


**REPORT TO
HEALTH AND ADULT SOCIAL CARE
SCRUTINY BOARD**

18 September 2017

Subject:	Public Health England Health Profiles
Cabinet Portfolio:	Public Health and Protection
Director:	Executive Director – Adult Social care, Health and Wellbeing

Contribution towards Vision 2030:	
Exempt Information Ref:	N/A
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DECISION RECOMMENDATIONS

That the Health and Adult Social Care Scrutiny Board

considers and comments upon the data presented in the Public Health England Health Profile 2017.

1 PURPOSE OF THE REPORT

- 1.1 To present the latest health profile data collated by Public Health England. These provide an overview of local performance against a range of health determinants, interventions and outcomes.
- 1.2 It is important to note that it is not possible to infer causality from these data, the indicators are for information and to guide future priorities.

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2 IMPLICATIONS FOR THE COUNCIL'S VISION

- 2.1 The presentation of this data will assist the scrutiny Board in carrying out its work, which supports the Council's Ambition 2 - Sandwell is a place where we live healthy lives and live longer, and where those of us who are vulnerable feel respected and cared for.

3 BACKGROUND AND MAIN CONSIDERATIONS

- 3.1 The report is for information only and no decision is needed.
- 3.2 There are strong links between deprivation and health outcomes, and given the high levels of poverty in Sandwell it is expected that we will perform worse than national benchmarks on many health indicators. Therefore, in this report we highlight how Sandwell compares with neighbouring authorities and with authorities with similar levels of deprivation. The priorities are to address indicators on which we perform worse than would be expected for a deprived area.
- 3.3 Where years or ranges of years are specified these are the most recent years for which we have data in the health profiles.

4 THE CURRENT POSITION

- 4.1 The data in the attached appendix outlines the current position.

5 CONSULTATION (CUSTOMERS AND OTHER STAKEHOLDERS)

- 5.1 N/A

6 ALTERNATIVE OPTIONS

- 6.1 N/A

7 STRATEGIC RESOURCE IMPLICATIONS

- 7.1 N/A

8 LEGAL AND GOVERNANCE CONSIDERATIONS

- 8.1 N/A

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9 EQUALITY IMPACT ASSESSMENT

9.1 N/A

10 DATA PROTECTION IMPACT ASSESSMENT

10.1 N/A

11 CRIME AND DISORDER AND RISK ASSESSMENT

11.1 N/A

12 SUSTAINABILITY OF PROPOSALS

12.1 N/A

13 HEALTH AND WELLBEING IMPLICATIONS (INCLUDING SOCIAL VALUE)

13.1 These measures are useful in order to benchmark our performance in Sandwell against national and local averages. These indicators can be used to help determine priorities going forward.

14 IMPACT ON ANY COUNCIL MANAGED PROPERTY OR LAND

14.1 N/A

15 CONCLUSIONS AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

15.1 The report is for information only.

16 BACKGROUND PAPERS

16.1 Please see attached summary report on health profile indicators.

17 APPENDICES:

None

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Public Health England Health Profile, Sandwell

Glossary

Denominator: the base number; in public health this may be the whole population, or all the people in a particular category, e.g. 15-24 year olds.

Incidence: the percentage of the population who are newly diagnosed with a disease over a given period of time e.g. in one year.

Prevalence: the percentage of the population that is living with a disease at a given point in time, regardless of when they were diagnosed.

1. Introduction

Public Health England produce Health Profiles each year in which they collate data from a number of different sources in order to present an overview of the population's health and wellbeing. They are intended to inform local needs assessment, policy, planning, performance management, surveillance and practice.

This report summarises the latest indicators of health in Sandwell, and highlights where Sandwell is performing well and what are likely to be priorities for public health going forward. Among babies, Sandwell has higher than average rates of low birth weight and infant mortality. Among school children, Sandwell has high rates of overweight and obesity, as well as a high proportion of children growing up in poverty. Adults have a mixed picture of health and wellbeing, with higher than average rates of some infectious diseases and of obesity and lifestyle diseases. However, Sandwell performs well on substance misuse and smoking cessation indicators, reflecting the quality of service provision. Residents of Sandwell also report relatively good mental wellbeing for an area with high levels of deprivation.

1.1 Background

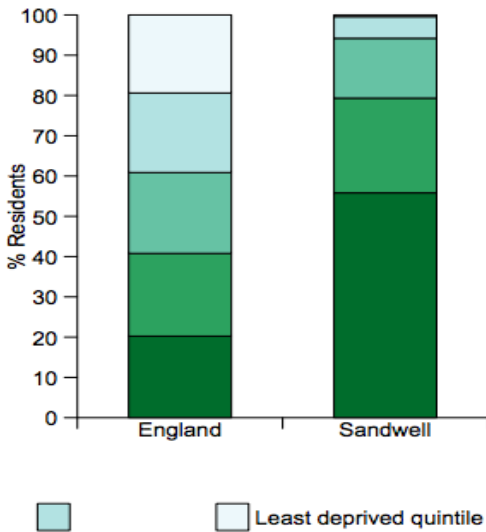
Sandwell has a population of 319,455 people, 49.5% male and 50.5% female. The population is expected to increase by a further 14,000 (4.4%) by 2020. The chart below shows the percentage of the population who live in areas at each of five income levels based on national income brackets, and shows that the majority of people in Sandwell are among the poorest 20% in England. Sandwell is one of the 20% most deprived districts/unitary authorities in England, and is placed sixth out of 16 authorities for income in this lowest deprivation bracket (i.e. only ten authorities in England have a lower average income). About 30% of children live in low income families, which in Sandwell equates to 20,700 children.

This is relevant because, at a population level, lower incomes are linked to worse health outcomes. Poverty and deprivation can influence physical and mental health throughout the life course, from pregnancy through to old age.

It is also worth noting that Sandwell has an ethnically diverse population and 27.5% of people are from minority ethnic groups, which is over twice the average for England. This is relevant for public health because it can influence how we communicate public health messages, how we design interventions, and for a small number of diseases there is a higher risk among people from certain ethnic groups.

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Figure 1. Percentage of residents in each income quintile, England and Sandwell.



2. Mortality and life Expectancy

2.1 Mortality

Whilst life expectancy is increasing, there is a significant life expectancy gap between the richest and poorest 10% in Sandwell: the richest 10% of women can expect to live 6.6 years longer than the poorest 10% and the same ratio is 6.8 years for men.

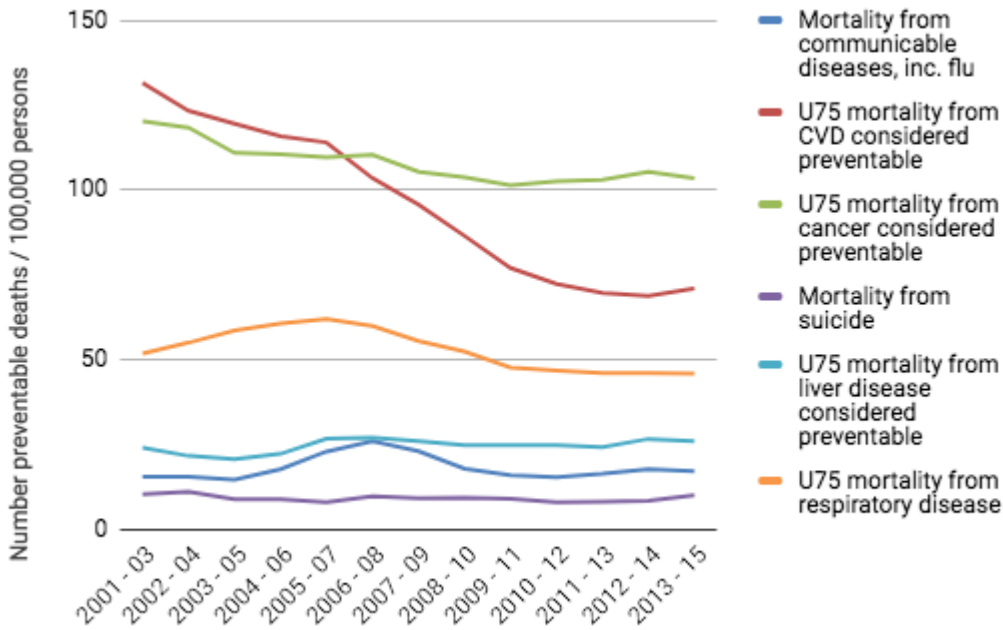
Deaths are considered to be preventable if in view of what we know about the causes of the disease, all or most deaths from the disease among people under 75 years old could potentially be avoided by public health interventions. These public health interventions may range from activities not typically considered to be public health, e.g. insulating homes, to more obvious interventions such as vaccination and screening programmes.

Generally, more deprived areas will have worse premature mortality, and in Sandwell the total number of premature deaths was 3,059 in 2013-15. The number of premature death from 'all-causes', cancer and stroke are higher than the national averages. Figure 2 presents data on the primary causes of preventable premature mortality in Sandwell that are covered by the health profile data.

By way of benchmarking against areas with comparable deprivation, among the 16 most deprived areas in the country, Sandwell ranks 4th for deaths from lung disease, 5th for stroke, 9th for liver disease, 11th for breast cancer and 12th for heart disease.

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Figure 2: causes of preventable mortality, per 100,000 persons



*U75= Under 75 years; CVD = cardiovascular disease

2.2 Life Expectancy

Life expectancy and healthy life expectancy are two different measures. The first is a measure of how long people can expect to live either from birth, or at age 65, the second is a measure of how long people can expect to live in ‘good health’. The difference between average life expectancy and how long people can expect to live in good health reveals more about health inequalities between different areas than life expectancy alone.

Males born in Sandwell in 2017 have a life expectancy of 77.1 years, lower than the West Midlands life expectancy of 78.7, and the average for England of 79.5. Females born in Sandwell can expect to live to 81.3, which is again lower than the West Midlands (82.7) and England (83.1) averages. Of these years, males can expect to 57.7 years in good health, and females 59.7 years.

This gap between healthy life expectancy and total life expectancy, of roughly twenty years for both sexes, is one of the largest in the West Midlands. This represents a potentially significant additional burden on health services.

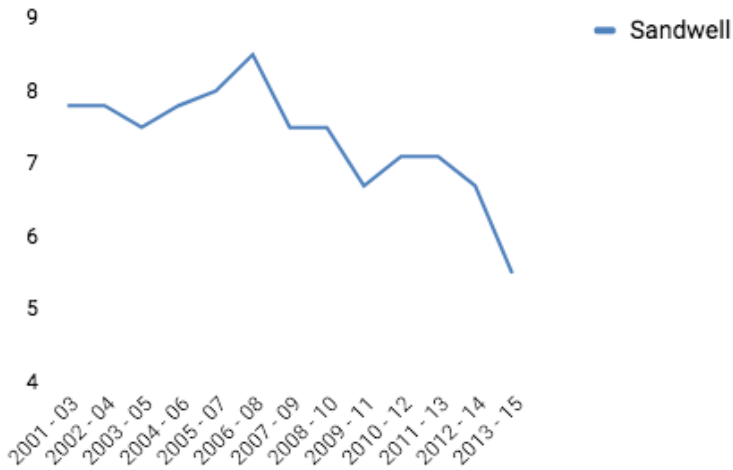
3. Early Years

3.1 Infant mortality

Rates of infant mortality (babies that die before the age of one) have improved but are still higher than the average for England. In Sandwell 5.5 babies per 1000 deliveries died before the age of one, compared with the England average of 3.9, and similar to the West Midlands average of 5.7.

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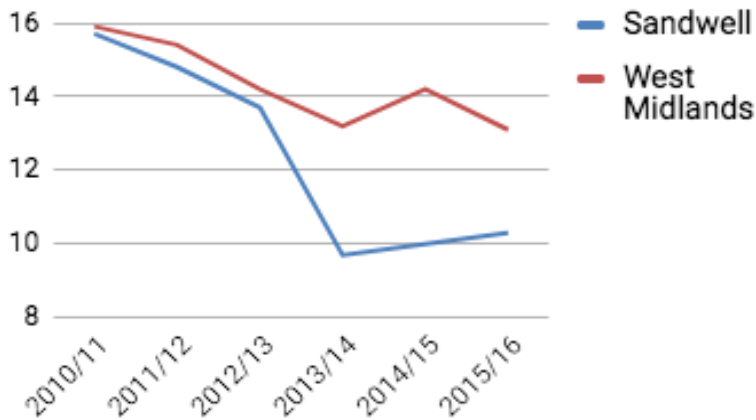
Figure 3: Infant Mortality: deaths under 1 year per 1000 live births



As there are a range of causes of infant mortality, and as the total number of births in Sandwell in 2015 was only 4,789, it is not possible to attribute this trend to one single cause. A number of factors may be contributing to the trend.

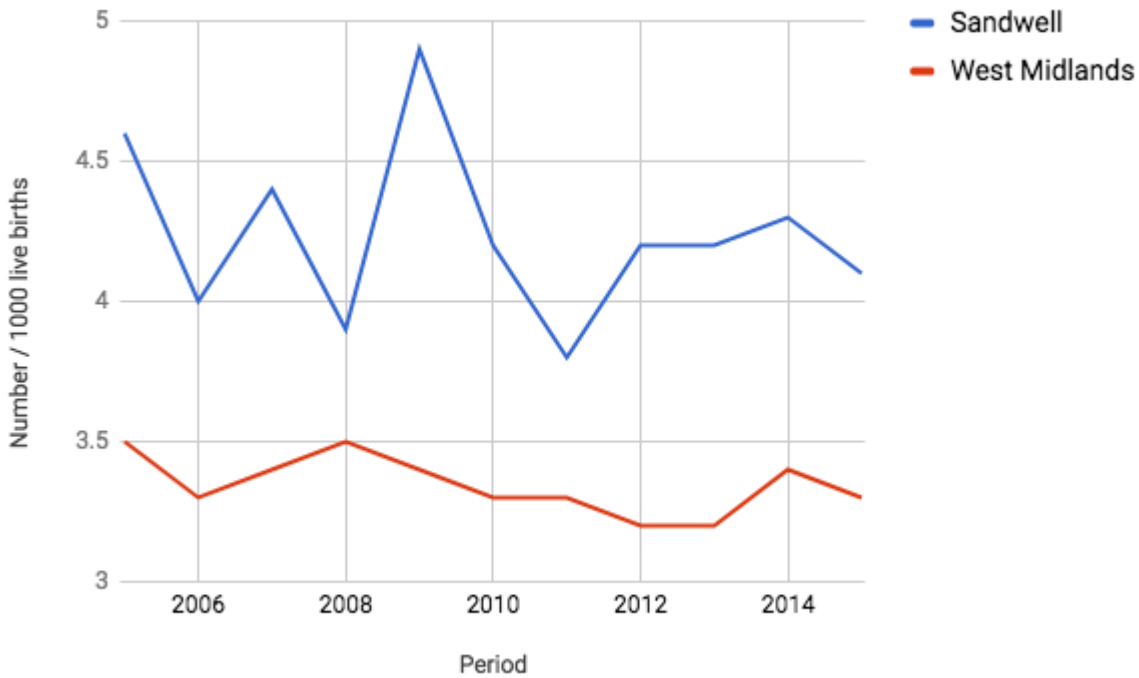
Rates of smoking at time of delivery have fallen and in Sandwell are lower than average for the West Midlands. The number of teenage pregnancies is also falling, and while it remains higher than average for the West Midlands, the gap is narrowing. However, babies born at full-term but with low birth weight show no downward trend and rates in Sandwell remain significantly higher than the West Midlands average.

Figure 4: % of pregnant women who are smokers at time of delivery



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Figure 5: Low birthweight of term babies / 1000 live births

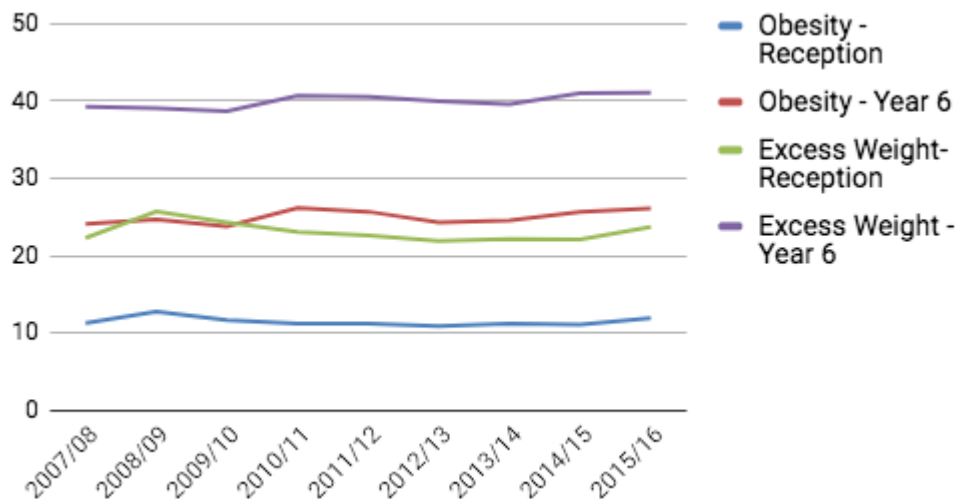


The council has worked in collaboration with Sandwell and West Birmingham NHS Trust to improve our offer to pregnant smokers and to families with young children.

3.2 Children

Whilst rates of excess weight and obesity at reception age are high they have remained roughly stable over the last decade, meanwhile there is an upwards trend of increasing weight among children in year 6. In Year 6, 26.1% (1,080) of children are classified as obese, worse than the average for England, (and close to the worst of 28.5%). The public health target is to reduce the rate of excess weight among year 6 children to 38% by 2020.

Figure 6: Overweight and obese children, Sandwell (%)



The council's public health department has been working in collaboration with schools to reduce the amount of sugar that children eat and drink at school and to increase physical activity.

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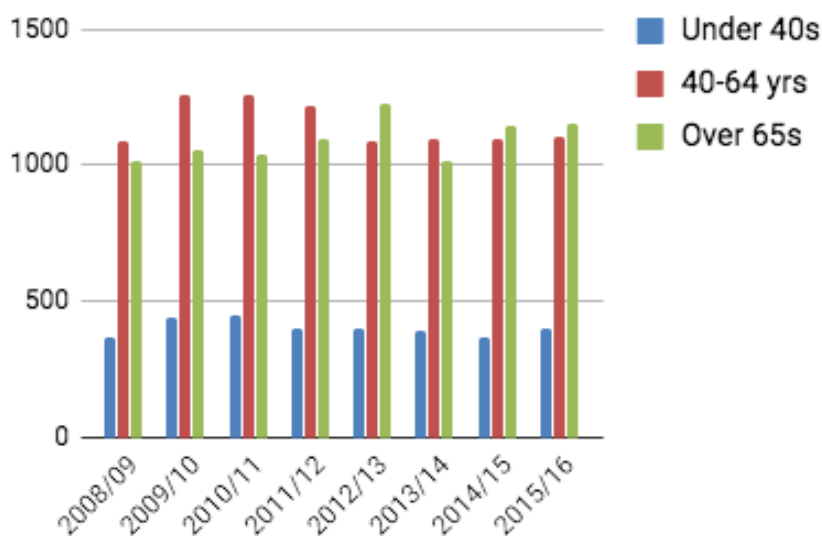
4. Adults

4.1 Alcohol

The rate of alcohol-related harm hospital stays is 781/100,000, worse than the average for England. This represents 2,257 stays per year. The goal is to reduce alcohol related admissions to 697/100,000 by 2020, and this is also a priority for SWBH. Figure 7 presents statistics on admissions to hospital for diseases that can be directly linked to alcohol consumption.

The number of hospital stays linked to alcohol among those under 18 years old is defined slightly differently, but the crude rate is 36/100,000 population, which represents 28 hospital stays per year in Sandwell.

Figure 7: Admission episodes for alcohol related conditions, Sandwell, per 100,000 people



Deaths due to alcohol have remained roughly constant and higher than the averages for both England and the West Midlands over the last ten years. It is 57 per 100,000 persons in Sandwell, compared with an average of 46 in England overall. On this indicator Sandwell is average among areas with equivalent levels of deprivation.

4.2 Substance misuse

Sandwell is performing well on a number of substance misuse (illegal drug) indicators when compared with averages for England and the West Midlands. Despite levels of poverty, the number of injecting drug users (2.2 / 1000 people) is similar to the average for England, and the numbers of adults, and parents, receiving drug misuse treatment are also similar to the national averages. The number of hospital admissions due to substance misuse has increased in Sandwell in recent years, and where it was below the average for England, it is now exactly average, at 95 per 100,000 people.

Sandwell is performing well on providing treatment for substance misuse. Sandwell has the best outcomes in the West Midlands for adults released from prison with substance misuse problems who engage in community-based treatment, with a 50% success rate. Sandwell has converged with the England average for successful completion of drug treatment, and 64% of non-opiate users successfully complete treatment, and 72% of opiate users.

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4.3 Smoking

Smoking prevalence among adults in Sandwell is the highest in the West Midlands, and 19% of adults are current smokers.

Chronic Obstructive Pulmonary Disease (COPD) is a common and often very disabling lung disease which smokers have a much higher risk of developing than non-smokers. Sandwell has the second highest number of COPD related deaths in the West Midlands, at 66 per 100,000 people; it also has the second highest number of emergency hospital admissions at 741 per 100,000 people. By comparison, Shropshire has the lowest number of admissions with 241 / 100,000 in 2014/15. These differences reflect the fact that adult smoking in Sandwell is the highest in the region.

More positively, quitting rates in Sandwell are also higher, with successful quit rates (which means not smoking 8 weeks after quitting) from smoking of 3,236 per 100,000 smokers, which is higher than the average of 2,812 for the West Midlands and 1,854 for England.

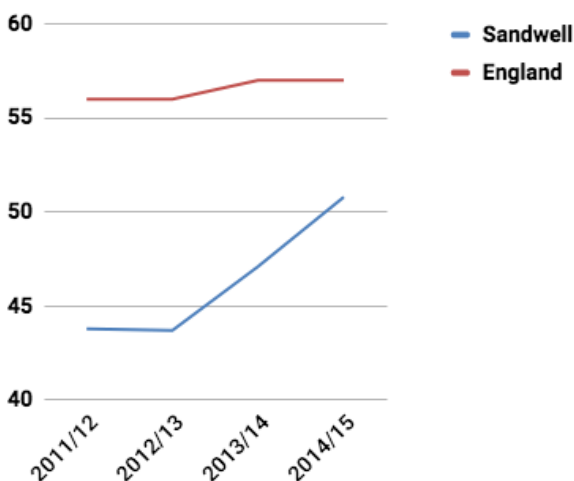
In 2014/15 the rate of smoking among 15 year olds was roughly half the national rate, at 4.3% (England average is 8.2%). However, we don't know what the uptake was in the past so it is not possible to say whether there are more or fewer young people smoking now than in the past.

4.4 Diet and Physical Activity

The percentage of Sandwell adults undertaking 150 minutes or more of physical activity per week has increased in the past four years from 44 to 51%. Whilst physical activity is still below the averages for the West Midlands (55%) and England (57%) this represents a much steeper rate of improvement than in the larger areas.

However, Sandwell is still the worst performing area in the West Midlands for physically inactive adults: 37.2% do less than the recommended 150 minutes of moderate (e.g. walking) or high intensity activity per week. This compares with a West Midlands average of 30.9%, and England average of 28.7%. Being physically inactive increases the risk of cardiovascular disease, diabetes, colon and breast cancer, obesity and mental health issues among other health impacts.

Figure 8: Physically Active adults, %



In 2013-15, Sandwell had the second highest percentage of overweight adults in the West Midlands. In Sandwell 70% of adults were classified as overweight, compared with a regional average of 67%

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and a national average of 65%. We do not have measurements from previous years to be able to say if there is a trend of increasing or decreasing weight in Sandwell.

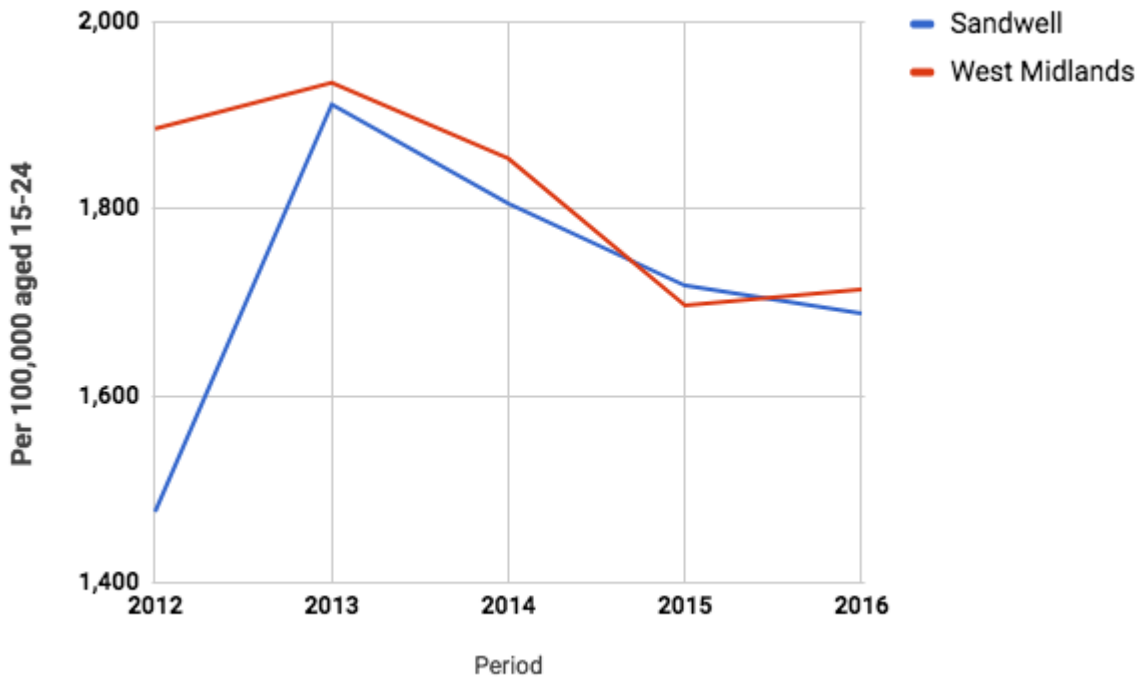
Potentially related, in 2014, (the most recent year for which we have data), Sandwell had one of the highest densities of fast food outlets in the West Midlands, with 114 per 100,000 of the population. This compares with an average of 88 in the whole of England, and is second only to Stoke-on-Trent.

4.5 Sexual Health

Sexually Transmitted Infections (STIs) are among the most common infectious diseases. Chlamydia is the most common STI in England, and accounted for 46.1% of all STIs diagnosed in 2015. Screening involves testing people who may or may not have symptoms. Currently Sandwell has the lowest rate of Chlamydia screening of 15-24 year olds in the West Midlands, at 12.8%, compared to a West Midlands average of 16.4%.

However, over the last year the council has improved access to young people's contraceptive and sexual health advice, and rates of diagnosis and treatment may rise in future when postal testing for STIs is introduced. Figure 9 shows the chlamydia detection rate in Sandwell, the fact that it is falling is in this case a negative indicator that many people with chlamydia are going undiagnosed and untreated.

Figure 9: Chlamydia detection rate / 100,000 aged 15-24



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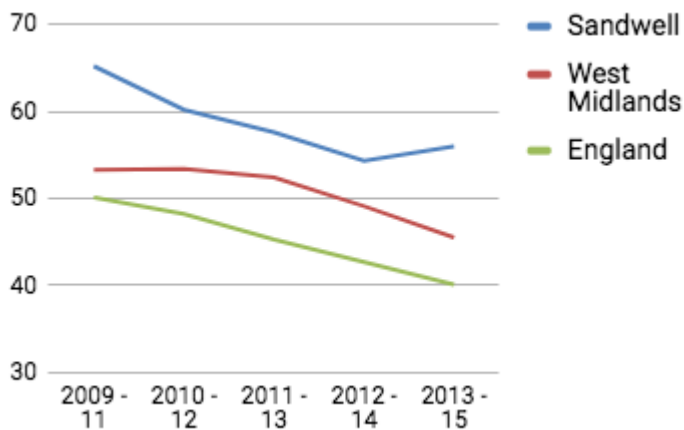
5. Communicable (infectious) diseases

5.1 HIV

Sandwell also has one of the highest rates of HIV in the West Midlands, with 2.6 people in every 1000 infected, compared with an England average of 2.3, and West Midlands average of 1.7.

Importantly, Sandwell has the highest rate of late HIV diagnosis in the West Midlands. This is a negative indicator, as the later people are diagnosed after infection with HIV the more likely it is the disease will have weakened the person's immune system, raising the risk of HIV related infections and increasing the likely cost of treatment. For several years there was a downward trend in diagnosing HIV late in Sandwell, but in 2013-15 this was broken, suggesting expanding HIV testing and diagnosis needs to continue to be a priority in Sandwell.

Figure 10: HIV late diagnosis (% diagnosed with CD4 < 350)

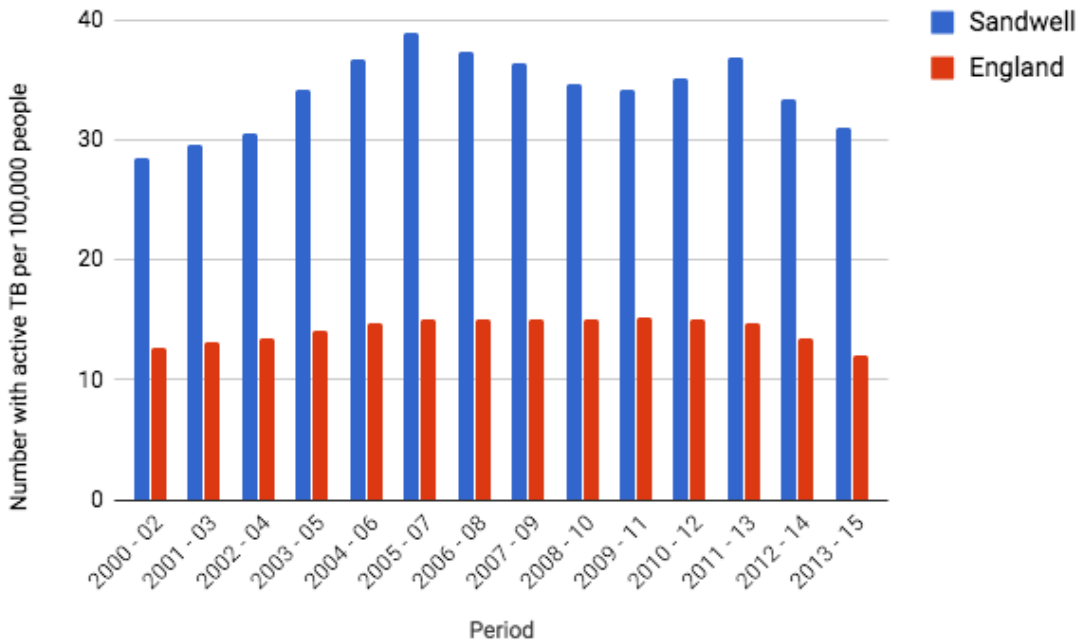


5.2 Tuberculosis

Sandwell also has one of the highest rates of tuberculosis (TB) in the country and is significantly higher than the England average (see figure 11). This may be partly explained by immigration, as the number of people who have latent TB (i.e. who are infected but who are not ill with the infection) is much higher in some countries from which people emigrate to the UK.

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Figure 11: TB Incidence per 100,000 people

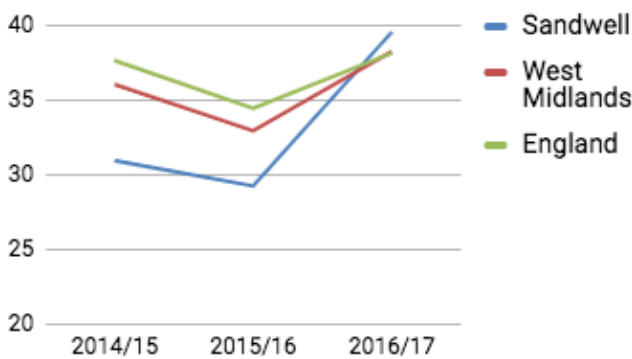


In order to minimise risk of infection to others, as well as improve survival, a local goal is to increase the proportion of TB cases who start treatment within 4 months of developing symptoms to the West Midlands average. In 2015 Sandwell treated 58% of people with TB who had symptoms within four months, whilst the average for England is 72%.

5.3 Flu

Flu vaccine coverage is below the benchmark across the West Midlands region, although there is less variation between areas on vaccination coverage measures than most indicators. Sandwell is improving year on year in reaching 2-4 year olds and people who are increased risk of catching flu, e.g. health workers and people with chronic conditions. The number of people aged 65 and over being vaccinated has fallen however. Sandwell under-performs against the target for each of three population groups we seek to vaccinate and increasing coverage is a public health priority. (see figures 12-14)

Figure 12: % 2-4 years olds receiving flu vaccination (Benchmark 65%)



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Figure 13: % people aged 65+ receiving flu vaccination (benchmark 75%)

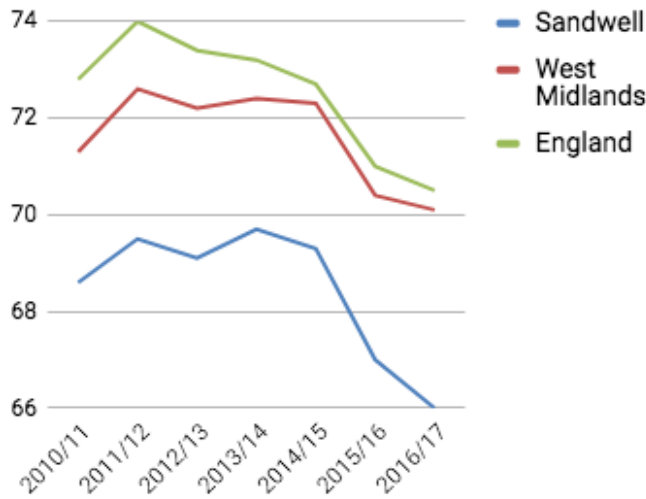
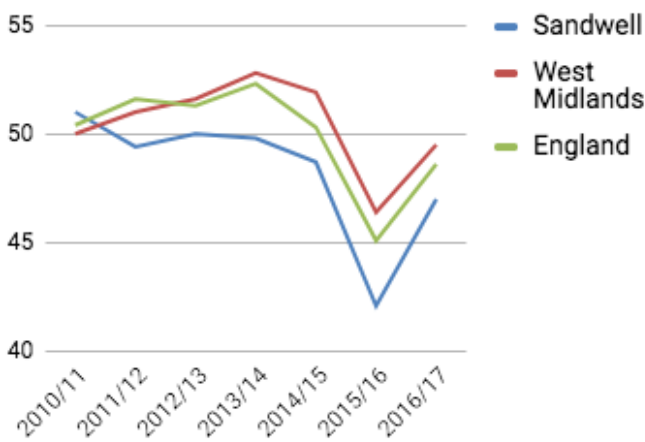


Figure 14: % at risk individuals receiving flu vaccination (Benchmark 55%)



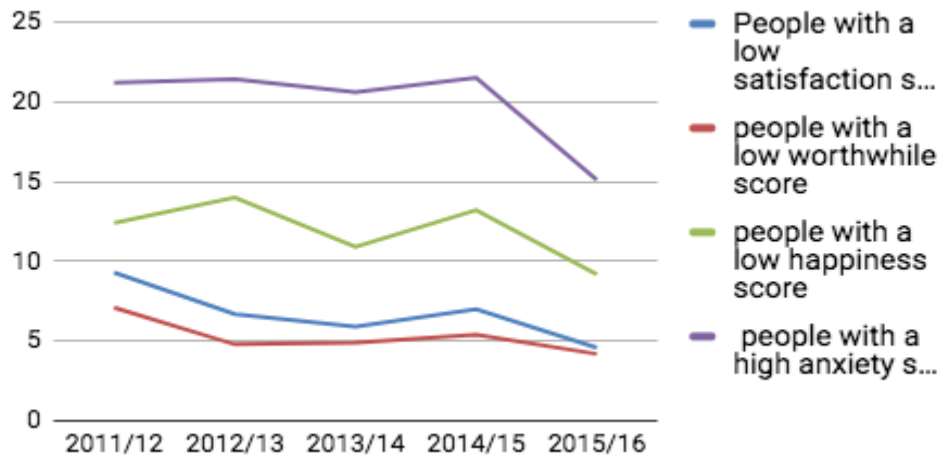
6. Population Wellbeing

While the health indicators present a mixed picture of health in Sandwell, a positive trend is that despite higher levels of deprivation self-reported well-being (based on life satisfaction, feeling worthwhile, happiness and anxiety) is improving, and the results for most indicators in figure x are close to, or lower than, the average for England. NB: these are negative indicators and a downward trend indicates improved wellbeing.

One of our priorities in public health is to create a measure of wellbeing that reflects positive mental wellbeing instead of the absence of negative feelings.

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Figure 15: Self-reported wellbeing, Sandwell, %



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