

Public health Report for Health overview and Scrutiny Committee on the newly released Health profiles

Annually, APHO's (Association of Public Health Observatories) release comparative data which gives the public a flavour of what the Important local issues are for specific areas. These are released at various times during the year. Within the Public Health team, we use them to benchmark our performance, this enables us to note where good practice is occurring and where further action may be required to ensure performance improves. The latest profiles available are

- General Health Profiles, District Level Profile, published in June 2012
- Alcohol Profiles, August 2012
- End of life care, Oxfordshire, July 2012
- Child health Profiles, March 2012

This report gives an overview of the information included in the profiles

General Health Profiles

The general health profiles give an overview of 32 indicators. These indicators change slightly annually and whilst some remain the same, care needs to be taken when comparing year on year data. For example in previous years obesity has been represented by age 5 obesity levels, whilst this year, the obesity levels represented in the profile are for those aged 11.

Comparing District Performance, general health profiles 2012

Indicator	Range	England	Oxon	Ox City	SODC	Vale	WODC	Cher
Deprivation(20% most deprived)	0-83%	19.8	4.8	14.4	0	1.2	0	5.8
Children living in poverty	6.4-50.9%	21.9	13.1	24.1	8.8	10	8.8	13.3
Statutory Homeless	0-10.4 per 1000	2	1	2.3	0.4	0.9	0.3	0.9
Violent Crime	4.5-35.1 per 1000	14.8	13.7	23	9.1	9.2	9.7	14.8
Long Term Unemployment	0.9-18.8 per 1000	5.7	2.3	3.7	2.1	2.3	1.2	1.6
Smoke in Pregnancy	3.1-32.7%	13.7	8	7.9	7.9	8.2	7.9	7.9
Breast feeding Initiation	39-94.7%	74.5	78.7	78.7	79.1	78.5	78.7	78.7
Obese Child (year 6, age 11)	9.8-26.5%	19	15.1	19.5	13.6	13.2	14.4	15.3
Alcohol Specific Hospital Stays	12.5-154.9 per 100,000	61.8	47.3	52.6	44.5	44.6	39.9	53
Teenage pregnancy	11.1-64.9 per 1000	38.1	25.9	33.6	24.3	23.9	21.3	25.1
Adult Smoking	8.9-33.5%	20.7	18.8	20.2	15.1	19.4	18.4	20.4
Increasing, high risk drinking	15.7-25.1%	22.3	24	23.9	24	24.1	24.3	23.7
Health Eating Adults	19.3-47.8%	28.7	30.2	31.5	31.3	30.2	30.4	27.6
Physically Active Adults	5.7-18.2%	11.2	12.8	12.3	14.9	13.6	15.1	12.6
Obese Adults	13.9-30.7%	24.2	20.7	16.4	20	20.9	23.5	24
Incidence of Malignant Melanoma rate and (number of patients)	2.7-26.8 per 100,000	13.6	25 (156pts)	23.9 (27pts)	26.6 (36pts)	26.5 (34pts)	25.2 (27pts)	23.7 (32pts)
Hospital stays self-harm	49.6-509.8 per 100,000	212	186.2	244.1	153.1	212.3	176.1	166.5
Hospital stays alcohol related harm	910-3276 per 100,000	1895	1245	1569	1108	1172	1166	1313
Drug Misuse	1.3-30.2 per 1,000	8.9	8.3	16.6	4.7	5.2	3.7	7.4
People Diagnosed with Diabetes	3.3-8.1%	5.5	4.4	3.7	4.3	4.6	4.8	4.9
New Cases Tuberculosis	0-124.4 per 100,000	15.3	8.9	21.4	3.8	5.1	2.9	7.9
Acute Sexually Transmitted Disease	152-2276 per 100,000	775	764	1256	584	527	557	750

Indicator	Range	England	Oxon	Ox City	SODC	Vale	WODC	Cher
Hip fracture65+	324-655 per 100,000	452	467	445	494	390	500	506
Excess Winter D7eaths	4.4-35 ratio	18.7	17.3	14.3	13.7	24.3	24.9	11.2
Life Expectancy – Males	73.6-85.1 at birth	78.6	9.9	78.9	80.3	81.1	80	78.9
Life Expectancy – Females	79.1-89.8 at birth	82.6	84.1	83.2	84.6	85.2	83.8	83.6
Infant Deaths	1.2-9.3 per 1,000	4.6	4.1 34babies	5.1 10babies	4.4 7babies	3.7 5babies	3.4 4babies	3.8 7babies
Smoking related Death	125-372 per 100,000	211	167	201	153	151	160	179
Early Deaths – heart disease/stroke	35.5-123.3 per 100,000	67.3	49.9	71.2	45.4	40	47.7	50.1
Early Deaths – Cancer	77.9-159.1 per 100,000	110.1	101.6	118.1	95.2	95.1	97.4	106.3
Road injuries and deaths	14.1-128.8 per 100,000	44.3	56.4	45.5	67.9	51.1	57.6	60.8

What does it all mean?

There is lots of green on the chart which means that overall Oxfordshire and its Districts perform well. There are a few areas which remain a cause for concern, these are

Children Living in Poverty (Oxford City) – this is not a surprise as we have already identified areas of Oxford City which have higher deprivation rates through the “breaking the cycle of deprivation” work. We must continue to highlight and focus on these areas as a priority.

Violent Crime (Oxford City) – Urban areas are more likely to have higher rates of crime than rural areas. There could be several reasons why Oxford City has higher levels of crime than other areas,

- Better reporting
- Higher number of students and young people
- Violent crime is categorised by the place of crime and people are more likely to travel into Oxford City

Hospital Stays for Self Harm (Oxford City) – this again relates to an increased number of young people in Oxford City, and the fact that young people are more likely to self-harm than other age groups.

Drug Misuse (Oxford City) – this is based on estimated figures, local data suggests that the number of people in treatment for drug use is not significantly different from other areas, with a similar population.

Acute Sexually Transmitted Diseases (Oxford City) – again, most of these diseases are found within younger populations, coupled with easily accessible services and good education, it is good that young people are being diagnosed and treated. Work around improving our education programme is ongoing.

Incidence of Malignant Melanoma in Oxfordshire are high, this is in part due to the following

- Rural County, more people working outside
- Affluent County, more people going on foreign holidays
- Older County, so more people living longer, risk increases with age

Some comfort can be taken as we also know that whilst incidence is high, death rates are lower than the national average, which would suggest we find cases early and treat them well. However, we should continue to raise awareness of skin cancers

Road injuries and deaths, further analysis of this data (OCC Road Traffic Accident Data Summary 2011) tells us that the numbers of people who are seriously injured or die on our roads continues to fall. This is shown in the table below

Table1.1. Total casualties by year 2000 to 2011. Year	Fatal	Serious	Slight	Total	% change
2000	63	453	2923	3439	-
2001	49	473	2876	3398	-1.2
2002	37	466	2830	3333	-1.9
2003	64	418	2480	2962	-11.1
2004	33	348	2252	2633	-11.1
2005	40	306	2513	2859	8.6
2006	68	304	2563	2935	2.7
2007	34	340	2278	2652	-9.6
2008	42	301	2076	2419	-8.8
2009	30	315	1923	2268	-6.2
2010	41	354	1847	2242	-1.1
2011	26	329	1951	2306	2.9

There was a slight increase (2.9%, 66 extra injuries) in the total number of injuries during this year. There were 19 more child casualties than the previous year, all minor injuries, the most common age group to have accidents is the 40 – 49 year old, although males still have more injuries than females (58%).

When looking at the road deaths, 11 happened in Cherwell (1 pedestrian, 5 car, 4 motorcyclist, 1 goods vehicle), 1 cyclist was killed in Oxford City, 7 died in SODC area (2 motorcyclist, 2 goods vehicles and 3 cars), 3 in Vale (2 pedestrians and 1 motorcyclist) and 3 in West (3 car, 1 goods vehicle). 77% happened on major roads and 25% at night.

Oxford City and Cherwell, continue to have more red indicators than other areas. We should therefore continue to target areas of deprivation, through the breaking the cycle of deprivation work streams as well as working across all Districts.

Alcohol Profiles

There are 25 indicators in this profile, these are displayed in a different format.

In general, although Alcohol is a serious issue nationally, Oxfordshire is not an outlier. Most indicators rank within the best 33% across the country and only a couple of indicators cause concern, these are

- Alcohol related crime in Oxford City
- Incapacity claimants in Oxford City due to alcoholism
- Binge drinking within the City (? relates to numbers of young people/students)
- Mortality from road traffic accidents in West and Cherwell
- All areas have a high number of employees who work in bars.

End of Life Care profiles

This is an Oxfordshire only profile, which continues to show Oxfordshire in a good light. Again we do well with life expectancy, and have significantly higher numbers of people living longer in Oxfordshire In Oxfordshire, more people die in hospitals and care homes than the national average.

Child health profile

This is an Oxfordshire only profile, which again shows Oxfordshire in a good light. There are four indicators where we do less well.

- GCSE attainment
- Participation in 3 hrs school based PE/Sport. (This indicator is 2009/10 data and will not be updated as the target has been dropped)
- Children and Young people using drugs
- Children and Young people smoking

A whole work stream is in place working towards improving GCSE attainment.

Three hours of high quality school based sports/PE is no longer measured, due to changes in the way schools/academies are funded, it is therefore difficult to understand whether we have improved or not, the data published is 2009/10.

Young people in Oxfordshire appear to engage in more risk taking behaviours (smoking, alcohol and drugs). This is measured by self-reported surveys which are not always reliable, especially within this age range. The data is for 2009, the survey is not expected to be repeated again. Local data from provider services suggest that young people's drug/alcohol/smoking use remains static. Work is on-going to ensure youth workers, teachers and parents have the skills to help young people who are thinking of/engaging in risky behaviour.

In conclusion, Oxfordshire remains a healthy place to live in the main although there are some small areas which we should continue to monitor and work to reduce, improving these areas will take long term and consistent action.

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