Paper 4

East Ayrshire Community Health Partnership Forum

Wednesday 16th February, 2011

Subject	**East Ayrshire CHP Health and Wellbeing Profile and Children and Young People Health and Wellbeing Profile 2010**
Purpose	**To provide the Forum with an overview of the 2010 Health and Wellbeing Profiles for East Ayrshire**
Recommendation	**The East Ayrshire CHP Forum is asked to:** • **Consider the information contained in the report and the implications for health improvement planning in East Ayrshire;** • **Otherwise, note the content of the report.**

1 Background

1.1 The 2010 East Ayrshire CHP Health and Wellbeing Profile and Children and Young People Health and Wellbeing Profile were published by the Information Services Division (ISD); NHS Health Scotland; and the Scottish Public Health Observatory (ScotPHO) on 30 November 2010.

1.2 The CHP profile is the third in a series of profiles which were first produced by NHS Health Scotland in 2004 and subsequently by ScotPHO in 2008 for all CHP areas in Scotland.

The profiles are designed to provide a snapshot of locally relevant public health intelligence for the whole population which describes: the complexity of health and its determinants; highlights health and social inequalities; and shows trends in key indicators.

The profiles contain 59 indicators across10 domains listed below:

1. Life Expectancy and Mortality
2. Behaviours
3. Ill Health and Injury
4. Mental Health
5. Social Care and Housing
6. Education
7. Economy
8. Crime
9. Environment
10. Women's and Children's Health

Many of the data contained within the profiles are from 2008 and 2009. A number of the indicators in the previous profiles of 2008 have been amended and eight have been deleted. Direct comparisons across the profiles are not always possible. There are 13 additional indicators:

- Smoking attributable deaths
- Active travel to work
- Sporting participation
- Patients hospitalised with COPD[1]
- Patients hospitalised with asthma
- Prevalence of diabetes
- Children looked after by the local authority
- Single adult dwellings
- Secondary school attendance
- Dependence on out of work benefits or child tax credit
- Prisoner population
- Referrals to the Children's Reporter for violence-related offences
- Breast screening uptake

[1] Chronic Obstructive Pulmonary Disease

1.3 The children and young people profile covers the age range from conception to 24 years. It is the first of its kind and contains 38 indicators across 10 domains as follows:

1. Mortality
2. Behaviours
3. Physical Health
4. Mental Health
5. Social Care
6. Education
7. Access
8. Employment and Prosperity
9. Crime
10. Pregnancy and Infancy

Many of the data in this profile are from the period 2006 to 2009. This was deliberate by the authors to ensure complete coverage across Scotland. More recent data may, however, be available locally in some instances.

1.4 Both profiles and information drilled down to Intermediate Data Zone can be found at http://www.scotpho.org.uk/profiles/

These drill down reports illustrate the significant differences in the health of the population of East Ayrshire that are known to largely reflect life circumstances such as poverty and social deprivation. Data has been presented for intermediate geographies that demonstrate these inequalities with those in the most deprived datazones showing the worst set of indicators compared with the least deprived datazones that show the best set of indicators.

2. Population profile

2.1 East Ayrshire has an estimated total population of 120,210. The percentage of the population aged 0 – 15 years is similar to Scotland whereas the proportion of the working age population (16-64 years) is below the Scotland average. The population of over 75s is also similar to the Scotland average. This has implications for future provision of care services, particularly in relation to the capacity of the working age population to support an ageing population.

2.2 There is evidence of a positive shift in the balance of care. The percentage of older people receiving free personal care at home is significantly higher than the Scottish average in East Ayrshire at 7.4% compared to 5.3% in Scotland

2.3 National insurance registrations for migrant workers are the lowest of any CHP in Scotland and this is consistent with previous demographic patterns showing a low level of minority ethnic groups within the population.

3. Life Expectancy and Mortality

3.1 Life expectancy for males is 73.9yrs compared with a Scotland average of 74.5yrs, female life expectance is 78.1 yrs compared with a Scotland average of 79.5yrs. Both are significantly worse than the Scotland average despite some improvement since 2008. All cause mortality (all ages) is also significantly worse than the Scotland average but mortality rates from coronary heart disease, cancer and cerebrovascular disease (under 75s) are not significantly different to Scotland.

4. Behaviours

Smoking

4.1 In East Ayrshire it is estimated that 25% of adults smoke, which is the same as Scotland but the rate of mothers smoking during pregnancy is significantly worse at 27.2% compared with 22.6% in Scotland. Smoking prevalence at age 15 is also significantly worse at 21.8% compared with a Scotland average of 15.1%. The data source of adults smoking has changed from previous profiles and direct comparison is not possible, but this figure is encouraging as previous surveys have estimated smoking at much higher levels. Smoking attributable deaths, a new indicator, are significantly higher that the Scotland average at 26.4% compared with 24.1% in Scotland and is the eighth highest of all 38 CHPs.

4.2 Public health resources are allocated to smoking cessation and prevention programmes across NHS Ayrshire and Arran and target areas of greatest deprivation. Considerable use is made of locally based resources in community pharmacies, GP practices and outreach services. A specialist midwife smoking cessation service is now in place and early indications show that this service has been effective in reducing smoking levels in pregnancy across East Ayrshire (48% quit rate over 10 months).

Alcohol

4.3 The death rate from alcohol related and attributable conditions in East Ayrshire is not significantly different to Scotland. However, the proportion of the population hospitalised for alcohol related conditions is significantly worse (higher) than the Scottish average at 1,538 per 100,000 compared with a Scotland figure of 1,088 per 100,000 and is the fifth highest of all CHPs. Although the deaths from alcohol related conditions is similar to Scotland, it is 23.4% higher than in 2008, compared with Scotland which is 19% higher. Alcohol use at age 15 is significantly worse than Scotland at 37.1% compared with the Scotland average of 29.6%.

Drugs

4.4 The proportion of the population hospitalised for drug related conditions is significantly worse than the Scotland average at 173.0 per 100,000 compared with 85.1 per 100,000 and is the third highest of all CHPs in Scotland.

The Alcohol and Drugs Partnership in East Ayrshire is currently developing a strategy for tackling the high levels of alcohol and drugs misuse and Community Planning Partners have worked together to address alcohol as a cross cutting theme of the Community Plan.

Activity

4.5 Active travel to work is the second lowest of any council area at 6% compared with a Scotland average of 14%. However, sporting participation is not statistically different from the Scotland average at 70% compared with 73%.

5. Ill Health & Injury & Mental Health

5.1 The incidences of cancer registrations, patients hospitalised with coronary heart disease and cerebrovascular disease (stroke) are not significantly different to the Scotland average. Breast screening uptake is a new indicator and levels of uptake are similar to Scotland at 75.5% compared with 75.3%.

5.2 Patients hospitalised with COPD, as an emergency, over 65s with multiple admissions and over 65 as a result of a fall in the home are all significantly worse than the Scotland average. The proportion of patients hospitalised with asthma is the highest in Scotland at 1,056.5 per 100,000 compared with 429.9 per 100,000. Diabetes prevalence is also significantly worse than the Scotland average as is the road traffic accident casualty rate.

5.3 The percentage of patients prescribed drugs for anxiety, depression or psychosis is significantly higher than the Scotland average at 10.2% compared with a Scotland figure of 9.7%. However, this indicator is limited as a proxy measure for mental illness as anti-depressants are also used for other physical health conditions, and variations could be a result of clinical practice. Other indicators for mental health are similar to the Scotland average - patients with a psychiatric hospitalisation in East Ayrshire are 303.7 per 100,00 compared with 303.0 in Scotland and deaths from suicide are 13.0 per 100,000 compared with a Scotland figure of 15.1 per 100,000.

Towards a Mentally Flourishing Ayrshire and Arran was launched in 2010 with a view to supporting the mainstreaming of mental health and wellbeing throughout partnerships and plans and bringing a focus to the promotion of positive mental health and wellbeing throughout the life stages and in community settings.

5.4 The prevalence of diabetes is a new indicator within the profiles and it is significantly higher in East Ayrshire than the Scotland average at 4.3 per 100 population compared with a Scotland figure of 3.5 per 100. High levels of diabetes often correlate to high levels of obesity and this has been identified as a key public health priority and is being addressed through a range of actions within the Community Plan.

5.5 Patients hospitalised with asthma is also a new indicator with rates being significantly higher than the Scotland average at 1,056.5 per 100,000 compared with a Scotland figure of 472.9. It is the highest of all CHPs in Scotland but does not necessarily equate to a higher prevalence as hospitalisations may relate to clinical and referral practice and to hospital management policies . However, asthma is closely linked to other indicators such as smoking and breastfeeding. Tackling these issues is likely to have an impact on asthma levels and on hospitalisations.

6 Children and Young People's Health

6.1 Although the indicators contained within the profile are useful in allowing comparisons across Scotland, there are data gaps and limitations as a result of a lack of availability of robust, comparable local data, particularly in respect of diet, physical activity, mental health, sexual health and early development. A further limitation of the data is that some of the indicators, although comparable, are based on small samples and should be interpreted with caution.

6.2 The most positive indicator for child health is that immunisation uptake at 24 months (including and excluding MMR) is significantly better (higher) in East Ayrshire than the Scotland average.

6.3 The percentage of P1 children with no obvious dental decay is significantly worse than the Scotland average at 58.8% compared with 61.8% but more recent data shows that this has now risen closer to the Scotland average. However, extraction of multiple teeth, aged 0 – 15 years is significantly worse by a considerable margin at 1,531.4 per 100,000 compared with a Scotland average of 898.8 per 100,000.

6.4 There are also higher levels of emergency hospital admissions, road traffic accidents and asthma but unintentional injuries in the home, child obesity, deaths from suicide, strengths and difficulties score and teenage pregnancies under 18 years are not significantly different from the Scotland average.

6.5 Babies exclusively breastfed at 6 – 8 weeks is significantly worse than the Scotland average at 19.2% compared to a Scotland average of 26.4%. There has been considerable effort in this area with a Breastfeeding Critical Review having been undertaken within the NHS and Action Plans developed for both NHS and Local Authority.

7 Social Care & Housing

7.1 The percentage of adults claiming incapacity benefit or severe disability allowance is significantly worse (higher) than the Scotland average. However, older people (aged 65 years and over) receiving free personal care at home is significantly better than in Scotland at 7.4% compared with a Scotland average of 5.3%. This is extremely encouraging and is consistent with the vision and aspirations of the 'Change Fund' which will support a shift in the balance of care. The percentage of households in fuel poverty is also significantly better (lower) at 3.8% compared with a Scotland average of 7.5%. There has been considerable effort through Community Planning to address fuel poverty and it is encouraging to note that this has been achieved despite the significantly higher levels of income deprivation (18.2%) compared to Scotland (15.1%).

8 Education & Economy

8.1 All economy related indicators are significantly worse than Scotland and the percentage of the population claiming Jobseeker's Allowance is the joint third highest at 6.1% compared with 4.4% in Scotland. However, the most recent data shows that this has improved and there are a range of partnership measures in place to support employability including a single point of contact.

8.2 School attendance figures are encouraging and not significantly different from the Scotland average. However, working age adults with low or no educational qualifications appears high at 19.1% compared with 14.8% in Scotland.

9 Crime and Environment

9.1 The crime rate is not significantly different to Scotland although the rate of referrals to the Children's Reporter for violence related offences is higher than average and the proportion of the population hospitalised after an assault is worse (higher) than average at 135.4 per 100,000 compared to a Scotland average of 95.2 per 100,000.

9.2 Adults rating their neighbourhood as a good place to live is significantly worse than Scotland at 46% compared with a Scotland average of 52%. However, local surveys have shown this to be higher.

10 Summary

10.1 The Health and Wellbeing Profile presents a complex picture with clear improvements in several areas where health and social care policies are meeting the needs of older people, such as care at home, and are effective for some aspects of child public health, such as immunisation uptake. Life expectancy is increasing but at a slower rate than the Scottish average.

10.2 Alcohol and drug misuse are known to be higher in times of depression and have to be seen in the context of multiple deprivation. The effects of the current economic downturn is likely to have a disproportionate effect on the most deprived communities.

10.3 The key public health priorities in Ayrshire & Arran have been identified as alcohol, tobacco, obesity and mental health. These profiles demonstrate the relevance of these priorities to East Ayrshire. There is a range of initiatives and interventions to address these topic areas through the Public Health Business Plan and locally through Community Planning.

11 Recommendations

11.1 The East Ayrshire CHP Forum is asked to:

- Consider the information contained in the report and the implications for health improvement planning in East Ayrshire and;
- Otherwise note the content of the report.

12 Consultation

12.1 Significant consultation was undertaken with CHPs and Community Planning Partners across Scotland to inform both the domains and indicators selected for both profiles and the geographical level at which data has been presented.

13 Resource implications

13.1 None identified

14 Risks

14.1 None identified.

15 Impact assessment

15.1 Not required.

16 Conclusion

16.1 The East Ayrshire health and wellbeing profiles highlight both areas where the health status of the population is improving and areas that show cause for concern where concerted partnership effort is required in order to secure improvement.

This will require action to improve access to health and social care services, support for communities to take action on the issues affecting their own health and wellbeing, effort to improve lifestyle behaviours and a partnership commitment to tackling the wider socioeconomic factors affecting population health and wellbeing.

Dr Carol Davidson, Director of Public Health
(Cathy Roarty, Lead Public Practitioner)