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Introduction


This report has adopted a new approach, summarising work completed by the public health team since the last Annual Public Health Report and already presented to the Board of the Primary Care Trust. The Appendix to the report summarises the local position across a range of health indicators, based on the approach used in the previous report. The main reason for the approach being adopted for the 2008 report is that the Joint Strategic Needs Assessment for Telford and Wrekin will be published during 2009.

Any comments including suggestions for improvement should be sent to Helen Onions, Public Health Specialist, Health Improvement Directorate, NHS Telford and Wrekin, Halesfield 6, Telford, Shropshire, TF7 4BF (helen.onions@telfordpct.nhs.uk)

As ever, I hope you find the report interesting and useful.

Dr Catherine Woodward
Director of Health Improvement

May 2009
Technical Notes

Technical background has been kept to a minimum. In general, comparisons are made between Telford and Wrekin PCT and the national (England and Wales) position. Population figures are based on the Telford and Wrekin PCT Patient Register or the mid-year population estimates of the Office for National Statistics. 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 different populations.

Some of the analyses are based on levels of socio-economic deprivation using the Index of Multiple Deprivation 2004 (IMD 2004). This index is based on 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 2004 score. Some analyses also encompass ranking general practices or primary health care teams according to the relative levels of overall deprivation experienced by the population they serve, as measured by IMD 2004.

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 these reports, it is unavoidable that certain figures may subsequently be subject to update or revision.
Description of Report

This report introduced the development of Joint Strategic Needs Assessment in Telford and Wrekin and provided an update on a variety of population health indicators. The indicators relating to World Class Commissioning local outcome priorities were highlighted.

Key Messages

The position at that time was that:

- Inequalities in male and female life expectancy and in male and female all age all cause mortality have narrowed in Telford and Wrekin
- Premature mortality from circulatory disease continued to improve, although remained significantly higher than the national average
- Recent trends in premature mortality from coronary heart disease and stroke were favourable
- The 2010 national targets for premature mortality from circulatory disease and cancer had already been met in Telford and Wrekin, although these positions need to be sustained
- Overall, inequalities in premature mortality from circulatory disease and cancer and infant mortality had also narrowed in Telford and Wrekin
- Breastfeeding initiation was improving locally
- In 2006/7, children in Reception Year at school had significantly higher levels of overweight and obesity than the national average position
- Teenage pregnancy rates remain a local challenge, although there had been recent improvements in access to GUM and termination services

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Description of Report

This report provided an update on the development of the Telford and Wrekin Joint Strategic Needs Assessment and presented the results of the JSNA core dataset benchmarking exercise for health indicators.

Key Messages

The exercise to benchmark Telford and Wrekin performance on JSNA core dataset health indicators identified:

- 55 (53%) indicators where performance was significantly ‘better’ than the national average
- 22 (21%) indicators where performance was ‘worse’, but not statistically significantly ‘worse’, than the national average
- 27 (26%) indicators where performance was statistically significantly ‘worse’ than the national average (26%)

➢ There is strong alignment to eight of the ten WCC outcomes selected by the PCT
➢ The majority of the areas where performance was rated as poor are all also the focus of Vital Signs and/or Local Area Agreement improvement targets
➢ Further development and refinement of the JSNA dataset and benchmarking exercise will be presented in the JSNA during 2009
➢ Supplementary analyses will be carried out for the 27 areas of poor performance, encompassing assessments of trend and inequalities and presented in the JSNA during 2009
➢ Benchmarking of indicators in the social and environmental context and social services domains will also be presented in the full JSNA
➢ Three areas for in-depth JSNA work had been identified and agreed for the 2008/09 financial year. These areas are obesity (adult and child), dementia and speech and language development

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Briefing Report: Health Equity Audit


Description of Report

This report described health equity audit (HEA) and the PCT requirement to use the HEA process as a tool to improve health inequalities. The development of the health equity audit process in Telford and Wrekin was described in the context of the PCT’s aspiration to become a World Class Commissioning organisation.

Key Messages

- The requirement for PCTs to use health equity audit (HEA) as a tool to tackle health inequalities has been set out in NHS Priorities and Planning Framework documents since 2002
- Previous Annual Public Health Reports for Telford and Wrekin have presented a series of HEA profiles
- The HEA on access to termination of pregnancy services identified the following:
  - The proportion of early terminations in Telford and Wrekin (i.e. carried out before the recommended 10 weeks gestation) was lower than the national average
  - A significantly higher proportion of late terminations (after 13 weeks) in women under 25 years
- The series of actions including redesign of the termination of pregnancy care pathway and enhancing access to pregnancy testing from primary care resulted in:
  - An overall increase in the proportion of early terminations (from 38% to 68%)
  - An overall decrease in the proportion late terminations (from 21% to 12%), including a significant decrease in the proportion of late terminations in girls under 20 years
- The Telford and Wrekin HEA programme will be prioritised and developed further by lead commissioners to incorporate the key services which contribute directly to the delivery of key WCC outcomes

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Update Report on Smoking Cessation and Help 2 Quit in Pregnancy Incentive Scheme


Description of Reports

The report summarised key measures of performance for Help 2 Quit services and actions being taken to enhance delivery in Telford and Wrekin. The current evidence for voucher based reinforcement therapy was summarised in the context of maternal smoking. A further report provided more detail of a proposed pilot incentive programme in Telford and Wrekin to reduce quit rates amongst pregnant smokers.

Key Messages

- Although the second highest number of smokers since 2003 set a quit date during the first quarter of 2008/9, the number of successful quitters at four weeks was 44% at that time
- Telford and Wrekin PCT had achieved around 80% of its target performance to date (regional average: 75%)
- Actions being taken to improve the position included:
  - All practice managers had been asked to run searches of their databases to identify patients who smoke and send them an invitation to join the Help 2 Quit programme
  - Six practices had additional Help 2 Quit staff
  - A new Help 2 Quit clinic had been established in the CHEC Shop in Madeley
  - A further local marketing campaign, targeting the most deprived sectors of the community
  - Maternal smoking is a leading cause of poor pregnancy outcomes and infant morbidity and mortality. Some of the clinical risks are:
    - Miscarriage and bleeding
    - Intrauterine growth retardation, itself associated with higher risks of death and disease in infancy and early childhood
    - Prematurity
    - Cot death - the risk of cot death is trebled in those mothers smoke both during and after pregnancy
- Effective interventions exist for promoting smoking cessation during pregnancy, but quit rates are often low
- A small but growing literature suggests that voucher-based reinforcement therapy (VBRT) has a substantial contribution to make to efforts to decrease maternal smoking during pregnancy
- A VBRT pilot scheme was proposed for Telford and Wrekin during 2009

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Description of Report

This report updated the 2006 investigation into claims of ill-health in Telford and Wrekin related to Ironbridge power station.


Key Messages

- The claims about patterns of ill-health and mortality were not substantiated
- The findings of the original study still stand, these included:
  - Analysis of specific claims which were being made in relation to the power station affecting the numbers of deaths in Telford and Wrekin compared to Shrewsbury and Atcham and in the area around the power station were not substantiated
  - Ward-level analyses of paediatric and adult admission rates for acute pulmonary morbidity did not support claims for a local effect of the power station on respiratory health
  - The analyses of mortality did not support claims for either a Telford and Wrekin-wide effect or a ward-level effect of the power station on health
  - The analyses of infant mortality did not support claims for either a Telford and Wrekin-wide effect or a ward-level effect of the power station on infant health
  - The main conclusion of the investigation was that it had failed to substantiate the existence of any patterns of ill-health and mortality which could reasonably be interpreted as evidence that emissions from the power station were having an adverse impact on the health of local people
- Further claims made about infant mortality had also been investigated and found to be incorrect
- Specific findings included the following:
  - Age standardised all age and premature incidence rates for all cancers and lung cancer in Ironbridge had not been significantly different from Telford and Wrekin rates since at least 1994 and there were no significant trends
  - Further analysis had confirmed that all age all cause mortality rates in Ironbridge Gorge were not significantly different from Telford and Wrekin, when deaths occurring in care homes were discounted
  - Paediatric admission rates for acute respiratory conditions in under 15 year olds in Ironbridge Gorge were higher than the Telford and Wrekin average position in 2000/2001 and 2001/2002 (five year rolling average basis). However, the actual numbers of children who were admitted from Ironbridge on an annual basis were so small as to be non-discloseable (range: 0 to <5 cases). There were no such admissions in 2005/6 or 2006/7

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Description of Report
This paper presented the conclusions of a systems based review of immunisation services. The recommendations, which drew on best practice models of immunisation services, addressed gaps in the current immunisation support systems.

Key Messages
- The review of Child Health Surveillance system records in Telford and Wrekin suggested that 3.5% of records contained inaccuracies relating to individual patient contact/identification details
- An electronic search of GP records was proposed
- The Immunisation Facilitation Team will be strengthened and training provided to support immunisation providers, ensuring the following additional skills and abilities:
  - Strategic leadership for the team
  - Business planning
  - Project management
  - Process design
  - Process control
  - Active client management systems
  - Audit and reporting

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Trends in Male Life Expectancy

Source: Office for National Statistics, Compendium of Clinical and Health Outcomes www.nchod.nhs.uk, Crown Copyright ©

Male Life Expectancy: Trend and Deprivation

Trends in Female Life Expectancy

Female Life Expectancy: Trend and Deprivation
Trends in All Age All Cause Mortality: Local Area Agreement targets


Trends in All Age All Cause Mortality by Deprivation: Males

Trends in All Age All Cause Mortality by Deprivation: Females

![Graph showing trends in mortality by deprivation for females.](image)


Trends in Premature Mortality from Circulatory Diseases

![Graph showing trends in mortality from circulatory diseases.](image)

Premature Mortality from Circulatory Disease: Trend and Deprivation

![Graph showing trend in premature mortality from circulatory disease](image_url)


Trends in Premature Mortality from Coronary Heart Disease and Stroke

![Graph showing trend in premature mortality from CHD and stroke](image_url)

**Trends in Premature Mortality from Cancer**

[Graph showing trends in premature mortality from cancer with 3-year rolling averages.]

Source: Office for National Statistics population estimates and VS3 mortality statistics © Crown Copyright, Compendium of clinical and health outcomes www.nchod.nhs.uk © Crown Copyright

**Premature Mortality from Cancer: Trend and Deprivation**

[Graph showing trends in premature mortality from cancer by deprivation level with 5-year rolling averages.]

Smoking Prevalence and Smoking Status Recording in General Practice in Telford & Wrekin (March 2007)

Source: Quality Outcomes Framework (QOF)

Trends in 4 Week Smoking Quitters in Telford & Wrekin

Source: Help 2 Quit, Vital Signs
Help 2 Quit: Deprivation, Uptake and Outcome


Trends in Infant Mortality in Telford & Wrekin

Source: Office for National Statistics population estimates and VS1 birth statistics © Crown Copyright, Compendium of clinical and health outcomes www.nchod.nhs.uk © Crown Copyright
Infant Mortality: Trend and Deprivation

![Graph showing Infant Mortality Trend and Deprivation](image)

Source: Office for National Statistics Annual Birth and Death Extracts, © Crown Copyright, The English Indices of Multiple Deprivation

Smoking in Pregnancy

![Bar chart showing Smoking in Pregnancy](image)

Source: Shropshire and Telford Hospitals, NHS Trust
Trends in Breastfeeding Initiation in Telford & Wrekin

![Graph showing trends in breastfeeding initiation from 2003/04 to 2008/09.](image)

Source: Shropshire and Telford Hospitals NHS Trust

Prevalence of Overweight and Obesity in Children in Telford & Wrekin

![Bar chart showing prevalence of overweight and obesity in children from Reception (4-5 years) to Year 6 (10-11 years).](image)

Source: National Child Measurement Programme
Trends in Teenage Pregnancy

![Graph showing trends in teenage pregnancies in Telford & Wrekin, England, and T&W trend.](image)


GUM Appointments within Clinic Waiting Times: Princess Royal Hospital

![Graph showing GUM appointments within clinic waiting times.](image)

Source: Shropshire and Telford Hospitals NHS Trust