

2012/2013

# The Annual Public Health Report

for Telford and Wrekin





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# Introduction

by Dr Catherine Woodward, Interim Statutory Director of Public Health,  
Telford and Wrekin, April 2013



Welcome to the 2012/13 Annual Public Health Report for Telford and Wrekin. As ever, I hope you find the document an interesting and useful read.

For the first time, the Report has been largely developed with reference to the national Public Health Outcomes Framework (see below). The Report also presents other intelligence on the health of the local population, going beyond the Public Health Outcomes Framework. The overall approach adopted in the report is:

- To present a summary of the local position (where this is known) across the indicators used in the Public Health Outcomes Framework, highlighting where local performance is either statistically significantly better or worse than the England average
- To map a selection of indicators to the Marmot life course – Starting Well; Developing Well; and Living, Working and Ageing Well
- Within this, to summarise some of the programmes and actions in place in Telford and Wrekin to improve health and wellbeing

Some of the headline messages on the health status of the population of Telford and Wrekin include that:

- Maternal smoking rates remain too high and breastfeeding rates are too low
- Childhood immunisation rates have tended to improve significantly over recent years and rates are generally good, from the earliest childhood immunisation to immunisation for cervical cancer in teenage girls
- Excess weight amongst 4 to 5 year olds has been reducing significantly. The position for 10 to 11 year olds has deteriorated, but is not significantly different to the national average
- Although the position remains worse than the national average, teenage pregnancy rates have been improving and the rate of improvement since 2009 is particularly encouraging
- There are 6,000 fewer adult smokers than a decade ago, although around 32,000 adults still smoke. Smoking-related hospital admissions and smoking-related deaths are both relatively high
- Premature mortality (deaths under 75 years) from cardiovascular disease has been improving over the past 20 years or so, as is the case nationally. However, the local rate remains significantly worse than the national average
- Over recent years, premature mortality from cancer has not been improving in line with the national trend, although premature mortality from cancers considered preventable may not be significantly different from the national average
- Cardiovascular disease and cancer remain the most significant causes of premature mortality
- Although rates are better than the national average, hospital admissions due to alcohol-related conditions have been increasing
- Improvement in male life expectancy has been tailing off and is now significantly worse than the national average

- As expected, there are socioeconomically determined inequalities in life expectancy within Telford and Wrekin. However, compared to other Local Authorities, Telford and Wrekin performs relatively well on this measure and there is some evidence that the 'gap' within Telford and Wrekin has been narrowing, for both male and female life expectancy

Based on the information presented in this report, I have made 11 recommendations for action to improve the health status of the population of Telford and Wrekin (Table 1). Taken together, the scope of these recommendations is broad, encompassing key health determinants (income; smoking; alcohol misuse) and some of the major causes of morbidity and mortality in Telford and Wrekin (cardiovascular disease; cancer; accidental injury).

My last Public Health Report recommended that there should be a comprehensive improvement review of local arrangements to address maternal smoking. This was led by PCT public health staff and encompassed a benchmarking exercise involving staff from Shrewsbury and Telford Hospitals NHS Trust, based on national guidance. Smoking cessation services for the population of Telford and Wrekin are now being re-tendered; this process will embrace specific actions to improve maternal smoking in Telford and Wrekin and outcomes will be kept under close scrutiny.

*Table 1: Recommendations of the Annual Public Health Report for Telford and Wrekin 2012/13*

**Recommendation 1**

As part of its performance framework, the Telford and Wrekin Health and Wellbeing Board should agree a set of metrics with which it will track the local impact of the economic situation (including benefits changes) on health and wellbeing, including health inequalities.

**Recommendation 2**

Recognising that some of these actions are already in place, the Telford and Wrekin Health and Wellbeing Board should agree its programme of evidence-based interventions to minimise the impact of the economic situation on local health and wellbeing, including on health inequalities.

**Recommendation 3**

In its role as the commissioner of maternity services for the local population and in partnership with lead clinicians, the Telford and Wrekin Clinical Commissioning Group should agree and specify the system of fetal growth monitoring at the Shrewsbury and Telford Hospitals NHS Trust, including the quality assurance of this system. Progress should be reported to the Health and Wellbeing Board, as part of the Clinical Commissioning Group's regular updates to the Board.



**Recommendation 4**

As part of its vision that every child and young person will have a healthy lifestyle, the Telford and Wrekin Children, Young People and Families Board should review and agree its position on working in partnership with schools, to ensure that health issues remain a priority and to support the delivery priorities of the Telford and Wrekin Health and Wellbeing Strategy.

**Recommendation 5**

The Telford and Wrekin Children, Young People and Families Board should monitor the impact of the Telford and Wrekin Child Unintentional Injury Strategy, including through analyses of local trends in hospital admissions following injury.

### Recommendation 6

The Telford and Wrekin Health and Wellbeing Board should lead local implementation of the national Cardiovascular Disease Outcomes Strategy. This will depend on a close partnership approach between the Council, Telford and Wrekin Clinical Commissioning Group, the NHS England Area Team and a range of provider organisations. The Board should take regular progress reports on this issue up to at least 2015.

### Recommendation 7

The Telford and Wrekin Health and Wellbeing Board should receive a local report on an annual basis from the West Midlands Cancer Intelligence Unit, encompassing cancer site-specific incidence, survival and mortality for the most common cancers. The main purpose of this arrangement will be to identify key actions to further improve outcomes from cancer in Telford and Wrekin. The first of these reports should be received by the Board no later than January 2014.

### Recommendation 8

The Telford and Wrekin Tobacco Control Commissioning Partnership should review its current strategy and action plan, to identify further opportunities to reduce smoking prevalence (including amongst pregnant women) in Telford and Wrekin, following migration of the public health function into the Council.

### Recommendation 9

The Telford and Wrekin Health and Wellbeing Board should ensure that the Telford and Wrekin Alcohol Misuse Strategy and its associated action plan is reviewed by lead officers from relevant partner organisations, with an updated strategy presented for approval to the Board during 2013.

### Recommendation 10

The Telford and Wrekin Health and Wellbeing Board should receive a report from Public Health England, by no later than September 2013, on plans to further improve 'flu immunisation rates in all target groups in Telford and Wrekin during the 2013/14 'flu season.

### Recommendation 11

The Telford and Wrekin Health and Wellbeing Board should receive a progress report on recommendations 1 to 10 of this Report by no later than January 2014.



## The National Public Health Outcomes Framework

The Public Health Outcomes Framework was originally published in January 2012. The Framework encompasses the respective roles of the NHS and Local Government in the delivery of health and wellbeing and has two high level outcomes:

- Increased healthy life expectancy: *taking account of the health quality as well as the length of life*
- Reduced differences in life expectancy and healthy life expectancy between communities: *through greater improvements in more disadvantaged communities*

The indicators which have been selected to track progress towards delivery of these two outcomes are grouped into four domains, as follows:

- Improving the wider determinants of health: *the "wider factors" which affect health and wellbeing and health inequalities*
- Health improvement: *helping people to live healthy lives, make healthy choices and reduce health inequalities*
- Health protection: *population health is protected from major incidents and other threats, while reducing health inequalities*

- Healthcare public health and preventing premature mortality: *reducing the number of people living with preventable ill-health and people dying prematurely, while reducing the gap between communities*

Although initial baseline data has now been published for most of the indicators, many were already being monitored at a local level through ongoing processes contributing to the Telford and Wrekin Joint Strategic Needs Assessment.



## Overview: Taking Forward the New Arrangements for Public Health in Telford and Wrekin

From April 2013, responsibility for public health and elements of the public health function transferred to Local Government. Duties and responsibilities are enshrined in the new Health and Social Care Act and in a wide range of supporting national policy and transition documents.

Telford and Wrekin Primary Care Trust and Telford & Wrekin Council worked in very close partnership to realise this new vision and to ensure a successful local transition to the new model for public health. This work will continue after April 2013. Going forward, it is inevitable that the approach will continue to develop to encompass reviews of current provision, to ensure that health improvement services are delivered by Telford & Wrekin Council in the most cost effective way. This may include some of the services described in this Report. Some opportunities arise from the existing responsibilities of the Council for the wider determinants of health; for example, physical activity and planning.

Effective partnership working will also remain fundamental to successful local delivery of improved population health outcomes, although the partners will be changing to include the

Telford and Wrekin Clinical Commissioning Group, the Area Team of the NHS England and Public Health England. The Director of Public Health will continue to produce an Annual Public Health Report under these new arrangements.



## The Telford and Wrekin Health and Wellbeing Board and Strategy

The Telford and Wrekin Health and Wellbeing Board has produced its first Health and Wellbeing Strategy. Consultation with local communities and other stakeholders was a very important part of this approach during 2012. The Board agreed its ten (initial) priorities in September 2012, informed by this consultation and by health needs identified through the Joint Strategic Needs Assessment. This Annual Public Health Report describes some of the actions which are already in place to improve local performance across some of these priorities, which are to:



- Improve life expectancy and reduce health inequalities
- Improve emotional health and wellbeing
- Reduce the number of people who smoke
- Reduce the misuse of alcohol and drugs
- Reduce excess weight in children and adults
- Reduce teenage pregnancy
- Support people with autism
- Support people with dementia
- Support people to live independently
- Improve the health and wellbeing of carers

Further information is available at:  
<http://www.telford.gov.uk/hwbstrategy>



## The Impact of the Economic Situation on Population Health and Wellbeing

A comprehensive review by the Liverpool Public Health Observatory (Assessing the Impact of the Economic Downturn on Health and Wellbeing, February 2011) described the main anticipated impacts of the national recession on population health status and concluded that there is a disproportionate impact on the health of the poor and other vulnerable groups. Further, there is reason to believe that the most substantial pressures and health consequences of the recession are yet to emerge.

In Telford and Wrekin, relatively high numbers of children are already living in poverty, as highlighted in the Public Health Outcomes Framework. In addition, a local analysis of personal debt



demonstrated, for example, an increase in the proportion of debt-related enquiries to the Citizens Advice Bureaux (Overview of Personal Debt in Telford and Wrekin, Telford and Wrekin Cooperative Council Delivery Team, June 2012). The proportion of young adults out of work also remains a particular local challenge.

Going forward, the economic situation will continue to be one of the main determinants of population health status, including through its impact on measures designed to improve the health and wellbeing of local communities.

**Dr Catherine Woodward**  
 Interim Statutory Director of Public Health,  
 Telford and Wrekin  
 April 2013



# Acknowledgements

As final editor of this report, I am ultimately responsible for its content, including any errors or omissions. Particular thanks go to Clare Harland, project lead for the report and (as ever) to Helen Onions for her expertise and advice in data analysis. I would also like to thank the following people who contributed information, text and/or suggestions:

**Helen Blinston**  
Health Intelligence Analyst  
Telford & Wrekin Council  
e: helen.blinston@telford.gov.uk

**Sarah Evans**  
Health Improvement Commissioner  
Telford & Wrekin Council  
e: sarah.evans@telford.gov.uk

**Kim Grosvenor**  
Joint Commissioning Group Specialist  
Telford & Wrekin Council  
e: kim.grosvenor@telford.gov.uk

**Clare Harland**  
Health Improvement Commissioner  
Telford & Wrekin Council  
e: clare.harland@telford.gov.uk

**Jackie Hughes**  
Public Health Administrator  
Telford & Wrekin Council  
e: jackie.hughes@telford.gov.uk

**Ann Marie McShane**  
Clinical Advisor, NHS Health Checks  
Telford & Wrekin Council  
e: ann-marie.mcshane@telford.gov.uk

**Louise Mills**  
Head of Health Inequalities and Lifestyle  
Telford & Wrekin Council  
e: louise.mills@telford.gov.uk

**Helen Onions**  
Senior Public Health Specialist  
Telford & Wrekin Council  
e: helen.onions@telford.gov.uk

**Vicki Pike**  
Health Improvement Commissioner  
Telford & Wrekin Council  
e: vicki.pike@telford.gov.uk

**Helen Potter**  
Information Team Leader  
Telford & Wrekin Council  
e: helen.potter@telford.gov.uk

**Jon Power**  
Delivery and Planning Manager  
Telford & Wrekin Council  
e: jon.power@telford.gov.uk

**Emma Pyrah**  
Joint Commissioning Manager  
NHS Telford and Wrekin

**Dr John Reid**  
Locum Consultant in Public Health  
Telford & Wrekin Council  
e: john.reid@telford.gov.uk

**Dr Chris Weiner**  
Public Health Consultant  
NHS Telford and Wrekin

The report makes many references to the Joint Strategic Needs Assessment (JSNA) for Telford and Wrekin. Further information on the JSNA is available from Jon Power, Delivery and Planning Manager, Telford & Wrekin Council (01952 380000) or Helen Onions, Senior Public Health Specialist, Telford & Wrekin Council (01952 580300). The suite of Telford and Wrekin JSNA documents is available at: <http://www.telford.gov.uk/factsandfigures>



# The Telford and Wrekin Joint Strategic Needs Assessment

*Helen Onions, Senior Public Health Specialist  
(Lead for JSNA and Health Intelligence)*

Joint Strategic Needs Assessment (JSNA) is the process used to identify the current and future health and wellbeing needs of the local population. Intelligence produced as part of the JSNA process should be used as the evidence base in the strategic planning for health and social care services. In turn, this should lead to agreement of commissioning priorities and associated funding which will improve local health and wellbeing outcomes and reduce inequalities.

Prior to April 2013, there was a joint obligation for Local Authorities and NHS Primary Care Trusts (PCTs) to work together to produce the local JSNA. From April 2013, Local Authorities and Clinical Commissioning Groups (CCGs) have an equal duty, under the Health and Social Care Act, to undertake a JSNA which will be overseen by the local Health and Wellbeing Board (HWB).

In Telford and Wrekin, the JSNA process has been jointly led by the PCT Public Health Department and the Council's Delivery and Planning Team

since 2008. During the past five years, the JSNA has systematically influenced strategic planning cycles for health and social care services as part of the development of key strategies. This includes determining key strategic priorities for improving the health and wellbeing of the local population, the agreement of numerous joint strategy documents and direct shaping of the commissioning process (for example, prioritising services for further investment and development).

Tracking and reviewing the impact of JSNA intelligence on strategic planning processes and service improvement has been a key part of the local process since the start. The Telford and Wrekin JSNA process has been commended on a number of occasions through national external review, including reviews undertaken by the Department of Health and the Care Quality Commission.

## **The Impact of the JSNA**

During 2011/12, key developments and outputs from the JSNA included:

- Updating and expanding the annual benchmarking exercise, using new national JSNA data inventory metrics and ensuring strong alignment to the new national Public Health Outcomes Framework and the national Marmot Inequalities Review policy objectives
- Developing and publishing detailed reports on demography and deprivation, including local profiles exploring the wider determinants of health
- Production of GP practice level intelligence profiles for the Clinical Commissioning Group. These were used to inform a GP incentive scheme which has resulted in improved health outcomes for the local population
- Development of Mosaic population segmentation profiles to inform the Clinical Commissioning Group workshops, held to develop the General Practice Patient Reference Groups

- Publishing a carers' needs assessment. Improving carers' health and wellbeing has since been agreed as one of the Telford and Wrekin Joint Health and Wellbeing Strategy priorities
- Use of JSNA intelligence as a key source of evidence in the Clinical Commissioning Group planning and prioritisation process in 2011/12, this in turn influenced the Clinical Commissioning Group commissioning cycle in 2012/13, through the assessment and prioritisation of funding bids and development of savings plans
- Inclusion of a summary of Telford and Wrekin JSNA key messages in the the West Mercia PCT Cluster integrated system plan
- Informing the commissioning of public health services using JSNA intelligence on health inequalities, for example, the agreement of higher smoking quitter tariff payments offered to providers of smoking cessation services to support pregnant smokers to quit
- Contributing JSNA intelligence to the business case for the major reconfiguration of acute hospital services in Shropshire, Telford and Wrekin
- The full list of JSNA outputs, reports and products produced in 2011/12 is provided in Appendix 1.

During 2012/13, the shadow Telford and Wrekin Health and Wellbeing Board received regular JSNA updates, briefings were also presented to the

Clinical Commissioning Group. The development of the first Telford and Wrekin Joint Health and Wellbeing Strategy was strongly underpinned by the JSNA process. The priorities within the strategy were originally defined through a prioritisation workshop which took place with key stakeholders in March 2012. In line with national guidance, the JSNA was used in the process to define the 'long list', this highlighted health and wellbeing issues in the Borough which were:

- Significantly worse than the national position
- An existing local priority
- An issue where there was a clear policy requirement or financial pressure

After a period of consultation and engagement with key stakeholders and the public the joint health and wellbeing priorities were agreed by the Shadow Health and Wellbeing Board in September 2012.



# The Public Health Outcomes Framework

*Helen Onions, Senior Public Health Specialist  
(Lead for JSNA and Health Intelligence)*

The first national Public Health Outcomes Framework (PHOF) for England<sup>1</sup> was published in January 2012. The framework is underpinned by the same life course approach adopted in this report and has a strong focus on outcomes relating to population health in its broadest sense. One aim of the PHOF is to promote joint working across the NHS, Local Government, the voluntary sector and communities on shared goals to improve health and wellbeing outcomes across populations.

The framework encompasses two high level outcomes, 66 indicators and a number of sub-indicators, grouped across four domains. Many PHOF indicators have historically been standard measures of population health and relate to existing public health targets and quality standards. As such, many have been routinely monitored as part of Public Health Reports and the JSNA process over the past five years or so.

To date, three sets of PHOF data have been released, with Local Authority positions published for most of the indicators. It is anticipated that there will be a rolling programme of data release (providing updated positions) and publication of new data for the remaining indicators on an on-going basis. In future, these national PHOF data releases will be reflected in the Telford and Wrekin JSNA, which is itself an on-going rolling process.

The following tables summarise local performance across the four domains of the PHOF, highlighting where the local position is currently either significantly better or worse than the England average. The RAG rating system used has been developed by the national Association of Public Health Observatories<sup>2</sup>; these ratings are systematically used for benchmarking purposes in the Telford and Wrekin JSNA and have been adopted to interpret local performance against the Public Health Outcomes Framework.

Appendix 2 of the Report summarises local performance across the wider range of PHOF indicators (where the position is known).

**RED:**

Telford and Wrekin current position statistically significantly worse than the England average

**AMBER:**

Telford and Wrekin current position not statistically significantly different to the England average

**GREEN:**

Telford and Wrekin current position statistically significantly better than the England average

<sup>1</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_132358](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358)

<sup>2</sup> <http://www.apho.org.uk/resource/view.aspx?RID=116454>

# The National PHOF

## Overarching Vision: To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest

**Outcome measure 1:** Increased healthy life expectancy

**Outcome measure 2:** Reduced differences in life expectancy and healthy life expectancy between communities

**Outcome 1:** Data is not yet available for healthy life expectancy, but analysis of life expectancy and years of premature life lost for Telford and Wrekin are outlined below.

### Life Expectancy in Telford and Wrekin

- Male life expectancy at birth is statistically significantly worse than the national average (77.5 years compared to 78.6 years)
- Male life expectancy in the most affluent areas is 79.8 years, compared to 74.9 years in the most deprived areas
- Female life expectancy at birth is not statistically different to the national average position (82.1 years compared to 82.6 years)
- Female life expectancy is 82.5 years in the most affluent areas, compared to 80.6 years in the most deprived areas

- Improving life expectancy is a priority of the Telford and Wrekin Health and Wellbeing Strategy

**See Figure 1 Trends in Male Life Expectancy**  
**See Figure 2 Trends in Female Life Expectancy**

- Premature deaths (deaths under 75 years) make a significant contribution to reduced life expectancy. Examining the pattern of years of life lost before age 75 years is important in understanding reduced life expectancy at population level overall
- There are on average 522 premature deaths every year in Telford and Wrekin, these early deaths account for around 7,176 premature years of life lost
- Cancers are the main cause of years of life lost, accounting for:
  - 30% of all male years of life lost
  - 45% of all female years of life lost
- For women, breast cancer accounts for around 10% of all years of life lost and lung cancer accounts for around 7%
- For men, lung cancer accounts for around 7% of all years of life lost, with colorectal cancers and upper gastrointestinal tract cancers together accounting for around 8% of years of life lost
- Cardiovascular disease (including heart attack and stroke) is responsible for:
  - Around 25% of male years of life lost
  - Around 16% of female years of life lost

- Within cardiovascular disease, coronary heart disease makes the greatest contribution, accounting for around 19% of the total premature years of life lost for men and 7% for women

**See Figure 3 Main Causes of Reduced Life Expectancy (Years of Life Lost under 75 Years)**

**Outcome 2:** Baseline PHOF data for differences in life expectancy and healthy life expectancy between communities have not yet been published and are still being developed nationally. However, one indicator being considered nationally is the Slope Index of Inequality in life expectancy (SII). This index is a measure of health inequalities, based on the gap in years of life expectancy between the most affluent and most deprived local communities. The index combines measures of deprivation and life expectancy across small geographical areas to define an inequalities gradient.

<http://www.apfo.org.uk/resource/item.aspx?RID=110505>

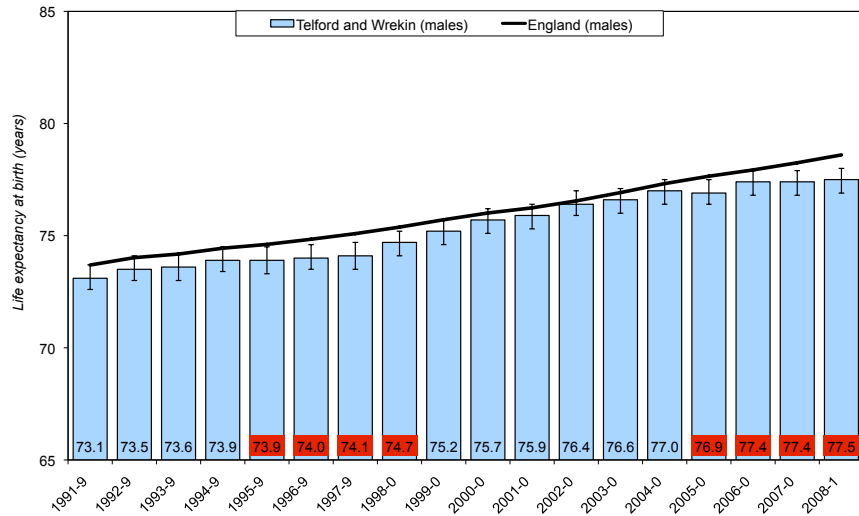
### Inequalities in Life Expectancy in Telford and Wrekin

In Figure 4, the Telford and Wrekin male and female populations are divided into ten deciles (tenths) by grouping census output areas (see Appendix 3 for further details). Life expectancy at birth is shown across the groups; the SII is the 'slope' in this measure across the deciles.



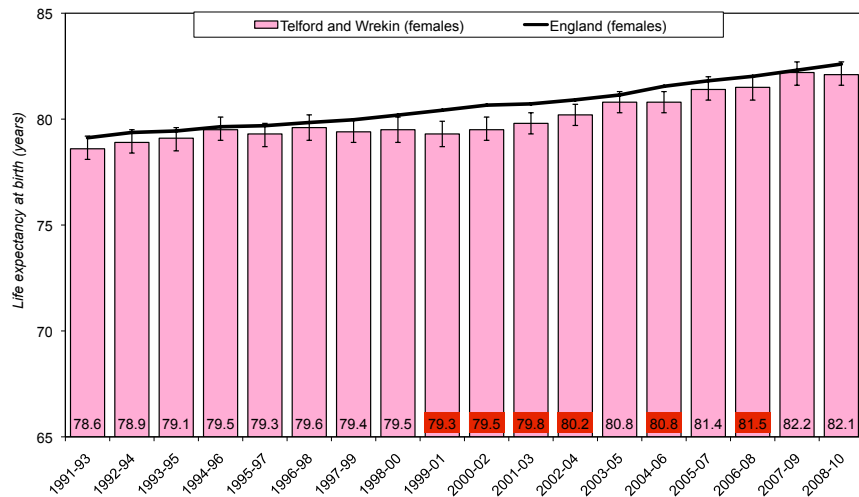
**Figure 1 Trends in Male Life Expectancy**

Labels shaded in red indicate rates which were statistically significantly worse than the England average

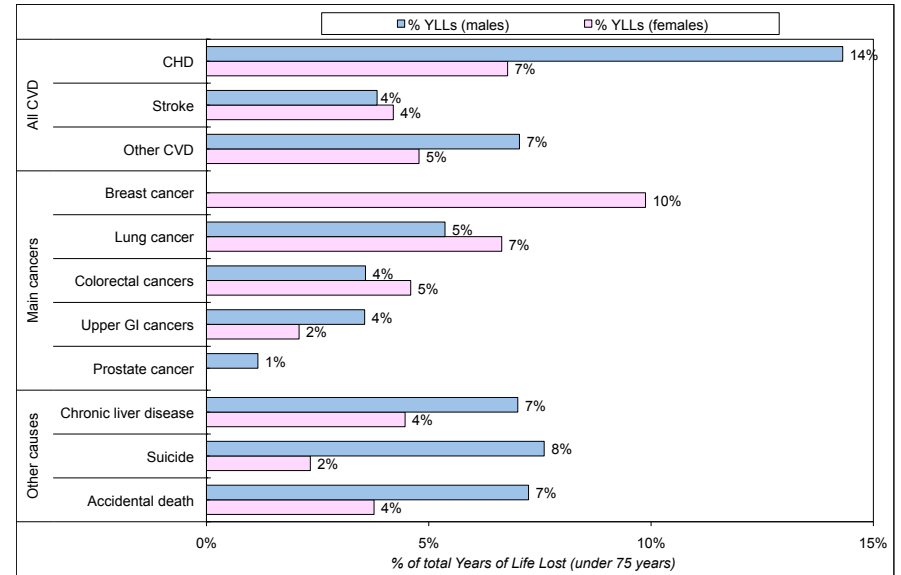


**Figure 2 Trends in Female Life Expectancy**

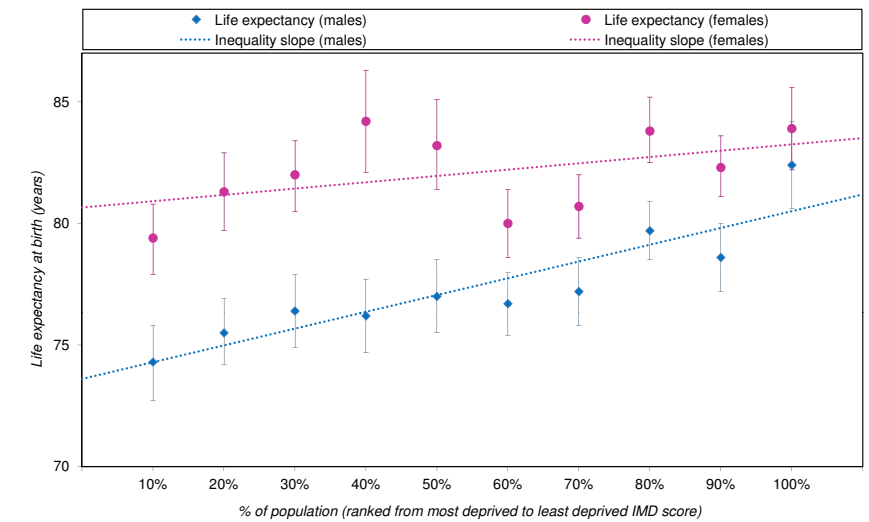
Labels shaded in red indicate rates which were statistically significantly worse than the England average



**Figure 3 Main Causes of Reduced Life Expectancy (Years of Life Lost under 75 Years)**



**Figure 4 Life Expectancy by Deprivation Decile in Telford and Wrekin (2006-10)**



Visually, the steeper the slope, the worse the life expectancy inequality within that total population.

Using this approach, the SII figures for Local Authorities have been published, but not yet statistically benchmarked at a national level. However, the national median values for upper tier Local Authorities have been released for comparative purposes:

- In Telford and Wrekin, the SII for males for 2006-10 was 7 years, which was better than the median average of 8.9 years, the gap across all upper tier authorities ranged from 3.1 to 17 years. Telford and Wrekin currently ranks 36th best out of the 150 Local Authorities in England on this measure
- In Telford and Wrekin, the SII for females for 2006-10 was 2.8 years, which was better than the median average of 5.9 years, the gap across all upper tier authorities ranged from 1.2 to 12 years. Telford and Wrekin currently ranks 10th best out of 150 Local Authorities on this measure

Although it is recognised that there are some complex methodological issues, considering trend in the SII measure:

- In Telford and Wrekin, the SII gap in males improved from 7.6 years during the period 2001-05, to 7 years in 2006-10, although this change was not statistically significant

- In Telford and Wrekin, the SII gap in females also improved, from 3.8 years during 2001-05, to 2.8 years in 2006-10, again this change was not statistically significant
- For both male and female SII, Telford and Wrekin also improved its position relative to other Local Authorities (n = 150) over this period (for male life expectancy: from 62nd to 36th best Local Authority; for female life expectancy: from 24th to 10th best Local Authority)

**See Figure 4 Life Expectancy by Deprivation Decile in Telford and Wrekin (2006-10) (page 17)**

#### **Recommendation 1**

As part of its performance framework, the Telford and Wrekin Health and Wellbeing Board should agree a set of metrics with which it will track the local impact of the economic situation (including benefits changes) on health and wellbeing, including health inequalities

#### **Recommendation 2**

Recognising that some of these actions are already in place, the Telford and Wrekin Health and Wellbeing Board should agree its programme of evidence-based interventions to minimise the impact of the economic situation on local health and wellbeing, including on health inequalities

## Domain 1: Improving the Wider Determinants of Health

**Objective: Improvements against wider factors that affect health and wellbeing and health inequalities**

A total of 15 indicators and sub-indicators

- The Telford and Wrekin position is statistically significantly better than the England average for eight indicators in this domain:
  - Pupil absence
  - Killed or seriously injured casualties on England's roads
  - Violent crime (including sexual violence) - hospital admissions for violence
  - Violent crime (including sexual violence) - violence offences
  - Re-offending levels (% of offenders who re-offend)
  - Re-offending levels (average number of re-offences per offender)
  - The percentage of the population affected by noise
  - Statutory homelessness (homelessness acceptances)

■ The Telford and Wrekin position is statistically significantly worse than the England average for two indicators in this domain:

- Children in poverty
- 16-18 year olds not in education, employment or training

The Telford and Wrekin JSNA had already highlighted the position with these two indicators. Both are captured within the performance framework of the Telford and Wrekin Children, Young People and Families Board and a range of actions are in hand to improve the position.

## Domain 2: Health Improvement

**Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities**

A total of 26 indicators and sub-indicators

- The Telford and Wrekin position is statistically significantly better than the England average for eight indicators in this domain:
- Cancer screening coverage: breast
  - Access to non-cancer screening programmes (diabetes eye screening)
  - Health Check offer: Offer of the NHS Health Check programme to those eligible
  - Falls and injuries in the over 65s (five sub-indicators: persons, males, females, 65-79 years, 80+ years)

■ The Telford and Wrekin position is statistically significantly worse than the England average for ten indicators in this domain:

- Low birth weight of term babies
- Breastfeeding initiation at birth
- Breastfeeding prevalence at 6-8 weeks
- Maternal smoking: smoking status at time of delivery
- Under 18 conceptions
- Smoking prevalence: adults 18+ years
- Successful completion of drug treatment – non opiate users
- Recorded diabetes
- Cervical cancer screening coverage
- Health Check take up: Take up of the NHS Health Check Programme by those eligible

## Domain 3: Health Protection

**Objective: The population's health is protected from major incidents and other threats, while reducing health inequalities**

A total of 22 indicators and sub-indicators

- The Telford and Wrekin position is statistically significantly better than the England average for thirteen indicators in this domain:
- Population vaccination coverage: Dtap / IPV / Hib (at 1 year and 2 years)
  - Population vaccination coverage: Men C (at 1 year)



- Population vaccination coverage: PCV (at 1 year)
- Population vaccination coverage: Hib / Men C booster (at 2 years and 5 years)
- Population vaccination coverage: PCV booster (at 1 year)
- Population vaccination coverage: MMR (one dose at 2 years, one dose at 5 years and two doses at 5 years)
- Population vaccination coverage: HPV (females 12-13 years)
- Treatment completion for TB (incidence)
- Chlamydia diagnoses (15-24 years old)

- The Telford and Wrekin position is statistically significantly worse than the England average for three indicators in the domain:
  - Population immunisation coverage: (PPV)
  - Population immunisation coverage: ('flu: 65+ year olds)
  - Population immunisation coverage: ('flu: at risk individuals)

## Domain 4: Healthcare Public Health and Preventing Premature Mortality

**Objective: Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities**

A total of 21 indicators and sub-indicators (although the data is provisional for 11)

- The Telford and Wrekin position is statistically significantly better than the England average for four indicators in this domain:
  - Emergency readmissions within 30 days of discharge from hospital (persons)
  - Emergency readmissions within 30 days of discharge from hospital (males)
  - Emergency readmissions within 30 days of discharge from hospital (females)
  - Hip fractures in over 65s (65+ years and 65-79 year olds)
- The Telford and Wrekin position is statistically significantly worse than the England average for five indicators in this domain:
  - Mortality from causes considered preventable
  - Mortality from all cardiovascular diseases

- Mortality from all cardiovascular diseases (considered preventable)
- Mortality from cancer
- Mortality from liver disease (considered preventable)



# Starting Well

## The Marmot Review: Pre-birth and the early years, up to age five

*Contributors: Dr Catherine Woodward, Helen Onions, Vicki Pike, Sarah Evans, Dr Chris Weiner, Dr John Reid, Clare Harland*

Recommendations of the 2010 Marmot Review included the prioritisation of maternal health interventions and to increase investment in early years development.

Strong local partnerships are essential in ensuring that the lives of children both start well and develop well (see the next section of the Report). As articulated in its Terms of Reference, the Telford and Wrekin Children, Young People and Families Board is central to delivering the vision for all children and young people in Telford and Wrekin, which follows a life course approach:

- Starting Well – every child has the best start in life
- Developing Well – every child and young person has the opportunity to achieve their full potential
- Living Well – every child and young person will have a healthy and positive lifestyle
- Working Well – every child and young person is able to achieve economic well-being
- Dying Well – those whose lives are shortened receive the care and support they require

The Board's performance framework includes a range of key metrics and will continue to be informed by the JSNA and national benchmarking.

### Public Health Outcome: Maternal Smoking

- The health risks of maternal smoking have been described in previous Annual Public Health Reports
- Maternal smoking rates in pregnancy (as measured by smoking at time of delivery) have been significantly worse than the national average in Telford and Wrekin during the past decade
- During 2011/12, 22.7% of mothers in Telford and Wrekin were still smoking at the time of their delivery (524 women), compared to 13.2% of mothers in England
- Inequalities in maternal smoking have also persisted in Telford and Wrekin. For example, in 2011/12:
  - Over 35% of women under 25 years of age were smokers when their baby was born
  - 35% of mothers from the most deprived local communities were smokers at the time of their delivery, compared to 6% of mothers from the more affluent areas in Telford and Wrekin
- Reducing smoking in pregnancy is already a priority within the

Telford and Wrekin Health and Wellbeing Strategy. Recommendation 8 of this Report also encompasses the issue

**See Figure 5 Trends in Maternal Smoking (page 22)**  
**See Figure 6 Trends in Smoking in Pregnancy by Age (page 22)**

### Smoking Cessation Services for Pregnant Women

- ✓ The local smoking cessation services for pregnant women are based on guidance from the National Institute for Health and Clinical Excellence (NICE)
- ✓ Midwives assess the smoking status of every pregnant woman at her booking appointment and are trained (along with other antenatal staff) to provide effective advice on stopping smoking

- ✓ Pregnant women who smoke are referred directly into the Stop Smoking in Pregnancy Service at booking. The service offers a range of different support and interventions, including home visits
- ✓ Following review, further work is in hand to ensure that the local service delivers target performance

*"I have been smoke free for 14 weeks now and am feeling massive benefits, most of all I feel relieved to have actually done it this time. The support has been great. My little boy knows mummy "smells nice!" It's so nice to buy little treats and not have to stand in the rain just to smoke. I did it for my boys but more importantly for myself. I smoked from age 12 so didn't think I would ever stop, but I have and I feel so much better". (Client)*

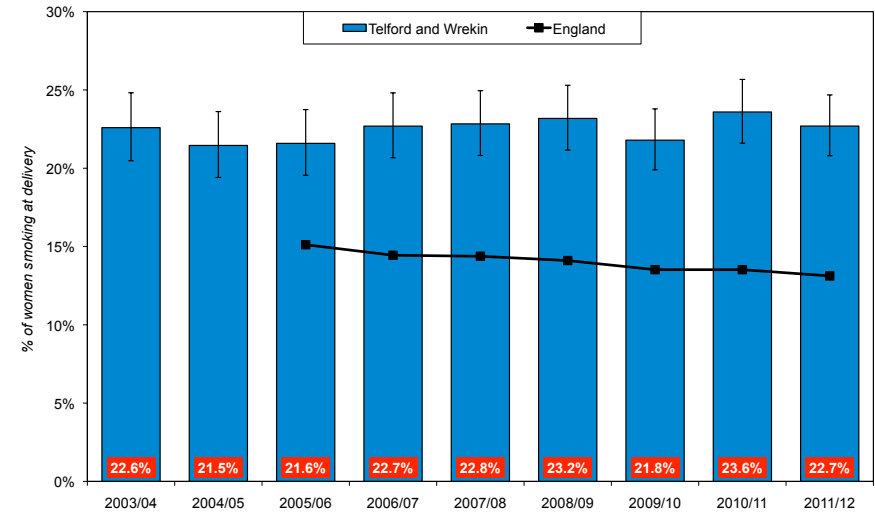
### What the participants say

*"I never thought I would be able to give up smoking, I have been smoke free now for 4 weeks and the change has been amazing, I have saved nearly £200 since I gave up. My health has improved as I have got asthma and now I get to spend more time and effort with my daughter and we get to go out more as I have always got money in my purse. I am now looking forward to the new arrival and I am looking forward to a life without cigarettes. Giving up is the best thing I have ever done for me and my family. I am very grateful for the support that I have received". (Client)*

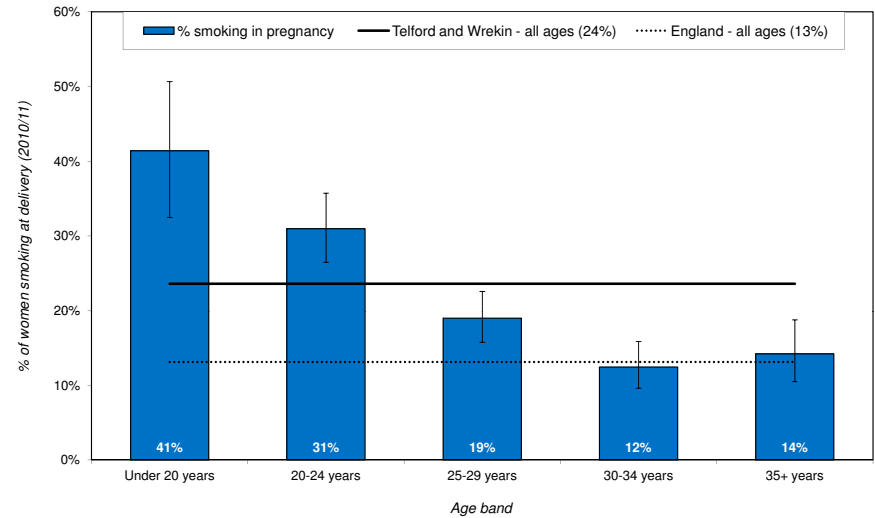


**Figure 5 Trends in Maternal Smoking**

Labels shaded in red indicate rates which were statistically significantly worse than the England average



**Figure 6 Smoking in Pregnancy by Age**



### Public Health Outcome: Low Birth Weight Babies

- In 2010, the proportion of infants born with a low birth weight (less than 2.5kg) in Telford and Wrekin (8.7%) was statistically significantly worse than the national average for England and Wales (7.0%)
- Annual benchmarking of trend indicates that 2010 was the first time in twenty years that the proportion of low birth weight babies in Telford and Wrekin was significantly worse than the national average
- Data for 2011 have recently been published, indicating a decrease in the rate in Telford and Wrekin (7.8%), which is now not statistically significantly different to the national average (7.1%)
- However, low birthweight rates for 2011 using the new PHOF data definition have not yet been released

See Figure 7 Trends in Low Birth Weight Babies

### Recommendation 3

In its role as the commissioner of maternity services for the local population and in partnership with lead clinicians, the Telford and Wrekin Clinical Commissioning Group should agree and specify the system of fetal growth monitoring at the Shrewsbury and Telford Hospitals NHS Trust, including the quality assurance of this system. Progress should be reported to the Health and Wellbeing Board, as part of the Clinical Commissioning Group's regular updates to the Board

(The Telford and Wrekin Clinical Commissioning Group has already accepted this recommendation.)

Figure 7 Trends in Low Birth Weight Babies

Labels shaded in red indicate rates which were statistically significantly worse than the England average

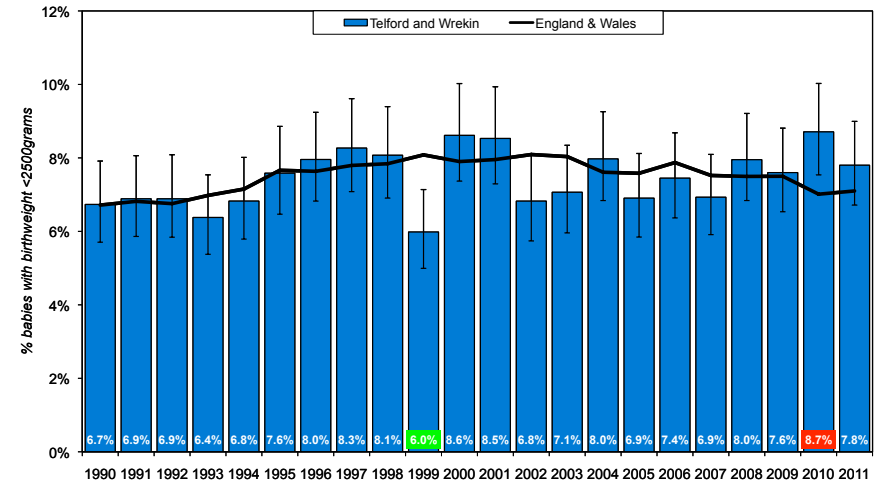
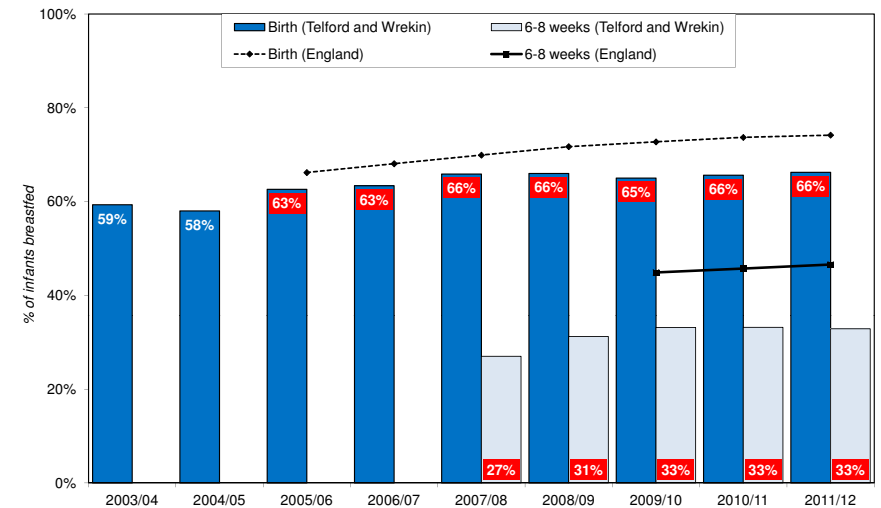


Figure 8 Trends in Breastfeeding



## Public Health Outcome: Breastfeeding

- At population level, breastfeeding rates at birth and 6-8 weeks of age in Telford and Wrekin have been slow to improve
- Breastfeeding rates in Telford and Wrekin remain significantly worse than the national average; in 2011/12:
  - 66% of infants were breastfed at birth, compared to 74% nationally
  - 33% of infants were breastfed at 6-8 weeks, compared to 47% nationally
- Breastfeeding rates are significantly lower in:
  - Younger mothers, with 42% of teenage mothers in Telford and Wrekin breastfeeding at birth, compared to 72% of mothers aged 35 years and over
  - Deprived communities, with 51% of infants breastfed at birth in the most deprived areas of Telford and Wrekin, compared to 81% in the more affluent areas
- Breastfeeding is an important contributory factor in addressing rates of overweight and obesity

in children and adults, which is a priority of the Telford and Wrekin Health and Wellbeing Strategy

### See Figure 8 Trends in Breastfeeding (page 23)

#### Breastfeeding Programme

- ✓ Implementation of the UNICEF UK Baby Friendly Initiative (BFI) action plan to achieve full BFI accreditation
- ✓ Training for frontline staff working with pregnant and breastfeeding mums
- ✓ Delivery of antenatal and postnatal breastfeeding education and information to groups and on a 1 to 1 basis in the community
- ✓ Home support for breastfeeding mums where appropriate
- ✓ BEST (Breastfeeding Encouragement Support Team) peer support volunteers provide support to breastfeeding mothers in the community
- ✓ Lactation clinic delivered by trained lactation consultants for more complex breastfeeding problems

- ✓ Antenatal and postnatal support in hospital, clinics and home visits, also targeting the more deprived areas of Telford and Wrekin

## A Mum's Story

*"When I was pregnant with my daughter I never really planned to breastfeed. I had in my head that I would try, but didn't really plan to try too hard. I am one of six children, all of us formula fed. I have six nieces and nephews who are also all formula fed, so formula feeding was all I knew and truthfully is what I expected to do. I would nod in the right places when asked if I planned to breastfeed by midwives etc but that was to keep them quiet really.*

*Within 30 minutes of my daughter being born I fed her myself and although I don't recall much of it at all due to being exhausted that first feed changed all of my views. I knew right then that my baby would never have formula. The feeling was just incredible and we both took to it really well.*

*The hardest things I found in the first few weeks were how uncomfortable my family was with me feeding my daughter in front of them. Many of them left the room and if they stayed they would turn away. They never once suggested that I shouldn't breastfeed in front of them but I dreaded having to do it as I didn't want them to be uncomfortable or leave. In the end though I just said 'look, you wouldn't look at my breasts any other time so why would you do it now?' They all soon got very used to it and the support I got from them really improved. The frequency of feeding was also very hard, I just never expected to be feeding at 1-2hr intervals and it really took it out of me. On the flip side though night feeds were over quickly and there was no crying baby whilst bottles heated up.*

*My daughter is nearly 19 months old now and I still just love feeding her. I doubt I would have got this far though if it wasn't for the support of my husband and the health care professionals I met." (New mum supported through BFI)*



**Public Health Outcome:  
Immunisation Coverage in Young Children**

- Immunisation is one of the most important ways of protecting individuals and the community from serious diseases
- High uptake rates are necessary to prevent the serious infections covered by the national programme from circulating in local communities. In Telford and

Wrekin, rates for all childhood immunisation have improved significantly over recent years

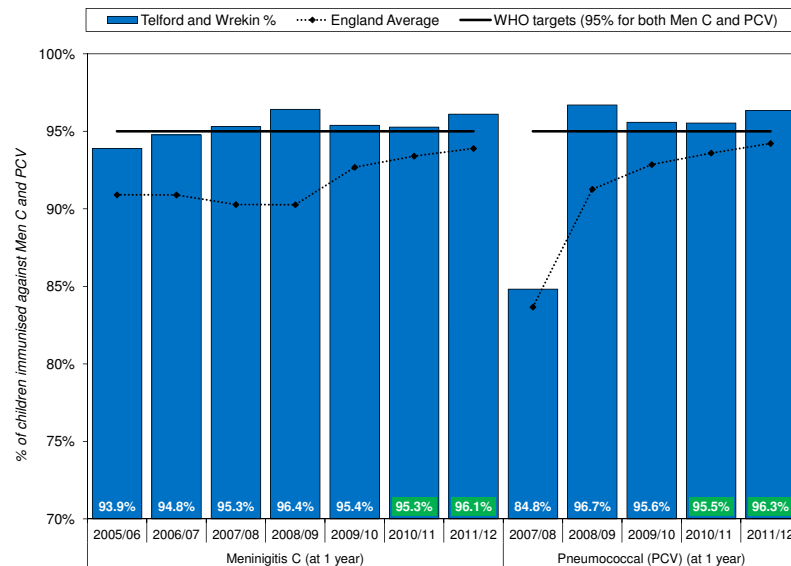
- Children need to complete the full course including any pre-school boosters to ensure the greatest protection
- By 2011/12, 97% of 12 month old babies in Telford and Wrekin had been immunised against polio, diphtheria, whooping cough, tetanus and Haemophilus

influenzae type b. 96% had been immunised against meningococcal C and pneumococcal infections

- Protection against mumps, measles and rubella (MMR) has also improved. 96% of 2 year olds and 91% of 5 year olds in Telford and Wrekin had been appropriately immunised by the of 2011/12

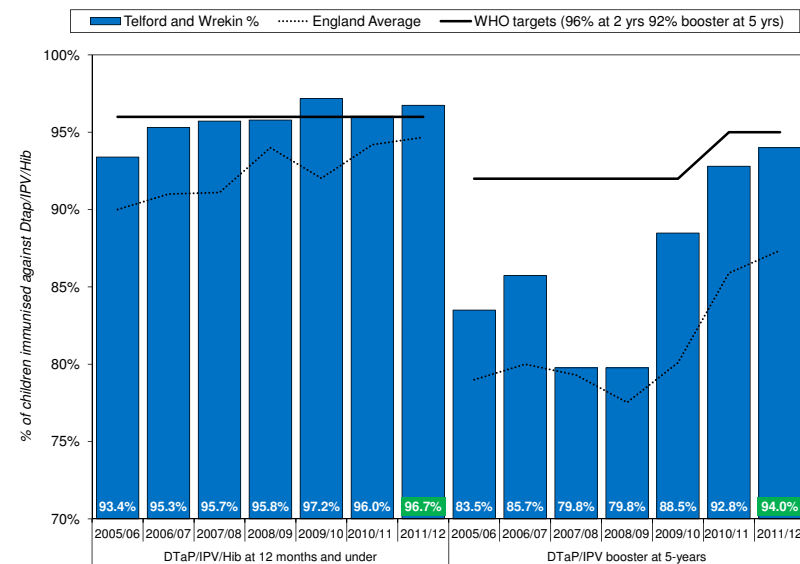
**Figure 9 Trends in Childhood Immunisation Coverage: Meningitis C and Pneumococcal (PCV)**

Labels shaded in green indicate rates which were statistically significantly better than the England average



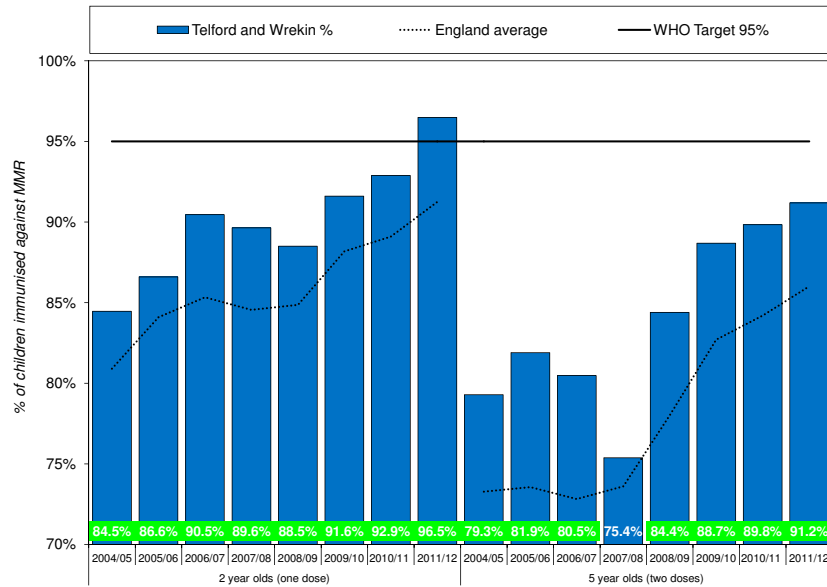
**Figure 10 Trends in Childhood Immunisation Coverage: Diphtheria, Pertussis, Tetanus, Haemophilus influenzae type b (Hib) and Polio**

Labels shaded in green indicate rates which were statistically significantly better than the England average



**Figure 11 Trends in Childhood Immunisation Coverage: Mumps, Measles and Rubella**

Labels shaded in green indicate rates which were statistically significantly better than the England average



## Other Programmes Supporting “Starting Well” in Telford and Wrekin

### Why Weight? Mums

- ✓ A personalised programme for pregnant women who are obese (Body Mass Index >30) at their initial booking appointment, with one to one appointments, home visits, individual action plans and telephone and text support
- ✓ Empowering women to minimise weight gain during their pregnancy and to lose weight following the birth of their baby
- ✓ The programme has capacity for 100 women per year, with 69% achieving their target to minimise weight gain during pregnancy (less than 10kg)
- ✓ Delivered through a partnership approach between the health improvement team, health visiting, midwifery and children’s centres

### Healthy Start

- ✓ Healthy Start is a UK-wide government scheme to improve the health of low-income pregnant women and families on benefits and tax credits
- ✓ Vouchers for fruit, vegetables, milk and vitamins for mother and child are promoted through pharmacies, by midwives and by health visiting teams
- ✓ 85% of the eligible population take up the programme

### Weaning and Early Years’ Nutrition

- ✓ Weaning and infant nutrition training for health, social care and community practitioners who work with families with babies and toddlers
- ✓ Weaning sessions for parents and carers held at baby clinics and other settings
- ✓ Staff training to ensure that health advice regarding early years’ nutrition is consistent across the frontline workforce

## What the participants say

*“I will be able to advise [on baby led weaning] with more confidence”  
(Health Visitor attending training)*

*“This is my first baby and I don’t know much about weaning so this session was very helpful”  
(Parent, weaning workshop)*

### Health Exercise Nutrition for the Really Young (HENRY)

- ✓ HENRY is a nationally endorsed evidence-based programme for families with children under five, which contributes to the obesity pathway
- ✓ HENRY training for frontline staff working with families with children under five gives staff the knowledge, skills and confidence to address parenting skills, healthy eating, physical activity and emotional wellbeing
- ✓ Let’s Get Healthy with HENRY eight week courses are run across the Borough for parents of children under five, consisting

of practical interactive sessions providing support to adopt sustainable healthy behaviours within families

- ✓ Over 250 staff have been trained from a range of public, private and voluntary sector organisations to embed the HENRY approach in their work and 20 local facilitators have been trained to deliver 8 week courses for parents

## What the participants say

*“I now encourage clients to help themselves rather than doing it for them” (Early Years practitioner)*

*“Lots of tips that will support me personally and professionally” (Early Years practitioner)*

*“It has opened my eyes to what is necessary when working with parents and families” (Early Years practitioner)*

### Let’s Cook Mini

- ✓ Advice about healthy eating and cooking on a budget, for parents of children attending nursery provision
- ✓ Courses run from the Telford and Wrekin cooking bus, which provides a fun and interactive facility  
Photo





# Developing Well

## The Marmot Review: ages 5 to 16 years

*Contributors: Dr Catherine Woodward, Clare Harland, Sarah Evans, Helen Onions, Emma Pyrah, Dr Chris Weiner and Dr John Reid*

Recommendations from the 2010 Marmot Review included evidence-based parenting, reducing inequalities in educational outcomes and increasing investment in the prevention of ill-health, including measures to address smoking, obesity and alcohol misuse in young people.

### Public Health Outcome: Overweight and Obesity in Young Children

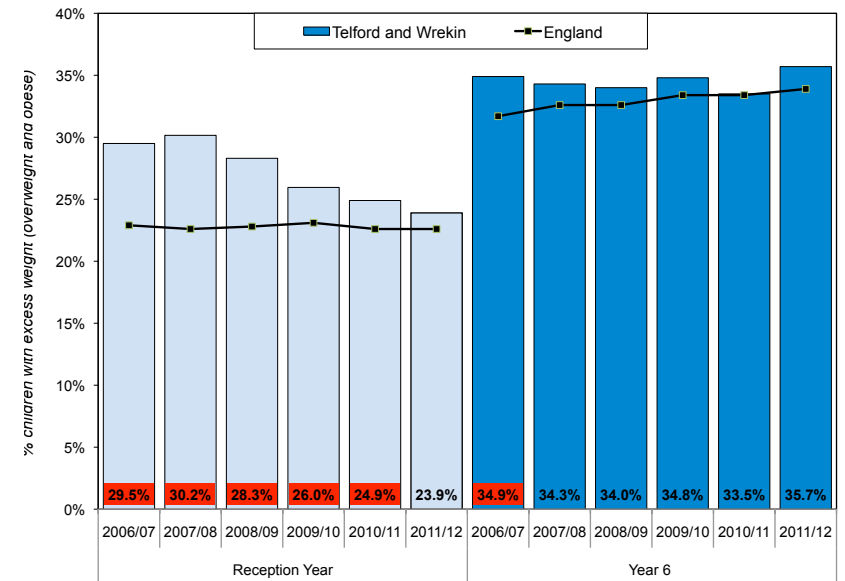
- The reporting of overweight and obesity in children is complex, with data collected and analysed against different weight definitions (healthy weight, overweight, very overweight, obese, excess weight), different ages (4 to 5 year olds and 10 to 11 year olds) and by gender,

through the National Child Measurement Programme. In addition, measurements taken in one academic year are reported by the national system as results for the following year

- The Public Health Outcomes indicator 'excess weight' describes children whose weight exceeds a healthy weight (who are either overweight or obese)
- Excess weight amongst 4 to 5 year olds in Telford and Wrekin has reduced significantly during the last six years, from 29.5% of children in 2006/07 to 23.9% in 2011/12
- Excess weight amongst 10 to 11 year olds in Telford and Wrekin has increased over the last six years, from 34.9% of children in 2006/07 to 35.8% in 2011/12. However, within this, the local position has not been significantly different to the national average for the last five years

**Figure 12 Trends in Excess Weight in Children**

Labels shaded in red indicate rates which were statistically significantly worse than the England average



- Amongst 10 to 11 year olds in Telford and Wrekin, 250 were overweight and 338 were obese in 2011/12
- As part of local implementation of the National Child Measurement Programme, feedback letters are sent to all parents and carers with their children's results, offering follow-up support and advice for families whose children's weight exceeds the healthy range

See Figure 12 Trends in Excess Weight in Children (page 29)

#### The YW8? Family Weight Management Programme

- ✓ An evidence-based family weight management programme for children who exceed a healthy weight, with ten weeks of interactive sessions covering healthy eating, exercise and parenting approaches, for the whole family
- ✓ In 2011/12, 72% (48/67) of families accessing the programme completed the course. All the families reported positive lifestyle

changes and improved emotional health and wellbeing, as a result of the programme. 80% of the children completing the programme improved or maintained their weight status

- ✓ A West Midlands benchmarking study completed in 2010 by the University of Worcester demonstrated that the Telford and Wrekin programme performs well, both in terms of its client retention and reduction in body mass index

#### What the participants say

*"This workshop has changed my whole family's life, the support was outstanding. I found the exercise sessions that we both took part in were great for my daughter's confidence" (Parent attending YW8?)*

*"I am now aware of taking personal responsibility for my family's health" (Parent attending YW8?)*

*"I feel quite good about myself as I'm not eating as much chocolate and I'm not drinking coke" (Child, aged 11, attending YW8?)*

*"I enjoyed the activity sessions as they were fun and we always had big smiles on our faces." (Child, aged 11, attending YW8?)*

#### K's Story

K, a mum from Woodside, heard about the YW8? programme when she completed a health check at the Healthy Lifestyles Hub at First Point. When setting her goals as part of the check she identified she wanted her family to eat a healthier range of foods and be more active together.

During the programme the family learned about reading food labels, understanding how to make healthy food swaps and learning about portion control. With 100% attendance over the ten week period, the family really took on board all the information provided and then put it into action.

K's daughter has swapped to a lower sugar content breakfast cereal, eats more fruit and her confidence

has increased when taking part in sports and other activities. This has resulted in her reducing her BMI by 2.5% which now falls within a healthier centile on her growth chart.

When asked to sum the programme up, K said the YW8? Programme was "fun, interesting and very helpful". She also added that for any family contemplating joining the programme "it's worth doing this course as everyone learns something new as a family. [It's] worth giving up [the time each week] in my eyes." Since attending the programme mum K has lost 8kg and reduced her BMI by 3.8%. Her husband has also made significant improvements since joining the programme. He now has a healthier breakfast, eats more fruit and vegetables and is more active. He reports one of the family changes being that they now sit at the table together at meal times and eat the same foods.

Since completing the programme, the family has been set some individual goals to support them in maintaining their lifestyle changes and maintain their improvements. (Parent attending YW8? programme with her child)

### **The Community Food Programme**

- ✓ Staff training for health and social care professionals and volunteers covering healthy eating and basic nutrition, enabling participants to embed sound nutrition principles into their practice and pass on evidence-based healthy eating messages to service users
- ✓ Healthy eating courses for children, young people and families
- ✓ Healthy eating workshops, assemblies and roadshows in schools and community settings

### *What the participants say*

*“I found the training very interesting and quite an eye opener” (Nursing home staff member)*

*“I would like to make meal times more enjoyable for service users” (Member of staff providing support for adults with learning disabilities)*

### **Let's Cook Together**

- ✓ Family cooking courses run from school kitchens and the cooking bus
- ✓ Healthy eating, cooking on a budget, basic cooking skills
- ✓ Working in primary schools with families with children under 10 years

### *What the participants say*

*“Great spending quality time with the children” (Parent)*

*“Great to get involved as a family and learn more about food. Enjoyed cooking with fresh vegetables. Has helped us cook and eat healthier” (Parent)*

### **The Healthy Schools Programme**

- ✓ The National Healthy Schools Programme (NHSP) focuses on four themes:
  - Personal, social and health education (including sex, relationship and drug education)

- Healthy eating
- Physical activity
- Emotional health and wellbeing (including bullying) (see below)
- ✓ The programme requires schools to take a ‘whole-school’ approach, working within a standardised framework to achieve National Healthy Schools status
- ✓ In the past in Telford and Wrekin, the programme provided a coordinated framework to support local delivery of the Healthy Child Programme (5 to 19 years), an evidence-based approach for prevention and early intervention in children and young people
- ✓ By 2011, 52 out of 73 local schools had achieved the National Healthy Schools status, with most of the remaining 21 working towards the award
- ✓ The schools holding the award demonstrated a strong commitment to a caring and supportive culture using a whole school approach, involving

- staff, governors, children, parents and the local community
- ✓ Of the 52 schools holding the award, 31 schools had also committed to working towards the enhanced model
- ✓ Programme co-ordination had been led by Telford & Wrekin Council, working with a range of partners; this is no longer in place. However, some elements of the programme continue to be delivered by schools, despite the absence of the award programme
- ✓ The absence of a local delivery team offering coordinated support across health and education may have resulted in inconsistent delivery of health approaches across the school community. Schools of all types will remain a vital force in ensuring improved health outcomes for all children and young people

## Public Health Outcome: Mental Wellbeing

### Improving Emotional Health and Wellbeing

- ✓ Programme delivered in schools, colleges and community settings, including activities supporting the development of positive emotional health and wellbeing amongst young people
- ✓ Themes include bullying, stress, self-esteem, confidence and dealing with peer pressure
- ✓ Interactive approaches, tailored to the needs of the individual or group
- ✓ During 2011/12, 192 sessions were delivered to groups of young people, parents, carers and school staff in Telford and Wrekin
- ✓ 95% (1,946/2,045) of people attending a session reported an increase in knowledge, with 85% (1,744/2,045) 'proposing' a personal behaviour change. This was a significant improvement on 2010/11 performance

- ✓ Examples of school and community-based emotional health and wellbeing interventions include:
  - Workshops delivered as part of the year 9 healthy schools road show
  - Secondary school health zones drop-in: delivery of a range of sessions covering stress, relationships, bullying and self-esteem to 840 young people
  - Interactive information sessions piloted in nine secondary schools, encompassing stress, transition to adulthood and bullying. 1,430 young people and/or their parents and carers accessed information
  - Five 'STOP Bullying' workshops delivered at 3 schools to 200 year 5 and 6 pupils
  - Seven 'Coping with Stress' sessions delivered to 241 year 11 students
  - A transition session piloted with 75 year 6 pupils and now offered to all schools within the Borough

- Delivery of ten community-based sessions for 81 young people, including sessions for people living in supported accommodation and children in care. Sessions have focused on healthy relationships, confidence and self-esteem
- Over 1,000 children and young people have engaged with the High Five campaign, based on the Five Ways to Wellbeing

### What the participants say

#### Young people's feedback:

*"The session was good and it gave me courage" (Student)*

*"I've learnt some tips to stop me getting stressed" (Student)*

*"I get dead stressed dead easily and kick off sometimes at my mates or mum. I am going to stop and think before I do – maybe talk to someone about how I'm feeling first" (Student)*

#### Staff feedback:

*"Good use of videos and*

*presentation and activities to keep the kids informed and educated and interested about a particularly sensitive subject for them to get their head around" (Teacher)*

*"The laughter workshop was ingenious! Must admit we were a little apprehensive but it worked wonderfully with the age group and staff benefited too. Lots of activities that the children can do themselves. I now have lots of happier children for the afternoon" (Teacher)*

## Public Health Outcome: Alcohol Misuse

### Alcohol Awareness

- ✓ A comprehensive programme of sessions and activities to promote alcohol awareness is delivered in schools, colleges and the community in line with recommendations from the Chief Medical Officer
- ✓ During 2011/12, 326 sessions were delivered to over 7,500 young people, parents, carers and school staff in Telford and Wrekin
- ✓ In one evaluation, 87%



(2,526/2,891) of individuals attending a session reported an improvement in their knowledge of the issue, with 74% (2,151/2,891) proposing a personal behaviour change

✓ Examples of school and community-based alcohol awareness interventions in Telford and Wrekin include:

- Alcohol workshops delivered as part of the year 9 health roadshow, to over 2,000 young people and teaching staff
- Secondary school health zones drop-in: alcohol awareness activities delivered to 1,029 young people
- Supporting Trading Standards to implement the Proof of Age Standard Scheme (PASS) to 413 year 10 and 11 pupils
- 130 alcohol sessions delivered to 1,344 year 6 pupils and associated staff as part of Crucial Crew

- Piloting the delivery of workshops to target year 10 pupils and a selection of vulnerable year 9 pupils at a secondary school. Sessions focussed in more depth on the consequences of alcohol misuse and are now offered to all schools as a follow up to the year 9 roadshow summarised above, tailored to individual school needs
- Delivery of six interactive information stands which targeted young people in further and higher education colleges (New College, Telford College of Arts and Technology and Harper Adams University College)
- Delivery of 15 community-based sessions to 562 young people and their parents. This has included stands in Telford Town Centre, at Culture Fest and the

Brookside Community Safety Event. Sessions have also been delivered at several youth projects targeting vulnerable groups, supported housing projects and scout and brownie groups

- Campaigns to promote key national campaign messages at local level, along with the Chief Medical Officer's recommendations for children and young people

*"I dunno why I drink sometimes 'cus I don't really enjoy it anymore, but all my mates make me. I'm going to try and be more like - shut up, no, I don't want to, 'cus it's not healthy"*  
(Young Person)

#### **Recommendation 4**

As part of its vision that every child and young person will have a healthy lifestyle, the Telford and Wrekin Children, Young People and Families Board should review and agree its position on working in partnership with schools, to ensure that health issues remain a priority and to support the delivery priorities of the Telford and Wrekin Health and Wellbeing Strategy

#### *What the participants say*

*"I am more aware what contact with alcohol can do long term and short term. I'm now more than likely not to drink a lot of alcohol"* (Young Person)

*"I now realise how bad alcohol is and how it can affect you and where I can go for help"* (Young Person)

*"The workshop taught me I should look after myself a lot more."* (Young person)



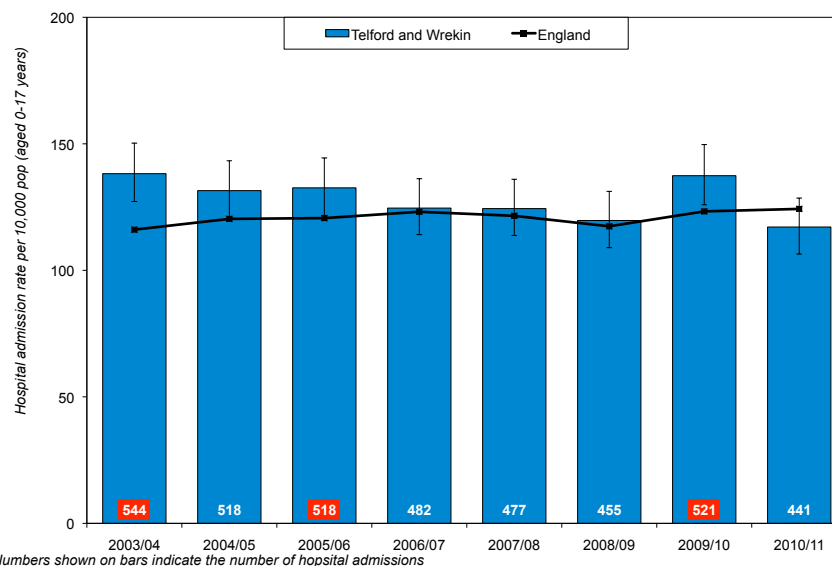
## Public Health Outcome: Hospital Admission due to Unintentional and Deliberate Injuries in under 18 Year Olds

- Hospital admission rates due to unintentional and deliberate injuries in children and young people under 18 years old is a PHOF indicator. However, data for this indicator have not yet been published as part of the PHOF, as further analytical work is being undertaken nationally before release in 2013. This section of the report presents data published as part of the national injury profiles<sup>3</sup> which will be incorporated into the PHOF indicator in due course
- In Telford and Wrekin, the hospital emergency admission rate due to injury in children under 18 was not statistically significantly different to the national average position for England during 2010/11
- Trends indicate that the hospital emergency admission rate in Telford and Wrekin due to injury in children under 18 years increased in 2009/10, but reduced again in 2010/11

- Although the overall hospital admission rate for injuries in all those under 18 was similar in Telford and Wrekin to the national rate in 2010/11, analyses of the rates by age group indicates a local issue in younger children:
  - The hospital emergency admission rate due to injury in children under 5 years old was statistically significantly worse than the national average during 2010/11
  - Further, hospital admission rates amongst children under 5 years for falls-related injuries specifically were statistically significantly worse than the England average every year during the period 2008/09 to 2010/11
- The local JSNA benchmarking exercise also considers additional nationally published indicators which help build a picture of need in relation to unintentional injury in children and young people in the Borough. These indicators, which are based on slightly different childhood age groups, indicate that:

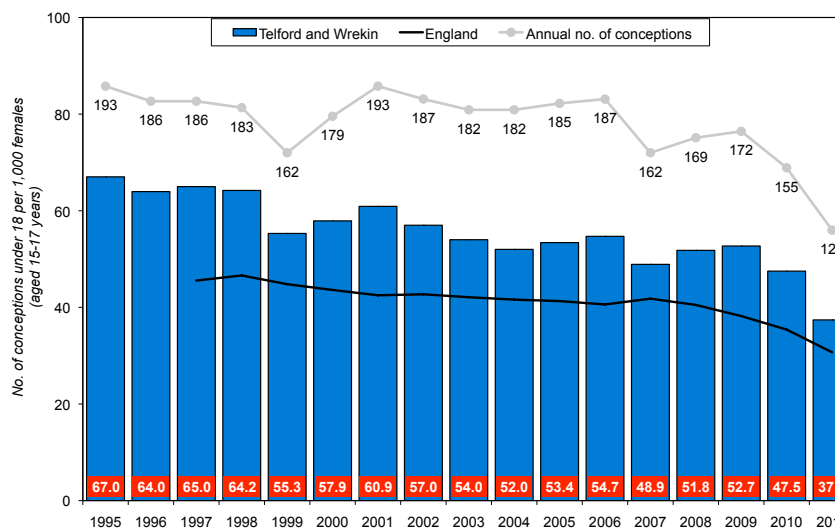
### Figure 13 Trend in Hospital Emergency Admissions Rates: Injuries in Children under 18 Years

Labels shaded in red indicate rates which were statistically significantly worse than the England average



### Figure 14 Trends in Teenage Pregnancy

Labels shaded in red indicate rates which were statistically significantly worse than the England average



- The rate of children aged 0 to 15 years old who were killed or seriously injured through road traffic collisions was not statistically significantly different to the England average during 2008-2010
- The mortality rate from accidents in children aged 0 to 14 years old was not statistically significantly different to the national average during 2008-2010

<sup>3</sup> [http://www.apho.org.uk/default.aspx?QN=INJURY\\_DEFAULT](http://www.apho.org.uk/default.aspx?QN=INJURY_DEFAULT)

### The Telford and Wrekin Unintentional Injury Strategy for Children and Young People

- ✓ The Telford and Wrekin Accident Prevention Strategy for Children and Young People provides a multi-agency framework to prevent unintentional injury in this age group
- ✓ The strategy was developed following direction by the Director of Public Health and its content is based on relevant guidance from the National Institute for Health

and Clinical Excellence (NICE)

- ✓ Following initial workshop events, a multiagency Steering Group has been established to lead implementation of the strategy and its action plan

### Recommendation 5

The Telford and Wrekin Children, Young People and Families Board should monitor the impact of the Telford and Wrekin Unintentional Injury Strategy, including through analyses of local trends in hospital admissions following injury

### Public Health Outcome: Sexual Health

- In 2011, the overall rate of sexually transmitted infections diagnosed per 100,000 population in Telford and Wrekin was statistically significantly better than the average for England
- Chlamydia infection causes avoidable sexual ill-health, including pelvic inflammatory disease and ectopic pregnancy.

- The PHOF includes an indicator on the Chlamydia diagnosis rate. An increasing diagnostic rate measures the success of Chlamydia screening in people under 25 years and can lead to a reduction in the prevalence of infection

- The national target standard for the Chlamydia diagnosis rate is a minimum of 2,400 per 100,000 population aged 15-24 years. The PHOF data published in November 2012 reports the Chlamydia diagnosis rate in 2011 for Telford and Wrekin as 2,473 per 100,000 population aged 15-24 years, which was significantly better than the England average of 2,125 per 100,000

- Telford and Wrekin is recognised to be a low prevalence area for HIV infection, with a prevalence of 0.7 per 100,000 population aged 15-59 years in 2010, compared to the England average of 1.9 per 100,000. [http://www.apho.org.uk/default.aspx?QN=SBS\\_DEFAULT](http://www.apho.org.uk/default.aspx?QN=SBS_DEFAULT)

- The Public Health Outcomes Framework includes an indicator on people presenting with late stage HIV infection. During the

period 2009-11, the proportion of people presenting with late stage HIV infection in Telford and Wrekin was lower (better) than the England average (although the difference was not statistically significant)

### Public Health Outcome: Under 18 Conceptions

- The under 18 conception rate is a PHOF indicator
- In Telford and Wrekin, there has been an overall improvement in teenage pregnancy rates since 2001; the rate of improvement since 2009 is particularly encouraging. In 2011, there were 126 conceptions amongst under 18 year old girls in Telford and Wrekin
- However, the local under 18 conception rate in 2011 (37.4 per 1,000 females aged 15 to 17 years) remains statistically significantly worse than the national average for England (30.7 per 1,000)
- In 2011, 59% of pregnant teenagers in Telford and Wrekin opted to continue with their pregnancy, 41% chose to terminate their pregnancy

- The electoral wards with the highest teenage pregnancy rates are also amongst the most deprived wards in Telford and Wrekin
- Teenage pregnancy has been agreed as a Joint Health and Wellbeing Strategy priority in Telford and Wrekin

See Figure 14 Trends in Teenage Pregnancy (page 34)

#### Telford and Wrekin Teenage Pregnancy Strategy

- ✓ Development and implementation of the Teenage Pregnancy Strategy and Action Plan is overseen by the Teenage Pregnancy Board, reporting to the Telford and Wrekin Children, Young People and Families Board. The strategy is based on a partnership approach involving stakeholders across health, education and social care and including the third and private sectors
- ✓ Early intervention continues to underpin delivery of

the teenage pregnancy strategy, including school-based preventive approaches

- ✓ The strategy encompasses improving access to good quality sexual health services and targeting of those at risk, including areas in Telford and Wrekin with higher teenage pregnancy rates
- ✓ Teenage Identified Midwives (TIMs) and the Family Nurse Partnership (FNP) provide personalised support for teenage mothers

#### Rubberband

- ✓ An evidence-based peer-led health promotion programme for young people aged 16 to 19 years, run in partnership by Shropshire Community Health NHS Trust and Telford College of Arts and Technology (TCAT)
- ✓ Training and support of peer educators to deliver workshops to full time students at the college, on a range of topics including sexual health and relationships, emotional health

and wellbeing, nutrition and physical activity and drugs and alcohol awareness

- ✓ 266 workshops were delivered in 2011/12, with 880 students attending at least one workshop. 20 new peer educators were recruited during 2011/12
- ✓ Preventive workshops around sexual health, drugs and alcohol are the most popular ones being booked by tutors
- ✓ In one evaluation, 91% (2,832/3,104) of students stated that they had increased their knowledge as a result of attending a workshop; 59% (1,720/2,889) stated that they intended to modify their behaviour
- ✓ 60 bespoke Rubberband workshops have been developed and delivered for foundation students who have a learning disability



#### What the participants say

*“Once again these sessions have benefited my tutor group. They are a challenging group with many issues and really need the information that you have given them” (TCAT tutor)*

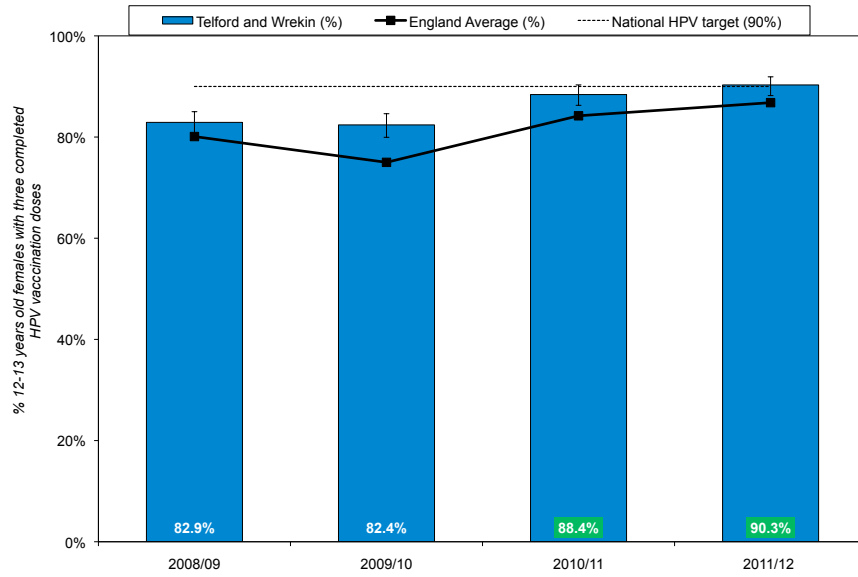
*“Going to check the date on condoms in my wallet” (TCAT student)*

#### Public Health Outcome: Immunisation Coverage for Human Papilloma Virus (HPV)

- The human papilloma virus (HPV) immunisation programme for girls aged 12 to 13 years provides protection against cervical cancer
- The school-based immunisation programme in Telford and Wrekin started in 2008 and is delivered locally by the school and community nursing team
- Levels of immunisation cover for Telford and Wrekin have exceeded the national average since the programme started
- The 90% coverage achieved in 2011/12 delivered the national target and placed Telford and Wrekin in the top ten performing PCTs in the country

### Figure 15 Trends in HPV Immunisation

Labels shaded in green indicate rates which were statistically significantly better than the England average





# Living, Working and Ageing Well

The Marmot Review: early adulthood - 17 to 24 years; adults of working age - 25 to 64 years; adults of retirement age - 65 years and over

*Contributors: Helen Onions, Vicki Pike, Anne-Marie McShane, Louise Mills, Clare Harland, Sarah Evans, Dr Chris Weiner, Dr John Reid, Kim Grosvenor*

Recommendations of the 2010 Marmot Review included increasing investment in ill-health prevention, increasing access to lifelong learning and reducing fuel poverty.

## Public Health Outcome: Cardiovascular Disease

- The PHOF includes two indicators relating to premature mortality from cardiovascular disease, as follows:
  - Under 75 mortality rate from cardiovascular disease
  - Under 75 mortality rate from cardiovascular disease considered preventable
- Cardiovascular disease, including heart disease and stroke, is

responsible for 25% of premature deaths (before the age of 75 years), an average of 140 deaths each year in Telford and Wrekin

- The premature mortality rate from cardiovascular disease in Telford and Wrekin has been improving over the past 20 years or so, as is the case nationally. The gap between the national and local position narrowed until 2006-2008, but the local rate remains significantly worse than the national average. Locally, male mortality rates are significantly higher than female rates and significantly higher than the national average
- In November 2012, for the first time, the PHOF published data on premature mortality rates from cardiovascular disease considered preventable. Cardiovascular disease classified as preventable in this model include coronary heart disease,

stroke, deep vein thrombosis with pulmonary embolism and aortic aneurysm. (Further information on the methodology can be found at <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-262418>)

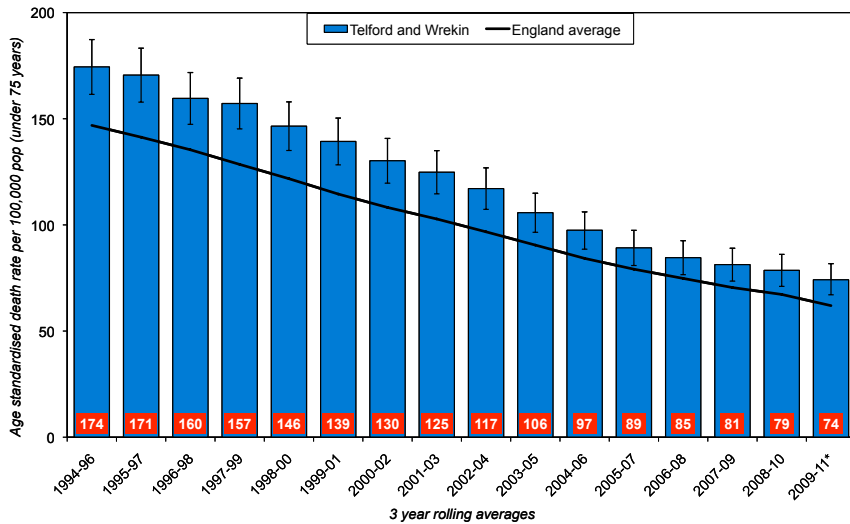
- The premature mortality rate from cardiovascular disease considered preventable for Telford and Wrekin was significantly worse than the England average during the period 2009-11 (according to the provisional data). There is evidence that the measure is linked to socioeconomic deprivation in Telford and Wrekin
- The importance of physical activity in the prevention of cardiovascular disease (and a range of other conditions) is increasingly well recognised
- A new national strategy for cardiovascular disease has recently been launched by

the Department of Health (the national Cardiovascular Disease Outcomes Strategy). The strategy specifies outcomes for people with or at risk of cardiovascular disease, in line with both the NHS and Public Health Outcomes Frameworks. The strategy identifies 10 main actions to improve cardiovascular outcomes, including improved primary care management and bringing all services up to the standards of the best

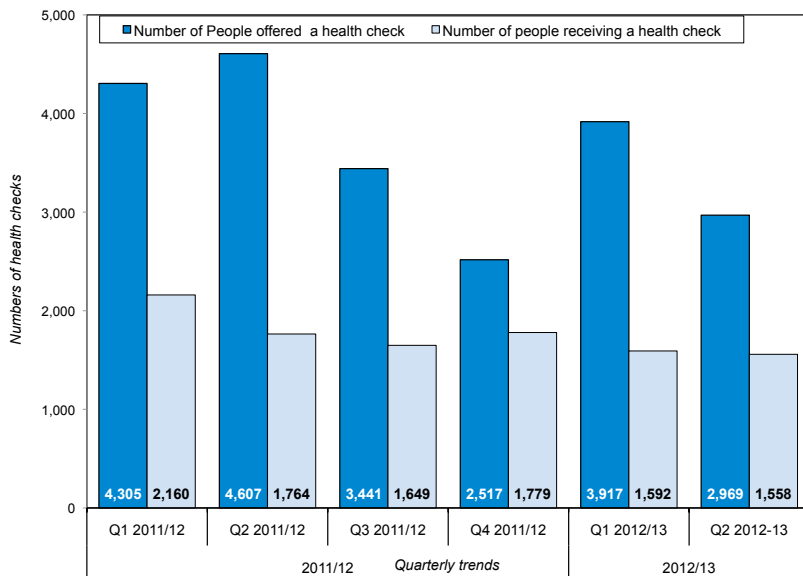
**See Figure 16 Trends in Premature Mortality from Cardiovascular Disease (page 40)**

**Figure 16 Trends in Premature Mortality from Cardiovascular Disease**

Labels shaded in green indicate rates which were statistically significantly better than the England average



**Figure 17 Performance of the Health Check Programme**



**Recommendation 6**

The Telford and Wrekin Health and Wellbeing Board should lead local implementation of the national Cardiovascular Disease Outcomes Strategy. This will depend on a close partnership approach between the Council, Telford and Wrekin Clinical Commissioning Group, the NHS England Area Team and a range of provider organisations. The Board should take regular progress reports on this issue up to at least 2015

even reaching hospital; only around half those who do reach hospital and have emergency surgery are likely to survive. However, planned surgery to repair AAAs diagnosed before rupture can be very successful and most patients will then survive.

The condition is much more common in men. It is estimated that in the 65 to 80 year old population, around 7.6% of men and 1.3% of women will have an AAA, equating to around 720 men and 132 women in Telford and Wrekin. However, this age group is projected to increase by a third by 2026, meaning potentially around 260 additional AAAs in the Telford and Wrekin population.

**Abdominal Aortic Aneurysm Screening**

Abdominal aortic aneurysm (AAA) is a weakening and expansion of the aorta, the main blood vessel in the body. AAAs are most common in men over 65 years and smoking, high blood pressure and family history are also risk factors. In general, people with an AAA do not have any symptoms. Large aneurysms are rare but can be very serious. About a third of AAAs will rupture if untreated, with AAAs greater than 5.5cm in diameter the most likely to rupture. One third of people with an AAA who do suffer a rupture die in the community before

A simple ultrasound scan of the abdomen is the easiest way to diagnose an AAA. Research indicates that 95% of ruptured AAAs occur in men aged 65 years and over and nationally ruptured AAA accounts for around 2.1% of all deaths in men over 65 years. There is good evidence that screening men aged 65 will reduce the mortality rate from ruptured AAA among men aged 65 to 74 years by around 50%. The NHS Abdominal Aortic Aneurysm Screening Programme



has been introduced across England from March 2009, with coverage across all of England expected by 2013. Early detection of AAA through screening means people with smaller aneurysms can be offered monitoring (annual or quarterly surveillance) and those with larger aneurysms can be offered treatment, reducing the number of deaths caused by the condition.

The PCT Public Health Team in Telford and Wrekin worked closely with senior clinical staff from the Shrewsbury and Telford Hospitals NHS Trust Vascular Service during 2011 and 2012 to implement the Shropshire, Telford and Wrekin Abdominal Aortic Aneurysm Screening Programme. The programme has been developed in line with the national quality standards and protocols. Screening started in April 2012, with all men turning 65 between April 2012 and March 2013 invited for screening. In addition, men over 65 can self-refer to the programme (see <http://aaa.screening.nhs.uk/> for more information). During 2012, over 900 men aged 65 years were screened for AAA in Telford and Wrekin. A small number

of these men are now under careful surveillance for an AAA. The overall uptake of the programme across Shropshire, Telford and Wrekin exceeded the national average during the early months of the programme; 87%, compared to 84% nationally.

#### **The NHS Health Check Programme**

- ✓ The national cardiovascular disease prevention programme (Health Check) is delivered through GP surgeries in Telford and Wrekin by practice nurses and health care assistants
- ✓ Everyone aged 40 to 74 years (not already diagnosed with one of the target conditions) will be invited for a Health Check once every five years
- ✓ The NHS Health Check assesses the risk of heart disease, stroke, kidney disease and diabetes and provides support and advice to help individuals reduce or manage their individual risk
- ✓ 32% of the eligible population was offered a

check in 2011/12, making Telford and Wrekin a national 'top ten' performer on this measure. 7,352 Health Checks were completed, well ahead of the national target for Telford and Wrekin (6,300 in 2011/12)

- ✓ 1,254 people who received a Health Check were found to be at relatively high risk of experiencing a heart attack or stroke within the next 10 years and were referred on for further treatment
- ✓ In Telford and Wrekin, around 50% of people currently take up their offer of a Health Check, compared to 52% across England as a whole. Work is now in hand to further improve the take up of the Health Check programme in Telford and Wrekin, including amongst the most deprived local communities where risk factors (including smoking) are most prevalent
- ✓ High risk patients may receive medication to

improve their blood pressure and/or cholesterol levels and will also be offered lifestyle support (for example-smoking cessation and/or weight management services)

- ✓ From April 2013, people over 65 receiving a Health Check will also be offered advice and information about dementia

**See Figure 17 Performance of the Health Check Programme (page 40)**

### *What the participants say*

*"NHS Health Check has given many opportunities to raise awareness of stop smoking support with patients who we would not otherwise have seen" (Healthcare assistant)*

*"A 58 year old patient was diagnosed with hypertension as a result of attending his NHS Health Check. He is now on medication which will reduce his risk of stroke and heart disease in the future" (Practice Manager)*

### The Why Weight? Weight Management Programme

- ✓ An evidence-based 12 week weight management programme offering one to one and group support, developed and delivered locally in Telford and Wrekin
- ✓ Clients are supported to take control of their eating using simple self-management techniques, goal setting and action plans underpinned by a cognitive behavioural therapy approach
- ✓ By 6 months, around 80% of those completing the programme have maintained their weight loss or have continued to lose weight

### N's Story

N is a typical Why Weight? client. She had gained weight steadily over recent years and had tried everything to lose weight and keep it off. She felt a failure as the weight always came back. Now, with the help of Why Weight?, N has lost weight and

has the confidence, knowledge and skills to maintain a healthy weight in the future. N said: *"Before joining Why Weight? nothing else had worked. I have had fantastic advice and support, this is the best decision I ever made in my life....It is nice to know you are not cutting anything out that you enjoy, it's just about portion control. I still enjoy my food, I cook whatever I want and enjoy it."*

### Improving Levels of Physical Activity

- ✓ Telford & Wrekin Council provides a wide range of opportunities for people to get active through its leisure services, green spaces and cycle and walking routes
- ✓ Opportunities include community-based programmes and activities specifically designed to attract groups who are less likely to access mainstream leisure provision
- ✓ For example, Tackle Your Health is a men's health programme delivered by Telford & Wrekin Council in partnership with AFC Telford and Telford College

of Arts and Technology. 350 men are registered with the programme, which encompasses a health check and a range of activity sessions, including football, badminton, tennis, rugby, swimming and circuit training. Participants have access to a website, Twitter and blog feeds and are supported to access other mainstream services and to enroll with sports clubs

### R's Story

R decided to join Tackle your Health for two main reasons - he felt he was overweight and unfit and wanted to do something about this. He also suffers with asthma and felt that this was being made worse because of his lack of fitness. Simple things like playing with his two children were becoming a struggle. R admitted that he used family commitments and a busy work schedule as an excuse not to exercise. The turning point for R came when he had his annual asthma check at his local clinic and found that he had put on two stone in a year.

After four months on the project, R had lost 10kg in weight and now exercises on a regular basis. R says; *"Since enrolling and working with a health trainer, I have changed my attitude towards my lifestyle, in particular exercise. As well as the Tackle your Health sessions, I also try to go out cycling at least twice a week. I am now motivated and confident that I can continue with my success with the support of the project."*

### The Healthy Living Project for Adults with Learning Disabilities

- ✓ National research has shown that:
  - One in three people with a learning disability is obese (compared to around 1 in 5 of the general population)
  - The rate of type 2 diabetes in people with a learning disability can be around double that of general population
  - Fewer than 10% of adults with a learning disability living in supported accommodation eats a balanced diet, with a

sufficient intake of fruit and vegetables

- ✓ The West Midlands Learning Disabilities and Obesity Charter was developed to tackle the health inequalities related to weight management in people who have learning difficulties and to make significant improvements to quality of life
- ✓ Locally, a pilot project has been embedding elements of the Learning Disabilities and Obesity Charter within two residential settings, encompassing:
  - The provision of a range of opportunities for physical activity for clients each day (including local leisure services provision)
  - The provision of healthy food options for staff, clients and carers at every meal
  - The provision of a range of support for clients, their families and carers to support them in making healthy choices and aid weight management
  - The provision of early intervention for clients

who are showing early signs of developing weight management problems

- Working closely with clients' GPs to ensure that obesity, physical activity and healthy eating measures are incorporated into annual health checks and individual care plans
- Embedding a culture supporting healthy lifestyle choices in the pilot organisations

#### Public Health Outcome: Cancer

- The PHOF includes two indicators relating to premature mortality from all cancers, as follows:
  - Under 75 mortality rate from all cancers
  - Under 75 mortality rate from cancers considered preventable
- In Telford and Wrekin, cancers cause 40% of early deaths under 75 years, with on average 217 cancer deaths every year in Telford and Wrekin
- The premature mortality rate from cancer in Telford and Wrekin was significantly worse

than the national average during the period 2007-11. During 2008-10, male mortality was not significantly different to the national average; female mortality was significantly higher than the national average

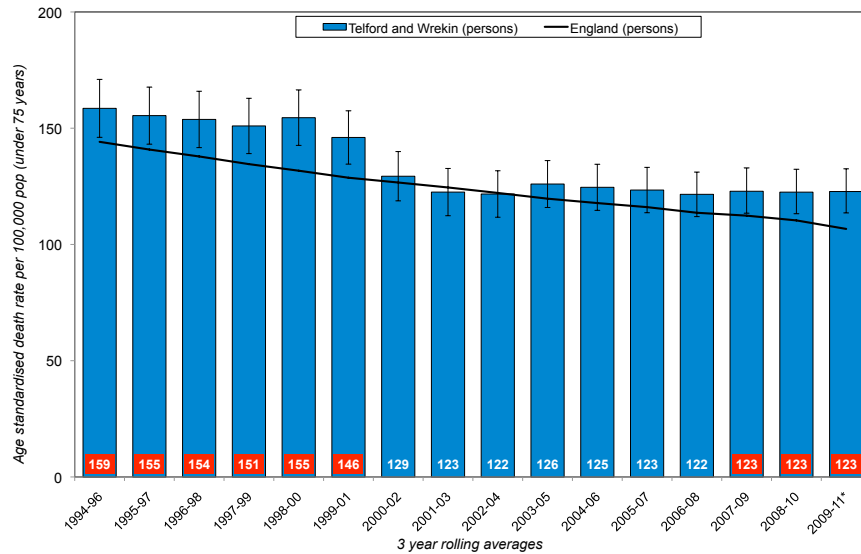
- The premature mortality rate from cancer has been static in Telford and Wrekin since around 2007; the national rate improved over this period
- However, locally, the premature mortality rate from cancers which are considered preventable was not significantly different to the England average during the period 2009-11 (according to provisional data published as part of the PHOF)
- There is some evidence that premature cancer mortality is related to socioeconomic deprivation in Telford and Wrekin
- Locally, the most common five cancers account for just over a quarter of cancer deaths in the under 75s:
  - Lung cancer accounts for 9.3% of these cancer deaths
  - Breast cancer accounts for 5.4%
  - Upper gastrointestinal tract

cancers (stomach and oesophagus cancer) account for 4.5%

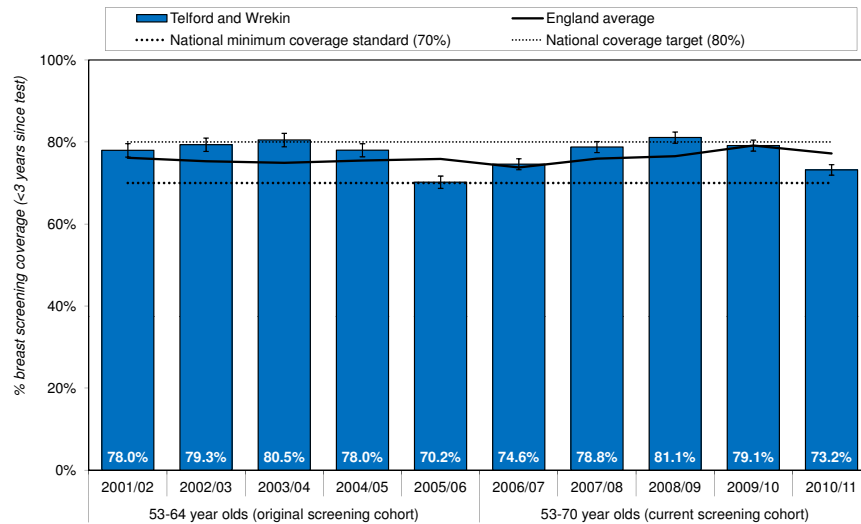
- Colorectal cancer accounts for 4.5%
- Skin cancer accounts for 2.4% of these deaths
- In Telford and Wrekin, survival rates from cancer are currently statistically significantly worse than the regional and/or England average for the following:
  - All cancers: male one-year and three-year survival rates
  - Skin cancers: male one-year survival rate
  - Lung cancers: female one-year and three-year survival rates
  - Gynaecological cancers: female one-year survival rate
- With specific reference to prostate cancer in Telford and Wrekin:
  - The incidence rate is amongst the lowest in the West Midlands
  - The mortality rate is not significantly different to the regional average
  - Survival rates at one and three years post diagnosis are significantly worse than the average for the West Midlands

**Figure 18 Trends in Premature Mortality from Cancer**

Labels shaded in red indicate rates which were statistically significantly worse than the England average



**Figure 19 Trends in Breast Cancer Screening**



- A range of actions has already been taken to further investigate and address these issues, including a specific local campaign to raise awareness of lung cancer and work completed by the Greater Midlands Cancer Network to ensure that cancer service provision is consistent with relevant national guidance. However, these indicators will need to be kept under careful review

See Figure 18 Trends in Premature Mortality from Cancer

**Recommendation 7**

The Telford and Wrekin Health and Wellbeing Board should receive a local report on an annual basis from the West Midlands Cancer Intelligence Unit, encompassing cancer site-specific incidence, survival and mortality for the most common cancers. The main purpose of this arrangement will be to identify key actions to further improve outcomes from cancer in Telford and Wrekin. The first of these reports should be received by the Board no later than January 2014

**Public Health Outcome: Breast Cancer Screening Coverage**

- Breast cancer is a significant cause of cancer mortality in women aged 50-70 years
- The NHS Breast Screening Programme, which invites 50 to 70 year old women for screening every three years, supports the early detection of cancer. It is estimated that the programme saves 1,400 lives in England each year
- The PHOF includes a breast screening coverage indicator. The PHOF data are based on the Local Authority resident population figures, rather than the PCT-responsible population figures which have been used historically. The PHOF data are based on coverage as at March 2012. The trend data presented in this report are based on PCT responsible population figures, published as part of the NHS Breast Screening Programme
- At the end of March 2012, around 13,890 eligible women in Telford and Wrekin had received a breast screen during the previous three year screening cycle

- The breast screening coverage rate in Telford and Wrekin (% of eligible women screened within the previous three years) was 80.0% at the end of March 2012
- During 2010/11, coverage declined as a result of staffing issues at the Shrewsbury and Telford Hospitals NHS Trust. Additional staff have since been recruited, allowing more appointments to be offered and hence screening coverage has improved. Breast screening will also be offered to 47 to 49 and 71 to 73 year old women in Telford and Wrekin during 2013, in line with changes to the national programme

**See Figure 19 Trends in Breast Cancer Screening (page 44)**

#### Public Health Outcome: Cervical Cancer Screening Coverage

- The NHS Cervical Screening Programme is estimated to save 4,500 lives in England every year. Improvements in screening coverage amongst 25 to 64 year old women will lead to more cervical cancers being detected at an earlier and therefore potentially more treatable stage

- The PHOF includes a cervical screening coverage indicator. Methodological issues are as described for breast screening
- At the end of March 2012, around 32,320 women in Telford and Wrekin aged 25 to 64 years had had an adequate cervical smear test result recorded within the previous five years
- The cervical screening coverage rate in Telford and Wrekin (% of eligible women with an adequate test within the past five years) was 78.2% at the end of March 2012 – this was below the national coverage standard of 80%
- Cervical screening coverage has declined slowly in Telford and Wrekin during the past decade, in line with the national trend - the 80% coverage standard has not been achieved during the past five years. Cervical screening coverage was below the 80% standard at the end of March 2012 in 14 out of 22 GP practices in Telford and Wrekin
- Cervical screening coverage was lower amongst women aged 25 to 49 (73.0%) than amongst older women aged 50 to 64 (75.8%) in Telford and Wrekin in 2011/12

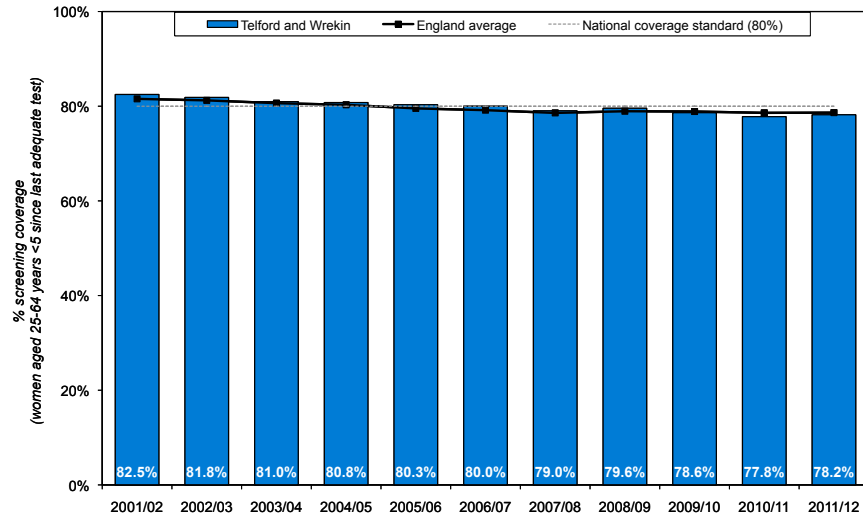
- The position for cervical screening is despite a range of interventions to improve uptake rates in Telford and Wrekin over recent years, including targeted communications campaigns. For example, a survey of women choosing not to attend for cervical screening across eleven GP practices with low screening uptake rates was undertaken by the Telford and Wrekin Public Health Department in 2012/13. The survey respondents provided information about their reasons for non-attendance, which most commonly included embarrassment, being too busy or believing the test to be painful. There was support for the introduction of open access clinics, where no appointment is required and evening and weekend access is available. The findings of the survey will be used to plan the future provision of the programme in Telford and Wrekin, working with Public Health England

**See Figure 20 Trends in Cervical Cancer Screening (page 46)**

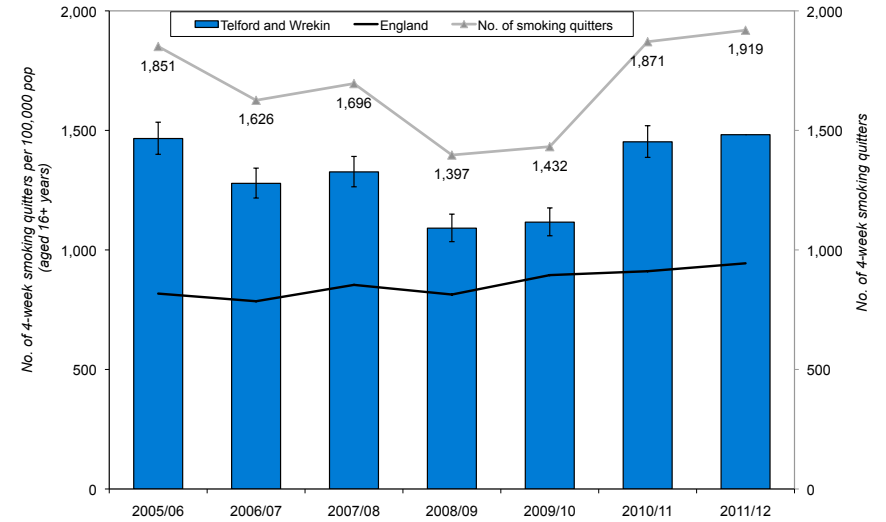
#### Public Health Outcome: Bowel Cancer Screening Coverage

- Colorectal cancers are the second most common cause of cancer mortality nationally, accounting for 10% of cancer deaths. The NHS Bowel Cancer Screening Programme, which offers faecal occult blood testing to improve earlier diagnosis and treatment in 60 to 69 year olds, has the potential to reduce mortality from bowel cancer by 16%. Around 98% of people receive a normal test result following screening and are then re-invited for screening once every two years. 2% of people receive an abnormal result and are referred to a local screening centre for further investigation
- During 2011/12, 6,010 60 to 69 year olds in Telford and Wrekin participated in bowel cancer screening, giving a screening uptake rate of 55.9%

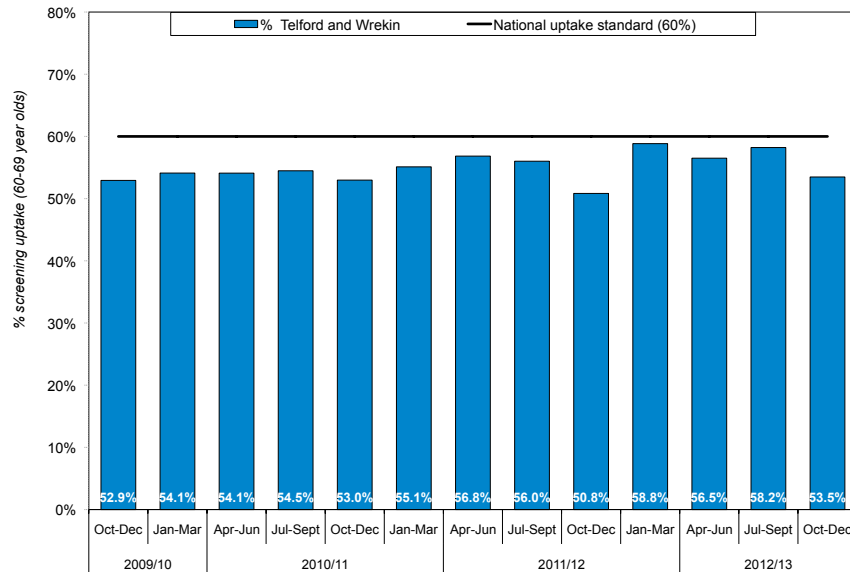
**Figure 20 Trends in Cervical Cancer Screening**



**Figure 22 Trends in Smoking Cessation**

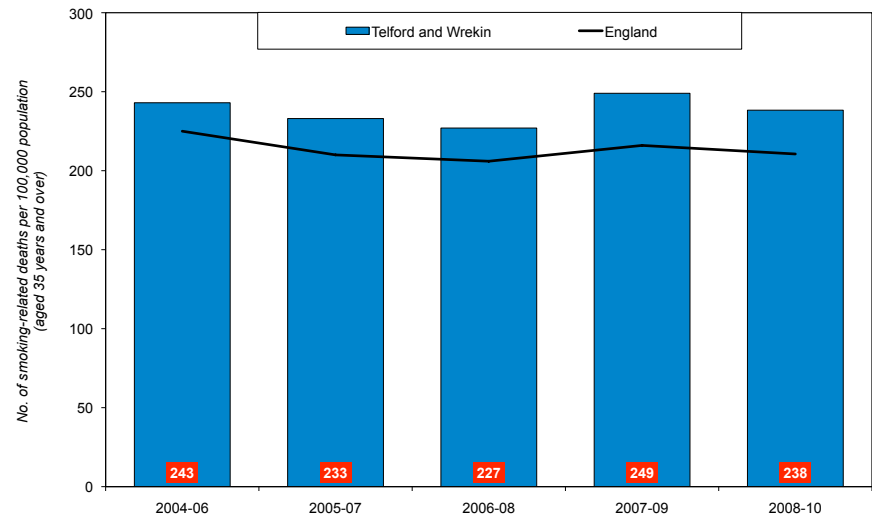


**Figure 21 Trends in Bowel Cancer Screening**



**Figure 23 Trends in Smoking-related Mortality Rates**

Labels shaded in red indicate rates which were statistically significantly worse than the England average



- Although the national 60% uptake standard is yet to be achieved in Telford and Wrekin (including at practice level), trends indicate steady improvement since screening began in October 2009. An additional 177 people were screened for bowel cancer in 2011/12 compared to 2010/11
- Bowel cancer screening will be extended to 70 to 74 year olds in Telford and Wrekin during 2013, as part of the roll-out of the national screening programme

**See Figure 21 Trends in Bowel Cancer Screening (page 46)**

**Public Health Outcome: Smoking-related Mortality and Morbidity**

- In Telford and Wrekin, it is estimated that around 24% of adults aged 18 years and over are current smokers, which is around 32,000 people. This represents an improvement over the last 10 year period; in 2000/2, the estimated smoking prevalence was 28% in the adult population. So, around 6,000 fewer adults are smoking in Telford and Wrekin than a decade or so ago
- Some of the improvement in smoking prevalence will be

due to the success of the local smoking cessation services, which have performed well in terms of quit rates for many years. From 2013/14, national monitoring will focus on smoking prevalence through the Public Health Outcomes Framework, rather than smoking quit rates

- Smoking-related deaths and hospital admissions are estimated through the local application of research evidence about the contribution of smoking to a range of diseases. Further information on methodology can be found at <http://www.apho.org.uk/resource/view.aspx?RID=116454>
- Approximately 5.5% of the NHS budget is spent on smoking-related healthcare. In Telford and Wrekin, the rate of smoking-related hospital admissions in Telford and Wrekin (1,579 per 100,000 adults aged 35 years and over) was statistically significantly worse than the average for England in 2009/10
- There are on average 250 smoking-related deaths amongst people aged 35 years and over every year in Telford and Wrekin. The rate of smoking-

related deaths was statistically significantly worse than the national average for all the three year rolling average positions between 2004-06 to 2008-10 [http://www.lho.org.uk/LHO\\_Topics/Analytic\\_Tools/TobaccoControlProfiles/](http://www.lho.org.uk/LHO_Topics/Analytic_Tools/TobaccoControlProfiles/)

- There was little change in smoking-related mortality rates in Telford and Wrekin between 2004 and 2010

**See Figure 22 Trends in Smoking Cessation (page 46)**

**See Figure 23 Trends in Smoking-related Mortality Rates (page 46)**

**Recommendation 8**

The Telford and Wrekin Tobacco Control Commissioning Partnership should review its current strategy and action plan, to identify further opportunities to reduce smoking prevalence (including amongst pregnant women) in Telford and Wrekin, following migration of the public health function into the Council

**Smoking Cessation Services**

- ✓ A range of services are in place to support people to give up smoking in Telford and Wrekin, offered across the borough in health and community settings, including hospitals, GP surgeries, children's centres and supermarkets
- ✓ The services provide evidence-based treatment and behavioural support to smokers making quit attempts. Services are delivered in line with the most recent best practice recommendations for stop smoking services issued by the National Institute for Health and Clinical Excellence (NICE) and the Department of Health
- ✓ The core elements of the service are the provision of behavioural support and pharmacotherapy delivered by a stop smoking advisor, who has received stop smoking service training which meets the published National Centre for Smoking Cessation Training (NCSCT) standards

- ✓ Behavioural support includes one to one support, group support and proactive telephone outreach
- ✓ Outcomes are assessed at 4 and 12 weeks and 6 months, at individual level
- ✓ In 2011/12, 1,919 4 week quits were achieved in Telford and Wrekin against a target of 1,621 (including smoking in pregnancy). The 2012/13 target for Telford and Wrekin was 1,875 4 week quits
- ✓ Telford and Wrekin PCT took part in a three year pilot project led by a consortium of West Midlands Primary Care Trusts to evaluate an 'any qualified provider' model for smoking cessation services, using payment by results. During 2013/14, as part of the public health transition to the Council, the local delivery of smoking cessation services will be subject to a retender process. This will incorporate lessons learned from the pilot project

### What the participants say

*"Giving up smoking was one of the hardest but most rewarding things I have ever done. There were days I felt like smoking and I'm sure I came close a few times. After a couple of weeks of not smoking my 8 year old son told me I smelt lovely and he didn't like it when I smoked because it made me smelly. That comment made me so much more determined not to smoke. It's been 9 months since I last smoked. Giving up was the best thing I ever did" (Help2quit client)*

#### Public Health Outcome: Mortality from Suicide and Undetermined Death

- There are fewer than 20 deaths from suicide or undetermined injury each year in Telford and Wrekin
- Suicide rates fluctuate due the small numbers of deaths involved. However, three year rolling average rates in Telford and Wrekin have not been statistically significantly different to the national position since 1996-1998

- Updated (provisional) data indicate that the suicide rate in Telford and Wrekin for the period 2009-11 was not significantly different from the national average
- Improving emotional health and wellbeing is a priority of the Telford and Wrekin Health and Wellbeing Strategy

See Figure 24 Trends in Mortality from Suicide or Undetermined Death (page 49)

#### Improving Emotional Health and Wellbeing: Forward Mission

- ✓ A volunteer peer-mentoring programme supporting people who have experienced substance misuse or poor mental health
- ✓ The volunteers have previously experienced or cared for people with similar issues

#### Improving the Mental Health and Wellbeing of Working Age Men

- ✓ Work has also been completed to better understand suicidal ideation amongst a sample of men in Telford and Wrekin. The findings of this work will be used to improve the commissioning of local mental health services

#### Green Gym

- ✓ Recognising the link between physical and mental health: a conservation programme delivering improved levels of physical activity in its participants, including people with mental illness, learning disability and/or people experiencing social isolation
- ✓ In 2011/12, there were over 2,000 attendances at sessions and events (including 100 new participants in the programme), with 79% of respondents reporting personal benefits from attending the programme



## What the participants say

*“X has more stamina and feels fitter; [Green Gym] has improved his motivation and given him something to get up for. He is more active and feels he is doing something meaningful and satisfying. He has lost some self doubt and started doing a course at TCAT, he feels pride and satisfaction in volunteering”*  
(Carer of Green Gym volunteer)

### Public Health Outcome: Hospital Admissions due to Alcohol-related Conditions

- ‘Alcohol-related conditions’ occur where alcohol is either:
  - Directly causally implicated in all cases of the condition (for example, alcoholic cirrhosis of the liver)
  - Causally implicated in some, but not all, cases of the condition (for example, hypertensive disease) Further details are available at [http://www.lape.org.uk/downloads/Lape\\_guidance\\_and\\_methods.pdf](http://www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf)
- The Public Health Outcomes Framework includes an alcohol-related hospital admissions rate indicator. However, definitions for

the indicator are in the process of being reviewed nationally. As such, baseline data for Local Authorities have not yet been published as part of the PHOF. The data presented in this report are based on existing national indicator definitions for alcohol-related admission episodes which are nationally published as part of the Local Alcohol Profiles for England <http://www.lape.org.uk/natind.html>

- During the period 2002/3 to 2007/8, the rate of all hospital admissions due to alcohol-related conditions in Telford and Wrekin was statistically significantly worse than the average rate for England. Rates then started to improve
- During 2010/11 and 2011/12, hospital admission rates in Telford and Wrekin due to alcohol-related conditions were statistically significantly better than the rate for England as a whole. However, despite this, local rates have risen during the past three years, with the number of admission episodes increasing to 3,369 in 2011/12, from 2,460 admissions in 2009/10 (a 37% increase)

Figure 24 Trends in Mortality from Suicide or Undetermined Death

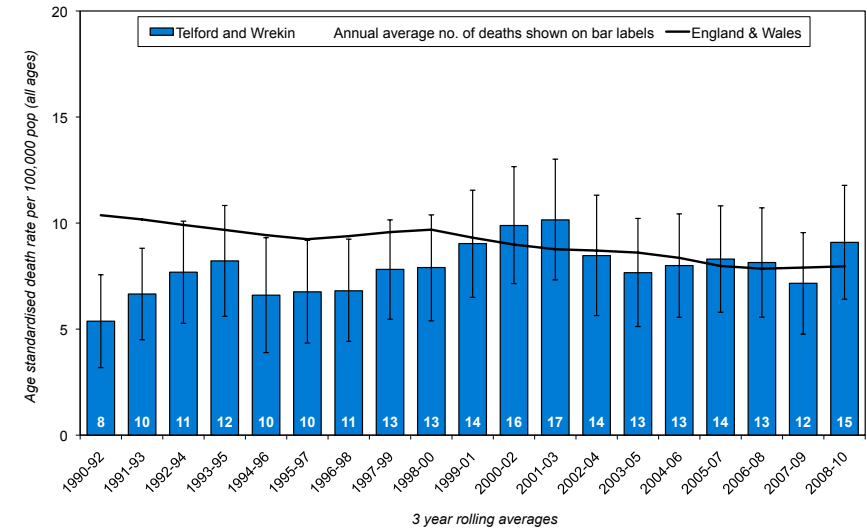
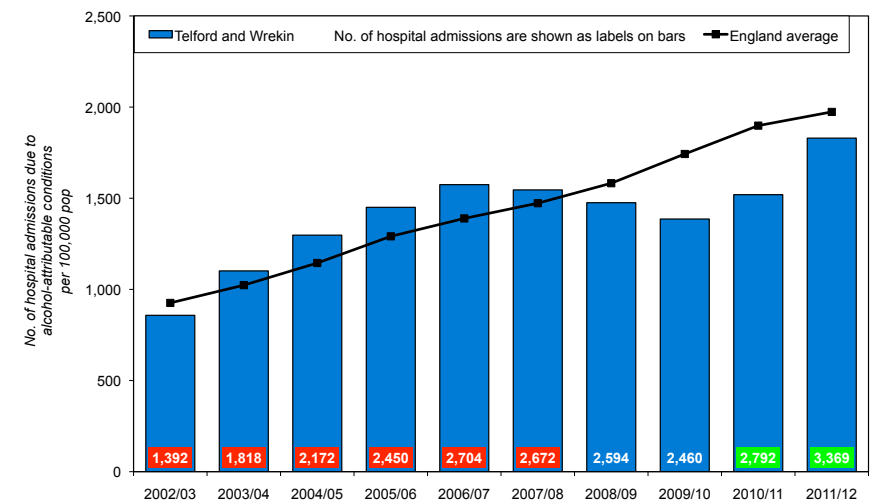


Figure 25 Trends in Hospital Admissions from Alcohol-related Conditions

Labels shaded in red indicate rates which were statistically significantly worse than the England average



### Recommendation 9

The Telford and Wrekin Health and Wellbeing Board should ensure that the Telford and Wrekin Alcohol Misuse Strategy and its associated action plan is reviewed by lead officers from relevant partner organisations, with an updated strategy presented for approval to the Board during 2013

#### Alcohol Misuse Screening and Intervention

- ✓ Alcohol identification and brief advice training is provided for a range of health care staff working in Telford and Wrekin. 106 staff completed the training in 2011/12
- ✓ The Alcohol Use Disorder Identification Test (AUDIT) tool is the validated screening tool used by staff working in the community to screen individuals for alcohol misuse. During 2011/12, alcohol screening was offered to 1,181 adults in Telford and Wrekin, of which 709 chose to proceed to full assessment.

Of these, 314 adults then received simple brief advice for their alcohol use, with 69 also being referred into alcohol treatment services

#### Public Health Outcome: Seasonal 'Flu Immunisation

In Telford and Wrekin, more than 7 in 10 people (72.1%) over 65 years received 'flu immunisation during the 2011/12 winter season. This was the best rate achieved since 2006/7, but fell short of the revised national target of 75% (previously 70%).

Other vulnerable groups under 65 years are also offered 'flu immunisation. GP practices maintain a variety of chronic disease registers to regularly review the care of people with conditions such as diabetes, heart disease, neurological conditions, liver disease and serious lung problems. These registers are used to invite the target groups for 'flu immunisation. In addition, the main carers of elderly or disabled people are eligible for immunisation. However, in Telford and Wrekin, only 50% of people invited from these categories responded to the invitation from their practice in 2011/12.

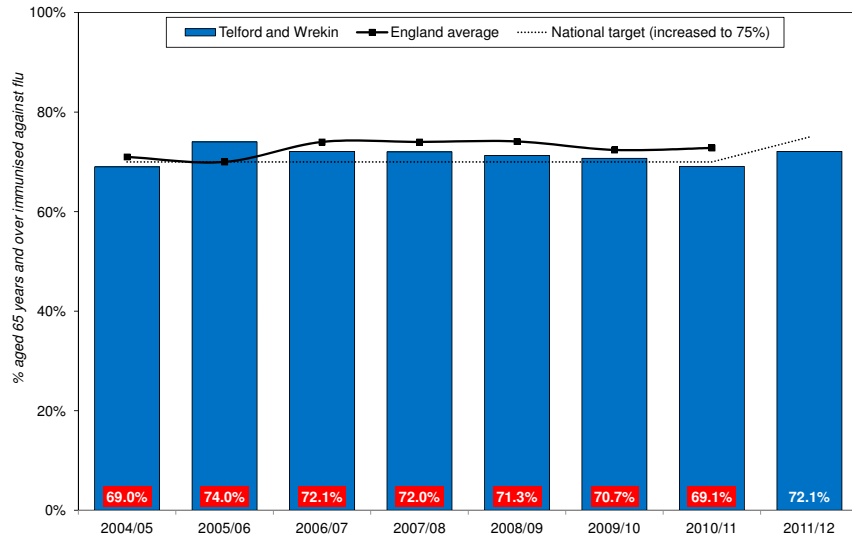
Table 2: Uptake of 'Flu Immunisation by Target Group

Target Group	Number of People <65 Registered with a GP in Telford and Wrekin	% Immunised in 2011/12
Chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis	7,944	50.1%
Chronic heart disease, such as heart failure	2,976	51.1%
Chronic kidney disease	1,212	53.9%
Chronic liver disease	799	39.5%
Chronic neurological disease, such as Parkinson's disease or motor neurone disease	750	43.8%
Diabetes	4,237	68.2%
A weakened immune system due to disease or treatment (such as cancer treatment)	533	50.4%



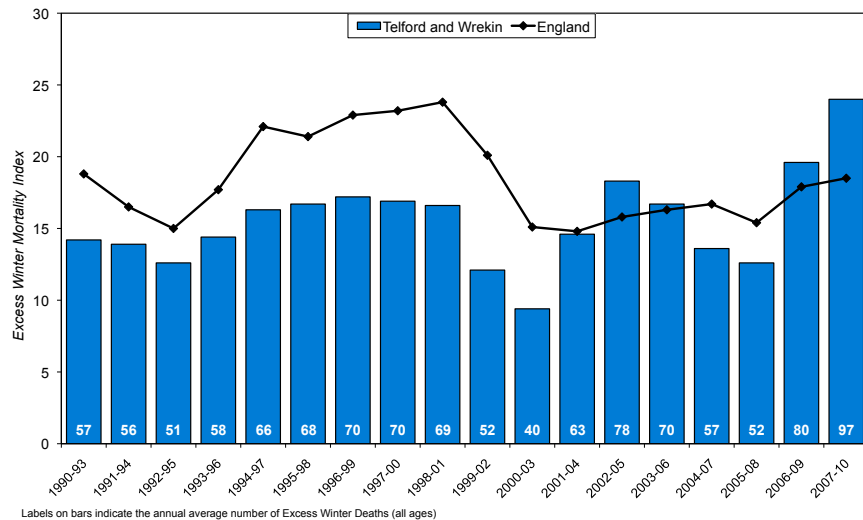
**Figure 26 Trends in Influenza Immunisation Coverage in Older People**

Labels shaded in red indicate rates which were statistically significantly worse than the England average



**Figure 27 Trends in Excess Winter Deaths**

Labels on bars indicate the annual average number of Excess winter Deaths (all ages)



**Recommendation 10**

The Telford and Wrekin Health and Wellbeing Board should receive a report from Public Health England, no later than September 2013, on plans to further improve ‘flu immunisation rates in all target groups in Telford and Wrekin during the 2013/14 ‘flu season

**Public Health Outcome: Falls and Injuries**

In Telford and Wrekin, 322 people over 65 years of age were admitted to hospital following a fall in 2011/12. For older people, falls are the leading cause of injury-related mortality, hospitalisation and are a major cause of disability. Falls can lead to a loss of confidence, restricted activity, functional impairment and increased dependency on carers and support services. Hip fractures remain the most serious consequence of a fall. 30% of people having a hip fracture will die within a year and of those previously independent, 50% will become partly dependent and 30% totally dependent.

In addition to the personal cost to individuals, family and friends, falls present a significant financial

burden to the NHS and other public services. For fragility fractures alone, the healthcare cost in England is estimated at £2 billion (45% acute care, 50% social care and long term hospitalisation and 5% drugs and follow up). These costs will increase due to the demographic trends in the national and local population. However, falls are not inevitable - targeted interventions can identify and reduce known risk factors. There is evidence that multifactorial assessment and intervention can reduce falls by around 30%; drug treatment for osteoporosis has also been shown to reduce the risk of fractures by up to 50%.

**Falls Prevention**

As part of the falls prevention programme, a Falls Prevention Service has been piloted in the community. The pilot aimed to provide a proactive falls prevention service to patients aged 85+ who had been defined to be at risk. Initial findings have been positive, including in relation to the appropriateness of the care pathway being used in the pilot.

In addition, the (draft) Telford and Wrekin plan for falls and bone health aims to reduce the number of falls and fractures and ensure the effective treatment and rehabilitation for those who fall. Specific actions in the plan are based on the four key Department of Health objectives of:

- ✓ Reducing accidents and falls by preventing frailty and promoting bone health
- ✓ Preventing falls for people at risk
- ✓ Responding to the first fracture and preventing the second
- ✓ Improving the experience of hip fracture surgery

#### Public Health Outcome: Excess Winter Deaths

Excess winter deaths are an important cause of mortality, particularly amongst older people and other at risk groups. Cold weather can exacerbate minor and pre-existing medical conditions and mental health can also be adversely affected by fuel poverty and cold housing.

The Telford and Wrekin excess winter deaths index for people aged 65 years and over (for the period August 2007 to July 2010) was statistically significantly worse than the average for England. Further work is currently being undertaken by the Public Health Team in collaboration with the West Midlands Public Health Observatory to investigate the underlying causes and geographical patterns of these excess winter deaths, to support review and development of the interagency Cold Weather Plan.

See Figure 27 Trends in Excess Winter Deaths (page 51)

#### Telford and Wrekin Cold Weather Plan

In November 2011, the Department of Health published a national Cold Weather Plan (later revised in November 2012.) The national plan provides local areas with details of actions to be undertaken between November and March to protect the most vulnerable people during cold weather periods. The plan includes

actions for the NHS (including primary care), Councils, the third sector and local communities. For example, in Telford and Wrekin:

- ✓ Cold weather planning is part of the wider winter planning approach
- ✓ “Keep Warm Keep Well” messages are widely disseminated as part of a joint communication plan between the NHS and Council
- ✓ There are a number of specific initiatives designed to minimise the effects of severe cold weather on health, including the Affordable Warmth and Health through Warmth schemes, led by Telford & Wrekin Council. Health through Warmth helps residents of Telford and Wrekin with cold and damp-related health problems, providing a coordinated approach to increasing the warmth and comfort of people’s homes through better insulation and heating. A crisis fund is available to help individuals

with up to half of the cost of energy efficiency measures, if no other grants are available to them



#### Overarching Programmes Supporting Living, Working and Ageing Well Outcomes in Telford and Wrekin

##### The Healthy Lifestyles Hub at First Point

- ✓ A single point of access for the public and professionals seeking information, advice and support for healthy

lifestyles, operating as a walk-in service at First Point, Addenbrooke House, hosted by Telford & Wrekin Council. There is also a dedicated phone line (01952 382582), staffed by the hub team and based at First Point

- ✓ Clients receive healthy lifestyle screening, information on local services and, where appropriate, onward referral into specific lifestyle risk management services (e.g. smoking cessation, weight management). Clients are proactively supported to develop personalised healthy lifestyle plans, with follow-up support
- ✓ In 2011/12, over 2,000 people accessed the Healthy Lifestyle Hub, either through self-referral or following referral by a health care professional

## P's Story

P visited the Healthy Lifestyles Hub in Telford and was so impressed that she brought her friend along for a health check a few weeks later. As a result they both booked appointments with a Health Trainer at Stirchley. She has spread very positive messages about the Healthy Lifestyle Hub to her friends and family. P loves the visuals for explaining health checks and praised the staff at First Point, as well as those who spoke to her over the 'phone.

### Making Every Contact Count (MECC)

- ✓ The MECC programme supports frontline NHS staff to use their everyday routine contacts with patients and other service users to improve health and wellbeing
- ✓ The NHS workforce development programme currently focuses on frontline staff in hospital and community settings
- ✓ Trained staff are able to deliver brief advice (less than 5 minutes) across a range of issues, including

smoking, alcohol, physical activity and healthy weight

- ✓ Following evaluation of the programme, plans are being developed to roll-out MECC to frontline staff in other NHS care settings. Joint work is also planned with Telford & Wrekin Council to roll-out the approach further

### Health Trainers

- ✓ The Health Trainer programme provides one to one support for individuals to improve their lifestyle choices
- ✓ Most people working with a health trainer choose to focus on diet or physical activity
- ✓ In Telford and Wrekin, 650 people were supported in 2011/12, 65% of whom achieved or partly achieved the goals agreed within their personal health plan

## What the participants say

*"O supported me to go on walks and to go to the gym when I wasn't confident to go on my own, I feel so proud of what I have achieved"*  
(Health Trainer client)

## J's Story

J was referred to the Health Trainer service by her GP. She was supported by a Health Trainer for 8 months, setting small, achievable goals, from reducing the number of snacks she ate to increasing her physical activity. These goals were reviewed regularly to keep J on track and to help her achieve her long term goal, which was to lose weight.

By the time J was signed off from the Health Trainer service she had lost 15.95kg (2 stones 7lbs), reported an increase in her confidence and self-esteem and she had re-entered employment.

### Recommendation 11

The Telford and Wrekin Health and Wellbeing Board should receive a progress report on recommendations 1 to 10 of this Report by no later than January 2014



# Appendix 1

## Summary of JSNA Outputs 2011/2012

### Census Profiles

Diversity, Economy, Households, Housing and Accommodation, Health and Care [http://www.telford.gov.uk/info/200088/statistics\\_and\\_census\\_information/216/census](http://www.telford.gov.uk/info/200088/statistics_and_census_information/216/census)

### Health and Wellbeing Board Strategy: Priorities Consultation Document

Includes context and rationale for the proposed strategy priorities, as derived through the JSNA [http://www.telford.gov.uk/info/200190/health\\_and\\_wellbeing/1498/health\\_and\\_wellbeing\\_board\\_hwb/3](http://www.telford.gov.uk/info/200190/health_and_wellbeing/1498/health_and_wellbeing_board_hwb/3)

### Health and Wellbeing Strategy Workshop presentation

High level JSNA messages used to determine the “long list” priorities [http://www.telford.gov.uk/info/200190/health\\_and\\_wellbeing/1498/health\\_and\\_wellbeing\\_board\\_hwb](http://www.telford.gov.uk/info/200190/health_and_wellbeing/1498/health_and_wellbeing_board_hwb)

### Summary of JSNA Key Messages

Including key actions included in the West Mercia PCT Cluster System Plan

### Socio-economic Deprivation Report

[http://www.telford.gov.uk/info/200088/statistics\\_and\\_census\\_information/1448/population\\_and\\_lifestyles](http://www.telford.gov.uk/info/200088/statistics_and_census_information/1448/population_and_lifestyles)

### Population Estimates and Projections Report

[http://www.telford.gov.uk/info/200088/statistics\\_and\\_census\\_information/1448/population\\_and\\_lifestyles](http://www.telford.gov.uk/info/200088/statistics_and_census_information/1448/population_and_lifestyles)

### Population Profile

[http://www.telford.gov.uk/info/200088/statistics\\_and\\_census\\_information/1448/population\\_and\\_lifestyles](http://www.telford.gov.uk/info/200088/statistics_and_census_information/1448/population_and_lifestyles)

### Wider Determinants of Health Profiles

- Economy and Income [http://www.telford.gov.uk/info/200088/statistics\\_and\\_census\\_information/1450/economy\\_and\\_jobs](http://www.telford.gov.uk/info/200088/statistics_and_census_information/1450/economy_and_jobs)
- Education [http://www.telford.gov.uk/info/200088/statistics\\_and\\_census\\_information/1456/learning\\_and\\_skills](http://www.telford.gov.uk/info/200088/statistics_and_census_information/1456/learning_and_skills)

### Nationally Published Health Profiles

Telford and Wrekin-level reports:

- Association of Public Health Observatories: Injury Profile
- Association of Public Health Observatories: CVD
- Association of Public Health Observatories: Local Profiles (MSOA level)
- Association of Public Health Observatories: Local Authority Health Profile
- Child and Maternal Health Observatory: Child Health Profile
- Child and Maternal Health Observatory: Healthy Schools Profile
- Child and Maternal Health Observatory: Infant Mortality Profile
- Child and Maternal Health Observatory: Breastfeeding Profile
- NHS National End of Life Care Programme: End of Life Profile
- Association of Public Health Observatories: Local Authority Alcohol Profile
- Association of Public Health Observatories: Local Tobacco Control Profile (links to national reports available)

### **JSNA National Data Inventory Benchmarking Tables**

Used to define the Health and Wellbeing Strategy priorities:

- Health Improvement and Lifestyles: smoking, healthy eating, physical activity, alcohol, drug misuse
- Health and Wellbeing: cardiovascular disease, cancer, life expectancy and mortality, mental health, children and young people, mental health
- Healthcare: service utilisation

### **Commissioner Workshop Presentations**

Used to inform QIPP Plans key messages from:

- Programme Budgeting
- NHS Atlas of Variation
- NHS Comparators

### **Electoral Ward Profiles**

[http://www.telford.gov.uk/info/200088/statistics\\_and\\_census\\_information/1452/local\\_area\\_profiles](http://www.telford.gov.uk/info/200088/statistics_and_census_information/1452/local_area_profiles)

### **Practice Profiles**

Used to inform the Clinical Commissioning Group Incentive Scheme:

- Population profiles, including age and gender profiles
- Socio-economic deprivation profiles, using the Index of Multiple Deprivation
- MOSAIC population segmentation inequalities profiles
- Population health status measures e.g. smoking in pregnancy and breastfeeding levels
- Cancer screening uptake and immunisation e.g. cervical screening and MMR immunisation



# Appendix 2

## Public Health Outcomes Framework: Telford and Wrekin Overview

### The National PHOF

Overarching Vision: To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest

**Outcome measure 1:** Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life.

**Outcome measure 2:** Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities).

### Key to RAG rating

#### RED:

Telford and Wrekin current position statistically significantly worse than the England average

#### AMBER:

Telford and Wrekin current position not statistically significantly different to the England average

#### GREEN:

Telford and Wrekin current position statistically significantly better than the England average

Indicators without RAG ratings are those where statistical comparisons have not been applied nationally

Further details can be found at <http://www.apho.org.uk/resource/view.aspx?RID=116454>

## Section 1: Improving the Wider Determinants of Health

### Objective: Improvements against wider factors that affect health and wellbeing and health inequalities

Ref.	Indicator	Telford and Wrekin average	England average	Time period
1.01	Children in poverty	25.9	21.1	2010
1.03	Pupil absence	5.5	5.8	2010/11
1.04i	First time entrants to the youth justice system	675	749	2011
1.05	16-18 year olds not in education employment or training	8.5	6.1	2011
1.06i	Adults with a learning disability who live in stable and appropriate accommodation	66.7	70.0	2011/12
1.06ii	Adults in contact with secondary mental health services living in stable and appropriate accommodation	36.7	66.8	2010/11
1.10	Killed and seriously injured casualties on England's roads	29.7	42.2	2009 - 11
1.12i	Violent crime (including sexual violence) - hospital admissions for violence	49.0	67.7	2009/10 - 11/12
1.12ii	Violent crime (including sexual violence) - violence offences	12.6	13.6	2011/12
1.13i	Re-offending levels - percentage of offenders who re-offend	23.9	26.8	2010
1.13ii	Re-offending levels - average number of re-offences per offender	0.7	0.8	2010
1.14i	The percentage of the population affected by noise - Number of complaints about noise	4.5	7.8	2010/11
1.15i	Statutory homelessness - homelessness acceptances	2.0	2.3	2011/12
1.15ii	Statutory homelessness - households in temporary accommodation	1.0	2.3	2011/12
1.16	Utilisation of outdoor space for exercise/health reasons	18.5	14.0	Mar 09 - Feb 12

Source: [www.phoutcomes.info](http://www.phoutcomes.info)

## Section 2: Health Improvement

Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Ref.	Indicator	Telford and Wrekin average	England average	Time period
2.01	Low birth weight of term babies	4.6	2.8	2010
2.02i	Breastfeeding initiation at birth	66.2	74.0	2011/12
2.02ii	Breastfeeding prevalence at 6-8 weeks after birth	32.9	47.2	2011/12
2.03	Smoking status at time of delivery	22.7	13.2	2011/12
2.04	Under 18 conceptions	37.4	30.7	2011
2.06i	Excess weight in 4-5 year olds	23.9	22.6	2011/12
2.06ii	Excess weight in 10-11 year olds	35.7	33.9	2011/12
2.08	Emotional well-being of looked after children	14.8	13.8	2011/12
2.14	Smoking prevalence - adults (over 18s)	22.4	20.0	2011/12
2.15i	Successful completion of drug treatment - opiate	8.8	8.6	2011
2.15ii	Successful completion of drug treatment -non opiate	19.7	39.5	2011
2.17	Recorded diabetes prevalence	6.1	5.8	2011/12
2.20i	Cancer screening coverage - breast cancer	80.0	76.9	2012
2.20ii	Cancer screening coverage - cervical cancer	74.6	75.3	2012
2.21vii	Access to non-cancer screening programmes – diabetes eye screening	87.1	80.9	2011/12
2.22i	Take up of NHS Health Check Programme by those eligible - health check offered	31.9	14.0	2011/12
2.22ii	Take up of NHS Health Check programme by those eligible - health check take up	49.4	51.2	2011/12
2.23i	Self-reported well-being - people with a low satisfaction score	25.1	24.3	2011/12
2.23ii	Self-reported well-being - people with a low worthwhile score	21.6	20.1	2011/12
2.23iii	Self-reported well-being - people with a low happiness score	29.0	29.0	2011/12
2.23iv	Self-reported well-being - people with a high anxiety score	41.8	40.1	2011/12

Table continued on page 60

Source: [www.phoutcomes.info](http://www.phoutcomes.info)

## Section 2: Health Improvement

Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Ref.	Indicator	Telford and Wrekin average	England average	Time period
2.24i	Injuries due to falls in people aged 65 and over (persons)	1,129	1,665	2011/12
2.24i	Injuries due to falls in people aged 65 and over (males)	945	1,302	2011/12
2.24i	Injuries due to falls in people aged 65 and over (females)	1,312	2,028	2011/12
2.24ii	Injuries due to falls in people aged 65 and over - aged 65-79 years	617	940.5	2011/12
2.24iii	Injuries due to falls in people aged 65 and over - aged 80+ years	3,430	4,924	2011/12

Source: [www.phoutcomes.info](http://www.phoutcomes.info)

### Section 3: Health Protection

Objective: The population's health is protected from major incidents and other threats, while reducing health inequalities

Ref.	Indicator	Telford and Wrekin average	England average	Time period
3.01	Fraction of mortality attributable to particulate air pollution	4.8	5.6	2010
3.02	Chlamydia diagnoses (15-24 year olds)	2,473	2,125	2011
3.03i	Population vaccination coverage: Hepatitis B (1 year old)	National data validation awaited		2011/12
3.03i	Population vaccination coverage: Hepatitis B (2 years old)			2011/12
3.03iii	Population vaccination coverage: Dtap / IPV / Hib (1 year old)	96.7	94.7	2011/12
3.03iii	Population vaccination coverage: Dtap / IPV / Hib (2 years old)	98.5	96.1	2011/12
3.03iv	Population vaccination coverage: Men C	96.1	93.9	2011/12
3.03v	Population vaccination coverage: PCV	96.3	94.2	2011/12
3.03vi	Population vaccination coverage: Hib / Men C booster (2 years old)	96.1	92.3	2011/12
3.03vi	Population vaccination coverage: Hib / Men C booster (5 years old)	93.7	88.6	2011/12
3.03vii	Population vaccination coverage: PCV booster	96.6	91.5	2011/12
3.03vii	Population vaccination coverage: MMR for one dose (2 years old)	96.5	91.2	2011/12
3.03ix	Population vaccination coverage: MMR for one dose (5 years old)	95.4	92.9	2011/12
3.03x	Population vaccination coverage: MMR for two doses (5 years old)	91.2	86.0	2011/12
3.03xii	Population vaccination coverage: HPV	90.3	86.8	2011/12
3.03xii	Population vaccination coverage: PPV	66.1	68.3	2011/12
3.03xiv	Population vaccination coverage: Flu (aged 65 years +)	72.1	74.0	2011/12
3.03xv	Population vaccination coverage: Flu (at risk individuals)	50.1	51.6	2011/12
3.04	People presenting with HIV at a late stage of infection	37.5	50.0	2009 - 11
3.05i	Treatment completion for TB	Data not published		2011
3.05ii	Treatment completion for TB - TB incidence	6.1	15.4	2009 - 11
3.06	Public sector organisations with a board approved sustainable development management plan	83.3	84.1	2011/12

Source: [www.phoutcomes.info](http://www.phoutcomes.info)

## Section 4: Healthcare Public Health and Improving Premature Mortality

Objective: The population's health is protected from major incidents and other threats, while reducing health inequalities

Ref.	Indicator	Telford and Wrekin average	England average	Time period
4.03	Mortality rate from causes considered preventable	165	146	2009 -11 (provisional)
4.04i	Under 75 mortality rate from all cardiovascular diseases	74.1	62.0	2009 -11 (provisional)
4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable	48.8	40.6	2009 -11 (provisional)
4.05i	Under 75 mortality rate from cancer	123	107	2009 -11 (provisional)
4.05ii	Under 75 mortality rate from cancer considered preventable	67.8	61.9	2009 -11 (provisional)
4.06i	Under 75 mortality rate from liver disease	17.6	14.4	2009 -11 (provisional)
4.06ii	Under 75 mortality rate from liver disease considered preventable	17.0	12.7	2009 -11 (provisional)
4.07i	Under 75 mortality rate from respiratory disease	25.3	23.4	2009 -11 (provisional)
4.07ii	Under 75 mortality rate from respiratory disease considered preventable	13.3	11.6	2009 -11 (provisional)
4.08	Mortality from communicable diseases	32.9	29.9	2009 -11 (provisional)
4.10	Suicide rate	8.6	7.9	2009 -11 (provisional)
4.11	Emergency readmissions within 30 days of discharge from hospital (persons)	10.8	11.8	2010/11
4.11	Emergency readmissions within 30 days of discharge from hospital (males)	11.3	12.1	2010/11
4.11	Emergency readmissions within 30 days of discharge from hospital (females)	10.3	11.4	2010/11
4.12i	Preventable sight loss - age related macular degeneration (AMD)	127	109	2010/11
4.12ii	Preventable sight loss - glaucoma	6.2	11.8	2010/11
4.12iii	Preventable sight loss - diabetic eye disease	Data not published	3.6	2010/11
4.12iv	Preventable sight loss - sight loss certifications	42.4	43.1	2010/11
4.14i	Hip fractures in people aged 65 and over	374	457	2011/12
4.14ii	Hip fractures in people aged 65 and over (65-79 years)	153	222	2011/12
4.14iii	Hip fractures in people aged 65 and over (80+ years)	1,370	1,515	2011/12

Source: [www.phoutcomes.info](http://www.phoutcomes.info)

# Appendix 3

## Technical Notes

Technical background has been kept to a minimum and data sources and relevant web links are referenced. In general, the latest validated position is reported. Wherever possible, nationally published statistics are used, for example, figures issued by the NHS Information Centre, the Association of Public Health Observatories, the National Cancer Intelligence System and the Public Health Outcomes Framework. In general, comparisons are made between Telford and Wrekin PCT or Council populations and the national (England) position. Population figures are based on the NHS and Telford and Wrekin Patient Register or Office for National Statistics mid-year population estimates. Where appropriate, population rates are age and/or sex standardised, that is, adjusted to ensure that differences in age and gender are taken into account when comparing health experience across different populations.

Some of the analyses are based on levels of socio-economic deprivation groups defined through the Index of Multiple Deprivation 2010 (IMD 2010). This index uses 37 variables measured at 'super output area', which are small geographical areas

with an average population of 1,500 people (as defined by the 2001 Census). There are 108 of these super output areas in Telford and Wrekin, giving, on average, three super output areas per ward. To measure inequalities, the super output areas are typically aggregated into 20% bandings or quintiles, according to their composite IMD 2010 score. Some analyses also encompass ranking general practices according to the relative levels of overall deprivation experienced by the populations they serve, as measured by IMD 2010.

Some analyses, particularly for individual disease conditions, are based on small numbers. This generates uncertainty about the true value of the variable in question and increases the probability that any differences observed between the population groups occur by chance. To increase reliability, observations for one year are combined to produce three or five year rolling averages and/or 95% confidence intervals are displayed to indicate the range within which the true value of the indicator lies, at that level of certainty.

Whilst every attempt has been made to ensure the quality and accuracy of statistics presented in this

report, it is unavoidable that certain figures may subsequently be subject to update, rebasing or revision.

The Public Health Outcomes Framework intelligence for screening is based on Local Authority resident populations, rather than the GP patient populations which have been used historically (at local and national level). Therefore some of the screening intelligence presented in this report differs slightly from figures published in the Public Health Outcomes Framework.

Alcohol-attributable admissions: the trend data presented in the report are based on existing national indicator definitions for alcohol-attributable admissions, published as part of the Local Alcohol Profiles for England <http://www.lape.org.uk/natind.html>

### **Service User Feedback**

There are many services and programmes across Telford and Wrekin which support people to make positive lifestyle choices to improve their health and wellbeing. Understanding the experiences of the people who use these services

is clearly important. Service commissioners routinely seek feedback from service users to gain insight into their experience. In addition, the Community Engagement Team works across a range of community programmes gathering views, ideas and feedback. With permission from the individuals concerned, a selection of anonymised quotes and case studies collected in this way has been used in this Report to illustrate service user experience. The comments represent a cross-section of feedback provided by clients who have completed programmes; it is recognised that consulting with those who choose not to engage with programmes is an important element of service improvement and effort is also being put into seeking views from these people. Some comments from the public and professionals involved have also been included to provide further illustration.



# Appendix 4

## Data sources

The data sources, weblinks and copyright information for report figures 1 to 27 are detailed below.

### **1 Compendium of Clinical and Health Indicators**

The Information Centre for health and social care.  
© Crown Copyright [www.nchod.nhs.uk](http://www.nchod.nhs.uk)

### **2 Compendium of Clinical and Health Indicators**

The Information Centre for health and social care.  
© Crown Copyright [www.nchod.nhs.uk](http://www.nchod.nhs.uk)

### **3 Compendium of Clinical and Health Indicators**

The Information Centre for health and social care.  
© Crown Copyright [www.nchod.nhs.uk](http://www.nchod.nhs.uk)

### **4 Health Inequality Indicators for Primary Care Organisations**

East Midlands Public Health Observatory (ERPHO)  
[www.apho.org.uk/default.aspx?RID=110504](http://www.apho.org.uk/default.aspx?RID=110504)

### **5 NHS IC Omnibus**

Department of Health. Crown Copyright © 2011  
[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH\\_130858](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_130858)

### **6 Maternity Statistics**

Shrewsbury and Telford Hospitals NHS Trust

### **7 Vital Statistics Tables**

Office for National Statistics

### **8 NHS IC Omnibus**

Department of Health. Crown Copyright © 2011  
[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH\\_130858](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_130858)

### **9 COVER**

Health and Social Care Information Centre,  
Copyright © 2012 <http://www.hscic.gov.uk/catalogue/PUB09125>

### **10 COVER**

Health and Social Care Information Centre,  
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### **11 COVER**

Health and Social Care Information Centre,  
Copyright © 2012 <http://www.hscic.gov.uk/catalogue/PUB09125>

### **12 National Child Measurement Programme**

Health and Social Care Information Centre,  
Copyright © 2013 [www.hscic.gov.uk/ncmp](http://www.hscic.gov.uk/ncmp)

### **13 Injury Profiles**

South West Public Health Observatory (SWPHO)  
[www.injuryprofiles.org.uk](http://www.injuryprofiles.org.uk)

### **14 Conception Statistics**

Office for National Statistics [www.statistics.gov.uk/hub/population/births-and-fertility/conception-and-fertility-rates](http://www.statistics.gov.uk/hub/population/births-and-fertility/conception-and-fertility-rates)

### **15 COVER**

Health and Social Care Information Centre,  
Copyright © 2012 <http://www.hscic.gov.uk/catalogue/PUB09125>

### **16 Compendium of Clinical and Health Indicators**

The Information Centre for health and social care. © Crown Copyright [www.nchod.nhs.uk](http://www.nchod.nhs.uk)

### **17 NHS Health Check Programme**

Department of Health (DH) <http://transparency.dh.gov.uk/2012/07/19/nhs-health-checks-published-data/>

### **18 Compendium of Clinical and Health Indicators**

The Information Centre for health and social care.  
© Crown Copyright [www.nchod.nhs.uk](http://www.nchod.nhs.uk)

### **19 NHS Breast Screening Programme**

The Information Centre for health and social care.  
© Crown Copyright <http://www.hscic.gov.uk>

### **20 NHS Cervical Screening Programme**

The Information Centre for health and social care.  
© Crown Copyright <http://www.hscic.gov.uk>

### **21 NHS Bowel Cancer Screening Programme**

The Information Centre for health and social care.  
© Crown Copyright <http://www.hscic.gov.uk>

### **22 NHS Stop Smoking Services**

Health and Social Care Information Centre,  
Lifestyles Statistics. All rights reserved. Copyright  
© 2012 <http://www.hscic.gov.uk>

### **23 Smoking related deaths**

Eastern Region Public Health Observatory  
(ERPHO) <http://www.apho.org.uk/resource/view.aspx?RID=116446>

### **24 Compendium of Clinical and Health Indicators**

The Information Centre for health and social care.  
© Crown Copyright [www.nchod.nhs.uk](http://www.nchod.nhs.uk)

### **25 Local Alcohol Profiles for England**

North West Public Health Observatory (NWPHO)  
<http://www.lape.org.uk/>

### **26 NHS Seasonal Flu Vaccine Campaign**

Department of Health (DH) and Health Protection  
Agency (HPA)

### **27 Excess Winter Death Index**

West Midlands Public Health Observatory  
(WMPHO) [www.wmpho.org.uk/  
excesswinterdeathsinenglandatlas/default.aspx](http://www.wmpho.org.uk/excesswinterdeathsinenglandatlas/default.aspx)



