

For General Release

REPORT TO:	HEALTH & WELLBEING BOARD (CROYDON) 23 October 2013
AGENDA ITEM NO:	7
SUBJECT:	JSNA key dataset 2013
BOARD SPONSORS:	Dr Mike Robinson Director of Public Health Hannah Miller, Director of Adult Services, Health and Housing Paul Greenhalgh, Director of Children, Families and Learning Paula Swann, Chief Officer, Clinical Commissioning Group
CORPORATE PRIORITY/POLICY CONTEXT: Joint Strategic Needs Assessment is a statutory requirement of local authorities and CCGs. The findings of the Key Dataset (one part of the 2013/14 Croydon JSNA) will be of interest to a range of stakeholders and should inform strategic decision making, priority setting and commissioning.	
FINANCIAL IMPACT No immediate financial implications.	

1. RECOMMENDATIONS

- 1.1 That the board provide approval for the 2013/14 JSNA Key Dataset (Appendix 2) allowing this to be disseminated to stakeholders in a timely fashion.
- 1.2 That the board note those indicators highlighted by this report as improving and those that are deteriorating relative to the rest of England, along with others ways of utilising the breadth of information in this dataset.
- 1.3 That the board utilise the findings from the overall dataset in their ongoing work to oversee health and well-being in Croydon.

2. EXECUTIVE SUMMARY

This year's summary of the JSNA Key Dataset highlights those areas where Croydon's performance relative to the rest of the country has a) shown consistent improvement and b) shown consistent deterioration over the time periods studied (previous one and three years of available data.) This differs from the approach taken last year and serves to illustrate the different ways in which this data can be utilised.

The key areas of improvement Croydon include adult reoffending, infant mortality, school attainment, qualification levels amongst the population and several cancers. In each of these areas, Croydon's performance relative to the rest of England has improved over both the past one and three year time periods.

Of concern for Croydon are those areas where both the one and three year trends show its comparative performance to be slipping. These include childhood immunisations, alcohol, dental health and heart health.

3. DETAIL

3.1 Background

The JSNA Key Dataset contains information regarding Croydon's relative position in relation to more than 200 indicators relating to health and wellbeing. It should be used both to investigate Croydon's comparative performance in specific areas (such as crime, social care, health services) and to inform strategic prioritisation and commissioning decisions across the breadth of health and wellbeing.

The 2013/14 Key Dataset represents a refresh of the 2012/13 data along with 29 new indicators which have been added following consultation with stakeholders. It is important to note that this is very much an interim year for the JSNA Key Dataset. The JSNA Governance Group has agreed, from this year, to bring forward by several months the production of this and future year's datasets in order to better tie in with commissioning cycles. This means that, for around a third of the indicators, *the data will remain unchanged from last year*, since less than a full calendar year has elapsed for these to be refreshed. This situation will only occur this year, and is an unavoidable consequence of improving our schedules.

There are many potential approaches to summarising the wealth of information contained in this Dataset. Last year, the Health and Wellbeing Board were presented with a snapshot summary of those areas where a) Croydon compared well nationally (the main 'good news' stories) b) Croydon did not compare well and faced challenges and c) some emerging challenges facing Croydon. The results of the first two of these approaches, using updated data (where available) for 2013/14 is shown in Appendix 1. Although this incorporated trend data, this was very much a snapshot approach.

This year, the decision has been taken to focus more fully on trends and draw out for further attention all of those areas where Croydon is consistently improving its ranking nationally, as well as all of those areas where performance is consistently deteriorating, regardless of whether our current performance is favourable or not. This approach serves to illustrate and reinforce the fact that many different approaches can be taken to interpreting the information in this dataset.

It is important to grasp that the trend data compares *relative* performance: there may be areas where Croydon is improving on its own performance in previous years, and which might be considered 'good news' stories locally because of this, however, if others in the country are improving at a faster rate than Croydon is improving locally, our ranking will have fallen and will show a deterioration in performance. Similarly, there may be areas where Croydon's performance is thought to be declining compared to previous years, but when compared to other areas, it is possible that our performance will be seen as improving, as others have deteriorated faster.

As in previous years, there are a number of caveats to the data. Whilst the dataset was produced in 2013, the data used in the analysis is inevitably older than this. Timescales for all indicators are shown in the dataset. For each, the latest possible time period for which data was routinely and publically available at the time of analysis has been used.

Some indicators are new and it has therefore not been possible to calculate trends over the time periods shown.

The full dataset is included in Appendix 2, which also contains more details about each indicator.

The following will summarise:

a) those areas where Croydon's relative performance shows improvement over both the one and three year trends included, and b) those areas where Croydon's relative performance shows a deterioration over both one and three years, focusing the commentary on the latter.

3.2 Key areas where Croydon has improved

Table 1 summarises those indicators where, regardless of the current position in relation to the rest of England, Croydon's relative performance has improved over both time periods included in the analysis.

Table 1: Areas where Croydon's ranking compared to England has been improving over both one and three year time periods

NUMBER	INDICATOR	NEW DATA
Crime		
13	Adult reoffending rate within 12 months	Yes
14	Average number of re-offences	Yes
Environment		
21	Household waste recycling	Yes
Infant Mortality		
41	Infant mortality rate	Yes
42	Neonatal mortality rate	Yes
44	Low birth weight	Yes
School attainment		
62	Attainment at key stage 4	Yes
Working age		
65	Rate of children who are looked after by local authority	Yes
67	Looked after children living in same placement for at least 2 years	Yes
76	Under 18 conception rate	Yes
81	GP prescribed long acting reversible contraception rate	No
Working age		
91, 93, 94	People aged 16-64 with no qualifications, 2 A Levels and degree level	Yes
100	Self employment rate	Yes
102, 103	Proportion of 16-64 year olds who are claiming JSA	Yes
110	Adults with mental illness in paid employment	Yes
121	Flu vaccination coverage in over 65s	No
Later life		
124	Admissions for hip fracture aged over 65	Yes
Healthy life		
130	Male inequality in life expectancy	No
143	Incidence of all cancers, deaths from stomach cancer,	Yes
150	incidence of and deaths from colorectal cancer, deaths	No
151	from cervical cancer, incidence of bladder cancer.	Yes

191	Spend on respiratory problems	Yes
197	Deaths from COPD	Yes

3.3 Challenges facing Croydon's current relative performance

The indicators included in Table 2 are those where Croydon's performance has deteriorated relative to others in England over both the one and three year time periods included in this analysis.

Table 2: Areas where Croydon's ranking compared to England has been deteriorating over both one and three years

NUMBER	INDICATOR	NEW DATA
Crime		
11	First time entrants to youth justice system	Yes
Early life		
39, 40	School children known to be eligible for free school meals	Yes
47, 48, 49, 50, 51	Childhood immunisations: Hib/Men C booster at 2 years, PCV booster at 2 years, MMR at 2 and 5 years, DTaP/IPV at 5 years,	No
Dental health		
53, 237	Children and adults accessing NHS dentistry	Yes
School attainment		
60	Attainment at key stage 2 (English and Maths)	No
Sexual health		
78	Access to NHS funded abortions	Yes
88	Genital warts diagnosis at GUM clinics	Yes
Working age		
109	Employment support allowance and incapacity benefit claimants	Yes
116	Flu vaccination coverage of at risk individuals aged 6 months to 64 years	No
Healthy life		
128	Male life expectancy at birth	Yes
132	Male life expectancy at 75	No
133	Female life expectancy at 75	No
136	Potential years of life lost from causes considered amenable to healthcare - men	Yes
138	Excess winter deaths	No
139	Spend per head on cancers and tumours	Yes
175	Spend per head on endocrine, nutritional and metabolic problems	Yes
182	Early deaths from cardiovascular diseases	Yes
185	Deaths from coronary heart disease	Yes
188	Emergency readmissions for stroke	Yes
199	Emergency readmissions for children with asthma	No
203	Spend per head on mental health	Yes
Alcohol		
213	Alcohol related recorded crimes	No
214	Hospital stays for alcohol attributable conditions	Yes
215	Deaths attributable to alcohol (men)	No
216	Deaths attributable to alcohol (women)	No
217	Successful completion of alcohol treatment	No

Health services		
233	All cause elective hospital admissions	Yes
234	All cause emergency hospital admissions	Yes

3.4 Key messages

Some of the key themes that are observable from this data include:

- Immunisations

Almost all of the indicators for childhood immunisations show a deterioration over one and five years. This is of particular concern since each of the childhood immunisation indicators are also flagged as statistically significantly worse than England as a whole.¹

Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
46 DTaP / IPV / Hib vaccination coverage (1 year old)	91.3%	91.3%	94.7%		—	◀
47 Hib / MenC booster vaccination coverage (2 years old)	85.1%	86.8%	92.3%		◀	◀
48 PCV booster vaccination coverage (2 years old)	82.4%	85.3%	91.5%		◀	◀
49 MMR vaccination coverage for one dose (2 years old)	83.5%	86.1%	91.2%		◀	◀
50 DTaP / IPV booster vaccination coverage (5 years old)	75.0%	78.8%	87.4%		◀	◀
51 MMR vaccination coverage for two doses (5 years old)	73.1%	80.2%	86.0%		◀	◀
52 HPV vaccination coverage (girls aged 12-13 years old)	79.3%	78.9%	86.8%		—	no data

¹ Most of these indicators are unchanged from last year's dataset as a full year has not elapsed since the production of last year's report.

In addition, 'flu vaccination for coverage of at risk individuals between 6 months and 64 years (indicator 116) has also been consistently declining and Croydon is statistically significantly worse than England as a whole. This is in contrast to flu vaccination amongst over 65s (indicator 121) where relative performance is consistently improving, although Croydon is still currently performing badly in relation to England as a whole.

Public Health Croydon no longer commissions immunisations, which are now the responsibility of Public Health England, but has an assurance role.

- Alcohol

The key dataset contains five indicators for alcohol, of which, four (213 - 216) have data available for the previous one and three years and one (217) is a new indicator this year. For each of the four indicators where trend data is available, Croydon's ranking has been consistently deteriorating relative to England as a whole.

Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
213 Alcohol related recorded crimes (rate per 100,000 population)	10.8	11.1	7.0		◀	◀
214 Hospital stays for alcohol attributable conditions (rate per 100,000 population)	1992	1985	1974		◀	◀
215 Deaths attributable to alcohol (men) (rate per 100,000 population)	35.2	34.2	35.5		◀	◀
216 Deaths attributable to alcohol (women) (rate per 100,000 population)	13.6	13.0	14.7		◀	◀
217 Successful completion of alcohol treatment (planned exits as a % of those exiting treatment)	55.0%	58.0%	57.7%		no data	no data

Unlike with the immunisations indicators, most of these (with the exception of alcohol related crime, indicator 213) are not currently significantly different from the England average, however it is concerning that for so many of the alcohol indicators, Croydon's performance is consistently deteriorating.

Alcohol has been selected as one of the key topic areas for the 2013/14 JSNA and Public Health Croydon is developing several initiatives to address alcohol harm in Croydon, such as an alcohol Identification and Brief Advice (IBA) programme and the commissioning of a Safe Sensible London Partnership to design and deliver a licensing screening too. PHC is also working alongside colleagues in regulatory services on the development of a Cumulative Impact Policy for Croydon that will utilise licensing approaches as a way of controlling and limiting alcohol access in areas identified as hotspots for alcohol related harm.

- Dental health

Another area where Croydon's performance both compares badly to England and has been getting consistently worse is that of dental health. For both children and adults, the percentage accessing dentistry in the previous two years is seen to be lower than average and the relative performance has been worsening. People's experience of access to NHS dental services has also been seen to deteriorate over the time period for which data is available. Dental Services are now commissioned by NHS England.

Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
53 Children accessing NHS dentistry (% visiting a dentist in last 2 years)	60.5%	62.9%	69.1%		◀	◀
237 Adults accessing NHS dentistry (% visiting a dentist in last 2 years)	48.1%	47.1%	52.5%		◀	◀
238 Experience of access to NHS dental services (% able to get an appointment)	92.2%	89.6%	93.0%		◀	no data

- Hospital admissions

Several of the indicators around hospital admissions have also been deteriorating, although from several different starting points. The rate of all cause elective hospital admissions (indicator 233), which currently compares very well with the rest of England, has been deteriorating consistently, as has the rate of all cause emergency hospital admissions, where there is currently no statistically significant difference with the rest of the country. Emergency readmissions within 30 days, where Croydon does not currently compare well with the rest of England, had been deteriorating over three years but has shown improvement over the more recent one year's trend.

Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
233 All cause elective hospital admissions (rate per 1,000 population)	123.2	117.9	124.6		◀	◀
234 All cause emergency hospital admissions (rate per 1,000 population)	86.8	80.9	87.4		◀	◀
235 Emergency readmissions within 30 days of discharge from hospital (%)	12.2%	12.0%	11.8%		▶	◀




- Men's health

Several indicators around men's health show that this is also an area of concern. Life expectancy at birth (indicator 128) and at age 75 (indicator 132) have both been deteriorating relative to nationally, although the latter has compared well and the former has not been statistically significantly different from England. Potential years of life lost from causes amenable to healthcare for men (indicator 136), which includes premature deaths aged under 75 which should not occur in the presence of timely and effective healthcare, has also been highlighted here as having deteriorated over one and three years, and is also statistically significantly worse than England as a whole.

Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
128 Life expectancy at birth (men) in years	79.2	79.3	78.9		◀	◀
132 Life expectancy at age 75 (men) in years	12.3	12.0	11.3		◀	◀
136 Potential years of life lost from causes considered amenable to healthcare (men) (per 100,000)	2614	2322	2325		◀	◀

- Heart health

Finally, several indicators on the theme of heart health - early deaths from cardiovascular and coronary heart disease and emergency readmissions within 28 days discharge from stroke - have shown a steady deterioration compared to others over both the one and three year time periods shown, although neither are currently statistically significantly different from the rest of the country.

Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
182 Early deaths from cardiovascular diseases (rate per 100,000 population aged under 75)	64.6	64.7	60.9		◀	◀
185 Deaths from coronary heart disease (rate per 100,000 population)	73.6	69.5	73.3		◀	◀
188 Emergency readmissions within 28 days of discharge for stroke (%)	13.7%	14.4%	12.0%		◀	◀

3.5 Conclusions

The above illustrates the wealth of information contained in the annual dataset and the different ways in which the data can be used. By adopting a slightly different approach to last year it is hoped to reinforce understanding of the versatility of the dataset and encourage stakeholders to use it in a variety of ways to inform practice.

Given that the dataset contains over 200 indicators, it is only possible to present a brief flavour of some of the key messages. This analysis of trend data suggests that, alongside the many 'good news' stories revealed for Croydon, there are several areas where Croydon's performance is consistently deteriorating relative to the rest of England. Not all of these will have been flagged as concerns or issues for Croydon given that not all of these have reached an overall position of being statistically significantly worse than England. Nonetheless, highlighting those indicators showing consistent relative deterioration is an important part of any strategic consideration of current and future performance.

This approach would suggest that key areas of concern for Croydon include childhood immunisations, alcohol, hospital admissions, dental health, men's health, and heart health.

4. CONSULTATION

The indicators included in the dataset have been updated in recent years following discussion with service heads, who have also been invited to add their comments to the findings of the Dataset. The 2013/14 Key Dataset has been discussed at the multi-agency JSNA Steering Group which includes staff from the local authority, Croydon Health Services, Clinical Commissioning Group, HealthWatch and CVA and with relevant staff from various agencies nominated by the JSNA Steering Group.

5. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

There are no financial issues arising from this report. Public health responsibilities transferred to Croydon Borough Council on 1st April 2013. A ring fenced budget transferred from the NHS on this date. However, once completed, key topic chapters are likely to contain recommendations relating to both investment and disinvestment.

6. LEGAL CONSIDERATIONS

There are no legal issues arising for the purposes of this report.

7. HUMAN RESOURCES IMPACT

There are no specific human resource implications for the purposes of this report.

8. EQUALITIES IMPACT

Equalities issues are built into the JSNA prioritization process. Each topic submission is scored against eight criteria, one of which is the number of equalities groups that are impacted upon by the topic under consideration.

9. ENVIRONMENTAL IMPACT

There are no specific environmental issues arising from this report.

10. CRIME AND DISORDER REDUCTION IMPACT

There are no crime and disorder implications arising from this report.

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BACKGROUND DOCUMENTS: None