DERBYSHIRE County Council

2016

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

A summary of performance against Outcomes Frameworks.

Public Health Intelligence & Knowledge Services

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

2016

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ⓘUnderstanding Statistical Terms used in this Report

Number and Rate

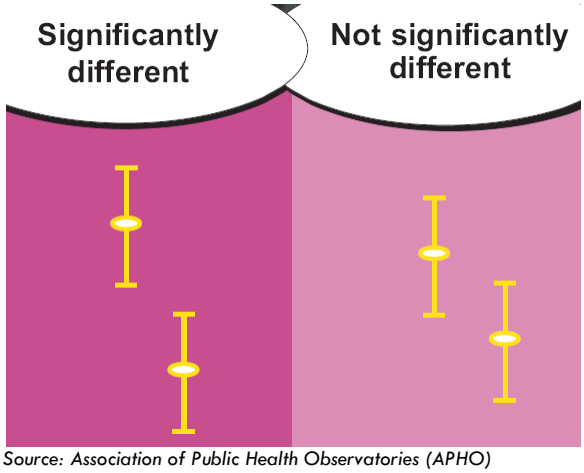
Number is the most basic measure; this may be a count of events such as the number of admissions to hospital or a count of the number of people with a particular attribute e.g. the number of children who are obese. However, in order to make comparisons between populations and over time we need to take 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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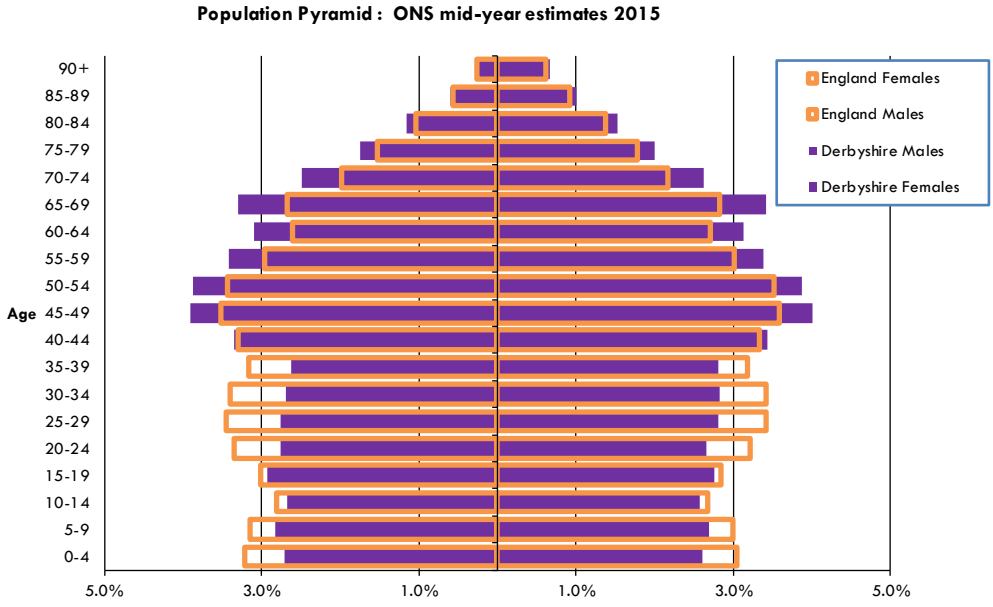
1 INTRODUCTION

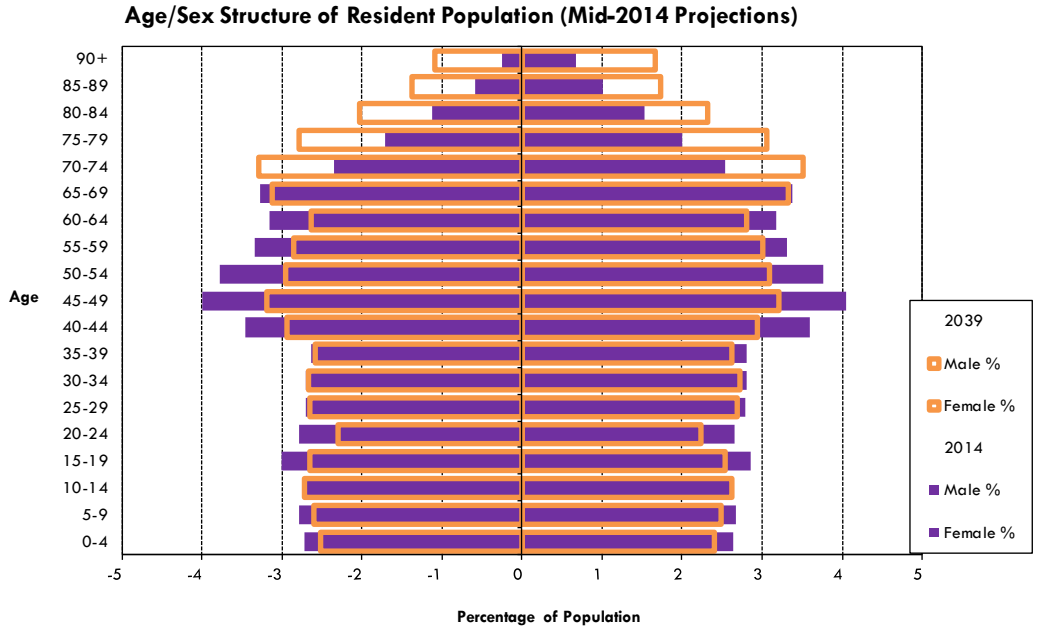
This report reviews the position of Derbyshire County in regard to the various Outcomes Frameworks available for health and social care, and highlights where performance is significantly poorer than England as a whole. Where possible, significant variation within the county is also highlighted. This 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 POPULATION

Derbyshire has a population of over 780,000 people. The population is currently proportionately older than England overall, with around one in five people aged 65 or over. Almost a further fifth are aged under 16, meaning 2 out every 5 people are dependent on the working age population.



By 2039 almost half the population of 860,000 people will be in these age groups. Nearly 3 in every 10 people will be aged 65 and over.



2.1.1.1 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 43 indicators.
- Derbyshire performed significantly worse than England in 32 indicators.

2.2 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.

2.2.1 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.

2.2.1.1 Males

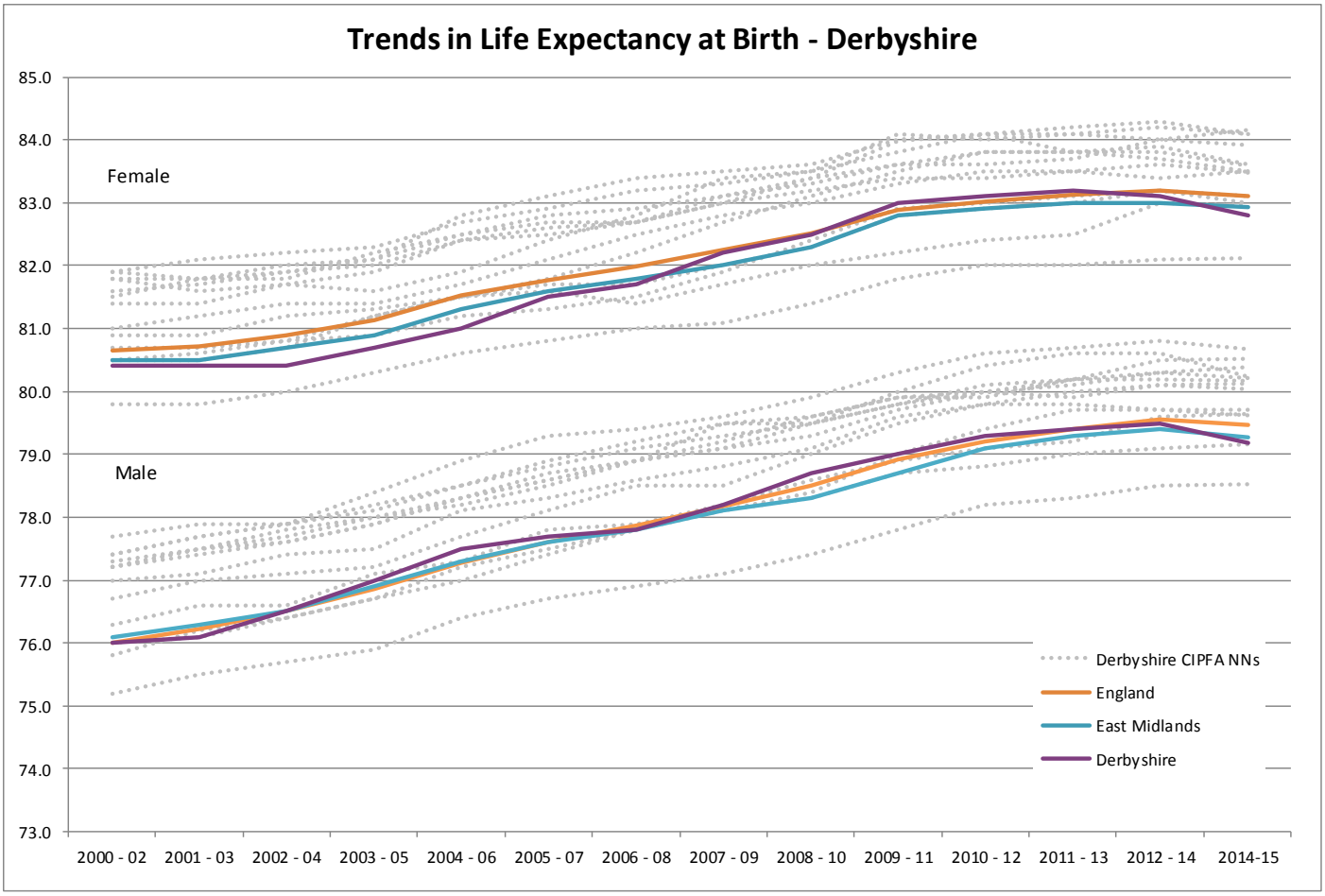
For the period 2012-15 male life expectancy at birth in Derbyshire was 79.2 years, a fall from 79.5 years for 2012-14, but not a statistically significant one. Life expectancy in Derbyshire was slightly lower than in East Midlands and significantly lower than in England (79.3 and 79.5 years). Derbyshire had the 74th (previously 70th) highest life expectancy of 150 Upper Tier Local Authorities (UTLAs), which ranged from 74.3 to 83.4 years.

2.2.1.2 Females

For the period 2013-15 female life expectancy at birth in Derbyshire was 82.8 years, a small decrease from 83.0years for 2012-14, but not a statistically significant one. Life expectancy in Derbyshire was lower than in East Midlands and significantly lower than in England (82.9 and 83.1 years). Derbyshire had the 86th (previously 78th) highest life expectancy of 150 UTLAs, which ranged from 79.5 to 86.4 years. Female life expectancy was significantly higher than that of males.

2.2.1.3 Vulnerable Groups

It should be noted that certain groups have shorter life expectancy than the general population, these include certain ethnic groups (although confounded by socioeconomic status); those with serious mental health problems and those people with learning disabilities. Studies (although not numerous), report a gap of 14 - 20 years for males and 6 - 15 years for females, mostly attributable to cardiovascular and respiratory diseases and cancer, with the biggest gap found in substance abusers. Amongst people with moderate to severe learning disabilities, all cause mortality is three times higher than in the general population, with mortality being particularly high for young adults, women and people with Down's syndrome. Discrimination and barriers to service access are important along with material deprivation are important factors in this.



2.2.1.4 Variation within the county

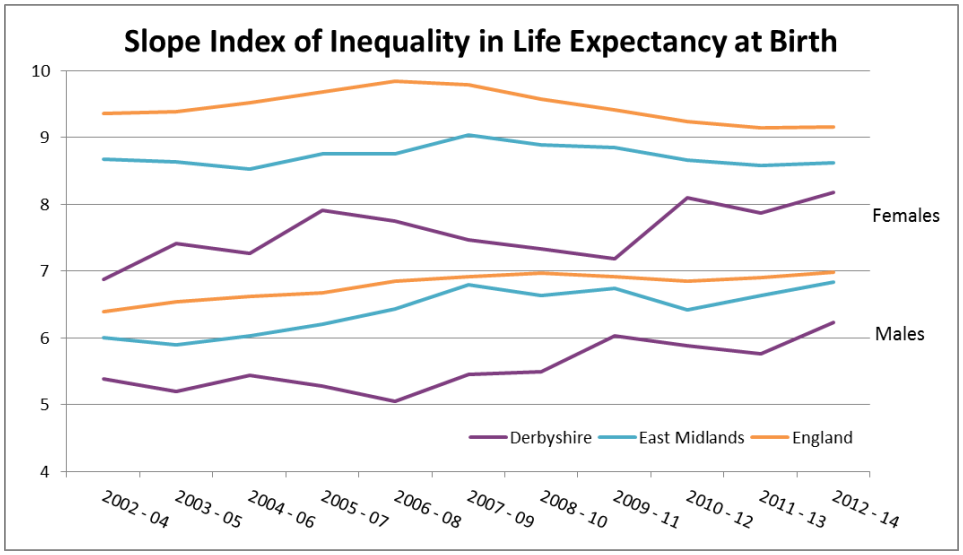
The slope index of inequality (SII) is a measure of the social gradient in life expectancy, i.e. how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within each local authority and summarises this in a single number. This represents 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 (8.2 – previously 7.9) was lower than England (9.2), although not significantly so, indicating a smaller gap between the least and most deprived areas. This was also the case for females – 6.22 compared to 7.0 (previously 5.8 and 6.9). 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 77.4 years (previously 77.6) was significantly lower than in all of the other districts but Chesterfield. In Derbyshire Dales - 81.0 years (previously 81.4) it was almost 4 years longer and was also significantly higher than all of the districts but North East. Erewash and North East had significantly higher life expectancies than Chesterfield, but there were no other significant differences between districts.

For females, Bolsover again had a significantly lower life expectancy (81.4, previously 81.7) than any district but Chesterfield. Life expectancy in Derbyshire Dales (84.2, previously 84.7) was 3 years longer than in Bolsover and significantly higher than in all of the other districts but High Peak and North East. There were no other significant differences between districts.

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



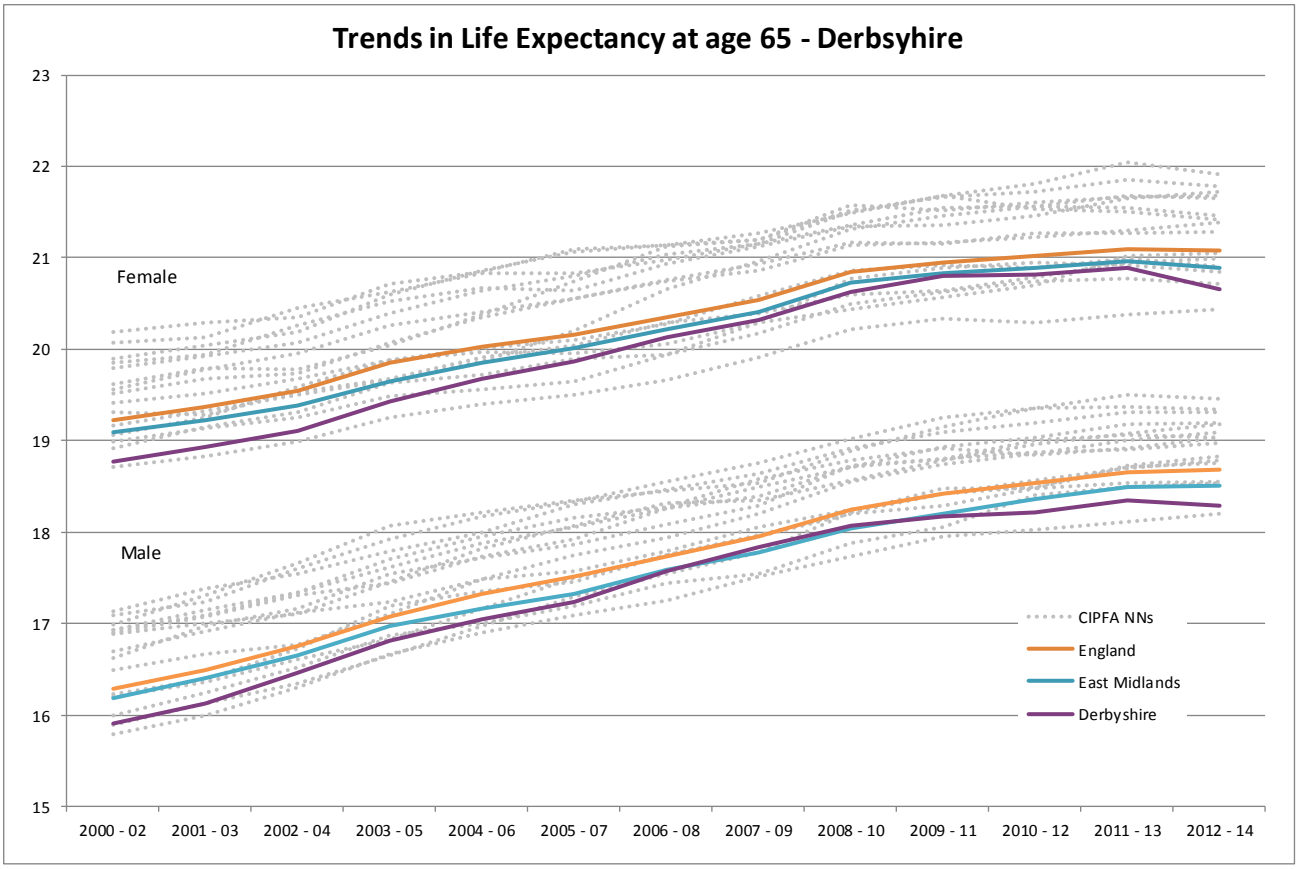
2.2.2 Life Expectancy at age 65

2.2.2.1 Males

For 2013-15 Derbyshire male life expectancy at age 65 was 18.3 (previously 18.3) years, lower than East Midlands (18.5) and significantly lower than England (18.7). Derbyshire had the 88th (previously 87th) highest life expectancy of 150 UTLAs, which ranged from 15.8 to 21.4 years.

2.2.2.2 Females

Female life expectancy at 65 was 20.7 years, previously 20.9, lower than East Midlands (20.9 years) and significantly lower than England (21.1). Derbyshire had the 95th (previously 93rd) highest life expectancy of the 150 UTLAs, which ranged from 18.8 to 23.9 years.
Female life expectancy at 65 was significantly higher than that of males.



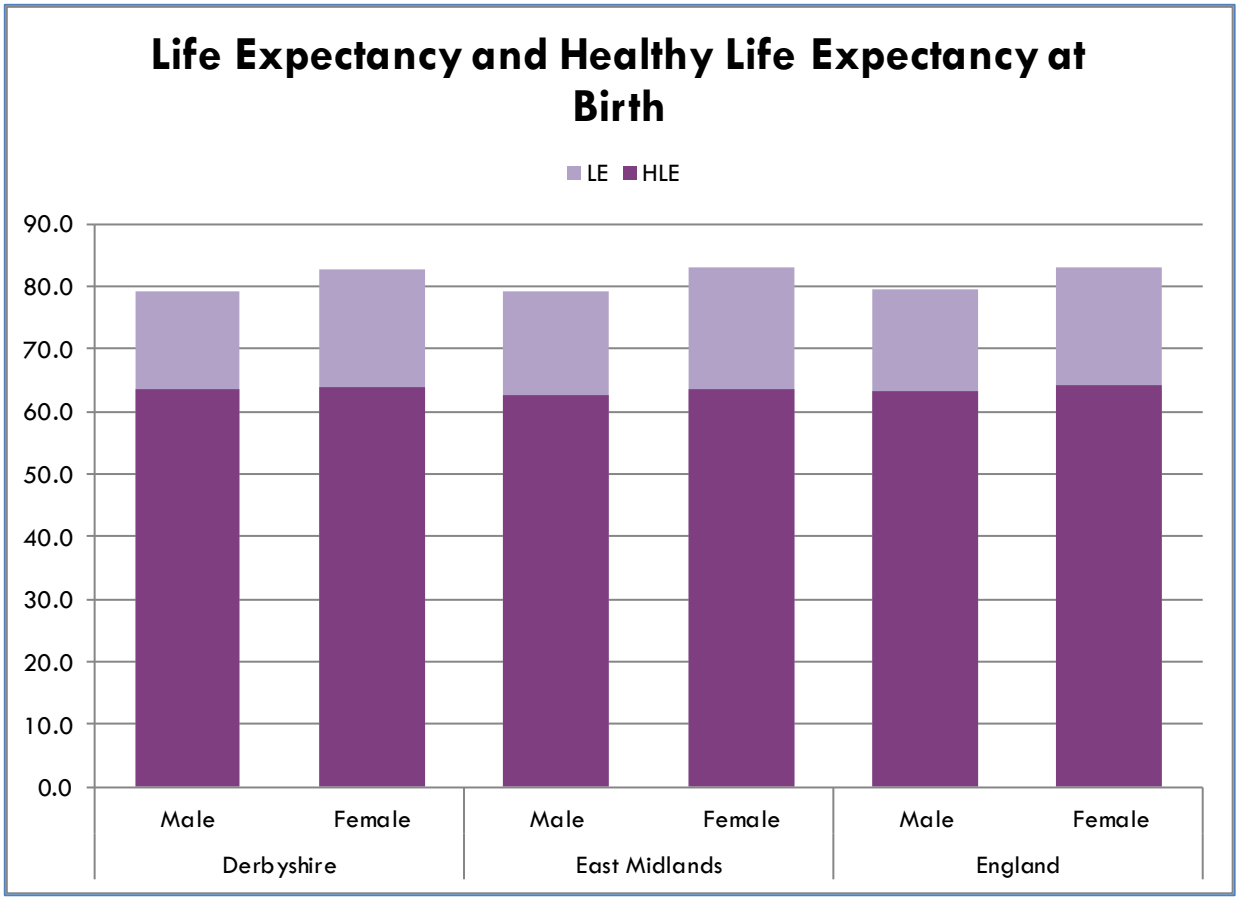
2.2.2.3 Variation within the county

Male life expectancy at 65 in Bolsover, at 17.0 years (previously 17.0) was significantly lower than in any of the other districts but Chesterfield. Derbyshire Dales had the highest life expectancy at 19.1 which was also significantly higher than in Chesterfield and South. Otherwise there were no other significant differences between districts.

For females, Bolsover life expectancy at 65, at 19.5 (previously 19.5), was also significantly lower than any of the other 7 districts. Derbyshire Dales (21.6, previously 22.0) also had the highest life expectancy. In all districts female life expectancy was significantly higher than that for males.

2.3 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.



2.3.1.1 Males

Male healthy life expectancy in Derbyshire was 63.5 in 2013-2015; up from the previous period at 63.4and was significantly higher than for East Midlands (62.5) and higher than for England (63.4). Derbyshire ranked 64th highest out of 150 UTLAs for male healthy life expectancy, which ranged from 54.0 to 71.1 years. In Derbyshire, men can expect to spend 80% of their life in 'Good Health'.

2.3.1.2 Females

Female healthy life expectancy (63.8) was higher than for East Midlands (63.5) but lower than for England (64.1), though not significantly so. It was also higher than in the previous period, for which it stood at 63.4 years. Derbyshire was ranked 69th for female healthy life expectancy, which

ranged from 52.4 to 71.2 years. In Derbyshire, women can expect to spend 81% of their life in 'Good Health'.
It is striking 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 around two thirds of all UTLAs.

2.4 Overarching Indicators - Disability Free Life Expectancy

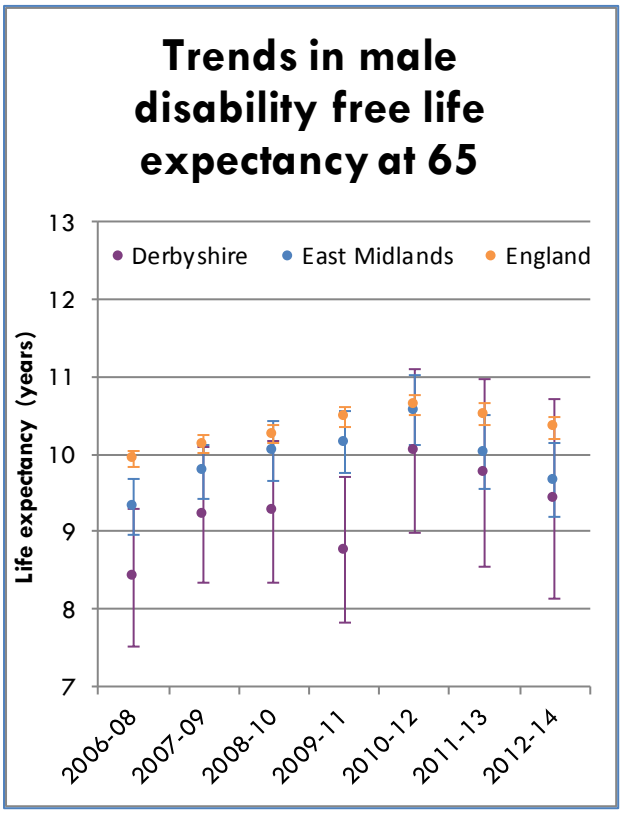
Disability-Free Life Expectancy (DFLE) estimates lifetime free from a limiting persistent illness or disability. This is based upon a self-rated assessment of how health limits an individual's ability to carry out day-to-day activities. Both HLE and DFLE use data from the Annual Population Survey, but from different sections of the survey

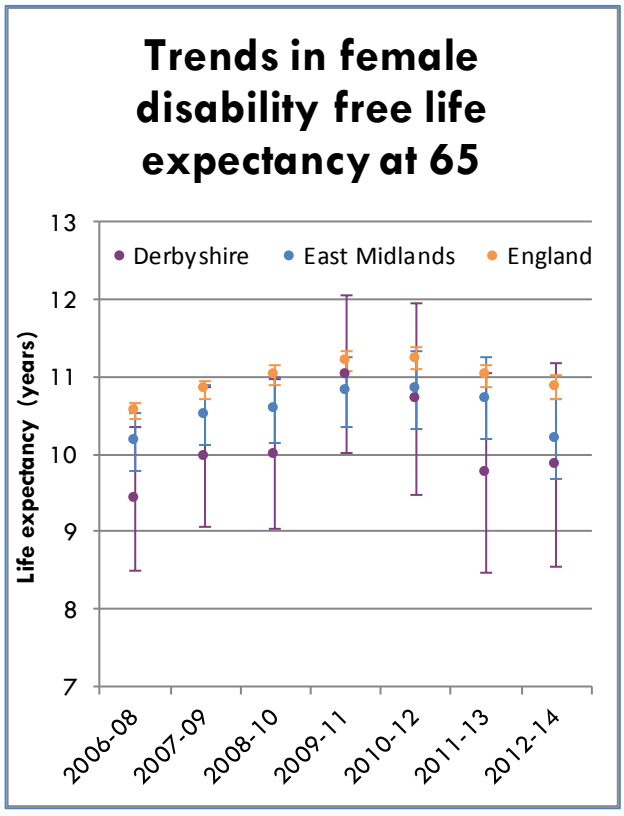
2.4.1.1 Males

In Derbyshire in 2009-2104, 65 year old men could expect to spend another 9.8 years free of disability, slightly more than the 9.4 years in the previous period; this amounts to 51.2% of their remaining life expectancy. This was lower than East Midlands (9.7years and 52.0%) and England (10.3 years and 55.1%). Derbyshire was ranked 102th out of 150 UTLAs for years of DFLE and 106th for proportion of life expectancy at 65 which should be disability free. DFLE ranged from 2.8 to 14.0 years and the proportion of full life expectancy ranged from 15.6% to 71.1%, amongst the 150 UTLAs.

2.4.1.2 Females

In Derbyshire, 65 year old women could expect to spend another 9.9 years free of disability; a slight increase on the previous period (9.8 years), but less than previously. This amounts to 47.1% of their remaining life expectancy. This was slightly lower than East Midlands (10.2 years and 48.4%) and England (10.9years and 51.3%). Derbyshire was ranked 96th for years of DFLE and 102nd for proportion of life expectancy at 65 which should be disability free. DFLE ranged from 3.3 to 16.7 years and the proportion of full life expectancy ranged from 16.3% to 71.8%, amongst the 150 UTLAs.
Female DFLE was slightly 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)

16.3% compared to 18.6% for East Midlands and 19.9% for England. However, the percentage has significantly increased over the last year.

1.01ii - Children in poverty (under 16s)

16.8% compared to 19.1% for East Midlands and 20.1% for England. However, the percentage has significantly increased over the last year.

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 181.1 per 100,000, which is significantly lower than East Midlands at 358.0 per 100,000 and England at 368.6 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 3.6%, which is significantly lower than East Midlands at 3.9% and England at 4.2%. The Derbyshire rate has fallen significantly 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 2014/15, 4.40% 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 (4.56%) and England (4.62%) 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 2015/16, 70.8% of children in Derbyshire achieved a good level of development at the end of reception. This was significantly higher than the East Midlands (67.6%) and England (69.3%) 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 (Males).

In 2015/16, 63.9% of boys in Derbyshire achieved a good level of development at the end of reception. This was significantly higher than the East Midlands (60.5%) and England (62.1%) average. The Derbyshire rate has increased significantly since 2012/13 (41.8%).

3.1.2 Health Improvement

3.1.2.1 Low Birthweight

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 16.2 per 1,000 girls aged 15-17 years, this is significantly lower than for East Midlands at 21.6 and England at 22.8. The rate in Derbyshire has been falling significantly over the past several years, reflecting national and regional trends.

3.1.2.3 Healthy Child Programme or Integrated Review

The Ages and Stages Questionnaire-3 (ASQ-3) covers five domains of child development: communication, gross motor skills, fine motor skills, problem solving and personal-social development. Health visiting teams should have been using ASQ-3 as part of HCP two year reviews from April 2015. This indicator shows the proportion of 2-2½ reviews which use the ASQ-3.

2.05ii - Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review

92.0% in Derbyshire, which is significantly higher than both East Midlands (87.2%) and England (81.3%).

3.1.2.4 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 32.3%, significantly lower than East Midlands at 33.3% and England at 34.2%. Since 2007/08 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.

3.1.2.5 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)

The rate of 91.0 admissions per 10,000 population is significantly lower than for England (104.2) and similar to the East Midlands average (87.1). In Derbyshire the rate has remained relatively constant since 2010/13, reflecting national trends.

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

The rate of 109.3 admissions per 10,000 population is significantly lower than for England (129.6) and similar to the East Midlands average (103.2). In Derbyshire the rate has remained relatively constant since 2010/11, reflecting national trends.

3.1.2.6 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.

2.20xii - % of babies eligible for newborn hearing screening for whom screening process is complete within 4 weeks

In Derbyshire 99.0% of babies were screened within the first four weeks. This was significantly higher than the England average of 98.7% and similar to the East Midlands average of 99.2%.

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)

96.1% compared to 95.6% for East Midlands and 93.6% for England. In Derbyshire the rate has remained relatively constant since 2010/11.

3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old)

97.1% compared to 97.0% for East Midlands and 95.2% for England. In Derbyshire the rate has remained relatively constant since 2010/11.

3.03iv - Population vaccination coverage – MenC

98.1% for Derbyshire. East Midlands and England values have not been published due to data quality Issues. Compared to coverage in 2010/11 in Derbyshire (96.7%) coverage has significantly increased by 1.4% points.

3.03v - Population vaccination coverage – PCV

96.6 % compared to 95.5% for East Midlands and 93.5% for England. In Derbyshire the rate has remained relatively constant since 2010/11.

3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old)

96.0% compared to 94.0% for East Midlands and 91.6% for England. Rising, but not significantly.

3.03vii - Population vaccination coverage - PCV booster
96.0% compared to 94.0% for East Midlands and 91.5% 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)
95.7% compared to 94.1% for East Midlands and 91.9% 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)
96.7% compared to 96.5% for East Midlands and 94.8% for England. Coverage in Derbyshire has remained relatively constant since 2010/11 (96.1%).
3.03xii - % of girls aged 12-13 who have received the first (priming) dose of the HPV vaccine
The coverage in Derbyshire during 2014/15 of 92.3% was significantly higher than East Midlands (92.0%) and England (89.4%). The Derbyshire rate has remained significantly lower than England over the past three years, with no significant improvement to uptake.

3.1.4 Healthcare and premature mortality

3.1.4.1 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 – Percentage of 5 year olds who are free from obvious dental decay
77.8% in Derbyshire during 2014/15, which was significantly higher than East Midlands (72.5%) and England (75.2%).

3.2 Green to Amber

3.2.1 Health Protection

3.2.1.1 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.
3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old)
During 2015/16 94.3% of five year olds in Derbyshire were vaccinated. While statistically similar to the benchmark, in the previous year (2014/15) vaccination coverage was significantly better than the benchmark.

3.2.1.2 Healthcare and premature mortality

3.2.1.3 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
Over the three year period 2013-2015 the rate of infant mortality in Derbyshire of 3.5 deaths per 1,000 live births was similar to the East Midlands (4.3 per 1,000) and England (3.9 per 1,000). In the previous pooled three year period (2012-2014), the Derbyshire rate (3.0 per 1,000) was significantly lower than East Midlands (4.3 per 1,000) and England (4.0 per 1,000).

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 2015/16 of 79.3% was significantly lower than England (80.5%) and similar to the East Midlands average (79.3%). However, within Derbyshire there was a significant increase from the previous year (74.2%) 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 2015/16 of 74.5% was significantly lower than England (76.9%) and similar to the East Midlands average (75.5%). The Derbyshire rate has increased significantly from the previous year (70.9%) and from the 2012/13 baseline (62.2%).

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 2015/16 of 58.2% was significantly lower than England (63.6%) and similar to the East Midlands average (60.6%). The Derbyshire rate has increased significantly from the 2012/13 baseline of 44.8%.

3.3.2 Health Improvement

3.3.2.1 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.

2.02ii - Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth - current method

During 2015/16, 40.7% of infants in Derbyshire were receiving breastmilk at 6-8 weeks. Statistically, this was significantly lower than the England average of 43.2%.

3.3.2.2 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

14.2% compared to 13.7% for East Midlands and 10.6% for England. There has been a statistically significant decrease in prevalence within Derbyshire since the 2010/11 baseline of 16.6%.

3.3.2.3 Fruit and vegetable consumption

Fruit and vegetable consumption is, in general, a useful dietary indicator and links directly to an evidence based key public health dietary issue (the ‘5 a day’ message). There is some evidence that people with higher fruit and vegetable intakes tend to have nutrient intakes closer to reference

values (e.g. folate, vitamin C, potassium) than those with lower intakes, suggesting that it may provide an indicator of 'diet quality' in a wider sense.

2.11v – Average number of portions of fruit consumed daily at age 15 (WAY survey)

The latest survey data (2014/15) shows that in Derbyshire 15 year olds ate on average 2.17 proportion of fruit per day. Statistically, this was significantly lower than the England average of 2.39 and the East Midlands average of 2.32.

2.11vi – Average number of portions of vegetables consumed daily at age 15 (WAY survey)

The latest survey data (2014/15) shows that in Derbyshire 15 year olds ate on average 2.34 proportion of vegetables per day. Statistically, this was significantly lower than the England average of 2.40 and the East Midlands average of 2.42.

3.3.3 Health protection

3.3.3.1 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)

In 2015 the chlamydia detection rate in Derbyshire was 1,541 per 100,000. This was significantly worse than the benchmark target. This also represented a significant decrease in detection from the previous year (2,101 per 100,000).

3.4 Red to Amber

3.4.1 Wider Determinants

3.4.1.1 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 (Female)

During 2015/16 the proportion in Derbyshire (84.2%) was similar to England (84.3%) and East Midlands (83.4%). This represents a significant increase in Derbyshire form the previous year (77.8%).

1.02ii - School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check (Persons)

During 2015/16 the proportion in Derbyshire (66.6%) was similar to England (68.6%) and East Midlands (66.4%). This represents a significant increase in Derbyshire form the previous year (59.4%).

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)

During 2015/16 the proportion in Derbyshire (74.3%) was similar to England (74.0%) and East Midlands (72.4%). This represents a significant increase in Derbyshire form the previous year (64.2%).

3.4.2 Health Improvement

3.4.2.1 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 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%.

3.4.2.2 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)

In 2015/16 the Derbyshire admission rate of 140.0 per 10,000 was similar to England (134.1 per 10,000), although significantly higher than East Midlands (125.2 per 10,000). The Derbyshire rate has fallen slightly (although not significantly so) from the previous year (144.1 per 10,000).

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 for England (19.9%) in Bolsover (the highest, 21.6%) and Chesterfield (21.2%). The proportion is significantly lower than England in Erewash (18.1%), Amber Valley (16.1%), North East Derbyshire (15.5%), High Peak (13.4%), South Derbyshire (12.7%) and Derbyshire Dales (the lowest at 10.1%).

1.01ii - Children in poverty (under 16s)

The proportion in poverty is significantly higher than for England (20.1%) in Bolsover (the highest, 22.2%) and Chesterfield (21.9%). The proportion is significantly lower than England in Erewash (18.6%), Amber Valley (16.6%), North East Derbyshire (16.1%), High Peak (13.9%), South Derbyshire (13.1%) and Derbyshire Dales (the lowest at 10.3%).

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%) was significantly lower than England (74.3%)

2.02ii - 2.02ii - Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth - historical method

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 Derbyshire Dales (50.5%) was significantly higher than the England average. Due to data validation issues, prevalence for Erewash, North East Derbyshire and South Derbyshire and Derbyshire as a whole, or not available in the PHOF for comparison.

3.5.2.2 <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

During 2014 <18 teenage conceptions were significantly lower in Derbyshire Dales (10.5 per 1,000), South Derbyshire (15.5 per 1,000), Amber Valley (15.5 per 1,000) and Erewash (16.2 per 1,000) compared to the England average of 22.8 per 1,000.

3.5.2.3 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.

2.06i - Excess weight in 4-5 year olds

The proportion of children with excess weight (obese or overweight) in Erewash during 2015/16 was 26.3%. This was significantly higher than the England average of 22.1%.

2.06i - Excess weight in 10-11 year olds

In 2015/16 the proportion of children with excess weight (obese or overweight) in Derbyshire Dales (26.5%), High Peak (30.0%) and Amber Valley (30.9%) was significantly lower than the England average of 34.2%.

3.5.2.4 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 0-14 years)

In 2015/16, the admission rate in High Peak (125.5 per 10,000) was significantly higher than the England average of 104.2 per 10,000. Rates in South Derbyshire (85.0 per 10,000), Amber Valley (69.6 per 10,000) and Erewash (65.2 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 2015/16 the admission rate in High Peak (174.9 per 10,000) was significantly higher than England (129.6 per 10,000). The rate was significantly lower than England in Erewash (83.5 per 10,000), South Derbyshire (79.1 per 10,000), Derbyshire Dales (71.9 per 10,000) and Amber Valley (65.6 per 10,000).

2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged15-24 years)

The admission rate in Chesterfield (191.8 per 10,000) was significantly higher than the England average of 134.1 per 10,000. The rate was significantly lower than England in North East Derbyshire (105.6 per 10,000) and South Derbyshire (102.2

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)

The detection rate in South Derbyshire (1,067 per 100,000), High Peak (1,313 per 100,000), Derbyshire Dales (1,371 per 100,000), Amber Valley (1,526 per 100,000), Erewash (1,553 per 100,000) and North East Derbyshire (1,576 per 100,000) are all significantly worse than the benchmark.

3.5.4 Healthcare and premature mortality

3.5.4.1 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 – Percentage of 5 year olds who are free from obvious dental decay

The proportion of 5 year olds free from obvious dental decay was significantly lower in the High Peak (66.2%) and Bolsover (66.4%) compared to the England average of 75.2%. Derbyshire Dales (90.5%), North East Derbyshire (87.6%), South Derbyshire (84.8%) and Erewash (81.1%) had significantly higher proportion of children free of dental decay than England

4 LIVING WELL

4.1 Showing Green

4.1.1 Wider Determinants of Health

4.1.1.1 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.

1.06i - Adults with a learning disability who live in stable and appropriate accommodation

At 78.8% the percentage is significantly higher than for East Midlands (73.2%) and England (73.3%), and for both males and females.

4.1.1.2 Employment

The review "Is work good for your health and wellbeing" (2006) concluded that work was generally good for both physical and mental health and wellbeing. This indicator provides a good indication of the impact limiting long-term illness has on employment among those in the "working well" life stage.

1.08iv - % of all respondents in the Labour Force Survey classed as employed (Persons aged 16-64)

At 77.7%, the proportion is significantly higher than both the East Midlands (74.2%) and England (73.9%) and this was a significant increase from the previous year.

1.08iv - % of all respondents in the Labour Force Survey classed as employed (Females aged 16-64)

At 73.6%, the proportion is significantly higher than both the East Midlands (68.9%) and England (68.8%). It has increased and remained higher year on year since 2011/12.

4.1.1.3 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 39.2 per 100,000, consistently significantly lower than for England, at 47.5. It is higher, though not significantly, than East Midlands (36.9)

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

The rate is, at 9.9 per 1,000, lower than for East Midlands, at 13.7, and England, at 17.2, but has increased significantly over the last 2 years (from 7.3 to 8.1). This mirrors the national trend.

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

The rate is, at 1.2 per 1,000, lower than for East Midlands, at 1.6, and England, at 1.7, but has increased significantly over the last 2 years (from 0.7 to 1.0). This mirrors the national trend.

1.13ii- Re-offending levels - Average no. of re-offences committed per offender

At 0.75 per offender, Derbyshire is significantly lower than for East Midlands, at 0.81, and England, 0.82, but has been increasing since 2012.

1.13iii- First time offenders - first time entrants to the criminal justice system per 100,000 population

The rate is significantly lower at 197.5 than for East Midlands, at 236.5, and England, 242.4, and showed a decrease, though not significant, from the previous period.

4.1.1.4 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

At 4.3 the rate per 1,000 population is significantly lower than for East Midlands (4.6) and England (7.1).

4.1.1.5 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. Households and individuals that are in temporary accommodation or are eligible but not in priority need can have greater public health needs than the population as a whole. As such, statutorily homeless households contain some of the most vulnerable and needy members of our communities.

1.15i - Statutory homelessness - Eligible Homeless People Not In Priority need per 1,000 households

The rate per 1,000 households is aggregated based on known values within districts, some of which are suppressed due to small numbers. At 0.6 it was lower than England (0.9) but higher than East Midlands (0.5).

1.15ii - Statutory homelessness - households in temporary accommodation

The rate per 1,000 households has been suppressed for the last two periods due to small numbers within districts. In 2013/14 the rate at 0.2 was lower than for East Midlands (0.4) and England (2.6).

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.

2.11iii - Average number of portions of vegetables consumed daily

At 2.36 the average is significantly better than the East Midlands (2.29) and England (2.27).

4.1.2.2 Substance Dependence in Prison

Ensuring that individuals with substance misuse problems receive appropriate, effective and early structured treatment interventions will significantly reduce harms to health and will improve well-being.

2.16 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison

At 59.9%, the proportion is significantly better than the East Midlands (34.6%) and England (30.6%).

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 79.6%, the coverage rate is similar to the East Midlands, at 79.8%, and higher than England, at 75.5%. The rate is similar to the previous year but has consistently decreased since 2010.

2.20ii - Cancer screening coverage - cervical cancer

At 79.1%, the coverage rate is higher than for East Midlands, at 75.9%, and England, at 72.7%. The rate is similar to the previous year but has consistently decreased since 2010.

2.20iii - Cancer screening coverage - bowel cancer

At 62.1%, the coverage rate is higher than for East Midlands, at 59.0%, and England, at 57.9%. However, whilst coverage increased nationally, there was a small decrease in Derbyshire.

4.1.2.4 NHS Health Check

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74 without existing CVD should be invited once every five years to have a check to assess, raise awareness and support them to manage their risk. 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 percentage of the offered eligible population received an NHS Health Check

At 53.7%, the uptake rate is similar to the East Midlands, at 53.8%, and significantly better than England, at 48.6%.

2.22v - Cumulative percentage of the total eligible population received an NHS Health Check

At 29.1%, the coverage rate is similar to the East Midlands, at 29.3%, and significantly better than England, at 27.4%.

4.1.3 Health Protection

4.1.3.1 Antibiotic Prescribing

Reductions in antibiotic consumption is a well-recognised target in AMR policies across PHE, the NHS, DH and internationally, including WHO.

3.08 Adjusted antibiotic prescribing in primary care by the NHS - Annual total number of prescribed antibiotic items per STAR-PU

At 1.00, the standardised rate is below England, at 1.10.

4.2 Green to Amber

4.2.1 Health Improvement

4.2.1.1 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 adult population meeting the recommended '5-a-day' on a 'usual day' (adults)

53.3% met the recommendation, a drop though not significant, from 56% and still higher than the regional and national average.

4.2.2 Healthcare and Premature Mortality

4.2.2.1 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 10.3 per 100,000 population, has increased over the past 2 years, but remains similar to the East Midlands (9.9) and England (10.1). Rates are volatile because of the small numbers involved. The suicide rate in males is significantly higher than for females.

4.3 In the Red

4.3.1 Wider Determinants of Health

4.3.1.1 Sickness Absence

140 million days are lost to sickness absence every year. Public health includes a focus on the working-age population to help people with health conditions to stay in or return to work.

1.09ii - % of working days lost due to sickness absence in the previous working week

At 2.0%, Derbyshire is second highest in the region and significantly worse than for England (1.5%). This is an increase, though not significant, on the previous period (1.5%).

4.3.1.2 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 44.5 per 100,000 population Derbyshire remains significantly worse than for England (38.5) and higher than East Midlands (41.9). There was a small decrease, though not significant, on the previous period (45.1).

4.3.1.3 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

22.0 incidents were recorded compared to 20.4 in England and 20.0 in East Midlands. The rate fell, though not significantly, compared to the previous year (22.2).

4.3.2 Health Improvement

4.3.2.1 Intentional Self Harm

Self-harm is an expression of personal distress and there are varied reasons for a person to harm themselves irrespective of the purpose of the act. There is a significant and persistent risk of future suicide following an episode of self harm.

2.10ii – Emergency Hospital Admissions for Intentional Self-Harm

At 245 per 100,000 population the rate remained significantly worse than for England (191) and the East Midlands (195) despite a significant decrease from the previous period (275).

4.3.2.2 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

The proportion of adults in Derbyshire who are overweight or obese is, at 68.3%, higher than for East Midlands (66.8%) and England (64.8%).

4.3.2.3 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

Despite an increase from 4.3% to 5.4%, Derbyshire remained lower than for East Midlands (6.7%) and England (6.7%).

4.3.2.4 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%, similar to the East Midlands (6.8%) and higher than England (6.4%). However it is not certain whether this may reflect more effective diagnosis. The percentage has increased on the previous year (6.7%).

4.3.2.5 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 705 per 100,000 population the rate is significantly worse than for England (641) and the East Midlands (670). There was a small but not significant drop from the previous year.

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

At 890 per 100,000 population the rate is significantly worse than for England (827) and the East Midlands (852). There was a small but not significant drop from the previous year.

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

At 542 per 100,000 population the rate is significantly worse than for England (474) and the East Midlands (506). There was a small but not significant drop from the previous year.

4.3.2.6 NHS Health Check

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74 without existing CVD should be invited once every five years to have a check to assess, raise awareness and support them to manage their risk. 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 percentage of the eligible population offered an NHS Health Check

At 54.2%, the rate is similar to the East Midlands, at 54.4%, but lower than England, at 56.4%.

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 the coverage (46.9%) is higher than for England (45.1%), this still falls short of the goal of >=55%. The rate has significantly decreased for the last 3 years.

4.3.3.2 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

After consistently falling, the rate of late diagnosis of HIV increased to 50.8%, higher than England (40.3%), and outside the goal of less than 50%

4.3.3.3 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.

3.05i - Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months

At 66.7%, Derbyshire is lower than East Midlands (81.4%) and significantly worse than England (84.4%). The percentage has decreased over the last 3 years.

4.3.4 Healthcare and Premature Mortality

4.3.4.1 Mental Health and Inclusion

People with serious mental illness are estimated to be twice as likely to die from coronary heart disease and four times as likely to die from respiratory disease as the general population.

4.09ii - The percentage of adults in contact with Secondary Mental Health Services

At 5.9%, Derbyshire is higher than East Midlands (5.6%) and England (5.4%).

4.4 Red to Amber

4.4.1 Wider Determinants of Health

4.4.1.1 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)

The proportion increased from 13.3% to 18.5%. This was higher, though not significantly, than England (17.9%) and East Midlands (18.4%) which also increased from the previous year.

4.4.2 Health Improvement

4.4.2.1 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.

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

The proportion increased from 34.4% to 37.5%, compared to 35.8% in East Midlands and 37.3% in England.

4.4.2.2 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 increased significantly to 48.7%, but remained lower than England (50.7%). However it is not known the extent to which data quality on recording cancer stage affects this indicator.

4.5 Variation within the County

4.5.1 Wider Determinants of Health

4.5.1.1 Employment

The review "Is work good for your health and wellbeing" (2006) concluded that work was generally good for both physical and mental health and wellbeing. This indicator provides a good indication of the impact limiting long-term illness has on employment among those in the "working well" life stage.

1.08iv - % of all respondents in the Labour Force Survey classed as employed (Persons aged 16-64)

Highest in Derbyshire Dales (86.9%) and Erewash (84.2%), significantly higher than for England. Lowest in Bolsover (73.5%).

4.5.1.2 Sickness Absence

140 million days are lost to sickness absence every year. Public health includes a focus on the working-age population to help people with health conditions to stay in or return to work.

1.09ii - % of working days lost due to sickness absence in the previous working week

Highest in Erewash (2.5%), but similar to England and falling. Best in Chesterfield (0.8%). Increased in Dales and South Derbyshire.

4.5.1.3 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 per 100,000

The rate is highest in Dales (96.3), significantly higher than for England, and an increase on the previous period, though not significant. High Peak, at 55.0, is significantly higher than England, an increase from the previous period. The rate is lowest in Chesterfield (28.8); significantly lower than for England and Dales.

4.5.1.4 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 per 100,000

Worst in Chesterfield (53.9), but similar to England and falling. Best in South Derbyshire (28.1) and significantly lower than for England and Chesterfield, Bolsover and Erewash. Amber Valley, High Peak and Dales significantly lower than for England.

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

Worst in Chesterfield (13.0), a significant increase, but lower than England. Best in North East (6.3), lower than for England but a significant increase. Significant increases in Amber Valley, Bolsover, High Peak and South Derbyshire compared to previous year.

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

Worst in Chesterfield (1.5) and increasing. Best in North East (0.9), increasing in all districts but lower than England.

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

Worst in Chesterfield (29.3%) and higher than for England. Best in High Peak (18.6%), lower than for England and significantly lower than for Chesterfield.

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

Worst in Chesterfield (1.03 offences per offender) and higher than England. Significant increase in Amber Valley (0.94) and higher than England. Best in Bolsover (0.52), lower than for England and significantly lower than for Chesterfield.

4.5.1.5 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 (6.4 per 1,000), but significantly lower than England. The rate is lowest in Derbyshire Dales (2.9); significantly lower than for England and Chesterfield.

4.5.1.6 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. Households and individuals that are in temporary accommodation or are eligible but not in priority need can have greater public health needs than the population as a whole. As such, statutorily homeless households contain some of the most vulnerable and needy members of our communities.

1.15i - Statutory homelessness - Eligible Homeless People Not In Priority need per 1,000 households

Significantly worse than England in Amber Valley at 1.4 per 1,000. Lowest in North East (0.1).

1.15ii - Statutory homelessness - households in temporary accommodation

Current spread for district level is North East at 0.1 per 1000 to 0.3 in Dales - all better than the England average.

4.5.2 Health Improvement

4.5.2.1 Intentional Self Harm

Self-harm is an expression of personal distress and there are varied reasons for a person to harm themselves irrespective of the purpose of the act. There is a significant and persistent risk of future suicide following an episode of self harm.

2.10ii – Emergency Hospital Admissions for Intentional Self-Harm per 100,000

Worst in Chesterfield at 466.2, significantly higher than Derbyshire, England and all other districts. Higher than England in Bolsover (257.3) and North East (238.9). Lowest in Amber Valley (184.2) but similar to England.

4.5.2.2 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 44.5%, lower than England. Best in High Peak (58.4%) and Amber Valley (58.2%), significantly higher than for England and Bolsover.

2.11ii - Average number of portions of fruits consumed daily

Worst in Bolsover at 2.19, significantly lower than England. Best in High Peak (2.61) but similar to England.

2.11iii - Average number of portions of vegetables consumed daily

Worst in Bolsover at 2.16, but similar to England. Best in Chesterfield (2.54) and High Peak (2.52), significantly higher than for England.

4.5.2.3 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 62.6% to Chesterfield 73.4%. Derbyshire Dales and High Peak are the only areas not significantly higher than England.

4.5.2.4 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.

2.13ii - Percentage of physically active and inactive adults - inactive adults

Worst in Bolsover (34.6%) and significantly higher than England but decreased from previous year. Chesterfield (31.2%) now similar to England but largest increase in South Derbyshire to 28.7%. Best in Erewash (25.4%).

4.5.2.5 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

No significant variation between districts, but highest in North East (21.2%). Chesterfield (18.0%) and Bolsover (19.6%) now similar to England rate. Dales has the lowest rate (12.2%).

2.14 - Smoking prevalence - routine & manual

No significant variation between districts, but highest in High Peak (34.2%) and North East (32.2%). Lowest in South Derbyshire (23.5%).

4.5.2.6 Deaths from Drug Misuse

Nearly one in nine deaths registered among people in their 20s and 30s in England and Wales in 2014 were related to drug misuse. Local authority action, including the quality and accessibility of the drug services they commission and how deaths are investigated and responded has an impact on drug misuse death rates.

2.15iv - Deaths from drug misuse

Chesterfield, at 9.1 per 100,000 is significantly higher than England (3.9) and Derbyshire (3.7). Rates not calculated for other districts due to small numbers.

4.5.2.7 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 5.8% (significantly lower than England to Bolsover 8.3% (significantly higher)

4.5.2.8 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 per 100,000

The rate is highest in Chesterfield (964), significantly higher than for England, an increase on the previous period, though not significant. Lowest in South Derbyshire (584) and significantly better than England. Significantly higher in Amber Valley, Erewash and North East.

2.18 - Hospital admissions for alcohol-related conditions (narrow definition) – Male per 100,000

Highest in Chesterfield at 1224, increasing, and significantly worse than for England. . Significantly higher in Bolsover (965) and an increase on previous year. Lowest in South Derbyshire and Derbyshire Dales (both 760).

2.18 - Hospital admissions for alcohol-related conditions (narrow definition) – Female per 100,000

Highest in Chesterfield at 726, significantly worse than for England. Significantly higher than England in Erewash (607) and North East (598). Lowest in South Derbyshire (4320 but similar to England.

4.5.2.9 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

Highest in North East (54.4%). At 44.3% South Derbyshire is lowest and significantly lower than England.

4.5.2.10 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 (76.8%), still significantly better than England, but falling. Amber Valley had the highest rate (81.9%), significantly higher than England and Bolsover. However, rates decreasing in general.

2.20ii - Cancer screening coverage - cervical cancer

High Peak has the lowest rate (77.8%), still significantly better than England, but falling. Dales had the highest rate (80.3%), significantly higher than England and High Peak, but also falling.

2.20iii - Cancer screening coverage - bowel cancer

Lowest in Bolsover (58.8%), similar to England but significantly lower than Derbyshire. Chesterfield although higher than England at 59.2% also significantly lower than Derbyshire. Dales at 65.2% 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
South Derbyshire has the highest proportion at 5.3%, and High Peak the lowest, at 3.8%. England and Derbyshire are the same at 4.7%.

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

5 of 8 districts are above the <50% goal. Highest in Dales at 85.7%. Chesterfield was lowest at 25.0%. 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 (5.1 per 100,000), similar to England; Dales has the lowest rate (0.9).

4.5.3.4 Antibiotic Prescribing

Reductions in antibiotic consumption is a well-recognised target in AMR policies across PHE, the NHS, DH and internationally, including WHO.
3.08 Adjusted antibiotic prescribing in primary care by the NHS - Annual total number of prescribed antibiotic items per STAR-PU

North East Derbyshire, at 1.17 was significantly worse than England (1.10). Lowest in South Derbyshire (0.86).

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)

Highest in High Peak (13.5), but similar to England. Lowest in Amber Valley at 9.2.

4.5.4.2 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 – Males

The rate, at 23.6 per 100,000 population, was significantly higher in Chesterfield than for England but due to the small numbers involved district level rates are volatile and the confidence limits are wide.

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 (9.8%) is significantly lower than in East Midlands (10.1%) and England (10.6%). The proportion has fallen significantly over each of the last three 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 coverage of abdominal aortic aneurysm screening which has a significant impact on the health and well-being of the population. Coverage is a key measure for the screening programme as it provides an indication of the accessibility of the service and that men are aware of the importance of screening.

2.20 iv Abdominal Aortic Aneurysm Screening- coverage

Derbyshire has a significantly higher rate (86.3) than England (79.9), and is the highest in the East Midlands. It is rising.

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 53.7%, although significantly higher than England (48.9%), is similar to that of the East Midlands (53.8%).

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

The rate of 29.1% is significantly higher than that for England (27.4%) but similar to that of the East Midlands (29.3%).

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 72.7%, which is also significantly higher than the current East Midlands (71.7%) and England (70.1%) rates. Coverage has increased significantly over the latest period.

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

At 74.2% Derbyshire has not met the goal of 75% coverage however it has a significantly higher rate than either East Midlands (72.1%) or England (71.0%). Coverage has fallen in line with the national and regional trend in the last 2 periods.

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 similar at 991 per 100,000, to England, at 1012, and East Midlands, at 961, having previously been 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 54.2% is similar to the East Midlands (54.4%) but significantly lower than England (56.4%).

5.3.1.2 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 2471. 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 (147.4) appears to have a rate significantly higher than that in the East Midlands (101.3) or England (118.1). 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 51.9, is significantly higher than the East Midlands (38.9) and England rate (42.4). 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

No indicators improved from red to amber this year

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 in Amber Valley, Bolsover, Chesterfield, Erewash, North East and South. High Peak remains similar to England. However in Derbyshire Dales (12.2% of households), it remains significantly higher than in England. It is significantly lower in Amber Valley (10.1%), Bolsover (9.9%), Chesterfield (9.6%), Erewash (9.4%), South (9.1%) and North East (8.7%).

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)
Chesterfield has the highest rate (219.4 per 100,000), significantly higher than England, and rising. Bolsover also has a significantly higher rate (218.9), also rising. Dales (151.9) and North East (166.2) have significantly lower rates than England.

4.03 - Mortality rate from causes considered preventable (males)
Chesterfield has the highest rate (277.3 per 100,000), significantly higher than England, and rising. Dales (187.5) has a significantly lower rate than England, and long term trend is falling.

4.03 - Mortality rate from causes considered preventable (females)
Bolsover has the highest rate (164.8 per 100,000), significantly higher than England, and rising. Dales (118.8) has a significantly lower rate than England, rising slightly this period.

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 (89.2 per 100,000), significantly higher than England but falling. Dales (53.6) and North East (64.3) 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 (73.1) than England, and falling.
4.04i - Under 75 mortality rate from all cardiovascular diseases (females)
Chesterfield has the highest rate (60.1 per 100,000), significantly higher than England and falling. Dales has the lowest rate (34.8), significantly lower than England and falling.
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (persons)
Chesterfield (59.9 per 100,000) and Amber Valley (56.0) have significantly higher rates than England, falling and rising respectively. Dales (37.0) has a significantly lower rate.
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (males)
Bolsover has the highest rate (87.2 per 100,000), similar to England. Dales has the lowest rate (52.3), lower than England and significantly lower than Bolsover, and falling.
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (females)
Chesterfield (36.3) is significantly higher than England and rising in the last period.

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 (173.5 per 100,000), significantly higher than England and rising. Chesterfield (155.6) is also significantly worse than England. Dales has the lowest rate (117.5) which is falling.
4.05i - Under 75 mortality rate from cancer (males)
Bolsover has the highest rate (185.4) although Chesterfield (179.0) is also significantly worse than England. Both are rising. Dales (131.9) has a significantly lower than England and is falling.
4.05i - Under 75 mortality rate from cancer (females)
Bolsover has the highest rate (161.5 per 100,000), significantly higher than England and rising. Dales has the lowest rate (103.8), significantly lower than England although rising slightly.
4.05ii - Under 75 mortality rate from cancer considered preventable (persons)
Bolsover has the highest rate (103.1 per 100,000), significantly higher than England and rising. Dales (68.4) and North East (67.4) both have significantly lower rates than England, and both falling.
4.05ii - Under 75 mortality rate from cancer considered preventable (males)
Bolsover (108.8) has the highest rate, significantly worse than England and rising. Dales (70.4) is the lowest, significantly lower than England and falling.
4.05ii - Under 75 mortality rate from cancer considered preventable (females)
Bolsover has the highest rate (97.4 per 100,000), significantly higher than England and rising. North East has the lowest rate (57.2), significantly lower than England.

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)
No district has a rate which is significantly different from England for this indicator. In many cases numbers are too low to allow for robust calculation of rates.
4.06i - Under 75 mortality rate from liver disease (males)
No district has a rate which is significantly different from England for this indicator. In many cases numbers are too low to allow for robust calculation of rates.
4.06i - Under 75 mortality rate from liver disease (females)
Erewash (20.9) has a significantly worse rate than England and rising.

4.06ii - Under 75 mortality rate from liver disease considered preventable (all)
No district has a rate which is significantly different from England for this indicator. In many cases numbers are too low to allow for robust calculation of rates.

5.5.3.5 Erewash (16.4) has a significantly worse rate than England. 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 (46.4 per 100,000), significantly higher than England and falling. Derbyshire Dales has the lowest rate (19.7); significantly lower than England and falling.

4.07i - Under 75 mortality rate from respiratory disease (males)
Bolsover has the highest rate (58.7 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)
Chesterfield has the highest rate (39.1 per 100,000), significantly higher than England and rising. No district has a significantly lower than England.

4.07ii - Under 75 mortality rate from respiratory disease considered preventable (persons)
Chesterfield has the highest rate (23.9 per 100,000); significantly higher than the England average. Dales (11.1) has a significantly lower rate than England, which is 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 either 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 (10.4%), and Dales (11.0%) 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 (10.8%), significantly lower than England.

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 ends 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.
4.15iii - Excess Winter Deaths Index (3 years, all ages, females)
South Derbyshire has a significantly higher index (36.8) than England (22.4) and rising.
None of the other districts have a significantly different index.
4.15iv - Excess Winter Deaths Index (3 years, all ages, females)
Chesterfield has a significantly lower index (11.9) than England (29.2) and falling.
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+, males)
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)
4.15iv - Excess Winter Deaths Index (3 years, aged 85+, persons)
4.15iv - Excess Winter Deaths Index (3 years, all ages, males)
None of the districts has an index significantly different from England's for the above indicators.

6 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 16 outcomes and 39 disaggregated measures.
Derbyshire performed worse than England in 6 outcomes and 18 disaggregated measures.
It should be noted that this applies only to Derbyshire's position as published in ASCOF; reality may differ owing to differences in reporting and definition.

6.1 Performing better than England

6.1.1 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 19.3 out of a maximum possible score of 24, about the same as for England at 19.1. This was a small increase on the previous year (19.1). There was a higher score for females (19.4) than for males (19.1), reversing the previous year's position, and a significantly higher score for 18-64 year olds (20.2) than for 65s and over (18.9). Males scored lower than England, females and younger users scored lower and older users scored the same.

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)

92.1% of users received self-directed support during the year, significantly higher than England at 86.9%. 89.3% of users aged 18-64 and 93.8% of users aged 65 and over received self-directed support significantly more than the 84.9% and 88.6% for England.

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 77.7% 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=12) received direct payments significantly higher than 67.4% in England.

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

9.4% of adults in contact with secondary mental health services were in paid employment, a fall from the previous year's value of 11.7%, compared to 6.7% in England. This was higher for females than for males, 11.6% compared to 8.0%; 8.0% and 5.5% 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

84.3% of adults with a learning disability who are known to councils live in their own home or with their family significantly more than the 75.4% in England. This represents a rise in both, from 88.8% in Derbyshire and 73.3% in England overall. The percentage of females was slightly higher than males (86.6% compared to 86.4%).

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

82.1% of adults in contact with secondary mental health services live independently, significantly more than the 58.6% in England as a whole. It was higher for females than for males, 85.0% compared to 79.3%; 60.0% and 57.4% for England. This redresses a fall in Derbyshire by more than a third in the previous year.

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

47.2% of users said that they had as much social contact as they would like, rising from 42.4%, compared to 45.4% in England. This was higher for females than males, 49.5% compared to 42.6%; the opposite of England: 46.4% and 44.7% respectively. It was also higher for 18 to 64 year olds than those aged 65 and over, 55.0% compared to 43.7%; 48.2% and 43.7% for England.

6.1.2 Delaying and Reducing the Need for Care and Support

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 8.5 delayed transfers of care (for those aged 18 and over) per day, down from 9.7. This is significantly lower than the12.1 average for England, which is up from 11.1.

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 2.7 delayed transfers of care (for those aged 18 and over) per day, down from 3.3. Again this is significantly lower than for England where the average was 4.7.7, up from 3.7.

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.

A significantly higher percentage (87.8%) of people required a lower level of support following short-term support compared to England (75.8%), a very slight fall from the previous year. Of those aged 18-64, 90.4% required lower support; significantly lower than for England at 79.3%). 87.6% of those aged 65 and over required lower support, also significantly lower than for England (75.4%).

6.1.3 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

70.1% of users said that they were extremely or very satisfied with services they received, significantly higher when compared to 64.4% in England. This was higher for females than for males, 71.5% compared to 67.2% (the opposite of England: 63.6% and 65.5%). It was also higher for 18 to 64 year olds than those aged 65 and over, 76.9% compared to 67.0% (68.7% and 61.7% 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

78.0% users found it easy to find information, compared to 73.5% in England. This was higher for females than for males, 79.3% compared to 75.4% (73.1% and 74.0% for England. It was also higher for those aged 65 and over for than for 18 to 64 year olds, 80.3% compared to 70.7% (75.2% and 70.7% for England.

6.1.4 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.

70.6% of users of social care said that they felt as safe as they wanted, compared to 69.2% in England. This was lower for females, at 68.7%, than for males, at 74.4% (England: 68.3% and 70.6%). This was also higher for those aged 18–64, at 76.7%, than those aged 65 or over, at 67.9% (England: 66.7% and 70.7%). All percentages have risen since the previous year.

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.

86.9% of users of social care said that those services have made them feel safe and secure, compared to 85.4% in England. This was lower for males, at 85.1%, than females, at 87.8% (England: 85.2% and 85.5%). This was also higher for those aged 18–64, at 93.4%, than those aged 65 or over, at 84.0% (England: 86.1% and 85.0%). The proportion has risen in both Derbyshire and England. It has fallen in Derbyshire while rising in England as a whole.

6.2 Performing worse than England

6.2.1 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.

75.3% of users of social care in Derbyshire say they feel in control of their daily life, lower than England at 76.6%. More females reported being in control, 75.7%, than males: 74.7% and falling. Females were in higher proportion than for England but males lower. Those aged 18–64 were more likely to report they feel in control (82.7%, rising) than those aged 65 and over (72.0%, also rising). 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)

23.3% of users received direct payments during the year; higher than previously but still significantly lower than for England at 28.1% and rising. 42.8% of users aged 18-64 and 11.4% of users aged 65 and over received self-directed support compared to 41.1% and 17.3% 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.

Only 1.7% of adults with a learning disability who are known to Derbyshire County Council were in paid employment compared to 5.8% in England. This was higher for males than females, 2.0% compared to 1.2%; 6.2% and 5.2% for England.

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

There were 730.7 permanent admissions to residential care or nursing homes per 100,000 population for adults aged 65 or over – a significant improvement on 835.5 from the previous year, but still higher than England at 628.2.

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

77.0% of older people (aged 65 and over) were still at home 91 days after discharge from hospital into reablement or rehabilitation services, a fall of over 10% on the previous year. This compares with 82.7% for England. Women were less likely to still be at home than men – 76.7% compared to 77.5%A higher proportion of 75-84 year olds remained at home (82.3%), than for 65-74 year olds (80.3%), of whom a higher percentage remained at home than of over 85s.

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 – the same as the previous year - compared to 2.9% in England. 1.5% of men and 2.3% of women were offered reablement services, compared to 2.2% and 3.6% in England. The likelihood of being offered reablement increases with age: 0.6% of 65-74 year olds, 1.9% of 75-84 year olds and 5.6% of over 85s were offered reablement compared to 1.0%, 3.1% and 7.2% respectively, in England.

7 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 larger area outside the East Midlands region.

7.1 Showing Green

7.1.1 Preventing people from dying prematurely

7.1.1.1 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.

7.1.1.2 Cancer

1.10 One year net survival for adults (15-99 years) suffering from any type of cancer.

Reducing years of life lost from cancer. (Note: confidence intervals are not published for this indicator, so the significance of any differences is unknown)

North Derbyshire CCG

The percentage of patients surviving past one year from diagnosis was 70.1%, higher than for England at 69.6%, and rising slightly.

Southern Derbyshire CCG

The percentage of patients surviving past one year from diagnosis was 70.5%, higher than for England at 69.6%, and rising slightly.

1.11 One year net survival for adults (15 – 99 years) suffering from breast, lung or colorectal cancer.

Reducing years of life lost from cancer. (Note: confidence intervals are not published for this indicator, so the significance of any differences is unknown)

Erewash CCG

The percentage of patients surviving past one year from diagnosis was 70.0%, higher than for England at 69.3%, but falling slightly.

North Derbyshire CCG

The percentage of patients surviving past one year from diagnosis was 69.9%, higher than for England at 69.3%, and rising slightly.

Southern Derbyshire CCG

7.1.2 The percentage of patients surviving past one year from diagnosis was 72.4%, higher than for England at 69.3%, and rising. Enhancing quality of life for people with long-term conditions

2.2 A greater proportion of people aged 18 and over suffering from a long-term condition feeling supported to manage their condition

This improvement indicator should provide a picture of the NHS contribution to improving the quality of life for those with long-term conditions.

North Derbyshire CCG

The directly age and sex standardised percentage of people feeling supported is 68.3% compared to 64.3% for England, is in the top quartile for CCGs, but is falling slightly.

7.1.2.1 The directly age and sex standardised percentage of people feeling supported is 68.7% compared to 64.3% for England, is in the top quartile for CCGs, and is rising. Diabetes

2.5 People with diabetes diagnosed less than a year referred to structured education

This indicator measures a key component of high-quality care as defined in the NICE quality standard for diabetes: ‘Statement 1: People with diabetes and/or their carers receive a structured educational programme that fulfils the nationally agreed criteria from the time of diagnosis, with annual review and access to ongoing education’.

Tameside & Glossop CCG

The percentage of referrals was significantly higher, at 84.9%, than England, at 77.2%, in the top quartile of CCGs and was rising significantly***.***

7.1.2.2 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.

Erewash CCG

The rate per 100,000 of unplanned admissions was significantly lower, at 221.2, than England, at 310.5, and falling***.***

Southern Derbyshire CCG

The rate per 100,000 of unplanned admissions was significantly lower, at 199.3, than England, at 310.5, and falling***.***

7.1.2.3 Diabetes

2.8 Complications associated with diabetes, including emergency admission for diabetic ketoacidosis and lower limb amputation.
Some complications associated with diabetes are avoidable with high-quality diabetes management in primary care. Rates of lower limb amputation are therefore used as a proxy for outcomes of care.

Southern Derbyshire CCG

The rate per 100,000 of complications was significantly lower, at 87.3, than England, at 100.0, and falling.

7.1.2.4 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***.***

7.1.2.5 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.

Tameside & Glossop CCG

The rate per 100,000 of access remained significantly higher, at 1738.0, than for England, at 1312.0, and was still rising significantly***.***

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 47.4%, than England, at 43.5%, and was rising***.***

Hardwick CCG

The percentage of referrals indicating recovery was significantly higher, at 46.4%, than England, at 43.5%, but was falling***.***

North Derbyshire CCG

The percentage of referrals indicating recovery was significantly higher, at 51.9%, than England, at 43.5%, and was rising***.***

Southern Derbyshire CCG

The percentage of referrals indicating recovery was significantly higher, at 51.3%, than England, at 43.5%, and was rising significantly***.***

2.11b which indicated a reliable improvement following completion of treatment

Erewash CCG

The percentage of referrals indicating improvement was significantly higher, at 66.9%, than England, at 61.8%, and was rising***.***

Hardwick CCG

The percentage of referrals indicating improvement was significantly higher, at 68.8%, than England, at 61.8%, and was rising.

North Derbyshire CCG

The percentage of referrals indicating improvement was significantly higher, at 70.6%, than England, at 61.8%, and was rising significantly.

Southern Derbyshire CCG

The percentage of referrals indicating improvement was significantly higher, at 70.0%, than England, at 61.8%, and was rising 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 5.1%, than England, at 6.2%, and was falling.

Southern Derbyshire CCG

The percentage of referrals indicating deterioration was significantly lower, at 4.9%, than England, at 6.2%, but rising.

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

7.1.3.1 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 1183.0, than England, at 1307.4, but rising.

Southern Derbyshire CCG

The rate per 100,000 of admissions was significantly lower, at 1191.4, than England, at 1307.4, but rising significantly.

3.2 Emergency readmissions within 30 days of discharge from hospital
Effective recovery from illnesses and injuries requiring hospitalisation. 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 standardised percentage of patients readmitted within 30 days was significantly lower, at 10.7%, than England, at 11.8% and falling.

3.3 Average health gain from patients who reported an improvement in health status following elective procedures (PROMS),
3.3a) hip replacement

Hardwick CCG

Hardwick is in the best quartile of CCGs, with patients reporting a health gain of 0.456, higher than the 0.434 for England, and rising.

3.3b) knee replacement

North Derbyshire CCG

North Derbyshire is in the best quartile of CCGs, with patients reporting a health gain of 0.327, higher than the 0.309 for England, and unchanged.

3.3c) groin hernia

North Derbyshire CCG

North Derbyshire is in the best quartile of CCGs, with patients reporting a health gain of 0.107, higher than the 0.084 for England, and rising.

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 327.7, than England, at 437.3, but rising significantly.

7.1.3.2 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.

North Derbyshire CCG

The percentage of patients admitted was significantly higher, at 70.4, than England, at 60.3, but falling***.***

Southern Derbyshire CCG

The percentage of patients admitted was significantly higher, at 67.3, than England, at60.3, but falling***.***

Tameside & Glossop CCG

The percentage of patients admitted was significantly lower, at 66.4, than England, at 60.3, and rising significantly. This indicator was formerly red.

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.

North Derbyshire CCG

The percentage of patients discharged with a plan was significantly higher, at 95.3, than England, at 87.7, but falling***.***

Tameside & Glossop CCG

The percentage of patients discharged with a plan was significantly higher, at 93.4, than England, at 87.7, and rising significantly***.***

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.

Hardwick CCG

The percentage of patients who have a follow-up assessment was significantly higher at 63.2, than England, at 29.7, and rising.

The percentage of patients who have a follow-up assessment was significantly higher, at 70.5, than England, at 29.7, and rising.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.

North Derbyshire CCG

The percentage of patients staying 90% or more on a stroke unit remained significantly higher, at 89.0, than England, at 84.1, but falling slightly.

Southern Derbyshire CCG

The percentage of patients staying 90% or more on a stroke unit was significantly higher, at 89.2, than England, at 84.1, unchanged.

7.1.3.3 Hip Fracture

3.10 Hip Fracture: Proportion of patients recovering to their previous levels of mobility or walking ability

3.10i) within 30 days of admission

Erewash CCG

At 64.3% Erewash had a significantly higher rate than England, 37.4%.

Southern Derbyshire CCG

At 46.1% Erewash had a significantly higher rate than England, 37.4%.

3.10ii) within 120 days of admission

Southern Derbyshire CCG

At 75.0% Erewash had a significantly higher rate than England, 61.4%.

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.

Erewash CCG

The percentage of patients receiving timely surgery was significantly higher, at 84.5, than England, at 74.6, and rising.

Southern Derbyshire CCG

The percentage of patients receiving timely surgery was significantly higher, at 81.7, than England, at 74.6, but falling.

3.18 Hip fracture: care process composite indicator. The number of patients with hip fracture who received all nine of the agreed Best Practice standards, expressed as a percentage of the number of patients in the National Hip Fracture Database who have been discharged.

There is evidence to suggest that some individual care processes for people with hip fracture are delivered but not others. To ensure high-quality care for people with hip fracture it is important that all of the care processes that make up the care pathway are delivered. This indicator aims to provide clinical commissioning groups with an indication of where the full hip fracture care pathway is delivered and reflects the provision of high-quality care.

Erewash CCG

The percentage of patients receiving all nine standards was significantly higher than for England, 79.4 compared to 65.6 and rising.

Southern Derbyshire CCG

The percentage of patients receiving all nine standards was significantly higher than for England, 73.9 compared to 65.6 but falling.

7.1.3.4 Mental Health

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 12.0, than England, at 8, and rising.

Hardwick CCG

The percentage of patients in employment was significantly higher, at 9.0, than England, at 8, and rising.

North Derbyshire CCG

The percentage of patients in employment was significantly higher, at 13.0, than England, at 8, and rising significantly.

Southern Derbyshire CCG

The percentage of patients in employment was significantly higher, at 10.0, than England, at 8, and rising significantly.

7.1.4 Ensuring that people have a positive experience of care

7.1.4.1 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.

7.1.4.2 Hospital care

4.2 Patient experience of hospital care.
This indicator measures patient experience by scoring the results of a selection of questions from the National Inpatient Survey.

Erewash CCG

The average score for the CCG is 79.9, higher than the 77.0 for England, in the best quartile of CCGs and rising.

Hardwick CCG

The average score for the CCG is 81.3, higher than the 77.0 for England, in the best quartile of CCGs and rising.

Southern Derbyshire CCG

The average score for the CCG is 78.8, higher than the 77.0 for England, in the best quartile of CCGs and rising.

4.5 Responsiveness to Inpatients personal needs
This indicator uses survey results to specifically look at the experience of responsiveness to inpatients' personal needs.

Erewash CCG

The average score for the CCG is 73.6, higher than the 69.2 for England, in the best quartile of CCGs and rising.

Hardwick CCG

The average score for the CCG is 74.0, higher than the 69.2 for England, in the best quartile of CCGs and rising.

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

7.1.5.1 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.

Southern Derbyshire CCG

The rate is significantly lower, at 2.7, than England, at 4.9.

7.2 Green to Amber

7.2.1.1 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 lower, at 73.9%, than England, at 75.9%, and falling.

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

7.2.2.1 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.

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.

7.2.2.2 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.

Hardwick CCG

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

7.2.2.3 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.

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

7.2.3.1 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 remained higher, at 69.0, than England, at 60.3, but was falling***.***

Hardwick CCG

The percentage of patients admitted remained higher, at 66.0, than England, at 60.3, but was 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.

Hardwick CCG

The percentage of patients discharged with a plan was lower, at 87.6, than England, at 87.7, 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.

Erewash CCG

The percentage of patients staying 90% or more on a stroke unit was higher, at 89.3, than England, at 84.1***,*** but falling.

Hardwick CCG

The percentage of patients staying 90% or more on a stroke unit was higher, at 85.5, than England, at 84.1, but falling.

7.2.3.2 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 97.2, than England, at 95.7, and falling.

Tameside & Glossop CCG

The percentage of patients receiving collaborative care was significantly higher, at 97.9, than England, at 95.7, and falling.

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, than England, at 98.8, but falling slightly.

7.2.3.3 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 ratio of the readmission rate to England (100) remained lower, at 81.5 despite rising.

7.2.3.4 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 lower, at 2.7, than England, at 4.9.

7.3 In the Red

7.3.1 Preventing people from dying prematurely

7.3.1.1 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.

Tameside & Glossop CCG

The admission rate is significantly higher than the national average, 68.5 admissions per 100,000 population compared to 27.6, 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.

7.3.1.2 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 (10.2%), but all are falling: ***Erewash CCG*** 14.2 %; ***Hardwick CCG*** 18.6%; ***North Derbyshire CCG*** 12.7%; ***Southern Derbyshire CCG*** 14.2%; ***Tameside & Glossop CCG*** 13.
6%.

1.15 The percentage of infants who are breast fed at 6-8 weeks of age, out of the number of infants due a 6-8 week check.
This indicator measures an outcome of a key component of high-quality care as defined in NICE clinical guideline 62, recommendation 1.1.1.1, which states: “New antenatal information should be given to pregnant
women according to the following schedule. Before or at 36 weeks: breastfeeding information, including
technique and good management practices that would help a woman succeed, such as detailed in the UNICEF 'Baby Friendly Initiative'.”
Only **Erewash** and **North Derbyshire CCGs** have rates published, but both are significantly lower than England’s - 35.2% and falling and 43.4% and rising, compared with 47.3%

7.3.1.3 Cancer

1.10 One year net survival for adults (15-99 years) suffering from any type of cancer.
Reducing years of life lost from cancer. (Note: confidence intervals are not published for this indicator, so the significance of any differences is unknown)

Erewash CCG

The percentage of patients surviving past one year from diagnosis was 68.0%, lower than for England at 69.6%, and falling slightly.

Hardwick CCG

The percentage of patients surviving past one year from diagnosis was 68.6%, lower than for England at 69.6%, but rising.

Tameside & Glossop CCG

The percentage of patients surviving past one year from diagnosis was 67.6%, lower than for England at 69.6%, and falling.

1.11 One year net survival for adults (15 – 99 years) suffering from breast, lung or colorectal cancer.
Reducing years of life lost from cancer. (Note: confidence intervals are not published for this indicator, so the significance of any differences is unknown)

Hardwick CCG

The percentage of patients surviving past one year from diagnosis was 68.2%, lower than for England at 69.3%, but rising.

Tameside & Glossop CCG

The percentage of patients surviving past one year from diagnosis was 68.3%, lower than for England at 69.3%, but rising.

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.

Southern Derbyshire CCG

The percentage of cases where cancer stage was recorded was significantly lower, at 70.7%, than England, at 75.9%, but rising significantly.

Tameside & Glossop CCG

The percentage of cases where cancer stage was recorded was significantly lower, at 44.2%, than England, at 75.9%, but rising.

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 80.8%, than England, at 90.1%, and falling.

7.3.1.4 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 543.4 than England, at 431.0, but falling.

7.3.1.5 Cardiovascular disease

1.24 The proportion of people with coronary heart disease referred for cardiac rehabilitation

Cardiac rehabilitation has been shown to improve physical, psychological and social health, and decrease subsequent morbidity and mortality in people with coronary heart disease. Cardiac rehabilitation is recommended in the NICE clinical guideline on secondary prevention of myocardial infarction (NICE clinical guideline 172) and as a priority area for improvement in the NICE quality standard for chronic heart failure (NICE quality standard 9).

Erewash CCG

The proportion of patients referred for cardiac rehabiliiation is significantly greater than for England, 2.2% compared to 14.1%, and has fallen significantly.

Southern Derbyshire CCG

The proportion of patients referred for cardiac rehabilitation is significantly greater than for England, 3.2% compared to 14.1%, and has fallen.

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

2.1 Improved health-related quality of life for people with long term conditions
The overarching indicator (together with complementary improvement indicators) provides a picture of the NHS contribution to improving the quality of life for those affected by long-term conditions.

Hardwick CCG

The directly standardised average health status (EQ-5D™) score for individuals reporting that they have a long-term condition, measured based on responses to a question from the GP Patient Survey, for the CCG is 0.699 compared to 0.741 for England. This is in the worst quartile of CCGs but rising.

Tameside & Glossop CCG

The average score for the CCG is 0.711 compared to 0.741 for England, is in the worst quartile and is rising

2.2 A greater proportion of people aged 18 and over suffering from a long-term condition feeling supported to manage their condition
This improvement indicator should provide a picture of the NHS contribution to improving the quality of life for those with long-term conditions.

Tameside & Glossop CCG

The directly age and sex standardised percentage of people feeling supported is 61.4% compared to 64.3% for England, is in the worst quartile of CCGs, and is falling.

7.3.2.1 Chronic Obstructive Pulmonary Disease

2.3 People with COPD and Medical Research Council (MRC) Dyspnoea Scale ≥3 referred to a pulmonary rehabilitation programme.
The indicator measures a key component of high-quality care as defined in the NICE quality standard for COPD: Statement 6, People with COPD meeting appropriate criteria are offered an effective, timely and accessible multidisciplinary pulmonary rehabilitation programme.

Southern Derbyshire CCG

The percentage of patients referred is 9.5%, significantly lower than 18.8% for England, is in the worst quartile of CCGs, but is rising

Tameside & Glossop CCG

The percentage of patients referred is 10.8%, significantly lower than 18.8% for England, is in the worst quartile of CCGs, but is rising

7.3.2.2 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 1081.3, than England, at 809.05 and rising.

North Derbyshire CCG

The rate per 100,000 of unplanned admissions was significantly higher, at 861.3, than England, at 809.5, and rising

Tameside & Glossop CCG

The rate per 100,000 of unplanned admissions was significantly higher, at 1286.6, than England, at 809.5, 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 468.6, than England, at 310.5, but falling.

7.3.2.3 Diabetes

2.8 Complications associated with diabetes, including emergency admission for diabetic ketoacidosis and lower limb amputation.

Some complications associated with diabetes are avoidable with high-quality diabetes management in primary care. Rates of lower limb amputation are therefore used as a proxy for outcomes of care.

Hardwick CCG

The rate per 100,000 of complications was significantly higher, at 121.8, than England, at 100.0, and rising.

Tameside & Glossop CCG

The rate per 100,000 of complications was significantly higher, at 118.5, than England, at 100.0, and rising.

7.3.2.4 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***.***

7.3.2.5 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 37.6%, than England, at 43.5%, but was rising significantly***.***

7.3.2.6 Carers

2.15 Health-related quality of life for carers, aged 18 and above. The directly standardised average health status (EQ-5D™) for individuals reporting that they are carers, measured based on responses to a question from the GP Patient Survey.

The health status of carers plays an important role in their ability to support the individuals for whom they provide care.

Erewash CCG

The average score was 0.768, higher than for England, 0.8, in the worst quartile of CCGs and falling.

Tameside & Glossop CCG

The average score was 0.775, higher than for England, 0.8, and in the worst quartile of CCGs but rising.

7.3.2.7 Mental Health

2.16 Health related quality of life for people with a long term mental health condition. Directly standardised average health status (EQ-5D™) score for individuals reporting that they have a long-term mental health condition, measured based on responses to a question from the GP Patient Survey.
The indicator supports identification of the degree to which wider health needs of individuals with a long term mental health condition are being addressed.

Erewash CCG

The average score was 0.415, higher than for England, 0.528, in the worst quartile of CCGs and falling.

Tameside & Glossop CCG

The average score was 0.47, higher than for England, 0.528, and in the worst quartile of CCGs but rising.

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

7.3.3.1 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 1800.2, than England, at 1307.4, but falling***.***

North Derbyshire CCG

The rate per 100,000 of admissions was significantly higher, at 1626.8, than England, at 1307.4, and unchanged.

Tameside & Glossop CCG

The rate per 100,000 of admissions was significantly higher, at 2021, than England, at 1307.4 and rising significantly.

3.2 Emergency readmissions within 30 days of discharge from hospital
Effective recovery from illnesses and injuries requiring hospitalisation. 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.

Tameside & Glossop CCG

The standardised percentage of patients readmitted within 30 days was significantly higher, at 12.7%, than England, at 11.8%, and rising**.**3.3 Average health gain from patients who reported an improvement in health status following elective procedures (PROMS),
3.3a) hip replacement

Erewash CCG

Erewash is in the worst quartile of CCGs, with patients reporting a health gain of 0.414, lower than the 0.434 for England, but rising.

Tameside & Glossop CCG

Tameside & Glossop is in the worst quartile of CCGs, with patients reporting a health gain of 0.415, lower than the 0.434 for England, but rising.

3.3b) knee replacement

Hardwick CCG

Hardwick is in the worst quartile of CCGs, with patients reporting a health gain of 0.275, lower than the 0.309 for England, and falling.

3.3c) groin hernia

Erewash CCG

Erewash is in the worst quartile of CCGs, with patients reporting a health gain of 0.067, lower than the 0.084 for England.

Hardwick CCG

Hardwick is in the worst quartile of CCGs, with patients reporting a health gain of 0.070, lower than the 0.084 for England, and falling.

Southern Derbyshire CCG

Southern Derbyshire is in the worst quartile of CCGs, with patients reporting a health gain of 0.067, lower than the 0.084 for England, and falling.

3.3d) varicose veins

North Derbyshire CCG

North Derbyshire is in the worst quartile of CCGs, with patients reporting a health gain of 0.047, lower than the 0.097 for England, and falling.

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 675.0, than England, at 437.3, and rising***.***

North Derbyshire CCG

The rate per 100,000 of admissions was significantly higher, at 621.1, than England, at 437.3, and rising***.***

Tameside & Glossop CCG

The rate per 100,000 of admissions was significantly higher, at 645.8, than England, at 437.3, and rising.

7.3.3.2 Stroke

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.

North Derbyshire CCG

The percentage of patients receiving thrombolysis was significantly lower, at 6.2, than England, at 11.2, 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.

Southern Derbyshire CCG

The percentage of patients discharged with a plan was significantly lower, at 73.6, than England, at 87.7, and falling significantly. This indicator was formerly green.

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 29.7; unchanged.

Southern Derbyshire CCG

The percentage of patients who have a follow-up assessment was significantly lower, at 1.7, than England, at 29.7, but rising.

Tameside & Glossop CCG

The percentage of patients who have a follow-up assessment was significantly lower, at 2.1, than England, at 29.7, but rising.

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 74.4, than England, at 84.1, but rising**.**

7.3.3.3 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 86.9, than England, at 95.7, but 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.

Tameside & Glossop CCG

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

3.18 Hip fracture: care process composite indicator. The number of patients with hip fracture who received all nine of the agreed Best Practice standards, expressed as a percentage of the number of patients in the National Hip Fracture Database who have been discharged.
There is evidence to suggest that some individual care processes for people with hip fracture are delivered but not others. To ensure high-quality care for people with hip fracture it is important that all of the care processes that make up the care pathway are delivered. This indicator aims to provide clinical commissioning groups with an indication of where the full hip fracture care pathway is delivered and reflects the provision of high-quality care.

Hardwick CCG

The percentage of patients receiving all nine standards was significantly lower than for England, 51.7 compared to 65.6 but rising.

7.3.3.4 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 185.6, than England, at 116.2, and rising***.***

Hardwick CCG

The rate per 100,000 of admissions was significantly higher, at 181.6, than England, at 116.2, and rising***.***

North Derbyshire CCG

The rate per 100,000 of admissions was significantly higher, at 158.0, than England, at 116.2, but falling.

Southern Derbyshire CCG

The rate per 100,000 of admissions was significantly higher, at 178.1, than England, at 116.2, and rising.

Tameside & Glossop CCG

The rate per 100,000 of admissions was significantly higher, at 240.1, than England, at 116.2, and but falling.

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 144.6 and rising.

Southern Derbyshire CCG

The ratio of the readmission rate to England (100) was significantly higher, at 124.7and rising.

Tameside & Glossop CCG

The ratio of the readmission rate to England (100) was significantly higher, at 122.7 and rising.

7.3.3.5 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 2.0, than England, at 8.0, but rising significantly.

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

7.3.4.1 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 13.8, than England, at 4.9

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 134.8, than England, at 83.4.

North Derbyshire CCG

The rate is significantly higher, at 126.7, than England, at 83.4.

Tameside & Glossop CCG

The rate is significantly higher, at 127.1, than England, at 83.4.

7.4 Red to Amber

7.4.1 Preventing people from dying prematurely

7.4.1.1 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.

7.4.1.2 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.

7.4.1.3 Cancer

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 lower, at 45.9%, than England, at 50.7%, but rising.

Hardwick CCG

The percentage of cancer detected early was significantly lower, at 48.5%, than England, at 50.7%, but rising significantly.

7.4.1.4 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

Hardwick CCG

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

7.4.1.5 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.

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

7.4.2.1 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.

Southern Derbyshire CCG

The rate per 100,000 of unplanned admissions was significantly higher, at 816.1, than England, at 809.5, but falling.

7.4.2.2 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.

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***.***

7.4.2.3 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.
2.11b which indicated a reliable improvement following completion of treatment

Tameside & Glossop CCG

The percentage of referrals indicating improvement was lower, at 59.9%, than England, at 61.8%, but was rising significantly***.***

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

7.4.3.1 Hospital Admissions

3.2 Emergency readmissions within 30 days of discharge from hospital
Effective recovery from illnesses and injuries requiring hospitalisation. 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 standardised percentage of patients readmitted within 30 days was lower, at 11.7%, than England, at 11.8%, and falling***.***

Southern Derbyshire CCG

The standardised percentage of patients readmitted within 30 days was higher, at 12.0%, than England, at 11.8%, but falling significantly***.***

7.4.3.2 Stroke

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 lower, at 9.5, than England, at 11.2, but rising.

7.4.3.3 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.

Tameside & Glossop CCG

The percentage of patients receiving timely surgery was lower, at 68.8, than England, at 74.6, but rising significantly.

7.4.3.4 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.

North Derbyshire CCG

The ratio of the readmission rate to England (100) was significantly higher, at 115.9 but falling***.***

APPENDICES

Appendix 1: Public Health Outcomes Framework Quilt

Public Health Outcomes Framework-
Starting well
updated-February 2017

	Indicator	PHOF Domain	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 inlow income families (all dependent children under 20)-Persons		2014	19.9	18.6	16.3	16.1	21.6	21.2	10.1	18.1	13.4	15.5	12.7
2	Children in low income families (under 16s)-Persons		2014	20.1	19.1	16.8	16.6	22.2	21.9	10.3	18.6	13.9	16.1	13.1
3	School Readiness: The percentage of children achieving a good level of development at the end of reception-Persons		2015/16	69.3	67.6	70.8	-	-	-	-	-	-	-	-
4	School Readiness: The percentage of children with free school meal status achieving a good level of development at the end of reception-Persons		2015/16	54.4	51.6	52.6	-	-	-	-	-	-	-	-
5	School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening check-Persons		2015/16	80.5	79.3	79.3	-	-	-	-	-	-	-	-
6	School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check-Persons		2015/16	68.6	66.4	66.6	-	-	-	-	-	-	-	-
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-current method		2015/16	4.3	*	40.7	-	-	-	-	-	-	-	-
10	Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth-historical method		2014/15	43.8	44.4	-	39.1	30.6	38.7	50.5	-	45.2	-	-
11	Smoking status at time of delivery-Female		2015/16	10.6	13.7	14.2	-	-	-	-	-	-	-	-
12	Child excess weight in Reception		2015/16	22.1	21.9	22.2	21.8	22.0	21.9	23.7	26.3	22.5	20.8	19.2
13	Child excess weight in year 6		2015/16	34.2	33.3	32.3	30.9	36.1	34.8	26.5	32.6	30.0	33.7	32.3
14	Infectious Diseases in Pregnancy Screening – HIV Coverage		2015/16	99.1	99.3	-	-	-	-	-	-	-	-	-
15	Infectious Diseases in Pregnancy Screening – Hepatitis B Coverage		2014	97.4	94.9	-	-	-	-	-	-	-	-	-
16	Infectious Diseases in Pregnancy Screening – Syphilis Coverage		2014	97.4	94.8	-	-	-	-	-	-	-	-	-
17	Antenatal Sickle Cell and Thalassaemia Screening - coverage-Female		2015/16	99.1	99.3	-	-	-	-	-	-	-	-	-
18	Newborn bloodspot screening - coverage-Persons		2015/16	95.6	93.4	-	-	-	-	-	-	-	-	-
19	Newborn Hearing screening - Coverage-Persons		2015/16	98.7	99.2	99.0	-	-	-	-	-	-	-	-
20	Population vaccination coverage - Hepatitis B (1 year old)-Persons ¤		2015/16		-	-	-	-	-	-	-	-	-	-
21	Population vaccination coverage - Hepatitis B (2 years old)-Persons ¤		2015/16		-	-	-	-	-	-	-	-	-	-
22	Population vaccination coverage - Dtap / IPV / Hib (1 year old)-Persons ¤		2015/16	93.6	95.6	96.1	-	-	-	-	-	-	-	-
23	Population vaccination coverage - Dtap / IPV / Hib (2 years old)-Persons ¤		2015/16	95.2	97.0	97.1	-	-	-	-	-	-	-	-
24	Population vaccination coverage - MenC-Persons ¤		2015/16	-	-	98.1	-	-	-	-	-	-	-	-
25	Population vaccination coverage - MMR for one dose (5 years old)-Persons ¤		2015/16	94.8	96.5	96.7	-	-	-	-	-	-	-	-
26	Population vaccination coverage - PCV-Persons ¤		2015/16	93.5	95.5	96.6	-	-	-	-	-	-	-	-
27	Population vaccination coverage - Hib / Men C booster (5 years)-Persons ¤		2015/16	92.6	93.4	94.3	-	-	-	-	-	-	-	-
28	Population vaccination coverage - Hib / MenC booster (2 years old)-Persons ¤		2015/16	91.6	94.0	96.0	-	-	-	-	-	-	-	-
29	Population vaccination coverage - PCV booster-Persons ¤		2015/16	91.5	94.0	96.0	-	-	-	-	-	-	-	-
30	Population vaccination coverage - MMR for one dose (2 years old)-Persons ¤		2015/16	91.9	94.1	95.7	-	-	-	-	-	-	-	-

Public Health Outcomes Framework-
Starting well

updated-February 2017

	Indicator	PHOF Domain	Period	England	Derbyshire Districts: East Midlands	County	Amber Valley	Bolsover	Chesterfield	Derbyshire Dale	Erewash	High Peak	North East Derbyshire	South Derbyshire
	Starting well													
31	Population vaccination coverage - MMR for two doses (5 years old)-Persons ¤		2015/16	88.2	90.5	91.0	-	-	-	-	-	-	-	-
32	Infant mortality-Persons		2013-15	3.9	4.3	3.5	4.9	4.2	3.9	3.2	2.3	2.7	3.1	3.6
33	Proportion of five year old children free from dental decay		2014/15	75.2	72.5	77.8	74.2	66.4	76.2	90.5	81.1	66.2	87.6	84.8

Key:

- Significantly Worse than the Derbyshire Average
- Significantly Higher than the Derbyshire Average
- Not Significantly Different to the Derbyshire Average
- Significantly Lower than the Derbyshire Average
- Significantly Better than the Derbyshire Average
- Significance not assessed
- \- Data not available
- * data suppressed
- ¤ Vaccination coverage indicators are compared against a goal

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

Starting well 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-% of infants that are totally or partially breastfed at age 6-8 week. Source:DCHS; 11-Women who currently smoke at time of delivery per 100 maternities. Source:HSCIC; 12-% of children aged 4-5 yers classifeid as obese or overweight. Source:NCMP; 13-% of children aged10-11 yers classifeid as obese or overweight. Source:ONS; 14-% of pregnant women eligible for infectious disease screening who are tested for HIV, leading to a conclusive result . Source:NHS Screening Programmes; 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 booked for antenatal care for whom a screening result is available at the day of report. Source:NAISM; 17-% 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; 18-% 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; 19-% 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; 20- % of 2yr olds who have completed Hep B vaccine course. Source:COVER; 21- % of 2yr olds who have completed Hep B vaccine course. Source:COVER; 22- % of 2year olds who received 3 doses of DTaP/IPV/Hib vaccine. Source:COVER; 23- % of 2year olds who received 3 doses of DTaP/IPV/Hib vaccine. Source:COVER; 24- % of children who recived MenC vaccine. Source:COVER; 25- % of 1-5yr olds who recieved MMR 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-% of 5 year olds who are free from obvious dental decay. Source:Oral Health Survey;

DSR- Directly Standardised Rate; 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 - Developing well indicarors

updated-February 2017

	Indicator	PHOF Domain	Period	England	East Midlands	County	Derbyshire Districts: Amber Valley	Bolsover	Chesterfield	Derbyshire Dale	Erewash	High Peak	North East Derbyshire	South Derbyshire
	Developing well													
1	Pupil absence-Persons		2014/15	4.6	4.6	4.4	4.4	4.6	4.6	4.1	4.5	4.5	4.2	4.2
2	First time entrants to the youth justice system-Persons		2015	369	358	181.1	-	-	-	-	-	-	-	-
3	16-18 year olds not in education employment or training-Persons		2015	4.2	3.9	3.6	-	-	-	-	-	-	-	-
4	Under 18 conceptions-Female		2014	22.8	21.6	16.2	15.1	19.7	18.7	10.5	16.2	16.6	16.7	15.5
5	Under 18 conceptions: conceptions in those aged under 16-Female		2014	4.4	4.4	3.9	-	-	-	-	-	-	-	-
6	Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review		2015/16	81.3	87.2	92.0	-	-	-	-	-	-	-	-
7	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)-Persons		2015/16	134	125.2	140.0	65.6	126.2	147.2	71.9	83.5	174.9	137.6	79.1
8	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)-Persons		2015/16	104	87.1	91.0	69.6	105.1	105.4	91.8	65.2	125.5	97.0	85.0
9	Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)-Persons		2015/16	137	129.5	156.3	143.1	142.1	191.8	128.7	142.3	152.7	105.6	102.2
10	Smoking prevalence at age 15 - current smokers (WAY survey)-Persons		2014/15	8.2	7.6	8.0	-	-	-	-	-	-	-	-
11	Smoking prevalence at age 15 - regular smokers (WAY survey)-Persons		2014/15	5.5	5.3	5.4	-	-	-	-	-	-	-	-
12	Smoking prevalence at age 15 - occasional smokers (WAY survey)-Persons		2014/15	2.7	2.3	2.7	-	-	-	-	-	-	-	-
13	Average number of portions of fruit consumed daily at age 15 (WAY survey)		2014/15	2.4	2.3	2.2	-	-	-	-	-	-	-	-
14	Average number of portions of vegetables consumed daily at age 15 (WAY survey)		2014/15	2.4	2.4	2.3	-	-	-	-	-	-	-	-
15	Chlamydia detection rate (15-24 year olds)-Persons ¤		2015	1887	1835	1541	1526	1903	1983	1371	1553	1313	1576	1067
16	Chlamydia detection rate (15-24 year olds)-Male		2015	1276	1216	1056	1079	1451	1440	966	1304	838	858	481
17	Chlamydia detection rate (15-24 year olds)-Females		2015	2492	2470	2039	1974	2355	2554	1829	1763	1799	2353	1695
18	Population vaccination coverage - HPV-Female ¤		2013/14	86.7	90.9	83.9	-	-	-	-	-	-	-	-

Key:

- Significantly Worse than the Derbyshire Average
- Not Significantly Different to the Derbyshire Average
- Significantly Better than the Derbyshire Average
- \- Data not available
- ¤ Vaccination coverage indicators are compared against a goal
- Significantly Higher than the Derbyshire Average
- Significantly Lower than the Derbyshire Average
- Significance not assessed
- * data suppressed

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

Developing Well 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 under 16 yrs. Source:ONS; 6-% of children who received a 2-2½ year review in the period for whom the ASQ-3 is completed as part of their 2-2½ year review. Source:PHE; 6-% of children who received a 2-2½ year review in the period for whom the ASQ-3 is completed as part of their 2-2½ year review. Source:PHE; 7-Crude rate of hospital admissions caused by unintentional and deliberate injuries in children aged under 4 years per 10,000. Source :PHE; 9-Crude rate of hospital admissions caused by unintentional and deliberate injuries in children aged 15-24 years per 10,000. Source:PHE; 10-% 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; 11-% 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; 12-% 15 year olds who responded "I sometimes smoke cigarettes now but I don't smoke as many as one a week". Source:WAY survey; 13-mean number of the daily portions of fruit and fruit juice consumed by 15 year olds. Source:; 14-mean number of the daily portions of vegetables consumed by 15 year olds. Source:; 15-17-Rate per 100,000 15 to 24yrs. Source:STI surveillance systems; 18-% of 12-13 yr olds 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

updated-February 2017

	Indicator	PHOF Domain	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		2014/15	8.8	-	-	-	-	-	-	-	-	-	-
8	Gap in the employment rate between those with a long-term health condition and the overall employment rate-Persons		2015/16	8.8	7.1	6.2	5.6	5.7	7.4	-0.2	7.9	15.1	2.5	6.1
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	Percentage of people aged 16-64 in employment -Female		2015/16	68.8	68.9	73.6	71.1	64.1	69.4	81.4	82.2	78.7	72.4	69.6
16	Percentage of people aged 16-64 in employment -male		2015/16	79.2	79.6	81.9	82.8	82.6	79.2	92.5	86.3	73.9	82.2	78.5
17	Percentage of people aged 16-64 in employment -Persons		2015/16	73.9	74.2	77.7	76.7	73.5	74.3	86.9	84.2	76.3	77.3	74.0
18	Sickness absence - The percentage of employees who had at least one day off in the previous week-Persons		2012-14	2.4	2.4	3.0	3.0	3.7	1.5	2.3	3.8	3.7	2.9	3.0
19	Sickness absence - The percent of working days lost due to sickness absence-Persons		2012-14	1.5	1.6	2.0	2.3	2.2	0.8	2.4	2.5	2.0	1.5	2.1
20	Killed and seriously injured (KSI) casualties on England's roads-Persons		2013-15	38.5	41.9	44.5	36.0	40.6	28.8	96.3	35.4	55.1	42.9	40.0
21	Domestic Abuse-Persons		2014/15	20.4	20.0	22.0	-	-	-	-	-	-	-	-
22	Violent crime (including sexual violence) - hospital admissions for violence-Persons		2012/13-14/15	47.5	36.9	39.2	33.1	47.3	53.9	28.7	43.3	35.8	40.0	28.1
23	Violent crime (including sexual violence) - violence offences per 1,000 population-Persons		2015/16	17.2	13.7	9.9	10.2	11.2	13.0	6.6	12.3	9.9	6.3	8.0
24	Violent crime (including sexual violence) - Rate of sexual offences per 1,000 population-Persons		2015/16	1.7	1.6	1.2	1.3	1.3	1.5	1.1	1.1	1.2	0.9	1.2
25	Re-offending levels - percentage of offenders who re-offend-Persons		2014	25.4	25.1	24.2	28.3	21.7	29.3	23.5	25.2	18.6	20.0	19.3

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	Indicator	PHOF Domain	Period	England	Derbyshire Districts									
					East Midlands	County	Amber Valley	Bolsover	Chesterfield	Derbyshire Dale	Erewash	High Peak	North East Derbyshire	South Derbyshire
	Living Well													
26	Re-offending levels - average number of re-offences per offender-Persons		2014	0.8	0.8	0.8	0.9	0.5	1.0	0.6	0.8	0.5	0.5	0.6
27	The rate of complaints about noise-Persons		2014/15	7.1	4.6	4.3	3.9	*	6.4	2.9	3.7	4.0	4.6	4.1
28	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	-	-	-	-	-	-	-	-
29	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	-	-	-	-	-	-	-	-
30	Statutory homelessness - Eligible homeless people not in priority need		2015/16	0.9	0.5	0.6	1.4	*	0.5	*	*	1.1	0.1	0.3
31	Statutory homelessness - households in temporary accommodation-Persons		2015/16	3.1	0.4	-	0.3	*	0.2	0.3	0.1	0.3	0.1	0.3
32	Utilisation of outdoor space for exercise/health reasons-Persons		Mar 2014-Feb 2015	17.9	18.4	18.5	-	-	-	-	-	-	-	-
33	Social Isolation: % of adult social care users who have as much social contact as they would like-Persons		2015/16	45.4	43.4	47.2	-	-	-	-	-	-	-	-
34	Social Isolation: % of adult carers who have as much social contact as they would like-Persons		2014/13	38.5	35.1	36.9	-	-	-	-	-	-	-	-
35	Proportion of the population meeting the recommended '5-a-day' -Persons		2015	52.3	52.7	53.3	58.2	44.5	57.2	57.0	48.6	58.4	50.6	50.3
36	Average number of portions of fruit consumed daily-Persons		2015	2.5	2.5	2.5	2.6	2.2	2.6	2.6	2.4	2.6	2.4	2.5
37	Average number of portions of vegetables consumed daily-Persons		2015	2.3	2.3	2.4	2.4	2.2	2.5	2.5	2.2	2.5	2.3	2.3
38	Excess Weight in Adults-Persons		2013-15	64.8	66.8	68.3	68.4	72.2	73.4	63.4	68.3	62.6	67.7	69.3
39	Percentage of physically active and inactive adults - active adults-Persons		2015	57.0	56.8	55.6	54.6	52.9	54.8	58.4	58.3	56.7	52.8	56.7
40	Percentage of physically active and inactive adults - inactive adults-Persons		2015	28.7	28.7	29.5	28.5	34.6	31.2	29.2	25.4	29.1	30.6	29.3
41	Smoking prevalence - routine & manual-Persons		2015	26.5	28.0	28.8	23.7	26.2	29.2	32.0	31.2	34.2	32.2	23.5
42	Smoking Prevalence-Persons		2015	16.9	18.0	17.9	18.4	19.6	18.0	12.2	20.4	17.2	21.2	13.9
43	Successful completion of drug treatment - opiate users-Persons		2015	6.7	6.7	5.4	-	-	-	-	-	-	-	-
44	Successful completion of drug treatment - non-opiate users-Persons		2015	37.3	35.8	37.5	-	-	-	-	-	-	-	-
45	Successful completion of alcohol treatment		2015	38.4	35.4	39.2								
46	Deaths from drug misuse		2013-15	3.9	3.0	3.7								
47	Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison		2015/16	30.3	34.6	59.9	-	-	-	-	-	-	-	-
48	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
49	Admission episodes for alcohol-related conditions - narrow definition-Female		2014/15	474.0	506	542	520	433	726	549	607	452	598	432
50	Admission episodes for alcohol-related conditions - narrow definition-Male		2014/15	827.0	852	890	875	965	1224	760	848	854	827	760
51	Admission episodes for alcohol-related conditions - narrow definition-Persons		2014/15	641.0	670	705	687	683	964	646	717	641	705	584
52	Cancer diagnosed at early stage (Experimental Statistics)-Persons		2014	50.7	46.7	48.7	46.0	47.1	48.2	54.3	46.6	48.7	54.4	44.3
53	Cancer screening coverage - breast cancer-Female		2016	75.5	79.8	79.6	81.9	76.8	78.5	80.7	81.0	76.9	79.7	79.9
54	Cancer screening coverage - cervical cancer-Female		2016	72.7	75.9	79.1	79.7	78.4	78.9	80.3	79.0	77.8	80.2	78.7

Public Health Outcomes Framework

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	Indicator	PHOF Domain	Period	England	Derbyshire Districts: East Midlands	County	Amber Valley	Bolsover	Chesterfield	Derbyshire Dale	Erewash	High Peak	North East Derbyshire	South Derbyshire
	Living Well													
55	Cancer screening coverage - bowel cancer-Persons		2016	57.9	59.0	62.1	63.3	58.8	59.2	65.2	62.6	60.5	64.0	62.3
56	Diabetic eye screening - uptake -Persons		2015/16	83.0	81.9	-	-	-	-	-	-	-	-	-
57	Self-reported well-being - people with a low satisfaction score-Persons		2015/16	4.6	4.0	3.4	-	-	-	-	-	-	-	-
58	Self-reported well-being - people with a low worthwhile score-Persons		2015/16	3.6	3.4	4.4	-	-	-	-	-	-	-	-
59	Self-reported well-being - people with a low happiness score-Persons		2015/16	8.8	8.1	8.0	-	-	-	-	-	-	-	-
60	Self-reported well-being - people with a high anxiety score-Persons		2015/16	19.4	18.3	19.8	-	-	-	-	-	-	-	-
61	Average Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) score-Persons		2010 - 12	37.7	39.0	-	-	-	-	-	-	-	-	-
62	Fraction of mortality attributable to particulate air pollution-Persons		2015	4.7	5.1	4.7	5.1	4.9	4.3	4.1	5.2	3.8	4.6	5.3
63	Population vaccination coverage - Flu (at risk individuals)-Persons ¤		2015/16	45.1	43.7	46.9	-	-	-	-	-	-	-	-
64	HIV late diagnosis -Persons ¤		2013-15	40.3	51.2	50.8	55.6	50.0	25.0	85.7	57.1	45.5	42.9	50.0
65	Treatment completion for TB-Persons ¤		2014	84.4	81.4	66.7	-	-	-	-	-	-	-	-
66	Incidence of TB-Persons ¤		2013-15	12.0	8.4	2.8	3.5	1.7	5.1	0.9	3.5	2.2	1.0	3.4
67	Adjusted antibiotic prescribing in primary care by the NHS ¤		2015	1.1	-	1.0	0.94	1.15	1.05	0.99	0.94	0.96	1.17	0.86
68	Mortality rate from a range of specified communicable diseases, including influenza-Female		2013-15	9.6	9.2	9.2	*	*	*	*	*	*	*	*
69	Mortality rate from a range of specified communicable diseases, including influenza-Male		2013-15	11.5	10.5	11.8	*	*	*	*	*	*	*	*
70	Mortality rate from a range of specified communicable diseases, including influenza- Persons		2013-15	10.5	9.8	10.2	9.2	*	12.9	*	*	13.5	10.9	12.4
71	Suicide rate-Female		2013-15	4.7	4.4	3.7	*	*	*	*	*	*	*	*
72	Suicide rate-Male		2013-15	15.8	15.8	17.2	17.1	*	23.6	*	19.1	*	*	*
73	Suicide rate-Persons		2013-15	10.1	9.9	10.3	11.6	*	14.0	*	10.5	*	9.6	*

Key:

- Significantly Worse than the Derbyshire Average
- Not Significantly Different to the Derbyshire Average
- Significantly Better than the Derbyshire Average
- \- Data not available
- ¤ Vaccination coverage indicators are compared against a goal
- Significantly Higher than the Derbyshire Average
- Significantly Lower than the Derbyshire Average
- Significance not assessed
- * data suppressed

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

Living Well Metadata

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; 17-15-% of all respondents in the Labour Force Survey classed as employed (aged 16-64). Source:Labour Force Survey; 18-% of employees who had at least one day off due to sickness absence in the previous working week. Source:Labour Force Survey; 19-% of working days lost due to sickness absence in the previous week. Source:Labour Force Survey; 20-People reported killed or seriously injured on the roads, all ages, per 100,000 resident population. Source:DfT; 21-Crude rate of Domestic abuse incidents recorded by the police, crude rate per 1,000 population. Source:ONS; 22-The number of emergency hospital admissions for violence Directly age standardised rate per 100,000 population. Source:HSCIC; 23-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; 24-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; 25-% of offenders who re-offend from a rolling 12 month cohort. Source: Ministry of Justice; 26- average number of re-offences committed per offender from a rolling 12 month cohort. Source:Ministry of Justice; 27-Number of complaints per year per local authority about noise per 1000. Source:ONS; 28-% of the population eposed to transport noise pollution of 65db. Source:DEFRA; 29-% of the population eposed to transport noise pollution of 55db. Source:DEFRA; 30-Statutory homeless households, crude rate per 1,000 estimated total households. Source:DCLG; 31- Households in temporary accommodation, crude rate per 1,000 estimated total households. Source:DCLG; 32-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; 33-% 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; 34-% 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; 35-% 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; 36- 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; 37- 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; 38-% of adults classified as overweight or obese The number of adults with a BMI classified as overweight (including obese). Source:Active People Survey; 39-% of aged 16 and over doing 150mins of Physical activity per week. Source:Active People Survey; 40-% of aged 16 and over doing less than 30mins of Physical activity per week. Source:Active People Survey; 41- % of 18+year olds who are self reported as smoking in the Integrated Household Survey. Source:Integrated Household Survey ; 42- % of 18+year olds who are self reported as smoking in the Integrated Household Survey. Source:Integrated Household Survey ; 43-% of opiates users that left drug treatment. Source:NDTMS; 44-% of non-opirate users that left drug treatment successfully. Source:NDTMS; 45-% of alcohol users that left drug treatment successfully who do not re-present to treatment within 6 months. Source:NDTMS; 46-ASR from drug misuse per 100,000. Source:ONS; 47-% 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; 48-Prevalence of QOF recorded diabetes in the population registered with GP practices aged 17 and over. Source:HSCIC; 49-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; 50-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; 51-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; 52-New cases of cancer diagnosed at stage 1and 2 as a proportion of all new cases of cancer diagnosed. Source:National cancer registry; 53-% of women in the resident population eligible for breast screening who were screened adequately within the previous three years on 31March . Source:HSCIC; 54-%. Source:HSCIC; 55-% of people in the resident population eligible for bowel screening who were screened adequately within the previous 2½years on 31March. Source:HSCIC; 56-Patients aged 12+with diabetes tested at a digital screening encounter as a proportion of all those offered screening. Source:Unify2; 57-%of respondents scoring 0-4 to the questions "Overall, how satisfied are you with your life nowadays". Source:Annual Population Survey ; 58-% 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; 59-% of respondents who answered 0-4 to the question "Overall, how happy did you feel yesterday?". Source:Annual Population Survey; 60-% of respondents scoring 6-10 to the question "Overall, how anxious did you feel yesterday?". Source:Annual Population Survey; 61-Average Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) score for adults aged 16+. Source:Health Survey for England (HSE); 62-Proportion. Source:DEFRA; 63-% of at risk that have recieved the Flu vaccine. Source:PHE; 64-% of adults (aged 15 or above) newly diagnosed with HIV. Source:PHE; 65-% of drug susceptible people completing treatment for tuberculosis. Source:PHE; 67-total number of prescribed antibiotic items per STAR-PU. Source:PHE; 66-Three-year average number of reported new cases of tuberculosis per 100,000 population. Source:PHE; 68-ASR u75 mortality communicable diseas , per 100,000 male. Source:ONS; 69-ASR u75 mortality communicable diseas , per 100,000 male. Source:ONS; 70-ASR u75 mortality communicable diseas , per 100,000 male. Source:ONS; 71-ASR of mortality from suicide and injury of undetermined intent per 100,000 persons. Source:ONS; 72-ASR of mortality from suicide and injury of undetermined intent per 100,000 persons. Source:ONS; 73-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,
For full definitions see Public Health Outcomes Framework- http://www.phoutcomes.info

Public Health Outcomes Framework- ageing well indicators

updated-February 2017

	Indicator	PHOF Domain	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		2014	10.6	10.1	9.8	10.1	9.9	9.6	12.2	9.4	10.5	8.7	9.1
2	Abdominal Aortic Aneurysm Screening-Male		2015/16	79.9	82.5	86.3	86.7	84.0	84.2	87.8	87.6	84.2	87.5	87.5
3	Cumulative % of the eligible population aged 40-74 offered an NHS Health Check-Persons		2013/14 - 15/16	56	54.4	54.2	-	-	-	-	-	-	-	-
4	Cumulative % of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check-Persons		2013/14 - 15/16	49	53.8	53.7	-	-	-	-	-	-	-	-
5	Cumulative % of the eligible population aged 40-74 who received an NHS Health check-Persons		2013/14 - 15/16	27	29.3	29.1	-	-	-	-	-	-	-	-
6	Injuries due to falls in people aged 65 and over-Female		2014/15	2509	2471	2622	2453	2410	2891	2547	2468	2864	2579	2927
7	Injuries due to falls in people aged 65 and over-Male		2014/15	1740	1643	1755	1699	1704	2006	1579	1579	1928	1719	1902
8	Injuries due to falls in people aged 65 and over-Persons		2014/15	2125	2057	2189	2076	2057	2449	2063	2023	2396	2149	2414
9	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
10	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
11	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
12	Injuries due to falls in people aged 65 and over - aged 80+-Female		2014/15	6312	6187	6711	6173	5825	7099	6488	5836	7323	7242	8210
13	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
14	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
15	Population vaccination coverage - PPV-Persons ¤		2015/16	70.1	71.7	72.7	-	-	-	-	-	-	-	-
16	Population vaccination coverage - Flu (aged 65+)-Persons ¤		2014/15	71.0	72.1	74.2	-	-	-	-	-	-	-	-
17	Emergency readmissions within 30 days of discharge from hospital-Female		2011/12	11.5	11.2	11.1	11.4	10.1	11.6	10.2	11.1	10.8	10.9	12.0
18	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
19	Emergency readmissions within 30 days of discharge from hospital-Persons		2011/12	11.8	11.6	11.4	11.6	10.4	12.1	11.0	11.3	11.0	11.3	11.8
20	Mortality rate from causes considered preventable-Female		2013-15	139.6	140.8	144.4	144.5	164.8	164.2	118.8	150.1	145.4	123.7	147.7
21	Mortality rate from causes considered preventable-Male		2013-15	232.5	234.6	238.3	248.0	277.3	277.7	187.5	232.0	239.6	212.2	###
22	Mortality rate from causes considered preventable-Persons		2013-15	184.5	186.3	189.7	194.9	218.2	219.4	151.9	189.5	190.5	166.2	191.1
23	Under 75 mortality rate from all cardiovascular diseases-Female		2013-15	46.2	47.1	46.6	48.3	50.7	60.1	34.8	52.7	47.1	40.7	35.2
24	Under 75 mortality rate from all cardiovascular diseases-Male		2013-15	104.7	106.5	101.6	109.7	112.7	119.5	73.1	101.1	107.7	89.1	96.4
25	Under 75 mortality rate from all cardiovascular diseases-person		2013-15	74.6	76.2	73.7	78.7	81.5	89.2	53.6	76.4	76.7	64.3	65.6
26	Under 75 mortality rate from cardiovascular diseases considered preventable-Female		2013-15	25.0	26.0	26.9	29.1	24.6	36.3	22.3	32.2	23.9	24.4	*
27	Under 75 mortality rate from cardiovascular diseases considered preventable-Male		2013-15	72.5	76.0	72.9	83.3	87.2	84.3	52.3	71.4	66.4	63.6	71.3
28	Under 75 mortality rate from cardiovascular diseases considered preventable-Persons		2013-15	48.1	50.5	49.5	56.0	55.7	59.9	37.0	51.5	44.7	43.6	44.7
29	Under 75 mortality rate from cancer-Female		2013-15	124	125	124	122	162	134	104	124	118	104	135

Public Health Outcomes Framework- ageing well indicators

updated-February 2017

	Indicator	PHOF Domain	Period	England	Derbyshire Districts									
					East Midlands	County	Amber Valley	Bolsover	Chesterfield	Derbyshire Dale	Erewash	High Peak	North East Derbyshire	South Derbyshire
	Ageing Well													
30	Under 75 mortality rate from cancer-Male		2013-15	155	153	156	155	185	179	132	158	151	136	161
31	Under 75 mortality rate from cancer-Persons		2013-15	139	138	140	138	174	156	118	140	134	119	148
32	Under 75 mortality rate from cancer considered preventable-Female		2013-15	74.5	75.1	75.4	78.4	97.4	78.0	66.6	76.3	70.6	57.2	84.9
33	Under 75 mortality rate from cancer considered preventable-Male		2013-15	88.4	86.2	91.0	95.3	#####	#####	70.4	88.2	90.5	78.3	97.3
34	Under 75 mortality rate from cancer considered preventable-Persons		2013-15	81.1	80.5	83.0	86.8	#####	89.8	68.4	82.0	80.2	67.4	91.2
35	Under 75 mortality rate from liver disease-Female		2013-15	12.5	12.8	14.2	15.0	*	*	*	20.9	*	*	*
36	Under 75 mortality rate from liver disease-Male		2013-15	23.7	22.7	22.7	25.8	*	27.5	21.9	22.2	22.9	19.2	23.3
37	Under 75 mortality rate from liver disease-Persons		2013-15	18.0	17.7	18.4	20.5	15.6	21.1	13.3	21.5	18.0	16.1	18.9
38	Under 75 mortality rate from liver disease considered preventable-Female		2013-15	10.6	11.1	11.8	*	*	*	*	16.4	*	*	*
39	Under 75 mortality rate from liver disease considered preventable-Male		2013-15	21.4	20.8	21.1	24.1	*	25.3	*	20.8	22.9	18.5	21.1
40	Under 75 mortality rate from liver disease considered preventable-Persons		2013-15	15.9	15.9	16.4	18.5	14.1	17.9	12.6	18.5	16.7	14.5	16.6
41	Under 75 mortality rate from respiratory disease-Female		2013-15	28.0	27.4	28.0	23.2	34.3	39.1	*	27.5	28.7	28.4	33.0
42	Under 75 mortality rate from respiratory disease-Male		2013-15	38.5	38.8	38.4	34.0	58.7	46.1	27.4	42.2	37.7	32.3	32.4
43	Under 75 mortality rate from respiratory disease-Persons		2013-15	33.1	33.0	33.1	28.5	46.4	42.5	19.7	34.7	33.1	30.1	32.7
44	Under 75 mortality rate from respiratory disease considered preventable-Female		2013-15	16.1	15.3	16.1	*	*	21.5	*	*	22.0	16.0	*
45	Under 75 mortality rate from respiratory disease considered preventable-Male		2013-15	20.3	19.7	18.8	18.0	28.4	26.5	*	18.4	21.4	*	*
46	Under 75 mortality rate from respiratory disease considered preventable-Persons		2013-15	18.1	17.5	17.5	15.3	24.1	23.9	11.1	16.1	21.8	15.2	13.9
47	Health related quality of life for older people		2015/16	0.73	0.74	0.731	0.724	0.670	0.714	0.778	0.724	0.757	0.731	###
48	Preventable sight loss - age related macular degeneration (AMD)-Persons		2014/15	118	101	147								
49	Preventable sight loss - glaucoma-Persons		2014/15	12.8	8.6	11.1	-	-	-	-	-	-	-	-
50	Preventable sight loss - diabetic eye disease-Persons		2014/15	3.2	3.0	3.1	-	-	-	-	-	-	-	-
51	Preventable sight loss - sight loss certifications-Persons		2014/15	42.4	38.9	51.9	-	-	-	-	-	-	-	-
52	Hip fractures in people aged 65 and over-Female		2014/15	718.0	730	745	708	695	834	686	724	687	772	870
53	Hip fractures in people aged 65 and over-Male		2014/15	425.0	420	407	285	490	572	357	360	333	505	388
54	Hip fractures in people aged 65 and over-Persons		2014/15	571.0	575	576	497	592	703	522	542	510	638	629
55	Hip fractures in people aged 65 and over - aged 65-79-Female		2014/15	312.0	320	333	378	353	531	334	242	*	280	*
56	Hip fractures in people aged 65 and over - aged 65-79-Male		2014/15	167.0	154	157	113	168	275	138	195	*	173	*
57	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
58	Hip fractures in people aged 65 and over - aged 80+-Female		2014/15	1895	1919	1939	1666	1685	1712	1707	2120	*	2198	*
59	Hip fractures in people aged 65 and over - aged 80+-Male		2014/15	1174	1190	1135	785	1424	1435	992	838	*	1469	*
60	Hip fractures in people aged 65 and over - aged 80+-Persons		2014/15	1535	1554	1537	1226	1555	1574	1349	1479	1485	1833	1928
61	Excess Winter Deaths Index (Single year, all ages)-Female		Aug 2014 - Jul 2015	31.6	33.1	36.2	45.5	23.6	21.2	50.8	33.9	37.0	31.4	50.9

Public Health Outcomes Framework- ageing well indicators

updated-February 2017

	Indicator	PHOF Domain	Period	England	Derbyshire Districts: East Midlands	County	Amber Valley	Bolsover	Chesterfield	Derbyshire Dale	Erewash	High Peak	North East Derbyshire	South Derbyshire
	Ageing Well													
62	Excess Winter Deaths Index (Single year, all ages)-Male		Aug 2014 - Jul 2015	23.6	25.5	26.6	20.3	24.9	36.4	28.6	22.5	18.5	28.9	34.6
63	Excess Winter Deaths Index (Single year, all ages)-Persons		Aug 2014 - Jul 2015	27.7	29.4	31.6	33.0	24.2	28.6	39.9	28.3	27.8	30.2	43.1
64	Excess Winter Deaths Index (single year, ages 85+)-Female		Aug 2014 - Jul 2015	42.4	45.7	44.0	52.6	33.3	13.5	58.9	54.9	46.2	43.4	53.5
65	Excess Winter Deaths Index (single year, ages 85+)-Male		Aug 2014 - Jul 2015	36.3	43.2	43.4	25.7	26.3	46.2	67.6	44.0	38.2	38.3	74.6
66	Excess Winter Deaths Index (single year, ages 85+)-Persons		Aug 2014 - Jul 2015	40.1	44.8	43.8	42.6	30.7	24.5	61.7	50.8	43.4	41.4	61.0
67	Excess Winter Deaths Index (3 years, all ages)-Female		Aug 2012- Jul 2015	22.4	23.5	25.2	25.1	17.8	13.9	28.0	31.3	33.2	20.4	36.8
68	Excess Winter Deaths Index (3 years, all ages)-Male		Aug 2012- Jul 2015	16.6	17.9	21.0	25.1	20.0	21.9	21.1	19.4	17.5	20.1	21.8
69	Excess Winter Deaths Index (3 years, all ages)-Persons		Aug 2012- Jul 2015	19.6	20.7	23.2	25.1	18.9	17.7	24.6	25.5	25.3	20.3	29.3
70	Excess Winter Deaths Index (3 years, ages 85+)-Female		Aug 2012- Jul 2015	29.2	30.3	29.5	30.3	28.5	11.9	31.3	45.7	31.3	22.3	40.2
71	Excess Winter Deaths Index (3 years, ages 85+)-Male		Aug 2012- Jul 2015	26.5	29.5	35.5	32.9	39.0	28.8	46.0	34.8	33.7	34.0	39.3
72	Excess Winter Deaths Index (3 years, ages 85+)-Persons		Aug 2012- Jul 2015	28.2	30.0	31.6	31.2	32.4	18.0	36.4	41.6	32.1	26.5	39.9

Key:

- Significantly Worse than the Derbyshire Average
- Significantly Higher than the Derbyshire Average
- Not Significantly Different to the Derbyshire Average
- Significantly Lower than the Derbyshire Average
- Significantly Better than the Derbyshire Average
- Significance not assessed
- – Data not available
- * data suppressed
- ¤ Vaccination coverage indicators are compared against a goal

Ageing Well Metadata

1-% of households in an area that experience fuel poverty . Source:DECC; 2-% 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; 3-% 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; 4-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; 5-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; 15-% PPV uptake for those aged 65 years and over. Source:PHE; 16-% of 65+ yrs that have recieved the Flu vaccine. Source:PHE; 22-ASR mortality cause considered preventable, per 100,000 persons. Source:ONS; 23-ASR u75 mortality all cardiovascular disease, per 100,000 male. Source:ONS; 24-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; 52-60-Emergency hospital admissions for fractured neck of femu, DSR per 100,000 . Source:HES; 61-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; 62-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,
For full definitions see Public Health Outcomes Framework- http://www.phoutcomes.info

7.4.4 *Appendix 3:* Adult Social Care Outcomes Framework Quilt

Adult Social Care Outcomes Framework

updated- February 2017

	Indicator	Period	Group	England	East Midlands	County
1	1A:Social care-related quality of life		all	19.1	19.0	19.3
	1A:Social care-related quality of life		18-64	19.4	19.5	20.2
	1A:Social care-related quality of life		65 and over	18.9	18.7	18.9
	1A:Social care-related quality of life		female	19.0	18.9	19.4
	1A:Social care-related quality of life		male	19.3	19.2	19.1
2	1B:Proportion of people who use services who have control over their daily life		all	76.6	76.4	75.3
	1B:Proportion of people who use services who have control over their daily life		18-64	80.9	81.6	82.7
	1B:Proportion of people who use services who have control over their daily life		65 and over	73.9	73.4	72.0
	1B:Proportion of people who use services who have control over their daily life		female	75.5	75.4	75.7
	1B:Proportion of people who use services who have control over their daily life		male	78.2	77.9	74.7
3	1C(1A):The proportion of people who use services who receive self-directed support		all	86.9	96.0	92.1
	1C(1A):The proportion of people who use services who receive self-directed support		18-64	84.9	95.6	89.3
	1C(1A):The proportion of people who use services who receive self-directed support		65+	88.6	96.3	93.8
4	1C(1B):The proportion of carers who receive self-directed support		all	77.7	67.4	100.0
	1C(1B):The proportion of carers who receive self-directed support		u64	80.4	69.9	100.0
	1C(1B):The proportion of carers who receive self-directed support		65-84	75.4	66.2	100.0
	1C(1B):The proportion of carers who receive self-directed support		85+	65.8	61.0	-
5	1C(2A):The proportion of people who use services who receive direct payments		all	28.1	37.9	23.3
	1C(2A):The proportion of people who use services who receive direct payments		18-64	41.10	56.30	42.80
	1C(2A):The proportion of people who use services who receive direct payments		85+	17.30	22.90	11.40
6	1C(2B):The proportion of carers who receive direct payments		all	67.40	66.50	100.00
	1C(2B):The proportion of carers who receive direct payments		64u	71.3	68.5	100.0
	1C(2B):The proportion of carers who receive direct payments		65-84	64.0	64.9	100.0
	1C(2B):The proportion of carers who receive direct payments		85+	51.1	58.9	-
7	1E:Proportion of adults with learning disabilities in paid employment		all	5.8	3.3	1.7
	1E:Proportion of adults with learning disabilities in paid employment		male	6.2	3.6	2.0
	1E:Proportion of adults with learning disabilities in paid employment		female	5.2	2.8	1.2
8	1F:Proportion of adults in contact with secondary mental health services in paid employment		all	6.7	4.7	9.4
	1F:Proportion of adults in contact with secondary mental health services in paid employment		male	5.5	3.9	7.3
	1F:Proportion of adults in contact with secondary mental health services in paid employment		female	8.0	5.7	11.6
9	1G:Proportion of adults with learning disabilities who live in their own home or with their family		all	75.4	76.3	84.3
	1G:Proportion of adults with learning disabilities who live in their own home or with their family		male	74.9	76.3	84.4
	1G:Proportion of adults with learning disabilities who live in their own home or with their family		female	75.6	76.3	84.1
10	1H:Proportion of adults in contact with secondary mental health services who live independently, with or without support		all	58.6	48.1	82.1
	1H:Proportion of adults in contact with secondary mental health services who live independently, with or without support		male	57.4	47.2	79.3
	1H:Proportion of adults in contact with secondary mental health services who live independently, with or without support		female	60.0	49.3	85.0

Adult Social Care Outcomes Framework

updated- February 2017

	Indicator	Period	Group	England	East Midlands	County
20	3D(1):The proportion of people who use services who find it easy to find information about support		all	73.5	71.0	78.0
	3D(1):The proportion of people who use services who find it easy to find information about support		18-64	70.7	68.3	73.0
	3D(1):The proportion of people who use services who find it easy to find information about support		65+	75.2	72.4	80.3
	3D(1):The proportion of people who use services who find it easy to find information about support		male	74.0	71.5	75.4
	3D(1):The proportion of people who use services who find it easy to find information about support		female	73.1	70.6	79.3
21	4A:Proportion of people who use services who feel safe		all	69.2	68.2	70.6
	4A:Proportion of people who use services who feel safe		18-64	66.7	66.7	76.7
	4A:Proportion of people who use services who feel safe		65+	70.7	69.1	67.9
	4A:Proportion of people who use services who feel safe		male	70.6	70	74.4
	4A:Proportion of people who use services who feel safe		female	68.3	67.2	68.7
22	4B:Proportion of people who use services who say that those services have made them feel safe and secure		all	85.4	88.5	85.9
	4B:Proportion of people who use services who say that those services have made them feel safe and secure		18-64	86.1	90.6	93.4
	4B:Proportion of people who use services who say that those services have made them feel safe and secure		65+	85	87.3	84
	4B:Proportion of people who use services who say that those services have made them feel safe and secure		male	85.2	89	85.1
	4B:Proportion of people who use services who say that those services have made them feel safe and secure		female	85.5	88.2	87.8

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:SALT; 7-%. Source:SALT; 8-%. Source:SALT; 9-%. Source:SALT; 10-%. Source:MHMDS / MHLDS; 11-%. Source:ASCS; 12-rate per 100,000. Source:SALT; 13-rate per 100,000. Source:SALT; 14-%. Source:SALT; 15-%. Source:; 16-rate per 100,000 18 +yrs. Source:DToC; 17-rate per 100,000 18 +yrs. Source:DToC; 18-%. Source:SALT; 19-%. Source:ASCS; 20-%. Source:CS; 21-%. Source:ASCS; 22-%. Source:ASCS;

DTOC-Delayed Transfers of Care; SALT- Short and Long-Term Support collection; CS- Personal Social Services Survey of Adult Carers; ASCS- Personal Social Services Adult Social Care Survey; MHLDS-Mental Health and Learning Disabilities Dataset

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

NHS Outcomes Framework

updated- February 2017

	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	1.1 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
2	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
3	1.2 Under 75 mortality rates from cardiovascular disease	2015	64.0	76.7	73.6	61.5	65.7	91.1
4	1.5 Mortality within 30 days of hospital admission for stroke	2014/15	1.1	0.71	1.05	1.00	0.96	1.29
5	1.6 Under 75 mortality rates from respiratory disease	2015	29.4	34.6	42.4	33.2	28.5	37.9
6	1.8 Emergency admissions for alcohol related liver disease	2014/15	26.7	25.9	29.8	28.6	34.6	52.6
7	1.9 Under 75 mortality rates from cancer	2015	119.5	119.7	159.4	122.6	130	133.5
8	1.10 One-year survival from all cancers	2013	69.6	68.0	68.6	70.1	70.5	67.6
9	1.7 Under 75 mortality rates from liver disease	2015	16.1	18.8	17.1	15.1	19.9	31
10	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
11	1.11 One-year survival from breast, lung and colorectal cancers	2011	69.3	69.96	68.16	69.93	72.35	68.3
12	1.17 Record of stage of cancer at diagnosis	2014	75.9	69.8	74.4	76.3	70.7	73.9
13	1.5 Mortality within 30 days of hospital admission for stroke	2014/15	1.2	0.71	1.05	1.00	0.96	1.29
14	1.14 Maternal smoking at delivery	Q4 2015/16	10.8	16	16.5	11.2	14	16.1
15	1.15 Breast feeding prevalence at 6 - 8 weeks	Q4 2014/15	44.6	37.8	-	46.4	-	-
16	1.18 Percentage of cancers detected at stage 1 and 2	2014	50.7	45.9	48.5	51.3	45.1	44.2
17	1.19 Record of lung cancer stage at decision to treat	2013	90.1	89	90.1	92.9	90	80.8
18	1.20 Mortality from breast cancer in females	2013-15	34.3	39.3	36.2	36.5	32.6	40.1
19	1.21 All-cause mortality – 12 months following a first emergency admission to hospital for heart failure in people aged 16 and over	Apr 2011-Mar 2014	100.0	113.6	95.4	105.3	107.2	105.5
20	1.22 Hip fracture: incidence	2015-16	435.6	430	508.5	485.7	440.5	576.7
21	1.23 Smoking rates in people with serious mental illness (SMI)	2014/15	40.5	42.5	43.1	37.4	39.8	43.4
22	1.24 Referrals to cardiac rehabilitation within 5 days of an	2014/15	14.1	2.2	23.9	32.9	3.2	27
23	1.25 Neonatal mortality and stillbirths	2014	7.1	2.6	8.6	8.2	7.4	7.8
24	1.26 Low birth weight full-term babies	2014	2.9	2.2	3.2	2.2	3.1	3.4
	Enhancing quality of life for people with long term conditions							
25	2.2 Proportion of people who are feeling supported to manage their condition	2015/16	64.3	64.9	63.2	68.3	68.7	61.4
26	2.6 Unplanned hospitalisation for chronic ambulatory care sensitive conditions	2015 - 2016 (Jul - Jun)	815.1	782.2	1082.1	871.5	816.1	1237
27	2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	2014/15	312.9	255.2	316.1	330.7	203.6	483.5
28	2.1 Health-related quality of life for people with long-term conditions	2015/16	0.7	0.741	0.699	0.739	0.749	0.711
29	2.15 Health-related quality of life for carers, aged 18 and above	2015/16	0.8	0.768	0.784	0.8	0.799	0.775

NHS Outcomes Framework

updated- February 2017

	IndicatorName	Period	England	Clinical Commissioning Group				
				Erewash CCG	Hardwich CCG	North Derbyshire CCG	Southern Derbyshire CCG	Tameside and Glossop CCG
51	their previous levels of mobility/walking ability at 120 days	2015	61.4	75	-	-	77.3	54.2
52	3.11 Hip fracture: collaborative orthogeriatric care	2015	95.7	97.2	86.9	97.2	96.7	97.9
53	3.12 Hip fracture: timely surgery	2015	74.6	84.5	77.6	76	81.7	68.8
54	3.13 Hip fracture: multifactorial falls risk assessment	2015	98.8	100	100	99	99.6	99.6
55	3.14 Alcohol-specific hospital admissions	2015 - 2016 (Jul - Jun)	115.4	202.3	161.3	148.6	184.5	223.8
56	3.15 Emergency alcohol-specific readmission to any hospital within 30 days of discharge following an alcohol-specific admission	2013 - 2016 (Jul - Jun)	100.0	117	133.4	114.3	125.4	118.1
57	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
58	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
59	3.18 Hip fracture: care process composite indicator	2015	65.6	79.4	51.7	64.2	73.9	62.5
60	3.3 Elective varicose veins procedures - patient reported outcomes measures (PROMS)	2014/15	0.1	-	-	0.047	-	-
	Ensuring people have a positive experience of care							
61	4.1 Patient experience of GP out-of-hours services	2014/15	68.6	65.1	67.2	79.1	73	67.1
62	4.2 Patient experience of hospital care	2015/16	77.0	79.9	81.3	77.6	78.8	75.4
63	4.5 Responsiveness to Inpatients personal needs	2015/16	69.2	73.6	74	68.5	70.7	67.5
	Treating and caring for people a safe environment and protecting them from avoidable harm							
64	5.3 Incidence of Healthcare Associated Infection(HCAI) Methicillin-resistant Staphylococcus aureus(MRSA)	Apr 2013 - Sep 2016	4.9	5.1318	4.8485	2.739	2.7372	13.85
65	5.4 Incidence of Healthcare Associated Infection (HCAI) – C. difficile	Apr 2013 - Sep 2016	83.4	94.426	134.79	126.68	77.735	127.1

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:PCMD; 2-Years Lost Per 100,000 Population. Source:PCMD; 3-Rate Per 100,000 Registered Patients. Source:PCMD; 4-Standardised Mortality Ratio. Source:HES; 5-Rate Per 100,000 Registered Patients. Source:PCMD; 6-DSR per 100,000 Registered Patients. Source:HES; 7-Rate Per 100,000 Registered Patients. Source:HSCIC; 8-One- year standardised relative survival percentage for adults (15–99 years). Source:ONS; 9-DSR Per 100,000 Registered Patients. Source:PCMD; 10-Standardised Ratio. Source:HSCIC; 11-%. Source:ONS; 12-%. Source:Cancer Analysis System; 13-Standardised Mortality Ratio. Source:HSCIC; 14-%. Source:HSCIC; 15-%. Source:Unify2; 16-%. Source:Cancer Analysis System; 17-%. Source:National Lung Cancer Audit; 18-DSR per 100,000 Registered Female Patients. Source:ONS; 19-% percentage of people who died within 12 months of their first admission with a primary diagnosis of heart failure. Source:HES; 20-per 100,000 CCG population. Source:HES; 25-Weighted Sum Of Respondents Who Answer 'Yes, Definitely' Or 'Yes, To Some Extent' (Give 0.5 Weight). Source:GP Patient Survey; 26-Number Of Emergency Admissions And With A Primary Diagnosis Of A Chronic Ambulatory Care Sensitive . Source:HES; 27-Number Of Emergency Admissions For Patients Aged Under 19 Where Asthma, Diabetes Or Epilepsy Was The. Source:HES; 28-Sum Of The Weighted Eq-5D Index Values For All Responses From People Who Identify Themselves As Care. Source:GP Patient Survey; 29-Sum Of The Weighted Eq-5D Index Values For All Responses From People Who Identify Themselves As Care. Source:HSCIC; 31-Rate Difference. Source:National Diabetes Audit; 32-Standardised Ratio. Source:e National Diabetes Audit; 33-Rate Per 100,000 Population. Source:MHMDS; 34-Rate Per 100,000 Population. Source:IAPT data set.; 35-Average Eq-5D Per Person With Long Term Mh Conditions. Source:HSCIC; 36-%. Source:HSCIC; 37-%. Source:HSCIC; 38-%. Source:HSCIC; 39-rate per 100,000 registered patients. Source:HES; 40-rate per 100,000 registered patients. Source:HES; 42-%. Source:PROMs dataset; 43-%. Source:PROMs dataset; 44-%. Source:HES Continuous Inpatient Spells (CIPS).; 45-%. Source:SSNAP; 46-%. Source:SSNAP; 47-%. Source:SSNAP; 48-%. Source:SSNAP; 49-%. Source:SSNAP; 50-%. Source:NHFD; 51-%. Source:NHFD; 52-%. Source:NHFD; 54-%patients who received a multifactorial risk assessment. Source:NHFD; 55-per 100,000 CCG population. Source:HES; 56-Standardised Ratio. Source:HES Continuous Inpatient Spells; 57-Standardised Ratio. Source:MHMDS; 58-%. Source:MHMDS; 60-Average Eq-5D Health Gain. Source:HSCIC; 61-%. 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; 63-Average Eq-5D Per Person Who Has Been Discharged From An Acute Or Specialist Trust. Source:Care Quality Commission's Adult Inpatient Survey; 64-Rate Per 100,000 Population. Source:PHE; 65-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