

Southend Health & Wellbeing Board

Agenda
Item No.

Report of Director of Public Health

to

Health & Wellbeing Board

on

7 December 2016

Report prepared by:
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| For discussion | | For information only | <input checked="" type="checkbox"/> | Approval required | |
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The 2016 Health Profile for Southend-on-Sea

Part 1 (Public Agenda Item)

1.0 Purpose of Report

1.1 To highlight the key findings of the 2016 Health Profile for Southend-on-Sea.

2.0 Recommendations

2.1 Members of the Health and Wellbeing Board are asked to note the report.

3.0 Background & Context

3.1 Health Profiles have been produced annually since 2006, providing a snapshot overview of health for each local authority in England. The aim of the Health Profiles has been to improve the availability and accessibility of health and health related information whilst helping local government and health services to identify problems in their areas to inform plans to improve local people's health and reduce health inequalities.

3.2 Each Health Profile currently includes:

- An 'at a glance' summary description of people's health in the area
- Maps and charts that show how the health in the area compares to the national and local view
- Trend information showing changes in death rates over a ten year period of time
- A 'spine chart' health summary showing the difference in health between the area and the average for England for 31 indicators. The indicators include factors that affect health and important health outcomes.

3.3 The 2016 profiles include indicators relating to five domains:

- Our communities
- Children and young people's health
- Adult's health and lifestyle
- Disease and poor health
- Life expectancy and causes of death

3.4 Indicators used within health profiles are reviewed regularly to ensure that they reflect important public health topics. There are therefore sometimes changes in the data definitions as indicators are refined, which means they are not always directly comparable to statistics from previous years.

3.5 Health profiles use the most recent available validated data, however, owing to the complexity of national data collection and data quality assurance methodologies, the most recent data available may in some cases be 3 years old.

4.0 **The 2016 Health Profile for Southend-on-Sea**

4.1 The 2016 Health Profile for Southend-on-Sea highlights that the health of the local population is varied compared to the England average. Since 2013 there has been year on year an improvement in the number of 'red-rated' indicators for Southend-on-Sea, having reduced from 10 red-rated indicators in 2013 to only 5 in the 2016 profile.

4.2 **Domain: Our communities**

This domain contains indicators on the wider determinants of health. Southend- on- Sea is rated as significantly worse than the England average for:

- Proportion of children (under16) in low income families
- Violent crime (violent offences)

Southend- on- Sea is rated as significantly better than the England average for statutory homelessness and long term unemployment and similar to England average for GCSE achieved (5A*-C inc. English and Maths).

4.3 **Domain: Children and young people's health**

This domain relates specifically to indicators related to children and young people. Southend- on- Sea is rated as significantly better than the England average for obese children (Year 6).

Under 18 conceptions (2014 data) are higher than the England average.

4.4 **Domain: Adult's health and lifestyle**

This domain focuses on three key lifestyle areas, which are all similar to the England average:

- Smoking prevalence in adults
- Physically active adults

- Excess weight in adults i.e. percentage overweight or obese

4.5 **Domain: Disease and poor health**

This domain looks at a range of conditions that require healthcare attention: Southend on Sea is significantly better than England average for:

- Hospital stays for alcohol related harm
- Acute sexually transmitted infections
- Incidence of tuberculosis

Hospital stays for self-harm are worse than the England average. All local authority areas in the East of England have seen an increase in hospital admissions for self-harm since 2012/13.

4.6 **Domain: Life expectancy and causes of death**

The final domain looks at key mortality indicators.

Southend-on-Sea is similar to the England average for most of the indicators within this domain, with the exception of the under 75 mortality rate from cardiovascular disease.

5.0 **Life expectancy in Southend**

5.1 Life expectancy at birth for men and women in Southend is not significantly different to the England average. However, life expectancy is 11.6 years lower for men and 10.7 years lower for women in the most deprived areas of Southend-on-Sea than in the least deprived areas.

5.2 The slope index of inequality is used as a measure of inequalities in life expectancy within local authorities. For each local authority, life expectancy at birth is calculated for each local deprivation decile based on Lower Super Output Areas (LSOAs).

5.3 LSOAs are small geographical areas designed for measuring small area statistics. They have an average of roughly 1,500 residents and 650 households – so there are often 6 or 7 per electoral ward area. There is an Index of Multiple Deprivation score for each LSOA. As a result of this, when the LSOAs are sorted into the order of most deprived to least deprived in order to calculate the deciles, it is the case that there is some geographical spread of where the most deprived LSOAs are located – i.e. they won't all fall within one ward area, but will show 'pockets' of deprivation across the district.

5.4 The LSOAs in the most deprived decile in Southend are in the following wards: St Laurence, Victoria, Milton, Kursaal, Southchurch and West Shoebury.

5.5 We are undertaking a further piece of work with Public Health England into the increasing gap in life expectancy across the borough. We are particularly interested in whether our high care and nursing home population is having an impact on our statistics. We will also be looking at the demographic distribution and how our population has changed over time to identify how this may have affected life expectancy statistics.

6.0 Health & Wellbeing Board Priorities / Added Value

6.1 The 2016 Health Profile for Southend-on-Sea provides the Health and Wellbeing Board with an overview of key health and wellbeing issues in the local population. The majority of these are reflected in the ambitions of the Health and Wellbeing Strategy.

7.0 Reasons for Recommendations

7.1 The 2016 Health Profile provides a snapshot of the health and wellbeing of the local population, and highlights those areas where Health and Wellbeing Board members can work together to improve people's health and reduce health inequalities.

8.0 Financial / Resource Implications

8.1 None

9.0 Legal Implications

9.1 None

10.0 Equality & Diversity

10.1 The Southend-on-Sea Health profiles highlight some of the health issues that affect specific groups in the population and therefore provide data that helps to highlight and address inequalities.

11.0 Background Papers

11.1 None

12.0 Appendices

Appendix 1: 2016 Health Profile for Southend-on-Sea

HWB Strategy Ambitions

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| Ambition 1. A positive start in life A. Children in care B. Education- Narrow the gap C. Young carers D. Children's mental wellbeing E. Teen pregnancy F. Troubled families | Ambition 2. Promoting healthy lifestyles A. Tobacco – reducing use B. Healthy weight C. Substance & Alcohol misuse | Ambition 3. Improving mental wellbeing A. Holistic: Mental/physical B. Early intervention C. Suicide prevention/self-harm D. Support parents/postnatal |
| Ambition 4. A safer population A. Safeguarding children and vulnerable adults B. Domestic abuse C. Tackling Unintentional injuries among | Ambition 5. Living independently A. Personalised budgets B. Enabling community living C. Appropriate accommodation D. Personal involvement in care | Ambition 6. Active and healthy ageing A. Integrated health & social care services B. Reducing isolation C. Physical & mental wellbeing D. Long Term conditions– |

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| under 15s | E. Reablement F. Supported to live independently for longer | support E. Personalisation/ Empowerment |
| <p>Ambition 7. Protecting health</p> <p>A. Increased screening B. Increased immunisations C. Infection control D. Severe weather plans in place E. Improving food hygiene</p> | <p>Ambition 8. Housing</p> <p>A. Partnership approach to; Tackle homelessness B. Deliver health, care & housing in a more joined up way C. Adequate affordable housing D. Adequate specialist housing E. Strategic understanding of stock and distribution</p> | <p>Ambition 9. Maximising opportunity</p> <p>A. Population vs. Organisational based provision B. Joint commissioning and Integration C. Tackling health inequality (improved access to services) D. Opportunities to thrive; Education, Employment</p> |