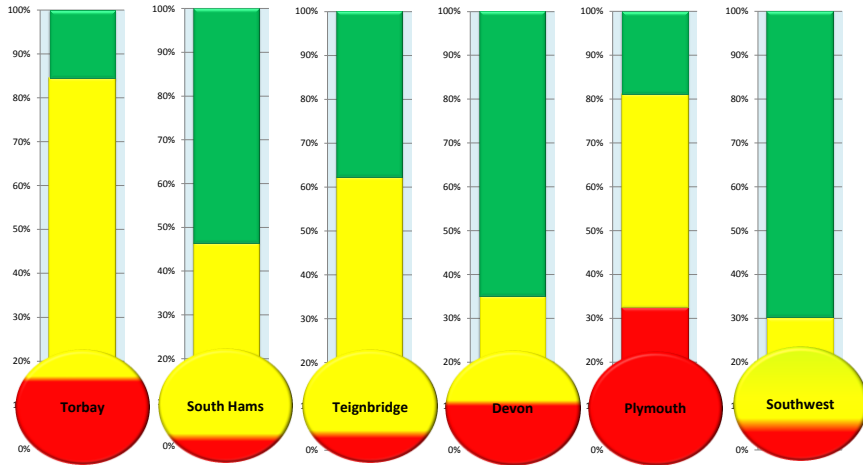


# Public Health Outcomes Framework - Summary of significantly worse indicators in Torbay - May 2015



24 outliers out of 148

## 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.

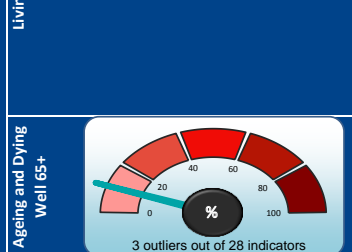
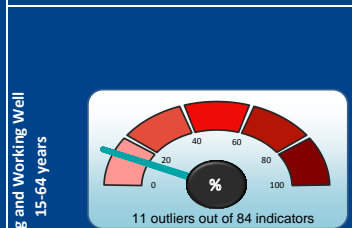
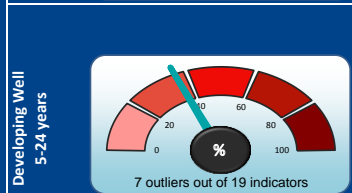
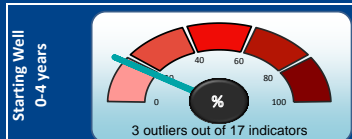
## Quarterly Updates

- 0.1ii - Life Expectancy at Birth (Female) This is no longer significantly different
- 0.2iv - Gap in Life Expectancy (Female) This is no longer significantly different
- 2.04 - Under 18 Conceptions This is no longer significantly different
- 2.06ii - Excess weight in 10 - 11 year olds This is no longer significantly different

## Key Symbols

- Significantly Worse
- Not Significant
- Significantly Better

### Proportion of significantly worse indicators



### Indicators

Indicators	Time period	Torbay Value	National Value	Unit of Measure	Trend Chart	Trend Guide
<span style="color: red;">●</span> 2.02i - Breastfeeding - Breastfeeding initiation	2012-13	71.1	73.9	%		Higher is Better
<span style="color: red;">●</span> 2.02ii - Breastfeeding - Breastfeeding prevalence at 6 - 8 weeks after birth	2012-13	36.0	47.2	%		Higher is Better
<span style="color: red;">●</span> 2.03 - Smoking status at time of delivery	2013-14	16.8	12.0	%		Lower is Better
<span style="color: red;">●</span> 3.03x - Population vaccination coverage - MMR for two doses (5 years old)	2013-14	88.9	88.3	%		Higher is Better
<span style="color: red;">●</span> 1.01i - Children in poverty (all dependent children under 20)	2012	21.2	18.6	%		Lower is Better
<span style="color: red;">●</span> 1.01ii - Children in poverty (under 16s)	2012	22.1	19.2	%		Lower is Better
<span style="color: red;">●</span> 1.03 - Pupil absence	2012-13	5.8	5.3	%		Lower is Better
<span style="color: red;">●</span> 2.06i - Excess weight in 4-5 year olds	2013-14	25.3	22.5	%		Lower is Better
<span style="color: red;">●</span> 2.07ii - Hospital admissions caused by unintentional and deliberate injuries (aged 15 - 24 years)	2013-14	173.9	127.6	Per 10,000		Lower is Better
<span style="color: red;">●</span> 3.03xii - Population vaccination coverage - HPV	2013-14	80.7	86.7	%		Higher is Better
<span style="color: red;">●</span> 1.12i - Violent crime (including sexual violence) - hospital admissions for violence	2011-14	64.5	52.4	Per 100,000		Lower is Better
<span style="color: red;">●</span> 2.13ii - Percentage of active and inactive adults - inactive adults	2013	32.7	28.3	%		Lower is Better
<span style="color: red;">●</span> 2.18 - Alcohol related admissions to hospital - narrow definition (Persons)	2012-13	818.0	637.0	Per 100,000		Lower is Better
<span style="color: red;">●</span> 2.18 - Alcohol related admissions to hospital - narrow definition (Male)	2012-13	1,070.0	829.0	Per 100,000		Lower is Better
<span style="color: red;">●</span> 2.18 - Alcohol related admissions to hospital - narrow definition (Female)	2012-13	594.0	465.0	Per 100,000		Lower is Better
<span style="color: red;">●</span> 2.23iii - Self-reported well-being - people with a low happiness score	2013-14	12.8	9.7	%		Higher is Better
<span style="color: red;">●</span> 4.07i - Under 75 mortality rate from respiratory disease (Males)	2011-13	50.8	39.1	Per 100,000		Lower is Better
<span style="color: red;">●</span> 4.07ii - Under 75 mortality rate from respiratory disease considered preventable (Males)	2011-13	29.8	20.4	Per 100,000		Lower is Better
<span style="color: red;">●</span> 4.06ii - Under 75 mortality rate from liver disease considered preventable (Persons)	2011-13	20.1	15.7	Per 100,000		Lower is Better
<span style="color: red;">●</span> 4.06ii - Under 75 mortality rate from liver disease considered preventable (Male)	2011-13	29.3	21.1	Per 100,000		Lower is Better
<span style="color: red;">●</span> 4.10 - Suicide Male	2011-13	20.5	13.8	Per 100,000		Lower is Better
<span style="color: red;">●</span> 3.03xiii - Population vaccination coverage - PPV	2013-14	67.5	68.9	%		Higher is Better
<span style="color: red;">●</span> 3.03xiv - Population vaccination coverage - Flu (aged 65+)	2013-14	68.3	73.2	%		Higher is Better
<span style="color: red;">●</span> 3.03xv - Population vaccination coverage - Flu (at risk individuals)	2013-14	48.6	52.3	%		Higher 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 to lead this area of work and service development within SCPHN.</li> <li>• HV's are now visiting 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 2 UNICEF UK Baby Friendly - Assessment completed and further audit to be undertaken.</li> <li>• HV team promote the healthy start voucher scheme which includes free vitamin supplements.</li> <li>• Family Health Partnership.</li> <li>• Joint mapping of public health maternity provision along the commissioning pathway due to commerce 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 – focuses on supporting parents, increase breastfeeding and prevent smoking for young mums during pregnancy through to 2 years of age.</li> <li>• HV's are now visiting all antenatal women after 28 weeks and will discuss smoking cessation options.</li> <li>• Public Health Midwife.</li> </ul>
	<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 Pioneer bid.</li> <li>• Reducing teenage pregnancy.</li> </ul>
Developing Well	<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>2.06i - Excess weight in 4-5 year olds &amp; 2.06ii - Excess weight in 10 - 11 year olds</b> <ul style="list-style-type: none"> <li>• Review NCMP provision in Torbay. Improvements include updated letters following parental feedback, new GP letter, development of proactive follow up in pilot schools and learning from schools with lower prevalence.</li> <li>• Design of new child and adolescent obesity clinical care pathway.</li> <li>• Recording of Tier 1 (universal) obesity services and means to promote.</li> <li>• Pilot initiative being implemented through community centre in Watcombe area.</li> <li>• Design and delivery of Healthy Schools offer in Torbay - including emphasis on the role of physical activity in combating excess weight.</li> <li>• Appointment of Physical Activity Co-ordinator within Public Health - focus on excess weight in schools.</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>• Delivery against Child and Adolescent Mental Services (CAMHS) action plan especially tier 1.</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> <li>• Consent forms and information to parents in October 2014.</li> </ul>
Living and Working Well	<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, Childrens 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>• Alcohol related violent crime - focus on alcohol (area for discussion in new strategy Bruce Bell is leading on).</li> <li>• Alcohol related violent crime - focus on alcohol (area for discussion in new strategy Bruce Bell is leading on).</li> </ul>
	<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>• Integrated Pathway – place for U18 who present to A&amp;E or admitted with substance misuse abuse.</li> <li>• Alcohol Liaison service in Torbay Hospital.</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>• Increased investment in recovery focused alcohol treatment.</li> <li>• Commissioning of a targeted alcohol worker who assertively works with high attenders at hospital who have complex needs and low motivation.</li> </ul>
	<b>2.23iii - Self-reported well-being people with a low happiness score &amp; 2.13ii - Percentage of active and inactive adults - 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 Inactivity will form part of Torbay's Healthy Weights strategy – Jan HWBB.</li> <li>• Identify policies and interventions to reduce the number of inactive adults, from population wide programmes such as active travel and leisure provision to targeted programmes such as weight management interventions.</li> <li>• A new Physical Activity coordinator is now in post.</li> <li>• Physical Activity profile now elevated with a strategy, action plan and steering group.</li> <li>• Healthy School agenda revived through dedicated steering group with a focus on physical activity and active travel.</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>
Ageing and Dying Well	<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> <li>• The immunisation and screening consultant is reviewing uptake rates and will report back at the Dec meeting (Vaccination PPV)</li> <li>• Devon wide Flu awareness Campaign: Multi initiatives. (Underway)</li> </ul>
	<b>3.03xiv - Population vaccination coverage - Flu (aged 65+)</b> <ul style="list-style-type: none"> <li>• Letters to care homes (vacc flu 65+).</li> <li>• Actual number vaccinated have increase despite overall percentage being lower. Planning for 2015/16 campaign underway especially for risk groups.</li> <li>• Meeting with SDHCT Nursing Lead (vacc flu 65+).</li> </ul>
	<b>3.03xv - Population vaccination coverage - Flu (at risk individuals)</b> <ul style="list-style-type: none"> <li>• Letter to acute Hospital consultants to raise awareness.(Completed).</li> <li>• Contact with various agencies e.g LTC, Twitter etc.</li> <li>• 2/3/4 years remain a GP responsibility. Planning has commenced for this. Also introduction of flue for first 2 years of school aged children by school nurses in schools.</li> </ul>