

# Three Public Health Outcome Framework (PHOF) indicators

# **Presentation for Cambridge Local Health Partnership**

Jill Eastment
Senior Public Health Information Analyst

23rd October 2014



# Background

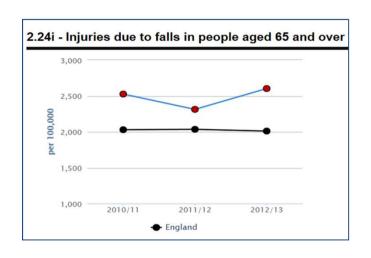
Annual Public Health Report is focussed on new national Public Health Outcomes Framework (PHOF)

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

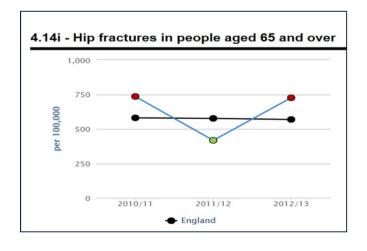
- Fuel poverty
- Injuries due to falls in people aged 65 and over
- Hip fractures in people aged 65 and over

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

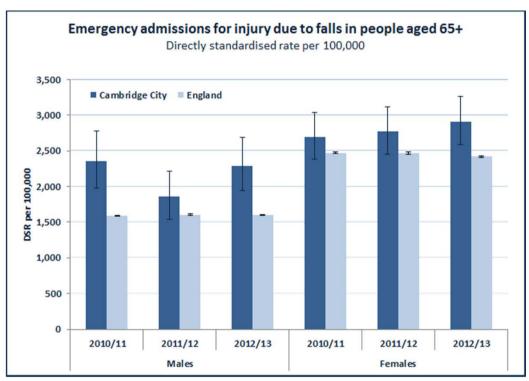


 Injuries due to falls: rates consistently higher than England average



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

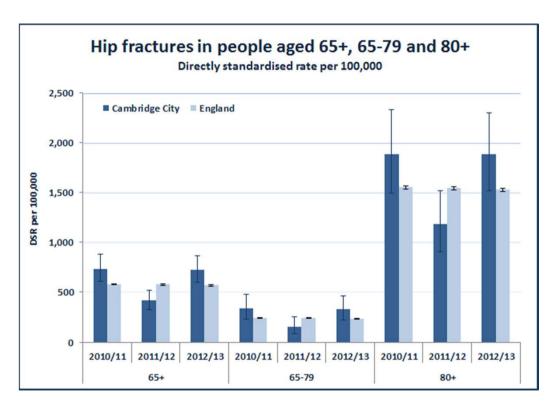
# Injuries due to fall in people aged 65 and over



Source: Public Health England (PHE). Primary diagnosis code for Injury (ICD 10 S00-T19) with falls code (WOO-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

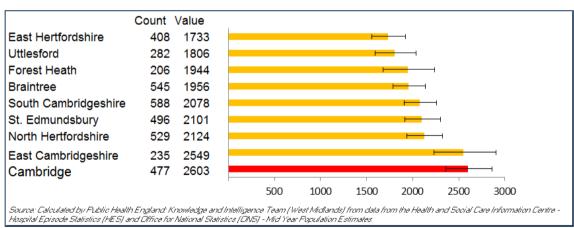
### Limitations of data

- **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)

2012/1

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	H	2,436	2,599
Bromley	730	2,006	H	1,861	2,160
Cambridge	325	2,912	<del>  </del>	2,590	3,262
Hillingdon	644	2,855	<del> </del> -	2,637	3,087
Kingston upon Thames	289	1,989	<b>—</b>	1,758	2,240
Oxford	354	3,034	<del> </del>	2,717	3,378
Reading	229	1,932	H	1,685	2,205
Richmond upon Thames	462	2,582	<del>-</del>	2,344	2,837
Sutton	591	3,059	H-	2,813	3,319
Watford	243	3,138	<del></del>	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

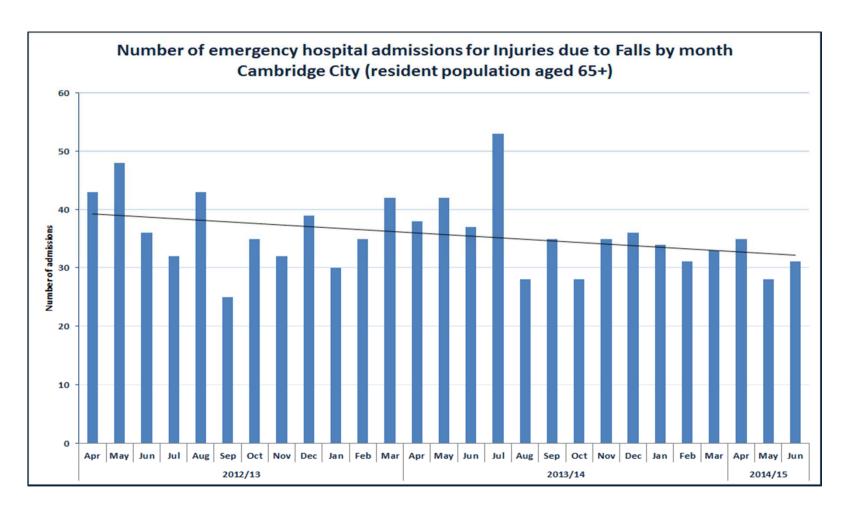
### 4.14i - Hip fractures in people aged 65 and over 2012/13

Directly standardised rate - per 100,000

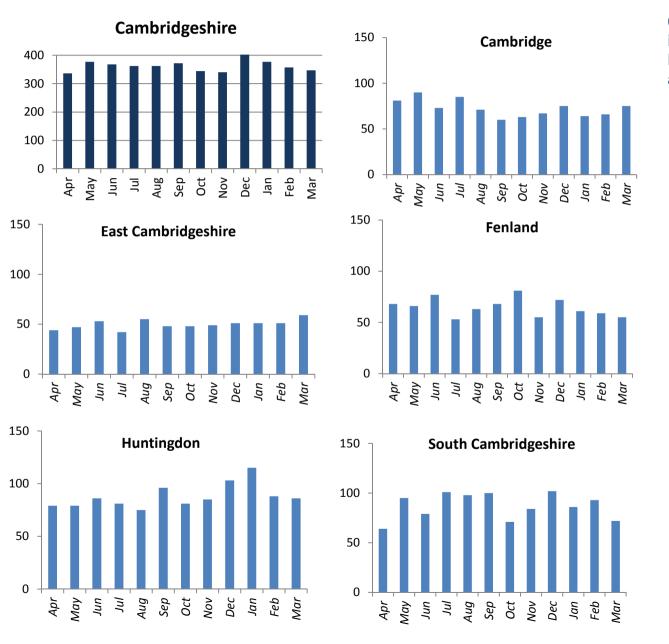
Area ▲▼	Count	Value <u></u>		95% Lower CI	95% Upper CI
England	55,280	568.1	N N	563.2	573.1
Thriving London Periphery	1,453	550.4	H	521.1	580.9
Bromley	312	496.8	<b> -</b>	440.6	557.9
Cambridge	136	725.2		601.3	865.9
Hillingdon	218	555.1	<del></del>	481.5	636.5
Kingston upon Thames	137	532.4	<del></del>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

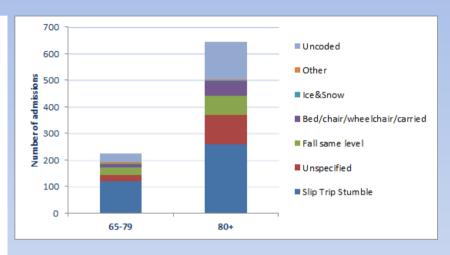


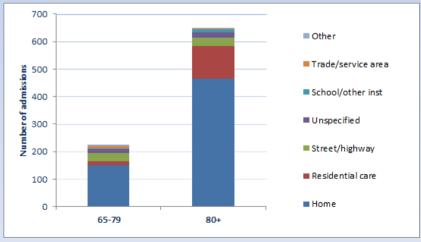
65+ Emergency admissions for injury due to falls
Number of admissions 2012/13 and 2013/14 pooled

# Type of fall and place of fall (ICD 10)

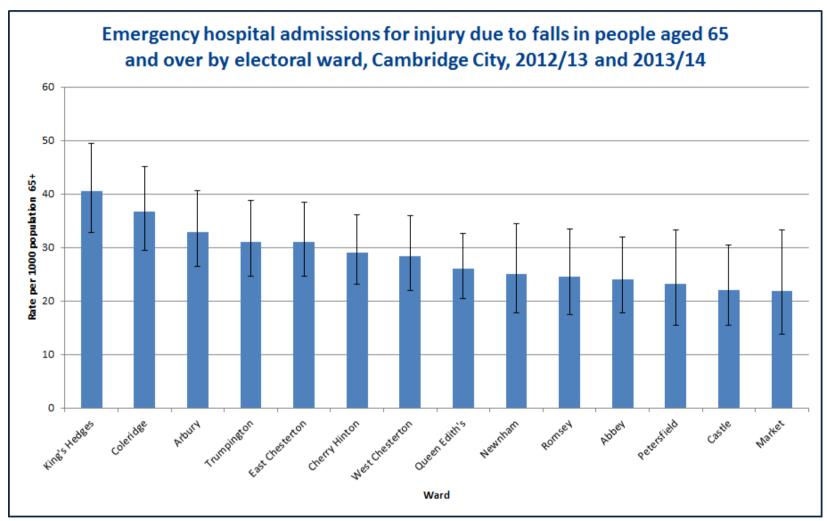
#### Codes for falls

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		



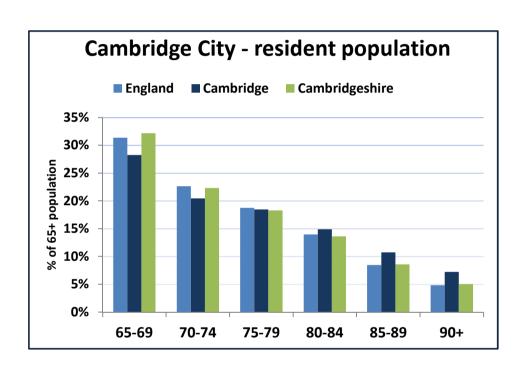


## **Electoral** ward

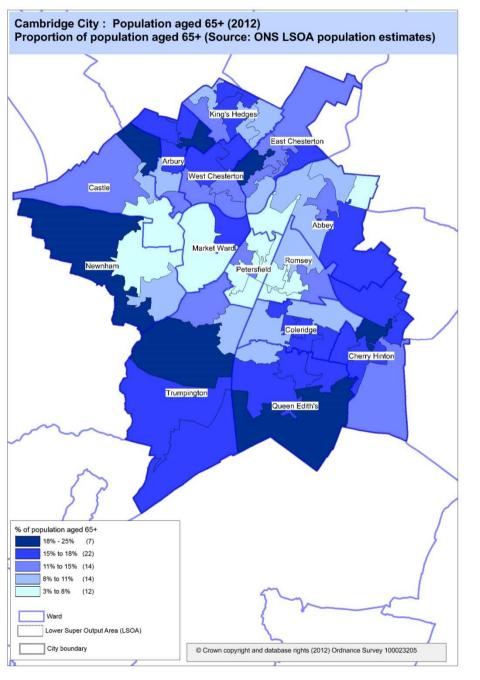


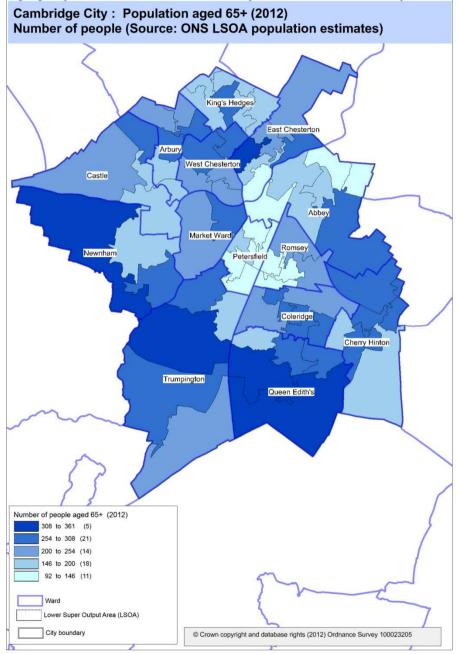
Source: Inpatient Commissioning Data Set (CDS). Primary diagnosis code for Injury (ICD 10 S00-T19) with falls code (WOO-W18) anywhere in diagnostic string. Error bars represent 95% confidence intervals (CI). CCC Research Group ward population estimates. Note that although there is variation between areas,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

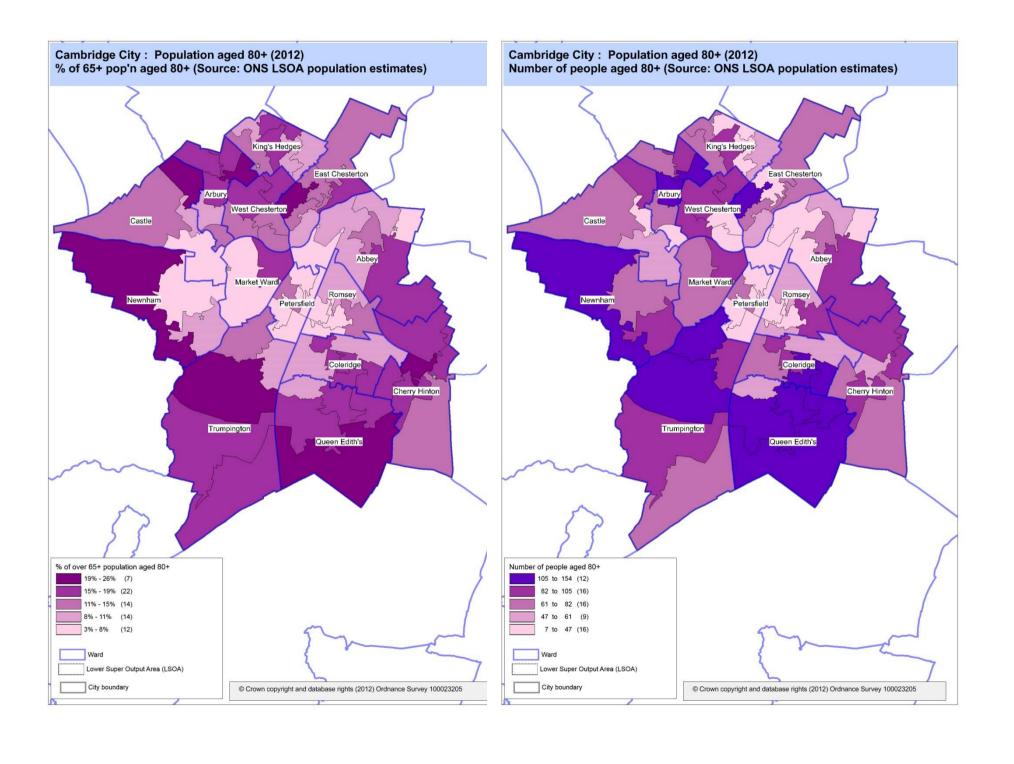
# The older population



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







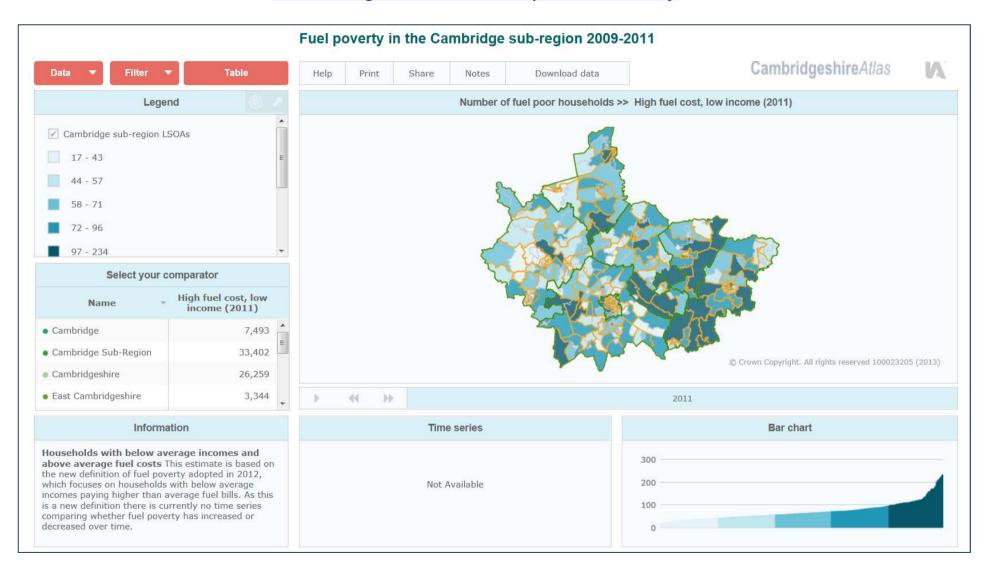
## Further information

 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

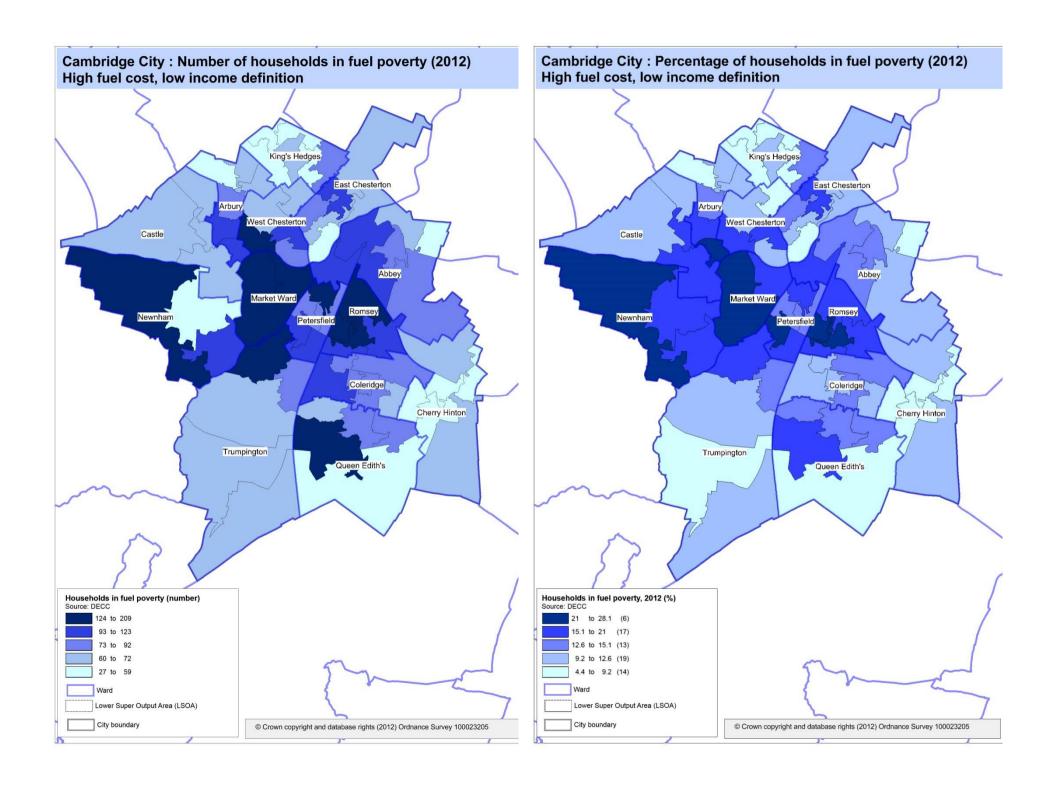
### Cambridgeshire Atlas™ | Fuel Poverty



http://atlas.cambridgeshire.gov.uk/Housing/FuelPoverty/atlas.html

# **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 <u>Hills Fuel Poverty Review</u>
     <a href="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</a>



# 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

This file may not be suitable for users of assistive technology. Request a different format.

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: <a href="https://www.instituteofhealthequity.org/projects/fuel-poverty-and-cold-home-related-health-problems">https://www.instituteofhealthequity.org/projects/fuel-poverty-and-cold-home-related-health-problems</a>

Barnes M, McKnight A. <u>Understanding the behaviours of households in fuel poverty: a review of research evidence.</u> DECC. July 2014.

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

### Contact:

Jill Eastment, Public Health Intelligence, Cambridgeshire County Council

Jill.eastment@cambridgeshire.gov.uk

Polly Jackson, Research Group, Cambridgeshire County Council

Polly.jackson@cambridgeshire.gov.uk