

BRIEFING	TO:	Health and Wellbeing Board
	DATE:	10 th July 2019
	LEAD OFFICER	Gilly Brenner, Consultant in Public Health, Rotherham Metropolitan Borough Council
	TITLE:	Updates: JSNA and key health issues facing Rotherham population

Background

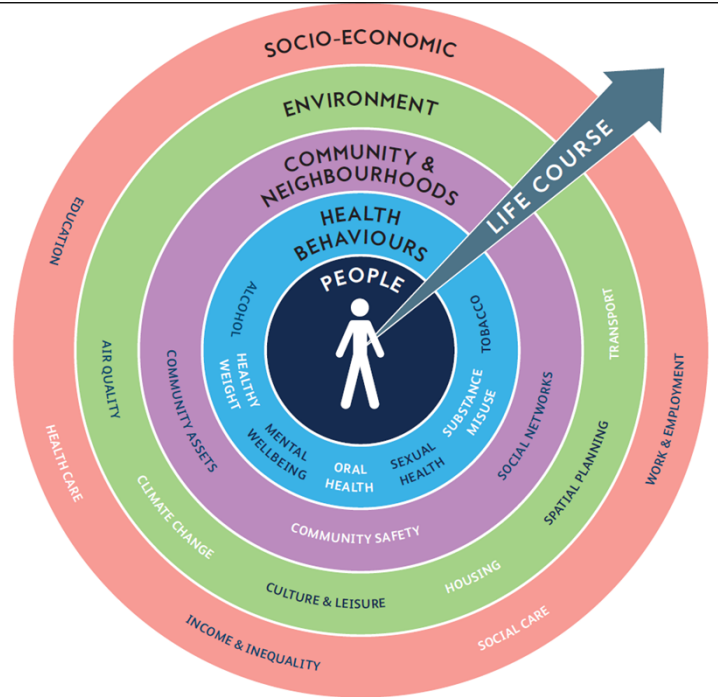
1. **The purpose of this report is to update the Health and Wellbeing Board on the relaunch of the Rotherham Joint Strategic Needs Assessment (JSNA) and provide a brief overview of how Rotherham is currently performing against a range of health indicators.**
 - 1.1. The aim of a Joint Strategic Needs Assessment (JSNA) is to drive improvement in the health and wellbeing of the local community and reduce inequalities for all ages. It is not a stand-alone product, but a continuous process of strategic assessment. This should support the development of local evidence-based priorities for strategies and commissioning, inform planning, and ultimately help to determine what actions the Council, local NHS organisations and other partners need to take in order to meet Rotherham's health and social care needs and to address the wider determinants that impact on health and wellbeing.
 - 1.2. The Rotherham JSNA was refreshed as an online resource in 2013, replacing the former fixed document format of 2011. Following a period of consultation, the Health and Wellbeing Board signed off the final version of the JSNA in February 2014 and it was subject to further review in 2015/16. In November 2018 a consultation launched at the Health and Wellbeing Board was undertaken to again provide an opportunity to rationalise the content, ensuring it is meaningful and useful to commissioners, service providers, partners, and lay users.
 - 1.3. The November 2018 consultation was launched at Health and Wellbeing Board (21/11/18), and also undertaken with Voluntary Community Sector Representatives (16/01/19), and Health Select Commission (17/01/19), and was additionally available as an online survey promoted through staff bulletins and email cascades.

Key Issues

2. JSNA Development
 - 1.4. Analysis of the responses to the consultation concluded that users would prefer a simpler format, making it easier to locate and browse intelligence in an interactive way. It is now more popular to present data and analysis in a more pictorial format, using infographics, maps, graphs and spinecharts rather than

paragraphs of text and tables. This can help make information more accessible to a wider audience, more impactful and quicker to assimilate.

- 1.5. The new format will be based on an adaptation of the Dahlgren and Whitehead model¹, highlighting how the health of the people of Rotherham is impacted on by a wide range of factors and how these factors impact throughout the life course.



- 1.6. The Thriving Neighbourhoods strategy² sets out a new asset-based way of working which places communities at the heart of everything the Council does. The relaunched JSNA will include a map of all physical community assets (i.e. community-used buildings and grounds, including GP practices, schools, community and faith buildings, parks, allotments, leisure facilities etc.) It will also include a page with a comprehensive list of web links to community-based activity and opportunities for further engagement (such as the Rotherham Gismo directory³ for signposting to community groups). Where possible, data will be provided for a range of geographies (such as wards and Primary Care Networks), enabling bespoke profiles of interest to be generated by users.
- 1.7. Previously the JSNA has been primarily owned and maintained by the Council. It is really important that if it is to be meaningful and used by a wider audience, that partners are actively involved in contributing data and contextual analysis. The population health management work and use of the Rotherham Health Record anonymised data sets will enable segmentation and addition of greater context to health data in new ways. Each section of the JSNA will also include 'assets and stakeholder views' which will capture 'softer intelligence,' (such as public consultation, ad hoc gathered views of front line staff or residents, and case studies), which will add contextual information about the data and draw out for example strengths in particular communities.

Key health issues facing Rotherham population

- 1.1. A comprehensive picture of the health issues facing the Rotherham population will be captured by the new JSNA. New indices of multiple deprivation (IMD) data will also be available nationally in the autumn which will help add refreshed

¹ <https://core.ac.uk/download/pdf/6472456.pdf>

² https://www.rotherham.gov.uk/homepage/466/your_neighbourhood

³ <https://www.rotherhamgismo.org.uk/>

	<p>context to our local picture.</p> <p>1.2. Appendix 1 shows an overview of the latest Public Health indicators for Rotherham from the Public Health Outcomes Framework⁴. This gives a snapshot overview of how Rotherham compares to England across a broad range of indicators relevant to health.</p> <p>1.3. Inequalities persist in Rotherham. Life expectancy in Rotherham not only remains below the England average (0.1ii), but the gap between Rotherham and the England average has been steadily getting wider (0.2iv). Within Rotherham borough itself inequalities are even more striking (0.2iii): a baby boy born in an area with highest deprivation can expect to live on average 10 years less than one born in the least deprived areas.</p> <p>1.4. As the NHS Long Term Plan⁵ describes, people are living longer, but extra years of life are not always spent in good health. People are more likely to live with multiple long-term conditions, frailty or dementia, creating substantial care needs. Boys born now in Rotherham can expect to spend on average 18.5 years in poor health, and girls 24.3 years (the difference between life expectancy at birth (0.1i) and healthy life expectancy at birth (0.1ii)).</p> <p>1.5. The links between poverty and poor health outcomes are well established. The trend of improving employment (1.08iv) is therefore heartening, but it is not currently seen for vulnerable groups, such as those with learning disabilities (1.08ii) or those in contact with secondary mental health services (1.08iii). The Working Win pilot is an example of how local health providers are supporting people to stay in or get into employment.</p> <p>1.6. We are aware from local data not yet reflected in national figures, that breastfeeding rates have improved recently, however there is still significant progress to be made to bring Rotherham rates up to the England average (2.02).</p> <p>1.7. Smoking at time of delivery is subject to focus of the Maternity Transformation Plan, seeing recruitment of an additional stop smoking midwife and other work to support the continued reduction in the proportion of women smoking throughout pregnancy, helping to bring this very high challenging rate down towards the England average (2.03).</p> <p>1.8. Rates of overweight and obesity in adults has fallen (71.2% in 2016/17 to 62.7% in 2017/18 (2.12)) bringing Rotherham in line with the England average. However, poor diet (2.11) and physical inactivity (2.13) will hinder improvement, and excess weight still begins at an early age (2.06) where it remains above the England average.</p> <p>1.9. Low rates of successful drug treatment completions and high rates of death in drug users (2.15) are a cause for concern. The substance misuse service</p>
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⁴ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

⁵ <https://www.longtermplan.nhs.uk/>

	<p>provider Change Grow Live (CGL) is aware of the challenge and has produced an action plan that targets stratification of opiate users by dose of methadone in order to target the offer of a new detoxification pathway at this group. All staff have had a range of additional training and new clinical approaches are being trialled.</p> <p>1.10. Health protection indicators generally demonstrate good outcomes in Rotherham, in line with or better than the England average. The Health Protection Annual Report 2018 sets out recommendations to improve 'flu and MMR vaccine uptake in at risk population groups.</p> <p>1.11. Rates of preventable mortality (4.03) and mortality in under 75 year olds from cardiovascular disease (4.04), cancer (4.05) and respiratory disease (4.07) remain above the England average. Respiratory disease is a particular concern since the rate is increasing faster than the England average.</p> <p>1.12. Suicide rates in Rotherham remain a significant concern (4.10) and a range of multiagency working is focussed through the Better Mental Health for All strategy, including general wellbeing promotion such as the 'five ways to wellbeing' and also specific additional suicide prevention work.</p> <p>1.13. Further detail about mortality is available in appendix 2 which highlights some of the key data available in the Global Burden of Disease dataset, recently published at local authority level⁶. In Rotherham, the 5 leading causes of death in 2017 were ischaemic heart disease (IHD), Alzheimer's / dementia, lung cancer, chronic obstructive pulmonary disease (COPD) and lower respiratory disease. The top 5 causes of years lived in disability (YLD) are lower back pain, headache, depression, neck pain and COPD.</p> <p>1.14. For a disease such as IHD, 93.2% of deaths are considered attributable to risk factors potentially preventable. The risk factors contributing the most to all deaths in Rotherham are smoking, high blood pressure, high blood glucose, high body mass index and high cholesterol.</p> <p>1.15. Ambitions set out in the NHS Long Term Plan describe the role health providers can play in improving upstream prevention of avoidable illness and its exacerbation. By embracing the South Yorkshire QUIT programme and changing our perception of smoking as a lifestyle choice, to viewing tobacco use as a chronic long-term disease of nicotine addiction, both patients and clinicians will be empowered to treat the single biggest cause of disease.</p>
Key Actions and Relevant Timelines	
3.	<p>1.8. The JSNA Steering Group has now met twice (14/02/19 and 23/05/19) and will next meet again in June. Terms of Reference have been agreed and lead authors assigned for key sections.</p>

⁶ <https://vizhub.healthdata.org/gbd-compare/>

	<p>1.9. In order to create a more sustainable and efficient process for the generation of intelligence, and to maximise use of new ways of presenting interactive data, it will be necessary to embrace new software technology. This presents a challenge in terms of up-skilling staff, initial capacity to develop content and embedding the new technology into current performance and data analysis work.</p> <p>1.10. A JSNA update will be taken to the Health and Wellbeing Board in July and the website will be relaunched at Health and Wellbeing Board in November. Training will also be offered to Councillors and wider partners to maximise use of the JSNA, which will also coincide with the publication of new indices of multiple deprivation data.</p>
Recommendations	
4.	<p>1.11. The Health and Wellbeing Board is asked to note the developments of the Rotherham JSNA.</p> <p>1.12. The Board are asked to note and consider the key health issues facing the Rotherham population.</p>

Appendix 1

Public Health Outcomes Framework Scorecard – Rotherham – May 2019 update

Public Health Outcomes Framework

Update published: 8 May 2019

Significance (RAG) (compared to England)

- Better
- Average
- Worse
- Not compared
- Lower
- Higher

Change (over last period/ since baseline)

- ↑ Improving
- Similar
- ↓ Worsening
- ▲ Increasing
- ▼ Decreasing

New, updated or revised indicators shown as shaded. New period shown in red.

Change in RAG status from baseline which is due to latest update is shown in red.

Overarching indicators

Indicator	Latest Period	Rotherham		Region Value	England Value	Unit	RAG	Last yr	Trend	Since Baseline	
		Count	Value							Overall	RAG-C
0.1i - Healthy life expectancy at birth (Male)	2015-17	n/a	59.3	61.7	63.4	Years	●	↓		↑	
0.1i - Healthy life expectancy at birth (Female)	2015-17	n/a	57.4	61.5	63.8	Years	●	↑		↓	
0.1ii - Life Expectancy at birth (Male)	2015-17	n/a	77.8	78.7	79.6	Years	●	→		↑	
0.1ii - Life Expectancy at birth (Female)	2015-17	n/a	81.7	82.4	83.1	Years	●	→		↑	
0.1ii - Life Expectancy at 65 (Male)	2015-17	n/a	17.9	18.2	18.8	Years	●	→		↑	
0.1ii - Life Expectancy at 65 (Female)	2015-17	n/a	20.0	20.6	21.1	Years	●	→		↑	
0.2iii - Inequality in life expectancy at birth within English LAs, based on local deprivation deciles within each area (Male)	2015-17	n/a	10.8	10.3	9.4	Years	●	→		▲	
0.2iii - Inequality in life expectancy at birth within English LAs, based on local deprivation deciles within each area (Female)	2015-17	n/a	8.4	8.4	7.4	Years	●	▲		▲	
0.2iii - Inequality in life expectancy at 65 within English LAs, based on local deprivation deciles within each area (Male)	2015-17	n/a	4.9	5.1	4.9	Years	●	→		→	
0.2iii - Inequality in life expectancy at 65 within English LAs, based on local deprivation deciles within each area (Female)	2015-17	n/a	5.1	5.2	4.5	Years	●	▲		▲	
0.2iv - Gap in life expectancy at birth between each local authority and England as a whole (Male)	2015-17	n/a	-1.8	-0.9	0.0	Years	●	→		↑	
0.2iv - Gap in life expectancy at birth between each local authority and England as a whole (Fem)	2015-17	n/a	-1.5	-0.7	0.0	Years	●	→		↑	

Improving the wider determinants of health

Indicator	Latest Period	Rotherham		Region Value	England Value	Unit	RAG	Last yr	Trend	Since Baseline	
		Count	Value							Overall	RAG-C
1.01i - Children in low-income families (all dependent children under 20)	2016	12,545	21.5%	19.5%	17.0%	%					
1.01ii - Children in low-income families (under 16s)	2016	10,910	21.8%	19.7%	17.0%	%					
1.02i - School Readiness: The percentage of children achieving a good level of development at the end of reception	2017/18	2,416	73.1%	69.5%	71.5%	%					
1.02i - School Readiness: % of children with free school meal status achieving a good level of development at the end of reception	2017/18	272	58.6%	54.1%	56.6%	%					G to A
1.02ii - School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening check	2017/18	2,763	80.8%	80.3%	82.5%	%					
1.02ii - School Readiness: Percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check	2017/18	380	68.3%	66.9%	70.1%	%					R to A
1.03 - Pupil absence (age 5-15)	2016/17	699,057	5.22%	4.86%	4.65%	%					
1.04 - First time entrants to the youth justice system (age 10-17)	2017	53	218.7	319.0	292.5	Crude rate per 100,000					
1.05 - 16-17 year olds not in education employment or training or whose activity is not known (current method)	2017	360	5.9%	5.8%	6.0%	%					
1.05 - 16-18 year olds not in education employment or training (historical method)	2015	510	5.3%	4.8%	4.2%	%					
1.06i - Adults with a learning disability who live in stable and appropriate accommodation (age 18-64)	2017/18	584	80.4%	80.9%	77.2%	%					
1.06ii - Adults in contact with secondary mental health services who live in stable and appropriate accommodation (age 18-69)	2017/18	n/a	70.0%	69.0%	57.0%	%					
1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate (age 16-64) (S)	2017/18	n/a	10.7	12.0	11.5	Percentage point gap					R to A
1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate (age 18-64) (Persons)	2017/18	n/a	71.2	66.1	69.2	Percentage point gap					
1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (age 18-69)(P)	2017/18	n/a	71.3	64.5	68.2	Percentage point gap					
1.08iv - Percentage of people aged 16-64 in employment (Persons)	2017/18	119,000	75.3%	73.5%	75.2%	%					R to A
1.09i - Sickness absence - The percentage of employees who had at least one day off in the previous week (age 16+)	2015-17	n/a	2.4%	2.3%	2.1%	%					
1.09ii - Sickness absence - The percent of working days lost due to sickness absence (age 16+)	2015-17	n/a	1.5%	1.3%	1.1%	%					R to A

Improving the wider determinants of health (continued)

Indicator	Latest Period	Rotherham		Region Value	England Value	Unit	RAG	Last yr	Trend	Since Baseline	
		Count	Value							Overall	RAG-C
1.10 - Killed and seriously injured casualties on England's roads (all ages)	2015-17	341	43.4	45.7	40.8	Crude rate per 100,000					G - A
1.11 - Domestic abuse-related incidents and crimes (age 18+) (historic method)	2014/15	n/a	30.0	23.1	20.4	Crude rate per 1,000					
1.11 - Domestic abuse-related incidents and crimes (age 18+) (current method)(CHANGED)	2017/18	n/a	31.1 (P)	28.3	25.0	Crude rate per 1,000					
1.12i - Violent crime (including sexual violence) - hospital admissions for violence (all ages)	2015/16 - 17/18	364	47.6	53.3	43.4	DSR per 100,000					R to A
1.12ii - Violent crime (including sexual violence) - violence offences per 1,000 population (all ages)	2017/18	7,325	27.9	28.8	23.7	Crude rate per 1,000					
1.12iii - Violent crime (including sexual violence) - Rate of sexual offences per 1,000 pop.n (all ages)	2017/18	979	3.7	2.9	2.4	Crude rate per 1,000					
1.13i - Re-offending levels - percentage of offenders who re-offend (all ages) (current method)	2016/17	487	27.5%	31.4%	29.2%	%		n/a		n/a	
1.13ii - Re-offending levels - average number of re-offences per offender (all ages) (current method)	2016/17	2,018	1.14	1.32	1.17	Crude rate per offender		n/a		n/a	
1.13iii - First time offenders (all ages)	2017	330	125.9	161.2	166.4	Crude rate per 100,000					
1.14i - Percentage of the population affected by noise - No. of complaints about noise (all ages)	2015/16	1,846	7.1 (m)	5.9 (m)	6.3 (m)	Crude rate per 1,000					
1.14ii - The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime (all ages)(m)	2016	10,850	4.2%	4.1%	5.5%	%					
1.14iii - The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time (all ages)(m)	2016	20,330	7.8%	6.5%	8.5%	%					
1.15i - Statutory homeless - Eligible homeless people not in priority need	2017/18	32	0.3	1.0	0.8	Crude rate per 1,000					
1.15ii - Statutory homelessness - households in temporary accommodation (all ages)	2016/17 (a)	29	0.3	0.4	3.3	Crude rate per 1,000					
1.16 - Utilisation of outdoor space for exercise/health reasons (age 16+)	Mar 2015 - Feb 2016	n/a	13.5%	17.5%	17.9%	%					
1.17 - Fuel Poverty (all ages)	2016	12,618	11.4%	12.1%	11.1%	%					
who have as much social contact as they would like (18+)	2017/18	n/a	47.5%	47.5%	46.0%	%					
1.18ii - Social Isolation: % of adult carers who have as much social contact as they would like (age 18+)	2016/17	121	37.3%	38.7%	35.5%	%		n/a			G to A

Health improvement

Indicator	Latest Period	Rotherham		Region Value	England Value	Unit	RAG	Last yr	Trend	Since Baseline	
		Count	Value							Overall	RAG-C
2.01 - Low birth weight of term babies (>= 37 weeks gestational age at birth)	2017	66	2.4%	3.0%	2.8%	%					
2.02i - Breastfeeding - Breastfeeding initiation (Female)	2016/17	1,642	56.0%	69.3%	74.5%	%					
2.02ii - Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth (historical method)	2014/15	553	**	42.2%	43.8%	%	**				
2.02ii - Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth (current method) (S)	2017/18	930	30.4%	**	42.7%	%		n/a	n/a	n/a	
2.03 - Smoking status at time of delivery (Female) (current method)	2017/18	521	19.9%	14.2%	10.8%	%					
2.03 - Smoking status at time of delivery (Female) (historical method)	2016/17	455	17.0%	14.2%	10.5%	%					
2.04 - Under 18 conceptions (Female)	2017	97	22.1	20.6	17.8	Crude rate per 1,000					
2.04 - Under 18 conceptions: conceptions in those aged under 16 (Female)	2017	22	5.1	3.3	2.7	Crude rate per 1,000					A to R
2.05ii - Proportion of children aged 2-2½ years offered ASQ-3 as part of the Healthy Child Programme or integrated review	2017/18	2,431	88.6%	87.6%	90.2%	%					
2.06i - Excess weight in 4-5 and 10-11 year olds - 4-5 year olds	2017/18	814	25.5%	22.9%	22.4%	%					
2.06ii - Excess weight in 4-5 and 10-11 year olds - 10-11 year olds	2017/18	1,114	36.1%	34.7%	34.3%	%					
2.07i - Hospital adms caused by unintentional and deliberate injuries in children (0-14 years)	2017/18	395	82.3	105.0	96.4	Crude rate per 10,000					A to G
2.07i - Hospital adms caused by unintentional and deliberate injuries in children (0-4 years)	2017/18	174	108.9	123.1	121.2	Crude rate per 10,000					
2.07ii - Hospital adms caused by unintentional and deliberate injuries in young people (15-24)	2017/18	365	125.6	145.2	132.7	Crude rate per 10,000					
2.08i - Average difficulties score for all looked after children aged 5-16 in care at least 12 months	2017/18	n/a	14.6	14.9	14.2	Score					
2.08ii - Percentage of children where there is a cause for concern	2017/18	106	44.5%	42.7%	38.6%	%					R to A
2.09i Smoking prevalence age 15 years (WAY survey)	2014/15	n/a	10.0%	8.7%	8.2%	%		n/a		n/a	
2.09ii Smoking prevalence age 15 years - regular smokers (WAY survey)	2014/15	n/a	7.2%	6.2%	5.5%	%		n/a		n/a	
2.09iii Smoking prevalence age 15 years - occasional smokers (WAY survey)	2014/15	n/a	2.9%	2.5%	2.7%	%		n/a		n/a	
2.10ii - Emergency hospital admissions for self harm	2017/18	422	167.3	194.6	185.5	DSR per 100,000					A to G
2.11i - Population meeting the recommended '5-a-day' on a 'usual day' (age 16+) (CHANGED)	2017/18	n/a	54.2%	53.3%	54.8%	%					
2.11ii - Average portions of fruit eaten (age 16+) (CHANGED)	2017/18	n/a	2.58	2.46	2.51	%					
2.11iii - Average portions of vegetables eaten (16+) (CHANGED)	2017/18	n/a	2.50	2.59	2.65	%					A to R
2.11iv - Proportion of the population meeting the 5-day-day recommendations at age 15	2014/15	n/a	47.1	49.6	52.4	%		n/a		n/a	
2.11v - Average portions of fruit consumed daily at age 15	2014/15 (NEW)	3,011	2.12	2.30	2.39	Average daily quantity		n/a		n/a	
2.11vi - Average portions of vegetables consumed daily at age 15	2014/15 (NEW)	2,995	2.13	2.27	2.40	Average daily quantity		n/a		n/a	
2.12 - Excess Weight in Adults (age 18+) (current method)	2017/18	n/a	62.7%	64.1%	62.0%	%					R to A
2.13i - Percentage of physically active adults (age 19+) (CHANGED)	2017/18	n/a	55.8%	64.0%	66.3%	%					A to R
2.13ii - Percentage of physically inactive adults (age 19+) (CHANGED)	2017/18	n/a	30.2%	24.1%	22.2%	%					A to R

Health improvement (continued)

Indicator	Latest Period	Rotherham		Region Value	England Value	Unit	RAG	Last yr	Trend	Since Baseline	
		Count	Value							Overall	RAG-C
2.14 - Smoking Prevalence (age 18+)	2017	33,397	16.2%	17.0%	14.9%	%					
2.15i - Successful completion of drug treatment - opiate users (age 18-75)	2017	41	4.2%	5.5%	6.5%	%					A to R
2.15ii - Successful completion of drug treatment - non-opiate users (age 18-75)	2017	46	31.5%	37.7%	36.9%	%					
2.15iii - Successful completion of alcohol treatment (age 18-75)	2017	174	43.0%	38.9%	38.9%	%					G to A
2.15iv - Deaths from drugs misuse	2015-17	51	7.1	5.5	4.3	%					A to R
2.16 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	2017/18	13	16.5%	37.5%	32.1%	%					A to R
2.17 - Estimated diabetes diagnosis rate (age 17+) (CHANGED)	2018	n/a	81.2%	81.9%	78.0%	%					
2.18 - Alcohol related admissions to hospital - narrow definition (Persons)	2017/18	1,818	707	697	632	DSR per 100,000					
2.19 - Cancer diagnosed at early stage (Experimental Statistics) (all ages)	2017	574	47.0%	50.6%	52.2%	%					
2.20i - Cancer screening coverage - breast cancer (Female) (age 53-70)	2018	23,255	77.4%	75.0%	74.9%	%					
2.20ii - Cancer screening coverage - cervical cancer (Female) (age 25-64)	2018	51,069	76.1%	74.2%	71.4%	%					
2.20iii - Cancer screening coverage - bowel cancer (age 60-74)	2018	24,876	60.4%	60.3%	59.0%	%					
2.20iv - Abdominal Aortic Aneurysm screening - coverage (age 65)	2017/18	1,181	81.6%	83.3%	80.8%	%					G to A
2.20xi - Newborn bloodspot screening - coverage (age under 1 year)	2015/16	2,786	94.4%*	94.0%*	95.6%*	%					
2.20xii - Newborn hearing screening - coverage (age under 1 year)	2017/18	2,969	98.9%	99.1%	98.9%	%					
2.22iii - Cumulative % of the eligible population aged 40-74 offered an NHS Health Check (in 5yrs 13/14-17/18)	2013/14 - 2017/18	44,814	57.1%	78.4%	90.9%	%		n/a		n/a	
2.22iv - Cumulative % of the eligible population aged 40-74 offered an NHS Health Check who received one	2013/14 - 2017/18	34,566	77.1%	49.9%	48.7%	%		n/a		n/a	
2.22v - Cumulative % of the eligible population aged 40-74 who received an NHS Health Check (13/14-17/18)	2013/14 - 2017/18	34,566	44.1%	39.1%	44.3%	%		n/a		n/a	
2.23i - Self-reported well-being - people with a low satisfaction score (age 16+)	2017/18	n/a	7.3%	4.9%	4.4%	%					
2.23ii - Self-reported well-being - people with a low worthwhile score (age 16+)	2017/18	n/a	4.9%	4.0%	3.6%	%					
2.23iii - Self-reported well-being - people with a low happiness score (age 16+)	2017/18	n/a	11.2%	9.1%	8.2%	%					
2.23iv - Self-reported well-being - people with a high anxiety score (age 16+)	2017/18	n/a	26.8%	21.2%	20.0%	%					
2.24i - Injuries due to falls in people aged 65 and over (Persons)	2017/18	1,119	2,285	2,102	2,170	DSR per 100,000					R to A
2.24ii - Injuries due to falls in people aged 65 and over - aged 65-79 (Persons)	2017/18	370	990	1,004	1,033	DSR per 100,000					R to A
2.24iii - Injuries due to falls in people aged 65 and over - aged 80+ (Persons)	2017/18	749	6,043	5,288	5,469	DSR per 100,000					

Health protection

Indicator	Latest Period	Rotherham		Region Value	England Value	Unit	RAG	Last yr	Trend	Since Baseline	
		Count	Value							Overall	RAG-C
3.01 - Fraction of mortality attributable to particulate air pollution (age 30+)	2017	n/a	4.1%	4.2%	5.1%	%					
3.02 - Chlamydia detection rate (15-24 year olds) - CTAD (Persons)	2017	596	2,010	2,244	1,882	Crude rate per 1,000					
3.02 - Chlamydia detection rate (15-24 year olds) - CTAD (Male)	2017	188	1,233	1,499	1,264	Crude rate per 1,000					
3.02 - Chlamydia detection rate (15-24 year olds) - CTAD (Female)	2017	404	2,806	3,015	2,502	Crude rate per 1,000					
3.03i - Population vaccination coverage - Hepatitis B (1 year old)	2017/18	14	100.0%	**	**	%					
3.03i - Population vaccination coverage - Hepatitis B (2 years old)	2017/18	8	80.0%	**	**	%					
3.03iii - Population vaccination coverage - Dtap/ IPV/Hib (1 year old)	2017/18	2,874	96.2%	94.5%	93.1%	%					
3.03iii - Population vaccination coverage - Dtap/ IPV/Hib (2 years old)	2017/18	2,972	97.2%	96.2%	95.1%	%					
3.03iv - Population vaccination coverage - MenC (1 yr)	2015/16	2,784	97.9%*	97.0%	**	%		n/a			
3.03v - Population vaccination coverage - PCV (1 yr)	2017/18	2,875	96.3%	94.7%	93.3%	%					
3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old)	2017/18	2,874	94.0%	93.4%	91.2%	%					G to A
3.03vi - Population vaccination coverage - Hib / Men C booster (5 years)	2017/18	3,003	94.3%	93.8%	92.4%	%					
3.03vii - Population vaccination coverage - PCV booster (2 years old)	2017/18	2,879	94.2%	93.5%	91.0%	%					
3.03viii - Population vaccination coverage - MMR for one dose (2 years old)	2017/18	2,864	93.7%	93.3%	91.2%	%					
3.03ix - Population vaccination coverage - MMR for one dose (5 years old)	2017/18	3,069	96.4%	95.9%	94.9%	%					A to G
3.03x - Population vaccination coverage - MMR for two doses (5 years old)	2017/18	2,870	90.1%	90.5%	87.2%	%					R to A
3.03xii - Population vaccination coverage - HPV (Female) (12-13 years)	2017/18	1,648	95.3%	91.5%	86.9%	%					
3.03xiii - Population vaccination coverage - PPV (65+)	2017/18	34,452	72.2%	71.3%	69.5%	%					
3.03xiv - Population vaccination coverage - Flu (aged 65+)	2017/18	37,769	76.0%	73.7%	72.6%	%					R to G
3.03xv - Population vaccination coverage - Flu (at risk individuals) (6 months to 64 years)	2017/18	18,242	53.6%	50.3%	48.9%	%					
3.03xvi - Population vaccination coverage - HPV for 2 doses (Female) (13-14 years)	2017/18	1,506	92.3%	89.6%	83.8%	%					A to G
3.03xvii - Shingles vaccination coverage (70 years old)	2017/18	1,517	47.0%	46.8%	44.4%	%		n/a		n/a	
3.03xviii - Population vaccination coverage - Flu (2-4 year olds) (historical method)	2016/17	3,980	42.0%	37.9%	38.1%	%					
3.03xviii - Population vaccination coverage - Flu (2-3 year olds) (current method)	2017/18 (NEW)	2,659	43.8%	42.8%	43.5%	%					
3.04 - People presenting with HIV at a late stage of infection (age 15+)	2015-17	15	48.4%	47.8%	41.1%	%					R to A
3.05i - Treatment completion for TB (all ages)	2016	7	87.5%	86.1%	84.4%	%					
3.05ii - Incidence of TB (all ages)	2015-17	38	4.8	7.4	9.9	Crude rate per 100,000					R to G
3.06 - NHS organisations with a board approved sustainable development management plan	2015/16	2	50.0%	67.1%	66.2%	%					
3.08 Adjusted antibiotic prescribing in primary care by the NHS	2017	177,618	1.20	1.09	1.04	Indirectly std rate					

Healthcare public health and preventing premature mortality

Indicator	Latest Period	Rotherham		Region Value	England Value	Unit	RAG	Last yr	Trend	Since Baseline	
		Count	Value							Overall	RAG-C
4.01 - Infant mortality (under 1 year)	2015-17	30	3.2	4.1	3.9	Crude rate per 1,000					
4.02 - Proportion of 5 year old children free from dental decay (2016/17 update but no data for Roth)	2014/15	1,284	71.1	71.5	75.2	Mean dmft per child			***		
4.03 - Mortality rate from causes considered preventable (all ages) (Persons)	2015-17	1,632	208.8	197.2	181.5	DSR per 100,000					
4.04i - Under 75 mortality rate from all cardiovascular diseases (Persons)	2015-17	614	85.4	82.6	72.5	DSR per 100,000					
4.04ii - <75 mortality rate from cardiovascular diseases considered preventable (Persons)	2015-17	379	52.6	53.3	45.9	DSR per 100,000					
4.05i - Under 75 mortality rate from cancer (Persons)	2015-17	1,055	146.4	143.5	134.6	DSR per 100,000					
4.05ii - Under 75 mortality rate from cancer considered preventable (Persons)	2015-17	640	88.9	84.7	78.0	DSR per 100,000					
4.06i - Under 75 mortality rate from liver disease (Persons)	2015-17	140	19.7	19.1	18.5	DSR per 100,000					G to A
4.06ii - Under 75 mortality rate from liver disease considered preventable (Persons)	2015-17	116	16.4	16.9	16.3	DSR per 100,000					G to A
4.07i - Under 75 mortality rate from respiratory disease (Persons)	2015-17	341	47.1	39.7	34.3	DSR per 100,000					A to R
4.07ii - Under 75 mortality rate from respiratory disease considered preventable (Persons)	2015-17	185	25.4	22.0	18.9	DSR per 100,000					A to R
4.08 - Mortality from a range of communicable diseases, including influenza (Persons)	2015-17	78	10.5	10.6	10.9	DSR per 100,000					G to A
4.09i - Excess under 75 mortality rate in adults with serious mental illness (age 18-74)	2014/15	n/a	411.0	376.9	370.0	Indirectly std. ratio					
4.09ii - Proportion of adults in contact with secondary mental health services (18-74)	2014/15	9,445	5.2%	5.5%	5.4%	%					A to G
4.10 - Suicide rate (all ages) (Persons)	2015-17	107	15.9	10.4	9.6	DSR per 100,000					A to R
4.11 - Emergency readmissions within 30 days of discharge from hospital (all ages) (Persons)	2011/12	4,741	13.4	12.0	11.8	Indirectly std proportion					
4.12i - Preventable sight loss - age related macular degeneration (AMD) (age 65+)	2017/18	62	121.5	127.0	106.7	Crude rate per 100,000					
4.12ii - Preventable sight loss - glaucoma (age 40+)	2017/18	46	33.4	15.0	12.6	Crude rate per 100,000					A to R
4.12iii - Preventable sight loss - diabetic eye disease (age 12+)	2017/18	10	4.5	3.3	2.8	Crude rate per 100,000					
4.12iv - Preventable sight loss - sight loss certifications (all ages)	2017/18	178	67.6	48.2	41.1	Crude rate per 100,000					
4.13 Health-related quality of life for older people (65 and over)	2016/17	n/a	0.714	0.731	0.735	Score					
4.14i - Hip fractures in people aged 65 and over (Persons)	2017/18	290	589	569	578	DSR per 100,000					
4.14ii - Hip fractures in people aged 65 and over - aged 65-79 (Persons)	2017/18	95	255	237	246	DSR per 100,000					
4.14iii - Hip fractures in people aged 65 and over - aged 80+ (Persons)	2017/18	195	1,560	1,533	1,539	DSR per 100,000					
4.15i - Excess Winter Deaths Index (Single year, all ages) (Persons)	Aug 2016 - Jul 2017	237	28.4	24.9	21.6	Ratio					
4.15ii - Excess Winter Deaths Index (single year, age 85+) (Persons)	Aug 2016 - Jul 2017	108	38.6	36.7	30.8	Ratio					
4.15iii - Excess Winter Deaths Index (3 years, all ages) (Persons)	Aug 2014 - Jul 2017	599	23.5	21.8	21.1	Ratio					
4.15iv - Excess Winter Deaths Index (3 years, age 85+) (Persons)	Aug 2014 - Jul 2017	302	34.8	31.0	29.3	Ratio					
4.16 - Estimated dementia diagnosis rate (aged 65+)	2018	2,484	82.9	71.2	67.5	Ratio					

Based on data from May 2019 quarterly update of the Public Health Outcomes Framework (PHOF) (published 08/05/19).

Source - Public Health England.

Notes

RAG = Rotherham compared to England (Red/Amber/Green)

Last yr = change over last year/period.

Trend = all available data from baseline ("n/a" if only 2 points)

Overall = change from baseline to latest.

RAG-C = Change in RAG status baseline to latest.

Value = Rotherham rate.

Region = Yorkshire and the Humber rate.

n/a - not applicable.

* Estimated from former primary care organisations covered by the LA.

** Not published for data quality reasons.

*** Last year/overall based on surveys for 2007/08 and 2011/12.

(S) New data source. (m) modelled data.

(P) Police force area.

(NEW) New

(CHANGED) Definition changed.

Q - data quality issue.

(a) 2017/18 but data suppressed.

Indicators with no data at Rotherham level or too few values to calculate a rate:

1.07 - People in prison who have a mental illness or significant MI

2.09iv - Smoking prevalence at age 15 years - regular smokers (SDD survey)

2.09v - Smoking prevalence at age 15 years - occasional smokers (SDD survey)

2.20v - Diabetic eye screening - uptake

2.20vii - Infectious Diseases in Pregnancy Screening – HIV Coverage

2.20viii - Infectious Diseases in Pregnancy Screening – Syphilis Coverage

2.20ix - Infectious Diseases in Pregnancy Screening – Hepatitis B Coverage

2.20x - Sickle Cell and Thalassaemia Screening – Coverage

2.20xi - Newborn Blood Spot Screening - Coverage

2.20xii - Newborn Hearing Screening - Coverage

2.20xiii - Newborn and Infant Physical Examination Screening – Coverage

3.03ii - P.v.c. - Selective neonatal BCG vaccination coverage (< 1yr)

'RAG' column shows how Rotherham is performing compared to the England average:

Green circle = significantly better, Red = significantly worse, Amber = similar.

(R) = Red, (A) = Amber, (G) = Green.

Appendix 2: Global Burden of Disease Study

Background

The Global Burden of Disease Study has been updated to 2017 and now includes data at local authority level. Data is summarised and presented using the online visualisation tool on the Institute for Health Metrics and Evaluation (IHME) website (University of Washington)⁷.

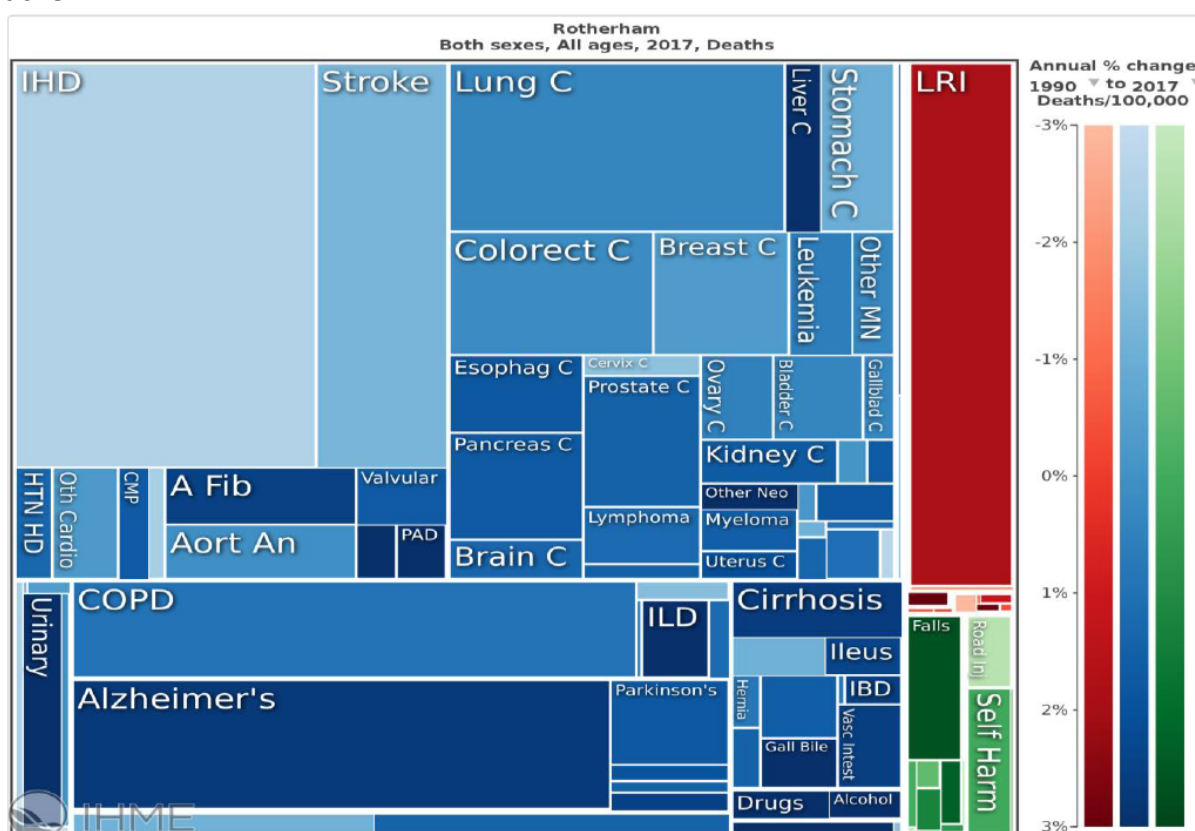
The visualisation tool allows users to view data by year from 1990 to 2017 on deaths, years lived with disability (YLD) and disability-adjusted life years (DALYs) by cause and the proportions due to risk factors. Breakdowns are also available by gender and selected age groups.

Cause charts are colour-coded into 3 groups (Non-communicable diseases (blue), Communicable diseases, maternal, neonatal and nutritional (red), and Injuries (green)). Colours are also coded lighter to darker to highlight levels of annual change. Examples of causes showing large average annual increases 1990-2017 for Rotherham are:

- Deaths – liver cancer, urinary diseases, interstitial lung disease (ILD), peripheral arterial disease (PAD), alcohol use disorders.
- YLD – inflammatory bowel disease (IBD), malignant skin melanoma, uterine cancer, diabetes, prostate cancer.
- DALYs – bacterial skin diseases, liver cancer, endocarditis, interstitial lung disease, peripheral arterial disease.

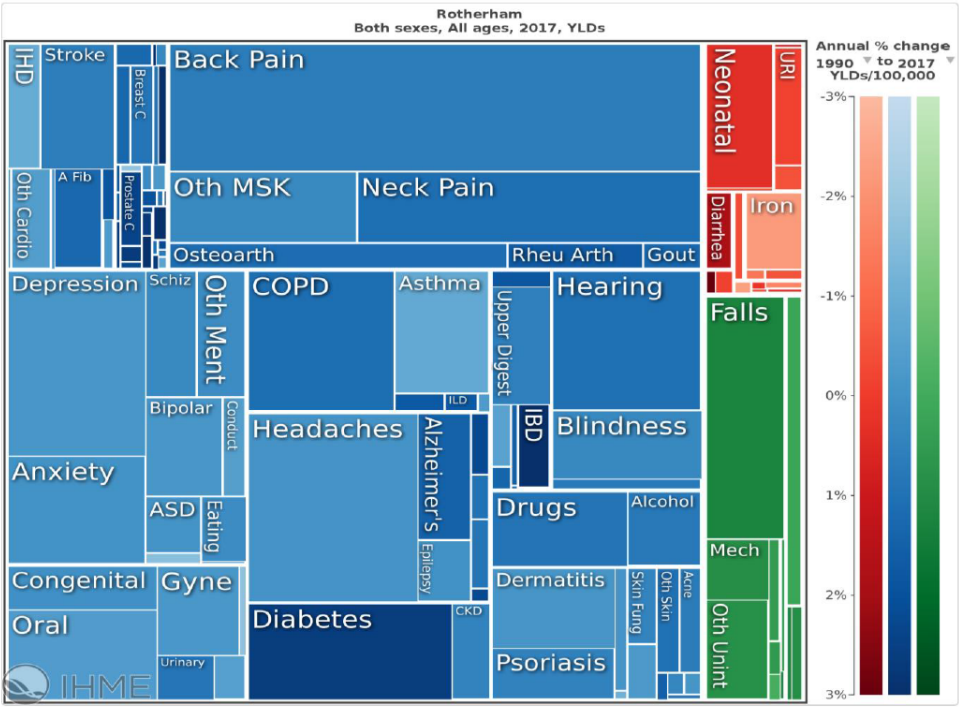
Also see “Treemap” charts below:

Deaths

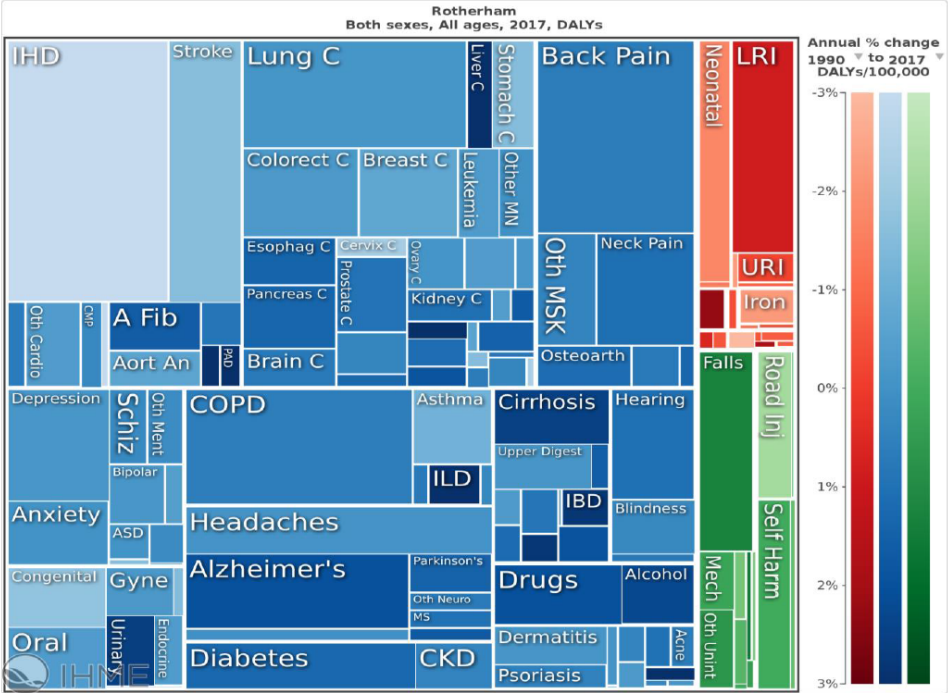


⁷ <https://vizhub.healthdata.org/gbd-compare/>

Years lived with disability



Disability adjusted life years



The Top 5 causes of: death, YLD and DALYs based on the previous treemap charts are shown below. These compare Rotherham over time (1990 and 2017) and Rotherham to England for 2017.

Global Burden of Disease Study 2017

Rotherham 1990 and 2017

Causes of death

(Top 5)

Rank	Cause	1990	Cause	2017
1	Ischaemic heart disease	31.8%	Ischaemic heart disease	16.0%
2	Stroke	9.8%	Alzheimers/dementia	9.2%
3	Lung cancer	6.8%	Lung cancer	7.4%
4	COPD	5.7%	COPD	7.3%
5	Lower respiratory diseases	4.49%	Lower respiratory diseases	7.2%
	Alzheimers/dementia	4.47%		

Global Burden of Disease Study 2017

England 2017

Causes of death

(Top 5)

Rank	Cause	2017
1	Ischaemic heart disease	14.1%
2	Alzheimers/dementia	10.7%
3	Stroke	7.5%
4	COPD	6.5%
5	Lower respiratory diseases	6.2%

Years lived with disability (YLD)

(Top 5)

Rank	Cause	1990	Cause	2017
1	Lower back pain	12.6%	Lower back pain	13.2%
2	Headaches	7.2%	Headaches	6.2%
3	Depression	5.9%	Depression	5.0%
4	Neck pain	4.0%	Neck pain	4.8%
5	Hearing loss	3.47%	COPD	4.05%
	COPD	3.40%	Hearing loss	4.05%

Years lived with disability (YLD)

(Top 5)

Rank	Cause	2017
1	Lower back pain	13.0%
2	Headaches	6.4%
3	Depression	5.1%
4	Neck pain	4.7%
5	Diabetes	4.2%

Disability-adjusted life years (DALYs)

(Top 5)

Rank	Cause	1990	Cause	2017
1	Ischaemic heart disease	18.3%	Ischaemic heart disease	8.3%
2	Stroke	5.4%	Lower back pain	6.0%
3	Lower back pain	4.8%	COPD	5.3%
4	Lung cancer	4.6%	Lung cancer	4.8%
5	COPD	4.2%	Stroke	3.8%

Disability-adjusted life years (DALYs)

(Top 5)

Rank	Cause	2017
1	Lower back pain	6.62%
2	Ischaemic heart disease	6.56%
3	COPD	4.5%
4	Lung cancer	3.7%
5	Stroke	3.6%

Percentages rounded to one decimal point.

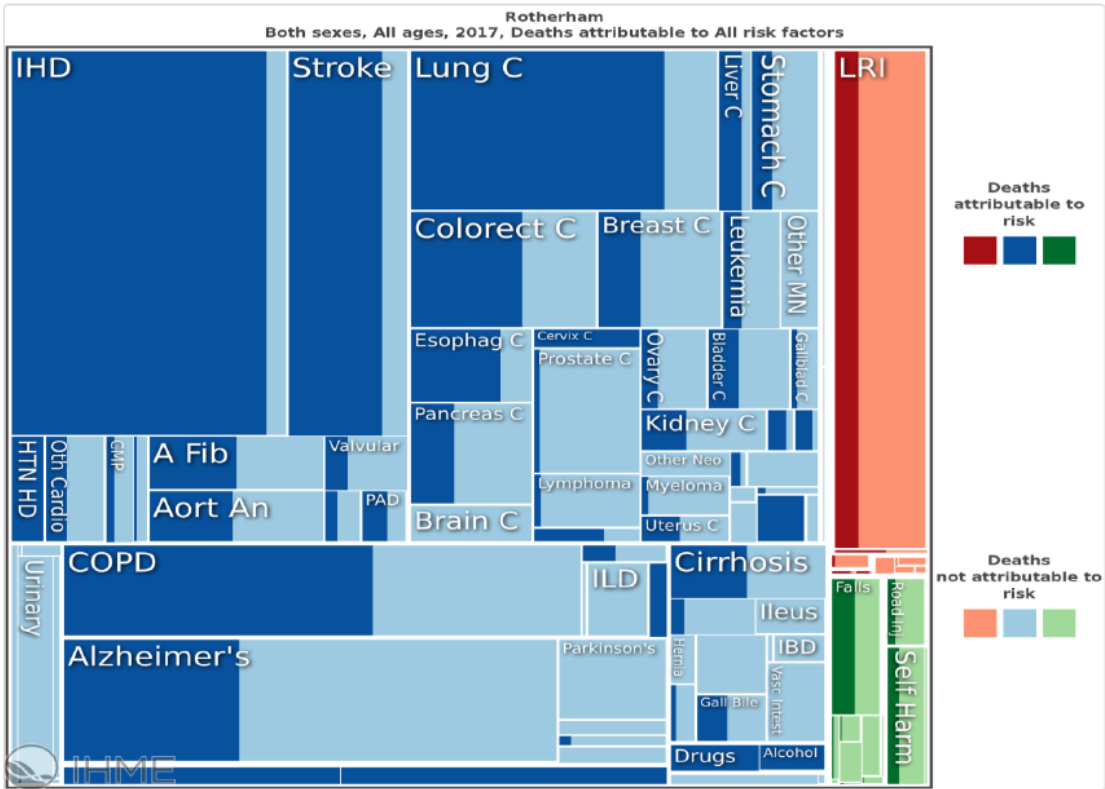
Percentages rounded to one decimal point.

The above tables highlight Ischaemic Heart Disease (IHD) as the greatest burden in terms of deaths and disability-adjusted life years (DALYs) between 1990 and 2017 in Rotherham but the proportion has halved over time. Lower back pain has maintained its position as the greatest burden in terms of years lived with disability (YLD).

Deaths from 'Alzheimer's Disease and other dementias' have doubled their proportion of deaths between 1990 and 2017 and are now the second highest cause of death behind IHD.

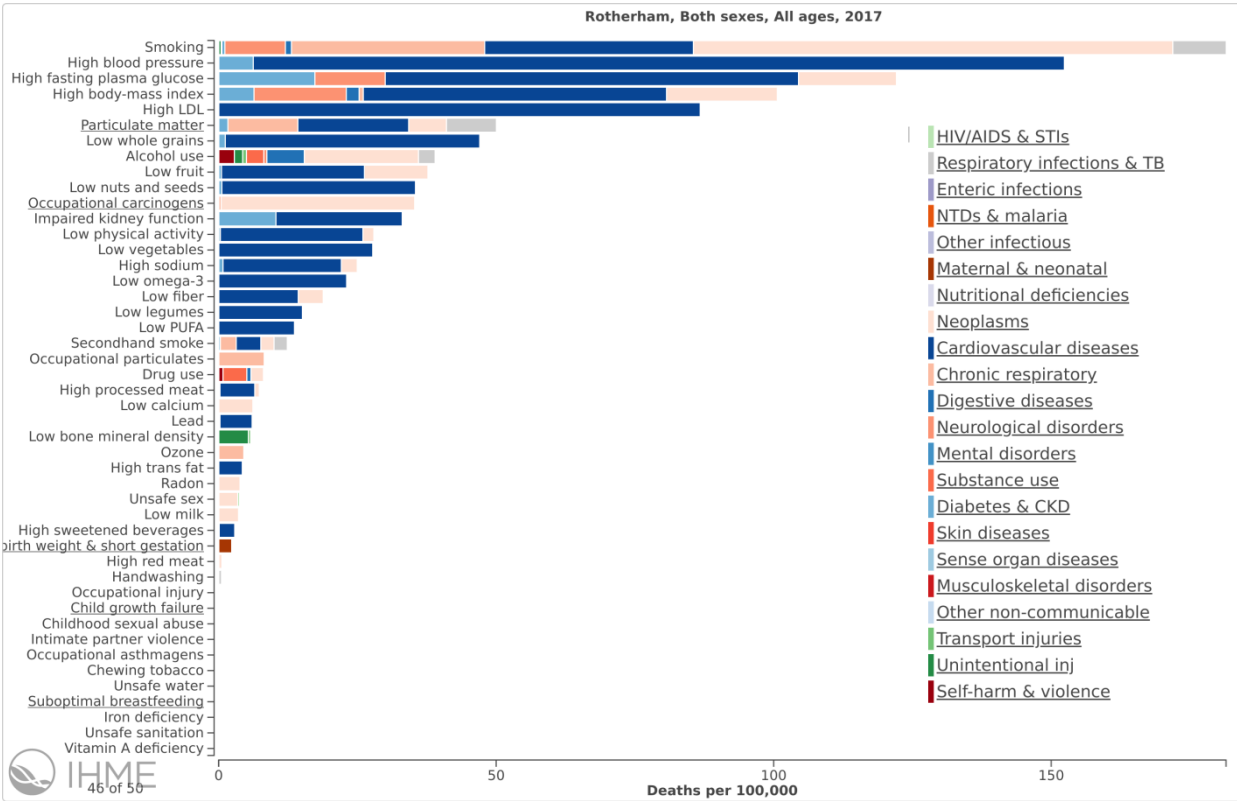
Differences in rank order between Rotherham and England are shown in red. This highlights that lung cancer deaths are a greater burden in Rotherham than nationally (with deaths from stroke a lower priority).

Risk charts are based on the above three groups but also add on the proportion of the deaths, YLDs or DALYs attributable to all risk factors (and therefore potentially preventable)
 An example of risks by cause based on the deaths burden treemap is shown below:



This shows that the vast majority of IHD deaths are attributable to risk factors (93.2%). In contrast, 35.5% of Alzheimer’s Disease and other dementias deaths, and 5.1% of prostate cancer deaths are attributable to risk factors.

Risk factors

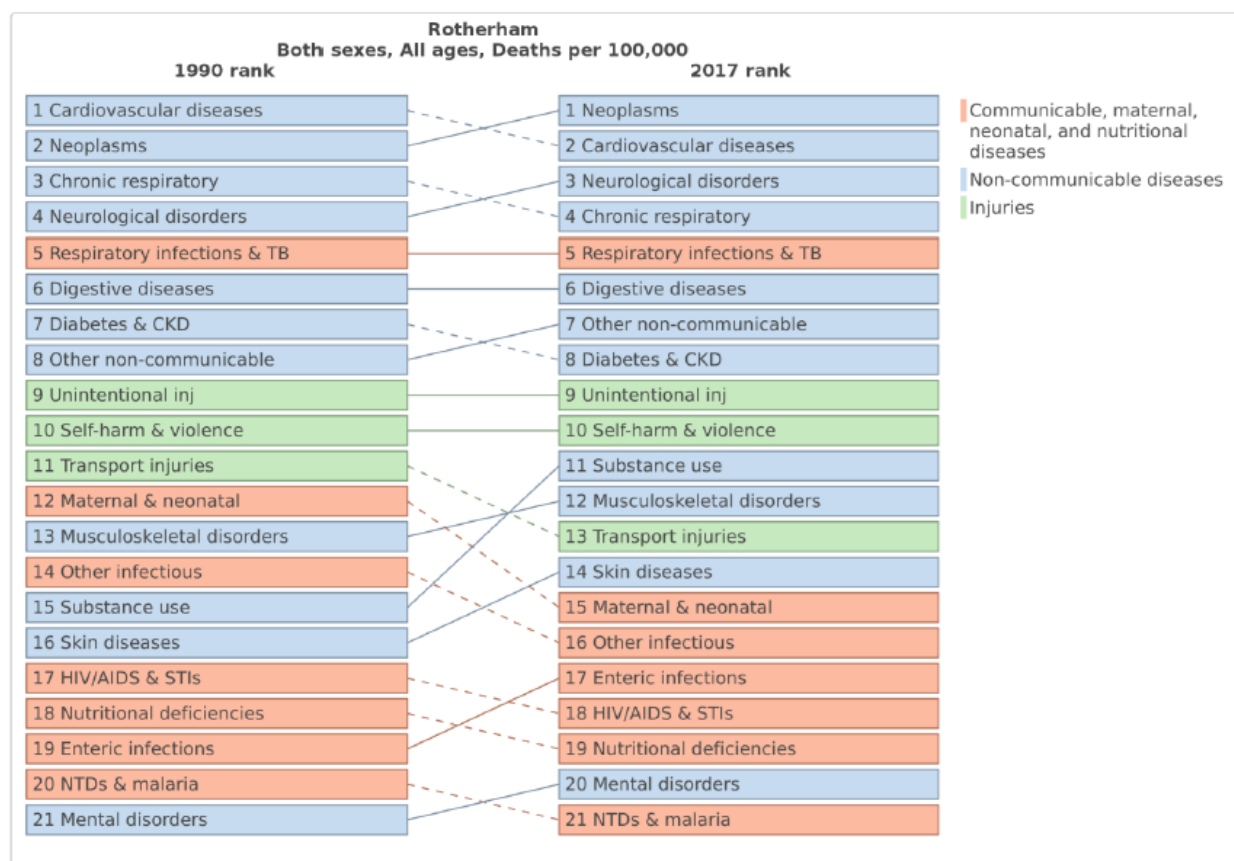


The risk factors contributing the most to deaths in Rotherham are smoking, followed by high blood pressure, high blood glucose, high BMI and high cholesterol.

Arrow diagram charts

Arrow diagram charts show deaths, YLDs and DALYs by broad groups of causes in rank order between 1990 and 2017. This highlights changes over time.

In the example below based on deaths this shows that for Rotherham, deaths from Cardiovascular diseases is no longer the number one cause (deaths per 100,000) with Neoplasms taking over. The largest change in rank order is for deaths from substance use which has moved from 15th to 11th between 1990 and 2017.



Definitions

- Disability-adjusted life years (DALYs): The sum of years lost to premature death (YLL) and years lived with disability (YLD). DALYs are also defined as years of healthy life lost.
- Years lived with disability (YLD): Years of life lived with any short-term or long-term health loss.
- Years of Life Lost (YLL): Years of life lost to premature mortality.
- Risk factors: Potentially modifiable causes of disease and injury.
- Treemap: The treemap chart type is a square pie chart displaying causes (diseases and injuries) grouped by hierarchy; the size of the box is proportionate to the burden displayed. Also can display a risk factor and its attribution to the causes