2015

Derbyshire Joint Strategic Needs Assessment: The State of Health and Social Care in Derbyshire

A summary of performance against Outcomes Frameworks.

DERBYSHIRE County Council
Improving life for local people

Public Health Intelligence & Knowledge Services

Derbyshire Joint Strategic Needs Assessment: The State of Health and Social Care in Derbyshire

2015

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ⓘUnderstanding Statistical Terms used in this Report

Number and Rate

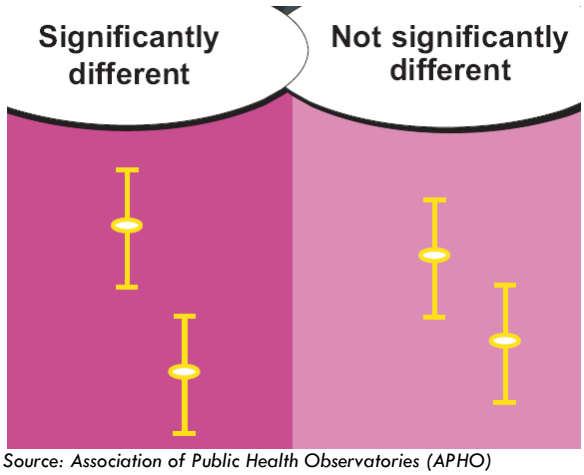
Number is the most basic measure; this may be a count of events such as the number of admissions to hospital or a count of the number of people with a particular attribute e.g. the number of children who are obese. However, in order to make comparisons between populations and over time we need to take into account the size of the population as numbers are likely to be higher in larger populations and may change over time. We do this by expressing the number as a rate per given number of the population (e.g. number of teenage conceptions per 1,000 females aged 15-17 years)

Confidence Intervals

Let's say two similar products A & B are released onto the market. The TV advertising campaign for both products state that all (100%) people surveyed would recommend them to a friend. Both sound just as good? But what if you found out that for product A only 2 people were surveyed, compared to product B where 100,000 people were surveyed? Which product would you have the most confidence in?

….Product B because a lot more people were surveyed. For product A only 2 people were surveyed, so there's a higher degree of uncertainty surrounding the recommendation i.e. it may just be by chance (natural variation) that these two people liked the product. In statistics we refer to this measure of uncertainty surrounding a value as a confidence interval i.e. we are confident that the true value lies somewhere within this range.

In general, where confidence intervals surrounding two comparable values (e.g. teenage conception rates between districts) overlap, we say the difference is not statistically significant. When values do not overlap, the difference is significant.



Source: Association of Public Health Observatories (APHO)

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1 INTRODUCTION

This report reviews the position of Derbyshire County in regard to the various Outcomes Frameworks available for health and social care, and highlights where performance is significantly poorer than England as a whole. Where possible, significant variation within the county is also highlighted. This report also seeks to collate information on what is being done to address these issues. Data from all the Outcomes Frameworks indicators are available on the Derbyshire Observatory website.

2 PUBLIC HEALTH OUTCOMES FRAMEWORK

The Public Health Outcomes Framework 'Healthy lives, Healthy people: Improving outcomes and supporting transparency' sets out a vision for public health, the desired outcomes and the indicators that will help us understand how well public health is being improved and protected.
The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four 'domains' that cover the full spectrum of public health. The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life.

- Derbyshire performed significantly better than England in 42 indicators.
- Derbyshire's performance in 57 indicators was similar to England.
- Derbyshire performed significantly worse than England in 18 indicators.

2.1 Overarching Indicators – Life Expectancy

Period life expectancy at a given age for an area is the average number of years a person would live, if he or she experienced the particular area's age-specific mortality rates for that time period throughout his or her life.

2.1.1 Life Expectancy at Birth

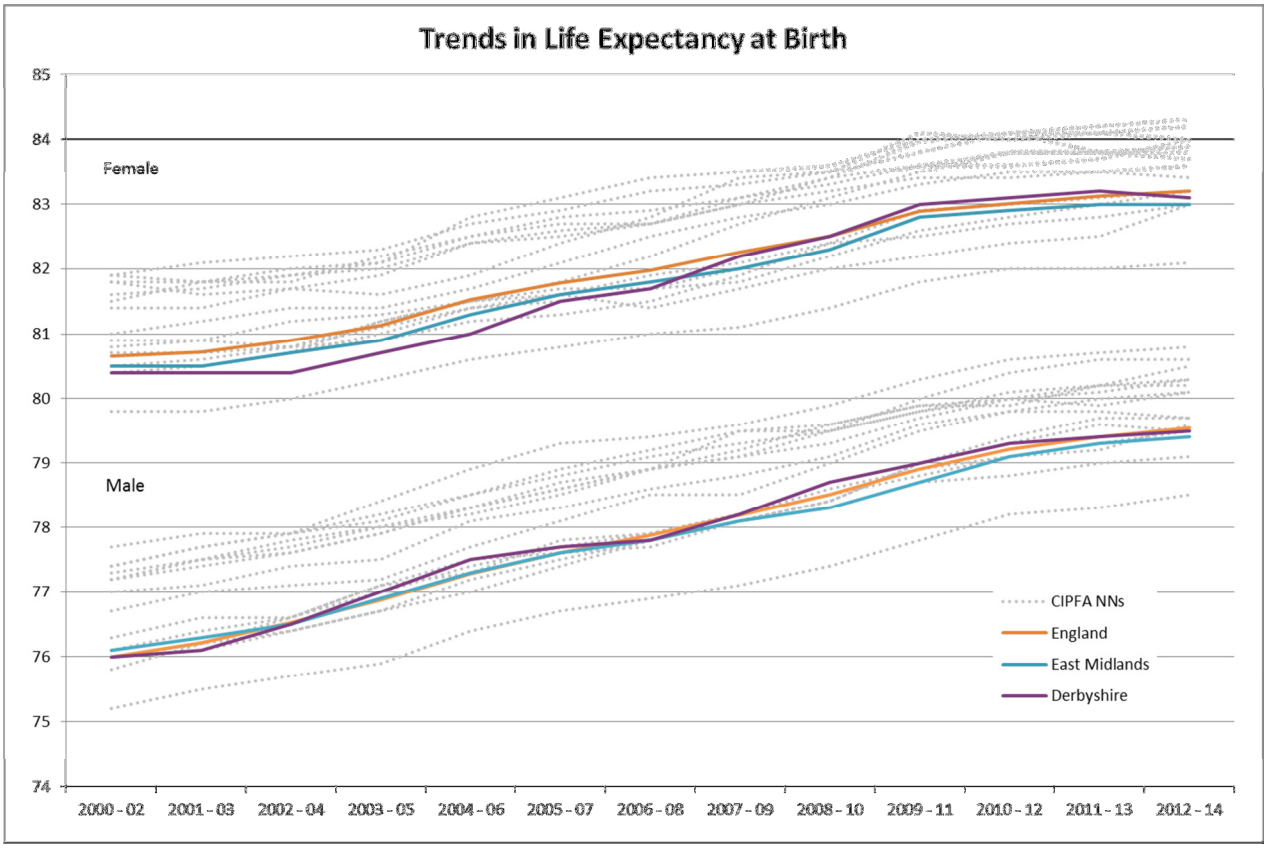
Life expectancy at birth has been used as a measure of the health status of the population of England and Wales since the 1840s. It was employed in some of the earliest reports of the Registrar General to illustrate the differences in mortality experienced by populations in different parts of the country. This tradition of using life expectancy as an indicator of geographic inequalities in health has been continued by ONS since 2001 with the publication of sub-national life expectancy statistics.

2.1.1.1 Males

For the period 2012-14 male life expectancy at birth in Derbyshire was 79.5 years, an increase from 79.4 years for 2011-13, but not a statistically significant one. Life expectancy in Derbyshire was slightly higher than East Midlands but slightly lower than England (79.4 and 79.6 years), though not significantly different from either. Derbyshire had the 70th (previously 67th) highest life expectancy of 150 Upper Tier Local Authorities (UTLAs), which ranged from 74.7 to 83.3 years.

2.1.1.2 Females

For the period 2012-14 female life expectancy at birth in Derbyshire was 83.2 years, an increase from 83.1 years for 2011-13, but not a statistically significant one. Life expectancy in Derbyshire was higher than in both East Midlands and England 83.0 and 83.1 years), though not significantly so. Derbyshire had the 78th (previously 70th) highest life expectancy of 150 UTLAs, which ranged from 79.8 to 86.7 years. Female life expectancy was significantly higher than that of males.



2.1.1.3 Variation within the county

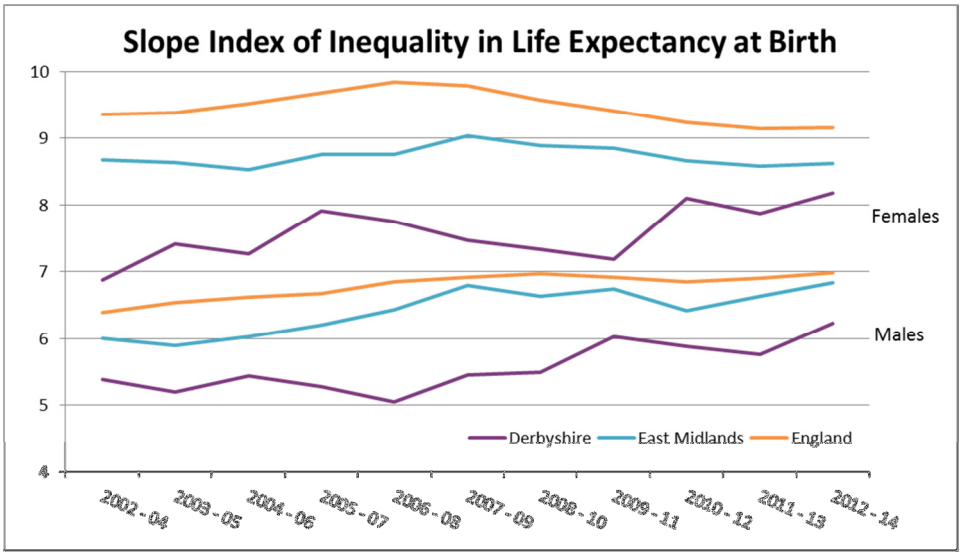
The slope index of inequality (SII) is a measure of the social gradient in life expectancy, i.e. how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within each local authority and summarises this in a single number. This represents the range in years of life expectancy across the social gradient from most to least deprived, based on a statistical analysis of the relationship between life expectancy and deprivation across all deprivation deciles.

In Derbyshire the SII for males (8.81 – previously 7.88) was lower than England (9.16), although not significantly so, indicating a smaller gap between the least and most deprived areas. This was also the case for females – 6.23 compared to 6.99 (previously 5.76 and 6.90). The trend in SII for both women and men in Derbyshire is broadly upwards indicating a widening gap, but the year on year change is not significant. For England the increase for women is less steep and for men the trend is towards a lower SII. For both England and Derbyshire the slope index was lower for women than men.

Male life expectancy in Bolsover at 77.6 years (previously 78.1) was significantly lower than in all of the other districts but Chesterfield. In Derbyshire Dales - 81.4 years (previously 81.0) it was almost 4 years longer and was also significantly higher than all of the districts but North East. North East had a significantly higher life expectancy than Chesterfield, but there were no other significant differences between districts.

For females, Bolsover had a significantly lower life expectancy (81.7, previously 82.2) than any district but Chesterfield. Life expectancy in Derbyshire Dales (84.7, previously 84.2) was 3 years longer than in Bolsover and significantly higher than in any of the other districts. There were no other significant differences between districts.

In all districts female life expectancy was significantly higher than that for males.



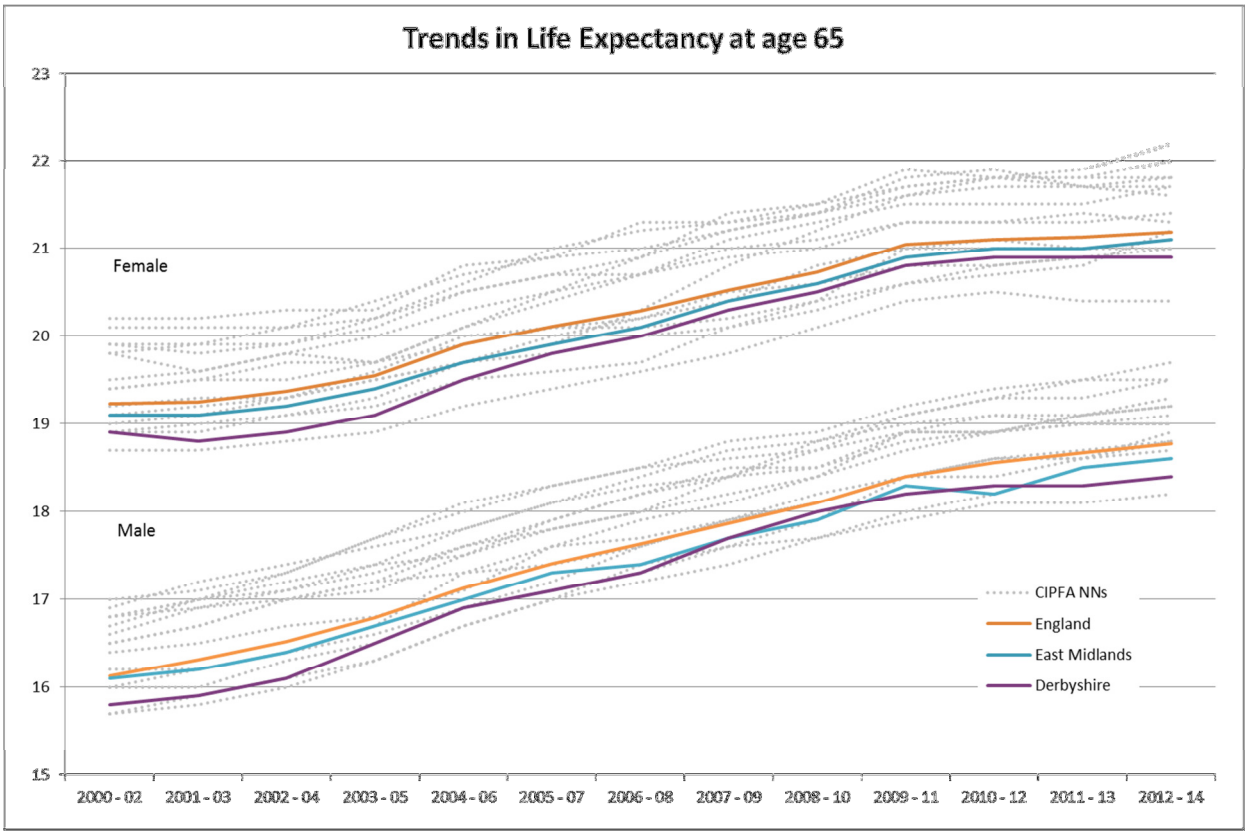
2.1.2 Life Expectancy at age 65

2.1.2.1 Males

For 2012-14 Derbyshire male life expectancy at age 65 was 18.4 (previously 18.3) years, lower than East Midlands (18.6) and significantly lower than England (18.77). Derbyshire had the 87th (previously 70th) highest life expectancy of 150 UTLAs, which ranged from 15.9 to 21.6 years.

2.1.2.2 Females

Female life expectancy at 65 was 20.9 years, as it has been since 2010-12, lower than East Midlands (21.1 years) and significantly lower than England (21.19). Derbyshire had the 93rd (previously 66th) highest life expectancy of the 150 UTLAs, which ranged from 18.8 to 24.6 years.
Female life expectancy at 65 was significantly higher than that of males.



2.1.2.3 Variation within the county

Male life expectancy at 65 in Bolsover, at 16.9 years (previously 17.1) was significantly lower than in any of the other 7 districts. Derbyshire Dales and North East had the highest life expectancy at 19.2 which was also significantly higher than in all the other Districts but High Peak. Otherwise there were no other significant differences between districts.

For females, Bolsover life expectancy at 65, at 19.5 (previously 19.6), was also significantly lower than any of the other 7 districts. Derbyshire Dales (22.0, previously 21.8) also had significantly longer LE than in all the other districts. Otherwise there were no other significant differences between districts.

In all districts female life expectancy was significantly higher than that for males.

2.2 Overarching Indicators - Healthy Life Expectancy

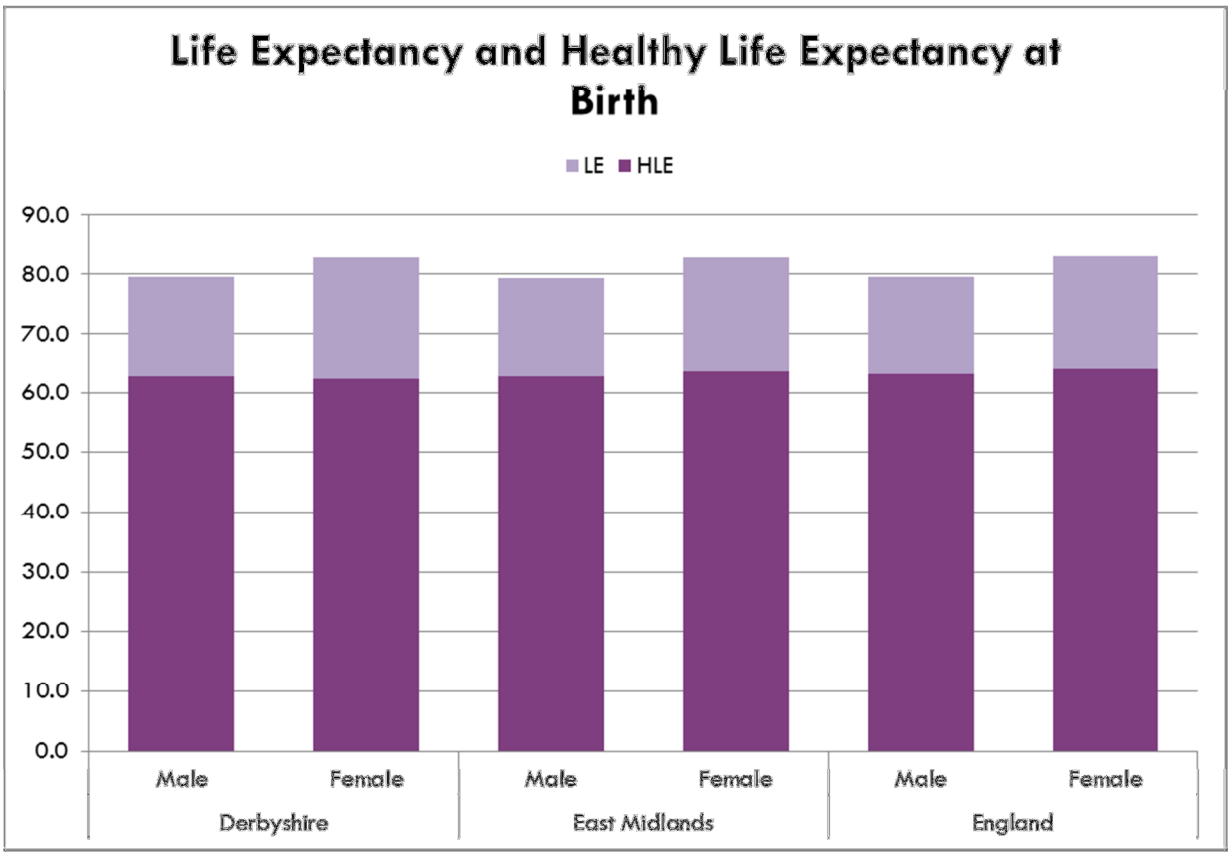
Health Expectancies (HEs) divide predicted lifespan into time spent in given states of health. This adds a quality of life dimension to estimates of life expectancy (LE). Healthy Life Expectancy (HLE) estimates lifetime spent in 'Very good' or 'Good' health based on how individuals perceive their health.

2.2.1.1 Males

Usually life expectancy for males is lower than females. In the case of healthy life expectancy in Derbyshire this is reversed – male healthy life expectancy for 2011-13 was 62.8 years, for females it was 62.3. The difference though is not statistically significant. Male life expectancy was down on that for the previous period – from 64.3 and was higher than East Midlands (62.7) but lower than England (63.3). Derbyshire ranked 75th out of 150 UTLAs for male healthy life expectancy, which ranged from 53.6 to 71.4 years. In Derbyshire, men can expect to spend 79.0% of their life in 'Good Health'.

2.2.1.2 Females

As well as being lower than that for males, female healthy life expectancy (62.3), was lower than East Midlands and England, though not significantly so. It was also lower than in the previous period, for which it stood at 63.6 years. Derbyshire was ranked 94th for female healthy life expectancy, which ranged from 55.5 to 71.3 years. In Derbyshire, women can expect to spend 74.9% of their life in 'Good Health'.



It is striking to note that healthy life expectancy for both men and women in Derbyshire is significantly lower than retirement age (65 for both by 2018). This is also true for East Midlands, England and two thirds of all UTLAs.

2.2.2 *Disability Free Life Expectancy*

Disability-Free Life Expectancy (DFLE) estimates lifetime free from a limiting persistent illness or disability. This is based upon a self-rated assessment of how health limits an individual's ability to carry out day-to-day activities. Publication of figures for DFLE trails those for other life expectancy indicators, so the most current are for 2009-11.

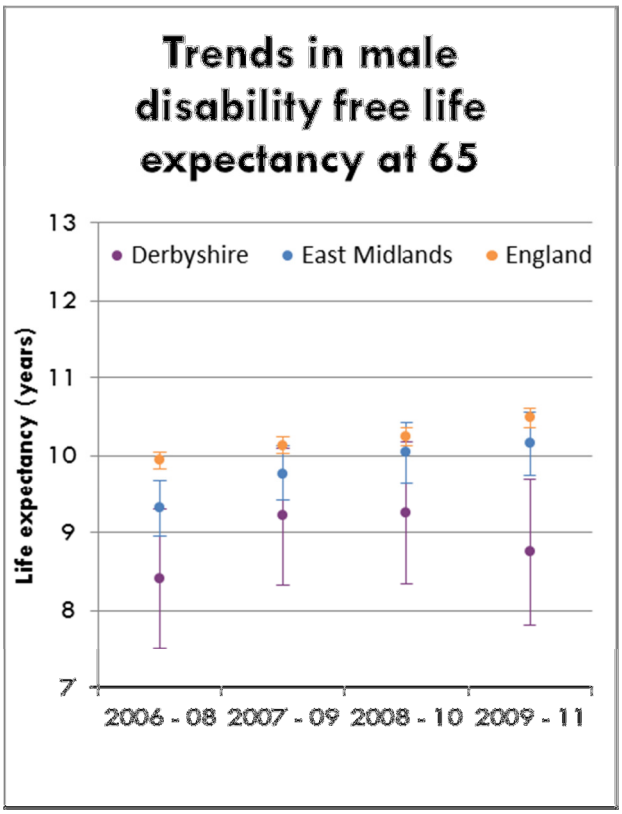
2.2.2.1 Males

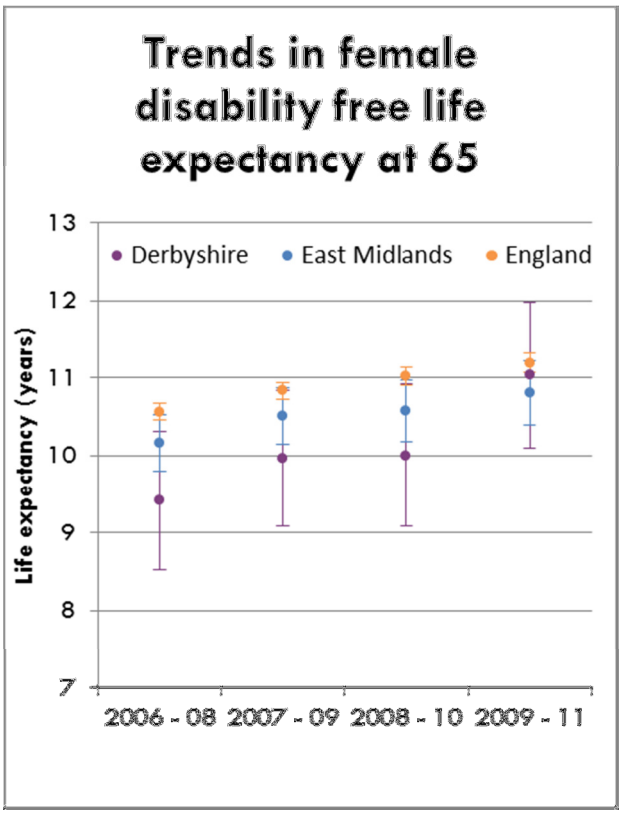
In Derbyshire, 65 year old men could expect to spend another 8.8 years free of disability, slightly less than 2008-10 (9.3 years); this amounts to 48.1% of their remaining life expectancy. This was significantly lower than East Midlands (10.2 years and 55.8%) and England (10.5 years and 57%). Derbyshire was ranked 113th out of 150 UTLAs for years of DFLE and 121st for proportion of life expectancy at 65 which should be disability free. DFLE ranged from 5.6 to 14.1 years and the proportion of full life expectancy ranged from 32.2% to 72.0%, amongst the 150 UTLAs.

2.2.2.2 Females

In Derbyshire, 65 year old women could expect to spend another 11.0 years free of disability; a significant increase on 2008-10 (10.0 years). This amounts to 53.1% of their remaining life expectancy. This was slightly higher than East Midlands (10.8 years and 51.6%) and England (11.1 years and 53.2%). Derbyshire was ranked 66th for years of DFLE and 61st for proportion of life expectancy at 65 which should be disability free. DFLE ranged from 6.1 to 15.4 years and the proportion of full life expectancy ranged from 30.2% to 70.0%, amongst the 150 UTLAs.

Female DFLE was significantly higher than that for males.





3 STARTING AND DEVELOPING WELL

3.1 Showing Green

3.1.1 Wider determinants of health

3.1.1.1 Children in Poverty

The Marmot Review (2010) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy.

1.01i - Children in poverty (all dependent children under 20)
15.1% compared to 17.0% for East Midlands and 18.0% for England. The percentage has fallen over the last year but not significantly so.

1.01ii - Children in poverty (under 16s)
15.9% compared to 17.8% for East Midlands and 18.6% for England. The percentage has fallen over the last year but not significantly so.

3.1.1.2 Crime

Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children.

1.04 - Rate of 10-17 year olds receiving their first reprimand, warning or conviction per 100,000 population.
The rate for Derbyshire is 279 per 100,000, which is significantly lower than East Midlands at 435 per 100,000 and England at 409 per 100,000. The Derbyshire rate has been falling significantly since 2010, reflecting trends regionally and nationally.

3.1.1.3 NEETs

Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood.

1.05 - 16-18 year olds not in education employment or training (NEET)
The rate for Derbyshire is 4.0%, which is significantly lower than East Midlands at 4.4% and England at 4.7%. The Derbyshire rate has fallen significantly from the previous year (4.8%) and from the 2011 baseline (7.1%).

3.1.1.4 Pupil Absence

Education is a determinant of an individual's labour market position, which in turn influences income, housing and other material resources. These are related to health and health inequalities.
Improving attendance (i.e. tackling absenteeism) in schools is therefore crucial to ensuring every child can meet their potential.

1.03 - % of half days missed by pupils due to overall absence (incl. authorised and unauthorised absence)
During 2013/14, 4.3% of half days were missed (out of the total number of possible sessions) due to overall absence in Derbyshire. This was significantly lower than both the East Midlands (4.5%) and England (4.5%) average. In Derbyshire the rate has been falling significantly since 2010/11.

3.1.1.5 School Readiness

Children are defined as having reached a good level of development if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and the early learning goals in the specific areas of mathematics and literacy.

1.02i - School Readiness: all children achieving a good level of development at the end of reception as a percentage of all eligible children (Persons).
In 2014/15, 68.4% of children in Derbyshire achieved a good level of development at the end of reception. This was significantly higher than the East Midlands (64.0%) and England (66.3%) average. The Derbyshire rate has increased significantly since 2012/13 (49.6%).

1.02i - School Readiness: all children achieving a good level of development at the end of reception as a percentage of all eligible children (Females).

In 2014/15, 77.1% of girls in Derbyshire achieved a good level of development at the end of reception year. This was significantly higher than the East Midlands (72.1%) and England (74.3%) average. The Derbyshire rate has increased significantly since 2012/13 (57.7%).

3.1.2 Health Improvement

3.1.2.1 Low Birth Weight

Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. At a population level there are inequalities in low birth weight and a high proportion of low birth weight births could indicate lifestyle issues of the mothers and/or issues with the maternity services.

2.01 - Low birth weight of term babies

2.4% compared to 2.7% for East Midlands and 2.9% for England. The percentage in Derbyshire has remained relatively constant since 2005.

3.1.2.2 <18 Teenage Pregnancy

Most teenage pregnancies are unplanned and around half end in an abortion. As well as it being an avoidable experience for the young woman, abortions represent an avoidable cost to the NHS. And while for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty.

2.04 - Under 18 conceptions

At a rate of 19.4 per 1,000 girls aged 15-17 years, this is significantly lower than East Midlands at 24.6 and England at 24.3. The rate in Derbyshire has been falling significantly over the past several years, reflecting national and regional trends.

3.1.2.3 Child Obesity

There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

2.06ii - Excess weight in 10-11 year olds

At 30.8%, Derbyshire is significantly lower than East Midlands at 32.4% and England at 33.2%. From 2006/07 the rate was increasing (significantly) up to 2010/11, after which it began to decrease again (significantly) and is now back down to 2006/07 levels.

3.1.2.4 Hospital Activity

Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience(s).

2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)

The rate of 121.1 admissions per 10,000 population is significantly lower than England (140.8) and similar to the East Midlands average (116.3). In Derbyshire the rate has remained relatively constant since 2010/13, reflecting national trends.

3.1.2.5 Newborn Hearing Screening

Early identification, followed by intervention before six months of age, leads to better outcomes for children with hearing impairment – educational, social and emotional and communicative. Timely completion of the screening process for all children whose parents have accepted the offer of screening (within a framework of informed choice) is an essential aspect of an effective care pathway.

2.21v - % of babies eligible for newborn hearing screening for whom screening process is complete within 4 weeks

In Derbyshire 98.8% of babies were screened within the first four weeks. This was significantly higher than the England average of 98.5% but significantly lower than the East Midlands average of 99.0%.

3.1.3 Health protection

3.1.3.1 Population vaccination coverage

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely correlated with levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise.
Derbyshire has significantly higher rates of coverage than England as a whole.

3.03iii - Population vaccination coverage - Dtap / IPV / Hib (1 year old)
97.0% compared to 96.2% for East Midlands and 94.2% for England. In Derbyshire the rate has remained relatively constant since 2010/11.

3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old)
98.3% compared to 96.8% for East Midlands and 93.2% for England. In Derbyshire the rate has remained relatively constant since 2010/11.

3.03iv - Population vaccination coverage – MenC
95.5% compared to 94.8% for East Midlands and 93.9% for England. Compared to coverage in 2010/11 in Derbyshire (96.7%) coverage has dropped significantly by 1.2% points.

3.03v - Population vaccination coverage – PCV
96.0 % compared to 95.7% for East Midlands and 93.9% for England. In Derbyshire the rate has remained relatively constant since 2010/11.

3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old)
96.5% compared to 94.3% for East Midlands and 92.1% for England. Rising, but not significantly.

3.03vi - Population vaccination coverage - Hib / Men C booster (5 years)
97.7% compared to 94.3% for East Midlands and 92.4% for England. Coverage in Derbyshire has significantly increased since 2011/12 (95.4%).

3.03vii - Population vaccination coverage - PCV booster
95.9% compared to 94.2% for East Midlands and 92.2% for England. Coverage in Derbyshire has significantly increased since 2010/11 (94.2%).

3.03viii -Population vaccination coverage - MMR for one dose (2 years old)
95.3% compared to 94.3% for East Midlands and 92.3% for England. Coverage in Derbyshire has significantly increased since 2010/11 (93.4%).

3.03ix - Population vaccination coverage - MMR for one dose (5 years old)
97.2% compared to 96.0% for East Midlands and 94.4% for England. Coverage in Derbyshire has significantly increased since 2010/11 (96.1%).

3.03x - Population vaccination coverage - MMR for two doses (5 years old)
94.9% compared to 91.2% for East Midlands and 88.6% for England. Coverage in Derbyshire increased significantly from the previous year in 2013/14 (93.7%) and from the 2010/11 baseline (90.3%).

3.1.4 Healthcare and premature mortality

3.1.4.1 Infant mortality

Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions. Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and newborn.

4.01 - Rate of deaths in infants aged under 1 year per 1,000 live births
A rate of 2.6 compared to 4.2 for East Midlands and 4.0 for England. The Derbyshire rate has seen a significant decrease since 2001-03 (4.6), reflecting national and regional trends.

3.1.4.2 Tooth decay

Tooth decay is a predominantly preventable disease. Significant levels remain (28% of five-year-old children have observable decay), resulting in pain, sleep loss, time off school and, in some cases, treatment under general anaesthetic.

4.02 – Mean severity of tooth decay in children aged five years based on the mean number of teeth per child sampled which were either actively decayed or had been filled or extracted.
Average of 0.67 teeth per child compared to 0.92 for East Midlands and 0.94 for England. Direction of travel unknown as trend data unavailable.

3.2 Green to Amber

3.2.1 Health Improvement

3.2.1.1 <16 Teenage Pregnancy

Most teenage pregnancies are unplanned and around half end in an abortion. As well as it being an avoidable experience for the young woman, abortions represent an avoidable cost to the NHS. And while for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty.

2.04 - Under 16 conceptions
During 2013 the rate in Derbyshire was 3.9 conceptions per 1,000 females aged 13-15 years, While statistically similar to East Midlands (4.9 per 1,000) and England (4.8 per 1,000), in the previous year (2012), the Derbyshire rate (3.9 per 1,000) was significantly lower than East Midlands (5.5) and England (5.6). Overall, the rate in Derbyshire is decreasing since the 2009 baseline (6.1 per 1,000), although statistically this is not significant.

3.2.1.2 Hospital Activity

Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience(s).

2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)
During 2013/14 the admission rate in Derbyshire (106.4 per 10,000) was similar to England (112.2 per 10,000) and significantly higher than East Midlands (97.9 per 10,000). In the previous year (2012/13) the Derbyshire rate (82.5 per 10,000) was significantly lower than England (103.8) and similar to East Midlands (86.8 per 10,000). Between 2012/13 and 2013/14 the Derbyshire rate significantly increased.

3.3 In the Red

3.3.1 Wider Determinants of Health

3.3.1.1 School Readiness – Phonics Screening

Children are deemed to have met the required standard of phonic decoding if they scored 32 or more out of a possible 40 in the test. Children from poorer backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life.

1.02ii - School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check (Persons)
The percentage in Derbyshire during 2014/15 of 74.2% was significantly lower than England (76.8%) and similar to the East Midlands average (74.5%). However, within Derbyshire there was a significant increase from the previous year (72.3%) and from the 2011/12 baseline (54.4%).

1.02ii - School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check (Male)
The percentage in Derbyshire during 2014/15 of 70.9% was significantly lower than England (73.0%) and similar to the East Midlands average (70.6%). The Derbyshire rate has increased significantly from the 2012/13 baseline (62.2%).

1.02ii - School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check (Female)

The percentage in Derbyshire during 2014/15 of 77.8% was significantly lower than England (80.8%) and similar to the East Midlands average (78.7%). The Derbyshire rate has increased significantly from the 2012/13 baseline (69.6%).

1.02ii - School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check (Persons)
The percentage in Derbyshire during 2014/15 of 59.4% was significantly lower than England (64.7%) and similar to the East Midlands average (60.5%). The Derbyshire rate has increased significantly from the 2011/12 baseline of 35.8%.

1.02ii - School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check (Male)
The percentage in Derbyshire during 2014/15 of 55.3% was significantly lower than England (59.5%) and similar to the East Midlands average (54.8%). The Derbyshire rate has increased significantly from the 2012/13 baseline of 44.8%.

1.02ii - School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check (Female)
The percentage in Derbyshire during 2014/15 of 64.2% was significantly lower than England (70.1%) and similar to the East Midlands average (66.6%). The Derbyshire rate has increased significantly from the 2012/13 baseline of 55.9%.

3.3.2 *Health Improvement*

3.3.2.1 Smoking in pregnancy

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes. Encouraging pregnant women to stop smoking during pregnancy may also help them kick the habit for good, and thus provide health benefits for the mother and reduce exposure to second-hand smoke by the infant.

2.03 - % of women who smoke at time of delivery
15.1% compared to 13.7% for East Midlands and 11.4% for England. There has been a slight decrease in prevalence within Derbyshire since the 2010/11 baseline of 16.6%, although the difference is not statistically significant.

3.3.2.2 Hospital Activity

Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience(s).

2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)
During 2013/14 there were 156.3 admissions per 10,000 children aged 15-24 in Derbyshire. This was significantly higher than the East Midland average of 129.5 and the England average of 136.7. There was a significant increase in admissions within Derbyshire from the previous year (134.3). Prior to this the admission rate was decreasing.

3.3.3 *Health protection*

3.3.3.1 Population vaccination coverage

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely correlated with levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise.

Derbyshire has significantly higher rates of coverage than England as a whole.

3.03xii - % of girls aged 12-13 who have received all 3 doses of the HPV vaccine
The coverage in Derbyshire during 2013/14 of 83.9% was significantly lower than East Midlands (90.9%) and England (86.7%). The Derbyshire rate has remained significantly lower than England over the past three years, with no significant improvement to uptake.

3.4 Red to Amber

3.4.1 Health Improvement

3.4.1.1 Breastfeeding

Breast milk provides the ideal nutrition for infants in the first stages of life. There is evidence that babies who are breast fed experience lower levels of gastro-intestinal and respiratory infection. Observational studies have shown that breastfeeding is associated with lower levels of child obesity. Benefits to the mother include a faster return to pre-pregnancy weight and possibly lower risk of breast and ovarian cancer.

2.02i - Breastfeeding - breastfeeding initiation

During 2014/15 73.4% of mothers initiated breastfeeding in Derbyshire, which was similar to England (74.3%) and significantly higher than East Midlands (71.6%). In general, there has been no significant change in initiation in Derbyshire since the 2010/11 baseline of 72.3%.

3.5 Variation within the County

3.5.1 Wider Determinants of Health

3.5.1.1 Children in Poverty

The Marmot Review (2010) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy.

1.01i - Children in poverty (all dependent children under 20)

The proportion in poverty is significantly higher than England (18.0%) in Bolsover (the highest, 20.0%) and Chesterfield (19.3%). The proportion is significantly lower than England in Erewash (17.1%), Amber Valley (15.6%), North East (14.3%), High Peak (12.2%), South (11.3%) and Dales (the lowest at 8.5%).

1.01ii - Children in poverty (under 16s)

The proportion in poverty is significantly higher than England (18.6%) in Bolsover (the highest, 20.9%) and Chesterfield (20.6%). The proportion is significantly lower than England in Erewash (18.0%), Amber Valley (16.5%), North East (15.0%), High Peak (13.1%), South (11.9%) and Dales (the lowest at 8.9%).

3.5.2 Health Improvement

3.5.2.1 Breastfeeding

Breast milk provides the ideal nutrition for infants in the first stages of life. There is evidence that babies who are breast fed experience lower levels of gastro-intestinal and respiratory infection. Observational studies have shown that breastfeeding is associated with lower levels of child obesity. Benefits to the mother include a faster return to pre-pregnancy weight and possibly lower risk of breast and ovarian cancer.

2.02i - Breastfeeding - Breastfeeding initiation

During 2014/15 initiation in Erewash (69.0%), Bolsover (69.1%) and Amber Valley (70.7%) were significantly lower than England (74.3%)

2.02ii - Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth

In 2014/15 prevalence at 6-8 weeks after birth in Bolsover (30.6%), Chesterfield (38.7%) and Amber Valley (39.1%) was significantly lower than the England average of 43.8%. Prevalence in Dales (50.5%) was significantly higher than the England average. Due to data validation issues, prevalence for Erewash, North East and South and Derbyshire as a whole, or not available in the PHOF for comparison.

3.5.2.2 Hospital Activity

Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience(s).

2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)

In 2013/14, the admission rate in High Peak (138.7 per 10,000) was significantly higher than the England average of 112.2 per 10,000. Rates in South (93.5 per 10,000), Amber Valley (92.2 per 10,000) and Dales (87.2 per 10,000) were significantly lower than England.

2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)
In 2013/14 the admission rate in High Peak (198.3 per 10,000) was significantly higher than England (140.8 per 10,000). The rate was significantly lower than England in Erewash (97.4 per 10,000), South (96.1 per 10,000), Dales (91.1 per 10,000) and Amber Valley (90.7 per 10,000).

2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged15-24 years)
The admission rate in Chesterfield (215.3 per 10,000), Bolsover (173.9 per 10,000) and High Peak (164.4 per 10,000) was significantly higher than the England average of 136.7 per 10,000. While all of these districts had seen an increase in admissions from the previous year, statistically the increase was not significant.

3.5.3 Health Protection

3.5.3.1 Chlamydia

Chlamydia is the most commonly diagnosed sexually transmitted infection. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. The chlamydia diagnosis rate amongst under 25 year olds is a measure of chlamydia control activities. It represents infections identified (reducing risk of sequelae in those patients and interrupting transmission onto others). Increasing diagnostic rates indicates increased control activity: it is not a measure of morbidity (i.e. high is good).

3.02 - Chlamydia detection rate (15-24 year olds)
Chesterfield has the highest rate (3,060 per 100,000), significantly higher than England (2,012 per 100,000 and exceeding the goal of 2,300 per 100,000. North East (1,692 per 100,000), Dales (1,624 per 100,000) and South (1,517) all had detection rates that did not meet the goal.

4 LIVING WELL

4.1 Showing Green

4.1.1 Wider Determinants of Health

4.1.1.1 Crime

Public health services have an important role to play in tackling violence. Directors of Public Health, located within local authorities, will be tasked with looking widely at issues including crime reduction, violence prevention, responses to violence and reducing levels of reoffending, which can also prevent health inequalities.

1.12i - Violent crime (including sexual violence) - hospital admissions for violence
The rate of hospitalisation due to violence is, at 40.7 per 100,000, lower than England, at 52.4, and has remained significantly lower for the last three periods.

1.12ii - Violent crime (including sexual violence) - violence offences per 1,000 population
The rate is, at 8.1 per 1,000, lower than East Midlands, at 11.9, and England, at 13.5, but did show a significant increase from the previous year (7.3). This mirrors the national trend.

1.12iii- Violent crime (including sexual violence) - Rate of sexual offences per 1,000 population
The rate is, at 0.96, lower than East Midlands, at 1.32, and England, at 1.40, but did show a significant increase from the previous year (0.65). This mirrors the national trend.

4.1.1.2 Noise

There are a number of direct and indirect links between exposure to noise and health and wellbeing outcomes. Complaints about noise are the largest single cause of complaint to most local authorities. Exposure to noise can cause disturbance and interfere with activities, leading to annoyance and increased stress. Furthermore, there is increasing evidence that exposure to high levels of noise can cause direct health effects such as heart attacks and other health issues.

1.14i - The rate of complaints about noise
The rate per 1,000 population (4.4) is lower than East Midlands (4.9) and England (7.4).

4.1.1.3 Homelessness

Homelessness is associated with severe poverty and is a social determinant of health. Homelessness is associated with adverse health, education and social outcomes, particularly for children. To be deemed statutorily homeless a household must have become unintentionally homeless and must be considered to be in priority need. As such, statutorily homeless households contain some of the most vulnerable and needy members of our communities.

1.15ii - Statutory homelessness - households in temporary accommodation
The rate per 1,000 households was suppressed for 2014/15 due to small numbers within districts. In 2013/14 the rate at 0.2 was lower than East Midlands (0.4) and England (2.6).
(The rate of homelessness acceptances is also significantly lower but it is unclear as to whether this should be regarded as good or bad in PHOF)

4.1.1.4 Mental Health and Inclusion

The indicator is intended to improve outcomes for adults with a learning disability in settled accommodation by improving their safety and reducing their risk of social exclusion.

1.16i - Adults with a learning disability who live in stable and appropriate accommodation
At 89% the percentage is significantly higher than East Midlands (73%) and England (73%). This is a significant increase on the previous year.

4.1.2 Health Improvement

4.1.2.1 Fruit and Vegetable Intake

Poor diet is a public health issue as it increases the risk of some cancers and cardiovascular disease (CVD), both of which are major causes of premature death. The costs of diet related chronic diseases to the NHS and more broadly to society are considerable. Poor diet is estimated to account for about one third of all deaths from cancer and CVD.

2.11i - Proportion of the population meeting the recommended '5-a-day'

At 56%, the proportion is higher than the East Midlands (53.7%) and significantly better than England (53.5%).

2.11iii - Average number of portions of vegetables consumed daily

At 2.36 the average is higher than the East Midlands (2.30) and significantly better than England (2.27).

4.1.2.2 Substance dependence issues when entering prison

Ensuring that individuals with substance misuse problems receive appropriate and effective early interventions will significantly reduce harms to health and will improve well-being in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.

2.16 - Proportion of people assessed for substance dependence issues when entering prison who then required structured treatment and have not already received it in the community

At 40.2%, the proportion is the same as the East Midlands but lower than England (46.9%).

4.1.2.3 Cancer screening

Screening supports early detection of cancer. Breast screening is estimated to save 1,400 lives and cervical screening 4,500 lives in England each year. Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16%.

2.20i - Cancer screening coverage - breast cancer

At 79.7%, the coverage rate is similar to the East Midlands, at 79.6%, and higher than England, at 75.4%. The rate has fallen significantly from the previous year.

2.20ii - Cancer screening coverage - cervical cancer

At 79.3%, the coverage rate is higher than East Midlands, at 76.3%, and England, at 73.5%. The rate has fallen, though not significantly, from the previous year.

2.20iii - Cancer screening coverage - bowel cancer

At 62.3%, the coverage rate is higher than East Midlands, at 57.8%, and England, at 57.1%.

4.1.3 Health Protection

4.1.3.1 Tuberculosis

TB re-emerged as a serious public health problem in the UK over the last two decades, with TB incidence rising above the European average. Timely and fully completed treatment for TB is key to saving lives and preventing long-term ill health, as well as reducing the number of new infections and development of drug resistance.

3.05ii - Rate of reported new cases of TB per year per 100,000 population

The incidence of TB in Derbyshire at 3.5 is lower than East Midlands (9.5) and England (13.5), and fell compared to the previous period.

4.2 Green to Amber

4.2.1 Healthcare and Premature Mortality

4.2.1.1 Suicide

Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health.

4.10 - Suicide rate - Persons

The rate, at 8.1 per 100,000 population, is similar to the East Midlands (8.8) and England (8.9), but was previously significantly lower at 6.6. The rate has risen over the last period, but not significantly, and is volatile because of the small numbers involved.

4.10 - Suicide rate - Male

The rate, at 13.3 per 100,000 population, is similar to the East Midlands (14.2) and England (14.1), but was previously significantly lower at 11.5. The rate has risen over the last period, but not significantly, and is volatile because of the small numbers involved.

4.3 In the Red

4.3.1 Wider Determinants of Health

4.3.1.1 Road Safety

Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity, particularly in younger age groups. For children and for men aged 20-64 years, mortality rates for motor vehicle traffic accidents are higher in lower socioeconomic groups. The vast majority of road traffic collisions are preventable and can be avoided through improved education, awareness, road infrastructure and vehicle safety.

1.10 - Killed and seriously injured (KSI) casualties on England's roads

At 45.1 per 100,000 population the rate is significantly worse than England (39.3) and higher than East Midlands (43.6). This is an increase, though not significant, on the previous period (41.6).

4.3.1.2 Domestic Abuse

Tackling domestic abuse as a public health issue is vital for ensuring that some of the most vulnerable people in society receive the support, understanding and treatment they deserve through effective interventions to treat victims and prevent future re-victimisation.

1.11 - Rate of domestic abuse incidents recorded by the police per 1,000 population

22.2 incidents were recorded compared to 19.4 in England and 20.6 in East Midlands. This is a significant increase on the previous year.

4.3.1.3 Utilisation of Outdoor Space for Exercise/Health

There is strong evidence to suggest that green spaces have a beneficial impact on physical and mental wellbeing and cognitive function through both physical access and usage.

1.16 - % of people using outdoor space for exercise/health reasons (weighted estimate)

At 13.3%, this is lower than England (17.1%). This was a decrease on the previous year (13.8%), when the rate was still lower than England but not significantly worse.

4.3.2 *Health Improvement*

4.3.2.1 Obesity

Obesity is a priority area for Government. The Government's "Call to Action" on obesity (published Oct 2011) included national ambitions relating to excess weight in adults, which is recognised as a major determinant of premature mortality and avoidable ill health.

2.12 – Excess weight in adults

The proportion of adults in Derbyshire who are overweight or obese is, at 68.6%, higher than East Midlands (66.7%) and England (64.6%).

4.3.2.2 Drug Treatment Completion

Individuals successfully completing drug treatment who do not re-present demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health. Offending behaviour is closely linked to substance use and it is well demonstrated that cessation of drug use reduces re-offending significantly.

2.15i - % of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months

The proportion is, at 4.2%, lower than East Midlands (7.0%) and England (7.4%). This is a significant decrease on the previous year.

2.15ii - % of non-opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months

The proportion is, at 34.4%, lower than East Midlands (35.7%) and England (39.2%). This is an increase on the previous year, but remains below average.

4.3.2.3 Diabetes

Type 2 diabetes (approximately 90% of diagnosed cases) is partially preventable – it can be prevented or delayed by lifestyle changes (exercise, weight loss, healthy eating). Earlier detection of type 2 diabetes followed by effective treatment reduces the risk of developing diabetic complications.

2.17 - Recorded diabetes

The percentage of people recorded as having diabetes is, at 6.9%, higher than East Midlands (6.8%) and England (6.4%). However it is not certain that this may not reflect more effective diagnosis. The percentage has increased on the previous year (6.7%).

4.3.2.4 Alcohol Related Hospital Admissions

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually. Alcohol-related admissions can be reduced through local interventions to reduce alcohol misuse and harm. Reducing alcohol-related harm is one of Public Health England's seven priorities.

2.18 - Hospital admissions for alcohol-related conditions (narrow definition) – Persons

At 718 per 100,000 population the rate is significantly worse than England (645) and the East Midlands (674). This is a significant increase from the previous year.

2.18 - Hospital admissions for alcohol-related conditions (narrow definition) – Male

At 898 per 100,000 population the rate is significantly worse than England (835) and the East Midlands (858). This is a significant increase from the previous year.

2.18 - Hospital admissions for alcohol-related conditions (narrow definition) – Female

At 557 per 100,000 population the rate is significantly worse than England (475) and the East Midlands (508). This is a significant increase from the previous year.

4.3.2.5 Cancer Diagnosed at an Early Stage (Experimental)

Diagnosis at an early stage of the cancer's development leads to dramatically improved survival chances. Specific public health interventions, such as screening programmes and information/education campaigns aim to improve rates of early diagnosis. An indicator on the proportion of cancers diagnosed at an early stage is therefore a useful proxy for assessing improvements in cancer survival rates.

2.19 - The proportion of invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary and uterus, non-Hodgkin lymphomas, and melanomas of skin, diagnosed at stage 1 or 2

The percentage of people recorded as having cancer diagnosed at an early stage is, at 40.4%, lower than England (45.7%). However it is not known the extent to which data quality on recording cancer stage affects this indicator.

4.3.3 Health Protection

4.3.3.1 Population Vaccination Coverage

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely related to levels of disease

3.03xv - Population vaccination coverage – 'Flu (at risk individuals).

Although at 51.8% the coverage is higher than East Midlands (48.9%) or England (50.3%), this still falls short of the goal of 85%. The rate significantly decreased from the previous year.

4.4 Red to Amber

4.4.1 Health Protection

4.4.1.1 HIV/AIDS

Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection and is essential to evaluate the success of expanded HIV testing.

3.04 - People presenting with HIV at a late stage of infection

At 43.3%, late diagnosis of HIV has been decreasing in Derbyshire to within the goal of less than 50% but remains slightly higher than England (42.2%).

4.5 Variation within the County

4.5.1 Wider Determinants of Health

4.5.1.1 Road Safety

Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity, particularly in younger age groups. For children and for men aged 20-64 years, mortality rates for motor vehicle traffic accidents are higher in lower socioeconomic groups. The vast majority of road traffic collisions are preventable and can be avoided through improved education, awareness, road infrastructure and vehicle safety.

1.10 - Killed and seriously injured (KSI) casualties on England's roads

The rate is highest in Dales (94.5 per 100,000), significantly higher than England, and an increase on the previous period, though not significant. High Peak, at 53.0, is significantly higher than England, an increase from the previous period. The rate is lowest in Chesterfield (31.7), significantly lower than England and Dales.

4.5.1.2 Crime

Public health services have an important role to play in tackling violence. Directors of Public Health, located within local authorities, will be tasked with looking widely at issues including crime reduction, violence prevention, responses to violence and reducing levels of reoffending, which can also prevent health inequalities. Re-offending has a wide impact on the health and well-being of individuals, their children and families, and the communities they live in.

1.12i - Violent crime (including sexual violence) - hospital admissions for violence

Worst in Chesterfield (59.0 per 100,000), but similar to England and falling. Best in Dales (27.2) and falling, significantly lower than England and Chesterfield, Bolsover and Erewash.

1.12ii - Violent crime (including sexual violence) - violence offences per 1,000 population

Worst in Erewash (11.3 per 1,000), a significant increase, but lower than England. Best in North East (4.8), lower than England and significantly lower than Erewash.

1.12iii- Violent crime (including sexual violence) - Rate of sexual offences per 1,000 population

Worst in Chesterfield (1.19 per 1,000, increasing but similar to England. Best in North East (0.59), increasing but lower than England and significantly lower than Chesterfield.

1.13i - Re-offending levels - percentage of offenders who re-offend

Worst in Chesterfield (31.3%), a significant increase and higher than England. Best in North East (18.0), lower than England and significantly lower than Erewash.

1.13ii - Re-offending levels - average number of re-offences per offender

Worst in Chesterfield (1.13 offences per offender), a significant increase and higher than England. Best in North East (0.47), lower than England and significantly lower than Chesterfield.

4.5.1.3 Noise

There are a number of direct and indirect links between exposure to noise and health and wellbeing outcomes. Complaints about noise are the largest single cause of complaint to most local authorities. Exposure to noise can cause disturbance and interfere with activities, leading to annoyance and increased stress. Furthermore, there is increasing evidence that exposure to high levels of noise can cause direct health effects such as heart attacks and other health issues.

1.14i - The percentage of the population affected by noise - Number of complaints about noise

The rate is highest in Chesterfield (5.2 per 1,000), but significantly lower than England. The rate is lowest in Dales (3.4), significantly lower than England and Chesterfield.

4.5.1.4 Homelessness

Homelessness is associated with severe poverty and is a social determinant of health. Homelessness is associated with adverse health, education and social outcomes, particularly for children. To be deemed statutorily homeless a household must have become unintentionally homeless and must be considered to be in priority need. As such, statutorily homeless households contain some of the most vulnerable and needy members of our communities.

1.15i - Statutory homelessness – homelessness acceptances
Lowest in North East (0.3 per 1,000), significantly lower than England. Highest in Chesterfield (2.4), similar to England and increasing.
1.15ii - Statutory homelessness - households in temporary accommodation
Current spread for district level is Bolsover at 0.0 to Amber Valley at 0.4 - all better than the England average.

4.5.2 Health Improvement

4.5.2.1 Fruit and Vegetable Intake

Poor diet is a public health issue as it increases the risk of some cancers and cardiovascular disease (CVD), both of which are major causes of premature death. The costs of diet related chronic diseases to the NHS and more broadly to society are considerable. Poor diet is estimated to account for about one third of all deaths from cancer and CVD.
2.11i - Proportion of the population meeting the recommended '5-a-day'
Worst in Bolsover at 49.9%, but similar to England. Best in Dales (64.1%), significantly higher than England and Bolsover.
2.11ii - Average number of portions of fruits consumed daily
Worst in Bolsover at 2.3, significantly lower than England. Best in Dales (2.95), significantly higher than England and Bolsover.
2.11iii - Average number of portions of vegetables consumed daily
Worst in Chesterfield at 2.23, but similar to England. Best in Amber Valley (2.50) and significantly higher than England.

4.5.2.2 Obesity

Obesity is a priority area for Government. The Government's "Call to Action" on obesity (published Oct 2011) included national ambitions relating to excess weight in adults, which is recognised as a major determinant of premature mortality and avoidable ill health.
2.12 – Excess weight in adults
There is significant variation between districts – High Peak 62.2% to Chesterfield 73.4%. Dales and High Peak are the only areas not significantly higher than England.

4.5.2.3 Physical Activity

People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities.
2.13i - Percentage of physically active and inactive adults - active adults
Worst in Chesterfield (51.6%) and falling, significantly higher than England. Best in High Peak (61.5%) and rising; significantly higher than Chesterfield and England.
2.13ii - Percentage of physically active and inactive adults - inactive adults
Worst in Bolsover (39.4%) and rising, significantly higher than England. Best in South (24.1%) and falling; significantly lower than Bolsover and similar to England.

4.5.2.4 Smoking

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.
2.14 - Smoking Prevalence
Chesterfield has the highest rate (26.4%), significantly higher than England. Dales had the lowest rate (12.9%), similar to England.
2.14 - Smoking prevalence - routine & manual
Chesterfield has the highest rate (43.0%), an increase and higher than England. Amber Valley has the lowest rate (24.2%), similar to England.

4.5.2.5 Diabetes

Type 2 diabetes (approximately 90% of diagnosed cases) is partially preventable – it can be prevented or delayed by lifestyle changes (exercise, weight loss, healthy eating). Earlier detection of type 2 diabetes followed by effective treatment reduces the risk of developing diabetic complications.

2.17 - Recorded diabetes

There is significant variation between districts - High Peak at 5.8% (significantly lower than England), to Bolsover at 8.3% (significantly higher)

4.5.2.6 Alcohol Related Hospital Admissions

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually. Alcohol-related admissions can be reduced through local interventions to reduce alcohol misuse and harm. Reducing alcohol-related harm is one of Public Health England's seven priorities.

2.18 - Hospital admissions for alcohol-related conditions (narrow definition) – Persons

The rate is highest in Chesterfield (901 per 100,000), significantly higher than England, and an increase on the previous period, though not significant. Lowest in South (629), an increase but significantly lower than Chesterfield. Significantly higher in Amber Valley, Erewash and North East.

2.18 - Hospital admissions for alcohol-related conditions (narrow definition) – Male

Highest in Chesterfield at 1088 per 100,000 population, an increase and significantly worse than England. Lowest in South (785), similar to England and significantly lower than Chesterfield.

2.18 - Hospital admissions for alcohol-related conditions (narrow definition) – Female

Highest in Chesterfield at 732 per 100,000 population, significantly worse than England. Lowest in South (491), similar to England and significantly lower than Chesterfield.

4.5.2.7 Cancer Diagnosed at an Early Stage

Diagnosis at an early stage of the cancer's development leads to dramatically improved survival chances. Specific public health interventions, such as screening programmes and information/education campaigns aim to improve rates of early diagnosis. An indicator on the proportion of cancers diagnosed at an early stage is therefore a useful proxy for assessing improvements in cancer survival rates.

2.19 - The proportion of invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary and uterus, non-Hodgkin lymphomas, and melanomas of skin, diagnosed at stage 1 or 2

Lowest in Bolsover at 34.5%, significantly lower than England. Highest in High Peak (51.4%), higher than England and Bolsover.

4.5.2.8 Cancer Screening

Screening supports early detection of cancer. Breast screening is estimated to save 1,400 lives and cervical screening 4,500 lives in England each year. Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16%.

2.20i - Cancer screening coverage - breast cancer

Bolsover has the lowest rate (77.3%), still significantly better than England, but falling. Amber Valley had the highest rate (81.7%), significantly higher than England and Bolsover, and a significant decrease from previous year.

2.20ii - Cancer screening coverage - cervical cancer

High Peak has the lowest rate (78.0%), still significantly better than England, but falling. North East had the highest rate (80.4%), significantly higher than England and High Peak, but also falling.

2.20iii - Cancer screening coverage - bowel cancer

Chesterfield has the lowest rate (59.8%), but significantly better than England. Dales at 65.5% was highest, significantly higher than England and all other districts except North East.

4.5.3 Health Protection

4.5.3.1 Air Quality

Poor air quality is a significant public health issue.

3.01 - Fraction of mortality attributable to particulate air pollution

Bolsover has the highest proportion at 6.2%, and High Peak the lowest, at 4.4%.

4.5.3.2 HIV/AIDS

Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection and is essential to evaluate the success of expanded HIV testing.

3.04 - People presenting with HIV at a late stage of infection

Erewash has the highest rate (71.4%), well above the <50% goal. Chesterfield was lowest at 12.5%. Rates are volatile because of the small numbers involved.

4.5.3.3 Tuberculosis

TB re-emerged as a serious public health problem in the UK over the last two decades, with TB incidence rising above the European average. Timely and fully completed treatment for TB is key to saving lives and preventing long-term ill health, as well as reducing the number of new infections and development of drug resistance.

3.05ii - Rate of reported new cases of TB per year per 100,000 population

Chesterfield has the worst rate (5.8 per 100,000) but is still better than England; North East has the lowest rate (1.3).

4.5.4 Healthcare and Premature Mortality

4.5.4.1 Mortality from Communicable Diseases

Prevention of the spread of communicable diseases is an important issue for Public Health. There is evidence that rapid identification, treatment and prevention of spread can control communicable diseases and prevent avoidable deaths.

4.08 - Age-standardised rate of mortality from communicable diseases per 100,000 population – Persons (infectious and parasitic diseases, influenza and pneumonia)

Bolsover has the worst rate (78.5), significantly worse than England. At 54.2 Erewash has the lowest rate, significantly better than England and Bolsover.

4.08 - Age-standardised rate of mortality from communicable diseases per 100,000 population – Male (infectious and parasitic diseases, influenza and pneumonia)

High Peak is highest at 86.3, similar to England. At 59.4 Dales has the lowest rate, similar to England.

4.08 - Age-standardised rate of mortality from communicable diseases per 100,000 population – Female (infectious and parasitic diseases, influenza and pneumonia)

Bolsover has the worst rate (77.0), significantly worse than England. At 43.6 Erewash has the lowest rate, significantly better than England and Bolsover.

5 AGEING WELL

5.1 Showing Green

5.1.1 Wider Determinants of Health

5.1.1.1 Fuel Poverty

There is compelling evidence that the drivers of fuel poverty (low income, poor energy efficiency and energy prices) are strongly linked to living at low temperatures and that low temperatures are strongly linked to a range of negative health outcomes.

1.17 - Fuel Poverty

The proportion of households living in fuel poverty in Derbyshire (10.0%) is significantly lower than in East Midlands (10.4%) and England (10.4%). The proportion has fallen significantly over each of the last two reporting periods and was previously significantly higher than England.

5.1.2 Health Improvement

5.1.2.1 Screening

This indicator will provide an opportunity to track and monitor completeness of offer for abdominal aortic aneurysm screening which has a significant impact on the health and well-being of the population.

2.21viii - % of men eligible for abdominal aortic aneurysm screening who had an initial offer of screening.

The percentage is significantly higher in Derbyshire, at 99.9%, than East Midlands, at 99.4%, and England, at 97.4%. There is no appreciable change in this indicator.

5.1.2.2 NHS Health Checks

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions.

2.22iv - Cumulative % of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check

The rate of 53.6%, although significantly higher than England (48.9%), is significantly lower than that for East Midlands (55.4%).

2.22v - Cumulative % of the eligible population aged 40-74 who received an NHS Health check

The rate of 20.2% is significantly higher than that for England (18.6%) but significantly lower than that of East Midlands (20.5%).

5.1.3 Health Protection

5.1.3.1 Population Vaccination Coverage

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely related to levels of disease

3.03xiii - Population vaccination coverage – PPV

Derbyshire has reached the goal of exceeding the previous year's coverage for England with a rate of 72.9%, which is also significantly higher than the current East Midlands (71.5%) and England (69.8%) rates. Coverage has increased significantly over the latest period.

3.03xiv - Population vaccination coverage - Flu (aged 65+)

At 75.2% Derbyshire has exceeded the goal of 75% coverage and also has a significantly higher rate than either East Midlands (73.5%) or England (72.7%). Coverage has fallen, but not significantly, in the last period.

5.1.4 Healthcare and Premature Mortality

5.1.4.1 Hospital Activity

Health interventions and social care will play significant roles in putting in place the right re-ablement, rehabilitation and intermediate care services to support individuals to return home or regain their independence, so avoiding crisis in the short term.

4.11 - Emergency readmissions within 30 days of discharge from hospital (persons)
Derbyshire has a significantly lower rate, at 11.4 %, compared to England at 11.8% and East Midlands at 11.6%. The rate is falling significantly.

4.11 - Emergency readmissions within 30 days of discharge from hospital (males)
Derbyshire, at 11.7%, has a significantly lower rate than England, at 12.1 %, and a lower rate than East Midlands at 12.0%. The rate is falling but not significantly.

4.11 - Emergency readmissions within 30 days of discharge from hospital (females)
Derbyshire, at 11.1%, has a significantly lower rate than England, at 11.5%, and a lower rate than East Midlands at 11.2%. The rate is falling but not significantly.

5.2 Green to Amber

5.2.1 Health Improvement

5.2.1.1 Falls

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care.

2.24ii - Injuries due to falls in people aged 65 and over - aged 65-79 (persons)
The rate of admission is now higher, at 1023 per 100,000, than England, at 989, and East Midlands, at 913, having previously been significantly lower than England.

5.2.2 Healthcare and Premature Mortality

5.2.2.1 Deaths from Respiratory Disease

Respiratory disease is one of the top causes of death in England in under 75s and smoking is the major cause of chronic obstructive pulmonary disease (COPD), one of the major respiratory diseases. This indicator will focus public health attention on the prevention of smoking and other environmental factors that contribute to people getting respiratory disease.

4.07i - Under 75 mortality rate from respiratory disease (females)
24.3 per 100,000 compared to 26.2 for East Midlands and 27.4 for England. The rate has risen over the last period and is no longer significantly lower than England.

5.3 In the Red

5.3.1 Health Improvement

5.3.1.1 NHS Health Checks

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions.

2.22iii - Cumulative % of the eligible population aged 40-74 offered an NHS Health Check
The rate, at 37.6% is significantly higher than East Midlands (37.1%) but significantly lower than England (37.9%).

The cumulative percentages for those receiving a Health Check are significantly higher than England but significantly lower than East Midlands (see above).

5.3.1.2 Screening

Diabetic retinopathy is one of the most common causes of blindness in the UK. Regular screening allows prompt identification and effective treatment if necessary of sight threatening diabetic retinopathy.

2.21vii - Access to non-cancer screening programmes - diabetic retinopathy

A significantly smaller proportion of people (73.1%) had access in Derbyshire than in the East Midlands (77.6%) or England (79.1%). Additionally this proportion has fallen significantly over the last period.

5.3.1.3 Falls

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care.

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

The rate of admission is significantly higher, at 2622 per 100,000 than England, at 2509, and East Midlands, at 2407. The rate has fallen over the last period, but not significantly so.

2.24iii - Injuries due to falls in people aged 65 and over - aged 80+ (persons)

The rate of admission is significantly higher, at 5663 per 100,000 than East Midlands, at 5234, and England, at 5351. The rate has risen over the last period, but not significantly so.

2.24iii - Injuries due to falls in people aged 65 and over - aged 80+ (females)

The rate of admission is significantly higher, at 6711 per 100,000 than East Midlands, at 6187, and England, at 6312. The rate has risen over the last period, but not significantly so.

5.3.2 Healthcare and Premature Mortality

5.3.2.1 Preventable sight loss

Prevention of sight loss will help people maintain independent lives as far as possible and reduce needs for social care support, which would be necessary if sight was lost permanently.

4.12i - Crude rate of sight loss due to age related macular degeneration (AMD) in those aged 65+ per 100,000 population

Derbyshire (53.0) appears to have a rate significantly lower than that in the East Midlands (117.3) or England (118.8). The rate is decreasing, but not significantly. (Caveat: It is currently impossible to be certain whether significant differences are due to incidence or data collection levels as certification is voluntary.)

4.12iv - Crude rate of sight loss certifications per 100,000 population

The Derbyshire rate, at 26.3, is significantly lower than the East Midlands (42.3) and England rate (43.5). The rate is increasing, but not significantly. (Caveat: It is currently impossible to be certain whether significant differences are due to incidence or data collection levels as certification is voluntary.)

5.4 Red to Amber

5.4.1 Health Improvement

5.4.1.1 Falls

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care.

2.24i - Injuries due to falls in people aged 65 and over (persons)

The rate of admission remains higher, at 2189 per 100,000 than England, at 2125, and significantly higher than East Midlands, at 2057. The rate has risen over the last period.

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

The rate of admission remains higher, at 1755 per 100,000 than England, at 1740, and significantly higher than East Midlands, at 1643. The rate has fallen, though not significantly.

2.24iii - Injuries due to falls in people aged 65 and over - aged 80+ (males)

The rate of admission remains higher, at 4616 per 100,000 than East Midlands, at 4281, and England, at 4391. The rate has fallen, though not significantly.

5.4.2 Healthcare and Premature Mortality

5.4.2.1 Deaths from Cardiovascular Disease

Cardiovascular disease (CVD) is one of the major causes of death in under 75s in England. There have been huge gains over the past decades in terms of better treatment for CVD and improvements in lifestyle, but to ensure that there continues to be a reduction in the rate of premature mortality from CVD, there needs to be concerted action in both prevention and treatment

4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (males)

78.9 per 100,000 compared to 78.1 for East Midlands and 74.1 for England. The rate has fallen over the last period and is no longer significantly higher than England.

5.5 Variation within the County

5.5.1 Wider Determinants of Health

5.5.1.1 Fuel Poverty

There is compelling evidence that the drivers of fuel poverty (low income, poor energy efficiency and energy prices) are strongly linked to living at low temperatures and that low temperatures are strongly linked to a range of negative health outcomes.

1.17 - Fuel Poverty

Fuel Poverty has fallen significantly within all 8 districts. However in Derbyshire Dales (15.6% of households), it remains significantly higher than in England. It is significantly lower in South (9.0%), North East (9.0%), Bolsover (9.8%) and Chesterfield (10%).

5.5.2 Health Improvement

5.5.2.1 Falls

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care.

2.24i - Injuries due to falls in people aged 65 and over (persons)
Worst in Chesterfield (2449) per 100,000 and rising); significantly higher than England. South (2,414) and High Peak (2,369) are also significantly higher than England. No other district has a rate significantly different from England.

2.24i - Injuries due to falls in people aged 65 and over (males)
No district has a rate significantly different from England.

2.24i - Injuries due to falls in people aged 65 and over (females)
Worst in South (2927 per 100,000 and rising); significantly higher than England. Also significantly higher in Chesterfield (2891) and High Peak (2864). Falling significantly in Bolsover and North East, but rising significantly in High Peak.

2.24ii - Injuries due to falls in people aged 65 and over - aged 65-79 (persons)
Worst in Chesterfield (1197 per 100,000 but falling); significantly higher than England. Best in North East (819 and falling) and significantly lower than in England. No other district has a rate significantly different from England.

2.24ii - Injuries due to falls in people aged 65 and over - aged 65-79 (males)

2.24ii - Injuries due to falls in people aged 65 and over - aged 65-79 (females)
No district has a rate significantly different from England.

2.24iii - Injuries due to falls in people aged 65 and over - aged 80+ (persons)
Worst in South (6663 per 100,000 and rising); significantly worse than England. High Peak (at 6145 and rising significantly), North East (6007 and falling) and Chesterfield (6079 and falling) are also significantly worse than England. No other district has a rate significantly different from England.

2.24iii - Injuries due to falls in people aged 65 and over - aged 80+ (males)
No district has a rate significantly different from England.

2.24iii - Injuries due to falls in people aged 65 and over - aged 80+ (females)
Worst in South (8210 per 100,000) and rising. Also significantly higher than England in High Peak (7323 and rising) and in North East (7242 and rising). No other district has a rate significantly different from England.

5.5.3 Healthcare and Premature Mortality

5.5.3.1 Preventable Deaths

The basic concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense.

4.03 - Mortality rate from causes considered preventable (persons)

Bolsover has the highest rate (213.8 per 100,000), significantly higher than England, and rising. Chesterfield also has a significantly higher rate (202.5), though this is falling. Dales (147.6) and North East (165.6) have significantly lower rates than England, and both are falling.

4.03 - Mortality rate from causes considered preventable (males)

Bolsover has the highest rate (270.3 per 100,000), significantly higher than England, and rising. Dales (185.2) has significantly lower rate than England, and falling.

4.03 - Mortality rate from causes considered preventable (males)

Bolsover has the highest rate (162.7 per 100,000), significantly higher than England, and rising. Dales (112.6) and North East (119.8) have significantly lower rates than England, falling and rising respectively.

5.5.3.2 Deaths from Cardiovascular Disease

Cardiovascular disease (CVD) is one of the major causes of death in under 75s in England. There have been huge gains over the past decades in terms of better treatment for CVD and improvements in lifestyle, but to ensure that there continues to be a reduction in the rate of premature mortality from CVD, there needs to be concerted action in both prevention and treatment.

4.04i - Under 75 mortality rate from all cardiovascular diseases (persons)

Chesterfield has the highest rate (91.4 per 100,000), significantly higher than England but falling. Dales (59.9) and Erewash (65.2) have significantly lower rates than England, and both are falling.

4.04i - Under 75 mortality rate from all cardiovascular diseases (males)

No district has a significantly higher rate than England. Dales has a significantly lower rate (80.3) than England, and falling.

4.04i - Under 75 mortality rate from all cardiovascular diseases (females)

Chesterfield has the highest rate (61.0 per 100,000), significantly higher than England and falling. South has the lowest rate (34.0), significantly lower than England and falling.

4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (persons)

Chesterfield (60.3 per 100,000) and Bolsover (61.3), have significantly higher rates than England, falling and rising respectively. No district has a significantly lower rate.

4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (males)

Chesterfield has the highest rate (108.4 per 100,000), significantly higher than England, but falling. Dales has the lowest rate (68.6), lower than England and significantly lower than Chesterfield, and falling.

4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (females)

No district has a rate which is significantly different from England.

5.5.3.3 Deaths from Cancer

Cancer is the highest cause of death in England in under 75s. To ensure that there continues to be a reduction in the rate of premature mortality from cancer, there needs to be concerted action in both prevention and treatment.

4.05i - Under 75 mortality rate from cancer (persons)

Bolsover has the highest rate (164.9 per 100,000), significantly higher than England and rising. North East has the lowest rate (119.3) and Dales also has a significantly lower rate (121.6) than England, falling and rising respectively.

4.05i - Under 75 mortality rate from cancer (males)

No district has a rate which is significantly different from England.

4.05i - Under 75 mortality rate from cancer (females)

Bolsover has the highest rate (157.1 per 100,000), significantly higher than England and rising. North East has the lowest rate (99.2), significantly lower than England and falling.

4.05ii - Under 75 mortality rate from cancer considered preventable (persons)

Bolsover has the highest rate (96.2 per 100,000), significantly higher than England and rising. Dales and North East both have significantly lower rates than England, both 69.1 and both falling.

4.05ii - Under 75 mortality rate from cancer considered preventable (males)

No district has a rate which is significantly different from England.

4.05ii - Under 75 mortality rate from cancer considered preventable (females)

Bolsover has the highest rate (94.4 per 100,000), significantly higher than England and rising. North East has the lowest rate (57.7), significantly lower than England, but rising.

5.5.3.4 Deaths from Liver Disease

Liver disease is one of the top causes of death in England and people are dying from it at younger ages. Most liver disease is preventable and much is influenced by alcohol consumption and obesity prevalence, which are both amenable to public health interventions.

4.06i - Under 75 mortality rate from liver disease (persons)
4.06i - Under 75 mortality rate from liver disease (males)
4.06i - Under 75 mortality rate from liver disease (females)
4.06ii - Under 75 mortality rate from liver disease considered preventable (persons)
4.06ii - Under 75 mortality rate from liver disease considered preventable (males)
4.06ii - Under 75 mortality rate from liver disease considered preventable (females)

No district has a rate which is significantly different from England for any of these indicators. In many cases numbers are too low to allow for robust calculation of rates.

5.5.3.5 Deaths from Respiratory Disease

Respiratory disease is one of the top causes of death in England in under 75s and smoking is the major cause of chronic obstructive pulmonary disease (COPD), one of the major respiratory diseases. This indicator will focus public health attention on the prevention of smoking and other environmental factors that contribute to people getting respiratory disease.

4.07i - Under 75 mortality rate from respiratory disease (persons)

Bolsover has the highest rate (47.1 per 100,000), significantly higher than England and falling. Derbyshire Dales has the lowest rate (21.9), significantly lower than England and rising.

4.07i - Under 75 mortality rate from respiratory disease (males)

Bolsover has the highest rate (59.5 per 100,000), significantly higher than England and falling. No district has a significantly lower than England.

4.07i - Under 75 mortality rate from respiratory disease (females)

No district has a rate which is significantly different from England.

4.07ii - Under 75 mortality rate from respiratory disease considered preventable (persons)

Dales (11.4) and South (11.7) had significantly lower rates than England, which are falling.

4.07ii - Under 75 mortality rate from respiratory disease considered preventable (males)
4.07ii - Under 75 mortality rate from respiratory disease considered preventable (females)

No district has a rate which is significantly different from England for any of these indicators. In many cases numbers are too low to allow for robust calculation of rates.

5.5.3.6 Hospital Activity

Health interventions and social care will play significant roles in putting in place the right re-ablement, rehabilitation and intermediate care services to support individuals to return home or regain their independence, so avoiding crisis in the short term.

4.11 - Emergency readmissions within 30 days of discharge from hospital (persons)

Bolsover has the lowest rate (10.1%), and Dales (11.8%) also had a significantly lower rate than England, rising and falling respectively.

4.11 - Emergency readmissions within 30 days of discharge from hospital (males)

Bolsover has the lowest rate (10.4%), and High Peak (11.0%) also had a significantly lower rate than England, both falling.

4.11 - Emergency readmissions within 30 days of discharge from hospital (females)

Bolsover has the lowest rate (10.1%), and Dales (10.2%) also had a significantly lower rate than England, rising and falling respectively.

5.5.3.7 Falls

Hip fracture is a debilitating condition – only one in three sufferers return to their former levels of independence and one in three end up leaving their own home and moving to long-term care (resulting in social care costs). Hip fractures are almost as common and costly as strokes and the incidence is rising. There is evidence of interventions to treat osteoporosis, to prevent falls and to prevent fractures in people who have already suffered one fragility fracture.

4.14i - Hip fractures in people aged 65 and over (persons)
Worst in Chesterfield (703 per 100,000), rising and significantly higher than England. The other district rates are not significantly different from England.
4.14i - Hip fractures in people aged 65 and over (males)
Best in Amber Valley where the rate (285) is significantly lower than England (425) and falling. None of the other district rates are significantly different from England.
4.14i - Hip fractures in people aged 65 and over (females)
None of the district rates are significantly different from England.
4.14ii - Hip fractures in people aged 65 and over - aged 65-79 (persons)
Worst in Chesterfield (403 per 100,000 and rising), significantly higher than England (239). The other district rates are not significantly different from England.
4.14ii - Hip fractures in people aged 65 and over - aged 65-79 (males)
South Derbyshire has a significantly lower rate than England, at 50 compared to 167, which is also falling. The other district rates are not significantly different from England.
4.14ii - Hip fractures in people aged 65 and over - aged 65-79 (females)
Worst in Chesterfield (531 per 100,000 and rising), significantly higher than England (312). The other district rates are not significantly different from England.
4.14iii - Hip fractures in people aged 65 and over - aged 80+ (persons)
Amber Valley has a significantly lower rate than England, 1226 compared to 1535, and falling. The other district rates are not significantly different from England.
4.14iii - Hip fractures in people aged 65 and over - aged 80+ (males)
None of the district rates are significantly different from England for the above indicators.
4.14iii - Hip fractures in people aged 65 and over - aged 80+ (females)
South Derbyshire has a significantly higher rate (2487) than England (1895); this was previously significantly lower than England. The other district rates are not significantly different from England.

5.5.3.8 Excess Winter Mortality

The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well equipped people are to cope with the drop in temperature. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population. The index is the ratio of deaths in winter to non-winter months.
4.15ii - Excess Winter Deaths Index (Single year, aged 85+, males)
Significantly higher index in Amber Valley (60.9) than England (16.4), and rising. None of the other districts have a significantly different index.
4.15i - Excess Winter Deaths Index (Single year, all ages, persons)
4.15i - Excess Winter Deaths Index (Single year, all ages, males)
4.15i - Excess Winter Deaths Index (Single year, all ages, females)
4.15ii - Excess Winter Deaths Index (Single year, aged 85+, persons)
4.15ii - Excess Winter Deaths Index (Single year, aged 85+, females)
4.15iii - Excess Winter Deaths Index (3 years, all ages, persons)
4.15iii - Excess Winter Deaths Index (3 years, all ages, males)
4.15iii - Excess Winter Deaths Index (3 years, all ages, females)
4.15iv - Excess Winter Deaths Index (3 years, aged 85+, persons)
4.15iv - Excess Winter Deaths Index (3 years, all ages, males)
4.15iv - Excess Winter Deaths Index (3 years, all ages, females)
None of the districts has an index significantly different from England's for the above indicators.

5.5.3.9 Dementia

There are an estimated 670,000 people in England with dementia, a number expected to double in the next 30 years. Dementia accounts for more expenditure than heart disease and cancer combined and costs society around £20bn a year.
4.16 - Estimated diagnosis rate for people with dementia
Local analysis suggests that the highest prevalence is in North East, significantly higher than Derbyshire, and the lowest is in South, significantly lower.

6 CHILDREN AND YOUNG PEOPLE'S HEALTH BENCHMARKING TOOL

The Benchmarking Tool, developed by the Child and Maternal (ChiMat) Health Intelligence Network, presents a selection of indicators that are most relevant to the health and wellbeing of children and young people in an easily accessible way to support local decision making.

The ChiMat Health Intelligence Network was established in response to the recommendations of the Children and Young People's Health Outcomes Forum: an independent group of experts from local government, the NHS and charities advising the Government on improving services and outcomes for children and young people.

The Children and Young People's Benchmarking Tool will inform local discussions and encourage improvements in services and health outcomes for children and young people.

The Benchmarking Tool brings together and builds upon health outcome data from the Public Health Outcomes Framework (PHOF) and the NHS Outcomes Framework (NHS OF). The Children and Young People's Health Outcomes Forum also recommended a number of important additional indicators and increased detail for some existing indicators.

This report looks at those supplementary indicators which are not part of PHOF or NHSOF, and thus not considered in the main State of Derbyshire Report.

6.1 Showing Green

6.1.1 Children in care with up to date immunisations

92.1% compared to 85.7% for East Midlands and 87.1% for England. The percentage has risen significantly over the last two years, since the 2012 baseline of 64.6%.

6.1.2 Family homelessness

The UN Convention on the Rights of the Child highlights the right of every child to an adequate standard of living. Children from homeless households are often the most vulnerable in society. Homelessness is associated with severe poverty and is a social determinant of health.

At 0.7 families per 1000, significantly lower than East Midlands, at 1.3, and England, at 1.7. The rate has fallen over the last two period but not significantly.

6.1.3 Children in care

Children and young people in care are among the most socially excluded in children in England. There are significant inequalities in health and social outcomes compared with all children and these contribute to poor health and social exclusion of care leavers later in life.

The rate of 41 children per 10,000 is significantly lower than 52 for East Midlands and 60 for England. In Derbyshire the rate fell from the last period (43 per 10,000), but not significantly.

6.1.4 Children killed or seriously injured in road traffic accidents

Road traffic collisions are a major cause of deaths in children, and comprise higher proportions of accidental deaths as children get older. Parents cite vehicle speed and volume as reasons why they do not allow their children to walk or cycle, thereby reducing opportunities for physical activity.

The rate of 13.7 per 100,000 is lower than East Midlands, at 19.0, and significantly lower than England, at 19.1.

6.1.5 Obese children

There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

The prevalence of obesity in 4-5 year olds is 8.5%, lower than East Midlands (8.9%) and significantly lower than England (9.5%). In Derbyshire, prevalence has increased over the last period from 8.3%, although this is not significant.

The prevalence of obesity in 10-11 year olds is 16.9%, significantly lower than East Midlands (18.1%) and for England (19.1%). In Derbyshire prevalence has fallen significantly since the 2010/11 baseline of 19.1%.

6.1.6 Children with one or more decayed, missing or filled teeth

Dental caries (tooth decay) and periodontal (gum) disease are the most common dental pathologies in the UK. Tooth decay has become less common over the past two decades, but is still a significant health and social problem. It results in destruction of the crowns of teeth and frequently leads to pain and infection. Dental disease is more common in deprived communities than those that are more affluent. The indicator is a good direct measure of dental health and an indirect, proxy measure of child health and diet.

22.3% of 5 year olds in Derbyshire are in this category, significantly lower than 29.8% in East Midlands and 27.9% in England.

6.1.7 A&E attendances (0-4 years)

A&E attendances in children aged under five years are often preventable, and commonly caused by accidental injury or by minor illnesses which could have been treated in primary care.

At 459.2 attendances per 1,000 population the rate for Derbyshire is significantly higher than East Midlands (450.8) but significantly lower than England (525.6). The Derbyshire rate fell significantly from the previous year of 481.2 per 1,000.

6.1.8 Hospital admissions for asthma (under 19 years)

Asthma is the commonest long-term medical condition in childhood. Emergency admissions should be avoided whenever possible. Unplanned hospitalisation for asthma, diabetes and epilepsy in children and young people under 19 years is a national quality indicator in the NHS Outcomes Framework.

The rate of 127.1 per 100,000 is similar to the East Midlands (125.6), but significantly lower than England (197.1). The rate has fallen significantly from the previous year of 188.6 per 100,000.

6.2 Green to Amber

6.2.1 Percentage of live and still births weighing <2500g

Low birthweight is an enduring aspect of childhood morbidity, a major factor in infant mortality and has serious consequences for health in later life (NICE). There are social inequalities in low birthweight in England and Wales and these inequalities are likely to affect childhood and adult health inequalities in the future, hence strategies will need to address differences in low birthweight and further monitoring of trends is therefore desirable.

During 2013 6.9% of births in Derbyshire had a weight recorded as less than 2,500 grams. Although this was similar to East Midlands (7.1%) and England (7.4%), there had been a slight (but not significant) increase in Derbyshire from the previous year (6.3%).

6.2.2 Hospital admissions for mental health conditions

One in ten children aged 5-16 years has a clinically diagnosable mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14. Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders – with ten per cent of 15-16 year olds having self-harmed. Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations.

During 2013/14 the hospital admission rate in Derbyshire of 85.3 per 100,000 was similar to East Midlands (71.6 per 100,000) and England (87.2 per 100,000). The rate in Derbyshire has increased since 2012/13 (64.2 per 100,000), although not significantly.

6.3 In the Red

6.3.1 GCSE achieved 5A-C including English & Maths*

Educational attainment is influenced by both the quality of education children receive and their family socio-economic circumstances. Educational qualifications are a determinant of an individual's labour market

position, which in turn influences income, housing and other material resources. These are related to health and health inequalities.

At 53.7% this is slightly lower compared with 54.0% for East Midlands and significantly lower than England, at 56.8%.

6.3.2 Hospital admissions as a result of self-harm (10-24 years) - 3 years pooled

Hospital admissions for self-harm in children have increased in recent years, with admissions for young women being much higher than admissions for young men. With links to other mental health conditions such as depression, the emotional causes of self-harm may require psychological assessment and treatment.

Pooled 3 year data shows that during 2010/11 – 2012/13 in Derbyshire there were 410.7 admissions per 100,000. This was significantly higher than East Midlands (357.4 per 100,000) and England (352.3). The rate in Derbyshire has decreased significantly from the 2007/08 – 2009/10 baseline of 458.4 per 100,000. However, more recent single year data for 2013/14 shoes that there has been a significant increase in admissions within Derbyshire from the previous year (the rate increased from 377.5 per 100,000 during 2012/13 to 621.1 per 100,000 in 2013/14).

6.3.3 School Exclusions

Good discipline in schools is essential to ensure that all pupils can benefit from the opportunities provided by education.

6.3.3.1 Fixed period exclusions from primary schools

During 2012/13 the proportion of fixed period primary exclusions in Derbyshire was 1.2%. This was significantly higher than East Midlands (0.9%) and England (0.9%).

6.3.3.2 Permanent exclusions from secondary schools

During 2012/13 the proportion of permanent exclusions in Derbyshire was 0.18%. This was slightly higher than East Midlands (0.16%) and significantly higher than England (0.12%).

7 NATIONAL ADULT SOCIAL CARE OUTCOMES FRAMEWORK 2014-15

The Adult Social Care Outcomes Framework is used both locally and nationally to set priorities for care and support, measure progress, and strengthen transparency and accountability. The purpose of the ASCOF is three-fold:-

- Locally, the ASCOF supports councils to improve the quality of care and support. By providing robust, nationally comparable information on the outcomes and experiences of local people, the ASCOF supports meaningful comparisons between councils, helping to identify priorities for local improvement, and stimulating the sharing of learning and best practice;
- The ASCOF fosters greater transparency in the delivery of adult social care, supporting local people to hold their council to account for the quality of the services they provide. A key mechanism for this is through councils' local accounts, where the ASCOF is already being used as a robust evidence base to support councils' reporting of their progress and priorities to local people; and
- Nationally, the ASCOF measures the performance of the adult social care system as a whole, and its success in delivering high quality, personalised care and support. The framework will support Ministers in discharging their accountability to the public and Parliament for the adult social care system, and will inform and support national policy development.

- Derbyshire performed better than England in 29 indicators.
- Derbyshire performed worse than England in 39 indicators.

7.1 Performing better than England

7.1.1 Enhancing Quality of Life for People with Care and Support Needs

There is a strong link between employment, stable and appropriate accommodation, and enhanced quality of life for people with a learning disability and people with mental health problems.

1A: Social Care Related Quality of Life

This measure gives an overarching view of the quality of life for users of social care. This outcome is influenced by a range of factors, including the quality of care and support. It is a composite measure calculated by using responses to eight questions in the Adult Social Care Survey of users of social care, covering different aspects of social care related quality of life.

The average score for social care related quality of life for Derbyshire was 19.1 out of a maximum possible score of 24, about the same as for England at 19.0. This was a small increase on the previous year. There was a higher score for males than females and higher score for 18-64 year olds than 65s and over. Males and younger users scored higher than England, while females and older users scored lower.

1C: Proportion of people using social care who receive self-directed support, and those receiving direct payments

Research has indicated that personal budgets impact positively on well-being, increasing choice and control, reducing cost implications and improving outcomes. Studies have shown that direct payments increase satisfaction with services and are the purest form of personalisation. The Care Act, which will be implemented in 2015/16, will place personal budgets on a statutory footing.

1C(1A): The proportion of people using social care who receive self-directed support (adults aged over 18 receiving self-directed support)

85.7% of users received self-directed support during the year, higher than England at 83.7%. 81.5% of users aged 18-64 and 88.2% of users aged 65 and over received self-directed support compared to 80.3% and 86.6%.

1C(1B): The proportion of people using social care who receive self-directed support (carers receiving self-directed support)

100% of carers receiving carer specific services (n=15) received self-directed support compared to 77.4% in England.

1C(2B): The proportion of people using social care who receive direct payments (carers receiving direct payments for support direct to carer)

100% of carers receiving carer specific services (n=15) received direct payments compared to 66.9% in England.

1F: Proportion of adults in contact with secondary mental health services in paid employment

11.7% of adults in contact with secondary mental health services were in paid employment compared to 6.8% in England. This was higher for females than for males, 14.2% compared to 9.3%; 8.3% and 5.6% for England. All of these percentages have fallen on the previous year, but for males the fall was proportionally greater.

1G: Proportion of adults with a learning disability who live in their own home or with their family

88.8% of adults with a learning disability who are known to councils live in their own home or with their family compared to 73.3% in England. This has risen in Derbyshire but fallen in England overall.

7.1.2 Delaying and Reducing the Need for Care and Support

2B: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

There is strong evidence that reablement services lead to improved outcomes and value for money across the health and social care sectors. Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services.

2B(1): The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

87.1% of older people (aged 65 and over) were still at home 91 days after discharge from hospital into reablement or rehabilitation services, a 10% increase on the previous year. This compares with 82.1% for England. Women were still more likely to still be at home than men – 87.9% compared to 85.3% - although the male proportion has increased by a fifth on the previous year. The probability of being able to remain at home decreases with age: of those aged 65-74, 90.5% were still at home (England: 86.1%); 88.1% of those aged 75-84 were still at home (England: 83.9%) as were 84.8% of over 85s (England: 79.1%). All represented improvement on the previous year.

2D: The outcomes of short-term support: sequel to service

This measure will reflect the proportion of those new clients who received short-term services during the year, where no further request was made for ongoing support. Since the aim of short-term services is to reable people and to promote their independence, this measure will provide evidence of a good outcome in delaying dependency or supporting recovery – short-term support that results in no further need for services.

88% of people required a lower level of support following short-term support compared to 74.6% in England. Of those aged 18-64, 90.2% required lower support (England: 80.4%); 87.8% of those aged 65 and over required lower support (England: 73.7%).

7.1.3 Ensuring that people have a positive experience of care and support

3A: Overall satisfaction of people who use services with their care and support

This measures the satisfaction with services of people using adult social care, which is directly linked to a positive experience of care and support. Analysis of surveys suggests that reported satisfaction with services is a good predictor of people's overall experience of services

69.0% of users said that they were extremely or very satisfied with services they received, compared to 64.7% in England. This was higher for females than for males, 71.2% compared to 65.4%; 64.5% and 65.1% for England. It was also higher for 18 to 64 year olds than those aged 65 and over, 69.2% compared to 68.8%; 68.2% and 62.6% for England.

3B: Overall satisfaction of carers with social services

This measures the satisfaction with services of people using adult social care, which is directly linked to a positive experience of care and support. Analysis of surveys suggests that reported satisfaction with services is a good predictor of people's overall experience of services.

41.9% of carers said that they were extremely or very satisfied with services they received, compared to 41.2% in England. This was higher for females than for males, 42.3% compared to 41.7%; 40.2% and 43.3% for England. It was also higher for 18 to 64 year olds than those aged 65 and over, 42.4% compared to 41.6%; 38.8% and 43.6% for England.

7.1.4 Safeguarding People whose Circumstances make them Vulnerable, and Protecting from Avoidable Harm

4B: Proportion of People who use Services who say that those Services have made them feel Safe and Secure

This measure supports measure 4A, by reflecting the extent to which users of care services feel that their care and support has contributed to making them feel safe and secure. As such, it attempts to separate the role of care and support in helping people to feel safe from the influence of other factors, such as crime levels and socioeconomic factors.

90.3% of users of social care said that those services have made them feel safe and secure, compared to 80.5% in England. This was lower for males, at 90.3%, than females, at 90.4% (England: 83.9% and 84.9%). This was also higher for those aged 18–64, at 92.1%, than those aged 65 or over, at 89.1% (England: 84.7% and 84.4%). The proportion has risen in both Derbyshire and England. It has risen in both males and females, but more so in females so that this proportion is now higher than for males. It has also risen in both younger and older users.

7.2 Performing worse than England

7.2.1 Enhancing Quality of Life for People with Care and Support Needs

1B: Proportion of people who use services who have control over their daily life

A key objective of the drive to make care and support more personalised is that support more closely matches the needs and wishes of the individual, putting users of services in control of their care and support. Therefore, asking users of care and support about the extent to which they feel in control of their daily lives is one means of measuring whether this objective is being achieved.

75.0% of users of social care in Derbyshire say they feel in control of their daily life, lower than England at 77.3%. More males reported being in control - 76.0% and rising from the previous year - than females - 74.3% and falling. Both had a lower proportion than those for England. Those aged 18–64 were more likely to report they feel in control (85.2%, rising) than those aged 65 and over (65.2%, falling). The proportion for younger users was higher than England, while the proportion for older users was lower.

1C: Proportion of people using social care who receive self-directed support, and those receiving direct payments

Research has indicated that personal budgets impact positively on well-being, increasing choice and control, reducing cost implications and improving outcomes15. Studies have shown that direct payments increase satisfaction with services and are the purest form of personalisation16. The Care Act, which will be implemented in 2015/16, will place personal budgets on a statutory footing.

1C(2A): The proportion of people using social care who receive direct payments (adults receiving direct payments)

22.5% of users received direct payments during the year, lower than England at 26.3%. 41.5% of users aged 18-64 and 11.5% of users aged 65 and over received self-directed support compared to 38.1% and 16.9%.

1D: Carer-reported quality of life

Carers can balance their caring roles and maintain their desired quality of life.

The average score for Derbyshire carers was 7.6 (out of 12) compared to 7.9 for England. The average scores for females and males were 7.4 and 7.8 respectively, compared to 7.8 and 8.1 for England. The

average scores for 18-64 year olds and 65+ year olds were 7.2 and 7.8 respectively, compared to 7.6 and 8.1 for England.

1E: Proportion of adults with a learning disability in paid employment

There is a strong link between employment, stable and appropriate accommodation, and enhanced quality of life for people with a learning disability and people with mental health problems.

1.6% of adults with a learning disability who are known to Derbyshire County Council were in paid employment compared to 6.0% in England, falling from previous years. This was higher for males than females, 1.8% compared to 0.8%; 6.4% and 5.3% for England.

1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support

57.1% of adults in contact with secondary mental health services live independently, compared to 59.7% in England. This was higher for females than for males, 59.2% compared to 55.1%; 61.3% and 58.4% for England. In Derbyshire this has fallen by more than a third in contrast to England where the fall was less than 2%.

1I: Proportion of people who use services who reported that they had as much social contact as they would like

There is a clear link between loneliness and poor mental and physical health. A key element of the Government's vision for social care is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family.

1I(1): Proportion of people who use services who reported that they had as much social contact as they would like

42.4% of users said that they had as much social contact as they would like, compared to 44.8% in England. This was higher for males than females, 44.5% compared to 41.1%; 45.7% and 44.1% for England. It was also higher for 18 to 64 year olds than those aged 65 and over, 51.9% compared to 35.9%; 48.0% and 42.8% for England.

1I(2): Proportion of carers who reported that they had as much social contact as they would like

36.9% of carers said that they had as much social contact as they would like, compared to 38.5% in England. This was higher for males than females, 40.1% compared to 34.8%; 40.2% and 37.7% for England. It was substantially lower for 18 to 64 year olds than those aged 65 and over, 29.5% compared to 42.1%; 36.3% and 40.0% for England.

7.2.2 Delaying and Reducing the Need for Care and Support

2A: Permanent Admissions to Residential and Nursing Care Homes, per 100,000 population

Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care.

2A(1): The number of long term admissions to residential and nursing care homes, per 100,000 population (younger adults)

There were 25.5 long term admissions to residential care or nursing homes per 100,000 population for adults 18–64 compared to 14.2 for England. .

2A(2): The number of long term admissions to residential and nursing care homes, per 100,000 population (older adults)

There were 835.5 permanent admissions to residential care or nursing homes per 100,000 population for adults aged 65 or over compared to 668.8 for England.

2B: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

There is strong evidence that reablement services lead to improved outcomes and value for money across the health and social care sectors. Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services.

2B(2): The proportion of older people (aged 65 and over) who were offered reablement/rehabilitation services after discharge from hospital

1.9% of older people (aged 65 and over) were offered reablement services following discharge from hospital – almost a doubling from the previous year - compared to 3.1% in England. 1.2% of men and 2.6% of women were offered reablement services, compared to 2.3% and 3.8% in England. The likelihood of being offered reablement increases with age: 0.7% of 65-74 year olds, 2.1% of 75-84 year olds and 4.5% of over 85s were offered reablement compared to 1.1%, 3.3% and 7.6% respectively, in England.

2C: Delayed transfers of Care from Hospital, and those Attributable to Adult Social Care

This measure reflects the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.

2C(1): Delayed transfers of care from hospital per 100,000 population

Per 100,000 of the adult population, there were on average 9.7 delayed transfers of care (for those aged 18 and over) per day, down by a quarter. For England there were 11.1, up by over an eighth.

2C(2): Delayed transfers of care from hospital attributable to social care (or jointly to social care and the NHS) per 100,000 population

Per 100,000 of the adult population, there were on average 3.3 delayed transfers of care (for those aged 18 and over) per day, down by a third. For England there were 3.7, up by a fifth.

7.2.3 Ensuring that people have a positive experience of care and support

3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for

Carers should be respected as equal partners in service design for those individuals for whom they care – this improves outcomes both for the cared for person and the carer, reducing the chance of breakdown in care. This measure reflects the experience of carers in how they have been consulted by both the NHS and social care.

66.3% of carers said that they had been included or consulted, compared to 72.3% in England. This was higher for females than for males, 67.1% compared to 65.0%; 72.7% and 71.7% for England. It was also higher for 18 to 64 year olds than those aged 65 and over, 69.4% compared to 63.5%; 71.6% and 72.9% for England.

(3D) The proportion of people who use services and carers who find it easy to find information about support

Improved and/or more information benefits carers and the people they support by helping them to have greater choice and control over their lives. This may help to sustain caring relationships through, for example, reduction in stress, improved welfare and physical health improvements. These benefits accrue only where information is accessed that would not otherwise have been accessed, or in those cases where the same information is obtained more easily.

3D(1): The proportion of people who use services who find it easy to find information about services

72.8% users found it easy to find information, compared to 74.5% in England. This was higher for males than females, 74.3% compared to 71.8%; 74.6% and 74.4% for England. It was also higher for 18 to 64 year olds than those aged 65 and over, 74.7% compared to 71.5%; 71.6% and 76.2% for England.

3D(2): The proportion of carers who find it easy to find information about services

62.5% of carers found it easy to find information, compared to 65.5% in England. This was higher for males than females, 63.2% compared to 62.8%; 67.2% and 64.8% for England. It was also higher for those aged 65 and over than 18 to 64 year olds, 64.8% compared to 59.8%; 69.8% and 61.2% for England.

7.2.4 Safeguarding People whose Circumstances make them Vulnerable, and Protecting from Avoidable Harm

4A: Proportion of People who use Services who Feel Safe

Safety is fundamental to the wellbeing and independence of people using social care, and the wider population. Feeling safe is a vital part of users' experience of their care and support.

65.2% of users of social care said that they felt as safe as they wanted, compared to 68.5% in England. This was lower for females, at 63.1%, than for males, at 68.5% (England: 67.5% and 70.2%). This was also higher for those aged 18–64, at 71.7%, than those aged 65 or over, at 60.9% (England: 65.8% and 70.2 %). The proportion has fallen in Derbyshire at the same time increasing in England which now has the higher rate. The proportion of males has risen at the same time that the proportion of females has fallen and is now the higher of the two, whereas for England both have risen. The proportion for those aged 18-64 has risen, but that for those over 65 and over has fallen; again for England both have risen.

8 NHS OUTCOME FRAMEWORK: CLINICAL COMMISSIONING GROUP OUTCOMES

CCG Outcomes Indicator Set measures are developed from NHS Outcomes Framework indicators that can be measured at CCG level together with additional indicators developed by NICE and the Health and Social Care Information Centre. These provide clear, comparative information for CCGs, Health and Wellbeing Boards, local authorities and patients and the public about the quality of health services commissioned by CCGs and the associated health outcomes. They are useful for CCGs and Health and Wellbeing Boards in identifying local priorities for quality improvement and to demonstrate progress that local health systems are making on outcomes.

Indicators are grouped around five domains as in the NHS Outcomes Framework, which set out the high-level national outcomes that CCGs should be aiming to improve. For each domain, there are a small number of overarching indicators followed by a number of improvement areas. They focus on improving health and reducing health inequalities: -

Domain 1	Preventing people from dying prematurely;
Domain 2	Enhancing quality of life for people with long-term conditions;
Domain 3	Helping people to recover from episodes of ill health or following injury;
Domain 4	Ensuring that people have a positive experience of care; and
Domain 5	Treating and caring for people in a safe environment; and protecting them from avoidable harm.

Unlike the Public Health and Adult Social Care Outcomes frameworks the CCG indicators are aggregated by NHS Clinical Commissioning Group (CCG), rather than local government areas.

There are 3 CCGs with geographical areas of responsibility lying wholly within Derbyshire County. These are NHS North Derbsyhire CCG, NHS Hardwick CCG and NHS Erewash CCG. A fourth, NHS Southern Derbyshire CCG, covers the whole of Derby City as well as part of the county. A fifth, NHS Tameside & Glossop CCG, covers an area in the northwest of the county, commonly referred to as Glossopdale, as well as a large area outside the East Midlands region.

8.1 Showing Green

8.1.1 Preventing people from dying prematurely

8.1.1.1 Diabetes

1.4 Myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes
The intent of this indicator is to measure the proportion of people with diabetes who develop long-term conditions or complications that may be exacerbated by poor management of diabetes. Some, but not all, complications or episodes of ill-health may potentially be avoidable with high-quality management of diabetes in primary care. These long-term conditions or complications are therefore used as proxies for outcomes of care.

Southern Derbyshire CCG

The indirectly standardised rate of people (89.5) diagnosed with diabetes who subsequently had an MI, stroke or chronic kidney disease was significantly lower than England (100), having fallen from the previous year.

8.1.1.2 Cancer

1.17 Record of stage of cancer at diagnosis
A major determinant of cancer outcomes is the tumour stage at diagnosis. Improving the recording of cancer stage at diagnosis will allow more detailed and actionable analyses of outcomes by treatment type, patient pathway, and case mix.

Tameside & Glossop CCG

The percentage of cases where cancer stage was recorded was significantly higher, at 77.6%, than England, at 70.8%, and rising significantly.

8.1.2 Enhancing quality of life for people with long-term conditions

8.1.2.1 Hospital admissions

2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy (under 19s).
The intent of this indicator is to measure effective management and reduced serious deterioration in young people with specific long term conditions. Active management of these conditions can prevent acute exacerbations and reduce the need for emergency hospital admission.

Southern Derbyshire CCG

The rate per 100,000 of unplanned admissions was significantly lower, at 216.9, than England, at 327, but rising.

8.1.2.2 Ethnic Minorities

2.9 Access to community mental health services by people from Black and Minority Ethnic (BME) groups
This indicator reflects access to mental health services among people from black and minority ethnic groups.

Erewash CCG

The rate of access per 100,000 was significantly higher, at 2924.4, than England, at 2201.0, and rising.

8.1.2.3 Mental Health

2.11 Percentage of referrals to Improving Access to Psychological Therapies (IAPT) services
The Improving Access to Psychological Therapies (IAPT) programme develops talking therapies services that offer treatments for depression and anxiety disorders approved by NICE.
2.11a which indicated a reliable recovery following completion of treatment

Erewash CCG

The percentage of referrals indicating recovery was significantly higher, at 46.5, than England, at 42.8, and was rising significantly.

Hardwick CCG

The percentage of referrals indicating recovery was significantly higher, at 47.9, than England, at 42.8, and was rising significantly.

North Derbyshire CCG

The percentage of referrals indicating recovery was significantly higher, at 50.6, than England, at 42.8, and was rising significantly.

Southern Derbyshire CCG

The percentage of referrals indicating recovery was significantly higher, at 47.9, than England, at 42.8, and rising.

2.11b which indicated a reliable improvement following completion of treatment

Erewash CCG

The percentage of referrals indicating improvement was significantly higher, at 65.9, than England, at 60.8, and rising.

Hardwick CCG

The percentage of referrals indicating improvement was significantly higher, at 68.0, than England, at 60.8, and was rising significantly.

North Derbyshire CCG

The percentage of referrals indicating improvement was significantly higher, at 69.0, than England, at 60.8, and was rising significantly.

Southern Derbyshire CCG

The percentage of referrals indicating improvement was significantly higher, at 65.5, than England, at 60.8, but falling significantly.

2.11c which indicated a reliable deterioration following completion of treatment

North Derbyshire CCG

The percentage of referrals indicating deterioration was significantly lower, at 5.3, than England, at 6.2, and was falling significantly.

Southern Derbyshire CCG

The percentage of referrals indicating deterioration was significantly lower, at 4.4, than England, at 6.2, and falling.

8.1.3 Helping people to recover from episodes of ill health or following injury

8.1.3.1 Hospital Admissions

3.1 Emergency admissions for acute conditions that should not usually require hospital admission

Preventing conditions such as ear, nose or throat infections, kidney or urinary tract infections, or heart failure from becoming more serious. Some emergency admissions may be avoided for acute conditions that are usually managed in primary care. Rates of emergency admissions are therefore used as a proxy for outcomes of care.

Erewash CCG

The rate per 100,000 of admissions was significantly lower, at 1102.5, than England, at 1273.0, and falling.

Southern Derbyshire CCG

The rate per 100,000 of admissions was significantly lower, at 1181.0, than England, at 1273.0, but rising significantly.

3.4 Emergency admissions for children with lower respiratory tract infections

Preventing lower respiratory tract infections (LRTIs) in children from becoming more serious, for example, by preventing complications in vulnerable children and improving the management of conditions in the community, whilst taking into account that some children's conditions and cases might require an emergency hospital admission as part of current good clinical practice.

Southern Derbyshire CCG

The rate per 100,000 of admissions was significantly lower, at 250.9, than England, at 395.1, and falling.

8.1.3.2 Stroke

3.5 People who have had a stroke who are admitted to an acute stroke unit within 4 hours of arrival to hospital

This indicator measures a key component of high-quality care as defined in the NICE quality standard for stroke.

Erewash CCG

The percentage of patients admitted was significantly higher, at 72.4, than England, at 58.7.

Hardwick CCG

The percentage of patients admitted was significantly higher, at 70.6, than England, at 58.7, and rising.

North Derbyshire CCG

The percentage of patients admitted was significantly higher, at 71.6, than England, at 58.7, and rising.

Southern Derbyshire CCG

The percentage of patients admitted was significantly higher, at 69.7, than England, at 58.7, and rising significantly.

3.7 People with stroke who are discharged from hospital with a joint health and social care plan

The indicator relates to the NHS Stroke Improvement Programme (SIP), set up to support the development of stroke care networks and the implementation of the National Stroke Strategy.

Hardwick CCG

The percentage of patients discharged with a plan was significantly higher, at 89.2, than England, at 81.1, but falling.

North Derbyshire CCG

The percentage of patients discharged with a plan was significantly higher, at 97.1, than England, at 81.1, and rising significantly.

Southern Derbyshire CCG

The percentage of patients discharged with a plan was significantly higher, at 88.0, than England, at 81.1, and rising significantly.

3.9 People who have had an acute stroke who spend 90% or more of their stay on a stroke unit
The National Sentinel Stroke Audits have documented increasing numbers of patients being treated in stroke units over the past ten years. Over this period, there was a reduction in mortality and length of hospital stay.

Erewash CCG

The percentage of patients staying 90% or more on a stroke unit was significantly higher, at 91.5, than England, at 82.4.

Hardwick CCG

The percentage of patients staying 90% or more on a stroke unit was significantly higher, at 89.9, than England, at 82.4, and rising.

North Derbyshire CCG

The percentage of patients staying 90% or more on a stroke unit was significantly higher, at 89.5, than England, at 82.4, and rising.

Southern Derbyshire CCG

The percentage of patients staying 90% or more on a stroke unit was significantly higher, at 89.2, than England, at 82.4, and rising significantly.

8.1.3.3 Hip Fracture

3.11 Hip fracture: collaborative orthogeriatric care
Of people with hip fracture, the proportion which receives a formal Hip Fracture Programme from admission evidenced as having a joint acute care protocol at admission, and evidence of multidisciplinary team (MDT) rehabilitation agreed with a responsible orthogeriatrician and orthopedic surgeon, with General Medical Council (GMC) numbers recorded.

North Derbyshire CCG

The percentage of patients receiving collaborative care was significantly higher, at 98.9, than England, at 93.8, and rising.

Tameside & Glossop CCG

The percentage of patients receiving collaborative care was significantly higher, at 98.4, than England, at 93.8, and rising.

3.12 Hip fracture: timely surgery
The NICE clinical guideline on hip fracture (NICE clinical guideline 124) recommends that surgery is performed on the day of, or the day after, admission, and the full guideline states that this will have a high impact on outcomes that are important to patients.

Southern Derbyshire CCG

The percentage of patients receiving timely surgery was significantly higher, at 86.8, than England, at 75.2, and rising.

3.13 Hip fracture: multifactorial falls risk assessment
Improvements against this indicator should lead to improved outcomes in terms of fewer hip fractures resulting in falls, and reduced mortality after falls.

North Derbyshire CCG

The percentage of patients receiving a risk assessment was significantly higher, at 99.7, than England, at 97.9, and rising.

8.1.3.4 Mental Health

3.16 Unplanned readmissions to mental health services within 30 days of a mental health inpatient discharge in people aged 17 and over
Some emergency re-admissions within a defined period after discharge from hospital result from potentially avoidable adverse events, such as incomplete recovery or complications, including the post-discharge support offered to manage these. Emergency re-admissions are therefore used as a proxy for outcomes of care.

Southern Derbyshire CCG

The percentage of patients receiving a risk assessment was significantly higher, at 99.7, than England, at 97.9, and rising.

3.17 Percentage of adults in contact with secondary mental health services in employment
Participation in paid employment is an indicator of recovery, and of the degree to which wider outcomes for individuals are being addressed, as well as having therapeutic value in itself.

Erewash CCG

The percentage of patients in employment was significantly higher, at 10.8, than England, at 6, but falling.

Hardwick CCG

The percentage of patients in employment was significantly higher, at 10.4, than England, at 6, but falling significantly.

North Derbyshire CCG

The percentage of patients in employment was significantly higher, at 11.6, than England, at 6, but falling significantly.

Southern Derbyshire CCG

The percentage of patients in employment was significantly higher, at 7.7, than England, at 6, but falling significantly.

8.1.4 Ensuring that people have a positive experience of care

8.1.4.1 General Practice

4.1 Patient experience of GP out-of-hours services
This indicator measures improvement in patients' experiences of GP out-of-hours services

North Derbyshire CCG

The percentage of patients describing their experience as good or very good was significantly higher, at 79.1, than England, at 68.6, and rising.

8.1.5 Treating and caring for people in a safe environment and protecting them from harm

8.1.5.1 Hospital Infections

5.3 Incidence of Healthcare Associated Infection (HCAI) – Methicillin-resistant Staphylococcus aureus (MRSA)
Reporting patient safety incidents and identifying common risks to patients should increase awareness and provide opportunities to improve patient safety.

North Derbyshire CCG

The rate is significantly lower, at 1.37, than England, at 3.61.

Southern Derbyshire CCG

The rate is significantly lower, at 1.66, than England, at 3.61.

8.2 Green to Amber

8.2.1 Enhancing quality of life for people with long-term conditions

8.2.1.1 Hospital Admissions

2.6 Unplanned hospitalisation for chronic ambulatory care sensitive conditions
The intent of this indicator is to measure effective management and reduced serious deterioration in people with ACS conditions. Active management of ACS conditions such as COPD, diabetes, congestive heart failure and hypertension can prevent acute exacerbations and reduce the need for emergency hospital admission.
Erewash CCG

The rate per 100,000 of unplanned admissions was lower, at 755.2, than England, at 809.0, but rising.

2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy (under 19s).
The intent of this indicator is to measure effective management and reduced serious deterioration in young people with specific long term conditions. Active management of these conditions can prevent acute exacerbations and reduce the need for emergency hospital admission.
Erewash CCG

The rate per 100,000 of unplanned admissions was lower, at 271.5, than England, at 327.0, but rising.

8.2.1.2 Ethnic Minorities

2.9 Access to community mental health services by people from Black and Minority Ethnic (BME) groups
This indicator reflects access to mental health services among people from black and minority ethnic groups.
Hardwick CCG

The rate per 100,000 of access was higher, at 2939.7, than England, at 2201.0, but falling.

8.2.1.3 Mental Health

2.10 Access to psychological therapies services by people from Black and Minority Ethnic (BME) groups
The Improving Access to Psychological Therapies (IAPT) programme develops talking therapies services that offer treatments for depression and anxiety disorders approved by NICE. A major ambition of the programme is to ensure equity of access in line with both prevalence and the community profile including age, race and other protected quality characteristics described in the Equality Act 2010.
North Derbyshire CCG

The rate per 100,000 of access remained higher, at 1077.0, than England, at 956.4, and was still rising.

Southern Derbyshire CCG

The rate per 100,000 of access remained higher, at 1004.0, than England, at 956.4, and was still rising.

2.11 Percentage of referrals to Improving Access to Psychological Therapies (IAPT) services
The Improving Access to Psychological Therapies (IAPT) programme develops talking therapies services that offer treatments for depression and anxiety disorders approved by NICE.
2.11c which indicated a reliable deterioration following completion of treatment
Erewash CCG

The percentage of referrals indicating deterioration was still lower, at 5.2, than England, at 6.2, and still falling.

Hardwick CCG

The percentage of referrals indicating deterioration was still lower, at 5.5, than England, at 6.2, and still falling.

3.16 Unplanned readmissions to mental health services within 30 days of a mental health inpatient discharge in people aged 17 and over
Some emergency re-admissions within a defined period after discharge from hospital result from potentially avoidable adverse events, such as incomplete recovery or complications, including the post-discharge support offered to manage these. Emergency re-admissions are therefore used as a proxy for outcomes of care.
Southern Derbyshire CCG
The ratio of the readmission rate to England (100) remained lower, at 81.5 despite rising.

8.2.1.4 Hip Fracture

3.11 Hip fracture: collaborative orthogeriatric care
Of people with hip fracture, the proportion which receives a formal Hip Fracture Programme from admission evidenced as having a joint acute care protocol at admission, and evidence of multidisciplinary team (MDT) rehabilitation agreed with a responsible orthogeriatrician and orthopedic surgeon, with General Medical Council (GMC) numbers recorded.

Southern Derbyshire CCG

The percentage of patients receiving collaborative care remained higher, at 95.0, than England, at 93.8, despite falling significantly.

3.13 Hip fracture: multifactorial falls risk assessment
Improvements against this indicator should lead to improved outcomes in terms of fewer hip fractures resulting in falls, and reduced mortality after falls.

Southern Derbyshire CCG

The percentage of patients receiving a risk assessment remained higher, at 98.9, than England, at 97.9, although falling.

8.3 In the Red

8.3.1 Preventing people from dying prematurely

8.3.1.1 Premature Mortality

1.1 Potential Years of Life Lost from causes considered amenable to healthcare (adults)
Deaths from causes considered 'amenable' to health care are premature deaths that should not occur in the presence of timely and effective health care. These indicators have been chosen to capture how successfully the NHS is meeting its objective to prevent people from dying prematurely where it can make a difference.

Tameside & Glossop CCG

Potential years of life lost were significantly higher than the England average for males: 3324.9 compared to 2265.8 per 100,000 population, rising slightly.

1.2 Under 75 Mortality Rate from Cardiovascular Disease
This indicator measures premature mortality from cardiovascular disease, and seeks to encourage measures such as the prompt diagnosis and effective management of cardiovascular conditions and treatments to reduce the re-occurrence of cardiovascular disease events and to prevent or to slow the process of chronic cardiovascular conditions.
The detection of risk factors for, and the diagnosis and effective treatment of, cardiovascular disease will influence mortality associated with cardiovascular disease.

Tameside & Glossop CCG

Mortality is significantly higher than the national average, 86.2 deaths per 100,000 population compared to 63.7, but falling by a fifth.

1.7 Under 75 Mortality Rate from Liver Disease
This indicator measures premature mortality from liver disease, and seeks to encourage measures such as prevention, early and accurate diagnosis and timely access to appropriate treatment and support.

Tameside & Glossop CCG

Mortality is significantly higher than the national average, 23.7 deaths per 100,000 population compared to 15.8, and is rising.

1.8 Emergency admissions for alcohol related liver disease
Some, but not all admissions for liver disease may be potentially avoidable by high quality management in primary care. This indicator therefore acts as a proxy for overall management.

Southern Derbyshire CCG

The admission rate is significantly higher than the national average, 34.6 admissions per 100,000 population compared to 26.7, and is rising.

Tameside & Glossop CCG

The admission rate is significantly higher than the national average, 52.6 admissions per 100,000 population compared to 26.7, and is rising.

1.9 Under 75 Mortality Rate from Cancer
This indicator measures premature mortality from cancer, and seeks to encourage measures such as early and accurate diagnosis, optimal pharmacotherapy, physical interventions, prompt access to specialist cancer care, structured hospital admission and appropriate provision of home oxygen.

Tameside & Glossop CCG

Mortality is significantly higher than the national average, 147.2 deaths per 100,000 population compared to 121.4, and is rising.

8.3.1.2 Maternity and Children

1.14 Maternal smoking at delivery
This indicator measures a key component of high-quality care as defined in NICE clinical guideline 62, recommendation 1.3.10.4, which states: "Monitor smoking status and offer smoking cessation advice, encouragement and support throughout the pregnancy and beyond".
All five CCGs have significantly higher rates than the National average (10.7%): ***Erewash CCG*** 14.9% but falling; ***Hardwick CCG*** 18.6% and rising; ***North Derbyshire CCG*** 16.1% and rising; ***Southern Derbyshire CCG*** 14.4%, unchanged; ***Tameside & Glossop CCG*** 16.7% and falling.

8.3.1.3 Cancer

1.17 Record of stage of cancer at diagnosis
A major determinant of cancer outcomes is the tumour stage at diagnosis. Improving the recording of cancer stage at diagnosis will allow more detailed and actionable analyses of outcomes by treatment type, patient pathway, and case mix.

Erewash CCG

The percentage of cases where cancer stage was recorded was significantly lower, at 60.8%, than England, at 70.8%, but rising significantly.

Southern Derbyshire CCG

The percentage of cases where cancer stage was recorded was significantly lower, at 49.5%, than England, at 70.8%, but rising significantly.

1.18 Percentage of cancers detected at stage 1 and 2
Diagnosing cancer at an early stage improves the chance of survival. Specific public health interventions, such as screening programmes and information and education campaigns, aim to improve rates of early diagnosis. This indicator is therefore a useful proxy for assessing likely improvements in cancer survival rates.

Erewash CCG

The percentage of cancer detected early was significantly lower, at 38.2%, than England, at 45.7%, but rising.

Hardwick CCG

The percentage of cancer detected early was significantly lower, at 39.8%, than England, at 45.7%, but rising.

Southern Derbyshire CCG

The percentage of cancer detected early was significantly lower, at 31.2%, than England, at 45.7%, but rising significantly.

1.19 Record of lung cancer stage at decision to treat
Lung cancer has one of the lowest survival outcomes of any cancer because more than two-thirds of people are diagnosed at a late stage when curative treatment is not possible. Earlier diagnosis and referral to specialist teams should improve survival rates.

Tameside & Glossop CCG

The percentage of cases where cancer stage was recorded was significantly lower, at 88.5%, than England, at 92.7%, but rising.

8.3.1.4 Hip Fracture

1.22 Hip fracture: incidence
Hip fracture is the most common reason for admission to an orthopaedic trauma ward, and incidence is projected to rise. Mortality is high – about 1 in 10 people with a hip fracture die within one month and about 1 in 3 within 12 months. Most of the deaths are a result of associated comorbidities and not the fracture itself, reflecting the high prevalence of comorbidity in people with hip fracture. A fall and fracture often signals

underlying ill health. The indicator will support local understanding of hip fracture incidence, and should lead to action that will result in improved outcomes

Tameside & Glossop CCG

The rate per 100,000 of hip fractures was significantly higher, at 567.7, than England, at 436.6, and rising significantly.

8.3.2 Enhancing quality of life for people with long-term conditions

8.3.2.1 Hospital admissions

2.6 Unplanned hospitalisation for chronic ambulatory care sensitive conditions

The intent of this indicator is to measure effective management and reduced serious deterioration in people with ACS conditions. Active management of ACS conditions such as COPD, diabetes, congestive heart failure and hypertension can prevent acute exacerbations and reduce the need for emergency hospital admission.

Hardwick CCG

The rate per 100,000 of unplanned admissions was significantly higher, at 1055.6, than England, at 809.0, and rising.

North Derbyshire CCG

The rate per 100,000 of unplanned admissions was significantly higher, at 872.7, than England, at 809.0, and rising

Southern Derbyshire CCG

The rate per 100,000 of unplanned admissions was significantly higher, at 861.0, than England, at 809.0, and rising

Tameside & Glossop CCG

The rate per 100,000 of unplanned admissions was significantly higher, at 1260.5, than England, at 809.0, and rising significantly.

2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy (under 19s).

The intent of this indicator is to measure effective management and reduced serious deterioration in young people with specific long term conditions. Active management of these conditions can prevent acute exacerbations and reduce the need for emergency hospital admission.

Tameside & Glossop CCG

The rate per 100,000 of unplanned admissions was significantly higher, at 476.6, than England, at 327.0, and rising.

8.3.2.2 Ethnic Minorities

2.9 Access to community mental health services by people from Black and Minority Ethnic (BME) groups

This indicator reflects access to mental health services among people from black and minority ethnic groups.

North Derbyshire CCG

The rate of access per 100,000 was significantly lower, at 1660.4, than England, at 2201.0, and falling.

8.3.2.3 Mental Health

2.11 Percentage of referrals to Improving Access to Psychological Therapies (IAPT) services which indicated a reliable recovery following completion of treatment

The Improving Access to Psychological Therapies (IAPT) programme develops talking therapies services that offer treatments for depression and anxiety disorders approved by NICE.

2.11a which indicated a reliable recovery following completion of treatment

Tameside & Glossop CCG

The percentage of referrals indicating recovery was significantly lower, at 32.4, than England, at 42.8, and was falling significantly.

2.11b which indicated a reliable improvement following completion of treatment

Tameside & Glossop CCG

The percentage of referrals indicating improvement was significantly lower, at 54.3, than England, at 60.8, and falling significantly.

8.3.3 Helping people to recover from episodes of ill health or following injury

8.3.3.1 Hospital Admissions

3.1 Emergency admissions for acute conditions that should not usually require hospital admission
Preventing conditions such as ear, nose or throat infections, kidney or urinary tract infections, or heart failure from becoming more serious. Some emergency admissions may be avoided for acute conditions that are usually managed in primary care. Rates of emergency admissions are therefore used as a proxy for outcomes of care.

Hardwick CCG

The rate per 100,000 of admissions was significantly higher, at 1857.7, than England, at 1273.0, but falling.

North Derbyshire CCG

The rate per 100,000 of admissions was significantly higher, at 1627.8, than England, at 1273.0, and rising significantly.

Tameside & Glossop CCG

The rate per 100,000 of admissions was significantly higher, at 1706.4, than England, at 1273.0, and rising significantly.

3.4 Emergency admissions for children with lower respiratory tract infections
Preventing lower respiratory tract infections (LRTIs) in children from becoming more serious, for example, by preventing complications in vulnerable children and improving the management of conditions in the community, whilst taking into account that some children's conditions and cases might require an emergency hospital admission as part of current good clinical practice.

Hardwick CCG

The rate per 100,000 of admissions was significantly higher, at 519.5, than England, at 395.1, but falling.

North Derbyshire CCG

The rate per 100,000 of admissions was significantly higher, at 493.3, than England, at 395.1, but falling.

Tameside & Glossop CCG

The rate per 100,000 of admissions was significantly higher, at 569.7, than England, at 395.1, and rising significantly.

8.3.3.2 Stroke

3.5 People who have had a stroke who are admitted to an acute stroke unit within 4 hours of arrival to hospital
This indicator measures a key component of high-quality care as defined in the NICE quality standard for stroke.

Tameside & Glossop CCG

The percentage of patients admitted was significantly lower, at 43.1, than England, at 58.7, and falling significantly.

3.6 People who have had an acute stroke who receive thrombolysis
This indicator measures a key component of high-quality care as defined in the NICE quality standard for stroke.

Tameside & Glossop CCG

The percentage of patients receiving thrombolysis was significantly lower, at 7.2, than England, at 11.6, and falling.

3.7 People with stroke who are discharged from hospital with a joint health and social care plan
The indicator relates to the NHS Stroke Improvement Programme (SIP), set up to support the development of stroke care networks and the implementation of the National Stroke Strategy.

Tameside & Glossop CCG

The percentage of patients discharged with a plan was significantly lower, at 75.1, than England, at 81.1, but rising.

3.8 People who have a follow-up assessment between 4 and 8 months after initial admission for stroke

The indicator relates to the NHS Stroke Improvement Programme (SIP), set up to support the development of stroke care networks and the implementation of the National Stroke Strategy.

Erewash CCG

The percentage of patients who have a follow-up assessment was significantly lower, at 0, than England, at 20.6.

Southern Derbyshire CCG

The percentage of patients who have a follow-up assessment was significantly lower, at 1.6, than England, at 20.6, and falling.

Tameside & Glossop CCG

The percentage of patients who have a follow-up assessment was significantly lower, at 0.3, than England, at 20.6, and falling.

3.9 People who have had an acute stroke who spend 90% or more of their stay on a stroke unit

The National Sentinel Stroke Audits have documented increasing numbers of patients being treated in stroke units over the past ten years. Over this period, there was a reduction in mortality and length of hospital stay.

Tameside & Glossop CCG

The percentage of patients staying 90% or more on a stroke unit was significantly lower, at 73.4, than England, at 82.4, and falling significantly.

8.3.3.3 Hip Fracture

3.11 Hip fracture: collaborative orthogeriatric care

Of people with hip fracture, the proportion which receives a formal Hip Fracture Programme from admission evidenced as having a joint acute care protocol at admission, and evidence of multidisciplinary team (MDT) rehabilitation agreed with a responsible orthogeriatrician and orthopedic surgeon, with General Medical Council (GMC) numbers recorded.

Hardwick CCG

The percentage of patients receiving collaborative care was significantly lower, at 75.8, than England, at 93.8, and falling significantly – despite being significantly higher in the previous year.

3.12 Hip fracture: timely surgery

The NICE clinical guideline on hip fracture (NICE clinical guideline 124) recommends that surgery is performed on the day of, or the day after, admission, and the full guideline states that this will have a high impact on outcomes that are important to patients.

Tameside & Glossop CCG

The percentage of patients receiving timely surgery was significantly lower, at 50.9, than England, at 75.2, and falling.

8.3.3.4 Alcohol

3.14 Alcohol-specific hospital admissions

Improvement against this indicator may be regarded as a proxy for improvements in alcohol dependence and harmful alcohol use. Such improvements may arise as a result of various healthcare and public health initiatives, including the use of brief interventions in primary care and other settings.

Erewash CCG

The rate per 100,000 of admissions was significantly higher, at 183.9, than England, at 115.8, and rising.

Hardwick CCG

The rate per 100,000 of admissions was significantly higher, at 173.6, than England, at 115.8, and rising.

North Derbyshire CCG

The rate per 100,000 of admissions was significantly higher, at 164.6, than England, at 115.8, and rising.

Southern Derbyshire CCG

The rate per 100,000 of admissions was significantly higher, at 163.3, than England, at 115.8, and rising.

Tameside & Glossop CCG

The rate per 100,000 of admissions was significantly higher, at 240.1, than England, at 115.8, and rising significantly.

3.15 Emergency alcohol-specific readmission to any hospital within 30 days of discharge following an alcohol-specific admission

Some emergency re-admissions within a defined period after discharge from hospital result from potentially avoidable adverse events (such as incomplete recovery or complications). Emergency re-admissions are therefore used as a proxy for outcomes of care.

Hardwick CCG

The ratio of the readmission rate to England (100) was significantly higher, at 131.2 and rising.

North Derbyshire CCG

The ratio of the readmission rate to England (100) was significantly higher, at 131.5 but falling.

Southern Derbyshire CCG

The ratio of the readmission rate to England (100) was significantly higher, at 119.5 and rising.

Tameside & Glossop CCG

The ratio of the readmission rate to England (100) was significantly higher, at 116.9 and rising.

8.3.3.5 Mental Health

3.16 Unplanned readmissions to mental health services within 30 days of a mental health inpatient discharge in people aged 17 and over

Some emergency re-admissions within a defined period after discharge from hospital result from potentially avoidable adverse events, such as incomplete recovery or complications, including the post-discharge support offered to manage these. Emergency re-admissions are therefore used as a proxy for outcomes of care.

Tameside & Glossop CCG

The ratio of the readmission rate to England (100) was significantly higher, at 127.4 and rising.

3.17 Percentage of adults in contact with secondary mental health services in employment

Participation in paid employment is an indicator of recovery, and of the degree to which wider outcomes for individuals are being addressed, as well as having therapeutic value in itself.

Tameside & Glossop CCG

The percentage of patients in employment was significantly lower, at 0.3, than England, at 6.0, and falling significantly.

8.3.4 Treating and caring for people in a safe environment and protecting them from harm

8.3.4.1 Hospital Infections

5.3 Incidence of Healthcare Associated Infection (HCAI) – Methicillin-resistant Staphylococcus aureus (MRSA)

Reporting patient safety incidents and identifying common risks to patients should increase awareness and provide opportunities to improve patient safety.

Tameside & Glossop CCG

The rate is significantly higher, at 9.84, than England, at 3.61.

5.4 Incidence of Healthcare Associated Infection (HCAI) – C. difficile

Reporting patient safety incidents and identifying common risks to patients should increase awareness and provide opportunities to improve patient safety.

Hardwick CCG

The rate is significantly higher, at 96.57, than England, at 61.38.

North Derbyshire CCG

The rate is significantly higher, at 94.77, than England, at 61.38.

Tameside & Glossop CCG

The rate is significantly higher, at 102.53, than England, at 61.38.

8.4 Red to Amber

8.4.1 Preventing people from dying prematurely

8.4.1.1 Premature Mortality

1.1 Potential Years of Life Lost from Causes Considered Amenable to Healthcare
Deaths from causes considered 'amenable' to health care are premature deaths that should not occur in the presence of timely and effective health care. These indicators have been chosen to capture how successfully the NHS is meeting its objective to prevent people from dying prematurely where it can make a difference.
Tameside & Glossop CCG

Potential years of life lost are higher than the England average for females: 2063.1 compared to 1868.8 per 100,000 population, having fallen by a quarter.

1.6 Under 75 Mortality Rate from Respiratory Disease
This indicator measures premature mortality from respiratory disease, and seeks to encourage measures such as early and accurate diagnosis, optimal pharmacotherapy, physical interventions, prompt access to specialist respiratory care, structured hospital admission and appropriate provision of home oxygen.
The detection of risk factors for, and the diagnosis and effective treatment of, respiratory disease will influence mortality associated with respiratory disease.
Tameside & Glossop CCG

Mortality is higher than the national average, 34.6 deaths per 100,000) population compared to 27.6, but has fallen by just over an eighth.

8.4.1.2 Alcohol

1.8 Emergency admissions for alcohol related liver disease
Some, but not all admissions for liver disease may be potentially avoidable by high quality management in primary care. This indicator therefore acts as a proxy for overall management.
Erewash CCG

The admission rate is now lower than the national average, 25.9 per 100,000 population compared to 26.7, having fallen by almost two-fifths.

8.4.1.3 Hip Fracture

1.22 Hip fracture: incidence
Hip fracture is the most common reason for admission to an orthopaedic trauma ward, and incidence is projected to rise. Mortality is high – about 1 in 10 people with a hip fracture die within one month and about 1 in 3 within 12 months. Most of the deaths are a result of associated comorbidities and not the fracture itself, reflecting the high prevalence of comorbidity in people with hip fracture. A fall and fracture often signals underlying ill health. The indicator will support local understanding of hip fracture incidence, and should lead to action that will result in improved outcomes
Hardwick CCG

The rate per 100,000 of hip fractures was lower, at 429.7, than England, at 436.6, and falling.

8.4.1.4 Maternity and Children

1.26 Low birth weight full-term babies
Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. At a population level there are inequalities in low birth weight and a high proportion of low birth weight births could indicate lifestyle issues of the mothers and/or issues with the maternity services.
Southern Derbyshire CCG

The rate per 1,000 of low birth weight babies was higher, at 3.1, than England, at 2.9 but falling.

8.4.2 Enhancing quality of life for people with long-term conditions

8.4.2.1 Ethnic Minorities

2.9 Access to community mental health services by people from Black and Minority Ethnic (BME) groups
This indicator reflects access to mental health services among people from black and minority ethnic groups.

Southern Derbyshire CCG

The rate per 100,000 of access remains lower, at 2104.1, than England, at 2201.0, but has risen significantly.

2.10 Access to psychological therapies services by people from Black and Minority Ethnic (BME) groups
The Improving Access to Psychological Therapies (IAPT) programme develops talking therapies services that offer treatments for depression and anxiety disorders approved by NICE. A major ambition of the programme is to ensure equity of access in line with both prevalence and the community profile including age, race and other protected quality characteristics described in the Equality Act 2010.

Tameside & Glossop CCG

The rate per 100,000 of access was higher, at 1009.0, than England, at 956.4, and rising significantly.

8.4.2.2 Hip Fracture

3.12 Hip fracture: timely surgery
The NICE clinical guideline on hip fracture (NICE clinical guideline 124) recommends that surgery is performed on the day of, or the day after, admission, and the full guideline states that this will have a high impact on outcomes that are important to patients.

Hardwick CCG

The percentage of patients receiving timely surgery was higher, at 75.6, than England, at 75.2, and rising.

8.4.2.3 Alcohol

3.15 Emergency alcohol-specific readmission to any hospital within 30 days of discharge following an alcohol-specific admission
Some emergency re-admissions within a defined period after discharge from hospital result from potentially avoidable adverse events (such as incomplete recovery or complications). Emergency re-admissions are therefore used as a proxy for outcomes of care.

Erewash CCG

The ratio of the readmission rate to England (100) remained higher, at 120.9 despite falling.

APPENDICES

Appendix 1: Public Health Outcomes Framework Quilt

Public Health Outcomes Framework-
Starting well indicators
updated-March 2016

	Indicator	Period	England	Derbyshire Districts: East Midlands	County	Amber Valley	Bolsover	Chesterfield	Derbyshire Dale	Erewash	High Peak	North East Derbyshire	South Derbyshire
	Starting well												
1	Children in poverty (all dependent children under 20)-Persons	2013	18.0	17.0	15.1	15.6	20.0	19.3	8.5	17.1	12.2	14.3	11.3
2	Children in poverty (under 16s)-Persons	2013	18.6	17.8	15.9	16.5	20.9	20.6	8.9	18.0	13.1	15.0	11.9
3	School Readiness: The percentage of children achieving a good level of development at the end of reception-Persons	2014/15	66.3	64.0	68.4	-	-	-	-	-	-	-	-
	School Readiness: The percentage of children achieving a good level of development at the end of reception-male	2014/15	58.6	56.3	60.0	-	-	-	-	-	-	-	-
	School Readiness: The percentage of children achieving a good level of development at the end of reception-female	2014/15	74.3	72.1	77.1	-	-	-	-	-	-	-	-
4	School Readiness: The percentage of children with free school meal status achieving a good level of development at the end of reception-Persons	2014/15	51.2	47.8	44.4	-	-	-	-	-	-	-	-
	School Readiness: The percentage of children with free school meal status achieving a good level of development at the end of reception-males	2014/15	42.6	38.9	39.8	-	-	-	-	-	-	-	-
	School Readiness: The percentage of children with free school meal status achieving a good level of development at the end of reception-female	2014/15	60.3	59.8	63.3	-	-	-	-	-	-	-	-
5	School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening check-Persons	2013/14	76.8	74.5	74.2	-	-	-	-	-	-	-	-
	School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening check-male	2014/15	73.0	70.6	70.9	-	-	-	-	-	-	-	-
	School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening check-female	2014/15	80.8	78.7	77.8	-	-	-	-	-	-	-	-
6	School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check-Persons	2014/15	64.7	58.0	55.5	-	-	-	-	-	-	-	-
	School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check-male	2014/15	59.5	54.8	55.3	-	-	-	-	-	-	-	-
	School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check-female	2014/15	70.1	66.6	64.2	-	-	-	-	-	-	-	-
7	Low birth weight of term babies-Persons	2014	2.9	2.7	2.4	2.4	2.9	2.3	1.6	2.2	2.0	2.7	2.5
8	Breastfeeding - Breastfeeding initiation-Female	2014/15	74.3	71.6	73.4	70.7	69.1	78.7	80.7	69.0	76.2	-	-
9	Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth-Persons	2014/15	43.8	44.4	-	39.1	30.6	38.7	50.5	-	45.2	-	-
10	Smoking status at time of delivery-Female	2014/15	11.4	13.7	15.1	-	-	-	-	-	-	-	-
11	Reception: Prevalence of overweight (including obese)-Persons	2014/15	21.9	21.7	21.6	19.7	20.9	20.6	23.1	23.6	20.8	21.9	22.6
12	Year 6: Prevalence of overweight (including obese)-Persons	2014/15	33.2	32.4	30.8	29.2	32.6	34.2	26.5	30.3	31.0	31.9	30.7
13	Antenatal infectious disease screening – HIV coverage-Female	2014/15	98.9	98.9	-	-	-	-	-	-	-	-	-
14	Antenatal screening for Hepatitis B - coverage-Female	2013	97.9	97.7	-	-	-	-	-	-	-	-	-
15	Antenatal screening for syphilis – coverage-Female	2013	98.0	97.8	-	-	-	-	-	-	-	-	-

Public Health Outcomes Framework-
Starting well indicators

updated-March 2016

	Indicator		Period	England	Derbyshire Districts: East Midlands	County	Amber Valley	Bolsover	Chesterfield	Derbyshire Dale	Erewash	High Peak	North East Derbyshire	South Derbyshire
	Starting well													
16	Antenatal Sickle Cell and Thalassaemia Screening - coverage-Female		2014/15	98.9	98.3	-	-	-	-	-	-	-	-	-
17	Newborn bloodspot screening - coverage-Persons		2014/15	95.8	93.7	-	-	-	-	-	-	-	-	-
18	Newborn Hearing screening - Coverage-Persons		2013/14	98.5	99.0	98.8	-	-	-	-	-	-	-	-
19	Population vaccination coverage - Hepatitis B (1 year old)-Persons		2014/15		0.0	0.0	-	-	-	-	-	-	-	-
20	Population vaccination coverage - Hepatitis B (2 years old)-Persons		2014/15		0.0	0.0	-	-	-	-	-	-	-	-
21	Population vaccination coverage - Dtap / IPV / Hib (1 year old)-Persons		2014/15	94.2	96.2	97.0	-	-	-	-	-	-	-	-
22	Population vaccination coverage - Dtap / IPV / Hib (2 years old)-Persons		2014/15	95.7	97.5	98.3	-	-	-	-	-	-	-	-
23	Population vaccination coverage - MenC-Persons		2012/13	93.9	94.8	95.5	-	-	-	-	-	-	-	-
24	Population vaccination coverage - MMR for one dose (5 years old)-Persons		2014/15	94.4	96.0	97.2	-	-	-	-	-	-	-	-
25	Population vaccination coverage - PCV-Persons		2014/15	93.9	95.7	96.0	-	-	-	-	-	-	-	-
26	Population vaccination coverage - Hib / Men C booster (5 years)-Persons		2014/15	92.4	94.3	97.7	-	-	-	-	-	-	-	-
27	Population vaccination coverage - Hib / MenC booster (2 years old)-Persons		2014/15	92.1	94.3	96.5	-	-	-	-	-	-	-	-
28	Population vaccination coverage - PCV booster-Persons		2014/15	92.2	94.2	95.9	-	-	-	-	-	-	-	-
29	Population vaccination coverage - MMR for one dose (2 years old)-Persons		2014/15	92.3	94.3	95.3	-	-	-	-	-	-	-	-
30	Population vaccination coverage - MMR for two doses (5 years old)-Persons		2014/15	94.4	96.0	97.2	-	-	-	-	-	-	-	-
31	Infant mortality-Persons		2011 - 13	4.0	4.2	2.6	3.1	1.5	2.8	2.4	1.8	2.8	2.5	3.6
32	Tooth decay in children aged 5-Persons		2011/12	0.9	0.9	0.7	0.6	0.7	0.8	0.5	0.8	0.8	0.5	0.5

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- Wider determinants
- Health Improvement
- Health Protection
- Ill Health and Mortality

Metadata

1-% of dependent children aged under 20 in relative poverty. Source:HMRC; 2-% of dependent children aged under 16 in relative poverty. Source:HMRC; 3-% of children (rec)with free school meal status reaching a good level of development. Source:DfE; 4-% of children (rec)with free school meal status reaching a good level of development. Source:DfE; 5-% of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check. Source:DfE; 6-% of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check. Source:DfE; 7-% of live births with low birth weight (<2500g). Source:ONS; 8-% of mothers who give their babies breast milk in the first 48 hours after delivery. Source:DfH; 9-% of infants that are totally or partially breastfed at age 6-8 week. Source:DCHS; 10-Women who currently smoke at time of delivery per 100 maternities. Source:HSCIC; 11-under 18 conceptions - per 1000 females aged 15-17. Source:ONS; 12-under 18 conceptions - per 1000 females aged 15-17. Source:ONS; 13-percentage of pregnant women eligible for infectious disease screening who are tested for HIV, leading to a conclusive result . Source:NHS Screening Programmes; 14-% of pregnant women booked for antenatal care for whom a screening result is available at the day of report. Source:NAISM; 15-% of pregnant women booked for antenatal care for whom a screening result is available at the day of report. Source:NAISM; 16-% of pregnant women eligible for antenatal sickle cell and thalassaemia screening for whom a conclusive screening result is available at the day of report. Source:NHS Screening Programmes; 17-% of babies registered within the local authority area both at birth and at the time of report who are eligible for newborn blood spot screening and have a conclusive result recorded on the Child Health Information System within an effective timeframe. Source:NHS Screening Programmes; 18-% babies eligible for newborn hearing screening for whom the screening process is complete within 4 weeks corrected age (hospital programmes - well babies, all programmes - NICU babies) or 5 weeks corrected age (community programmes - well babies). Source:NHS Screening Programmes; 19- % of 2yr olds who have completed Hep B vaccine course. Source:COVER; 20- % of 2yr olds who have completed Hep B vaccine course. Source:COVER; 21- % of 2year olds who received 3 doses of DTaP/IPV/Hib vaccine. Source:COVER; 22- % of 2year olds who received 3 doses of DTaP/IPV/Hib vaccine. Source:COVER; 23- % of children who recived MenC vaccine. Source:COVER; 24- % of 1-5yr olds who recieved MMR vaccine. Source:COVER; 25-% of 1yr olds who recived PCV vaccine. Source:COVER; 26-% of 1yr olds who recived PCV vaccine. Source:COVER; 27-% of 2yr olds who recived Hib / Men C booster vaccine. Source:COVER; 28-% of 2yr olds who recived Hib / Men C booster vaccine. Source:COVER; 29-% of 2yr olds who recived PCV booster vaccine. Source:COVER; 30-% of 2 yr olds who recived one dose MMR vaccine. Source:COVER; 31-% of 5 yr olds who recived two doses MMR vaccine. Source:COVER; 32-Crude rate of Infant deaths under 1 year of age per 1000 live births . Source:ONS; 33-mean severity of tooth decay in children aged five years based on the mean number of teeth per child sampled. Source:Oral Health Survey;

Public Health Outcomes Framework - Developing well indicators

updated-March 2016

	Indicator		Period	England	Derbyshire Districts: East Midlands	County	Amber Valley	Bolsover	Chesterfield	Derbyshire Dale	Erewash	High Peak	North East Derbyshire	South Derbyshire
	Developing well													
1	Pupil absence-Persons		2013/14	4.5	4.5	4.3	4.2	4.5	4.5	3.9	4.4	4.3	4.1	4.0
2	First time entrants to the youth justice system-Persons		2014	409	435	279.3	-	-	-	-	-	-	-	-
3	16-18 year olds not in education employment or training-Persons		2014	4.7	4.4	4.0	-	-	-	-	-	-	-	-
4	Under 18 conceptions: conceptions in those aged under 16-Female		2013	24.3	24.6	19.4	15.1	24.8	24.3	7.8	23.8	24.7	9.5	23.5
5	Under 18 conceptions-Female		2013	4.8	4.9	3.9	-	-	-	-	-	-	-	-
6	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)-Persons		2013/14	141	116.3	121.1	90.7	127.0	145.0	91.1	97.4	198.3	131.2	96.1
7	injuries in young people (aged 15-24)-Persons		2013/14	137	129.5	156.3	150.9	173.9	215.3	143.0	130.3	164.5	144.1	126.3
8	Smoking prevalence at age 15 - current smokers (WAY survey)-Persons		2014/15	8.2	7.6	8.0	-	-	-	-	-	-	-	-
9	Smoking prevalence at age 15 - regular smokers (WAY survey)-Persons		2014/15	5.5	5.3	5.4	-	-	-	-	-	-	-	-
10	Smoking prevalence at age 15 - occasional smokers (WAY survey)-Persons		2014/15	2.7	2.3	2.7	-	-	-	-	-	-	-	-
11	Chlamydia detection rate (15-24 year olds)-Female		2014	2012	2050	2096	2158	2257	3060	1624	2141	2031	1692	1517
12	Chlamydia detection rate (15-24 year olds)-Male		2014	1355	1392	1486	1552	1618	2628	1052	1462	1238	1104	983
13	Chlamydia detection rate (15-24 year olds)-Persons		2014	2664	2717	2716	2713	2923	3473	2264	2809	2889	2315	2071
14	Population vaccination coverage - HPV-Female		2013/14	86.7	90.9	83.9	-	-	-	-	-	-	-	-

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Metadata

1-% of half days missed by pupils due to overall absence. Source:School Census; 2-10-17 year old receiving 1st reprimand, warning or conviction per 100,000 . Source:Police National Computer; 3-% of 16-18 year olds not in education, employment or training. Source:DfE; 4-under 18 conceptions - per 1000 females aged 15-17. Source:ONS; 5-under 18 conceptions - per 1000 females aged 15-17. Source:ONS; 6-under 18 conceptions - per 1000 females aged 15-17. Source:ONS; 7-under 18 conceptions - per 1000 females aged 15-17. Source:ONS; 8-% of 15 year olds who responded I sometimes smoke cigarettes now but I don't smoke as many as one a week", "I usually smoke between one and six cigarettes per week" or "I usually smoke more than six cigarettes per week". Source:WAY survey; 9-% of 15 year olds who responded "I usually smoke between one and six cigarettes per week" or "I usually smoke more than six cigarettes per week". Source:WAY survey; 10-% 15 year olds who responded "I sometimes smoke cigarettes now but I don't smoke as many as one a week". Source:WAY survey; 11-Rate per 100,000 15 to 24yrs. Source:STI surveillance systems; 12-Rate per 100,000 15 to 24yrs. Source:STI surveillance systems; 13-Rate per 100,000 15 to 24yrs. Source:STI surveillance systems; 14-% of 12-13 yrolds who recived all 3 doses of HPV vaccine. Source:Department of Health (DH);

ONS- Office of National Statistics; HES- Hospital Episode Statistics,
For full definitions see Public Health Outcomes Framework- http://www.phoutcomes.info

Public Health Outcomes Framework- Living well indicators

updated-March 2016

	Indicator	Period	England	Derbyshire Districts									
				East Midlands	County	Amber Valley	Bolsover	Chesterfield	Derbyshire Dale	Erewash	High Peak	North East Derbyshire	South Derbyshire
	Living Well												
1	Adults with a learning disability who live in stable and appropriate accommodation-Female	2014/15	73.1	72.2	78.7	-	-	-	-	-	-	-	-
2	Adults with a learning disability who live in stable and appropriate accommodation-Male	2014/15	73.2	71.4	78.8	-	-	-	-	-	-	-	-
3	Adults with a learning disability who live in stable and appropriate accommodation-Persons	2014/15	73.3	73.2	88.9	-	-	-	-	-	-	-	-
4	% of adults in contact with secondary mental health services who live in stable and appropriate accommodation-Female	2014/15	61.3	34.6	59.2	-	-	-	-	-	-	-	-
5	% of adults in contact with secondary mental health services who live in stable and appropriate accommodation-Male	2014/15	58.4	32.6	55.1	-	-	-	-	-	-	-	-
6	% of adults in contact with secondary mental health services who live in stable and appropriate accommodation-Persons	2014/15	59.7	33.5	57.1	-	-	-	-	-	-	-	-
7	People in prison who have a mental illness or a significant mental illness-Persons	2013/14	5.6	-	-	-	-	-	-	-	-	-	-
8	Gap in the employment rate between those with a long-term health condition and the overall employment rate-Persons	2014/15	8.6	7.9	5.2	-	-	-	-	-	-	-	-
9	Gap in the employment rate between those with a learning disability and the overall employment rate-Female	2014/15	62.3	65.8	70.6	-	-	-	-	-	-	-	-
10	Gap in the employment rate between those with a learning disability and the overall employment rate-Male	2014/15	71.8	74.9	75.4	-	-	-	-	-	-	-	-
11	Gap in the employment rate between those with a learning disability and the overall employment rate-Persons	2014/15	66.9	70.2	72.7	-	-	-	-	-	-	-	-
12	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate-Female	2014/15	59.3	62.6	57.2	-	-	-	-	-	-	-	-
13	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate-Male	2014/15	72.6	74.7	67.9	-	-	-	-	-	-	-	-
14	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate-Persons	2014/15	66.1	68.7	62.6	-	-	-	-	-	-	-	-
15	Sickness absence - The percentage of employees who had at least one day off in the previous week-Persons	2010 - 12	2.5	2.6	2.3	2.6	3.4	1.8	1.9	2.5	2.9	1.8	1.7
16	Sickness absence - The percent of working days lost due to sickness absence-Persons	2010 - 12	1.6	1.6	1.2	1.3	2.0	1.1	0.7	1.3	1.5	1.3	0.8
17	Killed and seriously injured (KSI) casualties on England's roads-Persons	2012 - 14	39.3	43.6	45.1	38.9	40.4	31.7	94.5	34.8	53.0	41.0	44.0
18	Domestic Abuse-Persons	2013/14	19.4	20.6	22.2	-	-	-	-	-	-	-	-
19	Violent crime (including sexual violence) - hospital admissions for violence-Persons	2011/12 - 13/14	52.4	40.5	40.7	35.9	46.5	59.0	27.2	44.9	37.4	40.7	28.4
20	Violent crime (including sexual violence) - violence offences per 1,000 population-Persons	2014/15	13.5	11.9	8.1	7.4	9.3	10.9	6.2	11.3	7.8	4.8	6.3
21	Violent crime (including sexual violence) - Rate of sexual offences per 1,000 population-Persons	2014/15	1.4	1.3	1.0	0.9	1.0	1.2	0.6	1.1	1.1	0.6	1.0
22	Re-offending levels - percentage of offenders who re-offend-Persons	2013	26.4	25.7	24.9	23.2	22.0	31.3	28.0	26.9	23.4	18.0	22.3

Public Health Outcomes Framework- Living well indicators

updated-March 2016

	Indicator	Period	England	Derbyshire Districts									
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	Living Well												
23	Re-offending levels - average number of re-offences per offender-Persons	2013	0.8	0.8	0.8	0.7	0.6	1.1	0.9	0.8	0.7	0.5	0.6
24	The rate of complaints about noise-Persons	2013/14	7.4	4.9	4.4	3.7	5.1	5.2	3.4	4.1	4.3	4.2	4.9
25	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime-Persons	2011	5.2	3.3	3.5								
26	The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time-Persons	2011	8.0	5.1	6.3								
27	Statutory homelessness - homelessness acceptances-Not applicable	2013/14	2.3	1.9	1.2	1.2	0.9	2.1	2.2	0.5	0.7	0.2	1.9
28	Statutory homelessness - households in temporary accommodation-Persons	2013/14	2.6	0.4	0.2	0.4	0.0	0.3	0.4	0.2	0.1	0.3	0.1
29	Utilisation of outdoor space for exercise/health reasons-Persons	Mar 13 - Feb 14	17.1	15.5	13.3	-	-	-	-	-	-	-	-
30	Social Isolation: % of adult social care users who have as much social contact as they would like-Persons	2014/15	44.8	41.7	42.4	-	-	-	-	-	-	-	-
31	Social Isolation: % of adult carers who have as much social contact as they would like-Persons	2014/15	38.5	35.1	36.9	-	-	-	-	-	-	-	-
32	Proportion of the population meeting the recommended '5-a-day' -Persons	2014	53.5	53.7	56.0	61.1	49.9	55.7	64.1	50.6	53.3	54.8	58.5
33	Average number of portions of fruit consumed daily-Persons	2014	2.6	2.6	2.6	2.7	2.3	2.6	3.0	2.4	2.6	2.5	2.7
34	Average number of portions of vegetables consumed daily-Persons	2014	2.3	2.3	2.4	2.5	2.3	2.2	2.4	2.3	2.3	2.4	2.3
35	Excess Weight in Adults-Persons	2012 - 14	64.6	66.7	68.8	70.3	73.1	73.4	63.3	69.3	62.2	68.7	68.6
36	Percentage of physically active and inactive adults - active adults-Persons	2014	57.0	57.6	56.1	58.2	44.9	51.6	60.4	56.7	61.5	55.0	59.7
37	Percentage of physically active and inactive adults - inactive adults-Persons	2014	27.7	27.5	28.4	24.3	39.4	34.3	25.3	27.3	27.1	27.6	24.1
38	Smoking prevalence - routine & manual-Persons	2014	18.0	18.8	19.9	18.8	23.4	26.4	12.9	21.9	15.3	16.3	23.5
39	Smoking Prevalence-Persons	2014	28.0	29.2	31.5	24.2	36.1	43.0	25.2	29.4	29.2	27.4	33.3
40	Successful completion of drug treatment - opiate users-Persons	2014	7.4	7.0	4.2	-	-	-	-	-	-	-	-
41	Successful completion of drug treatment - non-opiate users-Persons	2014	39.2	35.7	34.4	-	-	-	-	-	-	-	-
42	People entering prison with substance dependence issues who are previously not known to community treatment-Persons	2012/13	46.9	40.2	40.2	-	-	-	-	-	-	-	-
43	Recorded diabetes-Persons	2014/15	6.4	6.8	6.9	6.8	8.3	7.6	6.1	6.7	5.8	7.2	6.5
44	Admission episodes for alcohol-related conditions - narrow definition-Female	2013/14	645.1	673.9	717.9	745.3	681.3	901.2	640.8	725.7	650.4	735.7	628.7
45	Admission episodes for alcohol-related conditions - narrow definition-Male	2013/14	835.3	857.9	898.2	943.1	882.2	1087.9	807.5	931.9	812.4	884.5	785.1
46	Admission episodes for alcohol-related conditions - narrow definition-Persons	2013/14	474.8	508.0	557.2	566.3	498.4	732.2	491.9	543.4	507.4	603.0	491.5
47	Cancer diagnosed at early stage (Experimental Statistics)-Persons	2013	45.7	41.7	40.4	0.0	34.5	45.8	39.7	0.0	51.4	46.1	0.0
48	Cancer screening coverage - breast cancer-Female	2015	75.4	79.6	79.7	81.7	77.3	78.3	81.1	80.1	77.4	79.9	80.5

Public Health Outcomes Framework- Living well indicators

updated-March 2016

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	Living Well													
49	Cancer screening coverage - cervical cancer-Female		2015	73.5	76.3	79.3	80.0	78.5	78.5	80.1	79.4	78.0	80.4	79.1
50	Cancer screening coverage - bowel cancer-Persons		2015	57.1	57.8	62.3	63.5	59.8	59.8	65.5	62.4	60.2	64.3	61.9
51	Self-reported well-being - people with a low satisfaction score-Persons		2014/15	4.8	4.4	3.7	-	-	-	-	-	-	-	-
52	Self-reported well-being - people with a low worthwhile score-Persons		2014/15	3.8	3.7	3.7	-	-	-	-	-	-	-	-
53	Self-reported well-being - people with a low happiness score-Persons		2014/15	9.0	8.7	8.8	-	-	-	-	-	-	-	-
54	Self-reported well-being - people with a high anxiety score-Persons		2014/15	19.4	18.6	19.0	-	-	-	-	-	-	-	-
55	Average Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) score-Persons		2010 - 12	37.7	39.0	-	-	-	-	-	-	-	-	-
56	Fraction of mortality attributable to particulate air pollution-Persons		2013	5.3	5.6	5.4	5.3	6.2	5.4	4.5	5.7	4.4	6.1	5.4
57	Population vaccination coverage - Flu (at risk individuals)-Persons		2014/15	50.3	48.9	51.8	-	-	-	-	-	-	-	-
58	HIV late diagnosis -Persons		2012 - 14	42.2	49.2	43.3	33.3	0.0	12.5	0.0	71.4	41.7	42.9	62.5
59	Treatment completion for TB-Persons		2013	84.8	88.1	72.7	-	-	-	-	-	-	-	-
60	Incidence of TB-Persons		2012 - 14	13.5	9.5	3.5	4.1	3.5	5.8	3.3	3.2	2.6	1.3	3.8
61	Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies-Not applicable		2014/15	95.2	100.0	100.0	-	-	-	-	-	-	-	-
62	Mortality from communicable diseases-Female		2012 - 14	63.2	59.1	65.5	66.7	78.5	64.6	62.0	54.2	70.7	68.9	63.4
63	Mortality from communicable diseases-Male		2012 - 14	74.0	69.6	74.9	79.6	80.1	75.5	59.4	75.5	86.3	76.9	62.1
64	Mortality from communicable diseases-Persons		2012 - 14	56.4	52.9	59.7	59.1	77.0	58.4	62.3	43.6	60.1	63.7	62.1
65	Suicide rate-Female		2012 - 14	8.9	8.8	8.1	9.8	*	9.2	*	10.4	*	*	*
66	Suicide rate-Male		2012 - 14	14.1	14.2	13.3	15.5	*	*	*	*	*	*	*
67	Suicide rate-Persons		2012 - 14	4.0	3.7	3.1	*	*	*	*	*	*	*	*

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Metadata- Living Well Indicators

1-Working-age learning disabled clients who are living in their own home as a percentage of working-age learning disabled clients (aged 18-64). Source:Annual Population Survey; 2-Working-age learning disabled clients who are living in their own home as a percentage of working-age learning disabled clients (aged 18-64). Source:Annual Population Survey; 3-Working-age learning disabled clients who are living in their own home as a percentage of working-age learning disabled clients (aged 18-64). Source:Annual Population Survey; 4-Adults who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support, as a percentage of adults who are receiving secondary mental health services and who are on the Care Programme Approach (aged 18 to 69). Source:HSCIC; 5-Adults who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support, as a percentage of adults who are receiving secondary mental health services and who are on the Care Programme Approach (aged 18 to 69). Source:HSCIC; 6-Adults who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support, as a percentage of adults who are receiving secondary mental health services and who are on the Care Programme Approach (aged 18 to 69). Source:HSCIC; 7-% of all people in prison aged 18 or over who have a mental illness or a significant mental illness. Source:NHS Trust Development Authority; 8-% point gap between the percentage of working age learning disabled clients known to CASSRs in paid employment (aged 18 to 64) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64) . Source:Annual Population Survey; 9-% point gap between the percentage of working age learning disabled clients known to CASSRs in paid employment (aged 18 to 64) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64) . Source: Annual Population Survey; 10-% point gap between the percentage of working age learning disabled clients known to CASSRs in paid employment (aged 18 to 64) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64) . Source: Annual Population Survey; 11-% point gap between the percentage of working age learning disabled clients known to CASSRs in paid employment (aged 18 to 64) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64) . Source: Annual Population Survey; 12-% point gap between the percentage of working age adults who are receiving secondary mental health services and who are on the Care Programme Approach recorded as being employed (aged 18 to 69) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64). Source:Annual Population Survey; 13-% point gap between the percentage of working age adults who are receiving secondary mental health services and who are on the Care Programme Approach recorded as being employed (aged 18 to 69) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64). Source:Annual Population Survey; 14-% point gap between the percentage of working age adults who are receiving secondary mental health services and who are on the Care Programme Approach recorded as being employed (aged 18 to 69) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64). Source:Annual Population Survey; 15-% of employees who had at least one day off due to sickness absence in the previous working week. Source:Labour Force Survey; 16-% of working days lost due to sickness absence in the previous week. Source:Labour Force Survey; 17-People reported killed or seriously injured on the roads, all ages, per 100,000 resident population. Source:DfT; 18-Crude rate of Domestic abuse incidents recorded by the police, crude rate per 1,000 population. Source:ONS; 19-The number of emergency hospital admissions for violence Directly age standardised rate per 100,000 population. Source:HSCIC; 20-crude rate of violent crime (including sexual violence)Violence against the person offences, based on police recorded crime data (per 1,000 population). Source:Home Office; 21-crude rate of violent crime (including sexual violence)Violence against the person offences, based on police recorded crime data (per 1,000 population). Source:Home Office; 22-% of offenders who re-offend from a rolling 12 month cohort. Source: Ministry of Justice; 23- average number of re-offences committed per offender from a rolling 12 month cohort. Source:Ministry of Justice; 24-Number of complaints per year per local authority about noise per 1000. Source:ONS; 25-% of the population eposed to transport noise pollution of 65db -. Source:DEFRA; 26-% of the population eposed to transport noise pollution of 55db. Source:DEFRA; 27-Statutory homeless households, crude rate per 1,000 estimated total households. Source:DCLG; 28- Households in temporary accommodation, crude rate per 1,000 estimated total households. Source:DCLG; 29-weighted estimate of the proportion of residents in each area taking a visit to the natural environment for health or exercise purposes . Source:Natural England; 30-% of respondents to the Adult Social Care Users Survey who responded to the question "Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?" with the answer "I have as much social contact I want with people I like". Source:Personal Social Services Survey of Adult Carers; 31-% of respondents to the Personal Social Services Carers Survey who responded to the question "Thinking about how much contact you have had with people you like, which of the following best describes your social situation?" with the answer "I have as much social contact I want with people I like". Source:Personal Social Services Survey of Adult Carers; 32-% of the population who, when surveyed, reported that they had eaten the recommended 5 portions of fruit and vegetables on the previous day. Source:Active People Survey; 33- Mean number of portions reported by survey respondents when asked how many portions of fruit they ate on the previous day. Source:Active People Survey
; 34- Mean number of portions reported by survey respondents when asked how many portions of vegetables they ate on the previous day. Source:Active People Survey; 35-% of adults classified as overweight or obese The number of adults with a BMI classified as overweight (including obese). Source:Active People Survey; 36-% of aged 16 and over doing 150mins of Physical activity per week. Source:Active People Survey; 37-% of aged 16 and over doing less than 30mins of Physical activity per week. Source:Active People Survey; 38- % of 18+year olds who are self reported as smoking in the Integrated Household Survey. Source:Integrated Household Survey ; 39- % of 18+year olds who are self reported as smoking in the Integrated Household Survey. Source:Integrated Household Survey ; 40-% of opiates users that left drug treatment. Source:NDTMS; 41-% of non-opirate users that left drug treatment successfully. Source:NDTMS; 42-% of people assessed for substance dependence issues when entering prison who then required structured treatment and have not already received it in the community . Source:NDTMS; 43-Prevalence of QOF recorded diabetes in the population registered with GP practices aged 17 and over. Source:HSCIC; 44-Admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause per 100,000 population (age standardised) . Source: Calculated by Public Health England; 45-Admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause per 100,000 population (age standardised) . Source: Calculated by Public Health England; 46-Admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause per 100,000 population (age standardised) . Source: Calculated by Public Health England; 47-New cases of cancer diagnosed at stage 1and 2 as a proportion of all new cases of cancer diagnosed. Source:National cancer registry; 48-% of women in the resident population eligible for breast screening who were screened adequately within the previous three years on 31March . Source:HSCIC; 49-%. Source:HSCIC; 50-% of people in the resident population eligible for bowel screening who were screened adequately within the previous 2½ years on 31March. Source:HSCIC; 51-%of respondents scoring 0-4 to the questions "Overall, how satisfied are you with your life nowadays". Source:Annual Population Survey; 52-% of respondents scoring 0-4 to the question "Overall, to what extent do you feel the things you do in your life are worthwhile?". Source:Annual Population Survey; 53-% of respondents who answered 0-4 to the question "Overall, how happy did you feel yesterday?". Source:Annual Population Survey; 54-% of respondents scoring 6-10 to the question "Overall, how anxious did you feel yesterday?. Source:Annual Population Survey; 55-Average Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) score for adults aged 16+. Source:Health Survey for England (HSE); 56- Fraction of annual all-cause adult mortality attributable to anthropogenic (human-made) particulate air pollution (measured as fine particulate matter, PM25*) Mortality burden associated with long-term exposure to anthropogenic particulate air pollution at current levels, expressed as the percentage of annual deaths from all causes in those aged 30+* PM25 means the mass (in micrograms) per cubic metre of air of individual particles with an aerodynamic diameter generally less than 25 micrometers PM25 is also known as fine particulate matter. Source:DEFRA; 57-% of at risk that have recieved the Flu vaccine. Source:PHE; 58-%. Source:SOPHID; 59-% of drug susceptible people completing treatment for tuberculosis. Source:PHE; 60-Three-year average number of reported new cases of tuberculosis per 100,000 population. Source:PHE; 61-% of local authorities that have comprehensive, agreed inter-agency plans for responding to public health incidents. Source:PHE; 62-ASR u75 mortality communicable diseas , per 100,000 male. Source:ONS; 63-ASR u75 mortality communicable diseas , per 100,000 male. Source:ONS; 64-ASR u75 mortality communicable diseas , per 100,000 male. Source:ONS; 65-ASR of mortality from suicide and injury of undetermined intent per 100,000 persons . Source:ONS; 66-ASR of mortality from suicide and injury of undetermined intent per 100,000 persons . Source:ONS; 67-ASR of mortality from suicide and injury of undetermined intent per 100,000 persons . Source:ONS;

ONS- Office of National Statistics; HES- Hospital Episode Statistics, HSCIC- Health & Social Care Information Centre
For full definitions see Public Health Outcomes Framework- http://www.phoutcomes.info

Public Health Outcomes Framework-
Ageing well indicators

updated-March 2016

	Indicator	Period	England	Derbyshire Districts									
				East Midlands	County	Amber Valley	Bolsover	Chesterfield	Derbyshire Dale	Erewash	High Peak	North East Derbyshire	South Derbyshire
	Ageing Well												
1	Fuel Poverty-Persons	2013	10.4	10.4	10.0	10.3	9.8	10.0	11.3	10.4	10.5	9.0	9.0
2	Older people's perception of community safety - safe in local area during the day-Persons	2014/15	97.6	-	-	-	-	-	-	-	-	-	-
3	Older people's perception of community safety - safe in local area after dark-Persons	2014/15	67.6	-	-	-	-	-	-	-	-	-	-
4	Older people's perception of community safety - safe in own home at night-Persons	2014/15	94.3	-	-	-	-	-	-	-	-	-	-
5	Abdominal Aortic Aneurysm Screening-Male	2013/14	95.9	99.4	99.9	-	-	-	-	-	-	-	-
6	Access to non-cancer screening programmes - diabetic retinopathy-Persons	2012/13	79.1	77.6	73.1	-	-	-	-	-	-	-	-
7	Cumulative % of the eligible population aged 40-74 offered an NHS Health Check-Persons	2013/14 -	38	37.1	37.6	-	-	-	-	-	-	-	-
8	Cumulative % of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check-Persons	2013/14 -	49	55.4	53.6	-	-	-	-	-	-	-	-
9	Cumulative % of the eligible population aged 40-74 who received an NHS Health check-Persons	2013/14 -	19	20.5	20.2	-	-	-	-	-	-	-	-
10	Injuries due to falls in people aged 65 and over-Female	2014/15	2509	2471	2622	2453	2410	2891	2547	2468	2864	2579	2927
11	Injuries due to falls in people aged 65 and over-Male	2014/15	1740	1643	1755	1699	1704	2006	1579	1579	1928	1719	1902
12	Injuries due to falls in people aged 65 and over-Persons	2014/15	2115	2057	2189	2076	2057	2449	2063	2023	2396	2149	2417
13	Injuries due to falls in people aged 65 and over - aged 65-79-Female	2014/15	1198	1189	1212	1170	1232	1440	1188	1307	1326	972	1105
14	Injuries due to falls in people aged 65 and over - aged 65-79-Male	2014/15	826	733	769	786	645	953	668	752	880	667	793
15	Injuries due to falls in people aged 65 and over - aged 65-79-Persons	2014/15	1012	961	991	978	939	1197	928	1029	1103	819	949
16	Injuries due to falls in people aged 65 and over - aged 80+-Female	2014/15	6312	6187	6711	6173	5825	7099	6488	5936	7323	7242	8210
17	Injuries due to falls in people aged 65 and over -aged 80+-Male	2014/15	4391	4281	4616	4346	4776	5059	4220	3976	4967	4771	5116
18	Injuries due to falls in people aged 65 and over - aged 80+-Persons	2014/15	5351	5234	5663	5260	5301	6079	5354	4906	6145	6007	6663
19	Population vaccination coverage - PPV-Persons	2014/15	69.8	71.5	72.9	-	-	-	-	-	-	-	-
20	Population vaccination coverage - Flu (aged 65+)-Persons	2014/15	72.7	73.5	75.2	-	-	-	-	-	-	-	-
21	Mortality rate from causes considered preventable-Female	2012 - 14	182.7	183.8	182.4	184.6	213.8	202.5	147.6	182.1	189.7	165.6	174.9
22	Mortality rate from causes considered preventable-Male	2012 - 14	230.1	231.7	232.2	245.4	270.3	253.4	185.2	221.1	235.7	214.4	233.4
23	Mortality rate from causes considered preventable-Persons	2012 - 14	138.4	138.7	135.7	127.3	162.7	153.3	112.6	146.1	147.0	119.8	119.2
24	Under 75 mortality rate from all cardiovascular diseases-Female	2012 - 14	106.2	106.7	104.7	109.3	121.6	123.0	84.8	91.6	111.2	102.9	92.4
25	Under 75 mortality rate from all cardiovascular diseases-Male	2012 - 14	46.9	47.9	45.0	43.1	50.1	61.0	35.8	39.9	49.2	45.3	34.0
26	Under 75 mortality rate from cardiovascular diseases considered preventable-Female	2012 - 14	49.2	51.8	51.5	54.7	61.3	60.3	41.7	46.0	50.1	52.7	43.2
27	Under 75 mortality rate from cardiovascular diseases considered preventable-Male	2012 - 14	74.1	78.1	78.9	83.7	97.3	91.7	63.5	69.1	76.0	79.0	70.5

Public Health Outcomes Framework-
Ageing well indicators

updated-March 2016

	Indicator	Period	England	Derbyshire Districts									
				East Midlands	County	Amber Valley	Bolsover	Chesterfield	Derbyshire Dale	Erewash	High Peak	North East Derbyshire	South Derbyshire
	Ageing Well												
28	Under 75 mortality rate from cardiovascular diseases considered preventable-Persons	2012 - 14	25.6	26.5	24.7	25.9	25.6	30.0	20.8	24.0	25.2	27.4	*
29	Under 75 mortality rate from cancer-Female	2012 - 14	142	141	138	135	165	150	122	143	130	119	142
30	Under 75 mortality rate from cancer-Male	2012 - 14	158	154	154	156	173	166	137	155	148	141	158
31	Under 75 mortality rate from cancer-Persons	2012 - 14	127	128	122	115	157	135	107	131	115	99	126
32	Under 75 mortality rate from cancer considered preventable-Female	2012 - 14	83.0	81.5	81.1	84.6	96.2	86.6	69.1	84.1	79.7	69.1	79.4
33	Under 75 mortality rate from cancer considered preventable-Male	2012 - 14	90.5	87.0	88.3	96.2	98.1	91.9	73.4	85.2	88.2	81.1	91.7
34	Under 75 mortality rate from cancer considered preventable-Persons	2012 - 14	76.1	76.4	74.2	73.2	94.4	81.5	65.1	83.2	72.5	57.7	67.1
35	Under 75 mortality rate from liver disease-Female	2012 - 14	17.8	17.4	17.5	17.9	18.2	21.1	12.4	18.6	16.7	15.8	17.8
36	Under 75 mortality rate from liver disease-Male	2012 - 14	23.4	22.4	21.5	21.0	*	28.9	*	20.6	19.8	18.6	24.6
37	Under 75 mortality rate from liver disease-Persons	2012 - 14	12.4	12.6	13.5	14.7	*	*	*	16.8	*	*	*
38	Under 75 mortality rate from liver disease considered preventable-Female	2012 - 14	15.7	15.5	15.3	15.5	16.3	17.5	12.0	16.3	15.1	13.9	15.1
39	Under 75 mortality rate from liver disease considered preventable-Male	2012 - 14	21.0	20.4	19.8	19.2	*	25.1	*	20.0	19.8	17.4	21.5
40	Under 75 mortality rate from liver disease considered preventable-Persons	2012 - 14	10.6	10.7	10.9	*	*	*	*	*	*	*	*
41	Under 75 mortality rate from respiratory disease-Female	2012 - 14	32.6	32.1	31.9	30.3	47.1	34.5	21.9	34.9	30.9	28.9	29.7
42	Under 75 mortality rate from respiratory disease-Male	2012 - 14	38.3	38.5	39.9	40.6	59.5	41.3	31.5	43.8	37.1	33.2	35.1
43	Under 75 mortality rate from respiratory disease-Persons	2012 - 14	27.4	26.2	24.3	20.2	35.0	28.2	*	26.4	25.0	25.2	24.3
44	Under 75 mortality rate from respiratory disease considered preventable-Female	2012 - 14	17.8	16.9	16.6	16.1	23.4	19.4	11.4	17.6	20.5	13.7	11.7
45	Under 75 mortality rate from respiratory disease considered preventable-Male	2012 - 14	20.1	19.6	19.9	22.8	27.5	24.0	*	19.7	20.9	*	*
46	Under 75 mortality rate from respiratory disease considered preventable-Persons	2012 - 14	15.7	14.4	13.4	*	*	*	*	0.0	19.9	*	*
47	Excess under 75 mortality rate in adults with serious mental illness-Persons	2012/13	347		290	-	-	-	-	-	-	-	-
48	Preventable sight loss - age related macular degeneration (AMD)-Persons	2013/14	119	117	174	-	-	-	-	-	-	-	-
49	Preventable sight loss - glaucoma-Persons	2013/14	12.9	10.3	11.1	-	-	-	-	-	-	-	-
50	Preventable sight loss - diabetic eye disease-Persons	2013/14	3.4	3.6	4.3	-	-	-	-	-	-	-	-
51	Preventable sight loss - sight loss certifications-Persons	2013/14	42.5	42.3	55.8	-	-	-	-	-	-	-	-
52	Emergency readmissions within 30 days of discharge from hospital-Female	2011/12	11.8	11.6	11.4	11.6	10.4	12.1	11.0	11.3	11.0	11.3	11.8
53	Emergency readmissions within 30 days of discharge from hospital-Male	2011/12	12.1	12.0	11.7	11.8	10.8	12.8	11.9	11.6	11.2	11.7	11.6
54	Emergency readmissions within 30 days of discharge from hospital-Persons	2011/12	11.5	11.2	11.1	11.4	10.1	11.6	10.2	11.1	10.8	10.9	12.0
55	Health related quality of life for older people-Persons	2012/13	0.7	0.7	0.7	0.7	0.7	0.7	0.8	0.7	0.7	0.7	0.7
56	Hip fractures in people aged 65 and over-Female	2014/15	718.0	730	745	708	695	834	686	724	687	772	870

Public Health Outcomes Framework-
Ageing well indicators

updated-March 2016

	Indicator	Period	England	Derbyshire Districts: East Midlands	County	Amber Valley	Bolsover	Chesterfield	Derbyshire Dale	Erewash	High Peak	North East Derbyshire	South Derbyshire
	Ageing Well												
57	Hip fractures in people aged 65 and over-Male	2014/15	425.0	420	407	285	490	572	357	360	333	505	388
58	Hip fractures in people aged 65 and over-Persons	2014/15	571.0	575	576	497	592	703	522	542	510	638	629
59	Hip fractures in people aged 65 and over - aged 65-79-Female	2014/15	312.0	320	333	378	353	531	334	242	218	280	312
60	Hip fractures in people aged 65 and over - aged 65-79-Male	2014/15	167.0	154	157	113	168	275	138	195	129	173	50
61	Hip fractures in people aged 65 and over - aged 65-79-Persons	2014/15	239.0	237	245	246	261	403	236	219	173	226	181
62	Hip fractures in people aged 65 and over - aged 80+-Female	2014/15	1895	1919	1939	1666	1685	1712	1707	2120	2047	2198	2487
63	Hip fractures in people aged 65 and over - aged 80+-Male	2014/15	1174	1190	1135	785	1424	1435	992	838	924	1469	1369
64	Hip fractures in people aged 65 and over - aged 80+-Persons	2014/15	1535	1554	1537	1226	1555	1574	1349	1479	1485	1833	1928
65	Excess Winter Deaths Index (Single year, all ages)-Female	Aug13-Jul14	13.2	12.6	13.8	17.8	4.1	12.7	10.1	23.2	14.7	1.2	27.5
66	Excess Winter Deaths Index (Single year, all ages)-Male	Aug13-Jul14	10.0	12.6	15.8	25.4	17.7	9.8	18.9	11.6	27.0	8.5	9.3
67	Excess Winter Deaths Index (Single year, all ages)-Persons	Aug13-Jul14	11.6	12.6	14.8	21.3	10.9	11.3	14.3	17.5	20.6	4.8	17.5
68	Excess Winter Deaths Index (single year, ages 85+)-Female	Aug13-Jul14	15.5	14.4	12.2	21.0	15.7	3.0	11.6	30.7	-1.6	-8.1	29.6
69	Excess Winter Deaths Index (single year, ages 85+)-Male	Aug13-Jul14	16.4	20.5	29.0	60.9	50.0	17.5	40.9	-6.3	45.8	24.7	7.9
70	Excess Winter Deaths Index (single year, ages 85+)-Persons	Aug13-Jul14	15.8	16.7	18.2	33.6	28.5	8.3	22.6	16.3	13.8	2.7	20.7
71	Excess Winter Deaths Index (3 years, all ages)-Female	Aug11-Jul14	17.5	17.9	18.8	14.3	16.4	12.7	16.3	25.6	29.3	16.3	23.3
72	Excess Winter Deaths Index (3 years, all ages)-Male	Aug11-Jul14	13.7	14.3	16.1	24.3	19.7	13.2	15.1	16.3	12.4	15.8	8.8
73	Excess Winter Deaths Index (3 years, all ages)-Persons	Aug11-Jul14	15.6	16.1	17.5	19.1	18.0	13.0	15.7	21.0	21.0	16.1	15.9
74	Excess Winter Deaths Index (3 years, ages 85+)-Female	Aug11-Jul14	52.5	23.0	23.3	17.1	27.8	18.3	22.2	36.8	28.3	18.3	21.8
75	Excess Winter Deaths Index (3 years, ages 85+)-Male	Aug11-Jul14	21.8	22.1	26.1	35.3	33.0	20.3	18.9	28.3	31.6	29.8	9.5
76	Excess Winter Deaths Index (3 years, ages 85+)-Persons	Aug11-Jul14	22.3	22.6	24.3	23.4	29.7	19.0	21.0	33.6	29.5	22.4	17.3

Key:

- Significantly Worse than the England Average
- Not Significantly Different to the England Average
- Significantly Better than the England Average
- \- Data not available
- Significantly Higher than the England Average
- Significantly Lower than the England Average
- Significance not assessed
- * data suppressed

- Wider determinants
- Health Improvement
- Health Protection
- Ill Health and Mortality

Metadata- Ageing Well Indicators

1-% of households in an area that experience fuel poverty . Source:DECC; 2-% of adults aged 65 and over who felt very safe or fairly safe walking alone in their local area during the day. Source:Crime survey (ONS); 3-% of adults aged 65 and over who felt very safe or fairly safe walking alone in their local area after dark. Source:Crime survey (ONS); 4-% of adults aged 65 and over who felt very safe or fairly safe alone in their own home at night. Source:Crime surveyONS; 5-% of patients aged 12+ with diabetes tested at a digital screening encounter as a proportion of all those offered screening. Source:Screening Management and Referral Tracking (SMaRT) database; 7-% of men eligible for abdominal aortic aneurysm screening to whom an initial offer of screening is made. Source:Screening Management and Referral Tracking (SMaRT) database; 8-The 5 year cumulative percent of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check. Source:www.healthcheck.nhs.uk; 9-The 5 year cumulative percentage of the eligible population aged 40-74 who received an NHS Health check. Source:www.healthcheck.nhs.uk; 9-17-DSR per 100,000. Source:HES; 19-% PPV uptake for those aged 65 years and over. Source:PHE; 20-% of 65+ yrs that have recieved the Flu vaccine. Source:PHE; 22-ASR mortality cause considered preventable, per 100,000 persons. Source:ONS; 24-ASR u75 mortality all cardiovascular disease, per 100,000 male. Source:ONS; 25-ASR u75 mortality all cardiovascular disease, per 100,000 male. Source:ONS; 25-27-ASR u75 mortality cardiovascular disease considered preventable, per 100,000 person. Source:ONS; 28-30-ASR u75 mortality cancer, per 100,000. Source:ONS; 31-33-ASR u75 mortality cancer considered preventable, per 100,000 person. Source:ONS; 34-36-ASR u75 mortality liver disease per 100,000 . Source:ONS; 37-39-ASR u75 mortality liver disease considered preventable per 100,000 . Source:ONS; 40-42-ASR u75 mortality respiratory disease per 100,000 . Source:ONS; 43-45-ASR u75 mortality respiratory disease considered preventable, per 100,000. Source:ONS; 47-ASR u75 mortality respiratory disease per 100,000 person. Source:HSCIC; 48-New Certifications of Visual Impairment (CVI) due to age related macular degeneration (AMD) aged 65+, rate per 100,000 population. Source:Moorfields Eye Hospital; 49-New Certifications of Visual Impairment (CVI) due to glaucoma aged 40+, rate per 100,000 population. Source:Moorfields Eye Hospital; 50-New Certifications of Visual Impairment (CVI) due to diabetic eye disease aged 12+, rate per 100,000 population. Source:Moorfields Eye Hospital; 51-New Certifications of Visual Impairment (CVI), rate per 100,000 population. Source:Moorfields Eye Hospital; 55-Average health status score for adults aged 65 and over as measured using the EQ-5D scale. Source:GP Patient Survey; 52-60-Emergency hospital admissions for fractured neck of femu, DSR per 100,000 . Source:HES; 65-Ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths. Source:Annual Public Health Mortality ONS; 66-Ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths. Source:Annual Public Health Mortality ONS;

ONS- Office of National Statistics; HES- Hospital Episode Statistics, HSCIC- Health & Social Care Information Centre
For full definitions see Public Health Outcomes Framework- http://www.phoutcomes.info

Children and Young People's Health Benchmarking tool

updated- January 2016

	IndicatorName	Period	England	Area: East Midlands	Area: Derbyshire
1	Child mortality rate	2011 - 13	11.9	11.3	10.5
2	Children in care with up to date immunisations	2014	87.1	85.7	92.1
3	New sexually transmitted infections (including chlamydia)	2013	3432.7	3460.0	3454.3
4	GCSE achieved (5A*-C inc. Eng & Maths)	2013/14	56.8	54.0	53.7
5	Children in care who gained 5 GCSEs at A*-C incl. English and Maths	2014	12.0	10.8	0.0
6	GCSE achieved (5A*-C inc. Eng & Maths) - Pre 2014 methodology change	2012/13	60.8	59.3	59.1
7	Children in care who gained 5 GCSEs at A*-C incl. English and Maths - Pre 2014 methodology change	2013	15.3	13.0	18.8
8	Family homelessness	2013/14	1.7	1.3	0.7
9	Children in care	2014	59.8	51.5	40.7
10	Children killed or seriously injured in road traffic accidents	2011 - 13	19.1	19.0	13.7
11	Low birthweight rate	2013	7.4	7.1	6.9
12	Obese children (4-5 years; based on child's postcode)	2013/14	9.5	8.9	8.5
13	Obese children (10-11 years; based on child's postcode)	2013/14	19.1	18.1	16.9
14	Children with one or more decayed, missing or filled teeth	2011/12	27.9	29.8	22.3
15	Teenage mothers	2013/14	1.1	1.3	1.2
16	conditions	13/14	40.1	33.8	45.4
17	Hospital admissions due to substance misuse	2011/12 - 13/14	81.3	75.0	91.8
18	A&E attendances	2013/14	525.6	450.8	459.2
19	Hospital admissions for asthma	2013/14	197.1	125.6	127.1
20	Hospital admissions for mental health conditions	2013/14	87.2	71.6	85.3
21	Hospital admissions as a result of self-harm	2013/14	412.1	446.3	621.1
22	Hospital admissions as a result of self-harm (pooled)	2010/11 - 12/13	352.3	357.4	410.7
23	Fixed period exclusions from primary schools	2012/13	0.9	0.9	1.2
24	Fixed period exclusions from secondary schools	2012/13	6.8	7.1	6.8
25	Permanent exclusions from secondary schools	2012/13	0.1	0.2	0.2

These indicators are not available at a district level

Key:

- Significantly Worse than the England Average
- Significantly Higher than the England Average
- Not Significantly Different to the England Average
- Significantly Lower than the England Average
- Significantly Better than the England Average
- Significance not assessed
- \- Data not available
- * Data supressed

Children and young Peoples Health Benchmarking tool Metadata

1.DSR of death due to all causes, persons aged 1-17 years. source:ONS.2.% of children in care for at least 12 months whose immunisations were up to date. source:DfE.3.Diagnoses made by genitourinary medicine (GUM) clinics, and outside these settings in other SH services expressed as a rate per 100,000 population. source:PHE.4.%of pupils achieving 5 or more GCSEs at grades A*-C (including English and Maths) or equivalent, percentage of pupils at end of Key Stage 4 in schools maintained by the Local Authority, at the end of the academic year, persons. source:DfE.5.%of children looked after continuously for at least twelve months at the end of March (excluding children in respite care) who achieved 5 or more GCSEs at grades A*-C including English and mathematics. Eligible children are those aged 15 at the start of the academic year. source:DfE.6.%of pupils achieving 5 or more GCSEs at grades A*-C (including English and Maths) or equivalent, percentage of pupils at end of Key Stage 4 in schools maintained by the Local Authority, at the end of the academic year, persons. source:DfE.7.%of children looked after continuously for at least twelve months at the end of March (excluding children in respite care) who achieved 5 or more GCSEs at grades A*-C including English and mathematics. source:DfE.8.Applicant households eligible for assistance (1996 Housing Act) unintentionally homeless and in priority need (specific categories). Priority need categories of household includes dependent children or pregnant woman. source:DCLG.9.Children looked after at 31March (rate per 10,000 population aged under 18 years) source:DfE.10.Crude rate of children aged 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population source:DfT.11.%of live and still births with valid weight recorded that are source:HSCIC.12.%of obese children in Reception year pupils source:NCMP.13.%of obese children in year 6 pupils source:NCMP.14.%of children with one or more obviously decayed, missing (due to decay) and filled teeth. source:National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2012.15.%of delivery episodes, where the mother is aged under 18 years. source:HES.16.Persons admitted to hospital due to alcohol-specific conditions – under 18 year olds, crude rate per 100,000 population source:PHE.17.DSR of hospital admission for substance misuse, per 100,000 population aged 15-24 years. source:HES.18.A&E attendance rate per 1,000 population aged 0-4 years. source:HES.19.Emergency hospital admissions for asthma, crude rate per 100,000 source:HES.20.Inpatient admission rate for mental health disorders per 100,000 population aged 0-17 years. source:HES.21.DSR of finished admission episodes for self-harm per 100,000 population aged 10-24 years. source:HES.22.DSR of finished admission episodes for self-harm per 100,000 population aged 10-24 years. source:HES.23.%of fixed period exclusions by primary school pupils source:School census.24.%of fixed period exclusions by secondary school pupils source:School census.25.%of permanent exclusions by secondary school pupils source:School census.

Adult Social Care Outcomes Framework

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	Indicator	Period	Group	England	East Midlands	County
1	1A:Social care-related quality of life	2014-15	all	19.1	19.0	19.1
	1A:Social care-related quality of life	2014-15	18-64	19.4	19.6	20.3
	1A:Social care-related quality of life	2014-15	65 and over	18.9	18.6	18.3
	1A:Social care-related quality of life	2014-15	female	19.0	18.9	18.9
	1A:Social care-related quality of life	2014-15	male	19.2	19.1	19.5
2	1B:Proportion of people who use services who have control over their daily life	2014-15	all	77.30	76.60	75.50
	1B:Proportion of people who use services who have control over their daily life	2014-15	18-64	81.00	81.90	85.20
	1B:Proportion of people who use services who have control over their daily life	2014-15	65 and over	75.10	73.60	68.20
	1B:Proportion of people who use services who have control over their daily life	2014-15	female	76.50	76.90	74.30
	1B:Proportion of people who use services who have control over their daily life	2014-15	male	78.70	76.10	76.00
3	1C(1A):The proportion of people who use services who receive self-directed support	2014-15	all	83.7	95.6	85.7
	1C(1A):The proportion of people who use services who receive self-directed support	2014-15	18-64	80.3	95.5	81.7
	1C(1A):The proportion of people who use services who receive self-directed support	2014-15	65+	86.6	95.6	88.3
4	1C(1B):The proportion of carers who receive self-directed support	2014-15	all	77.4	87.3	100.0
	1C(1B):The proportion of carers who receive self-directed support	2014-15	u64	81.1	89.8	100.0
	1C(1B):The proportion of carers who receive self-directed support	2014-15	65-84	73.1	84.6	-
	1C(1B):The proportion of carers who receive self-directed support	2014-15	85+	67.9	79.8	-
5	1C(2A):The proportion of people who use services who receive direct payments	2014-15	all	26.3	35.9	22.5
	1C(2A):The proportion of people who use services who receive direct payments	2014-15	18-64	38.10	54.90	41.50
	1C(2A):The proportion of people who use services who receive direct payments	2014-15	85+	16.90	21.70	11.50
6	1C(2B):The proportion of carers who receive direct payments	2014-15	all	66.90	86.00	100.00
	1C(2B):The proportion of carers who receive direct payments	2014-15	64u	72.5	89.4	100.0
	1C(2B):The proportion of carers who receive direct payments	2014-15	65-84	60.5	83.2	-
	1C(2B):The proportion of carers who receive direct payments	2014-15	85+	51.6	69.8	-
7	1D:Carer-reported quality of life	2014-15	all	7.9	7.6	7.5
	1D:Carer-reported quality of life	2014-15	18-64	7.6	7.2	7.2
	1D:Carer-reported quality of life	2014-15	65+	8.1	7.9	7.8
	1D:Carer-reported quality of life	2014-15	male	8.1	7.8	7.8
	1D:Carer-reported quality of life	2014-15	female	7.8	7.5	7.4
8	1E:Proportion of adults with learning disabilities in paid employment	2014-15	all	6.0	3.2	1.6
	1E:Proportion of adults with learning disabilities in paid employment	2014-15	male	6.4	3.6	2.0
	1E:Proportion of adults with learning disabilities in paid employment	2014-15	female	5.3	2.5	0.6
9	1F:Proportion of adults in contact with secondary mental health services in paid employment	2014-15	all	6.8	4.7	11.7
	1F:Proportion of adults in contact with secondary mental health services in paid employment	2014-15	male	5.6	3.8	9.3
	1F:Proportion of adults in contact with secondary mental health services in paid employment	2014-15	female	8.3	5.7	14.2
10	1G:Proportion of adults with learning disabilities who live in their own home or with their family	2014-15	all	73.2	73.3	88.9
	1G:Proportion of adults with learning disabilities who live in their own home or with their family	2014-15	male	73.2	71.4	78.7
	1G:Proportion of adults with learning disabilities who live in their own home or with their family	2014-15	female	73.1	72.2	78.7

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	Indicator	Period	Group	England	East Midlands	County
11	1H:Proportion of adults in contact with secondary mental health services who live independently, with or without support	2014-15	all	59.7	33.5	57.1
	1H:Proportion of adults in contact with secondary mental health services who live independently, with or without support	2014-15	male	55.1	32.6	58.4
	1H:Proportion of adults in contact with secondary mental health services who live independently, with or without support	2014-15	female	61.3	34.6	59.2
12	1I(1):Proportion of people who use services who reported that they had as much social contact as they would like.	2014/15	all	44.8	41.7	42.4
	1I(1):Proportion of people who use services who reported that they had as much social contact as they would like.	2014/15	18-64	48.0	48.9	52.0
	1I(1):Proportion of people who use services who reported that they had as much social contact as they would like.	2014/15	65+	42.8	37.5	36.0
	1I(1):Proportion of people who use services who reported that they had as much social contact as they would like.	2014/15	male	45.7	42.2	44.4
	1I(1):Proportion of people who use services who reported that they had as much social contact as they would like.	2014/15	female	44.1	41.3	41.0
13	1I(2):The proportion of carers who reported that they had as much social contact as they would like	2014/15	all	38.5	35.1	36.9
	1I(2):The proportion of carers who reported that they had as much social contact as they would like	2014/15	18-64	36.3	28.9	29.9
	1I(2):The proportion of carers who reported that they had as much social contact as they would like	2014/15	65+	40.0	40.4	41.8
	1I(2):The proportion of carers who reported that they had as much social contact as they would like	2014/15	male	40.2	37.9	40.0
	1I(2):The proportion of carers who reported that they had as much social contact as they would like	2014/15	female	37.7	33.5	34.8
14	2A(1):Permanent admissions of people aged 18-64 to residential and nursing care homes, per 100,000 population	2014/15	all	14.2	15.8	25.5
15	2A(2):Permanent admissions of people aged 65 and over to residential and nursing care homes, per 100,000 population	2014/15	all	679.9	668.8	835.5
16	2B(1):Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	2014/15	all	82.1	82.1	87.5
	2B(1):Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	2014/15	65-74	86.10	87.90	86.70
	2B(1):Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	2014/15	75-84	83.90	84.70	88.60
	2B(1):Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	2014/15	85+	79.10	77.90	84.20
	2B(1):Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	2014/15	female	83.30	82.50	88.50
	2B(1):Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	2014/15	male	80.10	81.40	85.20
17	2B(2):The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	2014/15	all	3.1	2.3	1.9
	2B(2):The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	2014/15	65-74	1.1	0.8	0.7
	2B(2):The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	2014/15	75-84	3.3	2.4	2.1
	2B(2):The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	2014/15	85+	7.6	5.9	4.5
	2B(2):The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	2014/15	female	3.8	2.9	2.6

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	Indicator	Period	Group	England	East Midlands	County
	2B(2):The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	2014/15	male	2.30	1.70	1.20
18	2C(1):Delayed transfers of care from hospital, per 100,000	2014/15	all	11.1	14.30	9.70
19	2C(2):Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	2014/15	all	3.7	3.0	3.4
20	2D: The outcomes of short-term support: sequel to service	2014/15	all	74.6	80.1	88.1
	2D: The outcomes of short-term support: sequel to service	2014/15	18-64	80.4	81.1	90.2
	2D: The outcomes of short-term support: sequel to service	2014/15	65+	73.7	80.0	87.9
21	3A:Overall satisfaction of people who use services with their care and support	2014/15	all	64.7	64.0	67.7
	3A:Overall satisfaction of people who use services with their care and support	2014/15	18-64	68.2	68.9	69.2
	3A:Overall satisfaction of people who use services with their care and support	2014/15	65+	62.6	61.8	68.8
	3A:Overall satisfaction of people who use services with their care and support	2014/15	male	65.1	64.8	65.4
	3A:Overall satisfaction of people who use services with their care and support	2014/15	female	64.5	64.1	71.1
22	3B:Overall satisfaction of carers with social services	2014/15	all	41.2	42.9	41.8
	3B:Overall satisfaction of carers with social services	2014/15	18-64	38.8	42.2	42.6
	3B:Overall satisfaction of carers with social services	2014/15	65+	43.6	43.2	41.3
	3B:Overall satisfaction of carers with social services	2014/15	male	43.3	43.4	41.2
	3B:Overall satisfaction of carers with social services	2014/15	female	40.2	42.7	42.7
23	3C:Proportion of carers who report that they have been included or consulted in discussion about the person they care for	2014/15	all	72.3	68.8	66.4
	3C:Proportion of carers who report that they have been included or consulted in discussion about the person they care for	2014/15	18-64	71.6	69.1	68.5
	3C:Proportion of carers who report that they have been included or consulted in discussion about the person they care for	2014/15	65+	72.9	68.6	62.9
	3C:Proportion of carers who report that they have been included or consulted in discussion about the person they care for	2014/15	male	71.70	67.60	65.10
	3C:Proportion of carers who report that they have been included or consulted in discussion about the person they care for	2014/15	female	72.70	69.50	67.60
24	3D(1):The proportion of people who use services who find it easy to find information about support	2014/15	all	74.5	72.0	72.8
	3D(1):The proportion of people who use services who find it easy to find information about support	2014/15	18-64	71.6	69.1	74.7
	3D(1):The proportion of people who use services who find it easy to find information about support	2014/15	65+	76.2	73.7	71.6
	3D(1):The proportion of people who use services who find it easy to find information about support	2014/15	male	74.6	70.4	74.5
	3D(1):The proportion of people who use services who find it easy to find information about support	2014/15	female	74.4	73.1	71.8
25	3D(2):The proportion of carers who find it easy to find information about support	2014/15	all	65.5	61.5	62.7
	3D(2):The proportion of carers who find it easy to find information about support	2014/15	18-64	61.2	58.3	59.2
	3D(2):The proportion of carers who find it easy to find information about support	2014/15	65+	69.8	64.5	63.9
	3D(2):The proportion of carers who find it easy to find information about support	2014/15	male	67.2	61.2	63.4
	3D(2):The proportion of carers who find it easy to find information about support	2014/15	female	64.8	62.1	63.2
26	4A:Proportion of people who use services who feel safe	2014/15	all	68.5	67.4	65.2
	4A:Proportion of people who use services who feel safe	2014/15	18-64	65.8	64.7	71.7
	4A:Proportion of people who use services who feel safe	2014/15	65+	70.2	69	60.9

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Indicator	Period	Group	England	East Midlands	County
4A:Proportion of people who use services who feel safe	2014/15	male	70.2	69.8	68.5
4A:Proportion of people who use services who feel safe	2014/15	female	67.5	66	63.1
27 4B:Proportion of people who use services who say that those services have made them feel safe and secure	2014/15	all	84.5	87.7	90.3
4B:Proportion of people who use services who say that those services have made them feel safe and secure	2014/15	18-64	84.7	89.4	92.3
4B:Proportion of people who use services who say that those services have made them feel safe and secure	2014/15	65+	84.4	86.7	89.2

Key:

- Significantly Worse than the England Average
- Not Significantly Different to the England Average
- Significantly Better than the England Average
- \- Data not available
- Significantly Higher than the England Average
- Significantly Lower than the England Average
- Significance not assessed
- * data suppressed

Metadata

1-measure is an average quality of life score. Source:ASCS; 2-% of all those responding who identify no needs in this area or no needs with help. Source:ASCS; 3-%. Source:SALT; 4-%. Source:SALT; 5-%. Source:SALT; 6-%. Source:Carers' Survey (CS)); 7-Measure which combines individual responses to six questions measuring different outcomes related to overall quality of life.. Source:Short and Long-Term Support collection; 8-%. Source:SALT; 9-%. Source:SALT; 10-%. Source:SALT; 11-%. Source:MHMDS / MHLDS; 12-%. Source:ASCS; 13-%. Source:CS; 14-rate per 100,000. Source:SALT; 15-rate per 100,000. Source:SALT; 16-%. Source:SALT; 17-%. Source:; 18-rate per 100,000 18 +yrs. Source:DToC; 19-rate per 100,000 18 +yrs. Source:DToC; 20-%. Source:SALT; 21-%. Source:ASCS; 22-%. Source:CS; 23-%. Source:CS; 24-%. Source:CS; 25-%. Source:CS; 26-%. Source:ASCS; 27-%. Source:ASCS;

DTOC-Delayed Transfers of Care; SALT- Short and Long-Term Support collection; CS- Personal Social Services Survey of Adult Carers; ASCS-

For full definitions see -http://ascof.hscic.gov.uk/Outcome

NHS Outcomes Framework

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IndicatorName	Period	England	Clinical Commissioning Group: Erewash CCG	Hardwich CCG	North Derbyshire CCG	Southern Derbyshire CCG	Tameside and Glossop CCG
Preventing people dying prematurely							
1.1 Potential years of life lost (PYLL) from causes considered amenable to healthcare - Female	2014	1868.8	1885.8	1915.5	1714.7	1847.9	2063
1.1 Potential years of life lost (PYLL) from causes considered amenable to healthcare - Male	2014	2265.8	1803.8	2377.4	2598.9	2562.3	3325
1.2 Under 75 mortality rates from cardiovascular disease	2014	63.7	62.2	67.2	62.8	62.8	86.2
1.6 Under 75 mortality rates from respiratory disease	2014	27.6	29.7	35.2	26.3	30.7	34.6
1.8 Emergency admissions for alcohol related liver disease	2014/15	26.7	25.9	29.8	28.6	34.6	52.6
1.9 Under 75 mortality rates from cancer	2014	121.4	127.9	131.9	114.4	119.8	147.2
1.10 One-year survival from all cancers	2011	67.7	69.61	66.96	68.64	69.35	67.62
1.7 Under 75 mortality rates from liver disease	2014	15.8	21.8	19.1	17.6	19.2	23.7
1.4 Myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes	2012/13	100.0	107.3	107.4	88.2	89.5	101.9
1.11 One-year survival from breast, lung and colorectal cancers	2011	69.3	69.96	68.16	69.93	72.35	68.3
1.17 Record of stage of cancer at diagnosis	2013	70.8	60.8	67.3	72.2	49.5	77.6
stroke	2013/14	1.2	-	1.06	1.07	1.14	1.25
1.14 Maternal smoking at delivery	Q4 2014	11.1	17.5	16.3	14.6	14.4	18.5
1.15 Breast feeding prevalence at 6 - 8 weeks	Q4 2014	44.6	37.8	-	46.4	-	-
1.18 Percentage of cancers detected at stage 1 and 2	2013	45.7	38.2	39.8	46.2	31.2	43.7
1.19 Record of lung cancer stage at decision to treat	2013	92.7	89.6	94.5	95	92.5	88.5
1.20 Mortality from breast cancer in females	2012-20	34.6	39.3	33.8	35.1	33.6	38.4
1.21 All-cause mortality – 12 months following a first emergency admission to hospital for heart failure in people aged 16 and over	Apr 2010 - Mar 2013	100.0	106.5	99.6	104	107.4	104.1
1.22 Hip fracture: incidence	2014/15	436.4	473.6	513	480.5	451.3	567.7
Enhancing quality of life for people with long term conditions							
2.2 Proportion of people who are feeling supported to manage their condition	2014/15	64.4	62.5	61.8	69	64.8	62.4
2.6 Unplanned hospitalisation for chronic ambulatory care sensitive conditions	2014/15	808.5	755.2	1055.6	872.7	861	1261
2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	2014/15	326.7	271.5	375.7	301.6	216.9	476.6
2.1 Health-related quality of life for people with long-term conditions	2014/15	0.7	0.742	0.679	0.752	0.733	0.697
2.15 Health-related quality of life for carers, aged 18 and above	2014/15	0.8	0.817	0.794	0.824	0.806	0.769
2.5 People with diabetes diagnosed less than a year referred to structured education	2012/13	19.0	15.7	6.7	19.6	15.2	1.4
2.8 Complications associated with diabetes	2012/13	100.0	94.9	121.8	100.6	87.3	118.5
2.9 Access to community mental health services by people from Black and Minority Ethnic (BME) groups	2014/15	2201.0	2924.4	2939.7	1660.4	2104.1	2173

NHS Outcomes Framework

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IndicatorName	Period	England	Clinical Commissioning Group: Erewash CCG	Hardwich CCG	North Derbyshire CCG	Southern Derbyshire CCG	Tameside and Glossop CCG
2.10 Access to psychological therapies services by people from Black and Minority Ethnic (BME) groups	2014/15	956.4	840.3	979.9	1077	1004	1009
2.16 Health-related quality of life for people with a long-term mental health condition	2014/15	0.5	0.46	0.49	0.59	0.51	0.46
2.11a Percentage of referrals to Improving Access to Psychological Therapies (IAPT) services which indicated a reliable recovery following completion of treatment	2014/15	42.8	46.50	47.90	50.60	47.90	32.40
2.11b Percentage of referrals to Improving Access to Psychological Therapies (IAPT) services which indicated a reliable improvement following completion of treatment	2014/15	60.8	65.90	68.00	69.00	65.50	54.30
2.11c Percentage of referrals to Improving Access to Psychological Therapies (IAPT) services which indicator a reliable deterioration following completion of treatment	2014/15	6.2	5.20	5.50	5.30	4.40	6.70
Helping people to recover from episodes of ill health or following injury							
3.1 Emergency admissions for acute conditions that should not usually require hospital admission	2014/15	1272.4	1099	1858.6	1627.8	1180.3	1706
3.2 Emergency readmissions within 30 days of discharge from hospital	2011/12	11.8	11.72	10.65	11.65	11.96	12.65
3.3 Elective knee replacement (Primary) procedures - patient reported outcomes measures (PROMS)	2013/14	0.3	0.322	0.319	0.327	0.332	0.299
3.3 Elective groin hernia procedures - patient reported outcomes measures (PROMS)	2013/14	0.1	-	0.092	0.095	0.084	0.065
3.4 Emergency admissions for children with lower respiratory tract infections	2014/15	395.1	374	519.5	493.3	250.9	569.7
3.5 People who have had a stroke who are admitted to an acute stroke unit within 4 hours of arrival to hospital	2014/15	58.7	72.4	70.6	71.6	69.7	43.1
3.6 People who have had an acute stroke who receive thrombolysis	2014/15	11.6	14.1	12.1	10.1	13.7	7.2
3.7 People with stroke who are discharged from hospital with a joint health and social care plan	2014/15	81.1	89.7	89.2	97.1	88	75.1
3.8 People who have a follow-up assessment between 4 and 8 months after initial admission for stroke	2014/15	20.6	0	60	68.1	1.6	0.3
3.9 People who have had an acute stroke who spend 90% or more of their stay on a stroke unit	2014/15	82.4	91.5	89.9	89.5	89.2	73.4
3.10.i Hip fracture: proportion of patients recovering to their previous levels of mobility/walking ability at 30 days	2013	25.0	-	-	-	-	-
their previous levels of mobility/walking ability at 120 days	2013	49.8	-	-	-	-	-
3.11 Hip fracture: collaborative orthogeriatric care	2014	93.8	97.4	75.8	98.9	95	98.4
3.12 Hip fracture: timely surgery	2014	75.2	74.8	75.6	72.5	86.8	50.9
3.13 Hip fracture: multifactorial falls risk assessment	2014	97.9	97.2	95.2	99.7	98.9	98.1
3.14 Alcohol-specific hospital admissions	2014/15	115.7	183.9	173.6	164.6	163.1	240.1
3.15 Emergency alcohol-specific readmission to any hospital within 30 days of discharge following an alcohol-specific admission	2012-201	100.0	120.9	131.2	131.6	118.9	116.9
3.16 Unplanned readmissions to mental health services within 30 days of a mental health inpatient discharge in people aged 17 and over	2014/15	100.0	79.2	93.4	105.3	81.5	127.4

NHS Outcomes Framework

updated- January 2016

IndicatorName	Period	England	Clinical Commissioning Group				
			Erewash CCG	Hardwich CCG	North Derbyshire CCG	Southern Derbyshire CCG	Tameside and Glossop CCG
3.17 Percentage of adults in contact with secondary mental health services in employment	2014/15	6.0	10.8	7.4	11.6	7.7	0.3
3.3 Elective varicose veins procedures - patient reported outcomes measures (PROMS)	2013/14	0.1	-	-	0.117	-	0.077
Ensuring people have a positive experience of care							
4.1 Patient experience of GP out-of-hours services	2014/15	68.6	65.1	67.2	79.1	73	67.1
4.2 Patient experience of hospital care	2013/14	76.5	82.1	79	75.9	78.2	76
4.5 Responsiveness to Inpatients personal needs	2013/14	68.4	79.2	73.4	66.1	71.9	66
Treating and caring for people a safe environment and protecting them from avoidable harm							
5.3 Incidence of Healthcare Associated Infection(HCAI) Methicillin-resistant Staphylococcus aureus(MRSA)	Apr 2013 - Mar 2015	3.6	5.14	2.93	0.69	1.66	8.23
5.4 Incidence of Healthcare Associated Infection (HCAI) – C. difficile	Apr 2013 - Mar 2015	61.4	65.73	96.57	94.77	56.27	102.5

Key:

- Significantly Worse than the England Average
- Significantly Higher than the England Average
- Not Significantly Different to the England Average
- Significantly Lower than the England Average
- Significantly Better than the England Average
- Significance not assessed
- \- Data not available
- * data suppressed

Metadata - NHS Outcomes Framework

1-Years Lost Per 100,000 Population. Source:Primary care mortality database; 2-Years Lost Per 100,000 Population. Source:ONS; 3-Rate Per 100,000 Registered Patients. Source:ONS; 4-Rate Per 100,000 Registered Patients. Source:ONS; 5-DSR per 100,000 Registered Patients. Source:HES; 6-Rate Per 100,000 Registered Patients. Source:HSCIC; 7-One- year standardised relative survival percentage for adults (15–99 years). Source:ONS; 8-DSR Per 100,000 Registered Patients. Source:ONS; 9-Standardised Ratio. Source:HSCIC; 10-%. Source:ONS; 11-%. Source:Cancer Analysis System; 12-Standardised Mortality Ratio. Source:HSCIC; 13-%. Source:HSCIC; 14-%. Source:Unify2; 15-%. Source:Cancer Analysis System; 16-%. Source:National Lung Cancer Audit; 17-DSR per 100,000 Registered Female Patients. Source:ONS; 18-% percentage of people who died within 12 months of their first admission with a primary diagnosis of heart failure. Source:HES; 19-per 100,000 CCG population. Source:HES; 20-Weighted Sum Of Respondents Who Answer 'Yes, Definitely' Or 'Yes, To Some Extent' (Give 0.5 Weight). Source:GP Patient Survey; 21-Number Of Emergency Admissions And With A Primary Diagnosis Of A Chronic Ambulatory Care Sensitive . Source:HES; 22-Number Of Emergency Admissions For Patients Aged Under 19 Where Asthma, Diabetes Or Epilepsy Was The. Source:HES; 23-Sum Of The Weighted Eq-5D Index Values For All Responses From People Who Identify Themselves As Care. Source:GP Patient Survey; 24-Sum Of The Weighted Eq-5D Index Values For All Responses From People Who Identify Themselves As Care. Source:HSCIC; 25-Rate Difference. Source:National Diabetes Audit; 26-Standardised Ratio. Source:e National Diabetes Audit; 27-Rate Per 100,000 Population. Source:MHMDS; 28-Rate Per 100,000 Population. Source:IAPT data set.; 29-Average Eq-5D Per Person With Long Term Mh Conditions. Source:HSCIC; 30-%. Source:HSCIC; 31-%. Source:HSCIC; 32-%. Source:HSCIC; 33-rate per 100,000 registered patients. Source:HES; 34-rate per 100,000 registered patients. Source:HES; 35-%. Source:PROMs dataset; 36-%. Source:PROMs dataset; 37-%. Source:HES Continuous Inpatient Spells (CIPS).; 38-%. Source:SSNAP; 39-%. Source:SSNAP; 40-%. Source:SSNAP; 41-%. Source:SSNAP; 42-%. Source:SSNAP; 43-%. Source:NHFD; 44-%. Source:NHFD; 45-%. Source:NHFD; 47-%patients who received a multifactorial risk assessment. Source:NHFD; 48-per 100,000 CCG population. Source:HES; 49-Standardised Ratio. Source:HES Continuous Inpatient Spells; 50-Standardised Ratio. Source:MHMDS; 51-%. Source:MHMDS; 52-Average Eq-5D Health Gain. Source:HSCIC; 53-%. Source:GP Patient Survey; 54&55-Average Eq-5D Per Person Who Has Been Discharged From An Acute Or Specialist Trust. Source: Care Quality Commission's Adult Inpatient Survey; 55-Average Eq-5D Per Person Who Has Been Discharged From An Acute Or Specialist Trust. Source:Care Quality Commission's Adult Inpatient Survey; 56-Rate Per 100,000 Population. Source:PHE; 57-Rate Per 100,000 Population. Source:PHE;

HSCIC- Health and Social Care Information Centre; HES- Hospital Episode Statistics; MHMDS - Mental Health Minimum Data Set; NHFD-National Hip Fracture Database; DSR- Directly Standardised Rate

For full definitions visit: https://www.england.nhs.uk/wp-content/uploads/2013/12/ccg-ois-1415-tech-guid.pdf