

Derbyshire Joint Strategic Needs Assessment: The State of Health and Social Care In Derbyshire

EXECUTIVE SUMMARY

Version History			
Version	Date	Detail	Authors
1.0	September 2014	Executive Summary for Health & Wellbeing Board	Chris McManus
1.1	February 2015	Title amended	Chris MCManus

Introduction

This report reviews the position of Derbyshire County in regard to the various Outcomes Frameworks available for health and social care, and highlights where performance is significantly poorer than for England as a whole. Data from all the Outcomes Frameworks indicators is available on the Derbyshire Observatory website.

Public Health Outcomes Framework

The Public Health Outcomes Framework Healthy lives, healthy people: Improving outcomes and supporting transparency sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected.

The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four 'domains' that cover the full spectrum of public health. The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life.

- Derbyshire performed significantly better than England in 42 indicators.
- Derbyshire's performance in 57 indicators was similar to England.
- Derbyshire performed significantly worse than England in 18 indicators.

Overarching Indicators – Life Expectancy

Life expectancy at birth is slightly higher than for England and continues to increase, for both men and women. However, female life expectancy is still significantly higher than that of males.

The slope index of inequality (SII) is a measure of the social gradient in life expectancy, i.e. how much life expectancy varies with deprivation. In Derbyshire the SII for both men and women is lower than for England, although not significantly so, indicating a smaller gap between the least and most deprived areas. The trend in SII for both women and men in Derbyshire is broadly upwards indicating a widening gap, but the change is not significant. For England the increase for women is less steep and for men the trend is towards a lower SII. For both England and Derbyshire the slope index is significantly lower for women than for men.

Male life expectancy at 65 is significantly lower than for England at 18.6 years. Female life expectancy is lower than for England, but not significantly so. Female life expectancy at 65 is significantly higher than that of males. Life expectancy at 65 for both men and women continues to rise.

Healthy Life Expectancy (HLE) estimates lifetime spent in 'Very good' or 'Good' health based on how individuals perceive their health. Healthy life expectancy in Derbyshire continues to rise for both men and women; however for men it is slightly higher than for England and for women slightly lower. Male healthy life expectancy is slightly higher than that for women.

Disability-Free Life Expectancy (DFLE) at 65 estimates lifetime free from a limiting persistent illness or disability. In Derbyshire, DFLE for men is significantly lower than for England, and appears to be falling. For women it is slightly higher than for England and increasing significantly. Female DFLE was significantly higher than that for males.

Starting Well

Compared to England:-

Derbyshire had a significantly smaller proportion of children living in poverty.

The rate of low birth weight births is significantly lower.

Population vaccination coverage in childhood immunisations is significantly higher and, in the case of most vaccinations, rising.

Infant mortality is lower.

Derbyshire children have, on average, fewer decayed, missing or filled teeth.

But

Compared to England:-

A smaller proportion of children is achieving a good level of development at the end of reception, and this is even lower in those entitled to free school meals.

A smaller proportion of children is achieving the expected level in the phonics screening check – again this is lower in those entitled to free school meals.

A smaller percentage of mothers is initiating breastfeeding of their babies and this appears to be falling.

By 6-8 weeks the percentage of breastfeeding mothers is even smaller and again appears to be falling.

A higher proportion of mothers is smoking at the time of delivery of their child.

Developing Well

Compared to England:-

The rate of 10-17 year olds receiving their first reprimand, warning or conviction is significantly lower and falling.

The percentage of young people who are not in education, employment or training is significantly lower and falling.

The proportions of teenage girls conceiving, both under the age of 18 and under the age of 16, are significantly lower.

The proportions of children recorded as carrying excess weight, in both reception (4-5 years) and Year 6 (10-11 years), are significantly lower.

The rates of hospital admissions caused by unintentional and deliberate injuries in children, aged 0-4 years and aged 0-14 years, are significantly lower and falling.

The rates of chlamydia diagnosis for males and females aged 15-24 years are both significantly higher than for England and rising. (As a measure of progress in controlling chlamydia through identifying infection a high rate is regarded as good)

But

The rate of chlamydia diagnosis in young men still falls short of the goal of 1900 per 100,000 population.

HPV vaccination coverage is significantly lower than for England as a whole and also falls short of the goal of the previous year's England rate.

Living & Working Well

Compared to England:-

The rate of hospital admission following violence is significantly lower and falling.

The rate of violent offences is significantly lower and falling.

The rate of sexual offences is significantly lower.

There is a significantly lower rate of complaints about noise, though this is rising.

The proportion of households in temporary accommodation because they are homeless is significantly lower.

Cancer screening coverage – both breast and cervical – is significantly higher, though falling.

The incidence of TB is significantly lower and the treatment completion rate for those who have it is significantly higher.

There is a proportionally lower number of suicides.

The percentage of hospital discharges followed by a readmission within 30 days is significantly lower and falling.

But

Compared to England:-

A smaller percentage of adult social care users say they have as much social contact as they would like, and this is falling.

The proportion of adults in Derbyshire who are overweight or obese is significantly higher.

The percentage of people recorded as having diabetes is significantly higher and is increasing.

Although vaccination against 'flu for at risk individuals is higher, it still falls short of the goal of 85%.

The proportion of people presenting with HIV at a late stage of infection is not significantly different, but Derbyshire falls short of the goal of less than 50%.

Ageing Well

Compared to England:-

A greater percentage of the eligible population have been offered an NHS Health Check.

A greater percentage of those offered an NHS Health Check took up the offer.

A greater percentage of the eligible population received a Health Check.

The hospital admission rate for injuries due to falls for 65-79 year olds is significantly lower and falling.

PPV vaccination coverage is significantly higher and has reached the goal of exceeding the previous year's coverage for England, however coverage has fallen.

'Flu vaccination coverage for those aged 65 and over is significantly higher and has exceeded the goal of 75% coverage.

Premature mortality from liver disease is significantly lower.

Premature mortality from respiratory disease is significantly lower.

But

Compared to England:-

The proportion of households living in fuel poverty is significantly higher, but falling.

A smaller, but increasing, proportion of people (76.1%) had access to diabetic retinopathy.

The hospital admission rate for injuries due to falls for 80+ year olds is significantly higher.

Premature mortality from cardiovascular disease considered preventable is significantly higher.

National Adult Social Care Outcomes Framework

The Adult Social Care Outcomes Framework is used both locally and nationally to set priorities for care and support, measure progress, and strengthen transparency and accountability.

- Derbyshire performed significantly better than England in 5 indicators.
- Derbyshire performed significantly worse than England in 8 indicators

Compared to England

A greater proportion of adults are in contact with secondary mental health services in paid employment.

A greater proportion of adults with a learning disability live in their own home or with their family.

A greater proportion of adults in contact with secondary mental health services live independently, with or without support.

A greater proportion of people who use services feel safe.

A greater proportion of people who use services say that those services have made them feel safe and secure.

But

Compared to England

The average score for social care related quality of life (from the Adult Social Care Survey) was lower.

A smaller proportion of people who use services say they have control over their daily life.

A smaller proportion of people using social care receive self-directed support and a smaller proportion of people using social care receive direct payments.

A smaller proportion of adults with a learning disability are in paid employment.

A smaller proportion of people who use services report that they have as much social contact as they would like.

The rate of permanent admissions to residential and nursing care homes is significantly higher.

The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services is lower.

There is a higher rate of delayed transfers of care from hospital and a higher proportion of these were attributable to adult social care.

NHS Outcome Framework: Clinical Commissioning Group Outcomes

CCG Outcomes Indicator Set measures are developed from NHS Outcomes Framework indicators that can be measured at CCG level together with additional indicators developed by NICE and the Health and Social Care Information Centre.

Unlike the Public Health and Adult Social Care Outcomes frameworks the CCG indicators are aggregated by NHS Clinical Commissioning Group (CCG), rather than local government areas.

There are 3 CCGs with geographical areas of responsibility lying wholly within Derbyshire County. These are NHS North Derbyshire CCG, NHS Hardwick CCG and NHS Erewash CCG. A fourth, NHS Southern Derbyshire CCG, covers the whole of Derby City as well as part of the county. A fifth, NHS Tameside & Glossop CCG, covers an area in the northwest of the county, commonly referred to as Glossopdale, as well as a large area outside the East Midlands region.

Compared to England:-

The rate of potential years of life lost from causes considered amenable to healthcare in adults was significantly lower for males, females and all persons in Erewash and for males in Southern Derbyshire.

Premature mortality from respiratory diseases is significantly lower in North Derbyshire.

Recording of the stage of cancer at diagnosis is significantly higher in Tameside & Glossop.

The rate of unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s is significantly lower in Southern Derbyshire.

The rate of emergency admissions for acute conditions that should not usually require hospital admission is significantly lower in Erewash.

The percentage of emergency readmissions within 30 days of discharge from hospital is significantly lower in Hardwick.

A greater proportion of patients have a positive experience of GP out-of-hours services in North Derbyshire and Erewash.

But

Compared to England

The rate of potential years of life lost from causes considered amenable to healthcare in adults is significantly higher for males, females and all persons in North Derbyshire and Tameside & Glossop and for males and all persons in Hardwick.

Premature mortality from cardiovascular diseases is significantly higher in Tameside & Glossop.

Premature mortality from cancer is significantly higher in Tameside & Glossop.

Premature mortality from respiratory diseases is significantly higher in Tameside & Glossop and Hardwick.

The rate of emergency admissions for alcohol-related liver disease is significantly higher in Tameside & Glossop.

Recording of the stage of cancer at diagnosis is significantly lower in Erewash and Southern Derbyshire.

The percentage of cancers detected at stage 1 and 2 is significantly smaller in Erewash and Southern Derbyshire.

The rate of unplanned hospitalisation for chronic ambulatory care sensitive conditions in adults is significantly higher in Hardwick and Tameside & Glossop.

The rate of unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s is significantly higher in Tameside & Glossop.

The rate of emergency admissions for acute conditions that should not usually require hospital admission is significantly higher in North Derbyshire, Hardwick and Tameside & Glossop.

The percentage of emergency readmissions within 30 days of discharge from hospital is significantly higher in Tameside & Glossop.

The rate of emergency admissions for children with lower respiratory tract infections (LRTI) is significantly higher in Hardwick and Tameside & Glossop

Treating and caring for people in a safe environment and protecting them from avoidable harm.

The incidence of C. difficile is significantly higher in North Derbyshire and Tameside & Glossop.

The incidence of MRSA is significantly higher in Tameside & Glossop.