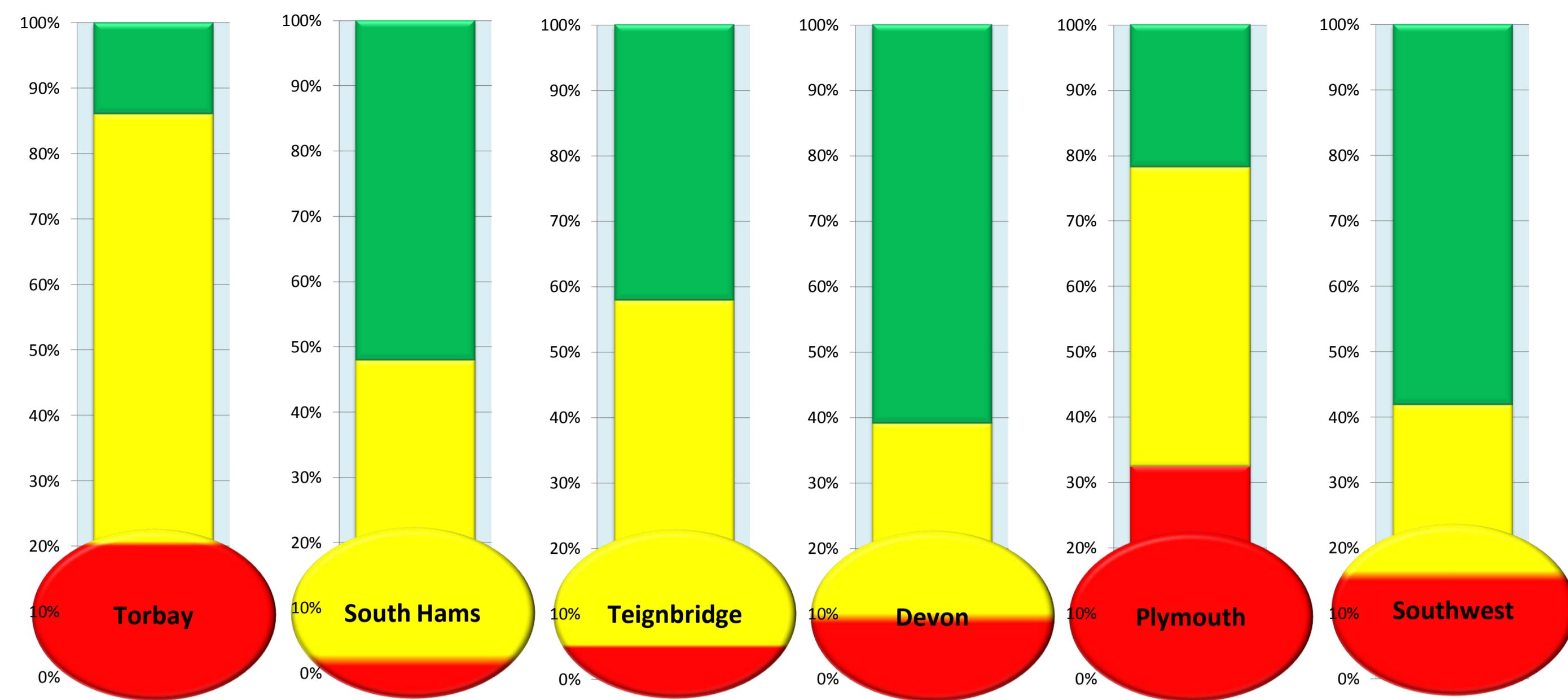


# Public Health Outcomes Framework - Summary of significantly worse indicators in Torbay - February 2016



34 outliers out of 159

## Introduction

This summary brings together performance 'outliers' for the Public Health Outcomes Framework (PHOF) for Torbay by life course stage. Only indicators that were identified as statistically significantly worse than the England average on either an annual basis, or for 3 out of 4 quarters are included in the table below. The contents of the table will be reviewed annually.

The 'thermometers' represent the proportion of PHOF indicators by their significance for local comparator areas. The 'dials' represent the proportion of indicators that are significantly worse in each life course.

Indicators that have changed significance since the last update will feature in Quarterly updates section below.

## Quarterly Updates

- 2.23iii - Self-reported well-being - people with a low happiness score Not significant (previously significantly worse)
- 4.14i - Hip fractures in people aged 65 and over (male) Newly Added
- 4.14iii - Hip fractures in people aged 65 and over - aged 80+ (male) Newly Added
- 2.23 - Self-reported well - being (low satisfaction) Newly Added
- 2.23 - Self-reported well - being (high anxiety score) Newly Added

## Key Symbols

- Significantly Worse
- Not Significant
- Significantly Better
- ^ Estimated
- \* Disclosure control applied

### Proportion of significantly worse indicators

### Indicators

### Time period

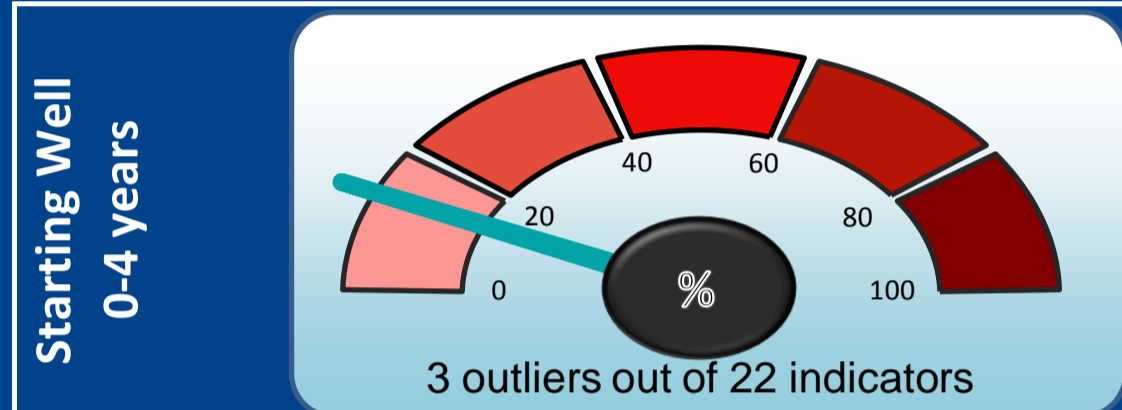
### Torbay Value

### National Value

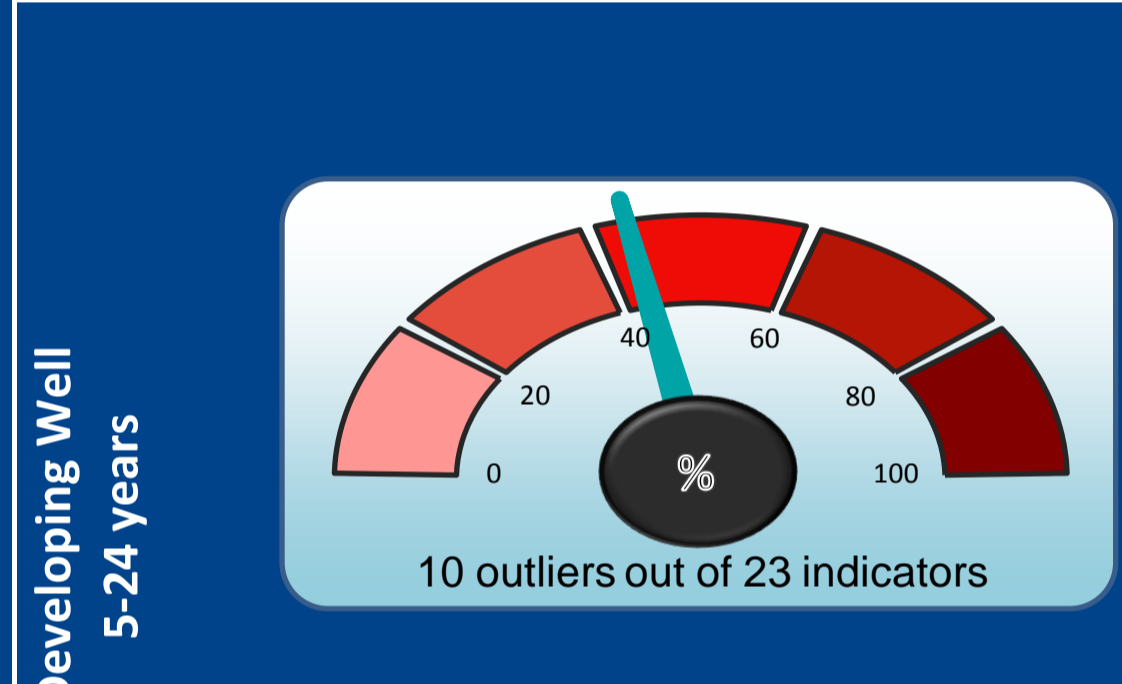
### Unit of Measure

### Trend Chart

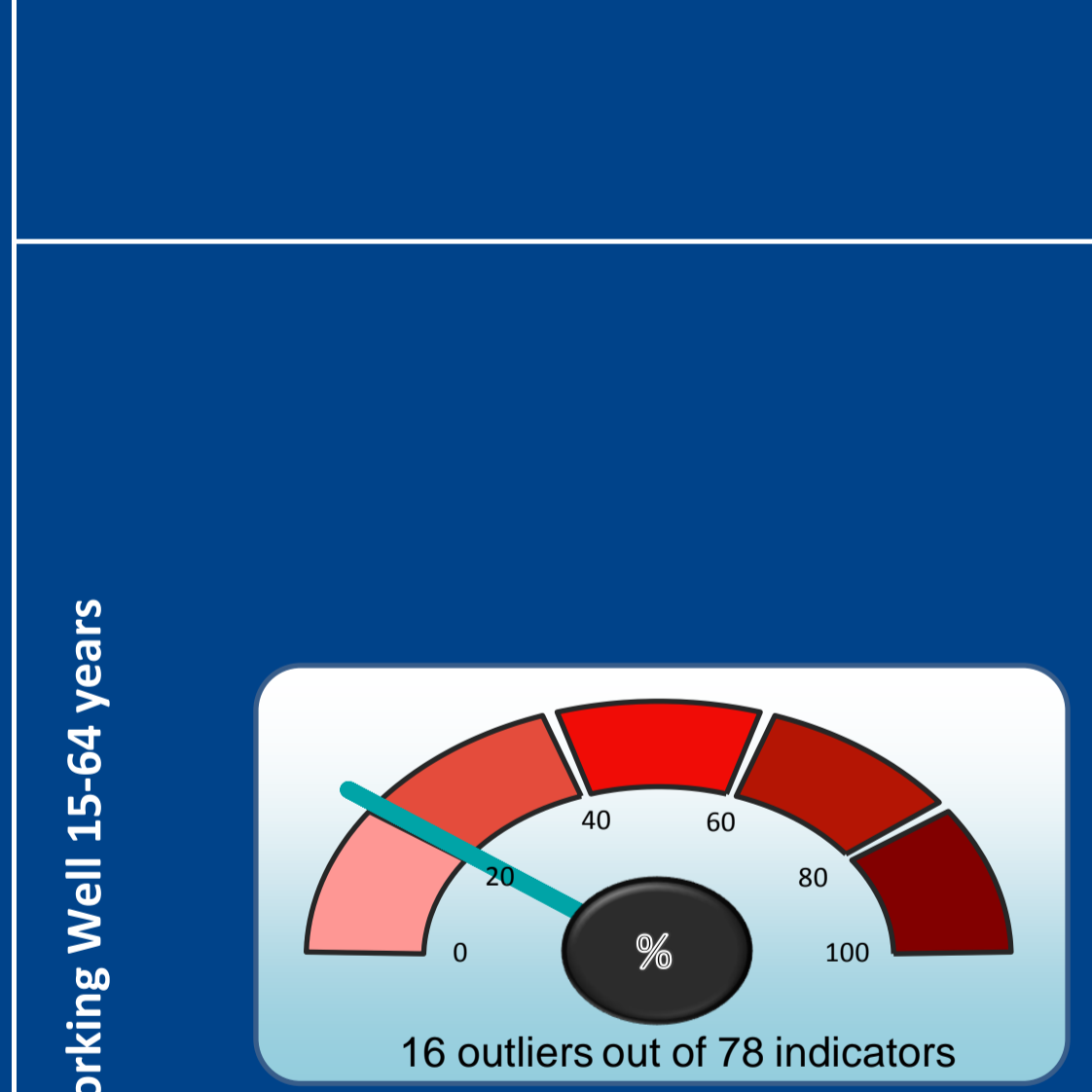
### Trend Guide



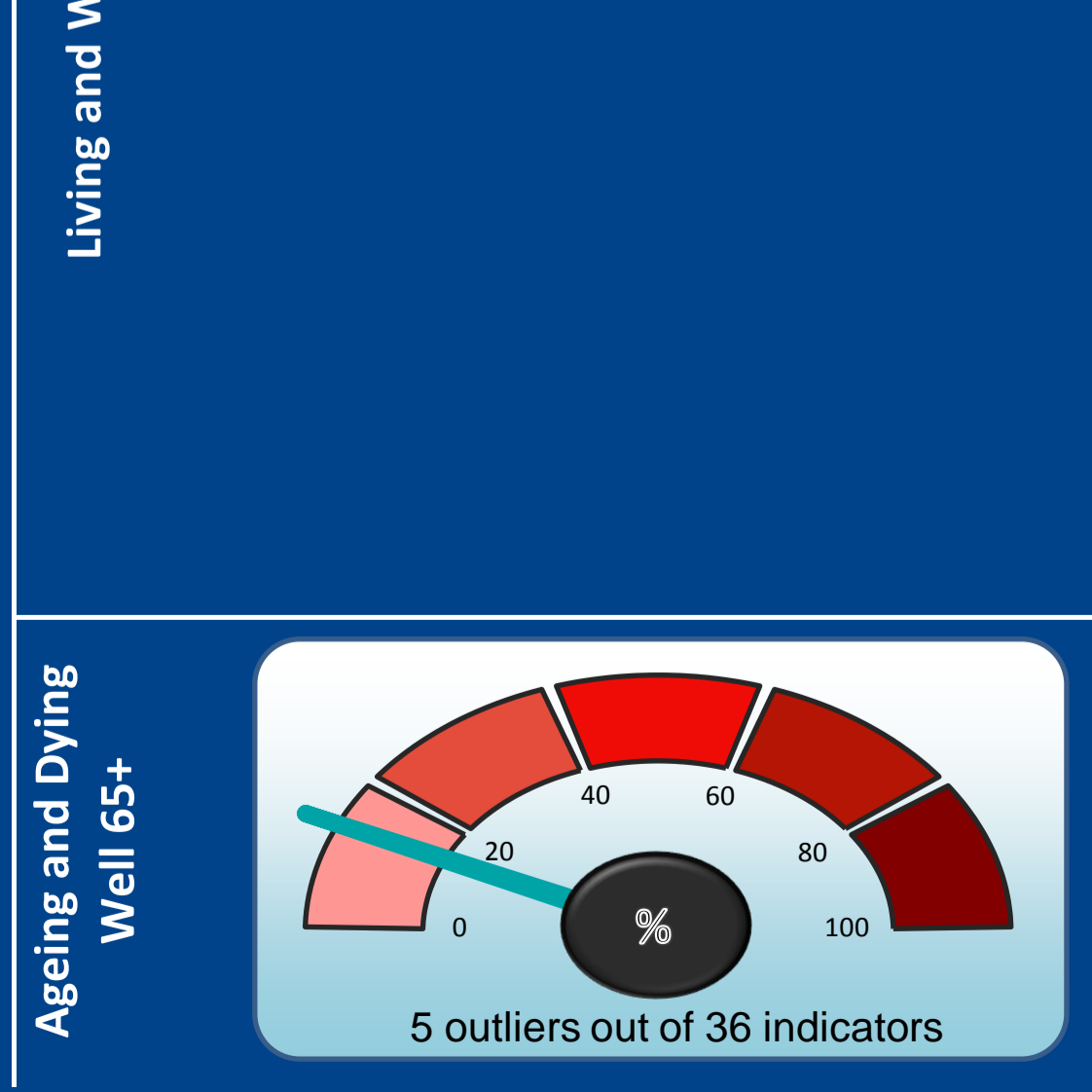
● 2.02i - Breastfeeding - Breastfeeding initiation	2012-13	71.1	73.9	%		Higher is Better
● 2.02ii - Breastfeeding - Breastfeeding prevalence at 6 - 8 weeks after birth	2014-15	35.7	43.8	%		Higher is Better
● 2.03 - Smoking status at time of delivery	2014-15	16.1	11.4	%		Lower is Better



● 3.03x - Population vaccination coverage - MMR for two doses (5 years old)	2014-15	80.7	89.9^	%		Higher is Better
● 1.01i - Children in poverty (all dependent children under 20)	2013	20.8	18.0	%		Lower is Better
● 1.01ii - Children in poverty (under 16s)	2013	21.6	18.6	%		Lower is Better
● 1.03 - Pupil absence	2013-14	5.1	4.5	%		Lower is Better
● 1.04 - First time entrants to the youth justice system	2014	585.0	409.0	Per 100,000		Lower is Better
● 2.06i - Excess weight in 4-5 year olds	2014-15	24.1	21.9	%		Lower is Better
● 2.07ii - Hospital admissions caused by unintentional and deliberate injuries (aged 15 - 24 years)	2013-14	173.9	136.7	Per 10,000		Lower is Better
● 2.09i - Smoking Prevalence age 15 years - current smokers (WAY survey)	2014-15	13.6	8.2	%	-	Lower is Better
● 2.09ii - Smoking Prevalence age 15 years - regular smokers (WAY survey)	2014-15	10.4	5.5	%	-	Lower is Better
● 3.03xii - Population vaccination coverage - HPV	2014-15	68.1	86.7	%		Higher is Better



● 1.12i - Violent crime (including sexual violence) - hospital admissions for violence	2011-2014	64.5*	52.4	Per 100,000		Lower is Better
● 1.17 - Fuel Poverty	2013	12.8	10.4	%		Lower is Better
● 2.12 - Excess weight in adults	2012-14	68.1	64.6	%	-	Lower is Better
● 2.13i - Percentage of active and inactive adults - active adults	2014	52.4	57.0	%		Higher is Better
● 2.13ii - Percentage of active and inactive adults - inactive adults	2014	34.2	27.2	%		Lower is Better
● 2.18 - Admission episodes for alcohol-related conditions - narrow definition (Persons)	2013-14	858.0	645.0	Per 100,000		Lower is Better
● 2.18 - Admission episodes for alcohol-related conditions - narrow definition (Male)	2013-14	1,102.0	835.0	Per 100,000		Lower is Better
● 2.18 - Admission episodes for alcohol-related conditions - narrow definition (Female)	2013-14	642.0	475.0	Per 100,000		Lower is Better
● 2.22iii - Cumulative % of eligible population aged 40-74 offered a Health Check	2013-2015	32.9	37.9	%	-	Higher is Better
● 2.22iii - Cumulative % of eligible population aged 40-74 received a Health Check	2013-2015	16.8	18.6	%	-	Higher is Better
● 2.23 - Self-reported well - being (low satisfaction) (Newly Added)	2014-15	6.9	4.8	%		Lower is Better
● 2.23 - Self-reported well - being (high anxiety score) (Newly Added)	2014-15	22.6	19.4	%		Lower is Better
● 4.03 - Mortality rates from causes considered preventable (Males)	2012-14	258.1	230.1	Per 100,000		Lower is Better
● 4.07i - Under 75 mortality rate from respiratory disease (Males)	2012-14	48.2	38.3	Per 100,000		Lower is Better
● 4.07ii - Under 75 mortality rate from respiratory disease considered preventable (Males)	2012-14	28.2	20.1	Per 100,000		Lower is Better
● 4.10 - Suicide Male	2012-14	20.5	14.1	Per 100,000		Lower is Better



● 3.03xiii - Population vaccination coverage - PPV	2014-15	67.5	68.9	%		Higher is Better
● 3.03xiv - Population vaccination coverage - Flu (aged 65+)	2014-15	67.3	72.7	%		Higher is Better
● 3.03xv - Population vaccination coverage - Flu (at risk individuals)	2014-15	44.6	50.3	%		Higher is Better
● 4.14i - Hip fractures in people aged 65 and over (male) (Newly Added)	2014-15	590	425	Per 100,000		Lower is Better
● 4.14iii - Hip fractures in people aged 65 and over - aged 80+ (male) (Newly Added)	2014-15	1,815.0	1,174.0	Per 100,000		Lower is Better

## Public Health Outcomes Framework Summary Comment Sheet - Torbay

Starting Well	<b>2.02i - Breastfeeding - Breastfeeding initiation &amp; 2.02ii - Breastfeeding - Breastfeeding prevalence at 6 - 8 weeks after birth</b>
	<ul style="list-style-type: none"> <li>● A health visitor/practice teacher with a special interest in breastfeeding leads this area of work and service development within SCPHN.</li> <li>● HV's visit all antenatal women after 28 weeks and will discuss feeding options and responsive feeding.</li> <li>● Responsive Feeding Group in partnership with the Maternity Lead and Children Centres.</li> <li>● Stage 3 UNICEF UK Baby Friendly achieved</li> <li>● Joint mapping of public health maternity provision along the commissioning pathway started with CCG commissioning colleagues.</li> </ul>
	<b>2.03 - Smoking status at time of delivery</b>
	<ul style="list-style-type: none"> <li>● Family Health Partnership – supporting parents, increase breastfeeding, prevent smoking for young mums during pregnancy through to 2 years.</li> <li>● HV's visit all antenatal women after 28 weeks and will discuss smoking cessation options.</li> <li>● Public Health Midwife.</li> </ul>
Developing Well	<b>1.01i - Children in poverty (all dependent children under 20) &amp; 1.01ii - Children in poverty (under 16s)</b>
	<ul style="list-style-type: none"> <li>● Child Poverty strategy.</li> <li>● Linked to SWIFT</li> <li>● HV team promote the healthy start voucher scheme which includes free vitamin supplements.</li> <li>● Reducing teenage pregnancy.</li> </ul>
	<b>1.03 - Pupil absence</b>
	<ul style="list-style-type: none"> <li>● Identification of school disengagement.</li> <li>● Working with parents where the pupil absence is high.</li> <li>● Individual interventions developed by schools.</li> </ul>
	<b>1.04 - First Time Entrants</b>
	<ul style="list-style-type: none"> <li>● YJB National Standards Audit on First Time Entrants and Preventing Offending in Autumn 2015.</li> <li>● Analysis of Community Resolutions and reoffending by those receiving them.</li> <li>● Children's Services Early Help identifies cases where a preventative intervention may be required.</li> </ul>
	<b>2.06i - Excess weight in 4-5 year olds</b>
	<ul style="list-style-type: none"> <li>● NCMP: Targeted follow up through extended FLIP in Foxhole QED: supportive family led activity to improve nutrition and physical activity. Interim results due Spring Term</li> <li>TRIPLE F: PH funded nutrition/physical activity programme targeting families through Children's Centres. Evaluation /forward plan due</li> <li>● First meeting of children's obesity clinical care pathway in Oct - to review current pathways and services to improve outcomes. Draft complete and out for partner consultation</li> <li>● Tier 1 weight management and obesity provision mapping underway within Torbay CDT interactive website and directory of services. Align with launch of CDT's The Orb in February.</li> <li>● Healthy Schools Pilot 2015 in progress. 3 schools engaged. Pilot to include NCMP follow up for excess weight. First Reception cohort due March</li> </ul>
	<b>2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 - 24 years)</b>
	<ul style="list-style-type: none"> <li>● Development of an Emotional Health and Well-being strategy for children and young people.</li> <li>● Self harm strategy being developed in collaboration with Devon Public Health.</li> <li>● Public Health Torbay facilitating CQUINS work with DPT to address acute care policy regarding self harm.</li> <li>● Development of a multi-agency self harm pathway in progress</li> <li>● Delivery against Child and Adolescent Mental Services (CAMHS) action plan especially tier 1.</li> </ul>
	<b>2.09i(ii) - Smoking Prevalence 15 years old current and regular smokers</b>
	<ul style="list-style-type: none"> <li>● Torbay Tobacco group convened and action plan produced.</li> <li>● Included in the action plan: (1) Smoking education in schools (2) Underage sales (3) Interventions for specific groups.</li> <li>● Developing smoking education as part of healthy schools offer.</li> </ul>
	<b>3.03x - Population vaccination coverage - MMR for two doses (5 years old)</b>
	<ul style="list-style-type: none"> <li>● This has been raised at the Health Protection Assurance group and will be reviewed at the next meeting with a view to implementing some initiatives to raise take up of both the second MMR and Pre School Booster immunisations.</li> <li>● Outbreak of measles in South Devon has instigated a letter to go out to all GPs advising MMRx2</li> </ul>
	<b>3.03xii - Population vaccination coverage - HPV</b>
	<ul style="list-style-type: none"> <li>● Change from a 3 dose schedule to a 2 dose schedule from September 2014.</li> <li>● 2 dose schedule now in place. Data will only be submitted yearly rather than after each dose.</li> <li>● Data to CHIS from school Nurse Team in a more timely manner.</li> </ul>
	<b>1.12i - Violent crime (including sexual violence) - hospital admissions for violence</b>
	<ul style="list-style-type: none"> <li>● Purple flag award retained for night time economy, Torbay Tasking (wider organisations such as LA, Police, Fire, Children's services etc) focus on targeting resources to problem areas and use of ASBO legislation.</li> <li>● Targeted interventions with licensed premises and Torquay harbourside which include taxi marshalls as part of crime and disorder priorities.</li> <li>● Draft Action Plan received from Fran Hughes in October. Updated sections in Alcohol Strategy expected imminently.</li> </ul>
	<b>1.17 - Fuel Poverty</b>
	<ul style="list-style-type: none"> <li>● Public Health contribution to activities targeted to reduce fuel poverty provided by community safety.</li> <li>● 'Cosy Devon' housing energy efficiency scheme rolled out in Torbay.</li> <li>● Housing Strategy in development including health homes actions.</li> </ul>
Living and Working Well	<b>2.18 - Alcohol related admissions to hospital - narrow definition &amp; 4.06ii - Under 75 mortality rate from liver disease considered preventable</b>
	<ul style="list-style-type: none"> <li>● Targeted alcohol worker in situ who assertively works with high attenders at hospital who have complex needs and low motivation.</li> <li>● Identification and Brief Advice (IBA) – implemented across a range of services to address 'at risk' drinking and promoting onward referral to structured treatment.</li> <li>● Alcohol admissions are a priority agenda for Torbay's Health and Wellbeing Board; Public Health Team; South Devon and Torbay Clinical Commissioning Group and the Integrated Care Organisation.</li> <li>● New alcohol strategy for Torbay in development.</li> <li>● Review of alcohol screening programme across TSDFT to commence in December 2015.</li> <li>● Recovery focused alcohol treatment and mutual aid support. Increase in numbers of SMART recovery groups.</li> </ul>
	<b>2.23iii - Self-reported well-being people &amp; 2.13i&amp;ii - Percentage of active and inactive adults &amp; 4.07i/4.07ii - Under 75 mortality rate from respiratory disease &amp; 4.10 Suicide Rate (Male)</b>
	<ul style="list-style-type: none"> <li>● Development of Joint Commissioning Strategy (Emotional Wellbeing) for children and young people.</li> <li>● Recommendations for activities to increase self-esteem in children, young people and adults, including employment initiatives and physical activity.</li> <li>● Physical activity multi-agency steering group and strategy/action plan now in place.</li> <li>● Healthy schools pilot - strong focus on parental involvement and learning.</li> <li>● Tier 1 physical activity provision mapping underway for inclusion with CDT interactive website and directory of services.</li> <li>● Connections with outputs and outcomes of the Ageing Well and Community Builders Programme through Torbay's CDT.</li> <li>● Smoking/COPD - Lifestyles.</li> <li>● Development of a self harm strategy. There are specific actions within to address high risk groups such as men.</li> </ul>
	<b>3.03xiii - Population vaccination coverage - PPV</b>
	<ul style="list-style-type: none"> <li>● This has been raised at the Health Protection Assurance group. (Vaccination PPV)</li> </ul>
	<b>3.03xiv - Population vaccination coverage - Flu (aged 65+)</b>
	<ul style="list-style-type: none"> <li>● The immunisation and screening consultant is reviewing uptake rates and will report back at the Dec meeting (Vaccination PPV) This did not happen so I will chase up</li> <li>● Actions will now be for 2016/17</li> <li>● Planning will begin for 2016/17 from MARCH 2016. Of particular interest for Torbay are the housebound, nursing and residential care homes. The number of health and Care staff has increased this year</li> <li>● Pharmacy and GP commissioned to deliver flu vaccines.</li> </ul>
	<b>3.03xv - Population vaccination coverage - Flu (at risk individuals)</b>
	<ul style="list-style-type: none"> <li>● 18-65 years at risk vaccine commissioned for pharmacies to deliver as well as GP's. TO be reviewed March 2016</li> <li>● Contact with various agencies e.g LTC, Twitter etc.</li> <li>● 2,3,4 years delivered by GP's and 5,6 years delivered by school nurses. Vaccination in schools has proved very effective</li> </ul>
Ageing and Dying Well	<b>4.14 - Hip Fractures aged 65+ and 80+ (Male)</b>
	<ul style="list-style-type: none"> <li>● Linda in discussions with CCG.</li> </ul>