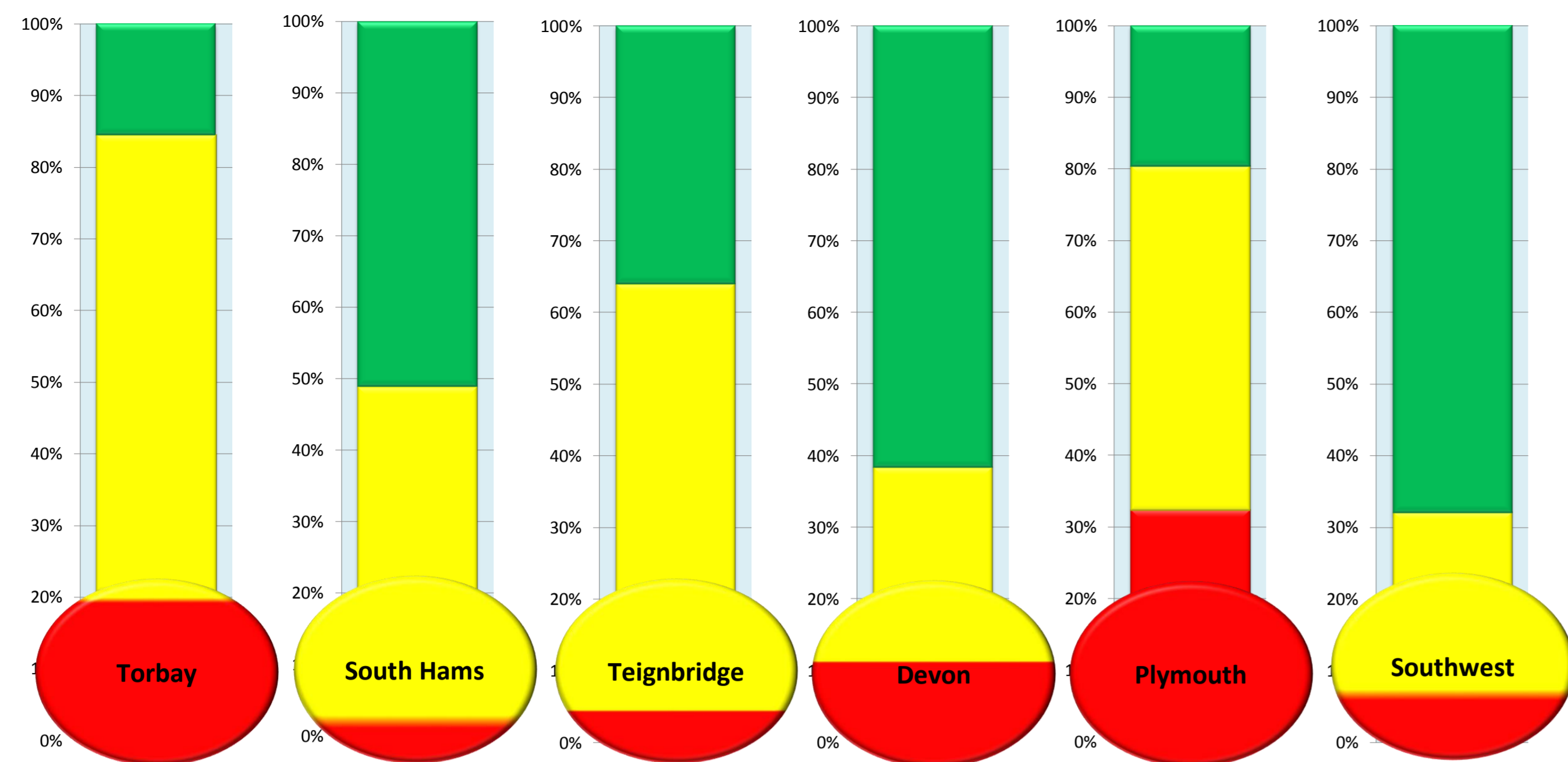


# Public Health Outcomes Framework - Summary of significantly worse indicators in Torbay - August 2015



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

- First time entrants to youth system Newly added - Significantly worse (previously not significant)
- Smoking prevalence at 15 years (current and regular) Newly added - Significantly worse (New Indicator)
- Fuel Poverty Newly added - Significantly worse (previously sig better)
- Percentage of active and inactive adults (active) Newly added - Significantly worse (previously not significant)
- Cumulative % of healthchecks (offered and received) Newly added - Significantly worse (previously not significant)

## Key Symbols

- Significantly Worse
- Not Significant
- Significantly Better

### Proportion of significantly worse indicators

### Indicators

Life Course Stage	Outliers	Indicators	Time period	Torbay Value	National Value	Unit of Measure	Trend Chart	Trend Guide
Starting Well 0-4 years	3 outliers out of 19 indicators	● 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	2012-13	36.0	47.2	%		Higher is Better
		● 2.03 - Smoking status at time of delivery	2013-14	16.8	12.0	%		Lower is Better
Developing Well 5-24 years	10 outliers out of 19 indicators	● 3.03x - Population vaccination coverage - MMR for two doses (5 years old)	2013-14	88.9	88.3	%		Higher is Better
		● 1.01i - Children in poverty (all dependent children under 20)	2012	21.2	18.6	%		Lower is Better
		● 1.01ii - Children in poverty (under 16s)	2012	22.1	19.2	%		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	2013-14	25.3	22.5	%		Lower is Better
		● 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
		● 2.09i - Smoking Prevalence age 15 years - current smokers (WAY survey) - NEW	2014-15	13.6	8.2	%	-	Lower is Better
		● 2.09ii - Smoking Prevalence age 15 years - regular smokers (WAY survey) - NEW	2014-15	10.4	5.5	%	-	Lower is Better
		● 3.03xii - Population vaccination coverage - HPV	2013-14	80.7	86.7	%		Higher is Better
Living and Working Well 15-64 years	13 outliers out of 76 indicators	● 1.12i - Violent crime (including sexual violence) - hospital admissions for violence	2011-14	64.5	52.4	Per 100,000		Lower is Better
		● 1.17 - Fuel Poverty	2013	12.8	10.4	%		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	27.7	%		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	2014-15	32.9	37.9	%		Higher is Better
		● 2.22iii - Cumulative % of eligible population aged 40-74 received a Health Check	2014-15	16.8	18.6	%		Higher is Better
		● 2.23iii - Self-reported well-being - people with a low happiness score	2013-14	12.8	9.7	%		Higher is Better
		● 4.07i - Under 75 mortality rate from respiratory disease (Males)	2011-13	50.8	39.1	Per 100,000		Lower is Better
		● 4.07ii - Under 75 mortality rate from respiratory disease considered preventable (Males)	2011-13	29.8	20.4	Per 100,000		Lower is Better
		● 4.06ii - Under 75 mortality rate from liver disease considered preventable (Persons)	2011-13	20.1	15.7	Per 100,000		Lower is Better
		● 4.06ii - Under 75 mortality rate from liver disease considered preventable (Male)	2011-13	29.3	21.1	Per 100,000		Lower is Better
		● 4.10 - Suicide Male	2011-13	20.5	13.8	Per 100,000		Lower is Better
Ageing and Dying Well 65+	5 outliers out of 35 indicators	● 3.03xiii - Population vaccination coverage - PPV	2013-14	67.5	68.9	%		Higher is Better
		● 3.03xiv - Population vaccination coverage - Flu (aged 65+)	2013-14	67.3	72.7	%		Higher is Better
		● 3.03xv - Population vaccination coverage - Flu (at risk individuals)	2013-14	44.6	50.3	%		Higher is Better

## Public Health Outcomes Framework Summary Comment Sheet - Torbay

	Starting Well
	<p><b>2.02i - Breastfeeding - Breastfeeding initiation &amp; 2.02ii - Breastfeeding - Breastfeeding prevalence at 6 - 8 weeks after birth</b></p> <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 achieved and working towards Stage 3.</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>
	<p><b>2.03 - Smoking status at time of delivery</b></p> <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>
	<p><b>1.01i - Children in poverty (all dependent children under 20) &amp; 1.01ii - Children in poverty (under 16s)</b></p> <ul style="list-style-type: none"> <li>• Child Poverty strategy.</li> <li>• Linked to Pioneer bid.</li> <li>• Reducing teenage pregnancy.</li> </ul>
	<p><b>1.03 - Pupil absence</b></p> <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>
	<p><b>1.04 - First Time Entrants</b></p> <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> </ul>
	<ul style="list-style-type: none"> <li>• Children's Services Early Help identifies cases where a preventative intervention may be required. Engagement and completion are measured for interventions undertaken.</li> </ul>
	<p><b>2.06i - Excess weight in 4-5 year olds &amp; 2.06ii - Excess weight in 10 - 11 year olds</b></p> <ul style="list-style-type: none"> <li>• NCMP: Targeted follow up through extended FLIP in Watcombe/Barton. Supportive family led activity to improve nutrition and physical activity.</li> <li>• First meeting of children's obesity clinical care pathway in Oct - to review current pathways and services to improve outcomes.</li> <li>• Tier 1 weight management and obesity provision mapping underway within Torbay CDT interactive website and directory of services.</li> <li>• Healthy Schools Pilot due to launch Sept 2015. 3 schools engaged. Pilot to include NCMP follow up for excess weight.</li> </ul>
	<p><b>2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 - 24 years)</b></p> <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>
	<p><b>2.09i(ii) - Smoking Prevalence 15 years old current and regular smokers</b></p> <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>
	<p><b>3.03x - Population vaccination coverage - MMR for two doses (5 years old)</b></p> <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>
	<p><b>3.03xii - Population vaccination coverage - HPV</b></p> <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>
	<p><b>1.12i - Violent crime (including sexual violence) - hospital admissions for violence</b></p> <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>• Alcohol related violent crime - focus on alcohol (area for discussion in new strategy Bruce Bell is leading on).</li> </ul>
	<p><b>1.17 - Fuel Poverty</b></p> <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>
	<p><b>2.18 - Alcohol related admissions to hospital - narrow definition &amp; 4.06ii - Under 75 mortality rate from liver disease considered preventable</b></p> <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>• Recovery focused alcohol treatment and initial aid support.</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>
	<p><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></p> <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>
	<p><b>3.03xiii - Population vaccination coverage - PPV</b></p> <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>
	<p><b>3.03xiv - Population vaccination coverage - Flu (aged 65+)</b></p> <ul style="list-style-type: none"> <li>• Letters to care homes (vacc flu 65+).</li> </ul>
	<ul style="list-style-type: none"> <li>• Actual number vaccinated have increase despite overall percentage being lower. Planning for 2015/16 campaign underway especially for risk groups.</li> <li>• Pharmacy and GP commissioned to deliver flu vaccines.</li> </ul>
	<p><b>3.03xv - Population vaccination coverage - Flu (at risk individuals)</b></p> <ul style="list-style-type: none"> <li>• 18-65 years at risk vaccine commissioned for pharmacies to deliver as well as GP's.</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.</li> </ul>
	<p><b>Ageing and Dying Well</b></p>