

Everyone in Warwickshire Counts: Valuing the Vulnerable

Director of Public Health Annual Report 2017



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Introduction

- Statutory requirement for the DPH to produce an independent annual report on the health and wellbeing of the population.
- The report includes:
 - progress on the 2016 DPH recommendations
 - the picture of health and wellbeing in Warwickshire
 - focus on vulnerability and its impact on health and wellbeing
 - 2017 DPH recommendations

Progress on 2016 recommendations

Some great progress has been made in a relatively short period of time, for example:

- A focus on prevention/maximising wellbeing has been ratified by the Health and Wellbeing Board (HWBB)
- The HWBB have endorsed a new placed based approach to delivery of the Joint Strategic Needs Assessment,
- Community hubs are in development,
- A refreshed Making Every Contact Count (MECC) training programme has been produced which is a key part of the 'Proactive and Preventative' workstream of the STP.



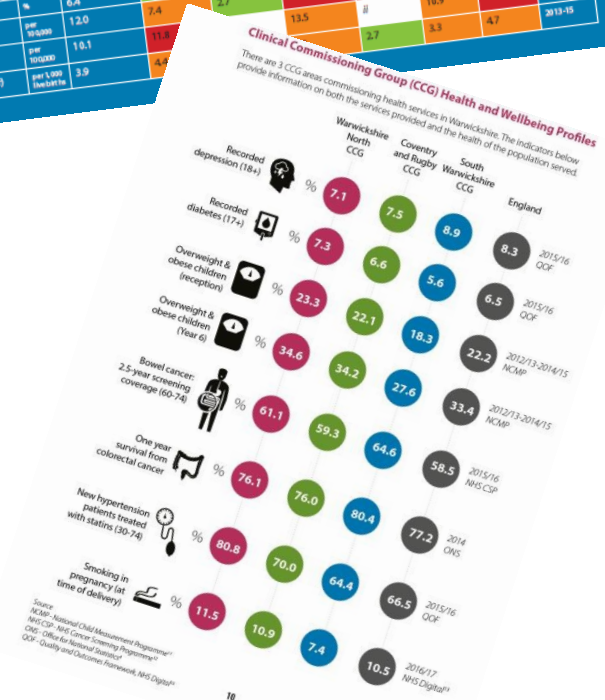
The picture of health and wellbeing in Warwickshire

- Health and wellbeing is generally reported as good compared to England. This is to be **celebrated** - however it does mask **significant variation** in different areas across the county (*see pages 8,9 and 10 of the report*).
- Warwickshire is ranked in the **20%** least deprived local authorities in the country - some of our health outcomes do not reflect this relative affluence.

Warwickshire Health Profile 2017

Table 1: This shows the current health measures for the Warwickshire population and allows comparisons between the districts and boroughs. The values are colour to indicate statistical significance compared to England. This is the published data as of 1st August 2017.

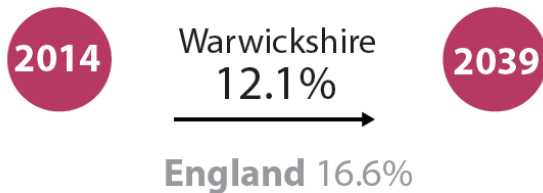
Indicator	Unit	England	Warwickshire	North Warwickshire	Havant on & Bedworth	Rugby	Stafford on Avon	Warwick	Period
Under 18 conceptions	per 1,000	20.8	19.5	20.6	25.4	18.8	11.5	16.2	2015
Low birth weight of term babies	%	2.8	2.7	2.8	2.7	3.1	1.9	2.9	2014/15
Breastfeeding initiation	%	74.3	72.1	67.2	71	82.2	74.3	66.1	2016
Smoking prevalence in adults	%	15.9	14.3	6.4	19.1	15.8	11.1	15.6	2015/16
New sexually transmitted infections	per 100,000	750	574	580	766	623	473	450	2014/15
5 year olds free from dental decay	%	75.4	73.7	78.3	74.5	71.7	80.4	72.8	2015/16
Overweight & obese children (reception)	%	22.1	21.3	23.6	21.9	21.7	19.1	20.8	2015/16
Overweight & obese children (Year 6)	%	34.2	32.6	34.2	37.3	35.0	38.6	28.3	2015/16
Hospital admissions for unintentional and deliberate injuries in children (aged 0-14 years)	per 10,000	104.2	124.7	115.5	131.1	127.8	118.3	123.1	2015/16
Excess weight in adults	%	64.8	63	71.3	68.7	66.9	63.7	58.5	2015-15
Recorded diabetes (aged 17+)	%	6.4	6.1	6.7	7.3	6.2	5.4	5.4	2014/15
Incidence of TB*	per 100,000	12.0	7.4	6.7	2.3	12.4	8.4	8.1	2015-15
Suicide rate (aged 10+)	per 100,000	10.1	11.8	12.7	13.5	11	10.9	14.4	2015-15
Infant mortality (under 1 year)	per 1,000 live births	3.9	4.4	4.4	4.4	2.7	3.3	4.7	2015-15



Population and Life Expectancy

- Population is increasing and life expectancy is **rising**
- While it is good that we are living longer, much of the additional time is spent in **poor health** - around **12 years for men** and **16 years for women**
- Years spent in poor health impact on families and workplaces, and increase pressure on health and social care services

Population increase



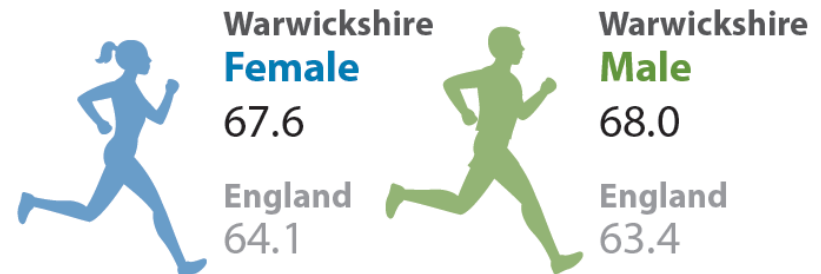
85+ population increase



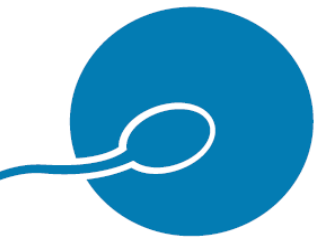
Life expectancy at birth



Healthy life expectancy at birth



Warwickshire continues to face a number of public health challenges



The conception rate in females aged 15-17 is **19.5 per 1,000**

England: 20.8 per 1,000 2015



65% of adults are classified as overweight or obese

England: 64.8%
2013-15



adults will experience a mental health problem in any given year

1 in 4

594 people per 100,000

were admitted to hospital for alcohol-related conditions

England: 647 per 100,000

2015/16

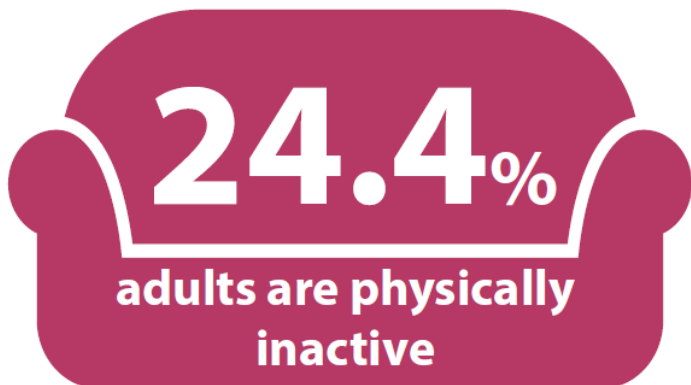
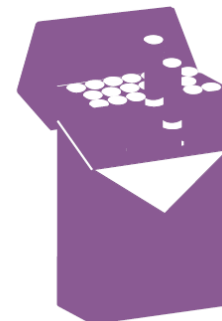


14.5%

of adults smoke

England: 15.5%

2016



2015

England: 28.7%

510.7 per 100,000

10-24 year olds were admitted to hospital for self-harm

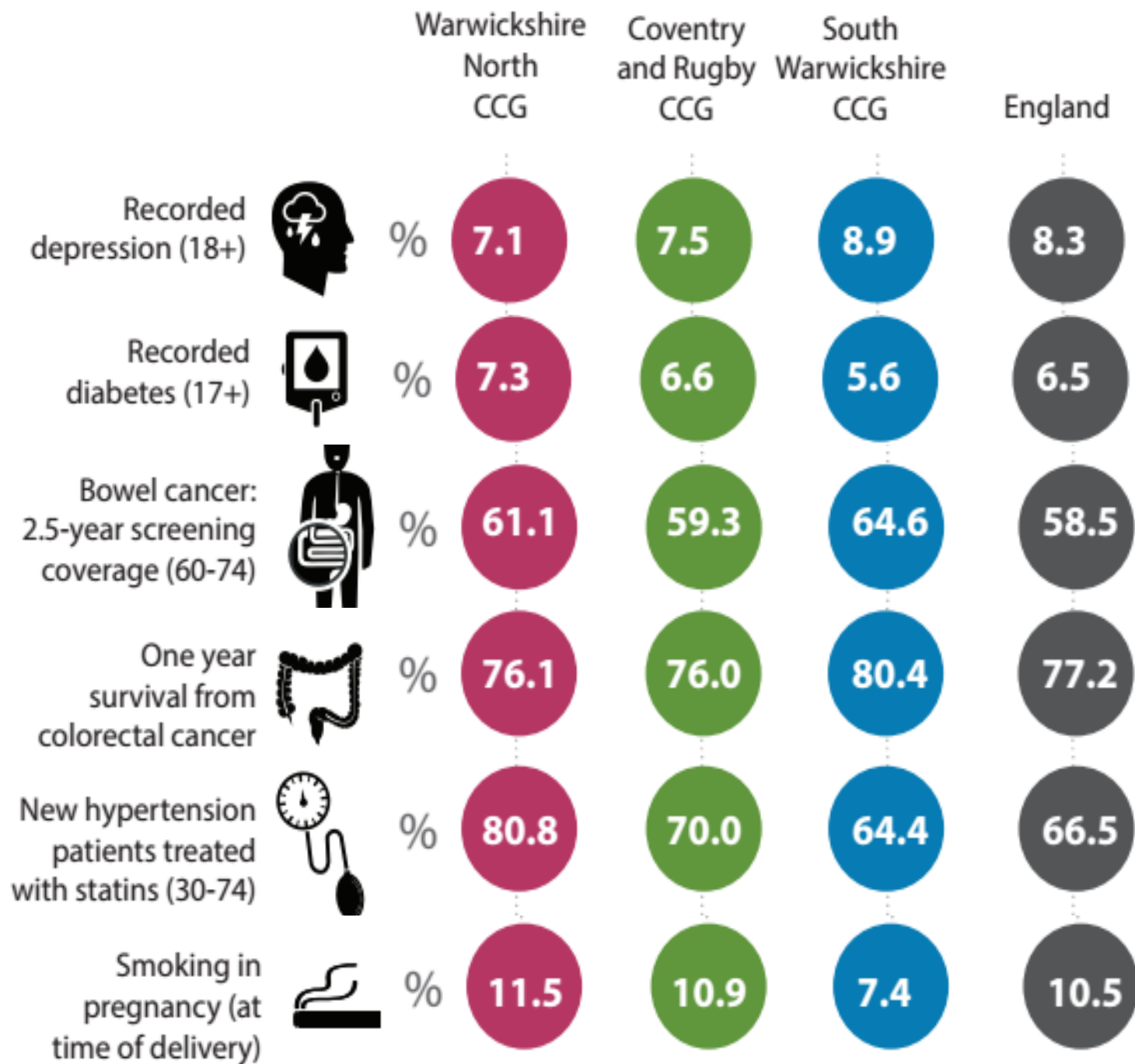
England: 430.5 per 100,000

2015/16.



Indicator	Unit	England	Warwickshire	Warwick District
Breastfeeding Initiation	%	74.3	72.1	69.1
5 year olds free from dental decay	%	75.4	73.7	72.8
Hospital admissions for unintentional & deliberate injuries in children (0-14)	Per 10,000	104.2	124.7	125.1
Incidence of TB iii	Per 100,000	12.0	7.4	8.1
Under 75 mortality rate: Cancer	Per 100,000	130.6	130.6	126.1

Indicator	Unit	England	Warwickshire	Warwick District
Suicide rate (aged 10+)	Per 100,000	10.1	11.8	14.4
Emergency hospital admissions for intentional self harm (all ages)	Per 100,000	196.5	196.5	173
Hip fractures (65 and over)	Per 100,000	589	645	657



Wider factors influencing health and wellbeing

Just over
500

people in Warwickshire are long-term unemployed¹⁰

June 2017



61.9%



of pupils achieved
5 or more GCSEs
at grades A*-C
(including English &
Maths)

England: 57.8%
2015/16

14%

of Warwickshire
children are in
low-income families

England: 20.1%



2014

10.7%
of Warwickshire households
experience fuel poverty

2014

England: 10.6%

18

local areas in Warwickshire
are in the top 20% most
deprived areas nationally

(Index of Multiple Deprivation 2015)

Vulnerability and the impact on health and wellbeing

Play the animation -

<https://www.youtube.com/watch?v=sfG-gcO9U0U>

2017 DPH Recommendations

1. All commissioners should:
 - a) Adopt the **Social Value Act (2012)** to secure economic, social and/or environmental benefits for vulnerable groups through procurement processes.
 - b) Expand the statutory **Equality Impact Assessment** processes for services to include, where relevant, additional vulnerable groups e.g. the homeless or Child Looked After, along with the defined 'protected groups'.
2. We need to ensure the current approach to community resilience and community hub developments across Warwickshire includes an explicit **assessment of the impact** of hubs, and their reach, on vulnerable groups. E.g. an evaluation should include an assessment of the impact of hubs on access to services and/or outcomes for vulnerable individuals or groups.
3. Commissioners and providers should consider **opportunities to reduce vulnerability** among key groups, for example, schools should be encouraged to work towards achieving the Warwickshire Young Carers School Award and frontline staff working with Gypsies and Travellers should be provided with community engagement training where appropriate.

Feedback:

www.surveymonkey.co.uk/r/dphannualreport2017

Access the report and animation online:

warwickshire.gov.uk/publichealthannualreport

For more information:

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