AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

23RD 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
- The 2014 Profiles were published on 8th July 2014 (<u>www.apho.org.uk</u>). 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)

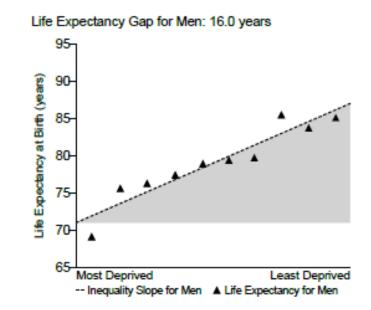
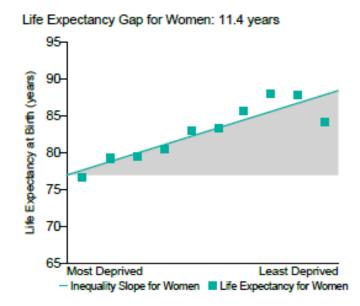


Figure 1: Inequality in Life Expectancy for Stockton Males (2010-12)





- 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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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.

🔴 Signi	ficantly worse than England average				Regional a	average* England Average	
O Not s	ignificantly different from England average			England Worst			England Best
🔿 Signi	ficantly better than England average					25th 75th Percentile Percentile	
Domain	indicator	Local No Per Year	Local value	Eng	Eng worst	England Range	Eng best
	4 Departmenter		29.5		83.8		
	1 Deprivation	56,708		20.4			0.0
8	2 Children in poverty (under 16s)	8,215	22.5	20.6	43.6		6.4
communities	3 Statutory homelessness	30	0.4	2.4	33.2	0	0.0
8	4 GCSE achieved (5A*-C Inc. Eng & Maths)	1,253	57.4	60.8	38.1		81.9
ð	5 Violent crime (violence offences)	1,828	9.5	10.6	27.1		3.3
	6 Long term unemployment	2,403	19.4	9.9	32.6		1.3
72	7 Smoking status at time of delivery	415	17.7	12.7	30.8		2.3
5 8 6	8 Breastleeding initiation	1,267	53.9	73.9	40.8	• •	94.7
dren's	9 Obese children (Year 6)	407	20.9	18.9	27.3		10.1
Children's and young people's health	10 Alcohol-specific hospital stays (under 18)	24	57.7	44.9	126.7	• •	11.9
	11 Under 18 conceptions	138	40.0	27.7	52.0	• •	8.8
<u>6 e</u>	12 Smoking prevalence	n/a	21.6	19.5	30.1	(O	8.4
s' health life style	13 Percentage of physically active adults	n/a	54.0	56.0	43.8	•	68.5
Adults' and IB	14 Obese adults	n/a	26.1	23.0	35.2	•	11.2
Ş g	15 Excess weight in adults	311	63.6	63.8	75.9		45.9
	16 Incidence of malignant melanoma	31	16.0	14.8	31.8	•	3.6
£	17 Hospital stays for self-harm	684	345.2	188.0	596.0	• •	50.4
rhealth	18 Hospital stays for alcohol related harm	1,395	754	637	1,121	• •	365
DOL 1	19 Drug misuse	1,971	15.5	8.6	26.3	• •	0.8
, and a second	20 Recorded diabetes	8,923	5.7	6.0	8.7	• •	3.5
Disease	21 Incidence of TB	4	5.7	15.1	112.3	0	0.0
8	22 Acute sexually transmitted infections	1,503	784	804	3,210	0	162
	23 Hip fractures in people aged 65 and over	185	573	568	828	+ O	403
ş	24 Excess winter deaths (three year)	70	13.5	16.5	32.1	0	-3.0
- 8	25 Life expectancy at birth (Male)	n/a	78.3	79.2	74.0	••	82.9
8	26 Life expectancy at birth (Female)	n/a	82.3	83.0	79.5	• •	86.6
and causes	27 Infant mortality	10	3.9	4.1	7.5	O •	0.7
	28 Smoking related deaths	321	334	292	480	• •	172
-	29 Suicide rate	16	8.5	8.5			
expectancy.	30 Under 75 mortality rate: cardiovascular	134	87.3	81.1	144.7	•O	37.4
	31 Under 75 mortality rate: cancer	268	174	146	213	•	106
8	32 Killed and seriously injured on roads	58	30.4	40.5	116.3	0	11.3
	-				_		

Indicator Notes

1% people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2011 3 Crude rate per 1,000 population, 2012/13 4 % key stage 4, 2012/13 § Recorded violence against the person crimes, crude rate per 1,000 population, 2012/13 8 Crude rate per 1,000 population, 2012/13 4 % key stage 4, 2012/13 8 Recorded violence against the person crimes, crude rate per 1,000 population, 2012/13 8 Crude rate per 1,000 population, 2012/13 4 % key stage 4, 2012/13 9 Recorded violence against the person crimes, crude rate per 1,000 population, 2012/13 8 % chool children in Year 6 (age 10-11), 2012/13 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2010/11 to 2012/13 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2012 12 % adults cassified as overweight or obese, Active People Survey 2012 16 % adults classified as overweight or obese, Active People Survey 2012 16 % adults classified as overweight or obese, Active People Survey 2012 16 % adults classified as overweight or obese, Active People Survey 2012 16 W adults classified as overweight or obese, Active People Survey 2012 16 % adults classified as overweight or obese, Active People Survey 2012 16 W adults classified as overweight or obese, Active People Survey 2012 16 W adults classified as overweight or obese, Active People Survey 2012 16 W adults classified as overweight or obese, Active People Survey 2012 11 Directly age standardised rate per 100,000 population, 2012/13 18 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2012/13 18 Estimated users of oplate and/or crack occaline aged 15-64, crude rate per 100,000 population, 2010/11 20 % people on GP registers with a recorded diagnosis of diabetes 2012/13 12 Crude rate per 100,000 population, 2010-2012 22 Crude rate per 100,000

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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.

🔴 Signif	Icantly worse than England average				Regional	average* England Average	_
Not sl	gnificantly different from England average			England Worst	- 4		England Best
🔘 Signif	Icantly better than England average				_	25th 75th Percentile Percentile	
Domain	Indicator	Local No Per Year	Local value	Eng value	Eng worst	England Range	Eng best
	1 Deprivation	44,474	48.2	20.4	83.8	• •	0.0
8	2 Children in poverty (under 16s)	5,480	30.6	20.6	43.6	• •	6.4
communities	3 Statutory homelessness	0	0.0	2.4	33.2	0	0.0
	4 GCSE achieved (SA*-C Inc. Eng & Maths)	688	59.0	60.8	38.1	•	81.9
8	5 Violent crime (violence offences)	1,256	13.6	10.6	27.1	•	3.3
	6 Long term unemployment	1,746	30.0	9.9	32.6	• •	1.3
	7 Smoking status at time of delivery	234	21.7	12.7	30.8	• •	2.3
Children's and young people's health	8 Breastfeeding initiation	473	43.9	73.9	40.8	• •	94.7
tents a per	9 Obese children (Year 6)	212	21.2	18.9	27.3	O	10.1
No.	10 Alcohol-specific hospital stays (under 18)	16	78.5	44.9	126.7		11.9
~ ~	11 Under 18 conceptions	66	36.3	27.7	52.0	•	8.8
£ 2	12 Smoking prevalence	n/a	28.2	19.5	30.1	• •	8.4
28	13 Percentage of physically active adults	n/a	49.7	56.0	43.8	• •	68.5
Adults' hea and life sty	14 Obese adults	n/a	30.6	23.0	35.2	• •	11.2
₹ e	15 Excess weight in adults	164	68.5	63.8	75.9	•	45.9
	16 Incidence of malignant melanoma	10	10.5	14.8	31.8		3.6
health	17 Hospital stays for self-harm	330	357.6	188.0	596.0	• •	50.4
ž,	18 Hospital stays for alcohol related harm	694	783	637	1,121	• •	365
b	19 Drug misuse	1,101	18.4	8.6	26.3	• •	0.8
ŝ	20 Recorded diabetes	4,588	6.0	6.0	8.7	• •	3.5
Disease	21 Incidence of TB	2	4.3	15.1	112.3	0	0.0
ä	22 Acute sexually transmitted infections	799	868	804	3,210	•	162
	23 Hip fractures in people aged 65 and over	110	642	568	828	O)	403
ę.	24 Excess winter deaths (three year)	32	11.0	16.5	32.1	• •	-3.0
-8	25 Life expectancy at birth (Male)	n/a	77.4	79.2	74.0		82.9
ancy and causes of	26 Life expectancy at birth (Female)	n/a	81.5	83.0	79.5	•	86.6
	27 Infant mortality	4	3.8	4.1	7.5	0	0.7
	28 Smoking related deaths	201	403	292	480	• •	172
	29 Suicide rate	10	11.4	8.5			
expectancy	30 Under 75 mortality rate: cardiovascular	74	97.1	81.1	144.7	••	37.4
	31 Under 75 mortality rate: cancer	145	188	146	213	• •	106
e S	32 Killed and seriously injured on roads	29	31.9	40.5	116.3	0	11.3

Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2011 3 Crude rate per 1,000 households, 2012/13 4 % key stage 4, 2012/13 6 Recorded violence against the person crimes, crude rate per 1,000 population, 2012/13 a Grude rate per 1,000 households, 2012/13 a % okomen who smoke at time of delivery, 2012/13 8 % of all mothers who breastled their bables in the first 48hrs after delivery, 2012/13 8 % school children in Year 6 (age 10-11), 2012/13 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2010/11 to 2012/13 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2012 12 % adults aged 18 and over, 2012 13 % duults calculated their bables in the first 48hrs after deliving at least 150 mins physical activity per week, 2012 14 % adults classified as obese, Active People 3 urvey 2012 16 % duits classified as overweight or obese. Active People 3 urvey 2012 16 b Directly age standardised rate per 100,000 population, 2012/13 18 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2012/13 18 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2012/13 18 Extinated users of oplate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2012/13 2 Crude rate per 100,000 population, 2010-2012 22 Crude rate per 10,000 population, 2012/13 2 A table of excess winter deaths (observed winter deaths insus expected deaths based on non-winter deaths) to average non-winter deaths 1,08.09-31.07, 12 26 At birth, 2010-2012 27 Rate per 1,000 live births, 2010-2012 28 Directly age standardised rate per 100,000 population aged 35 and over, 2012/13 24 Ratio of excess winter deaths (observed winter deaths, 1,08.09-31.07, 1

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Health Summary for Middlesbrough

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.

-							
Ignit 🔵	icantly worse than England average			England	Regional a	average* England Average	
Not s	gnificantly different from England average			Worst	- 4	25th 75th	England Best
🔘 Signif	icantly better than England average	Local No	Local	Eng	Eng	Percentie Percentie	Eng
Domain	Indicator	Per Year	value	value	worst	England Range	best
	1 Deprivation	75,185	54.2	20,4	83.8	• •	0.0
8	2 Children in poverty (under 16s)	9,730	34.3	20.6	43.6	• •	6.4
communities	3 Statutory homelessness	9	0.2	2.4	33.2	0	0.0
	4 GCSE achieved (5A*-C Inc. Eng & Maths)	759	50.3	60.8	38.1	• •	81.9
8	5 Violent crime (violence offences)	2,367	17.1	10.6	27.1	•	3.3
	6 Long term unemployment	2,787	31.2	9.9	32.6	• •	1.3
	7 Smoking status at time of delivery	549	26.2	12.7	30.8	• •	2.3
Children's and young people's health	8 Breastfeeding initiation	971	46.4	73.9	40.8	• •	94.7
tine time	9 Obese children (Year 6)	338	23.2	18.9	27.3	• •	10.1
No.	10 Alcohol-specific hospital stays (under 18)	25	79.9	44.9	126.7	••	11.9
~	11 Under 18 conceptions	137	52.0	27.7	52.0	•	8.8
5 •	12 Smoking prevalence	n/a	24.4	19.5	30.1	• •	8.4
health e style	13 Percentage of physically active adults	n/a	52.2	56.0	43.8	•	68.5
Adults'h and life:	14 Obese adults	n/a	24.0	23.0	35.2		11.2
₹ «	15 Excess weight in adults	242	68.4	63.8	75.9	O	45.9
	16 Incidence of malignant melanoma	16	11.7	14.8	31.8		3.6
health	17 Hospital stays for self-harm	720	504.0	188.0	596.0	• •	50.4
Ę.	18 Hospital stays for alcohol related harm	1,283	993	637	1,121	• •	365
ă	19 Drug misuse	2,392	26.3	8.6	26.3	•	0.8
ŝ	20 Recorded diabetes	7,242	5.9	6.0	8.7	* <mark>></mark>	3.5
Disease	21 Incidence of TB	7	14.4	15.1	112.3	• •	0.0
8	22 Acute sexually transmitted infections	1,393	1,007	804	3,210	•	162
	23 Hip fractures in people aged 65 and over	149	668	568	828	• •	403
ş	24 Excess winter deaths (three year)	65	15.1	16.5	32.1	O b	-3.0
ancy and causes of dea	25 Life expectancy at birth (Male)	n/a	76.3	79.2	74.0	• •	82.9
	26 Life expectancy at birth (Female)	n/a	80.2	83.0	79.5	• •	86.6
	27 Infant mortality	8	4.0	4.1	7.5	0 •	0.7
	28 Smoking related deaths	295	440	292	480	• •	172
	29 Suicide rate	14	10.9	8.5			
expects	30 Under 75 mortality rate: cardiovascular	104	100.0	81.1	144.7	• •	37.4
	31 Under 75 mortality rate: cancer	205	198	145	213	• •	106
5	32 Killed and seriously injured on roads	32	23.4	40.5	116.3	• •	11.3

Indicator Notes

1% people in this area living in 20% most deprived areas in England, 2010 2% children (under 16) in families receiving means-tested benefits & low income, 2011 3 Crude rate per 1,000 households, 2012/13 4% key stage 4, 2012/13 § Recorded violence against the person crimes, crude rate per 1,000 population, 2012/13 § Crude rate per 1,000 population aged 16-64, 2013 7% of women who smoke at time of delivery, 2012/13 8% of all mothers who breastleed their bables in the first 48hrs after delivery, 2012/13 8% school children in Year 6 (age 10-11), 2012/13 10 Persons under 18 admitted to houspital due to alcohol-specific conditions, crude rate per 1,000 population, 2012/13 8% of all mothers who breastleed their bables in the first 48hrs after delivery, 2012/13 8% school children in Year 6 (age 10-11), 2012/13 10 Persons under 18 admitted to houspital due to alcohol-specific conditions, crude rate per 100,000 population, 2012/13 10 Persons under 18 admitted to houspital due to alcohol-specific conditions, crude rate per 100,000 population, 2012/13 10 Persons under 17, 2009-2012 16% adults classified as overweight or obese, Active People Survey 2012 16 % adults classified as overweight or obese, Active People Survey 2012 16 % adults classified as overweight or obese, Active People Survey 2012 16 % adults classified as overweight or obese, Active People Survey 2012 16 % adults classified as overweight or obese, Active People Survey 2012 16 % adults classified as overweight or obese, Active People Survey 2012 16 % adults classified as overweight or obese, Active People Survey 2012 11 forectly age standardised rate per 100,000 population, 2012/13 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2012/13 18 Estimated users of oplate and/or crack cocaine aged 15-64, crude rate per 10,000 population, 2011/1 20 % people on GP registers with a recorded diagnosis of diabetes 2012/13 12 Crude rate of emergency admiss

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Middlesbrough - 8 July 2014

Health Summary for Redcar and Cleveland

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.

🔴 Signi	Icanity worse than England average				Regional a	verage* England Average	
O Not s	ignificantly different from England average			England Worst	•		England Best
🔘 Signi	Icantly better than England average			_	_	25th 75th Percentile Percentile	
Domain	Indicator	Local No Per Year	Local value	Eng	Eng worst	England Range	Eng best
	1 Deprivation	48,177	35.7	20,4	83.8		0.0
2	2 Children in poverty (under 16s)	6,535	26.5	20.6	43.6		6.4
communities	3 Statutory homelessness	19	0.3	2.4	33.2	0	0.0
	4 GCSE achieved (5A*-C Inc. Eng & Maths)	1,018	55.1	60.8	38.1		81.9
Š.	5 Violent crime (violence offences)	1,151	8.5	10.6	27.1		3.3
0	6 Long term unemployment	1,986	23.8	9.9	32.6		1.3
	7 Smoking status at time of delivery	366	24.2	12.7	30.8		2.3
25	8 Breastleeding initiation	797	52.7	73.9	40.8		94.7
Children's and young people's health	9 Obese children (Year 6)	307	23.1	18.9	27.3		10.1
100							
ភ៍ ខ្ល	10 Alcohol-specific hospital stays (under 18)	24	85.2	44.9	126.7		11.9
	11 Under 18 conceptions	85	35.4	27.7	52.0		8.8
health	12 Smoking prevalence	n/a	21.8	19.5	30.1		8.4
s' healt life style	13 Percentage of physically active adults	n/a	54.0	56.0	43.8		68.5
Adults' and life	14 Obese adults	n/a	27.5	23.0	35.2		11.2
<u> </u>	15 Excess weight in adults	243	70.9	63.8	75.9	• •	45.9
	16 Incidence of malignant melanoma	22	14.5	14.8	31.8	O	3.6
theatt	17 Hospital stays for self-harm	503	382.3	188.0	596.0	• •	50.4
2	18 Hospital stays for alcohol related harm	1,039	775	637	1,121	• •	365
dpoor	19 Drug misuse	1,055	12.1	8.6	26.3	••	0.8
pme e	20 Recorded diabetes	7,141	6.5	6.0	8.7	•	3.5
Disease	21 Incidence of TB	1	3.0	15.1	112.3	0	0.0
ð	22 Acute sexually transmitted infections	936	692	804	3,210	0	162
	23 Hip fractures in people aged 65 and over	158	588	568	828	 O 	403
f	24 Excess winter deaths (three year)	53	12.1	16.5	32.1	••	-3.0
e de	25 Life expectancy at birth (Male)	n/a	78.7	79.2	74.0	• •	82.9
	26 Life expectancy at birth (Female)	n/a	82.0	83.0	79.5	*	86.6
and causes	27 Infant mortality	4	2.7	4.1	7.5	• •	0.7
	28 Smoking related deaths	280	345	292	480	* •	172
lou	29 Suicide rate	12	9.5	8.5			
expectancy.	30 Under 75 mortality rate: cardiovascular	105	83.5	81.1	144.7	* C	37.4
	31 Under 75 mortality rate: cancer	229	180	146	213	• •	106
e L	32 Killed and seriously injured on roads	38	28.1	40.5	116.3		11.3

Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2011 3 Crude rate per 1,000 households, 2012/13 4 % key stage 4, 2012/13 6 Recorded violence against the person crimes, crude rate per 1,000 population, 2012/13 6 Crude rate per 1,000 population aged 16-64, 2013 7 % of women who smoke at time of delivery, 2012/13 8 % of all mothers who breastleed their babies in the first 48hrs after delivery, 2012/13 8 % school children in Year 6 (age 10-11), 2012/13 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2010/11 to 2012/13 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2012 12 % adults aged 18 and over, 2012 13 % adults achieving at least 150 mins physical activity per week, 2012 14 % adults classified as obese, Active People Survey 2012 16 % adults classified as overweight or obese, Active People Survey 2012 16 % adults classified as overweight or obese, Active People Survey 2012 16 % adults classified as overweight or obese, Active People Survey 2012 16 % adults classified as overweight or obese, Active People Survey 2012 16 % adults classified as overweight or obese, Active People Survey 2012 16 % adults classified as overweight or obese, Active People Survey 2012 16 % adults classified as overweight or obese, Active People Survey 2012 16 % adults classified as overweight or obese, Active People Survey 2012 16 % adults classified as overweight or obese, Active People Survey 2012 11 % Uncertity age standardised rate per 100,000 population, 2012/13 18 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2012/13 18 Estimated users of oplate and/or crack cocaine aged 15-64, crude rate per 10,000 population, 2012/11 20 % people on GP registers with a recorded diagnosis of diabetes 2012/13 12 Grude rate per 100,

More information is available at www.healthomfiles.info Please send any enquiries to healthomfiles@ohe.onv.uk

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