

Three Public Health Outcome Framework (PHOF) indicators

Presentation for Cambridge Local Health Partnership

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Background

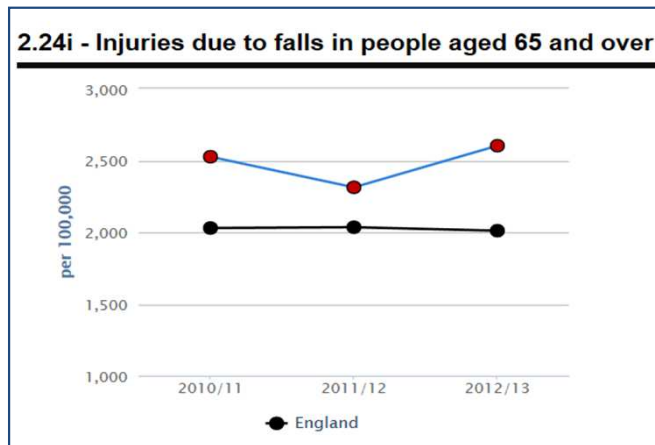
Annual Public Health Report is focussed on new national Public Health Outcomes Framework (PHOF)

Three indicators where Cambridge City has statistically significantly high rates compared with England as a whole

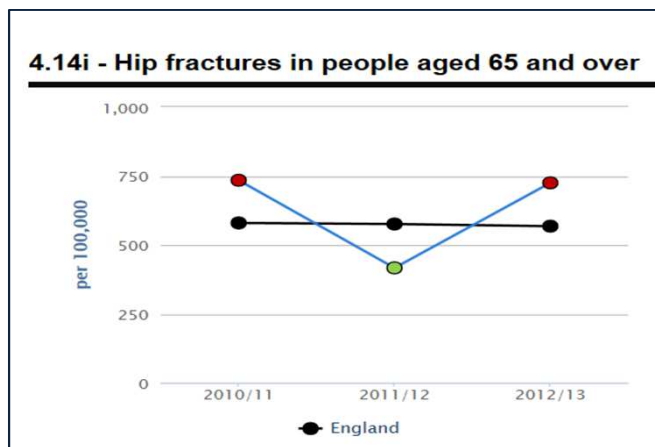
- Fuel poverty
- Injuries due to falls in people aged 65 and over
- Hip fractures in people aged 65 and over

Further detail was requested at the last meeting of Cambridge Local Health Partnership

Injuries due to falls and hip fractures in people aged 65 and over

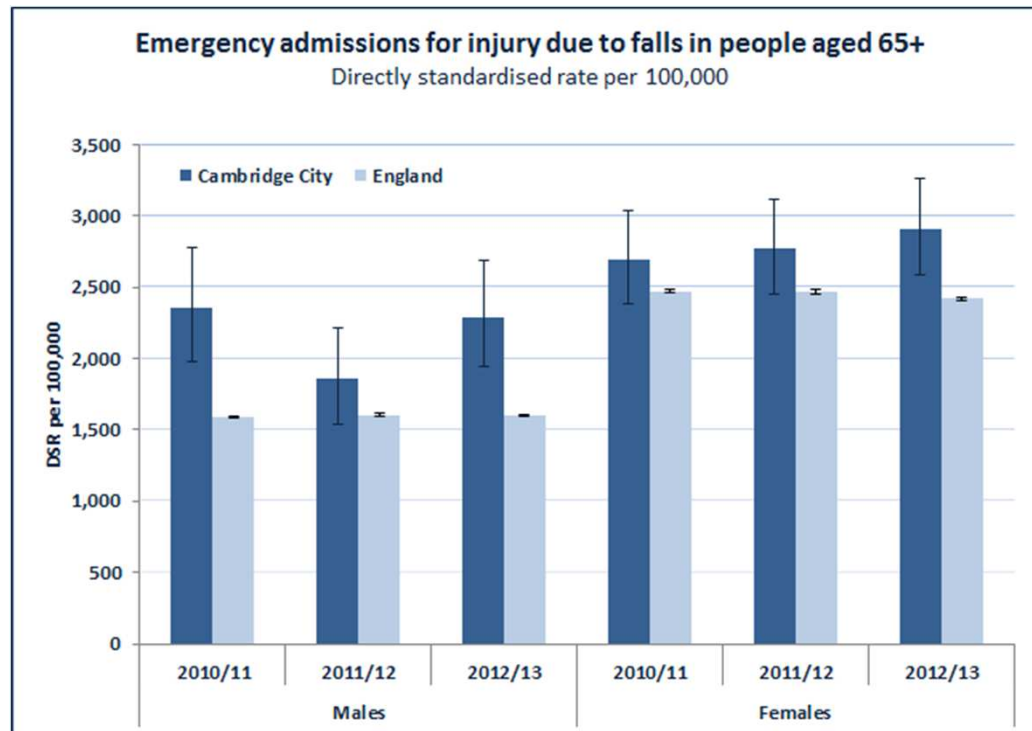


- Injuries due to falls: rates consistently higher than England average



- In 2012/13 rate of hip fractures in Cambridge City was significantly higher than the England average though this has varied over time

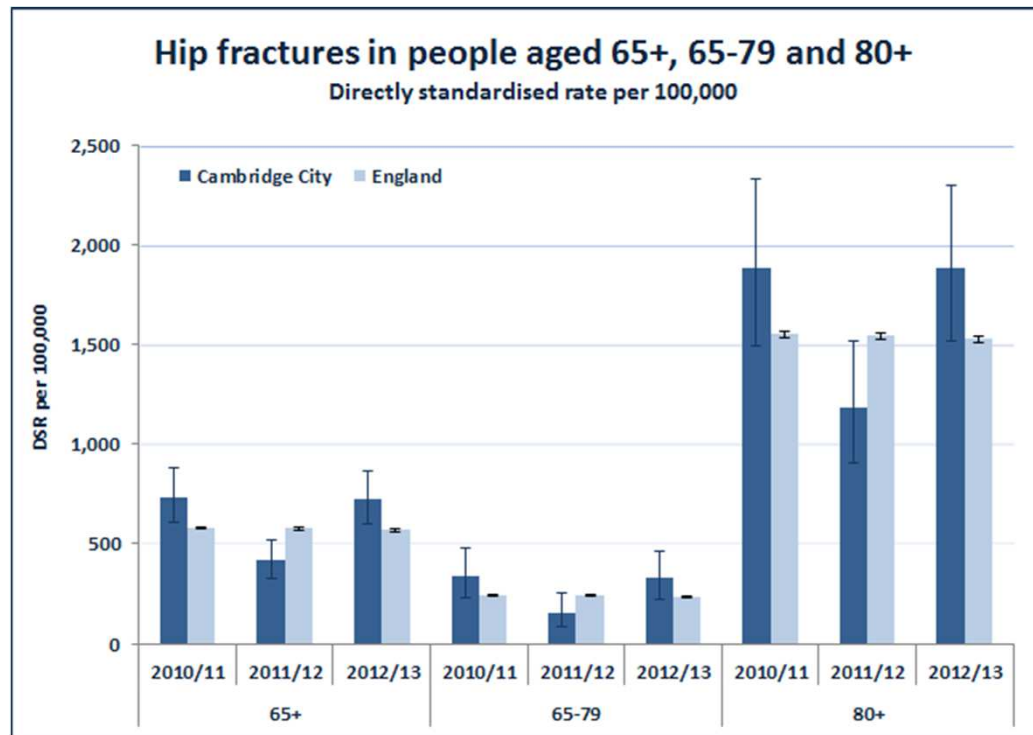
Injuries due to fall in people aged 65 and over



Source: Public Health England (PHE). Primary diagnosis code for Injury (ICD 10 S00-T19) with falls code (W00-W19) anywhere in diagnostic string.

- Where the primary diagnosis (main reason for hospital admission) is an Injury code and a falls code has been included in diagnoses 1-12
- Around 480 admissions per year (Cambridge City)
- 74% in over 80s
- 68% in women

Fracture of the hip in people aged 65 and over



Source: Public Health England (PHE) Primary diagnosis ICD 10 S72.0, S72.1, S72.2.

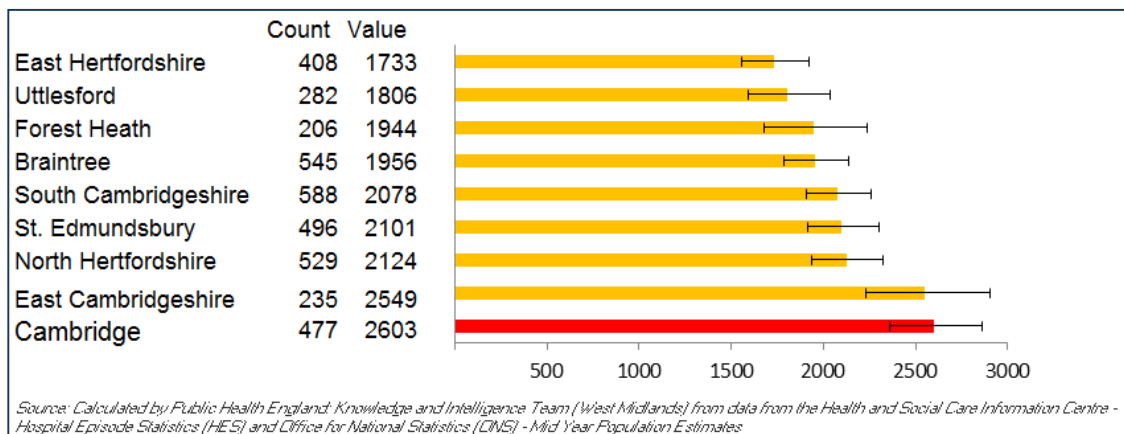
- Around 130 hospital admissions per year in Cambridge City
- 75% in over 80s
- 68% in women
- Estimate of c30% from care homes
- More than 93% are coded as having experienced a fall

Limitations of data

- **Falls:** coding known to be variable between hospital trusts, although this is thought to have improved. Some artefact of coding is likely nationally.
- **Fractured neck of femur:** relatively small numbers at local level for lower levels of breakdown eg by month or by place
 - Less issues with coding than with falls – fractures coded but similarly there is little further detail in data (eg place, 'cause')
 - Proxy for serious falls
- Interest in identifying all fragility fractures (feasability study) but hard to capture eg A&E, primary care
- National indicators are based on the resident population. Transfers from other hospitals may be included in nationally produced rates.

Falls coding?

- 98% of emergency admissions for injuries due to falls in Cambridge City are to CUHFT (Addenbrooke's)
- Figure shows CUHFT catchment area
- Graph shows rates for neighbouring LAs (although only part authorities)



ONS Cluster Group

2.24i - Injuries due to falls in people aged 65 and over (males/females) (Female)

2012/13

Directly standardised rate - per 100,000

Area ▲▼	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	135,106	2,420		2,407	2,433
Thriving London Periphery	3,867	2,517		2,436	2,599
Bromley	730	2,006		1,861	2,160
Cambridge	325	2,912		2,590	3,262
Hillingdon	644	2,855		2,637	3,087
Kingston upon Thames	289	1,989		1,758	2,240
Oxford	354	3,034		2,717	3,378
Reading	229	1,932		1,685	2,205
Richmond upon Thames	462	2,582		2,344	2,837
Sutton	591	3,059		2,813	3,319
Watford	243	3,138		2,748	3,566

Source: Calculated by the Public Health England West Midlands Knowledge and Intelligence Team from data from the Information Centre for Health and Social Care - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates

4.14i - Hip fractures in people aged 65 and over

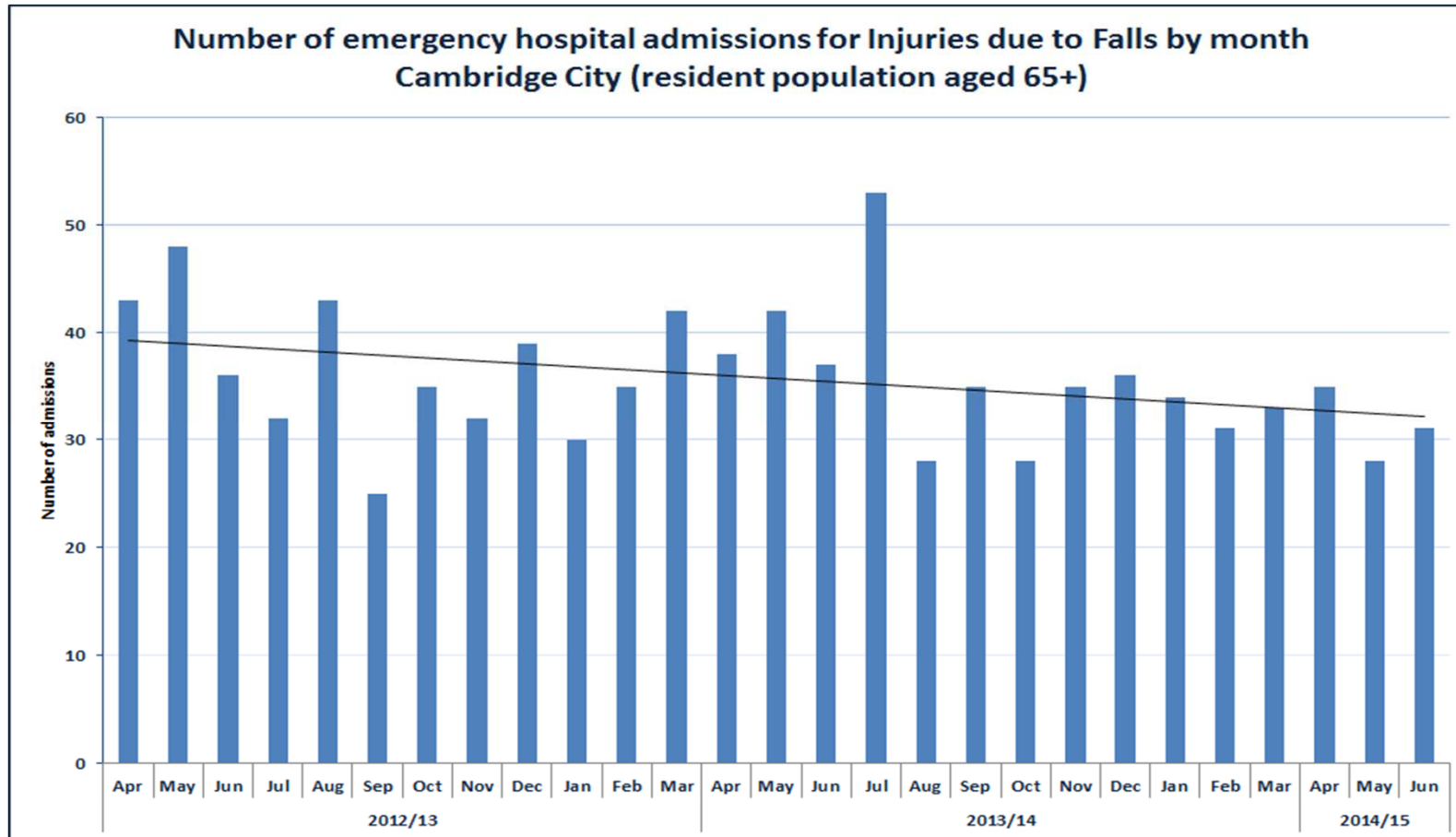
2012/13

Directly standardised rate - per 100,000

Area ▲▼	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	55,280	568.1		563.2	573.1
Thriving London Periphery	1,453	550.4		521.1	580.9
Bromley	312	496.8		440.6	557.9
Cambridge	136	725.2		601.3	865.9
Hillingdon	218	555.1		481.5	636.5
Kingston upon Thames	137	532.4		441.9	635.1
Oxford	115	574.4		469.1	695.3
Reading	120	589.7		484.5	710.3
Richmond upon Thames	158	518.5		436.4	610.9
Sutton	179	536.9		456.3	627.0
Watford	78	605.0		470.1	764.7

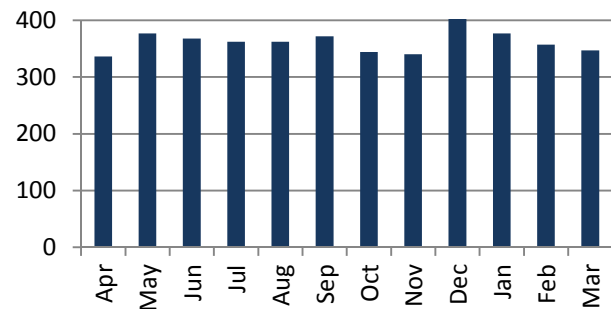
Source: Calculated by Public Health England: Knowledge and Intelligence Team (West Midlands) from data from the Health and Social Care Information Centre - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates

Seasonality?

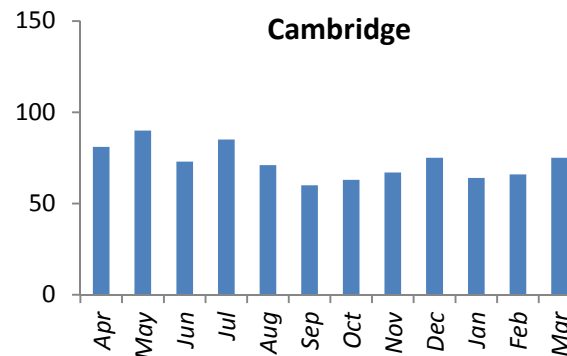


Source: Inpatient Commissioning Data Set (CDS). Primary diagnosis code for Injury (ICD 10 S00-T19) with falls code (W00-W18) anywhere in diagnostic string. Note that there is little evidence of seasonal variation in these data although the trend over time appears to be downward.

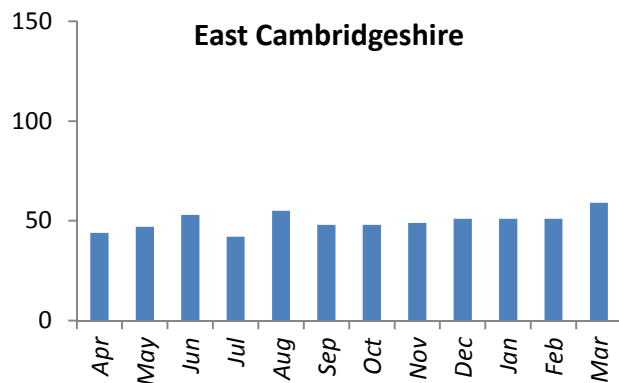
Cambridgeshire



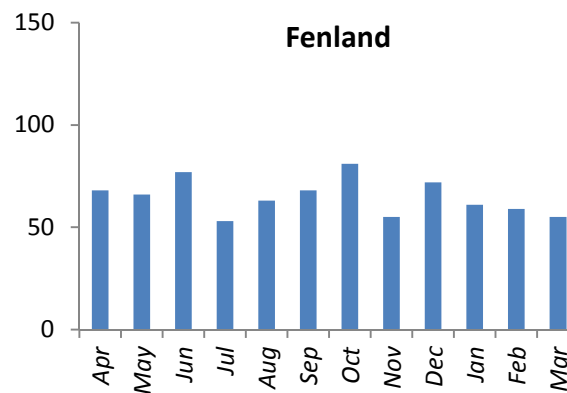
Cambridge



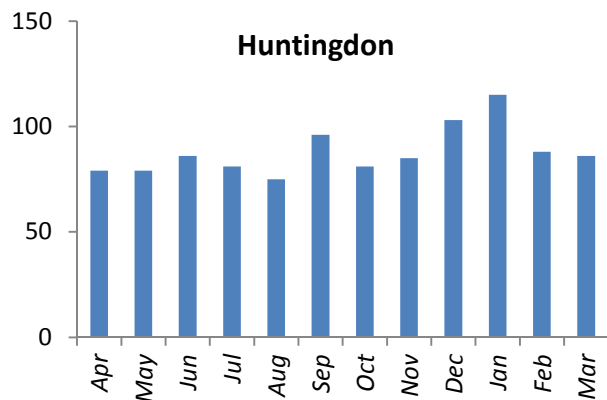
East Cambridgeshire



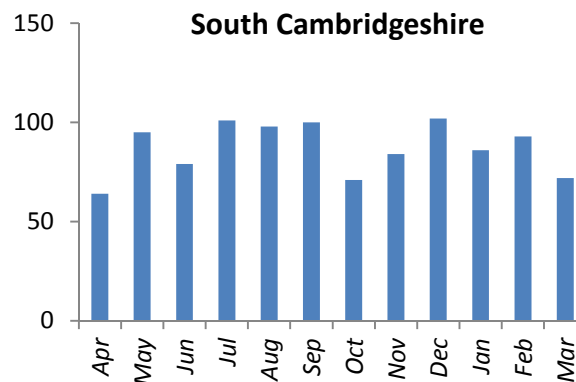
Fenland



Huntingdon



South Cambridgeshire

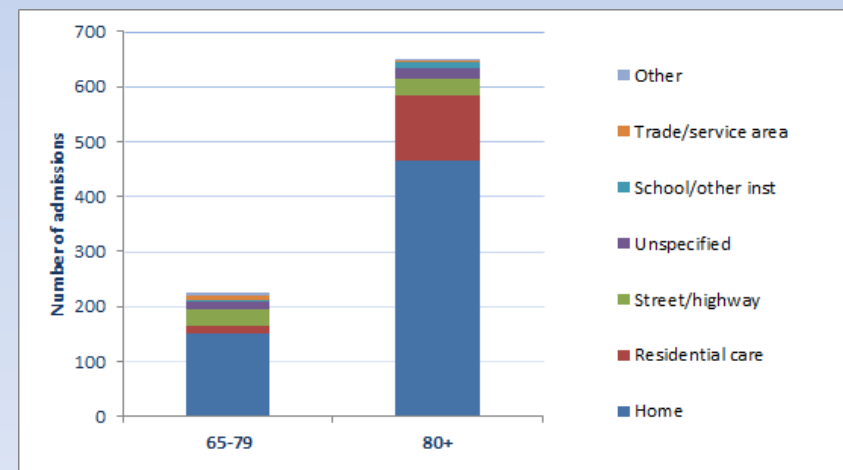
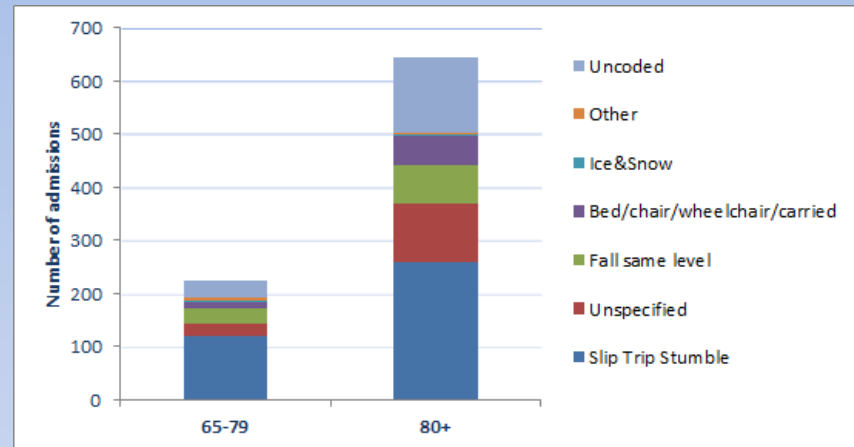


**65+ Emergency admissions for
injury due to falls
Number of admissions 2012/13
and 2013/14 pooled**

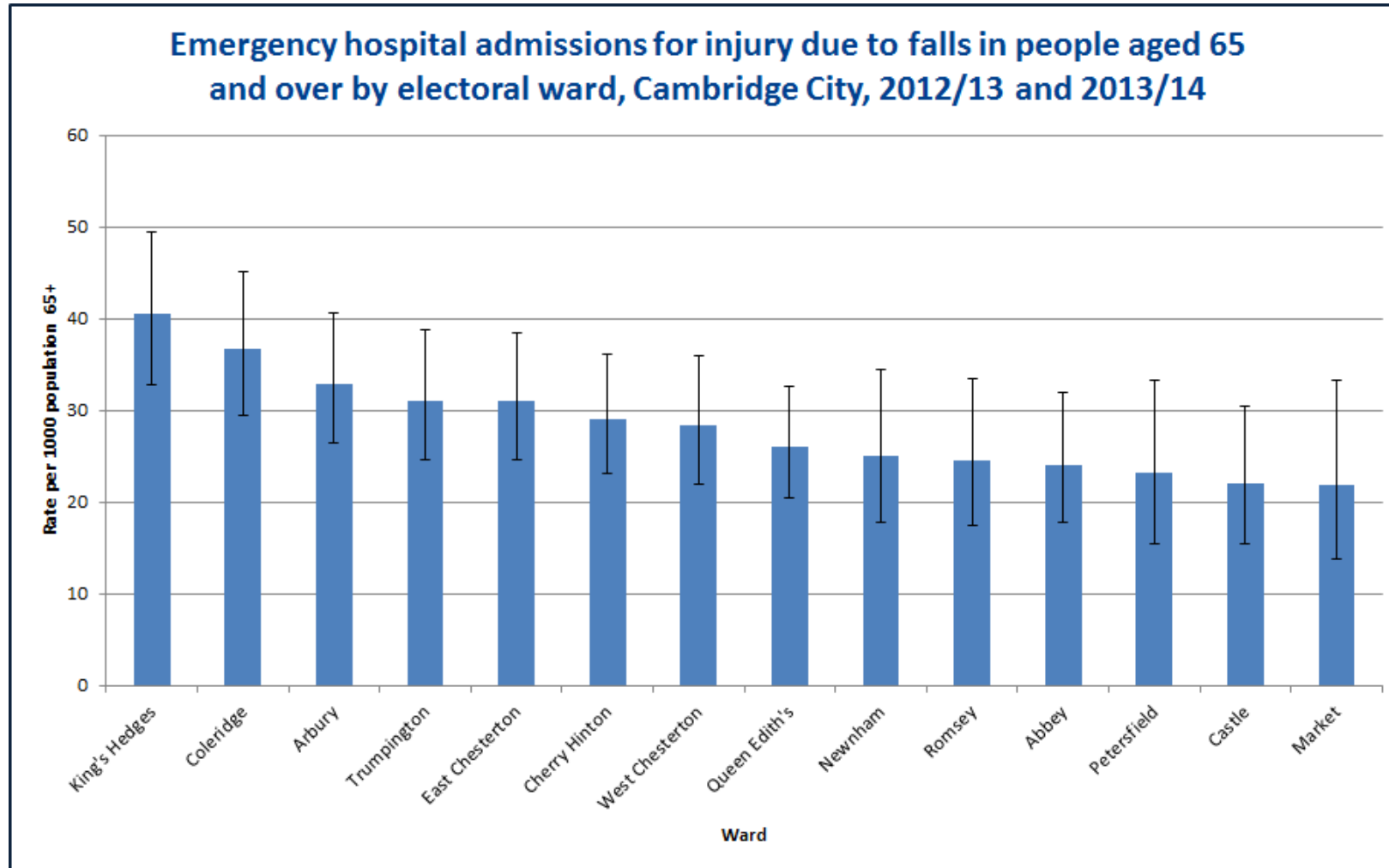
Type of fall and place of fall (ICD 10)

Codes for falls

W00	Fall on same level involving ice and snow
W01	Fall on same level from slipping tripping and stumbling
W02	Fall involving ice-skates skis roller-skates or skateboards
W03	Other fall same level due collision/pushing by another person
W04	Fall while being carried or supported by other persons
W05	Fall involving wheelchair
W06	Fall involving bed
W07	Fall involving chair
W08	Fall involving other furniture
W09	Fall involving playground equipment
W10	Fall on and from stairs and steps
W11	Fall on and from ladder
W12	Fall on and from scaffolding
W13	Fall from out of or through building or structure
W14	Fall from tree
W15	Fall from cliff
W16	Diving/jumping into water causing injury other than drowning or submersion
W17	Other fall from one level to another
W18	Other fall on same level
W19	Unspecified fall

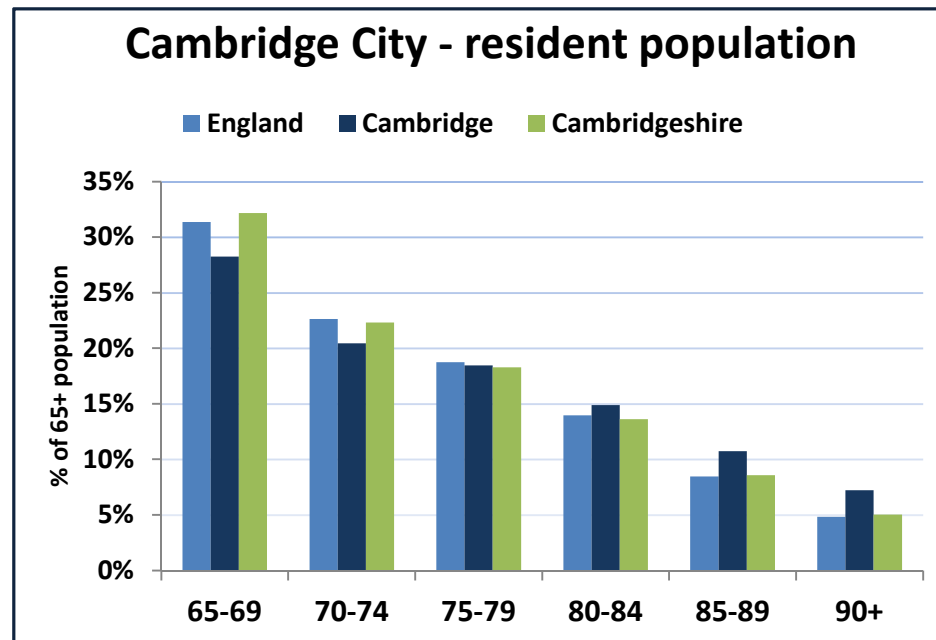


Electoral ward

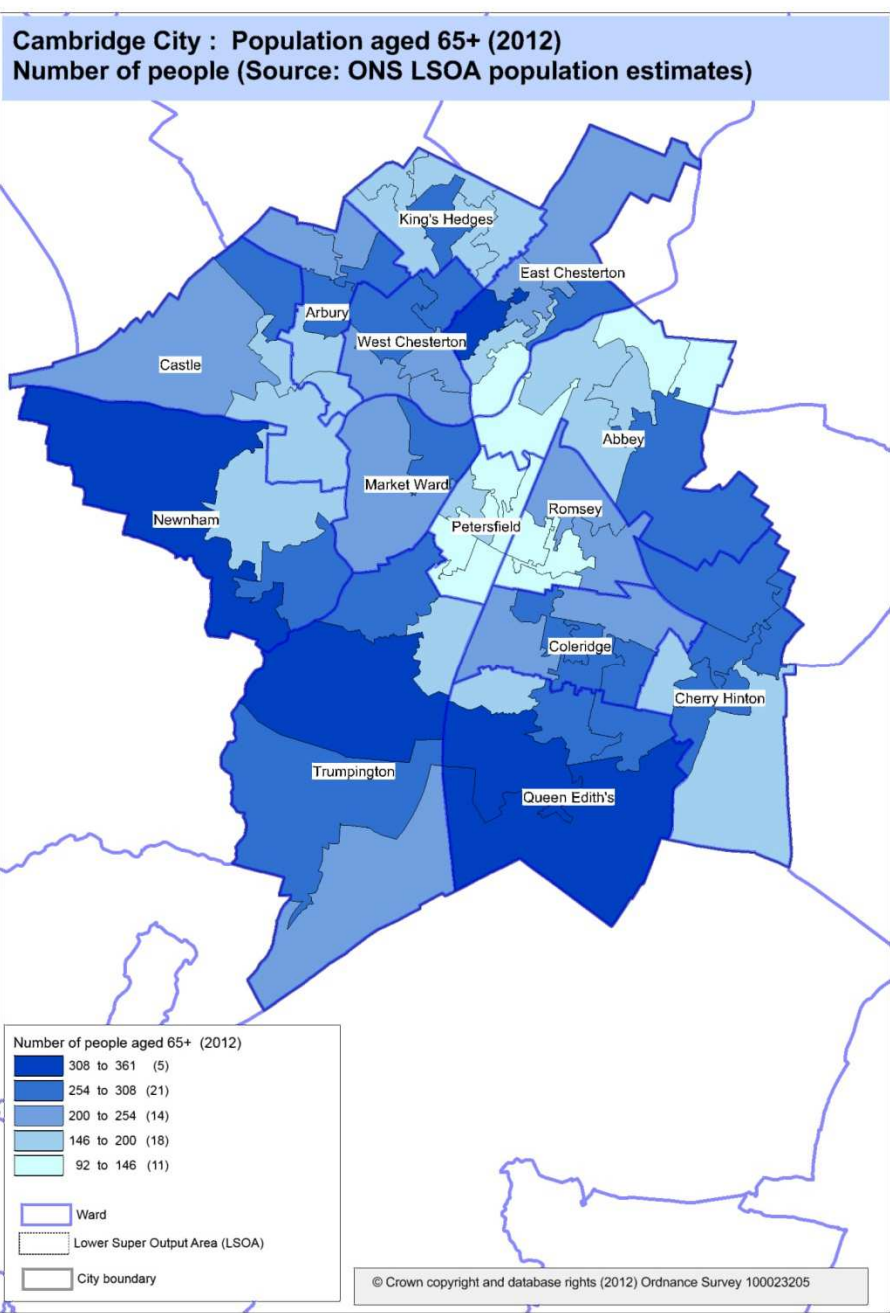
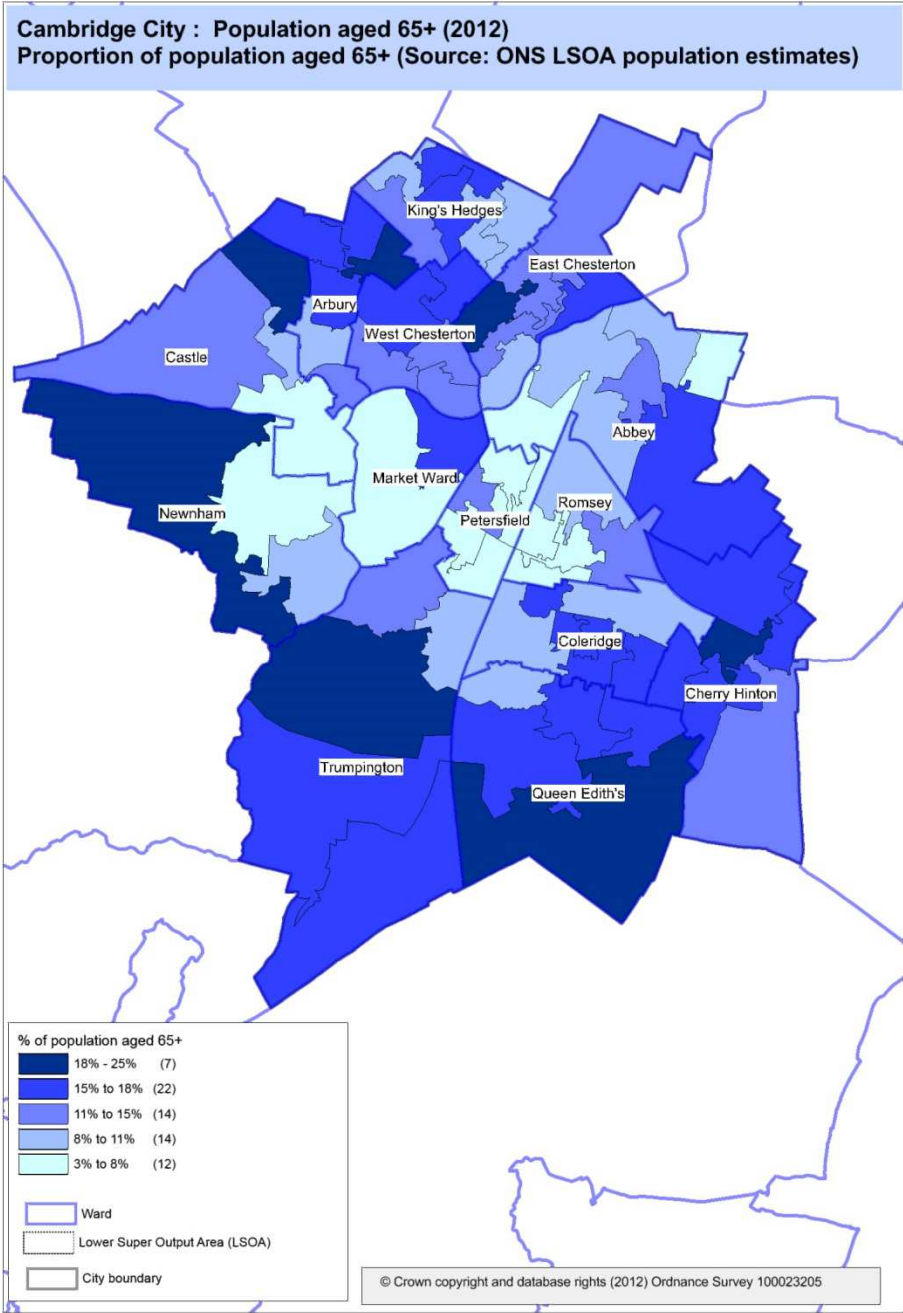


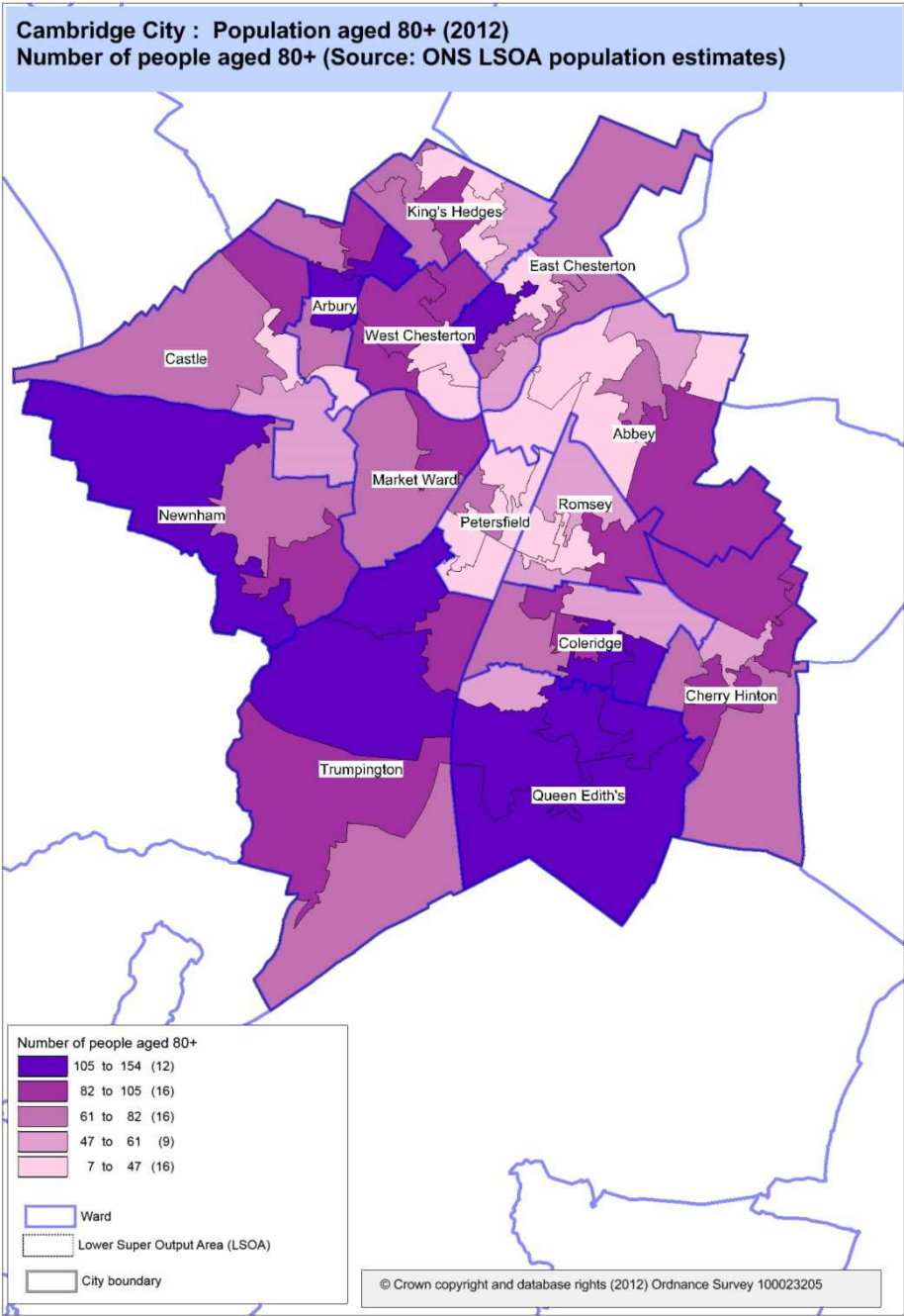
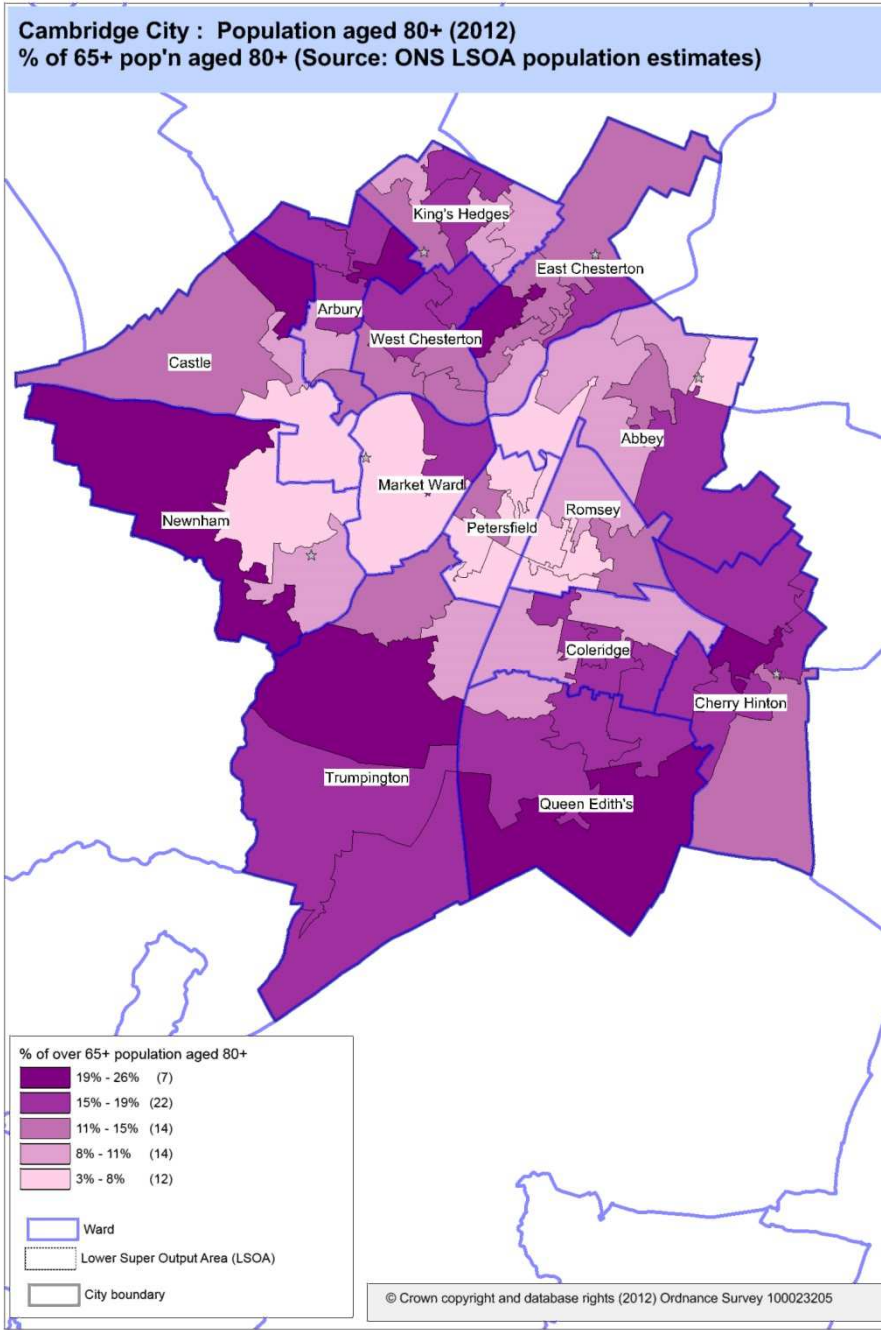
Source: Inpatient Commissioning Data Set (CDS). Primary diagnosis code for Injury (ICD 10 S00-T19) with falls code (W00-W18) anywhere in diagnostic string. Error bars represent 95% confidence intervals (CI). CCC Research Group ward population estimates. Note that although there is variation between areas, the difference between electoral wards is not statistically significant.

The older population



- Cambridge City has a higher proportion of the older population in the agegroups over 80 years than both England as a whole and Cambridgeshire





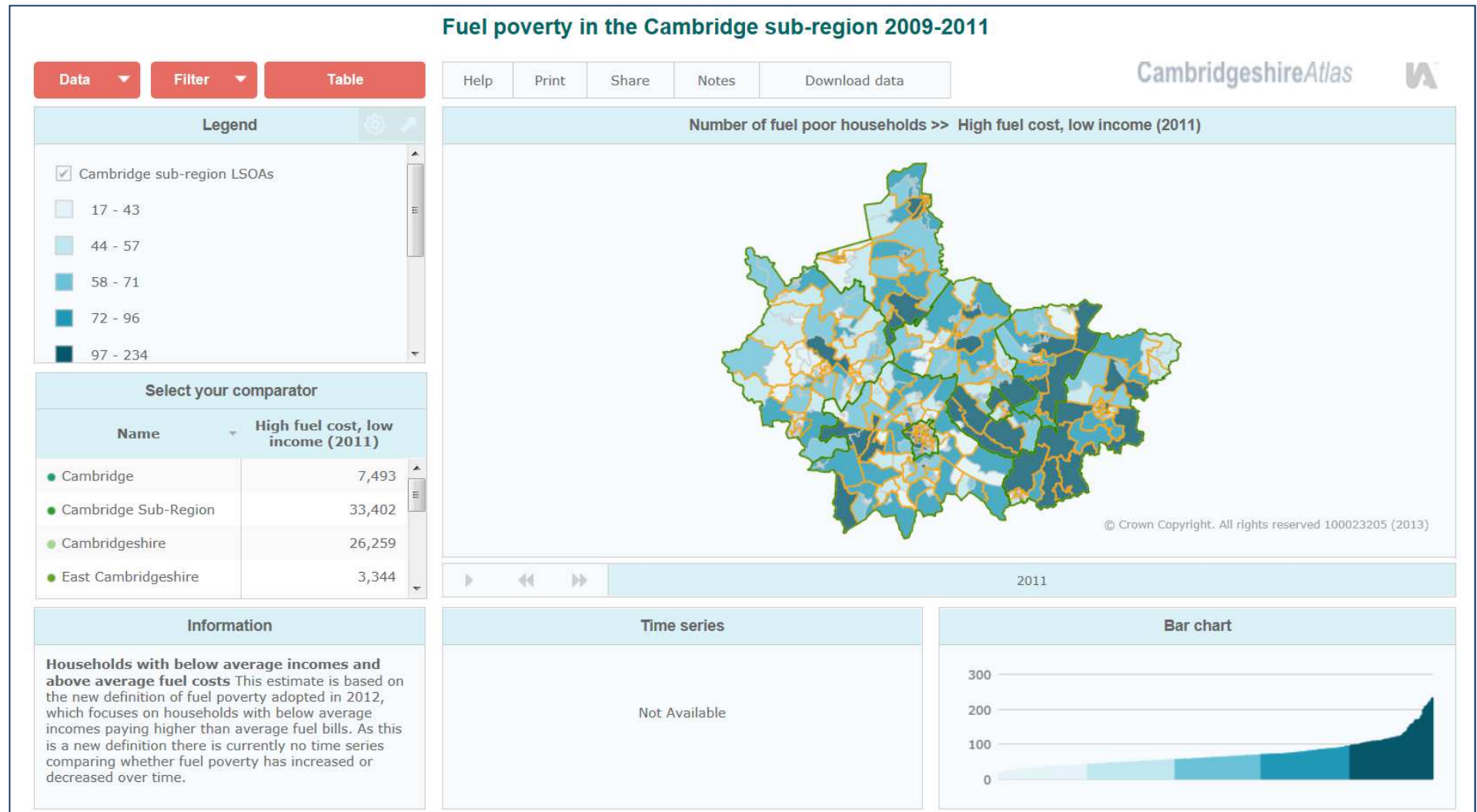
Further information

- Cambridgeshire Joint Strategic Needs Assessments (JSNA) Older People and Prevention JSNA 2013 – Chapter 5: Falls Prevention.

<http://www.cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/current-jsna-reports/prevention-ill-health-older-people-2013>

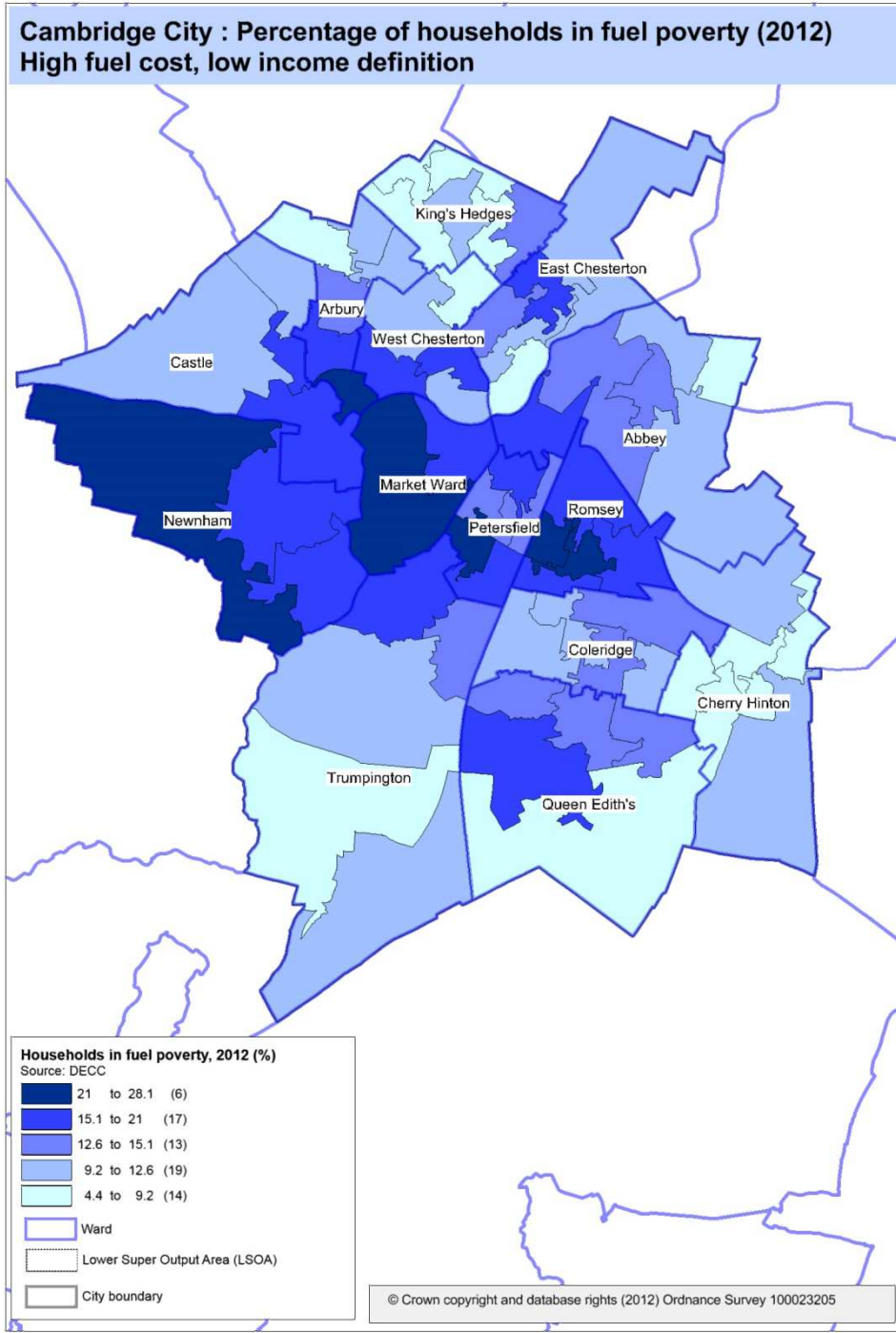
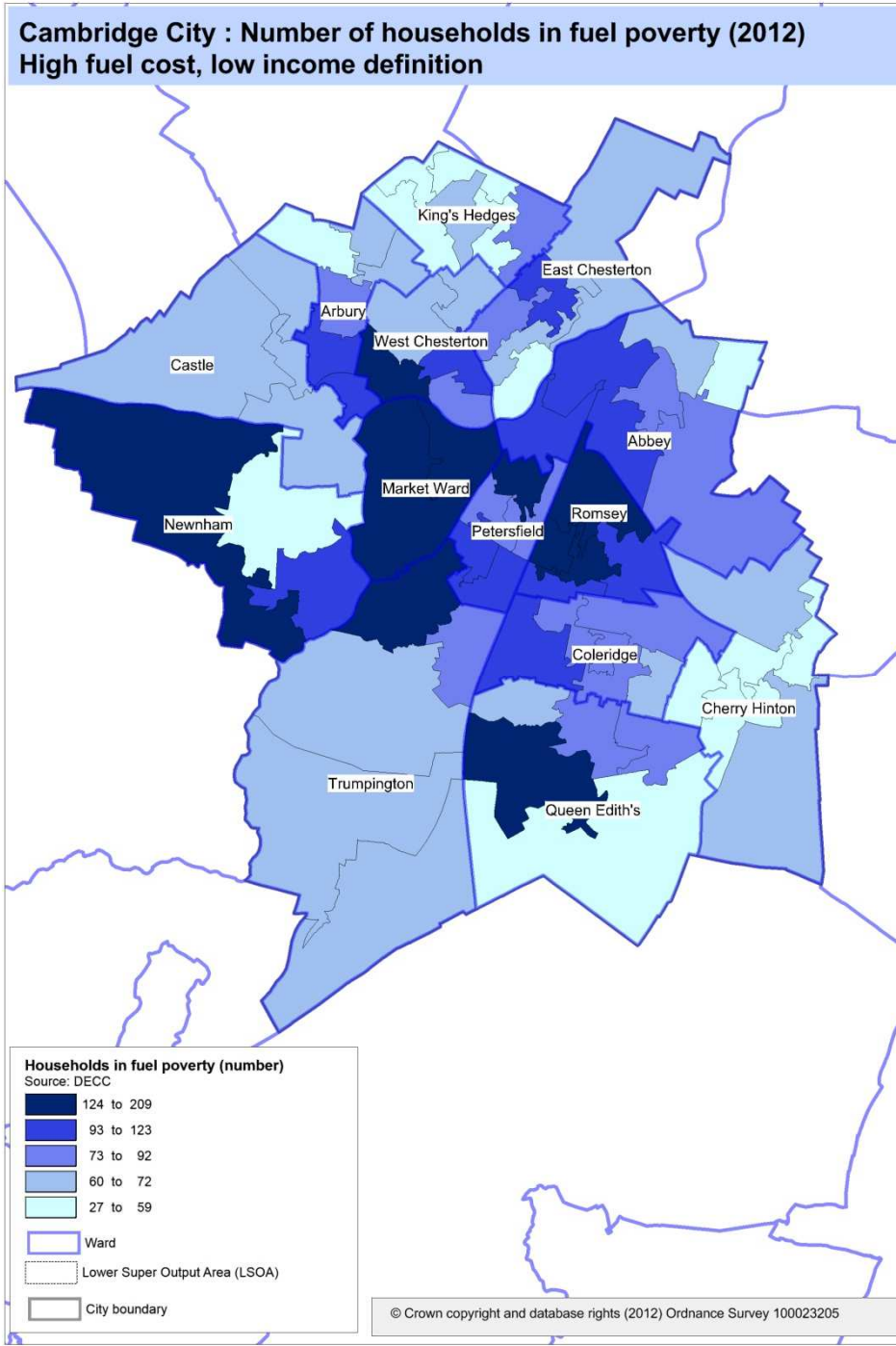
- Future work: Falls Prevention Strategy

Cambridgeshire Atlas™ | Fuel Poverty



Fuel Poverty: Definitions

- Previous definition (2009-2011) based on household spending more than 10% of income to maintain reasonable degree of warmth (18-21 degrees C)
- Revised methodology – Low Income High Costs (LIHC) households with below average incomes paying above average costs for fuel
 - Detail in [Hills Fuel Poverty Review](https://www.gov.uk/government/publications/final-report-of-the-fuel-poverty-review)
<https://www.gov.uk/government/publications/final-report-of-the-fuel-poverty-review>



Fuel Poverty: further resources

See also Cambridgeshire Joint Strategic Needs Assessments (JSNA): Housing and Health JSNA 2013 – Chapter 8 Improve standards in existing homes and encourage best use of all housing stock. Available at:

<http://www.cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/current-jsna-reports/housing-and-health-2013>

FUEL POVERTY: HOW TO IMPROVE HEALTH AND WELLBEING THROUGH ACTION ON AFFORDABLE WARMTH. A guide to delivering action on fuel poverty for public health professionals, health and wellbeing boards, and local authorities in England. UK Health Forum, April 2014.

Available at: http://www.fph.org.uk/uploads/UKHF-HP_fuel%20poverty_report.pdf



Evidence review 7: fuel poverty and cold home-related health problems

Ref: PHE publications gateway number: 2014334
PDF, 641KB, 40 pages

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Evidence review 7: fuel poverty and cold home related health problems. UCL Institute of Health Equity. September 2014. Available at: <https://www.instituteofhealthequity.org/projects/fuel-poverty-and-cold-home-related-health-problems>

Briefing 7: fuel poverty and cold home related health problems. UCL Institute of Health Equity. September 2014. Available at: <https://www.instituteofhealthequity.org/projects/fuel-poverty-and-cold-home-related-health-problems>

Barnes M, McKnight A. [Understanding the behaviours of households in fuel poverty: a review of research evidence.](#) DECC. July 2014.

The Health Impacts of Cold Homes and Fuel Poverty. Available at: <http://www.instituteofhealthequity.org/projects/the-health-impacts-of-cold-homes-and-fuel-poverty> Marmot review team. 2011.

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Developing Local Action

Jo Dicks, Environmental Quality & Growth Manager,
Cambridge City Council

Cambridge Local Health Partnership





Introduction

Cambridge City Council

- Strong Council commitment to tackling poverty
- Early 2015 introduction of Anti Poverty Strategy
 - Key objective: reduce the link between poor health and poverty

"The overriding priority for the next year of council business will be to start tackling the inequality of two-tier Cambridge. The anti-poverty strategy will help ensure that prosperity is shared more fairly by all in the city."

Councillor George Owers

Health and Poverty

Key Evidence

- Recognised relationship between lower incomes and poorer health
- Cold homes cost the NHS £850m per year through treatment of cold related diseases – *ONS, Nov 2013*
- Quarter of households in the city are living on an income of £15,700 or less - *Cambridge Sub-Regional Strategic Housing Market Assessment (SHMA)*.

Fuel Poverty

- Key factors affecting fuel poverty
 - Household Income
 - Energy bills
 - Property efficiency
- In 2011, the proportion of households in Cambridge who experienced fuel poverty was 14.7%, compared to 12.2% nationally
- Households in the private rented sector more likely to experience fuel poverty than those in other tenures

Source: *Cambridgeshire Insight, 2014, Cambridgeshire Atlas*
<http://www.cambridgeshireinsight.org.uk/housing/existing-homes/fuel-poverty>

Key Target Areas

Low income areas

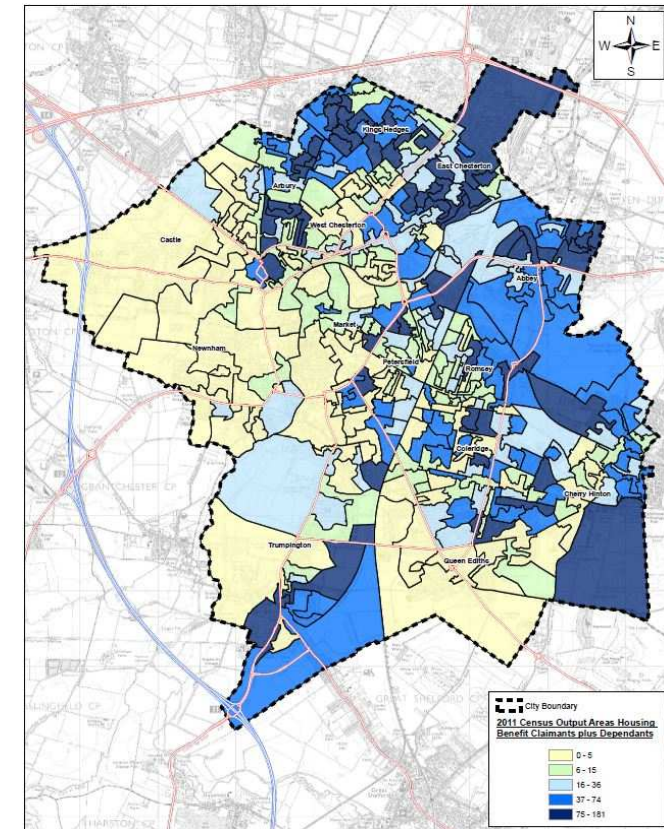
- Typically Council housing areas
- High efficiency in council housing (SAP 75)
- Target other tenures in these areas
- Notoriously hard to engage

Private rented sector

- Typically lowest energy efficiency rating
- Difficult to identify and assist
- Will include low income households

Older/Vulnerable residents

- Strong health-poverty links
- Potential low income, asset rich



Distribution of Housing Benefit claimants in Cambridge by Lower Super Out Area (LSOA)

Fuel & Water Poverty Action

Support drive to tackle poverty in Cambridge

- Produce a fuel and water poverty action plan
 - Identify target residents/groups
 - Assess their needs
 - Link to practical solutions and funding
 - Establish clear referral networks and promotional activity
 - Identify further needs and potential funding opportunities

Current Support

Income & Debt Management

- Citizens Advice Bureau (CAB)
- Government financial support
 - Warm homes discount,
 - Winter fuel payments
 - Cold weather payments,
 - Cambridge Local Assistance Scheme
- Charis – Fuel debt payments

Current Support

Energy Bills

- Fuel Switching
 - Cambridgeshire County Council Collective energy switch.
<http://www.cambridgeshire.gov.uk/switch>
- Energy use advice
 - Winter focused promotion
 - General council activity
 - Grass root organisations e.g. Transition Cambridge

Current Support

Increasing property efficiency

- National funding through Energy Company Obligation
 - HHCRO, CSCO, CERO
- City Homes
 - Annual investment to improve council housing
- Action on Energy Cambridgeshire
 - Solid wall insulation funding
 - Private rented sector scheme
 - Engagement collaboration with CAB and Addenbrookes
- Cambs HIA
 - Grants for vulnerable residents

Future Partnerships & Engagement

Aim: To increase effectiveness through strong and robust partnership working.

Achieved through:

- High level commitment
- Establish long term plan
- Better understanding of partners roles
- Greater sharing of information

Future Partnerships & Engagement

How can we develop our partnership?

- Increased awareness of health processes and patient journey
 - Identify opportunities / funding available
 - Practicalities of delivery
- Better communication between partners and stronger links
- Investigate opportunities to share data

Potential outputs

- Robust long term referral network
- Strong links between health and poverty
- Housing checks as part of hospital discharges
- Flu Clinic/GP related activity

Any Questions?

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