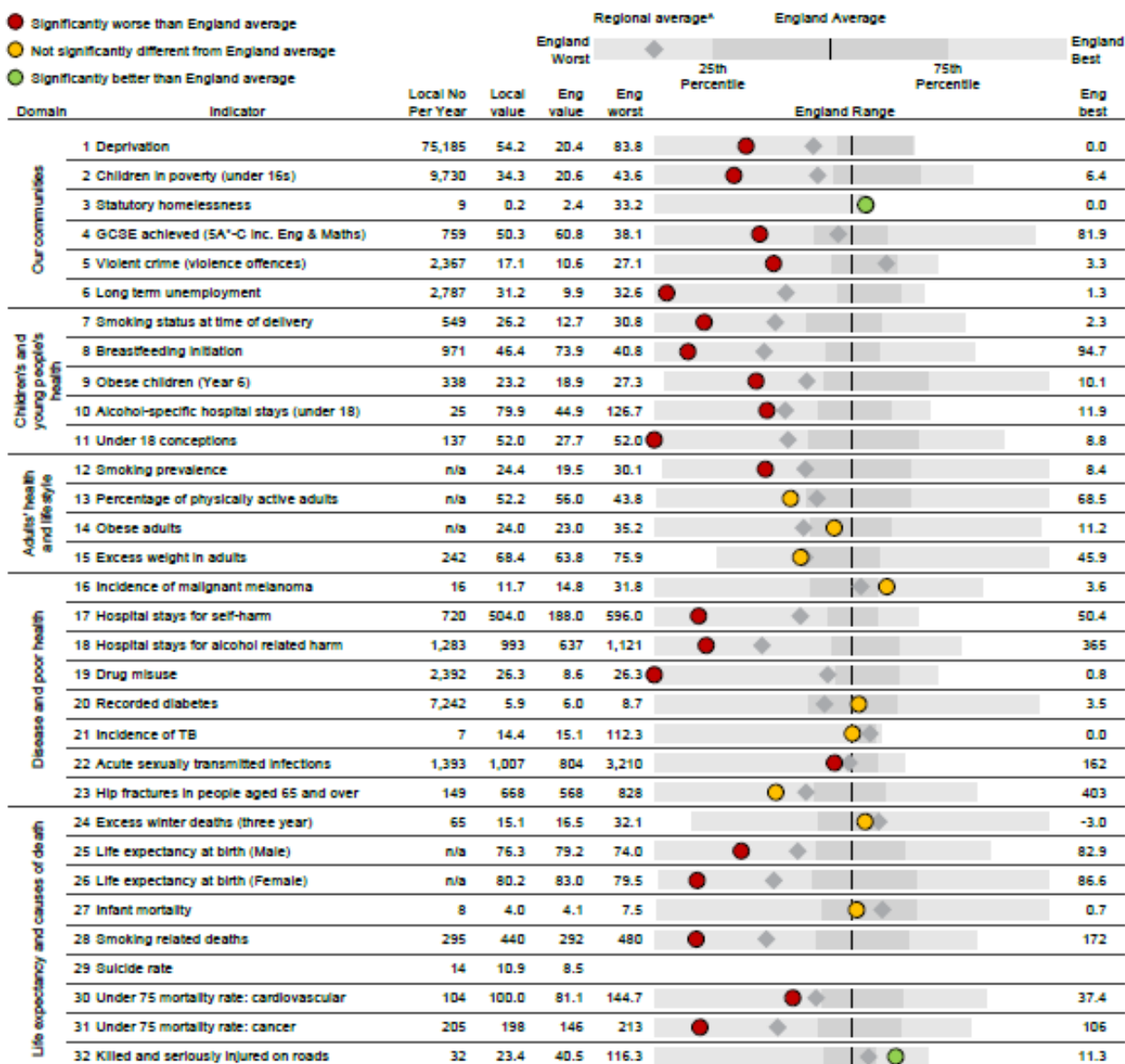
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# Health Summary for Middlesbrough

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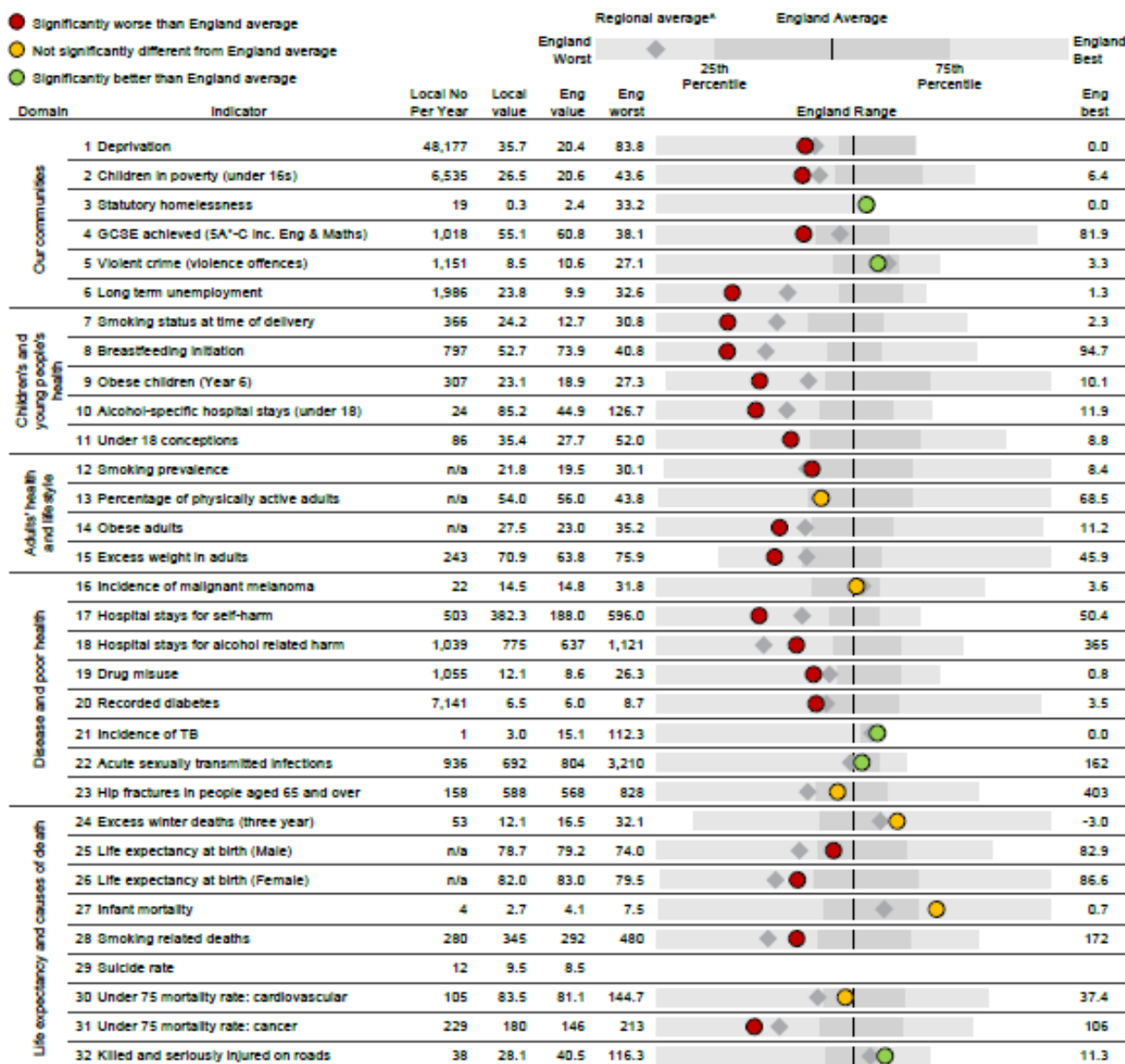
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# Health Summary for Redcar and Cleveland

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