

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

A summary of performance against Outcomes Frameworks.

2017



Derbyshire Joint Strategic Needs Assessment: The State of Health and Social Care in Derbyshire 2017

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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 has been compiled using data available at the end of November 2017. This year's report has been constructed on the basis of the Health and Wellbeing Strategy priorities.

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 55 indicators.
- Derbyshire performed significantly worse than England in 47 indicators.

Further analysis, comparisons and definitions are available at:-

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

1.2 Adult Care Outcomes Framework

The Adult Social Care Outcomes Framework (ASCOF) 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 significantly better than England in 14 outcomes.
- Derbyshire performed significantly worse than England in 4 outcomes.

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.

Further analysis, comparisons and definitions are available at:-

<https://beta.digital.nhs.uk/data-and-information/publications/ci-hub/social-care>

1.3 NHS/CCG Outcomes Framework

CCG Outcomes Indicator Set measures are developed from NHS Outcomes Framework (NHSOF) 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.

NHSOF indicators are available at local authority level. Some replicate those in PHOF and ASCOF and some are complementary. They may however be calculated over different time periods.

- Derbyshire performed significantly better than England in 7 indicators.
- Derbyshire performed significantly worse than England in 3 indicators.

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 Derbyshire 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. The local Sustainability and Transformation Partnership (STP) includes the first four of these CCGs but not the last.

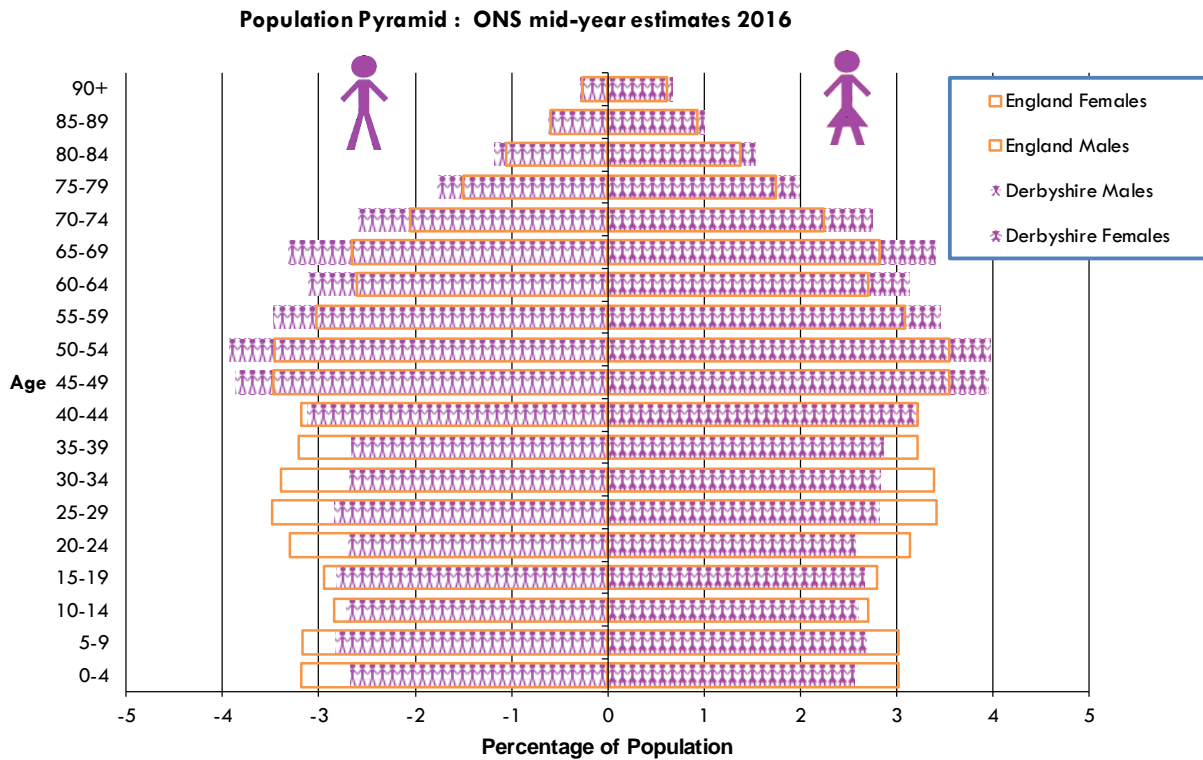
- Erewash CCG performed significantly better than NHS England in 9 indicators and significantly worse in 5.
- Hardwick CCG performed significantly better than NHS England in 8 indicators and significantly worse in 16.
- North Derbyshire CCG performed significantly better than NHS England in 12 indicators and significantly worse in 9.
- Southern Derbyshire CCG performed significantly better than NHS England in 11 indicators and significantly worse in 14.
- Tameside & Glossop CCG performed significantly better than NHS England in 2 indicators and significantly worse in 30.

Further analysis, comparisons and definitions are available at:-

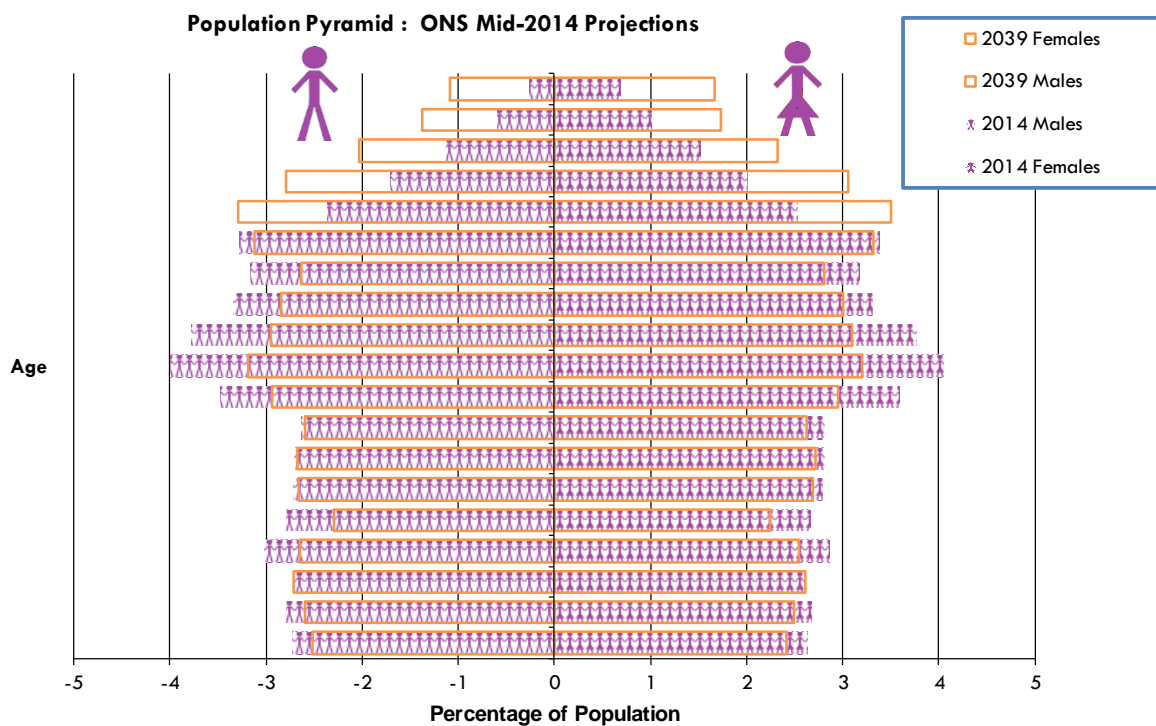
<https://www.england.nhs.uk/resources/resources-for-ccgs/ccg-out-tool/>

2 POPULATION

Derbyshire has an estimated population of over 786,000 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.



3 LIFE EXPECTANCIES

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.

3.1 Life Expectancy at Birth

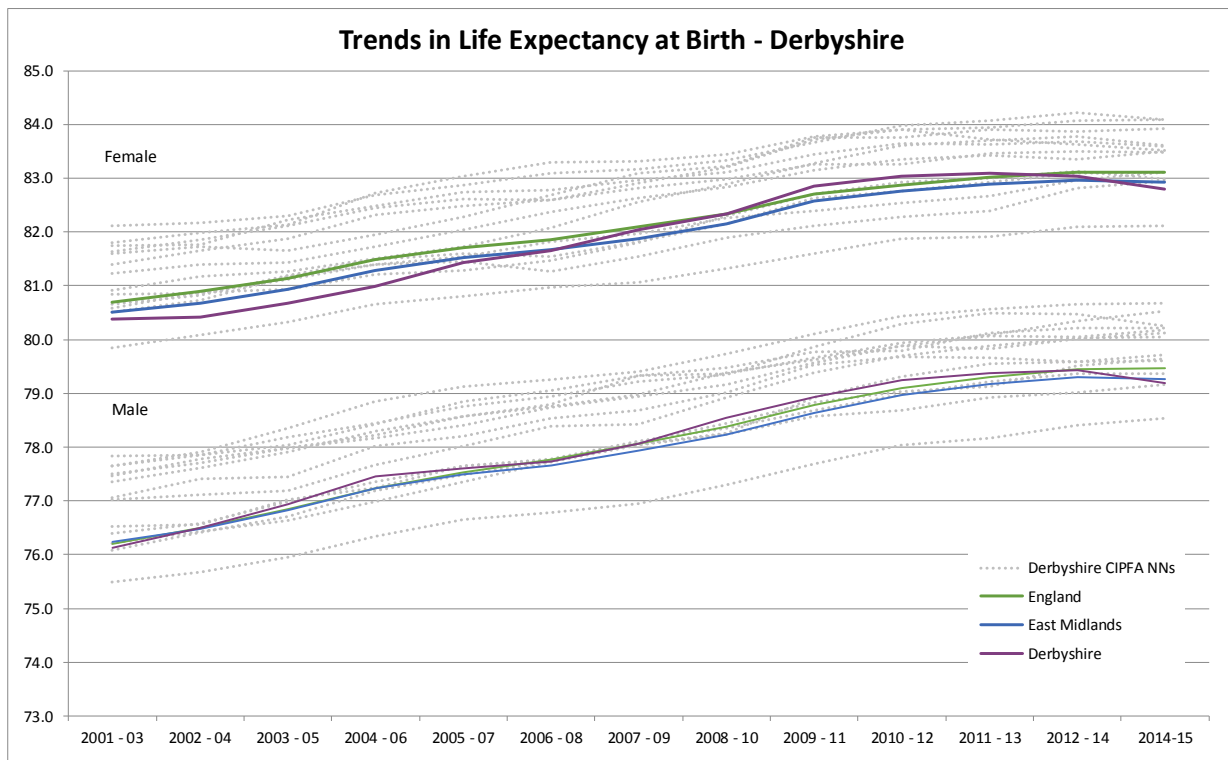
Life expectancy at birth has been used as a measure of the health status of the population of England and Wales since the 1840s. It was employed in some of the earliest reports of the Registrar General to illustrate the differences in mortality experienced by populations in different parts of the country.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

3.1.1 Males

For the period 2013-15 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.

3.1.2 Females

For the period 2013-15 female life expectancy at birth in Derbyshire was 82.8 years, a small decrease from 83.0 years 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.



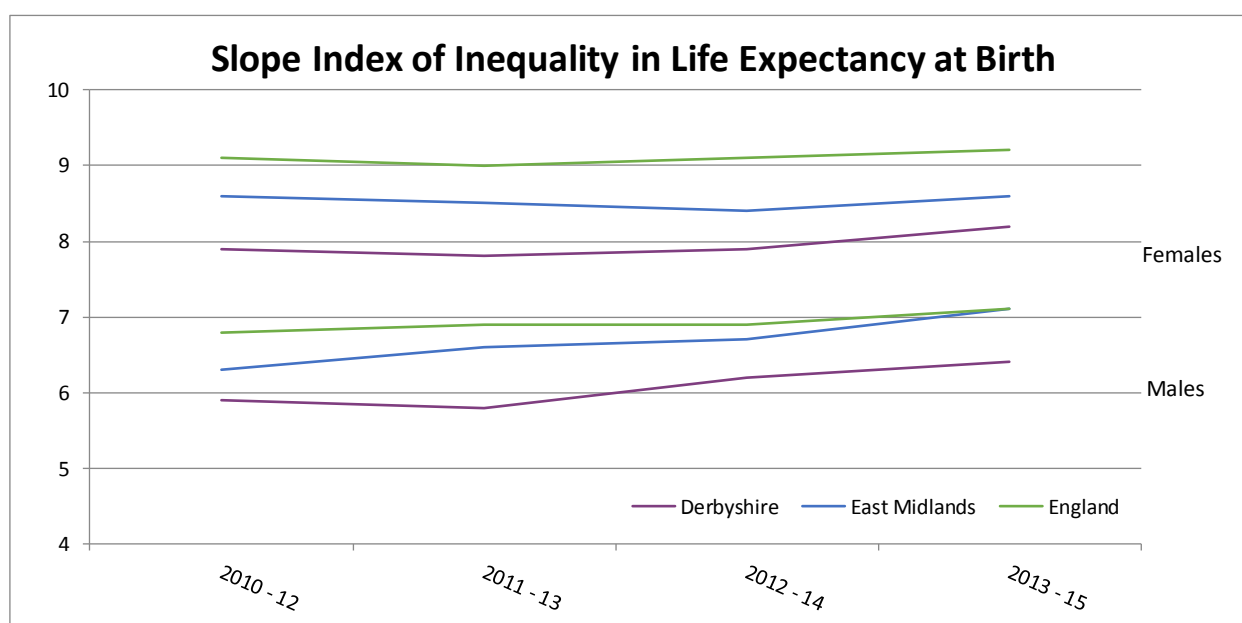
3.1.3 Vulnerable Groups

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, barriers to service access and material deprivation are important factors in this.

3.1.4 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, and previously 9.1), although not significantly so, indicating a smaller gap between the least and most deprived areas. This was also the case for females – 6.4 compared to 7.1 (previously 6.2 and 6.9). Public Health England recently recalculated SIIs using IMD2015 and a new standard population, unfortunately only to a baseline of 2010-12. Long-term trend, therefore, are no longer available. However, the short-term 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 is less steep and for both England and Derbyshire the increase in slope index was smaller 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 81.3) it was

almost 4 years longer and was also significantly higher than all of the districts but North East. Erewash and North East also 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 84.6) 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.

Amongst the districts, High Peak, at 10.7, has the highest SII for males with Amber Valley, Chesterfield and North East also having higher indices than Derbyshire. Derbyshire Dales has the smallest SII at 2.5.

In females, Chesterfield has the highest SII at 8.7, with Amber Valley, High Peak and North East also having indices higher than Derbyshire. Derbyshire Dales again has the smallest SII at, at 2.8.

3.2 Life Expectancy at age 65

PHOF

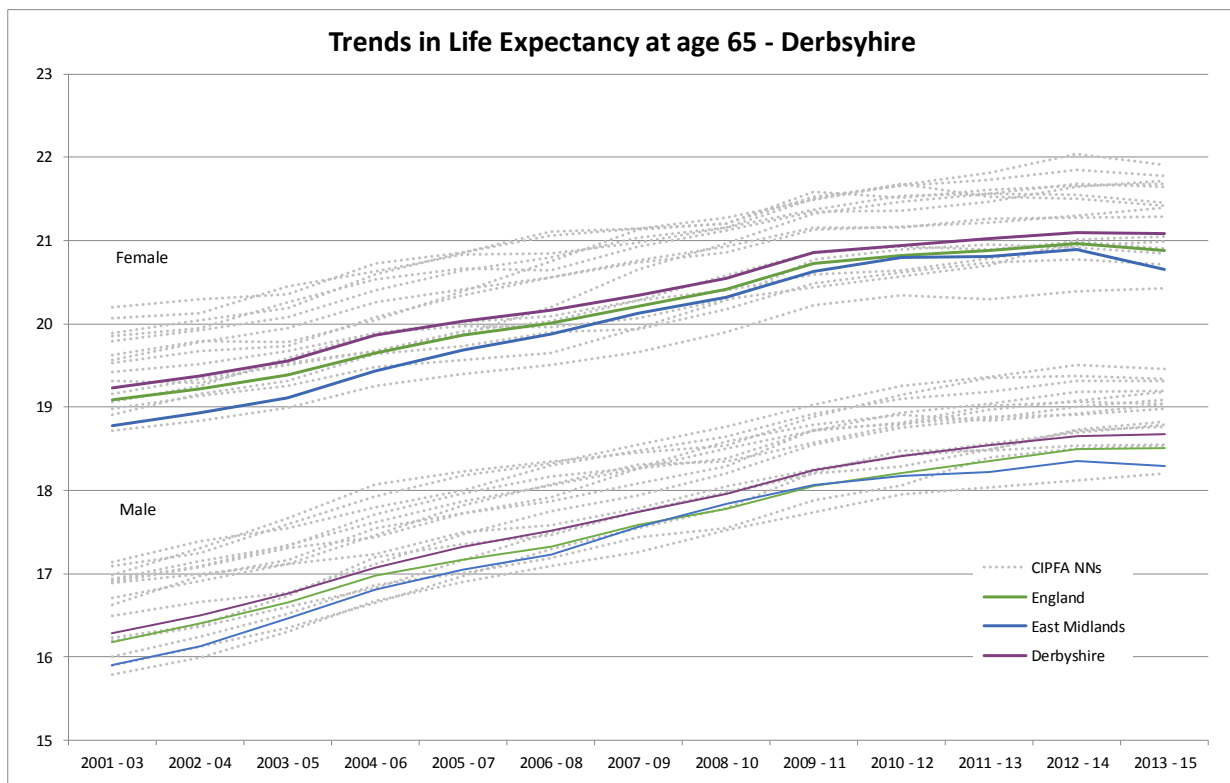
3.2.1 Males

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.

3.2.2 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.



3.2.3 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.

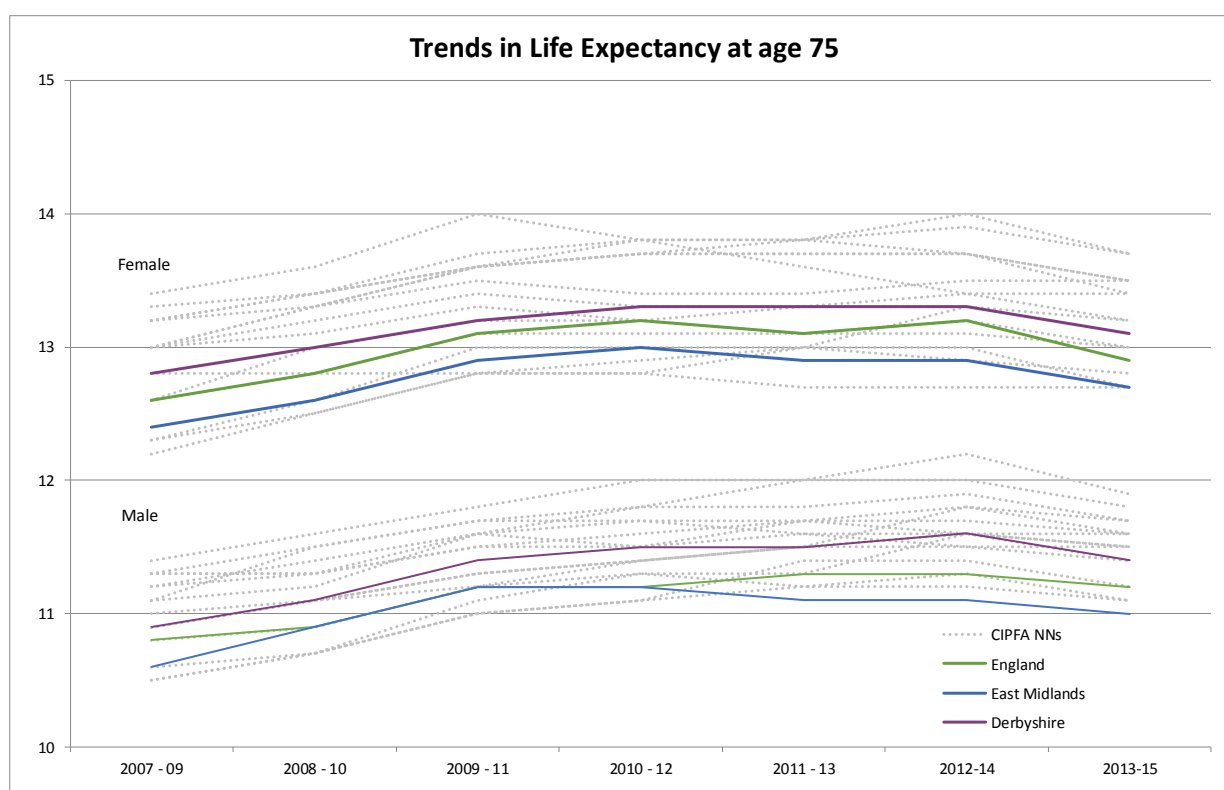
NHSOF 3.3 Life Expectancy at age 75

3.3.1 Males

Male life expectancy at age 75, over the period 2013-2015, was 11.0 years, lower than previously (11.1) and significantly lower than for East Midlands (11.2) and England (11.4).

3.3.2 Females

Female life expectancy at age 75, over the period 2013-2015, was 12.7 years, lower than previously (12.9) and significantly lower than for East Midlands (12.9) and England (13.1).



3.3.3 Variation within the county

Male life expectancy at 75 in Bolsover, at 9.7 years (previously 9.9) was significantly lower than in any of the other districts. North East had the highest life expectancy at 11.4 (previously 11.7) which was also significantly higher than in South. Otherwise there were no other significant differences between districts.

For females, Bolsover life expectancy at 75, at 12.0 (previously 19.5), was also significantly lower than any but Chesterfield and South. Derbyshire Dales (13.2, previously 13.6) had the highest life expectancy. In all districts female life expectancy was significantly higher than that for males.

3.4 Healthy Life Expectancy

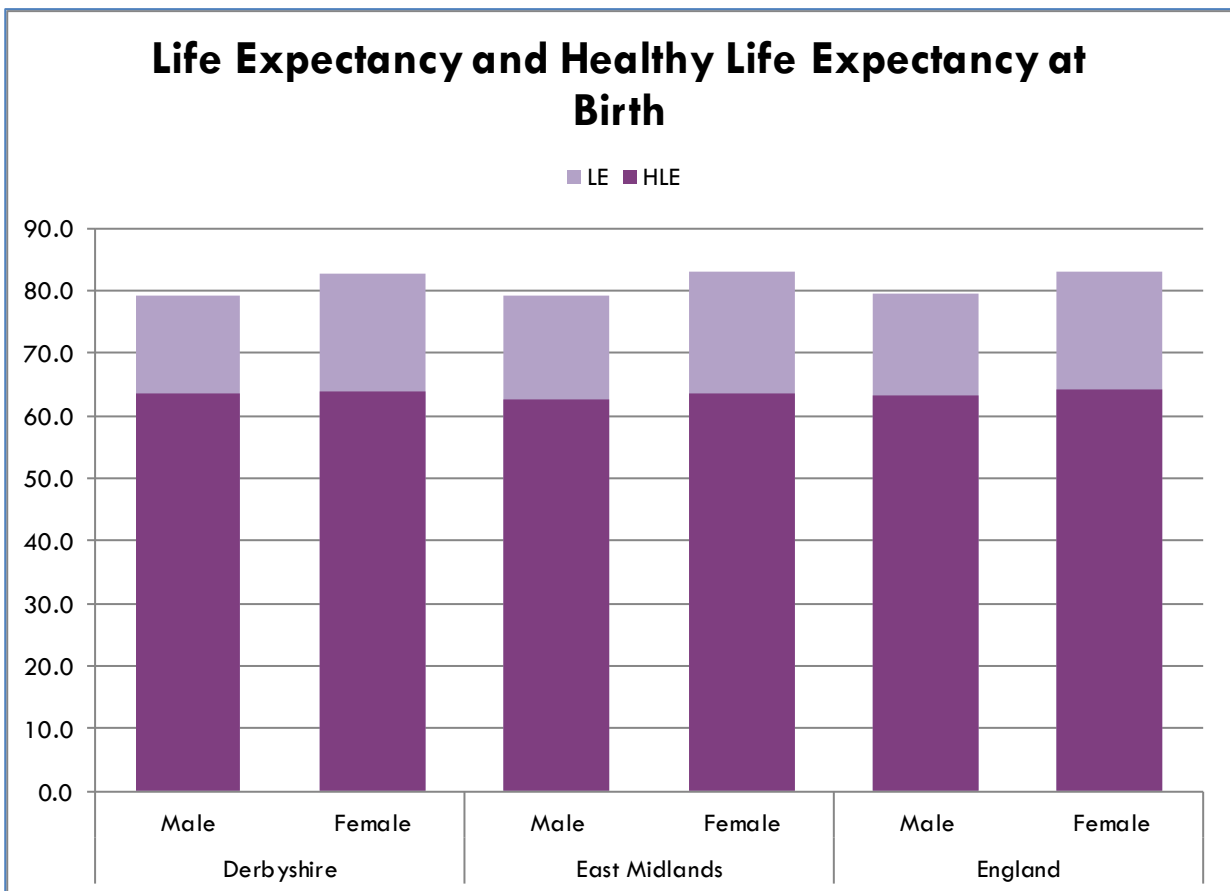
Health Expectancies (HEs) divide predicted lifespan into time spent in given states of health. This adds a quality of life dimension to estimates of life expectancy (LE). Healthy Life Expectancy (HLE) estimates lifetime spent in 'Very good' or 'Good' health based on how individuals perceive their health.

3.4.1 Males

Male healthy life expectancy in Derbyshire was 63.5 in 2013-2015; up from the previous period at 63.0 and 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'.

3.4.2 Females

Female healthy life expectancy (63.8 up from 63.4) 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'.



3.4.3 Variation within the county

In Derbyshire, over the period 2009-13 as represented by the SII, there was a 13.7 year gap in healthy life expectancy between men living in the most deprived Middle Super Output Areas (MSOAs) and those in the least deprived MSOAs. For women the gap was 13.5 years.

It is striking that healthy life expectancy for both men and women in Derbyshire remains 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.

3.5 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

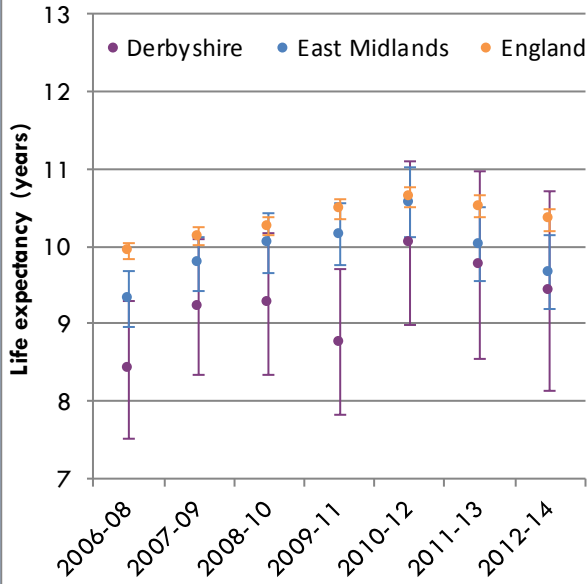
3.5.1 Males

In Derbyshire in 2009-2014, 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.

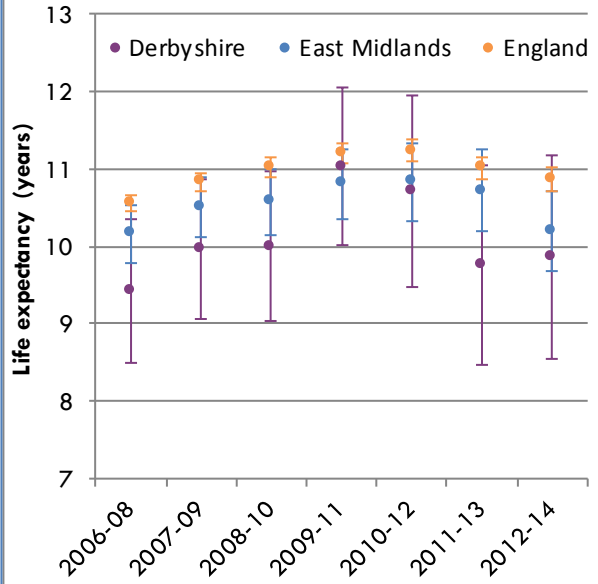
3.5.2 Females

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.

Trends in male disability free life expectancy at 65

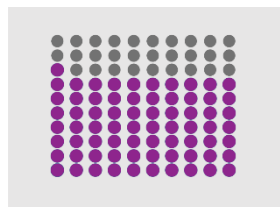


Trends in female disability free life expectancy at 65



4 HWB DASHBOARD INDICATORS

Emotional Health & Wellbeing of Children & Young People:-



70.8% of children achieving a good level of development at the end of reception

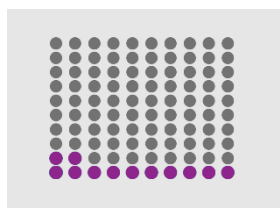


243 emergency hospital admissions as a result of self-harm per 100,000 10-24 year olds

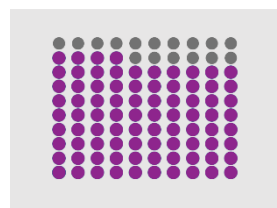


169 first time entrants to the youth justice system per 100,000 10-17 year olds

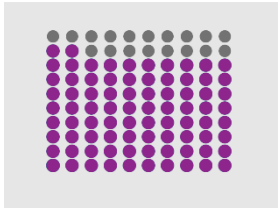
Keep People Healthy & Independent in their Own Homes:-



12% of households in Fuel Poverty and rising.



84.3% adults with a Learning Disability who live in stable and appropriate accommodation but falling.



82.1% of adults in contact with secondary mental health services live in stable and appropriate accommodation, and rising.



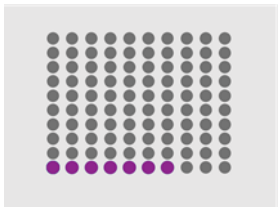
1431 Emergency admissions for acute conditions that should not usually require hospital admission per 100,000 population.



11.4% emergency readmissions within 30 days.



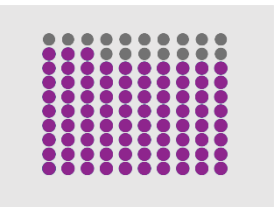
828 unplanned hospitalisation for chronic ambulatory care sensitive conditions per 100,000 population.



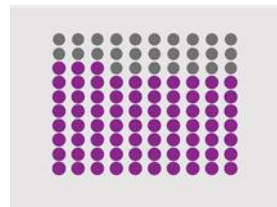
6.9% recorded prevalence of diabetes and rising.



10.6 per day delayed transfers of care from hospital, per 100,000 population.



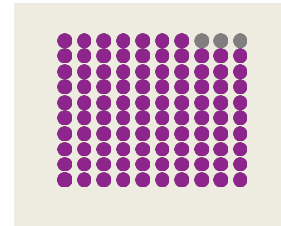
83.2% of older people still living at home 91 days after discharge.



72.6% satisfied with GP Out of Hours services.

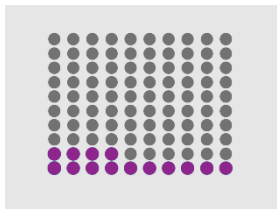


654 admissions to nursing homes per 100,000 population.

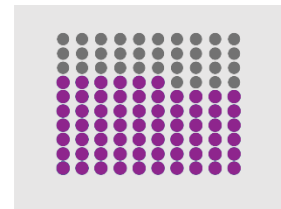


96.6% of users received self-directed support and rising.

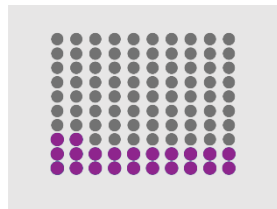
Healthy Communities:-



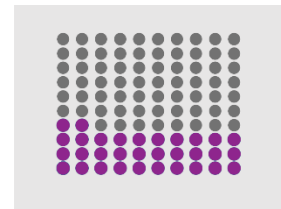
14.1% of mothers smoking at time of delivery



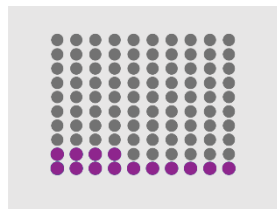
66% of adults were obese or overweight



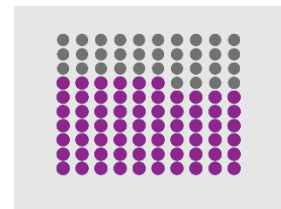
22% of 4-5 years were obese or overweight



32% of 10-11 years were obese or overweight



13.9% of people smoked, and falling



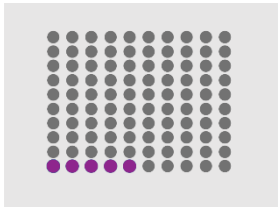
66% of adults were physically active



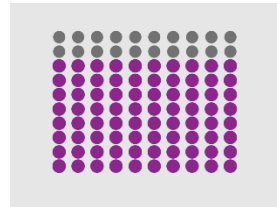
57.7% of people ate the recommended '5-a-Day' on a usual day



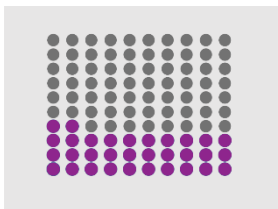
4.7% of deaths have been attributed to particulate air pollution



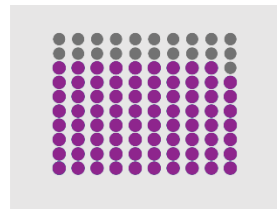
5% of opiate drug users successfully completing treatment programs



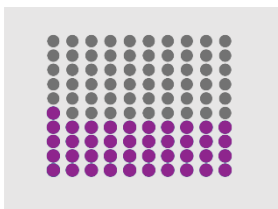
79.6% coverage for breast cancer screening



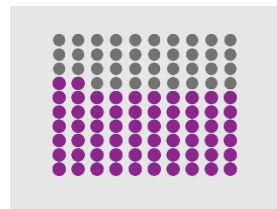
32% of non-opiate drug users successfully completing treatment programs



79.1% coverage for breast cancer screening

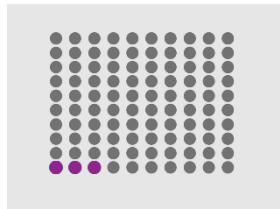


41% of alcohol users successfully completing treatment programs

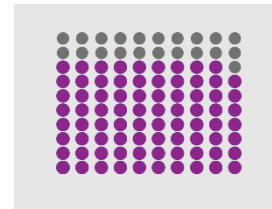


62.1% coverage for breast cancer screening

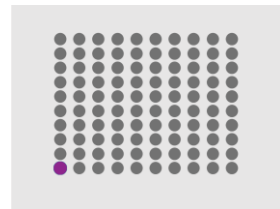
Build Social Capital:-



3.4% reported low satisfaction with their life



79.4% of people aged 16-64 in employment



0.7% of working days were lost due to sickness absence

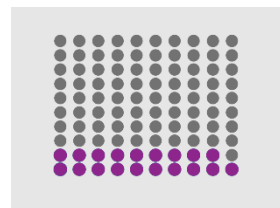


Gap in employment rate between vulnerable groups people with long term conditions and overall employment rate:-

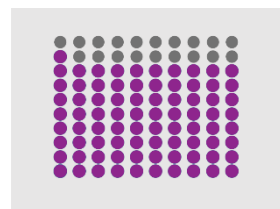
people with long term conditions
35% points;

people with learning disabilities
76% points;

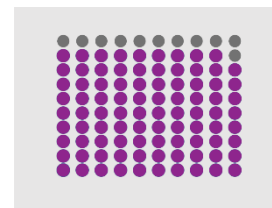
people with mental illness
68% points and rising.



18.5% utilise Outdoor Space for exercise/health reasons



81.4% of adult care service users, and rising, feel they have control over their daily lives



89.1% of adult care service users say that those services have made them feel safe and secure

Population Measures and strategy outcomes:-



190 deaths per 100,000 under 75 year olds considered preventable



84 deaths from cancer per 100,000 under 75 year olds considered preventable



45 deaths from Cardio Vascular Disease (CVD) per 100,000 under 75 year olds considered preventable



17 deaths from liver disease per 100,000 under 75 year olds considered preventable



18 deaths from respiratory disease per 100,000 under 75 year olds considered preventable



5 RED

5.1 Improving

5.1.1 Emotional Health & Wellbeing of Children & Young People

PHOF

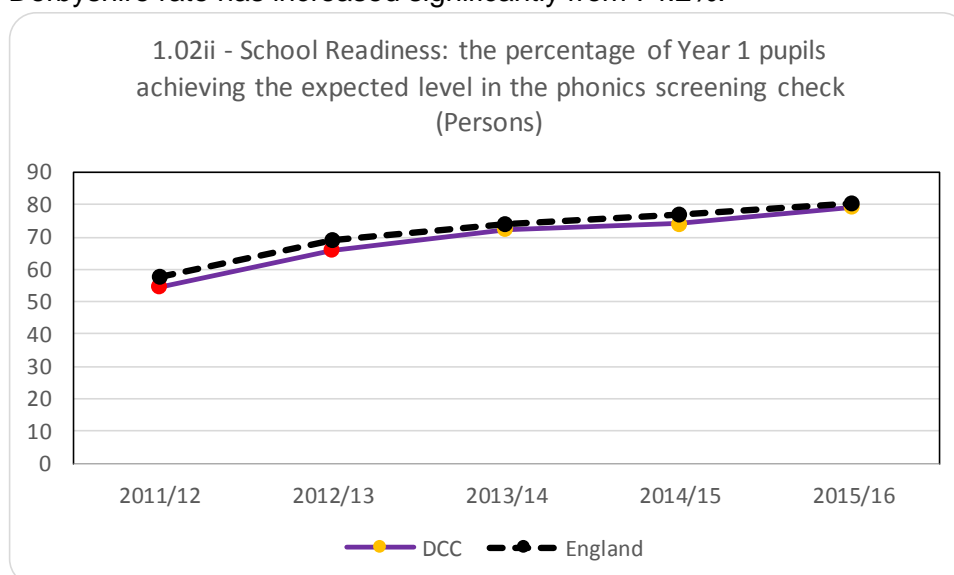
1.02ii School Readiness

The percentage of Year 1 pupils achieving the expected level in the phonics screening check

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.

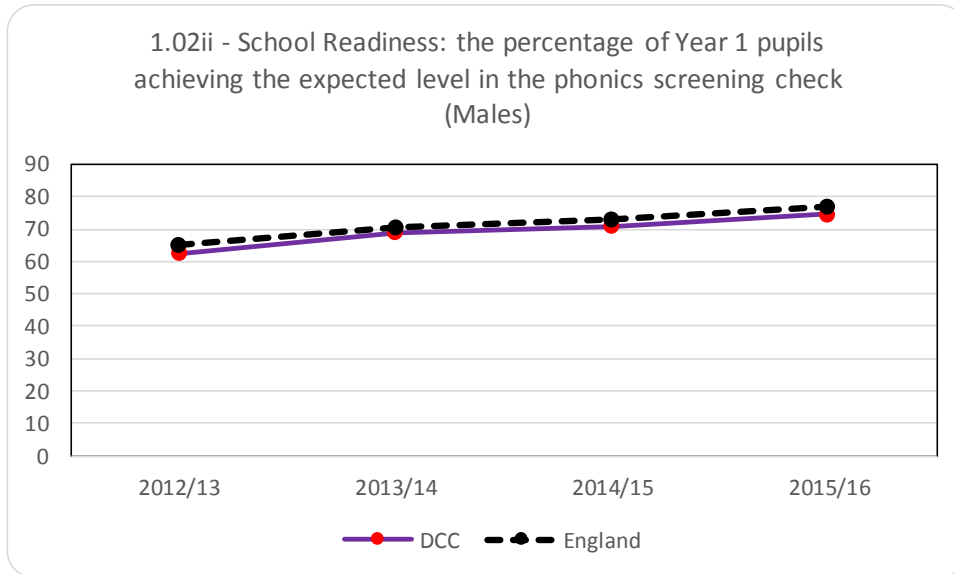
Persons

In 2015/16, 79.3% of children in Derbyshire achieved the expected level. This was the same as the East Midlands but significantly lower than the England (80.5%) average. The Derbyshire rate has increased significantly from 74.2%.



Males

In 2015/16, 74.5% of boys in Derbyshire achieved the expected level. This was lower than the East Midlands (75.5%) and significantly lower than the England (76.9%) averages. The Derbyshire rate has increased significantly from 70.9%.



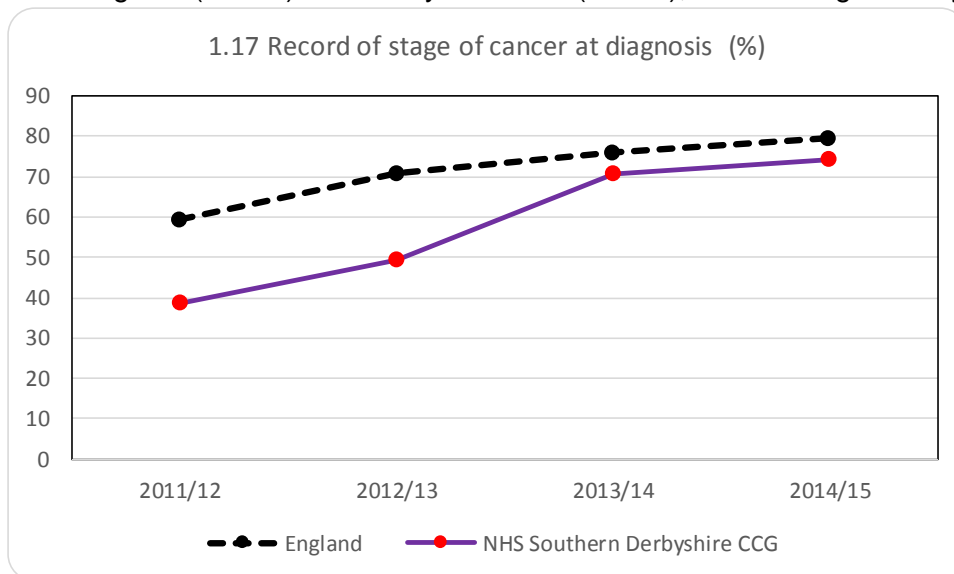
5.1.2 Healthy Communities

1.17 Record of stage of cancer at diagnosis

Southern Derbyshire CCG

74.3% of cancer cases had their stage recorded at diagnosis, significantly lower than for NHS England (79.6%) and Derbyshire STP (77.4%); this rose significantly from 70.7%.

CCGOF



5.1.3 Keep People Healthy & Independent in their Own Homes

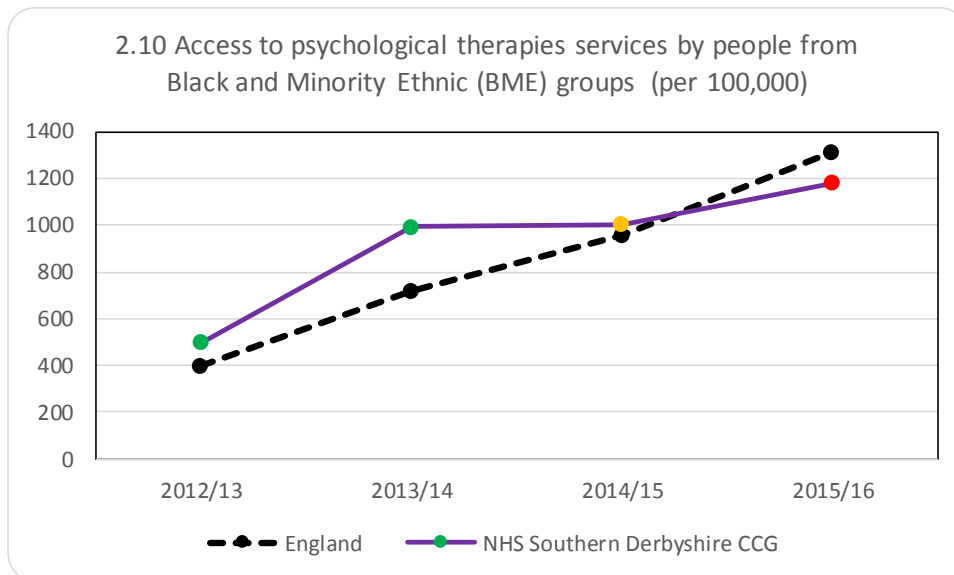
2.10 Access to psychological therapies services by people from Black and Minority Ethnic (BME) groups

This indicator reflects access to mental health services among people from black and minority ethnic groups. It was the number of people from BME groups using Improved Access to Psychological Therapies (IAPT) per 100,000 BME group population.

Southern Derbyshire CCG

The rate (1182) was significantly lower than for NHS England (1312) and lower than for Derbyshire STP (1192), but rising significantly.

CCGOF



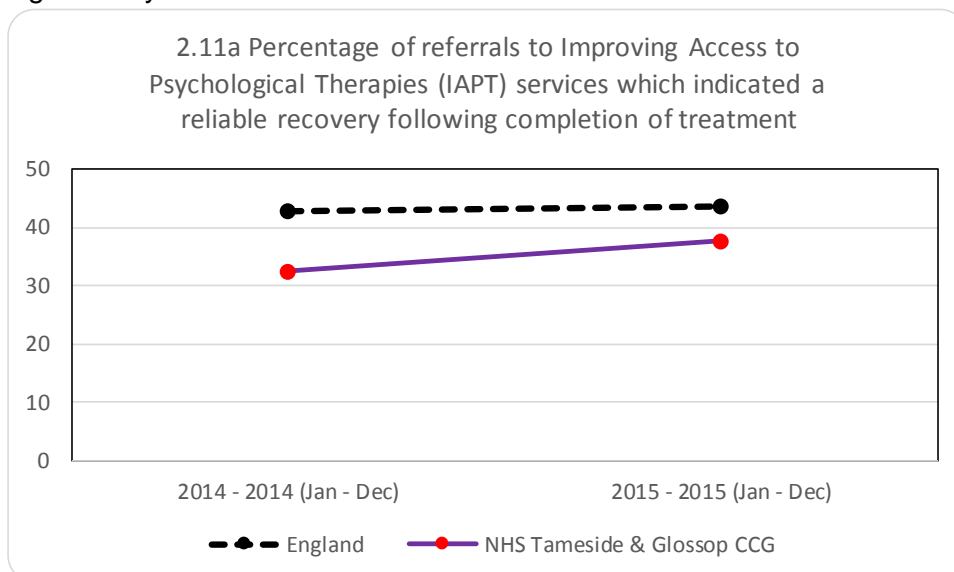
CCGOF 2.11 Percentage of referrals to Improving Access to Psychological Therapies (IAPT) services

The 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

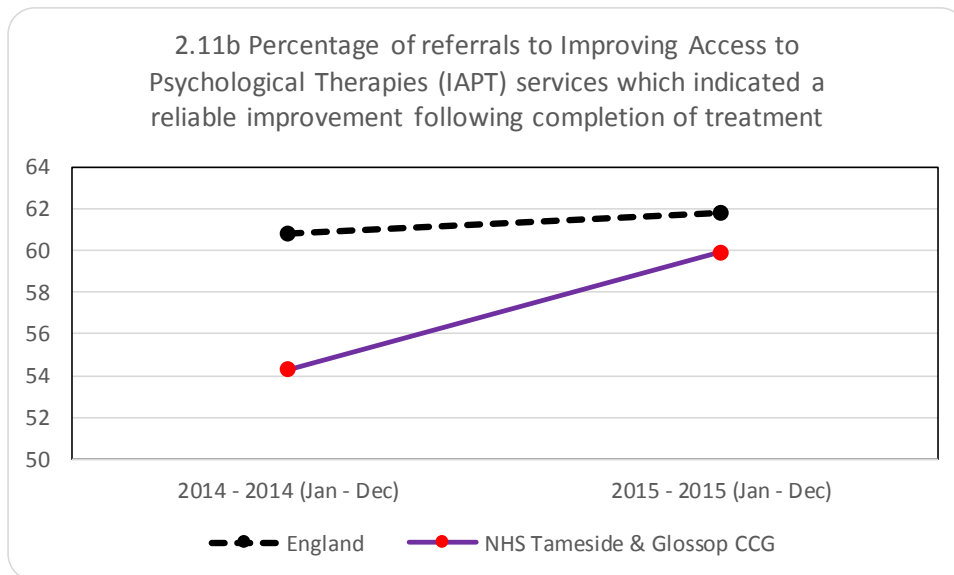
The percentage recovered was 37.6%, significantly less than for NHS England (43.5%), but significantly increased from 32.4%.



2.11b Which indicated a reliable improvement following completion of treatment

Tameside & Glossop CCG

The percentage improved was 55.9%, significantly less than for NHS England (61.8%), but increased significantly from 54.3%.

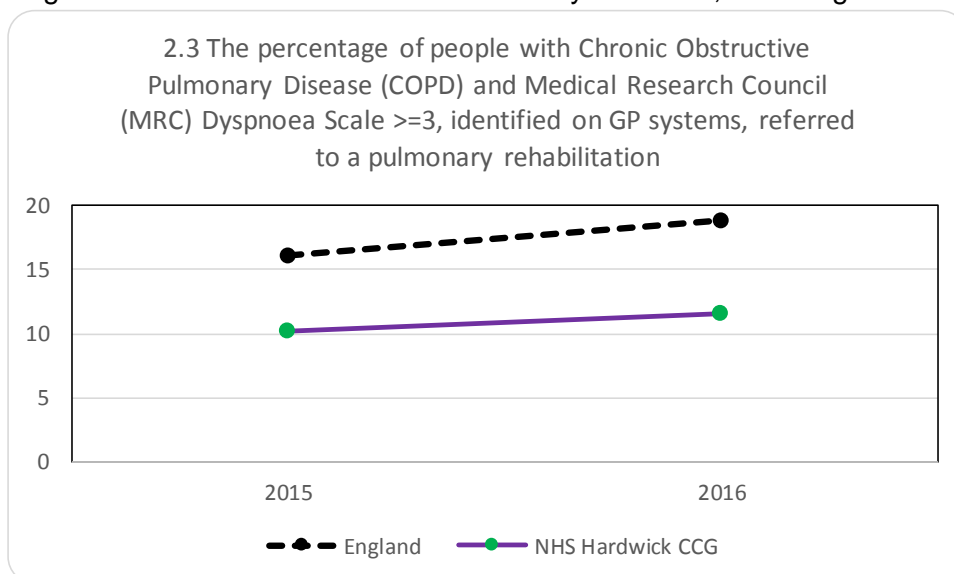


2.3 People with COPD and Medical Research Council (MRC) Dyspnoea Scale ≥ 3 referred to a pulmonary rehabilitation programme. CCGOF

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.

Hardwick CCG

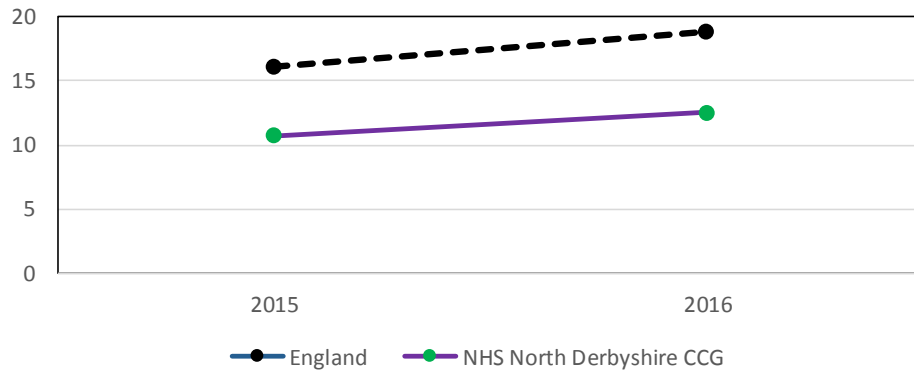
The percentage of patients referred was 11.6%, significantly lower than the 18.8% for NHS England and lower than the 12.2% for Derbyshire STP, but rising from 10.2%.



North Derbyshire CCG

The percentage of patients referred was 12.5%, significantly lower than the 18.8% for NHS England and lower than the 12.2% for Derbyshire STP, but rising from 10.7%.

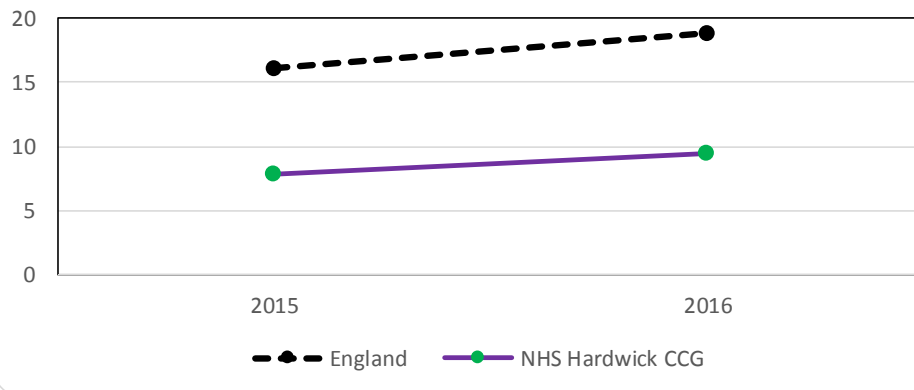
2.3 The percentage of people with Chronic Obstructive Pulmonary Disease (COPD) and Medical Research Council (MRC) Dyspnoea Scale ≥ 3 , identified on GP systems, referred to a pulmonary rehabilitation



Southern Derbyshire CCG

The percentage of patients referred was 9.5%, significantly lower than the 18.8% for NHS England and the 12.2% for Derbyshire STP, but rising from 7.8%.

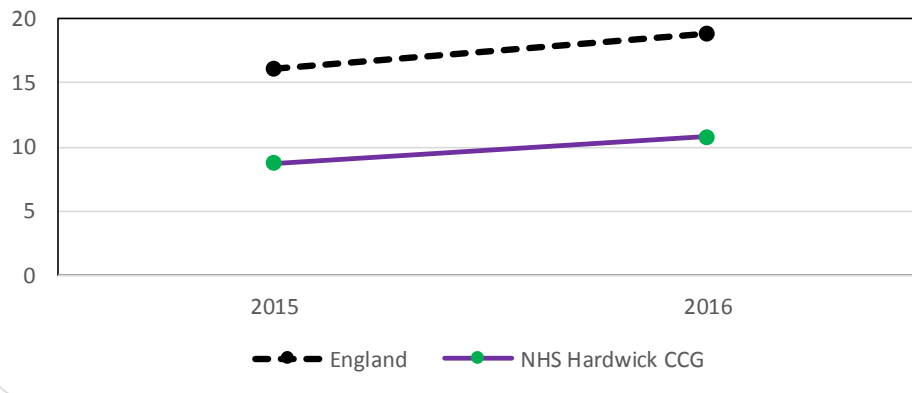
2.3 The percentage of people with Chronic Obstructive Pulmonary Disease (COPD) and Medical Research Council (MRC) Dyspnoea Scale ≥ 3 , identified on GP systems, referred to a pulmonary rehabilitation



Tameside & Glossop CCG

The percentage of patients referred was 10.8%, significantly lower than the 18.8% for NHS England, but rising from 8.7%.

2.3 The percentage of people with Chronic Obstructive Pulmonary Disease (COPD) and Medical Research Council (MRC) Dyspnoea Scale ≥ 3 , identified on GP systems, referred to a pulmonary rehabilitation



CCGOF

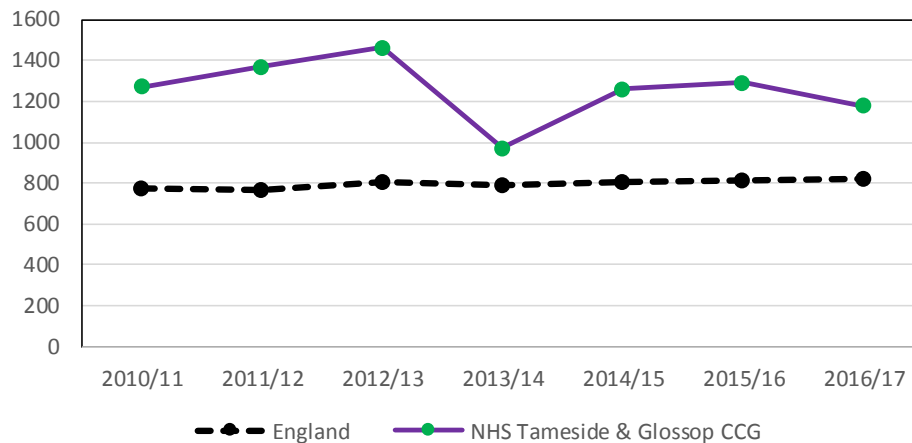
2.6 Unplanned hospitalisation for chronic ambulatory care sensitive conditions

Active management of Ambulatory Care Sensitive (ACS) conditions such as COPD, diabetes, congestive heart failure and hypertension can prevent acute exacerbations and reduce the need for emergency hospital admission.

Tameside & Glossop CCG

The standardised rate per 100,000 of admission was significantly higher, at 1177, than for NHS England (821), but was falling significantly.

2.6 Unplanned hospitalisation for chronic ambulatory care sensitive conditions (per 100,000)



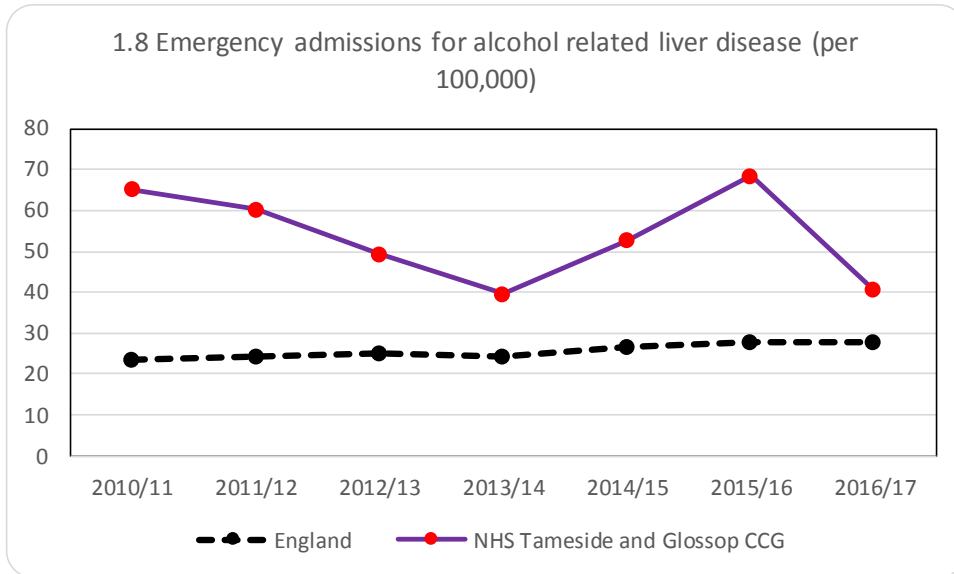
1.8 Emergency admissions for alcohol related liver disease

Some, but not all admissions for liver disease may be potentially avoidable by high quality management in primary care.

Tameside & Glossop CCG

The rate of admissions was significantly higher, at 40.6, than for NHS England (27.7), but falling significantly.

CCGOF

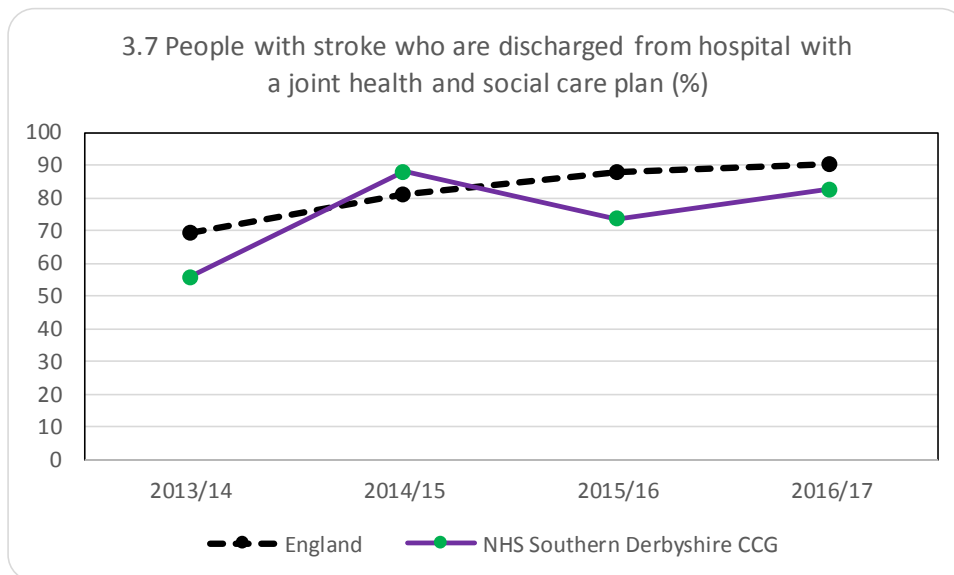


CCGOF 3.7 People who have had a stroke who are discharged from hospital with a joint health and social care plan

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, at 82.5%, was significantly lower than for NHS England, at 90.5%, and for Derbyshire STP, at 86.7%, but rose significantly from 73.6%.

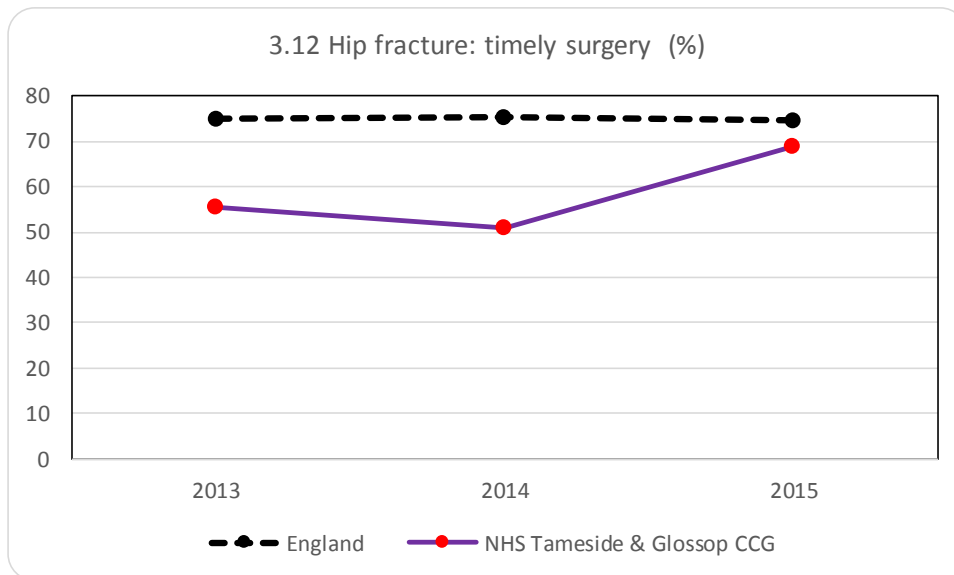


CCGOF 3.12 Hip fracture: timely surgery

The NICE clinical guideline on hip fracture (NICE clinical guideline 124) recommends that surgery was 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 having timely surgery, at 68.8%, was significantly lower than for NHS England, at 74.6%, but rose significantly from 50.9%.



5.2 Stable

5.2.1 Emotional Health & Wellbeing of Children & Young People

1.02ii School Readiness

PHOF

The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check

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.

Males

In 2015/16, 58.2% of boys in Derbyshire achieved the expected level. This was lower than the East Midlands (60.6%) and significantly lower than the England (63.6%) average. The Derbyshire rate has increased from 55.3%.

2.10ii – Emergency Hospital Admissions for Intentional Self-Harm

PHOF

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.

At 242.6 per 100,000 population the rate remained significantly worse than for England (196.5) and the East Midlands (203.0) and had fallen from the previous period (244.2).

5.2.2 Healthy Communities

1.26 Low birth weight full-term babies

CCGOF

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.

Tameside & Glossop CCG

The proportion was, at 4.0, significantly higher than for NHS England (2.8) and had risen from 3.4.

PHOF 2.03 - Smoking status at time of delivery

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 secondhand smoke by the infant. Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy.

The proportion of mothers still smokers at the time of delivery was significantly higher in Derbyshire, at 14.1%, than in England (10.7%) and higher than in East Midlands (13.3%), but has fallen from 14.3%. District rates ranged from 11.1% in Chesterfield, which was significantly higher than the County rate, to 16.9% in Bolsover, which was significantly higher. Erewash, at 16.3%, also had a significantly higher rate.

CCGOF 1.14 Maternal smoking at delivery

Erewash CCG

The proportion of mothers still smokers at the time of delivery was significantly higher, at 14.9%, than for NHS England (10.7%) but lower than for Derbyshire STP (15.3%), and had fallen from 17.9%.

Hardwick CCG

The proportion of mothers still smokers at the time of delivery was significantly higher, at 18.6%, than for NHS England (10.7%) but lower than for Derbyshire STP (15.3%), and had fallen from 25.2%.

North Derbyshire CCG

The proportion of mothers still smokers at the time of delivery was significantly higher, at 16.1%, than for NHS England (10.7%) but lower than for Derbyshire STP (15.3%), and had risen from 13.7%.

Southern Derbyshire CCG

The proportion of mothers still smokers at the time of delivery was significantly higher, at 14.4%, than for NHS England (10.7%) but lower than for Derbyshire STP (15.3%), and had risen from 14.3%.

Tameside & Glossop CCG

The proportion of mothers still smokers at the time of delivery was significantly higher, at 16.7%, than for NHS England (10.7%) and had fallen from 17.3%.

NHSOF 3.2 Emergency admissions for children with lower respiratory tract infections (LRTI)

CCGOF 3.4 Emergency admissions for children with lower respiratory tract infections (LRTI)

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.

The rate of admissions per 100,000 admissions was significantly higher, at 483.1, in Derbyshire than in England (422.7) or East Midlands (424.9), and has risen significantly from (411.0). Districts rates ranged from 277.7 in Amber Valley, significantly lower than the County rate, to 702.9 in Chesterfield, significantly higher. Erewash (324.0) also has a significantly lower rate

Hardwick CCG

The rate of admissions per 100,000 admissions was significantly higher, at 835.5, than for NHS England (459.0) and Derbyshire STP (460.3), and had risen from 669.3.

North Derbyshire CCG

The rate of admissions per 100,000 admissions was significantly higher, at 655.8, than for NHS England (459.0) and Derbyshire STP (460.3), and had risen from 615.1.

Tameside & Glossop CCG

The rate of admissions per 100,000 admissions was significantly higher, at 719.2, than for NHS England (459.0) and Derbyshire STP (460.3), and had fallen from 639.2.

3.03 Population vaccination coverage

PHOF

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.

3.03xvi HPV vaccination coverage for two doses (females 13-14 years old)

The coverage rate was significantly lower in Derbyshire, at 43.7%, than in England (85.1%) and East Midlands (81.0%).

2.11 Diet

PHOF

In England, two thirds of adults are overweight or obese. Poor diet and obesity are leading causes of premature death and mortality, and are associated with a wide range of diseases including cardiovascular disease and some cancers, which can have a significant impact on an individual's physical and mental health and wellbeing. The costs of diet related chronic diseases to the NHS and more broadly to society are considerable. Average intakes of saturated fat, sugar, and salt are above recommendations while intakes of fruit and vegetables, oily fish, fibre and some vitamins and minerals in some groups are below recommendations. Average intake of trans fatty acids are within recommendations.

2.11ii Average number of portions of fruit consumed daily at age 15

The average number of portions consumed in Derbyshire (2.17) was significantly lower than for England (2.39) and East Midlands (2.32).

2.11iii Average number of portions of vegetables consumed daily at age 15

The average number of portions consumed in Derbyshire (2.34) was significantly lower than for England (2.40) and East Midlands (2.42).

2.12 Percentage of adults (aged 18+) classified as overweight or obese

PHOF

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.

The proportion of adults carrying excess weight was significantly higher in Derbyshire (66.0%) than for England (61.3%) and East Midlands (63.7%). District rates ranged from 60.4% in Dales, which was significantly lower than the County rate, to 72.7% in Bolsover, which was significantly higher. No other districts had rates significantly different from the County's.

2.15i Successful completion of drug treatment - opiate users

PHOF

Individuals achieving this outcome demonstrate a significant improvement in health and wellbeing in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.

The proportion of opiate users completing treatment was significantly lower in Derbyshire (5.0%) than for England (6.7%) and East Midlands (6.1%), falling from 5.4%.

2.18 - Admission episodes for alcohol-related conditions - narrow definition

[Note the different definition from PHOF 3.14]

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. The Government has said that everyone has a role to play in reducing the harmful use of alcohol - this indicator is one of the key contributions by the Government (and the Department of Health) to promote measurable, evidence based prevention activities at a local level, and supports the national ambitions to reduce harm set out in the Government's Alcohol Strategy. This ambition is part of the monitoring arrangements for the Responsibility Deal Alcohol Network. Alcohol-related admissions can be reduced through local interventions to reduce alcohol misuse and harm.

Persons

The rate per 100,000 population in Derbyshire, at 713, is significantly higher than for England (647) and East Midlands (686), and has risen from 705. District rates range from 598 in South, significantly lower than for the County, to 947 in Chesterfield, significantly higher than for the County. Dales (620) also has a significantly lower rate than the County.

Males

The rate per 100,000 population in Derbyshire, at 894, is significantly higher than for England (830) and East Midlands (871), and has risen from 890. District rates range from 761 in Dales, significantly lower than for the County, to 1202 in Chesterfield, significantly higher than for the County. South (777) also has a significantly lower rate than the County.

Females

The rate per 100,000 population in Derbyshire, at 555, is significantly higher than for England (483) and East Midlands (520), and has risen from 542. District rates range from 441 in South, significantly lower than for the County, to 715 in Chesterfield, significantly higher than for the County. No other district has a rate significantly different from the County.

3.14 Alcohol-specific hospital admissions

[Note the different definition from PHOF 2.18]

Erewash CCG

The rate per 100,000 population, at 182.1, is significantly higher than for NHS England (110.2) but lower than for Derbyshire STP (183.3), and but has fallen from 185.6.

Hardwick CCG

The rate per 100,000 population, at 175.1, is significantly higher than for NHS England (110.2) but lower than for Derbyshire STP (183.3), but has fallen from 181.8.

North Derbyshire CCG

The rate per 100,000 population, at 158.0, is significantly higher than for NHS England (110.2) but significantly lower than for Derbyshire STP (183.3), and remains the same as previously.

Southern Derbyshire CCG

The rate per 100,000 population, at 198.6, is significantly higher than for NHS England (110.2) and Derbyshire STP (183.3), but has risen from 178.1.

Tameside & Glossop CCG

The rate per 100,000 population, at 162.5, is significantly higher than for NHS England (110.2), but has fallen significantly from 229.8.

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

CCGOF

Hardwick CCG

The indirectly standardised ratio, at 137.5 was significantly higher than for NHS England (100) and higher than for Derbyshire STP (117.2), but has fallen from 144.4.

Southern Derbyshire CCG

The indirectly standardised ratio, at 122.2 was significantly higher than for NHS England (110.2) and higher than for Derbyshire STP (117.2), but has fallen from 124.6.

2.19 - Cancer diagnosed at early stage (experimental statistics)

PHOF

Cancer is a major cause of death, accounting for around a quarter of deaths in England. More than 1 in 3 people will develop cancer at some point in their life. 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.

The proportion of cancers diagnosed at stage 1 or 2, at 50.7%, was significantly lower than for England (52.4%) and lower than for East Midlands (51.6%) and had risen from 48.7%. District rates ranged from 45.1% in Amber Valley to 54.5% in Dales. No district had a rate significantly different from the County's.

1.18 Percentage of cancers detected at stage 1 and 2

CCGOF

Southern Derbyshire CCG

47.9% of cancers were detected at an early stage, significantly lower than for NHS England (52.4%) and Derbyshire STP (50.3%); this rose from 45.1%.

Tameside & Glossop CCG

49.2% of cancers were detected at an early stage, significantly lower than for NHS England (52.4%) and rising from 44.2%.

1.19 Record of lung cancer stage at decision to treat

CCGOF

Tameside & Glossop CCG

86.4% of lung cancer cases had their stage recorded at decision to treat, significantly lower than for NHS England (92.5%), this rose from 80.8%.

2.22iii - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check

PHOF

[See also PHOF 2.22iv and 2.22v]

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess, raise awareness and support them to manage their risk of cardiovascular disease. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions.

The proportion offered a Health Check was significantly lower in Derbyshire, at 68.1%, than for England (74.1%) and East Midlands (71.2%).

2.24 Emergency hospital admissions due to falls

PHOF

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. The highest risk of falls is in those aged 65 and above and it is estimated that about 30% people (2.5 million) aged 65 and above living at home

and about 50% of people aged 80 and above living at home or in residential care will experience an episode of fall at least once a year. Falls that results in injury can be very serious - approximately 1 in 20 older people living in the community experience a fracture or need hospitalisation after a fall. Falls and fractures in those aged 65 and above account for over 4 million bed days per year in England alone, at an estimated cost of £2 billion.

2.24i People aged 65 and over

Persons

The rate of admission was significantly higher, at 2267 per 100,000 than for England, at 2169, and East Midlands, at 2104, but has fallen from 2269. District rates ranged from 2060 in North East, significantly lower than for the County, to 2578 in High Peak, significantly higher than for the County. Two other districts, Chesterfield (2541) and South (2515), have significantly higher rates than the County.

Females

The rate of admission was significantly higher, at 2635 per 100,000 than for England, at 2471, and East Midlands, at 2426, and has risen from 2622. District rates ranged from 2355 in Bolsover to 3155 in High Peak, significantly higher than for the County.

Chesterfield (3013) also has a significantly higher rate than the County.

2.24i People aged 80 and over

Persons

The rate of admission was significantly higher, at 5974 per 100,000 than for England, at 5526, and East Midlands, at 5469, and has risen from 5941. District rates ranged from 5274 in Dales, to 6940 in High Peak, significantly higher than for the County. Chesterfield (6747) also has a significantly higher rate than the County.

Females

The rate of admission was significantly higher, at 6754 per 100,000 than for England, at 6223, and East Midlands, at 6160, and has risen from 6711. District rates ranged from 5657 in Dales, significantly lower than for the County, to 7883 in South, significantly higher than for the County. Chesterfield (7821) also has a significantly higher rate than the County.

5.2.3 Build Social Capital

PHOF 1.08ii Gap in the employment rate between those with a learning disability and the overall employment rate

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. The strategy for public health takes a life course approach and this indicator provides a good indication of the impact limiting long-term illness has on employment among those in the "working well" life stage.

Persons

The gap in the employment rate between those with learning disabilities and the overall rate is significantly higher in Derbyshire (76.0%) than in England (68.1%) and East Midlands (70.9%). It also rose from 72.2%.

Males

The gap in the employment rate between those with learning disabilities and the overall rate is significantly higher in Derbyshire (79.9%) than in England (73.0%) and East Midlands (76.0%). It also rose from 75.3%.

Females

The gap in the employment rate between those with learning disabilities and the overall rate is significantly higher in Derbyshire (72.4%) than in England (63.6%) and East Midlands (66.1%). It also rose from 70.7%.

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

ASCOF

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 2.4% of adults with a learning disability who were known to Derbyshire County Council were in paid employment, significantly lower compared to 5.7% in England and 4.2% in East Midlands, but up from 1.7% previously. This was significantly higher for males than females, 3.2% compared to 1.1%.

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

CCGOF

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. See also ASCOF 1F, NHSOF 2.5i and PHOF1.08ii.

This indicator is sourced from the Mental Health Minimum Dataset and published on a quarterly basis. Rates quoted are the latest available.

Tameside & Glossop CCG

The percentage in employment was significantly lower than for NHS England, at 4% compared to 5%.

2.5i Employment of people with mental illness (formerly indicator 2.5)

NHSOF

See also ASCOF 1F, PHOF1.08ii and CCGOF 3.17.

This indicator is sourced from the Labour Force Survey.

The gap in the employment rate between those in contact with secondary mental health and the overall rate is significantly higher in Derbyshire (37.0%) than in England (31.7%) and East Midlands (35.7%). It fell slightly from 38.2% in the same quarter of the previous year.

1.10 Killed and seriously injured casualties on England's roads

PHOF

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.

The rate per 100,000 population was significantly higher than for England, at 44.5, and higher than for East Midlands, at 41.9; it also fell from 45.1. District rates ranged from 28.8 in Chesterfield – Erewash (35.4) and Amber Valley (36.0) also had significantly lower rates – to 96.3 in Dales – High Peak (55.1) also has a significantly higher rate.

1.11 Domestic abuse-related incidents and crimes

PHOF

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.

The rate per 1,000 population was significantly higher than for England or East Midlands, at (22.8) compared to (22.1) and (18.6) respectively. Owing to a change in methodology there is no trend data.

PHOF 3.06 - NHS organisations with a board approved sustainable development management plan

Sustainable development provides a framework for balancing economic, social and environmental considerations, including climate change – this supports public health through strengthening community resilience and reducing health inequalities in addition to adapting for the years ahead. Achievement of a sustainable, low carbon, public sector will not be possible without monitoring and measuring progress. The first step to monitoring sustainability is a process measure for board approved sustainable development management plans for public sector organisations.

The percentage in Derbyshire was 66.7%, higher than in England (66.2%) and East Midlands (60.0), and had risen from 58.3%.

5.2.4 Keep People Healthy & Independent in their Own Homes

ASCOF 1C(2A) The proportion of service users accessing long-term support at the year-end 31 March who were receiving direct payments (%)

Research has indicated that personal budgets impact positively on wellbeing, 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.

24.5% of users received self-directed support during the year, significantly lower than for England at 28.3% and East Midlands at 41.2% and rising from 23.3% previously. 45.5% of users aged 18-64 received self-directed support, a significantly higher proportion than the 11.6% of users aged 65 and over.

ASCOF 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) Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population

The rate for Derbyshire was 654.1, significantly higher than for NHS England (608.5) and East Midlands (610.7), but represented an improvement from the previous year (from 730.7)

CCGOF 2.10 Access to psychological therapies 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. It is the number of people from BME groups using IAPT per 100,000 BME group population.

Hardwick CCG

The rate (877) was significantly lower than for NHS England (1312) and lower than for Derbyshire STP (1192), and falling.

CCGOF 2.11 Percentage of referrals to Improving Access to Psychological Therapies (IAPT) services

The IAPT programme develops talking therapies services that offer treatments for depression and anxiety disorders approved by NICE.

2.11c Which indicated a reliable deterioration following completion of treatment

North Derbyshire CCG

The percentage deteriorated was 5.1%, significantly less than for NHS England (6.2%) and less than for Derbyshire STP (5.2%) and decreased from 5.3%.

Southern Derbyshire CCG

The percentage deteriorated was 4.9%, significantly less than for NHS England (6.2%) and less than for Derbyshire STP (5.2%) and increased from 4.4%.

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

CCGOF

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).

Southern Derbyshire CCG

The proportion of patients referred for cardiac rehabilitation (3.2%) was significantly smaller than for NHS England (14.1%) and Derbyshire STP (13.6%), and has fallen.

Tameside and Glossop CCG

The proportion of patients referred for cardiac rehabilitation (3.2%) was significantly smaller than for NHS England (27.0%) and has risen slightly.

1.3 Completion of cardiac rehabilitation following an admission for coronary heart disease

CCGOF

Cardiac rehabilitation has been shown to improve physical, psychological and social health, and decrease subsequent morbidity and mortality in people with coronary heart disease.

Tameside and Glossop CCG

The proportion of patients completing cardiac rehabilitation (54.4%) was significantly higher than for NHS England (38.0%) has risen.

2.8 Complications associated with diabetes

CCGOF

Hardwick CCG

The standardised ratio of admission to hospital of people with complications of diabetes was significantly higher, at 128.8, than for NHS England (100) and for Derbyshire STP (108.3) and rising.

North Derbyshire CCG

The standardised ratio of admission to hospital of people with complications of diabetes was, at 109.9, significantly higher than for NHS England (100) and higher than for Derbyshire STP (108.3), and rising.

2.6 Unplanned hospitalisation for chronic ambulatory care sensitive conditions

CCGOF

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 standardised rate per 100,000 of admission was significantly higher, at 1057, than for NHS England (821) and Derbyshire STP (873), but was falling.

North Derbyshire CCG

The standardised rate per 100,000 of admission was significantly higher, at 885, than for NHS England (821) and higher than for Derbyshire STP (873), and was increasing.

Southern Derbyshire CCG

The standardised rate per 100,000 of admission was significantly higher, at 861, than for NHS England (821) and higher than for Derbyshire STP (873), and was increasing.

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

Active management of these conditions can prevent acute exacerbations and reduce the need for emergency hospital admission.

Tameside & Glossop CCG

The rate of admissions was significantly higher, at 502, than for NHS England (304) and rising.

CCGOF 3.2 Emergency readmissions within 30 days of discharge from hospital

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 potentially avoidable adverse events, such as incomplete recovery or complications.

Tameside & Glossop CCG

The standardised percentage of patients readmitted within 30 days was significantly higher, at 12.7%, than for NHS England and rising.

NHSOF 3a Emergency admissions for acute conditions that should not usually require hospital admission

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

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.

The rate in Derbyshire (1431 per 100,000) was significantly higher than in England (1318) or East Midlands (1307), and was increasing but not significantly. District rates range from 1141 in Amber Valley, which was significantly lower than for the County, to 1984 in Chesterfield, which was significantly higher than for the County. North East (1654) and Bolsover also had significantly higher rates; Derbyshire Dales (1205) and Erewash (1160) also had significantly lower rates. The rate for Bolsover has fallen significantly and the rate for Derbyshire Dales has risen significantly but there are no other significant changes.

Hardwick CCG

The rate of admissions was significantly higher, at 1944, than for NHS England (1357) and Derbyshire STP (1456), but falling.

North Derbyshire CCG

The rate of admissions was significantly higher, at 1791 than for NHS England (1357) and Derbyshire STP (1456), but falling.

Tameside & Glossop CCG

The rate of admissions was significantly higher, at 2172 than for NHS England (1357) and rising.

CCGOF 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.

Tameside & Glossop CCG

The ratio of the admission rate to NHS England (100) was significantly higher at 127.4 having risen from 121.2.

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.

Erewash CCG

The rate of admissions was significantly higher, at 40.9, than for NHS England (27.7) and higher than for Derbyshire STP (38.8), and rising.

Hardwick CCG

The rate of admissions was significantly higher, at 40.3, than for NHS England (27.7) and higher than for Derbyshire STP (38.8), and rising.

Southern Derbyshire CCG

The rate of admissions was significantly higher, at 43.3, than for NHS England (27.7) and higher than for Derbyshire STP (38.8), and falling.

3.7 People who have had a 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.

Erewash CCG

The percentage of patients discharged with a plan, at 65.0%, was significantly lower than for NHS England, at 90.5%, and for Derbyshire STP, at 86.7%, and fell from 81.7%.

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.

Southern Derbyshire CCG

The percentage of patients assessed, at 0.4%, was significantly lower than for NHS England, at 31.6%, and for Derbyshire STP, at 29.0%, and fell from 1.7%.

Erewash CCG

The percentage of patients assessed, at 0%, was significantly lower than for NHS England, at 31.6%, and for Derbyshire STP, at 29.0%, and remained the same.

Tameside & Glossop CCG

The percentage of patients assessed, at 2.9%, was significantly lower than for NHS England, at 31.6%, and rose from 2.1%.

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 on unit, at 80.0%, was significantly lower than for NHS England, at 84.3%, and rose from 74.4%.

4.14i Hip fractures in people aged 65 and over

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.

Persons aged 80 and over

The rate of admissions per 100,000 population in Derbyshire, at 1744, was significantly higher than for England (1591) and East Midlands (1577), and had risen from 1648. Of the districts, Chesterfield had the highest rate (2030) and Amber Valley the lowest (1548), but no district had a rate significantly different from the County's.

Females aged 80 and over

The rate of admissions per 100,000 population in Derbyshire, at 2040, was significantly higher than for England (1868) and East Midlands (1837), and had risen from 1939. District rates ranged from 1693 in Dales to 2315 in Chesterfield but no district had a rate significantly different from the County's. Rates could not be calculated for North East or South.

CCGOF 1.22 Hip fracture: incidence (60+ years)

Tameside & Glossop CCG

The rate of admissions per 100,000 population, at 538.7, was significantly higher than for NHS England (422.6) and had risen from 543.4.

CCGOF 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 a programme, at 86.9%, was significantly lower than for NHS England, at 95.7%, and for Derbyshire STP, at 96.2%, but rose from 75.8%.

CCGOF 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 best practice at 51.7%, was significantly lower than for NHS England, at 65.6%, and for Derbyshire STP, at 69.2%, but rose from 48.0%.

PHOF 4.12 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 Age related macular degeneration (AMD)

The crude rate per 100,000 of sight loss through AMD in Derbyshire, was 145.0, significantly higher than for England (114.0) and East Midlands (100.1), having fallen from 147.4

4.12iv Sight loss certifications

The crude rate per 100,000 of sight loss through AMD in Derbyshire, was 50.0, significantly higher than for England (41.9) and East Midlands (39.0), having fallen from 51.9.

5.2.5 Population measures and strategy outcomes

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

CCGOF

Tameside & Glossop CCG

The rate of infections per 100,000 population is 16.3, significantly higher than for NHS England (6.0).

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

CCGOF

Hardwick CCG

The rate of infections per 100,000 population is 160.0, significantly higher than for NHS England (99.6) and Derbyshire STP (117.2).

North Derbyshire CCG

The rate of infections per 100,000 population is 150.3, significantly higher than for NHS England (99.6) and Derbyshire STP (117.2).

Tameside & Glossop CCG

The rate of infections per 100,000 population is 154.0, significantly higher than for NHS England (99.6).

1.4 Myocardial infarction (MI), stroke and stage 5 chronic kidney disease in people with diabetes

CCGOF

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 (111.6) diagnosed with diabetes who subsequently had an MI, stroke or chronic kidney disease was significantly higher than for NHS England (100) and higher than for Derbyshire STP (101.6), having risen from 111.2

1.23 Smoking rates in people with serious mental illness (SMI)

CCGOF

There is a strong association between smoking and mental health conditions. However, people with mental health conditions are generally able to quit smoking if they are given evidenced-based support.

Tameside & Glossop CCG

At 43.4%, the rate is significantly higher than for NHS England (40.5%).

1.1 Potential years of life lost (PYLL) from causes considered amenable to healthcare [NHSOF 1a]

CCGOF

Deaths from causes considered 'amenable' to healthcare are premature deaths that should not occur in the presence of timely and effective healthcare.

All ages persons

Tameside & Glossop CCG

2685.0 potential years of life were lost per 100,000 registered patients, significantly higher than for NHS England (2064.5) but falling from 3040.0.

All ages males

Tameside & Glossop CCG

3324.9 potential years of life were lost per 100,000 registered patients, significantly higher than for NHS England (2265.8) and rising from 3318.5.

All ages females

Tameside & Glossop CCG

2063.1 potential years of life were lost per 100,000 registered patients, significantly higher than for NHS England (1868.8) but falling from 2769.6.

PHOF

4.03 Mortality rate from causes considered preventable

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.

Preventable mortality overlaps with, but is not the same as 'amenable' mortality, which includes causes of deaths which could potentially be avoided through good quality healthcare. Preventable mortality and amenable mortality are the two components of 'avoidable' mortality, as defined by the Office for National Statistics in April 2012.

Persons

The rate of preventable deaths per 100,000 population in Derbyshire was 189.5, significantly higher than for England (182.8) and higher than for East Midlands (184.8), and had fallen from 189.7. District rates ranged from 153.6 in Dales and 167.6 in North East, both significantly lower than the County, to 216.0 in Bolsover and 230.8 in Chesterfield, both significantly higher than the County.

Females

The rate of preventable deaths per 100,000 population in Derbyshire was 146.4, significantly higher than for England (138.5) and higher than for East Midlands (141.3), and had risen from 144.4.

District rates ranged from 162.3 in Dales, not significantly lower than the County, to 168.8 in Chesterfield and 172.8 in Bolsover, both significantly higher than the County.

PHOF

4.05i Under 75 mortality rate from cancer

CCGOF

1.9 Under 75 mortality rates from cancer

[See also NHSOF 1.4]

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.

Hardwick CCG

The rate of deaths per 100,000 population, at 159.4, was significantly higher than for England (119.5) and Derbyshire STP (129.9), and had risen from 131.9.

Southern Derbyshire CCG

The rate of deaths per 100,000 population, at 130.0, was significantly higher than for England (119.5) and higher than for Derbyshire STP (129.9), and had risen from 119.8.

Tameside & Glossop CCG

The rate of deaths per 100,000 population, at 133.5, was significantly higher than for England (64.0), and had fallen from 147.2.

PHOF

4.05ii Under 75 mortality rate from cancer considered preventable

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.

Persons

The rate of deaths per 100,000 population in Derbyshire, at 83.5, was significantly higher than for England (79.4) and higher than for East Midlands (79.8), and had risen from 83.0. District rates ranged from 65.5 in Dales and 71.5 in North East - both significantly lower than the County's, to 103.8 in Bolsover and 95.8 in Chesterfield, both significantly higher than the County's.

4.06i Under 75 mortality rate from liver disease

1.7 Under 75 mortality rates from liver disease

[See also NHSOF 1.4]

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.

Hardwick CCG

The rate of deaths per 100,000 population, at 17.1, was significantly higher than for England (16.1) but lower than for Derbyshire STP (18.2), and had fallen from 19.1.

Southern Derbyshire CCG

The rate of deaths per 100,000 population, at 19.9, was significantly higher than for England (16.1) and higher than for Derbyshire STP (18.2), and had risen from 19.8.

Tameside & Glossop CCG

The rate of deaths per 100,000 population, at 30.1, was significantly higher than for England (16.1), and had risen from 23.7.

4.07i Under 75 mortality rate from respiratory disease

1.6 Under 75 mortality rates from respiratory disease

[See also NHSOF 1.2]

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.

Hardwick CCG

The rate of deaths per 100,000 population, at 42.4, was significantly higher than for England (29.4) and higher than for Derbyshire STP (31.8), and had risen from 35.2.

Tameside & Glossop CCG

The rate of deaths per 100,000 population, at 37.9, was significantly higher than for England (29.4), and had risen from 34.6.

5.3 Getting worse

5.3.1 Healthy Communities

3.03 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.

3.03xv Flu (at risk individuals)

The coverage rate was significantly lower in Derbyshire, at 46.0%, than in England (48.6%) and East Midlands (47.9%), having fallen significantly from 46.9%.

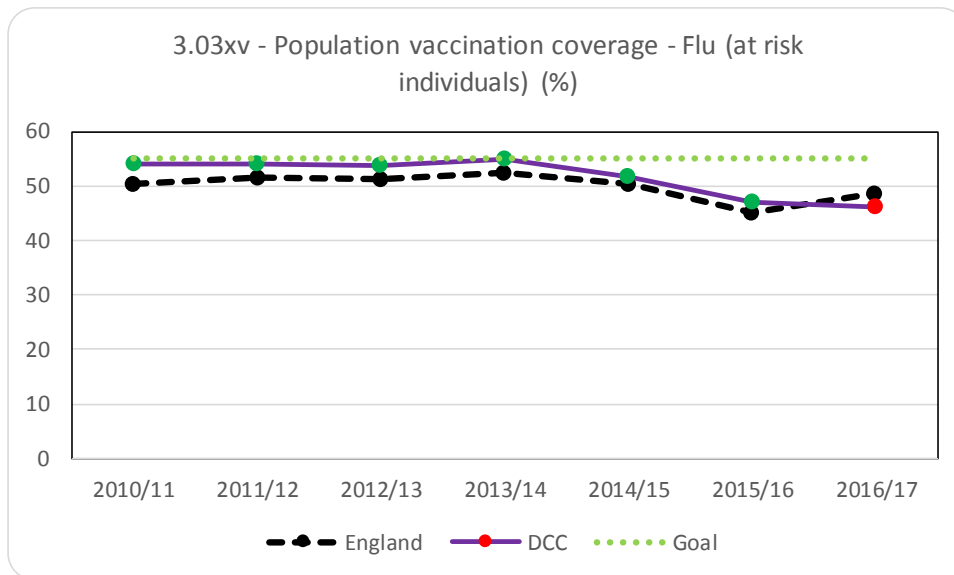
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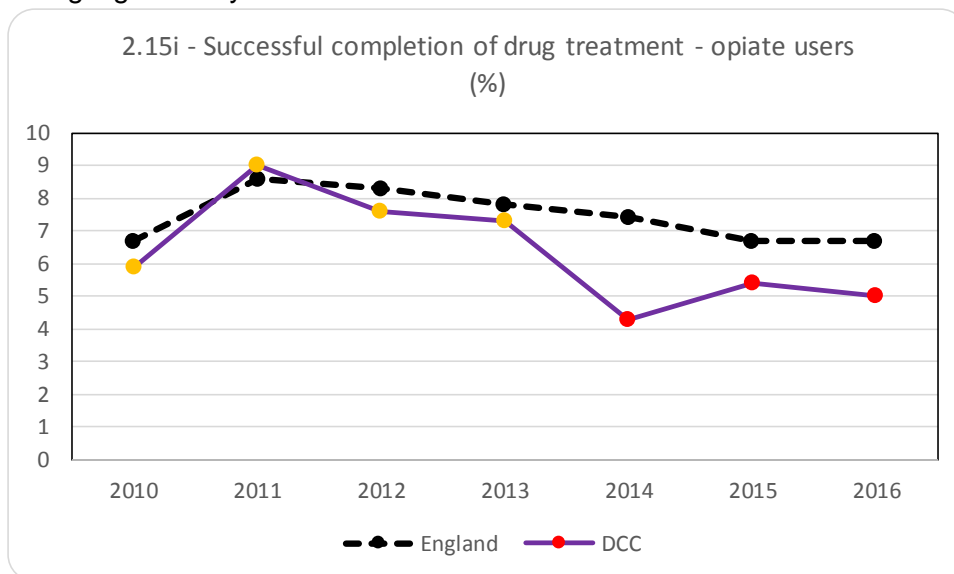


PHOF

2.15i Successful completion of drug treatment – non-opiate users

Individuals achieving this outcome 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.

The proportion of non-opiate users completing treatment was significantly lower in Derbyshire (32.1%) than for England (37.1%) and lower than for East Midlands (34.8%), falling significantly from 37.5%.



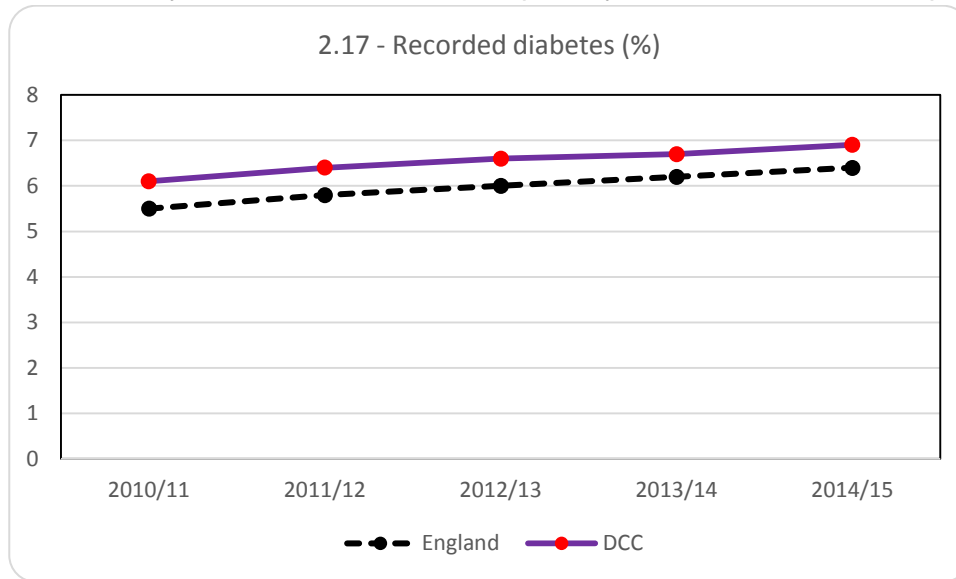
PHOF

2.17 - Recorded 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.

The recorded prevalence of diabetes in Derbyshire, 6.9%, was significantly higher than in England (6.4%) and East Midlands (6.8%), and rose significantly from 6.7%. District rates ranged from 5.8% in High Peak, significantly lower than for the County, to 8.3% in Bolsover, significantly higher. Dales, Erewash and South also had significantly lower rates;

Chesterfield and North East had significantly higher rates. (NB Higher rates of recorded diabetes may reflect better detection in primary care rather than actual prevalence)



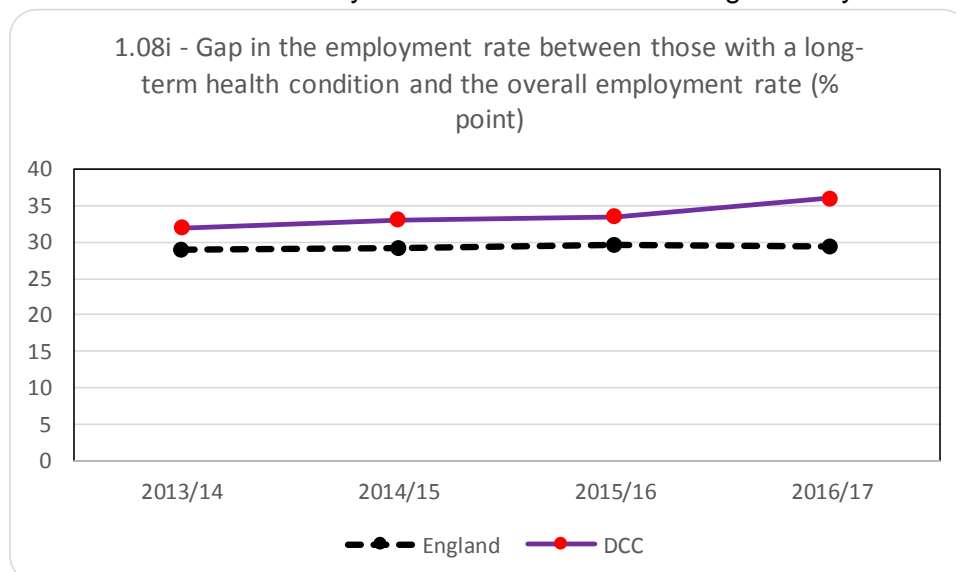
5.3.2 Build Social Capital

1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate

PHOF

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. The strategy for public health takes a life course approach and this indicator provides a good indication of the impact limiting long-term illness has on employment among those in the "working well" life stage.

The gap in the employment rate between those with long term conditions (LTCs) and the overall rate is significantly higher in Derbyshire (36.0%) than in England (29.4%) and East Midlands (32.5%). It also rose from 33.5%. The gaps for the districts range from 32.2% in Bolsover to 40.8% in Derbyshire Dales. No district is significantly different from the County.



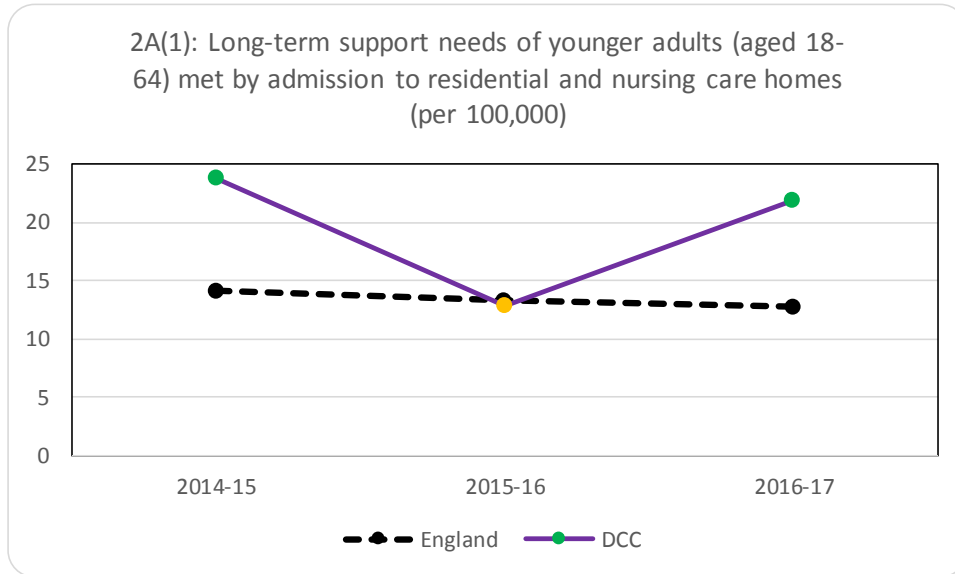
5.3.3 Keep People Healthy & Independent in their Own Homes

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

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

2A(1) Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population

The rate for Derbyshire was 21.9, significantly higher than for NHS England (12.8) and East Midlands (15.3), and represented a significant increase from the previous year (from 12.9).



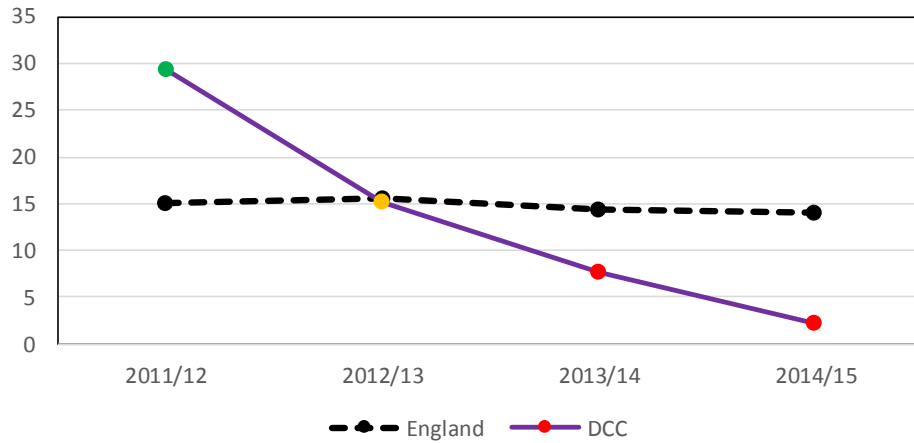
CCGOF 1.24 The proportion of people with coronary heart disease referred for cardiac rehabilitation

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 rehabilitation (2.2%) was significantly smaller than for NHS England (14.1%) and Derbyshire STP (13.6%), and has fallen significantly.

1.24 Referrals to cardiac rehabilitation within 5 days of an admission for coronary heart disease (per 100,000)



6 AMBER

6.1 Improving

6.1.1 Emotional Health & Wellbeing of Children & Young People

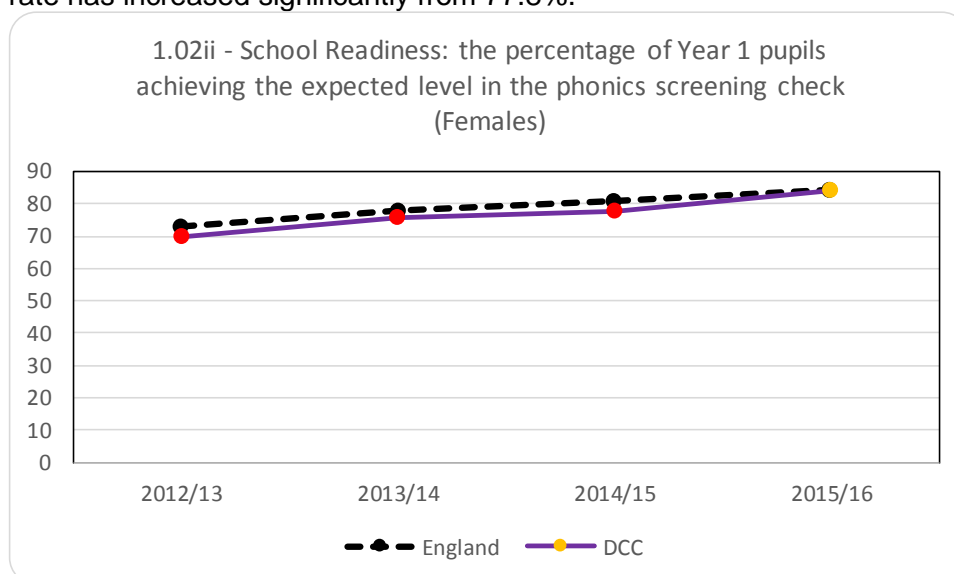
PHOF 1.02ii School Readiness

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.

The percentage of Year 1 pupils achieving the expected level in the phonics screening check

Females

In 2015/16, 84.2% of girls in Derbyshire achieved the expected level. This was higher than the East Midlands (83.4%) but lower than the England (84.3%) average. The Derbyshire rate has increased significantly from 77.8%.

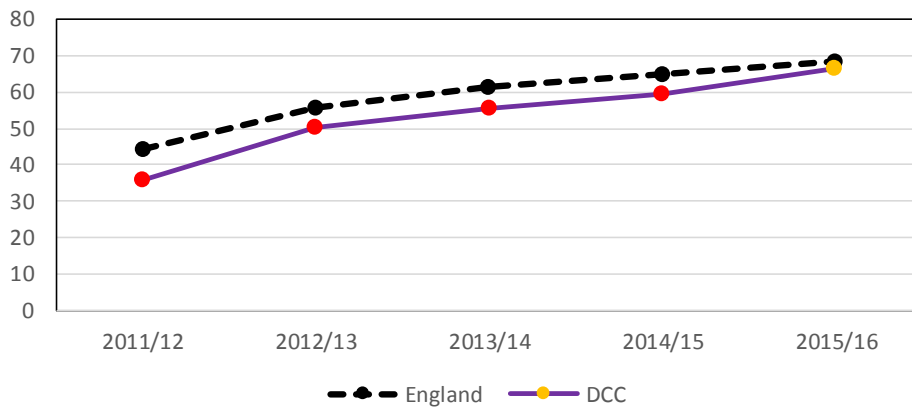


The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check

Persons

In 2015/16, 66.6% of children in Derbyshire achieved the expected level. This was higher than the East Midlands (66.4%) but lower than the England (68.6%) average. The Derbyshire rate has increased significantly from 59.4%.

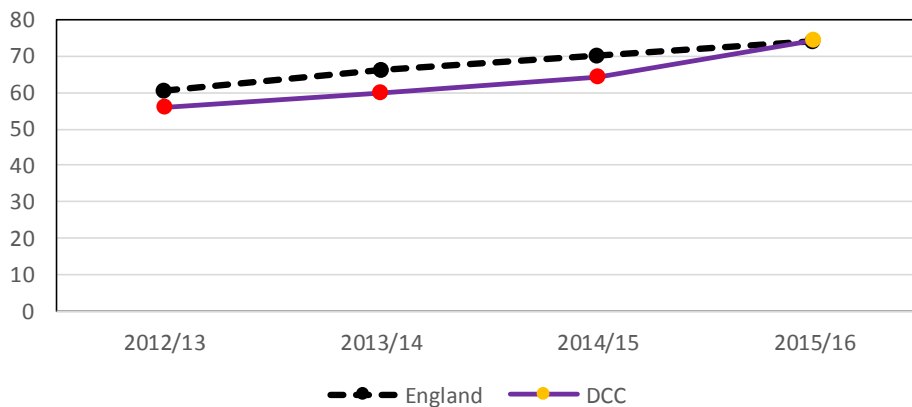
1.02ii - School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check (Persons)



Females

In 2015/16, 74.3% of girls in Derbyshire achieved the expected level. This was higher than the East Midlands (72.4%) and the England (74.0%) averages. The Derbyshire rate has increased significantly from 64.2%.

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



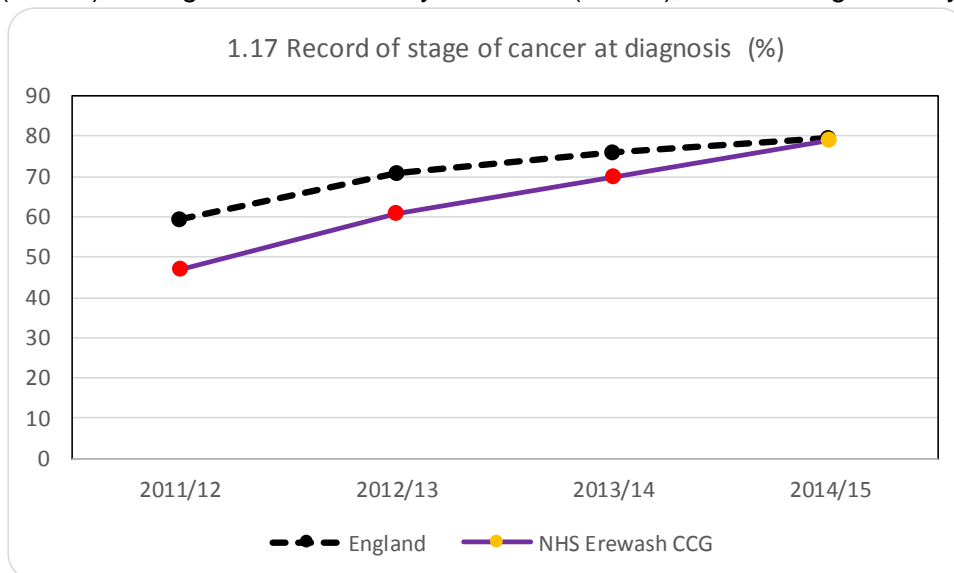
6.1.2 Healthy Communities

1.17 Record of stage of cancer at diagnosis

CCGOF

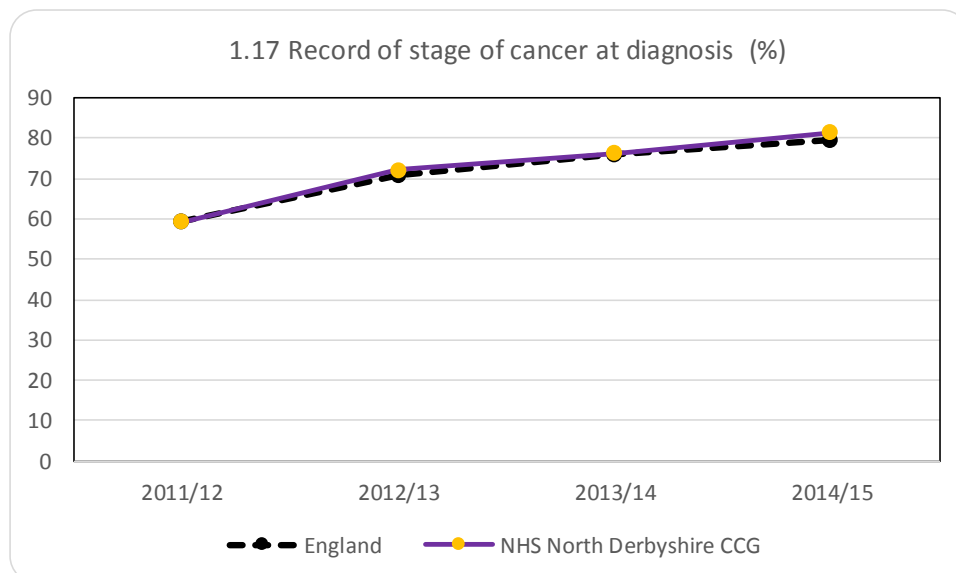
Erewash CCG

79.0% of cancer cases had their stage recorded at diagnosis, lower than for NHS England (79.6%) but higher than for Derbyshire STP (77.4%); this rose significantly from 65.8%.



North Derbyshire CCG

81.4% of cancer cases had their stage recorded at diagnosis, higher than for NHS England (79.6%) and significantly higher than for Derbyshire STP (77.4%); this rose significantly from 76.3%.

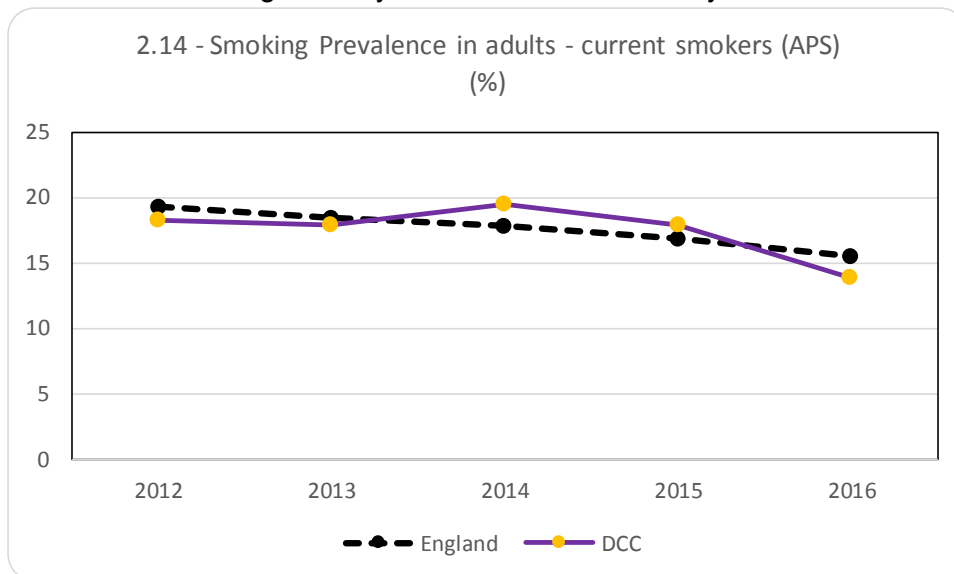


2.14 Smoking Prevalence in adults - current smokers (APS)

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. Smoking is a modifiable lifestyle risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.

PHOF

The prevalence of smoking in Derbyshire (13.9%) was lower than in England (15.5%) and significantly lower than in East Midlands (16.1%), and has fallen significantly from 17.9%. District rates range from 10.7% in Amber Valley and in Erewash to 18.0% in Bolsover. No district has a rate significantly different from the County's.

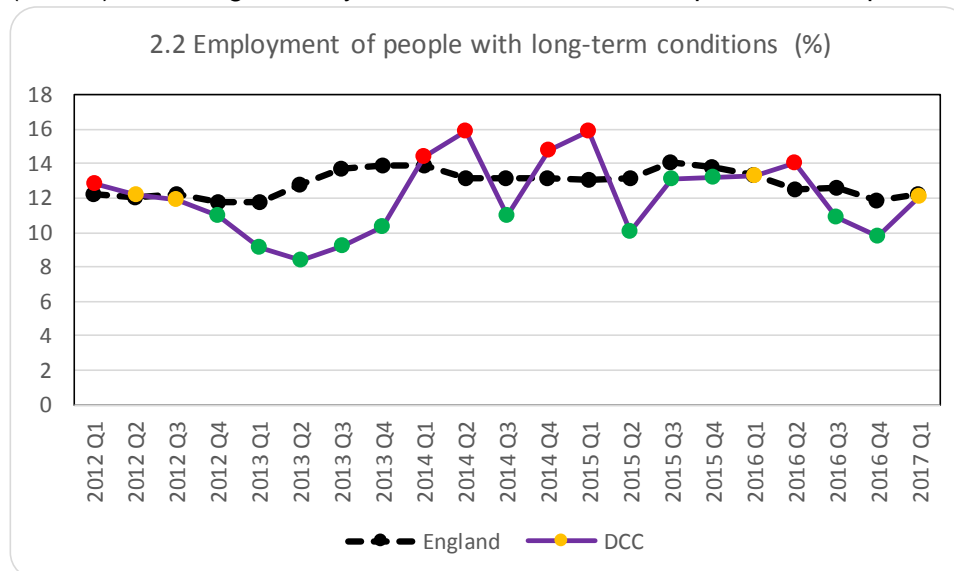


6.1.3 Build Social Capital

CCGOF 2.2 Employment of people with long-term conditions

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.

The gap in the employment rate between those with LTCs and the overall rate is lower in Derbyshire (12.1%) than in England (12.2%) and significantly higher than East Midlands (11.5%). It fell significantly from 13.3% in the same quarter of the previous year.



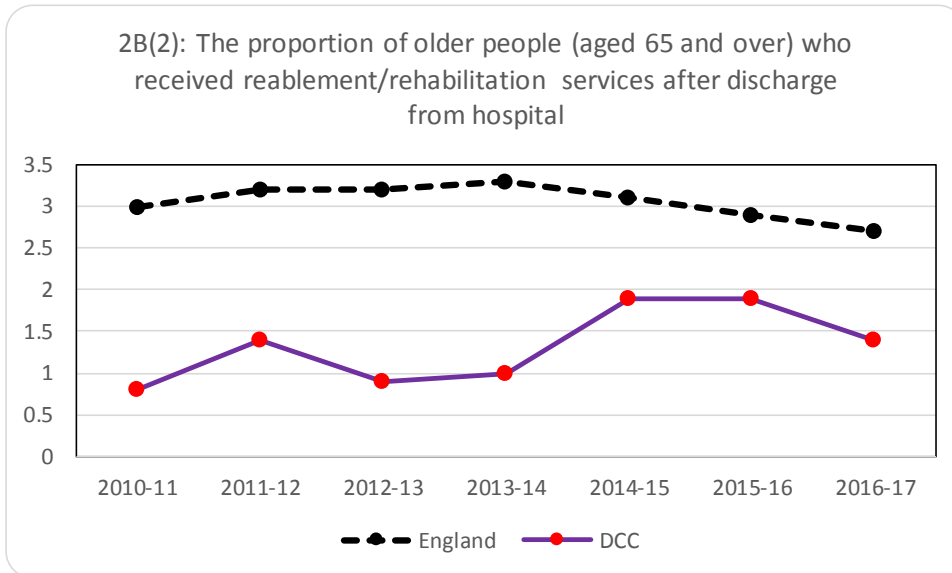
6.1.4 Keep People Healthy & Independent in their Own Homes

ASCOF NHSOF 2B(2) The proportion of older people (aged 65 and over) who were offered reablement/rehabilitation services after discharge from hospital [NHSOF 3.6ii]

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.

1.4% of older people (aged 65 and over) were offered reablement services following discharge from hospital, down significantly from 1.9% in the previous year – significantly lower compared to 2.7% in England and 2.1% in East Midlands. 1.0% of men and 7.7% of women were offered reablement services. The likelihood of being offered reablement increases with age: 0.5% of 65-74 year olds, 1.2% of 75-84 year olds and 4.1% of over 85s were offered reablement.



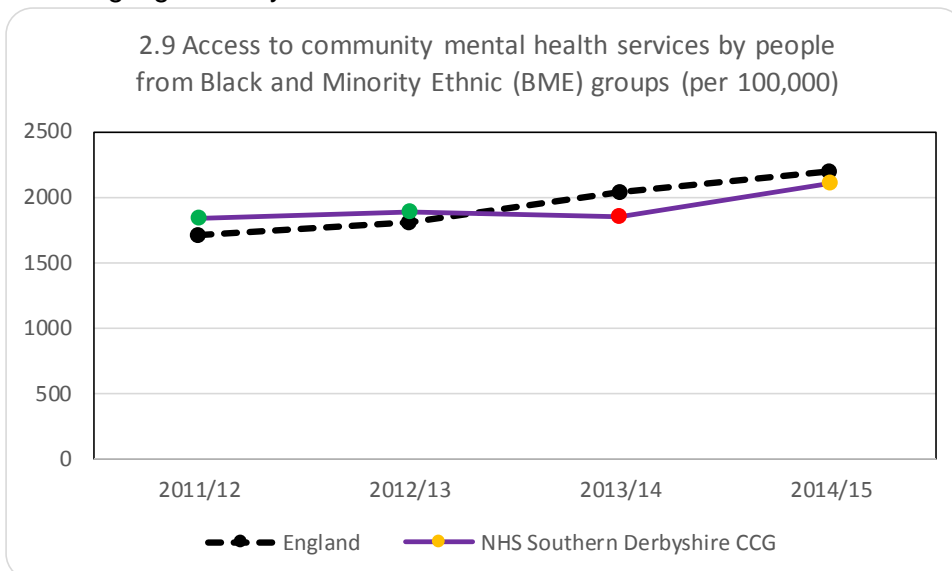
2.9 Access to community mental health services by people from black and minority ethnic (BME) groups

CCGOF

This indicator reflects access to mental health services among people from black and minority ethnic groups. It is the number of people from BME groups using adult and elderly NHS secondary mental health services per 100,000 BME group population.

Southern Derbyshire CCG

The rate (2104) was lower than for NHS England (2201) and for Derbyshire STP (2120), but rising significantly.

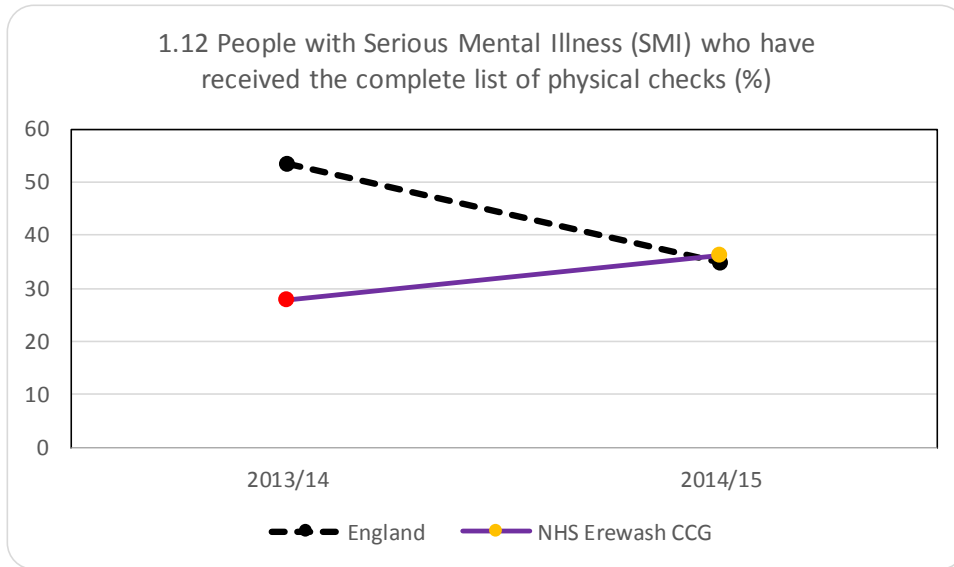


1.12 People with serious mental illness (SMI) who have received the complete list of physical checks

Patients identified for this indicator have one or more of the diagnosis codes for schizophrenia, bipolar affective disorder or other psychoses in their electronic health record and their latest mental health diagnosis is not in remission. They have a record of a complete list of physical checks appropriate to their age and condition in the preceding 12 months i.e. body mass index (BMI), blood pressure, ratio of total cholesterol:hdl (high density lipoprotein), blood glucose or HbA1c, alcohol consumption and smoking status.

Erewash CCG

The percentage checked was 36.3%, higher than for NHS England (34.8%) and for Derbyshire STP (34.3%) and increased significantly from 27.9%.

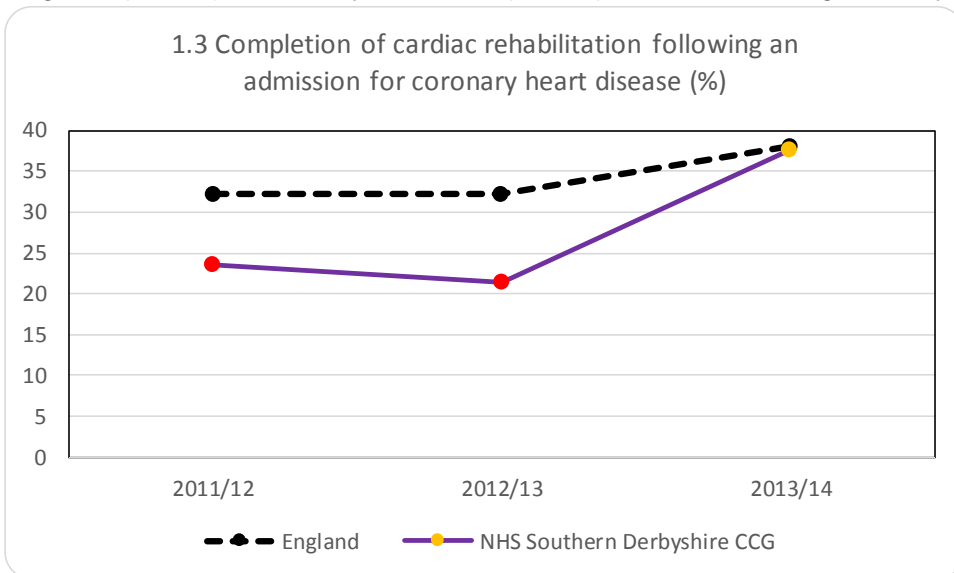


CCGOF 1.3 Completion of cardiac rehabilitation following an admission for coronary heart disease

Cardiac rehabilitation has been shown to improve physical, psychological and social health, and decrease subsequent morbidity and mortality in people with coronary heart disease.

Southern Derbyshire CCG

The proportion of patients completing cardiac rehabilitation (37.6%) was lower than for NHS England (38.0%) and Derbyshire STP (38.0%), but has risen significantly.

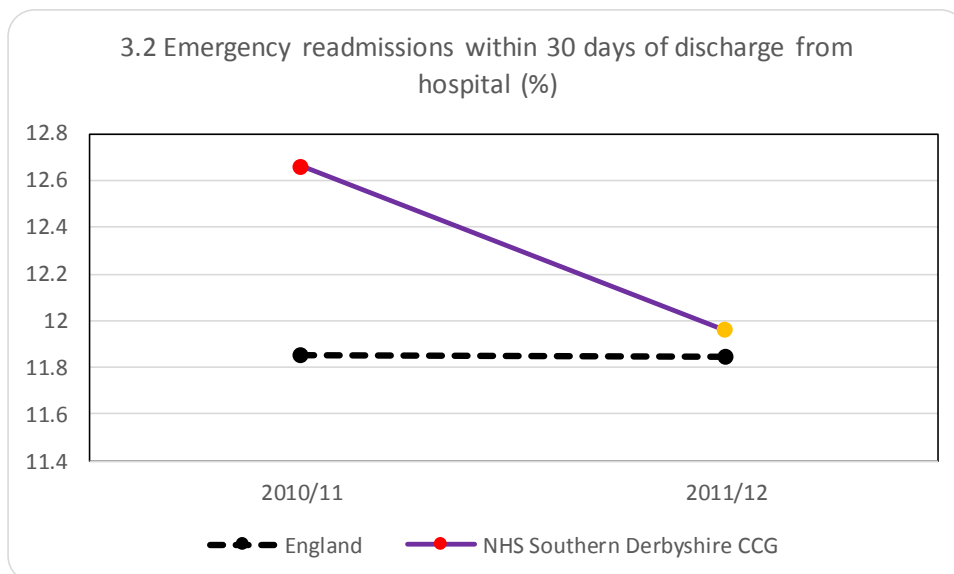


CCGOF 3.2 Emergency readmissions within 30 days of discharge from hospital

Health interventions and social care will play significant roles in putting in place the right reablement, rehabilitation and intermediate care services to support individuals to return home or regain their independence, so avoiding potentially avoidable adverse events, such as incomplete recovery or complications.

Southern Derbyshire CCG

The standardised percentage of patients readmitted within 30 days was higher, at 12.0%, than for NHS England and Derbyshire STP (11.7%), but falling significantly.



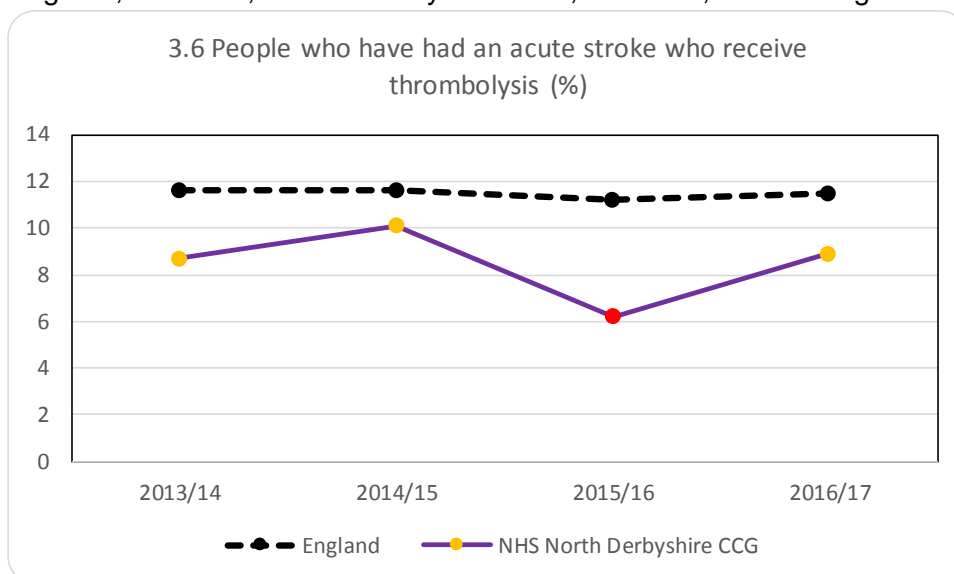
3.6 People who have had an acute stroke who receive thrombolysis

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

CCGOF

North Derbyshire CCG

The percentage of patients receiving thrombolysis, at 8.9%, was lower than for NHS England, at 11.5%, and for Derbyshire STP, at 10.1%, but rose significantly from 6.2%.



3.18 Hip fracture: care process composite indicator.

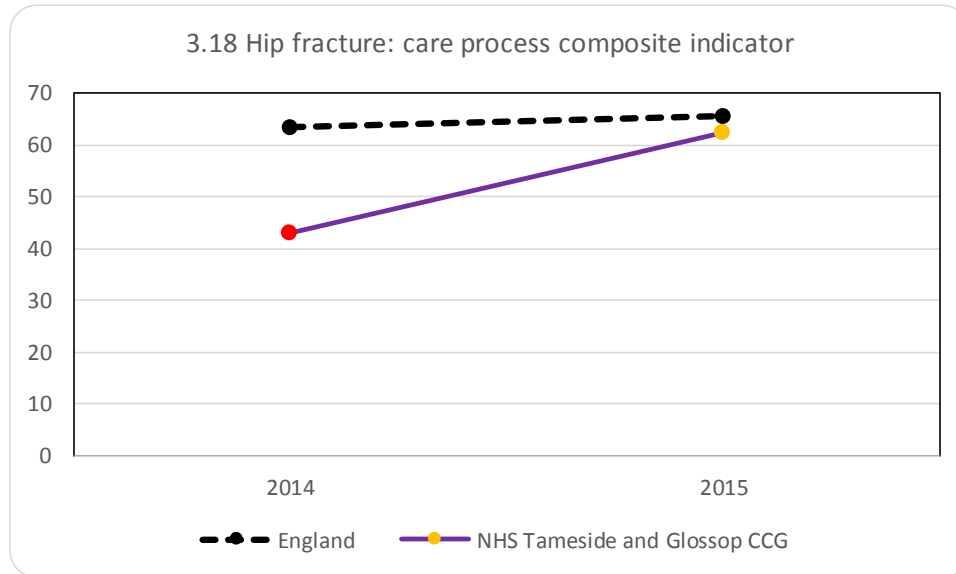
The number of patients with hip fracture who received all nine of the agreed Best Practice standards, expressed as a percentage of the number of patients in the National Hip Fracture Database who have been discharged.

CCGOF

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.

Tameside & Glossop CCG

The percentage of patients receiving best practice at 62.5%, was lower than for NHS England, at 65.6%, but rose significantly from 43.1%.



6.2 Stable

PHOF 6.2.1 Emotional Health & Wellbeing of Children & Young People

1.02i 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.

The percentage of children achieving a good level of development at the end of reception

Females

In 2015/16, 77.9% of girls in Derbyshire achieved a good level of development at the end of reception. This was significantly higher than the East Midlands (75.1%) and England (76.8%) averages. The Derbyshire rate has increased from 77.1%.

The percentage of children with free school meal status achieving a good level of development at the end of reception

Persons

In 2015/16, 52.6% of children in Derbyshire achieved a good level of development at the end of reception. This was significantly higher than the East Midlands (51.6%) but lower than England (54.4%) averages. The Derbyshire rate has increased from 51.4%.

Males

In 2015/16, 42.9% of boys in Derbyshire achieved a good level of development at the end of reception. This was lower than the East Midlands (43.1%) and England (45.8%) averages. The Derbyshire rate has increased from 39.6%.

Females

In 2015/16, 62.2% of girls in Derbyshire achieved a good level of development at the end of reception. This was higher than the East Midlands (60.7%) but lower than the England (63.5%) averages. The Derbyshire rate has fallen from 63.3%.

2.07ii Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)

PHOF

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).

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). 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. District rates range from 102.2 in South, which along with North East's rate is significantly lower than that of the County, to 191.8 in Chesterfield, which has the only rate significantly higher than the County's.

2.08i Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March

PHOF

The mental health of all children is important. With half of adult mental health problems starting before the age of 14, early intervention to support children and young people with mental health and emotional well-being issues is very important.

The average score for Derbyshire was 16.9, higher than for East Midlands (15.1) and England (14.0), and had risen from 15.8.

2.08ii Percentage of children where there is a cause for concern

PHOF

This indicates the proportion of looked after children in the area who are affected by poor emotional wellbeing.

The percentage of children is significantly higher than for East Midlands (43.2%) or England (37.8%), at 50.8%, having risen from 48.0%.

6.2.2 Healthy Communities

1.17 Record of stage of cancer at diagnosis

CCGOF

Hardwick CCG

78.4% of cancer cases had their stage recorded at diagnosis, lower than for NHS England (79.6%) but higher than for Derbyshire STP (77.4%); this rose from 74.4%.

Tameside & Glossop Derbyshire CCG

76.6 % of cancer cases had their stage recorded at diagnosis, lower than for NHS England (79.6%) and rising from 73.9%.

1.18 Percentage of cancers detected at stage 1 and 2

CCGOF

Erewash CCG

54.7% of cancers were detected at an early stage, higher than for NHS England (52.4%) and Derbyshire STP (50.3%); this rose from 45.9%.

Hardwick CCG

52.8% of cancers were detected at an early stage, higher than for NHS England (52.4%) and Derbyshire STP (50.3%); this rose from 48.5%.

North Derbyshire CCG

51.9% of cancers were detected at an early stage, lower than for NHS England (52.4%) but higher than for Derbyshire STP (50.3%); this rose from 51.3%.

CCGOF 1.19 Record of lung cancer stage at decision to treat

Erewash CCG

97.1% of lung cancer cases had their stage recorded at decision to treat, higher than for NHS England (92.5%) and Derbyshire STP (91.7%); this rose from 89.0%.

Hardwick CCG

91.2% of lung cancer cases had their stage recorded at decision to treat, lower than for NHS England (92.5%) and Derbyshire STP (91.7%); this rose from 90.1%.

North Derbyshire CCG

93.2% of lung cancer cases had their stage recorded at decision to treat, higher than for NHS England (92.5%) and Derbyshire STP (91.7%); this rose from 92.9%.

Southern Derbyshire CCG

89.7% of lung cancer cases had their stage recorded at decision to treat, lower than for NHS England (92.5%) and Derbyshire STP (91.7%); this fell from 90.0%.

CCGOF 4.1 Patient experience of GP out-of-hours services

Erewash CCG

The percentage of people reporting a 'very good' or 'fairly good' experience of GP out-of-hours services was lower, at 65.1%, than for NHS England (68.6%) and Derbyshire STP (73.8%), and had fallen from 68.9%.

Hardwick CCG

The percentage of people reporting a 'very good' or 'fairly good' experience of GP out-of-hours services was lower, at 67.2%, than for NHS England (68.6%) and Derbyshire STP (73.8%), and had fallen from 67.7%.

Southern Derbyshire CCG

The percentage of people reporting a 'very good' or 'fairly good' experience of GP out-of-hours services was higher, at 73.0%, than for NHS England (68.6%) and lower than Derbyshire STP (73.8%), and had risen from 66.2%.

Tameside & Glossop CCG

The percentage of people reporting a 'very good' or 'fairly good' experience of GP out-of-hours services was lower, at 67.1%, than for NHS England (68.6%) and had fallen from 70.2%.

NHSOF 4.4ii Access to NHS dental services

The percentage of people who successfully obtained an NHS dental appointment in the last two years was higher in Derbyshire at 94.8% than in England (94.6%) and East Midlands (94.7%), but had risen from 94.2%. District rates ranged from 92.5% in South Derbyshire to 96.4% in Dales, but none were significantly different from the County's.

CCGOF 4.2 Patient experience of hospital care

Erewash CCG

The percentage of people reporting a 'very good' or 'fairly good' experience of services was, at 79.9%, higher than for NHS England (77.0%) and higher than for Derbyshire STP (79.4%), and had risen from 78.8%.

Hardwick CCG

The percentage of people reporting a 'very good' or 'fairly good' experience of services was, at 81.3%, higher than for NHS England (77.0%) and higher than for Derbyshire STP (79.4%), and had risen from 78.3%.

North Derbyshire CCG

The percentage of people reporting a 'very good' or 'fairly good' experience of services was, at 77.6%, higher than for NHS England (77.0%) but lower than for Derbyshire STP (79.4%), and had fallen from 78.7%.

Southern Derbyshire CCG

The percentage of people reporting a 'very good' or 'fairly good' experience of services was, at 78.8%, higher than for NHS England (77.0%) but lower than for Derbyshire STP (79.4%), and had risen from 77.0%.

Tameside & Glossop CCG

The percentage of people reporting a 'very good' or 'fairly good' experience of services was, at 75.4%, lower than for NHS England (77.0%) Derbyshire STP (79.4%), and had risen from 74.4%.

1c Neonatal mortality and stillbirths [CCGOF 1.25]

Neonatal mortality and stillbirth rates reflect NHS care during pre-pregnancy, pregnancy, birth and immediately after birth.

The rate per 1,000 live births in Derbyshire was 6.2, lower than for England (7.1) and East Midlands (7.8), and rising from 6.0. District rates ranged from 1.1 in Bolsover to 9.4 in High Peak, but no indication of significance was available.

Erewash CCG

The rate per 1,000 births was, at 6.1, lower than for NHS England (7.0) and lower than for Derbyshire STP (6.7), and had risen from 2.6.

Hardwick CCG

The rate per 1,000 births was, at 2.3, lower than for NHS England (7.0) and Derbyshire STP (6.7), and had fallen from 8.6.

North Derbyshire CCG

The rate per 1,000 births was, at 6.1, lower than for NHS England (7.0) and Derbyshire STP (6.7), and had fallen from 8.2.

Southern Derbyshire CCG

The rate per 1,000 births was, at 7.9, higher than for NHS England (7.0) and Derbyshire STP (6.7), and had risen from 7.4.

Tameside & Glossop CCG

The rate per 1,000 births was, at 5.0, higher than for NHS England (7.0), and had fallen from 7.9.

4.01 Infant Mortality

[See also NHSOF 1.6]

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.

The rate of death of under 1 year olds per 1,000 live births was, at 3.7, lower than for England (3.9) and East Midlands (4.3), but had risen from 3.5. District rates ranged from 2.1 in Erewash to 5.5 in Amber Valley, but no district had a rate significantly different from the County's.

PHOF **2.01 Low birth weight of term babies**

CCGOF **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.

The proportion in Derbyshire, at 2.3% was significantly lower than for England (2.8%) and lower than for Derbyshire (2.6%), and has fallen from 2.4%. District rates ranged from 0.8% in Amber Valley - significantly lower than in the County - to 3.3% in Chesterfield – significantly higher.

Erewash CCG

The proportion was, at 2.3, lower than for NHS England (2.8) and Derbyshire STP (2.5), and had risen from 2.2.

Hardwick CCG

The proportion was, at 2.4, lower than for NHS England (2.8) and Derbyshire STP (2.5), and had fallen from 3.2.

North Derbyshire CCG

The proportion was, at 3.0, higher than for NHS England (2.8) and Derbyshire STP (2.5), and had risen from 2.2.

Southern Derbyshire CCG

The proportion was, at 2.3, lower than for NHS England (2.8) and Derbyshire STP (2.5), and had fallen from 3.1.

PHOF **2.06i Child excess weight in 4-5 year olds**

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

The proportion of children who were overweight or obese was higher in Derbyshire (22.2%) than England (22.1%) and East Midlands (21.9%), and had risen from 21.6%. District rates range from 19.2% in South, significantly lower than for the County, to 26.3% in Erewash, significantly higher than for the County. No other district had a rate significantly different from the County's.

PHOF **2.09 Smoking prevalence at age (WAY survey)**

Smoking is a major cause of preventable morbidity and premature death. There is a large body of evidence showing that smoking behaviour in early adulthood affects health behaviours later in life. The Tobacco Control Plan sets out the Government's aim to reduce the prevalence of smoking among both adults and children and includes a national ambition to reduce rates of regular smoking among 15 year olds in England to 12% or less by the end of 2015.

2.09i Current smokers

The proportion of 15 year olds in Derbyshire who were current smokers (8.0%) was lower than for England (8.2%) but higher than for East Midlands (7.6%).

2.09ii Regular smokers

The proportion of 15 year olds in Derbyshire who were current smokers (5.4%) was lower than for England (5.3%) but higher than for East Midlands (7.6%).

2.09iii Occasional smokers

The proportion of 15 year olds in Derbyshire who were current smokers (2.7%) was the same as for England but higher than for East Midlands (2.3%).

2.11 Diet

In England, two thirds of adults are overweight or obese. Poor diet and obesity are leading causes of premature death and mortality, and are associated with a wide range of diseases including cardiovascular disease and some cancers, which can have a significant impact on an individual's physical and mental health and wellbeing. The costs of diet related chronic diseases to the NHS and more broadly to society are considerable. Average intakes of saturated fat, sugar, and salt are above recommendations while intakes of fruit and vegetables, oily fish, fibre and some vitamins and minerals in some groups are below recommendations. Average intake of trans fatty acids are within recommendations.

PHOF

2.11i Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)

The proportion of adults in Derbyshire eating '5-a-day' (57.7%) was higher than for England (56.8%) and East Midlands (56.3%).

2.11ii Average number of portions of fruit consumed daily (adults)

The average number of portions consumed in Derbyshire (2.61) was lower than for England (2.63) but higher than for East Midlands (2.56).

2.11iii Average number of portions of vegetables consumed daily (adults)

The average number of portions consumed in Derbyshire (2.71) was higher than for England (2.68) and East Midlands (also 2.68).

2.11iv Proportion of the population meeting the recommended '5-a-day' at age 15

The proportion of 15 year olds in Derbyshire eating '5-a-day' (50.9%) was lower than for England (52.4%) and East Midlands (52.0%).

2.15iii Successful completion of alcohol treatment

Individuals achieving this outcome demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced alcohol related illnesses and hospital admissions, improved parenting skills and improved psychological health. It will also reduce the harms to others caused by dependent drinking.

The proportion of alcohol users completing treatment was higher in Derbyshire (41%) than for England (38.7%) and significantly higher than for East Midlands (37.0%), rising from 39.2%.

PHOF

2.15iv Deaths from drug misuse

Drug misuse is a significant cause of premature mortality in the UK. Analysis of the Global Burden of Disease Survey 2013 shows that drug use disorders are now the third ranked cause of death in the 15–49 age group in England. Nearly one in nine deaths registered among people in their 20s and 30s in England and Wales in 2014 were related to drug misuse.

The rate of death per 100,000 population in Derbyshire, at 3.7, was lower than in England (4.2) but higher than in East Midlands (2.9), and remained the same as previously.

Chesterfield had a significantly higher rate than the County, but all districts had small numbers of deaths.

PHOF

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

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. The Government has said that everyone has a role to play in reducing the harmful use of alcohol - this indicator is one of the key contributions by the Government (and the Department of Health) to promote measurable, evidence based prevention activities at a local level, and supports the national ambitions to reduce harm set out in the Government's Alcohol Strategy. This ambition is part of the monitoring arrangements for the Responsibility Deal Alcohol Network. Alcohol-related admissions can be reduced through local interventions to reduce alcohol misuse and harm.

Erewash CCG

The indirectly standardised ratio, at 98.9, is lower than for NHS England (100) and Derbyshire STP (117.2), and has fallen from 119.9.

North Derbyshire CCG

The indirectly standardised ratio, at 106.3 is higher than for NHS England (100) but lower than for Derbyshire STP (117.2), and has fallen from 115.8.

Tameside & Glossop CCG

The indirectly standardised ratio, at 114.0 is higher than for NHS England (110.2), but has fallen from 122.6.

PHOF 2.24 Emergency hospital admissions due to 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. The highest risk of falls is in those aged 65 and above and it is estimated that about 30% people (2.5 million) aged 65 and above living at home and about 50% of people aged 80 and above living at home or in residential care will experience an episode of fall at least once a year. Falls that results in injury can be very serious - approximately 1 in 20 older people living in the community experience a fracture or need hospitalisation after a fall. Falls and fractures in those aged 65 and above account for over 4 million bed days per year in England alone, at an estimated cost of £2 billion.

2.24i People aged 65 and over

Males

The rate of admission was higher, at 1752 per 100,000, than for England, at 1733, and East Midlands, at 1663, but has fallen from 1755. District rates ranged from 1553 in North East to 1997 in South. No districts had a significantly higher rate than the County.

2.24i People aged 65 to 79

Persons

The rate of admission was, at 988 per 100,000, lower than for England, at 1012, but higher than for East Midlands, at 943, and has fallen from 1003. District rates ranged from 859 in North East to 1297 in High Peak, significantly higher than for the County. No other districts had a significantly higher rate than the County.

Females

The rate of admission was, at 1215 per 100,000, higher than for England, at 1177, and East Midlands, at 1139, and has risen from 1212. District rates ranged from 1011 in Bolsover to 1771 in High Peak, significantly higher than for the County. No other districts had a significantly higher rate than the County.

2.24i People aged 80 and over

Males

The rate of admission was higher, at 4692 per 100,000 than for England, at 4367, and East Midlands, at 4377, and has risen from 4616. District rates ranged from 4386 in North East to 5118 in South. No districts had a significantly higher rate than the County.

3.01 - Fraction of mortality attributable to particulate air pollution

Poor air quality is a significant public health issue. The burden of particulate air pollution in the UK in 2008 was estimated to be equivalent to nearly 29,000 deaths at typical ages and an associated loss of population life of 340,000 life years lost.

In Derbyshire 4.7% of deaths have been attributed to particulate air pollution, the same as in England and lower than in East Midlands (5.1%). District rate range from 3.8% in High Peak to 5.3% in South.

PHOF

3.04 HIV late diagnosis

Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Those diagnosed late have a ten-fold risk of death compared to those diagnosed promptly and is essential to evaluate the success of expanded HIV testing.

The percentage of adults (aged 15 or above) newly diagnosed with HIV with a CD4 count less than 350 cells per mm³, in Derbyshire, was 52.0%, higher than in England (40.1%) and East Midlands (46.0%). District rates ranged from 30% in Chesterfield to 70% in Dales. No district had a rate significantly different from the County's.

PHOF

6.2.3 Build Social Capital

1.08iii Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate

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. The strategy for public health takes a life course approach and this indicator provides a good indication of the impact limiting long-term illness has on employment among those in the "working well" life stage. See also ASCOF 1F, NHSOF 2.5i and CCGOF 3.17.

This indicator is sourced from the Mental Health Minimum Dataset. It is published on an annual basis and has been suspended owing to data quality issues. Rates quoted are the latest available.

Persons

The gap in the employment rate between those in contact with secondary mental health and the overall rate is slightly higher in Derbyshire (68.3%) than in England (67.2%) and lower than in East Midlands (69.5%). It also rose significantly from 62.6%.

Males

The gap in the employment rate between those in contact with secondary mental health and the overall rate is slightly higher in Derbyshire (74.6%) than in England (73.7%) and lower than in East Midlands (75.7%). It also rose from 67.8%.

Females

The gap in the employment rate between those in contact with secondary mental health and the overall rate is slightly higher in Derbyshire (62.0%) than in England (60.8%) and lower than in East Midlands (63.2%). It also rose from 57.3%.

PHOF

ASCOF

1F Adults in contact with secondary mental health services 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. See also PHOF 1.08ii, NHSOF 2.5i and CCGOF 3.17.

This indicator is sourced from the Mental Health Minimum Dataset. It is published on an annual basis and has been suspended owing to data quality issues. Rates quoted are the latest available.

Previously 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%, and compared to 6.7% in England. This was higher for females than for males, 11.6% compared to 8.0%.

PHOF

1.09i The percentage of employees who had at least one day off in the previous week

The Government's strategy for public health, which adopts a life-course approach and includes a focus on the working-age population in the "working well" stage to help people with health conditions to stay in or return to work.

This percentage was slightly higher, at 2.3%, than in England (2.1%) and East Midlands (2.0%), but having fallen from 2.6%. District rates ranged from 0.8% in North East to 4.7% in South, the only rate significantly different from the County's.

PHOF

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

Tackling a person's offending behaviour is often intrinsically linked to their physical and mental health, and in particular any substance misuse issues. This outcome therefore cannot be addressed in isolation. Offenders often also experience significant health inequalities that will need to be identified, examined and addressed locally in partnership with organisations across the criminal justice system. Furthermore, a large proportion of families with multiple needs are managed through the criminal justice system, and their issues are inter-generational. Re-offending therefore has a wide impact on the health and wellbeing of individuals, their children and families, and the communities they live in.

The consequences of tackling offending and re-offending will benefit a wide range of services agencies and enhance their outcomes. Public health is a crucial part of a multi-agency approach to reducing re-offending, which includes police, courts, prisons, probation, community safety partners, social services, housing and education at a local level.

This percentage was slightly lower, at 24.2%, than in England (25.4%) and East Midlands (25.1%), but having risen from 24.9%. District rates ranged from 18.6% in High Peak, significantly lower than for the County, to 29.3% in Chesterfield, the only rate significantly higher than the County's.

PHOF

1.14 Exposure to road, rail and air transport noise

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.

1.14ii 65dB(A) or more, during the daytime

The percentage of the population exposed, at 3.5%, was lower than for England (5.2%) but higher than for East Midlands (3.3%), up from the previous value of 3.1%.

1.14iii 55dB(A) or more during the night-time

The percentage of the population exposed, at 6.3%, was lower than for England (8.0%) but higher than for East Midlands (5.1%), down from the previous value of 9.1%.

1.16 Utilisation of outdoor space for exercise/health reasons

PHOF

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.

The proportion of residents using outdoor space in Derbyshire (18.5%) was higher than in England (17.9) but the same as in East Midlands, and has not changed from the previous period.

1.18i Social Isolation

PHOF

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.

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

ASCOF

47.8% of users said that they had as much social contact as they would like, rising from 47.2%, compared to 45.4% in England and 44.8% in East Midlands. This was slightly higher for females than males, 47.8% compared to 47.7%. It was also higher for 18 to 64 year olds than those aged 65 and over, 53.1% compared to 44.5%.

112 Proportion of carers who reported that they had as much social contact as they would like

ASCOF

34.9% of users said that they had as much social contact as they would like, falling from 36.9% two years previously, compared to 35.5% in England and 32.4% in East Midlands. This was much higher for males than females, 42.4% compared to 30.6%. It was also much lower for 18 to 64 year olds than those aged 65 and over, 26.8% compared to 39.2%.

2.23 Self-reported well-being

PHOF

Well-being is a key issue for the Government and ONS are leading a programme of work to develop new measures of national well-being. People with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

2.23i Self-reported well-being - people with a low satisfaction score

The proportion in Derbyshire (3.4%) is lower than in England (4.6%) and East Midlands (4.0%), and has fallen from 3.8%.

2.23ii Self-reported well-being - people with a low worthwhile score

The proportion in Derbyshire (4.4%) is higher than in England (3.6%) and East Midlands (3.4%), and has risen from 3.6%.

2.23iii Self-reported well-being - people with a low happiness score

The proportion in Derbyshire (8.0%) is lower than in England (8.8%) and East Midlands (8.1%), and has fallen from 8.6%.

2.23iiv Self-reported well-being - people with a high anxiety score

The proportion in Derbyshire (19.8%) is higher than in England (19.4%) and East Midlands (18.3%), and has risen from 18.9%.

6.2.4 Keep People Healthy & Independent in their Own Homes

1D Carer-reported quality of life

ASCOF

Enhancing quality of life for people with care and support needs. Carers can balance their caring roles and maintain their desired quality of life.

For Derbyshire the survey found that the average score – out of 12 where 12 represents no unmet needs and 0 all needs unmet – was 7.6, similar to England (7.7) and East Midlands

(7.5), and the same as in the previous survey. The average score for male carers was higher than for females (7.8 versus 7.5) and lower for 18-4 year olds compared to 65s and over (7.3 and 7.8).

NHSOF 2.4 Health-related quality of life for carers

This indicator measures health-related quality of life for people who identify themselves as helping or supporting family members, friends, neighbours or others with their long-term physical or mental ill health/disability or because of problems related to old age. By health-related quality of life, we mean the extent to which people: have problems walking about; have problems performing self-care activities (washing or dressing themselves), have problems performing their usual activities (work, study etc.), have pain or discomfort and feel anxious or depressed.

The average index of quality of life for Derbyshire carers was 0.78, similar to England, at 0.80, and East Midlands, at 0.79. This was slightly down on the previous score of 8.0. District values range between 0.68 in Amber Valley and 0.84 in Derbyshire Dales.

CCGOF 2.15 Health-related quality of life for carers

Erewash CCG

The average index of quality of life for carers was 0.76, lower than for NHS England (0.8) and Derbyshire STP (0.79), and was falling.

Hardwick CCG

The average index of quality of life for carers was 0.74, lower than for NHS England (0.8) and Derbyshire STP (0.79), and was falling.

North Derbyshire CCG

The average index of quality of life for carers was 0.81, higher than for NHS England (0.8) and Derbyshire STP (0.79), and was rising.

Southern Derbyshire CCG

The average index of quality of life for carers was 0.79, higher than for NHS England (0.8) and the same as Derbyshire STP (0.79), and was falling.

Tameside & Glossop CCG

The average index of quality of life for carers was 0.77, higher than for NHS England (0.8) and was falling.

PHOF 4.13 Health related quality of life for older people

1 in 5 people are over 65 and this is set to rise to 1 in 3 by 2033. The number of "oldest old" (over 85) has doubled in the past decade and the percentage of people dying before 65 has remained constant for the past 20 years. Older people are the biggest and costliest users of health and social care - those with complex needs, long-term conditions, functional, sensory or cognitive impairment are the highest cost and volume group of service users. Dementia also accounts for more expenditure than heart disease and cancer combined.

The average health status score for over 65s in Derbyshire was 0.731, similar to England (0.733) and East Midlands (0.736), falling slightly from 0.733. District scores range from 0.670 in Bolsover, significantly lower than for the county, to 0.778 in Derbyshire Dales, significantly higher than for the county. High Peak also has a significantly higher score, at 0.757.

NHSOF 2 Health-related quality of life for people with long term conditions

CCGOF 2.1 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.

The directly standardised average score for Derbyshire was 0.726, slightly lower than for England and East Midlands, at 0.737 and 0.729 respectively, and slightly down on the previous score of 0.737. District scores ranged between 0.677 in Bolsover and 0.792 in Derbyshire Dales.

Erewash CCG

The directly standardised average score was 0.721, slightly lower than for NHS England, at 0.737, but much the same as for Derbyshire STP, at 0.72, and down from the previous 0.741.

Hardwick CCG

The directly standardised average score was 0.672, slightly lower than for NHS England, at 0.737, and Derbyshire STP, at 0.72, and down from the previous 0.699.

North Derbyshire CCG

The directly standardised average score was 0.733, slightly lower than for NHS England, at 0.737, but than for Derbyshire STP, at 0.72, and very slightly down from the previous 0.739.

Southern Derbyshire CCG

The directly standardised average score was 0.725, slightly lower than for NHS England, at 0.737, but much the same as for Derbyshire STP, at 0.72, and down from the previous 0.749.

Tameside and Glossop CCG

The directly standardised average score was 0.710, slightly lower than for NHS England, at 0.737, and very slightly down from the previous 0.711.

2.7 Health-related quality of life for people with three or more long-term conditions

NHSOF

The directly standardised average score for Derbyshire was 0.456, slightly lower than for England, at 0.462, but slightly higher than for East Midlands, at 0.445, and slightly down on the previous score of 0.472.

2.16 Health-related quality of life for people with a long-term mental health condition

CCGOF

Erewash CCG

The directly standardised average score was 0.503, slightly lower than for NHS England and Derbyshire STP at 0.519, and up from the previous 0.415.

Hardwick CCG

The directly standardised average score was 0.431, lower than for NHS England and Derbyshire STP at 0.519, and down from the previous 0.513.

North Derbyshire CCG

The directly standardised average score was 0.503, slightly lower than for NHS England and Derbyshire STP at 0.519, and up from the previous 0.415.

Southern Derbyshire CCG

The directly standardised average score was 0.506, lower than for NHS England and Derbyshire STP at 0.519, and down from the previous 0.507.

Tameside and Glossop CCG

The directly standardised average score was 0.466, much lower than for NHS England, at 0.599, and little changed from the previous 0.470.

1J Adjusted Social care-related quality of life – impact of Adult Social Care services

ASCOF

This measure gives a further insight into the quality of life of users of social care.

The indicator score for Derbyshire was 0.433 compared to 0.410 and 0.403, for England and East Midlands respectively.

2.1 Proportion of people feeling supported to manage their condition

2.2 Proportion of people who are feeling supported to manage their condition

This indicator measures the degree to which people, with health conditions that are expected to last for a significant period of time, feel they have had sufficient support from relevant services and organisations to manage their condition.

The percentage feeling supported in Derbyshire was 66.2%, higher than England and East Midlands, at 64.3 and 64.1 respectively, but having fallen from 67.1% previously. District rates ranged from 61.8% in South Derbyshire to 76.5% in Derbyshire Dales.

Erewash CCG

The percentage feeling supported, 67.9%, was higher than for NHS England (64.0%) and Derbyshire STP (64.5%), and has risen from 64.9%.

Hardwick CCG

The percentage feeling supported, 64.1%, was higher than for NHS England (64.0%), lower than for Derbyshire STP (64.5%), and has risen from 63.2%.

North Derbyshire CCG

The percentage feeling supported, 66.8%, was higher than for NHS England (64.0%), and for Derbyshire STP (64.5%), but has fallen from 68.3%.

Southern Derbyshire CCG

The percentage feeling supported, 62.6%, is lower than for NHS England (64.0%), and for Derbyshire STP (64.5%), and has fallen from 68.7%.

Tameside & Glossop CCG

The percentage feeling supported, 62.6%, was lower than for NHS England (64.0%) and had fallen from 68.7%.

2.11 Percentage of referrals to Improving Access to Psychological Therapies (IAPT) services

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

2.11c Which indicated a reliable deterioration following completion of treatment

Erewash CCG

The percentage deteriorated was 6.6%, more than for NHS England (6.2%) and significantly more than for Derbyshire STP (5.2%) and increased from 5.2%.

Hardwick CCG

The percentage deteriorated was 5.9%, less than for NHS England (6.2%) and more than for Derbyshire STP (5.2%) and increased from 5.5%.

Tameside & Glossop CCG

The percentage deteriorated was 5.6%, less than for NHS England (6.2%) and decreased from 6.7%.

1.12 People with Serious Mental Illness (SMI) who have received the complete list of physical checks

Patients identified for this indicator have one or more of the diagnosis codes for schizophrenia, bipolar affective disorder or other psychoses in their electronic health record and their latest mental health diagnosis is not in remission. They have a record of a complete list of physical checks appropriate to their age and condition in the preceding 12 months i.e. body mass index (BMI), blood pressure, ratio of total cholesterol:hdl, blood glucose or HbA1c, alcohol consumption and smoking status.

North Derbyshire CCG

The percentage checked was 33.8%, lower than for NHS England (34.8%) and for Derbyshire STP (34.3%) and decreased from 36.3%.

Southern Derbyshire CCG

The percentage checked was 34.6%, lower than for NHS England (34.8%) and higher than for Derbyshire STP (34.3%) but decreased from 36.7%.

3B Overall satisfaction of carers with social services

ASCOF

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

37.3% of carers said that they were extremely or very satisfied with services they received, a little lower than 39.0% in England and 38.2% in East Midlands, and slightly down on the previous 41.9%. This was higher for female carers than for males, 75.8% compared to 71.6%. It was also higher for those aged 65 and over than 18 to 64 year olds, 39.3% compared to 30.9%.

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

ASCOF

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.

61.7% of carers found it easy to find information, compared to 64.2% in England and 62.2% in East Midlands and compared to 61.0% previously. This was higher for males than for females, 62.1% compared to 61.4%. It was also higher for those aged 65 and over than for 18 to 64 year olds, 65.9% compared to 51.9%.

2.3 People with COPD and Medical Research Council (MRC) Dyspnoea Scale ≥ 3 referred to a pulmonary rehabilitation programme.

CCGOF

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.

Erewash CCG

The percentage of patients referred was 20.8%, higher than the 18.8% for NHS England and significantly higher than the 12.2% for Derbyshire STP, and rising from 18.6%.

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

CCGOF

This indicator reflects access to mental health services among people from black and minority ethnic groups. It is the number of people from BME groups using adult and elderly NHS secondary mental health services per 100,000 BME group population.

Hardwick CCG

The rate (2940) was higher than for NHS England (2201) and significantly higher than for Derbyshire STP (2120), but falling.

North Derbyshire CCG

The rate (2334) was higher than for NHS England (2201) and significantly higher than for Derbyshire STP (2120), and rising.

Tameside & Glossop CCG

The rate (2173) was lower than for NHS England (2201) but rising.

CCGOF 2.10 Access to psychological therapies 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. It is the number of people from BME groups using IAPT per 100,000 BME group population.

Erewash CCG

The rate (1244) was lower than for NHS England (1312) and Derbyshire STP (1192), but rising.

North Derbyshire CCG

The rate (1346) was higher than for NHS England (1312) and for Derbyshire STP (1192), and rising.

CCGOF 1.3 Completion of cardiac rehabilitation following an admission for coronary heart disease

Cardiac rehabilitation has been shown to improve physical, psychological and social health, and decrease subsequent morbidity and mortality in people with coronary heart disease.

Hardwick CCG

The proportion of patients completing cardiac rehabilitation (36.2%) was lower than for NHS England (38.0%) and Derbyshire STP (38.0%), and has fallen.

Erewash CCG

The proportion of patients completing cardiac rehabilitation (34.0%) was lower than for NHS England (38.0%) and Derbyshire STP (38.0%), and has fallen.

North Derbyshire CCG

The proportion of patients completing cardiac rehabilitation (39.5%) was higher than for NHS England (38.0%) and Derbyshire STP (38.0%), and has fallen.

CCGOF 2.4 Percentage of people with diabetes who have received nine care processes

The nine care processes are: blood pressure; blood glucose levels; cholesterol levels; BMI and weight; smoking review; foot exam; eye screening (data not yet available); urinary albumin; blood creatinine.

Erewash CCG

The percentage was 62.5%, higher than for NHS England (52.6%) but decreased from 67.3%.

Hardwick CCG

The percentage was 46.2%, lower than for NHS England (52.6%) but decreased from 51.1%.

North Derbyshire CCG

The percentage was 57.4%, higher than for NHS England (52.6%) but decreased from 62.7%.

Southern Derbyshire CCG

The percentage was 62.3%, higher than for NHS England (52.6%) but decreased from 63.9%.

Tameside & Glossop CCG

The percentage was 4.77%, higher than for NHS England (52.6%) but decreased from 57.2%.

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

CCGOF

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'.

Erewash CCG

The percentage referred was 81.4%, more than for NHS England (77.2%) and for Derbyshire STP (78.3%) and increased from 62.3%.

Hardwick CCG

The percentage referred was 77.3%, more than for NHS England (77.2%), but less than for Derbyshire STP (78.3%) and increased from 72.4%.

North Derbyshire CCG

The percentage referred was 81.8%, more than for NHS England (77.2%) and for Derbyshire STP (78.3%) and increased from 68.8%.

Southern Derbyshire CCG

The percentage referred was 73.8%, less than for NHS England (77.2%) and for Derbyshire STP (78.3%) but increased from 62.7%.

Tameside & Glossop CCG

The percentage referred was 84.9%, more than for NHS England (77.2%) and increased from 76.0%.

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

CCGOF

Active management of these conditions can prevent acute exacerbations and reduce the need for emergency hospital admission.

Hardwick CCG

The rate of admissions was higher, at 337, than for NHS England (304) and significantly higher than for Derbyshire STP (242), but falling.

North Derbyshire CCG

The rate of admissions was lower, at 290, than for NHS England (304) but significantly higher than for Derbyshire STP (242), but falling.

2.8 Complications associated with diabetes

CCGOF

Erewash CCG

The standardised ratio of admission to hospital of people with complications of diabetes was lower, at 95.4, than for NHS England (100) and for Derbyshire STP (108.3) but rising.

Southern Derbyshire CCG

The standardised ratio of admission to hospital of people with complications of diabetes was higher, at 101.9, than for NHS England (100) but lower than for Derbyshire STP (108.3) and falling.

Tameside and Glossop CCG

The standardised ratio of admission to hospital of people with complications of diabetes was higher, at 119.6, than for NHS England (100) and rising.

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

CCGOF

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, at 53.2%, was lower than for NHS England, at 58.7%, and significantly lower than for Derbyshire STP, at 62.6%, and fell from 69.0%.

CCGOF 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.

Erewash CCG

The percentage of patients receiving thrombolysis, at 11.3%, was lower than for NHS England, at 11.5%, but higher than for Derbyshire STP, at 10.1%, and rose from 11.2%.

Hardwick CCG

The percentage of patients receiving thrombolysis, at 9.5%, was lower than for NHS England, at 11.5%, and for Derbyshire STP, at 10.1%, but rose from 9.3%.

Southern Derbyshire CCG

The percentage of patients receiving thrombolysis, at 10.9%, was lower than for NHS England, at 11.5%, but higher than for Derbyshire STP, at 10.1%, and fell from 12.1%.

Tameside & Glossop CCG

The percentage of patients receiving thrombolysis, at 12.4%, was higher than for NHS England, at 11.5%, and rose from 9.5%.

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

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

Tameside & Glossop CCG

The percentage of patients discharged with a plan, at 88.8%, was lower than for NHS England, at 90.5%, and fell from 93.4%.

CCGOF 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 on unit, at 85.2%, was higher than for NHS England, at 84.3%, but lower than for Derbyshire STP, at 87.2%, and fell from 89.3%.

Hardwick CCG

The percentage of patients staying on unit, at 88.0%, was higher than for NHS England, at 84.3% and for Derbyshire STP, at 87.2%, and rose from 85.5%.

Southern Derbyshire CCG

The percentage of patients staying on unit, at 86.1%, was higher than for NHS England, at 84.3%, but lower than for Derbyshire STP, at 87.2%, and fell from 89.2%.

PHOF 4.14i Hip fractures in people aged 65 and over

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.

Persons aged 65 and over

The rate of admissions per 100,000 population in Derbyshire, at 611, was higher than for England (578) and East Midlands (589), and had risen from 608. Of the districts, High Peak had the highest rate (749) followed by Chesterfield (728); both rates were significantly higher than the County's. Amber Valley had the lowest rate (521), but no district had a rate significantly lower than the County's.

Males aged 65 and over

The rate of admissions per 100,000 population in Derbyshire, at 415, was lower than for England and East Midlands (both 416), and had risen from 407. Of the districts, High Peak had the highest rate (654), significantly higher than the County's. No district had a rate significantly lower than the County's, but the numbers of admissions for Bolsover and South were too small for rates to be calculated.

Females aged 65 and over

The rate of admissions per 100,000 population in Derbyshire, at 746, was higher than for England (710) and East Midlands (696), and had risen from 745. Of the districts, Chesterfield had the highest rate (876) and Dales the lowest (620), but no district had a rate significantly different from the County's.

Persons aged 65 to 79

The rate of admissions per 100,000 population in Derbyshire, at 220, was lower than for England (244) and East Midlands (233), and had fallen from 249. Of the districts, High Peak had the highest rate (336); significantly higher than the County's. Amber Valley had the lowest rate (167), but no district had a rate significantly lower than the County's.

Males aged 65 to 79

The rate of admissions per 100,000 population in Derbyshire, at 134, was lower than for England (168) and East Midlands (157), and had fallen from 157. No district rates could be calculated.

Females aged 65 to 79

The rate of admissions per 100,000 population in Derbyshire, at 299, was higher than for England (311) and East Midlands (302), and had fallen from 333. High Peak had a rate of 474 - significantly higher than the County's - and Chesterfield a rate of 380 - higher than the County's - but no other district rates could be calculated.

Males aged 80 and over

The rate of admissions per 100,000 population in Derbyshire, at 1230, was higher than for England (1136) and East Midlands (1166), and had risen from 1135. High Peak had a rate of 2014 - significantly higher than the County's - and Chesterfield a rate of 1602 - higher than the County's - but no other district rates could be calculated.

1.22 Hip fracture: incidence (60+ years)

CCGOF

Hardwick CCG

The rate of admissions per 100,000 population, at 486.6, was higher than for NHS England (422.6) and Derbyshire STP (425.4), and had risen from 481.5.

North Derbyshire CCG

The rate of admissions per 100,000 population, at 424.0, was higher than for NHS England (422.6) but lower than for Derbyshire STP (425.4), and had fallen from 497.8.

Southern Derbyshire CCG

The rate of admissions per 100,000 population, at 431.2, was higher than for NHS England (422.6) and Derbyshire STP (425.4), and had risen from 412.7.

3.5i Patients with hip fractures recovering to their previous levels of mobility/walking ability at 30 days

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).

No data has been published at upper tier local authority level and rates for half of the lower tier authorities in Derbyshire have been suppressed. Of the remainder none have rates significantly lower than England (37.0%) or East Midlands (41.7%), but only Erewash (64.4%) has a rate significantly higher.

Erewash CCG

64.3% recovered to previous levels, significantly more than for NHS England (37.4%) and more than for Derbyshire STP (48.0%).

Hardwick CCG

Suppressed

North Derbyshire CCG

Suppressed

Tameside & Glossop CCG

44.4% recovered to previous levels, more than for NHS England (37.4%).

3.5ii Patients with hip fractures recovering to their previous levels of mobility/walking ability at 120 days

No data has been published at upper tier local authority level and rates for three of the lower tier authorities in Derbyshire have been suppressed. Of the remainder none have rates significantly different from that of England (63.9%) or East Midlands (60.1%).

Erewash CCG

75.0% recovered to previous levels, more than for NHS England (61.4%) but less than for Derbyshire STP (77.1%).

Hardwick CCG

Suppressed

North Derbyshire CCG

Suppressed

Tameside & Glossop CCG

54.2% recovered to previous levels, less than for NHS England (61.4%).

3.3 Elective procedures - patient reported outcomes measures (PROMS)

Average health gain from patients who reported an improvement in health status following procedure.

Groin hernia procedures

Erewash CCG

The average health gain (0.090) was higher than for NHS England (0.088) and the same as Derbyshire STP (0.090) and has risen.

Hardwick CCG

The average health gain (0.090) was higher than for NHS England (0.088) and the same as Derbyshire STP (0.090) and has risen.

North Derbyshire CCG

The average health gain (0.100) was higher than for NHS England (0.088) and Derbyshire STP (0.090) but has fallen.

Southern Derbyshire CCG

The average health gain (0.090) was higher than for NHS England (0.088) and the same as Derbyshire STP (0.090) but has risen.

Tameside & Glossop CCG

The average health gain (0.070) was lower than for NHS England (0.088) and has fallen.

Hip replacement (Primary) procedures

Erewash CCG

The average health gain (0.450) was higher than for NHS England (0.438) and Derbyshire STP (0.430) and has risen.

Hardwick CCG

The average health gain (0.400) was lower than for NHS England (0.438) and Derbyshire STP (0.430) and has fallen.

North Derbyshire CCG

The average health gain (0.440) was higher than for NHS England (0.438) and Derbyshire STP (0.430) but has fallen.

Southern Derbyshire CCG

The average health gain (0.450) was higher than for NHS England (0.438) and Derbyshire STP (0.430) and has risen.

Tameside & Glossop CCG

The average health gain (0.390) was lower than for NHS England (0.438) and has fallen.

Knee replacement (Primary) procedures

Erewash CCG

The average health gain (0.320) was higher than for NHS England (0.317) and the same as Derbyshire STP (0.320) but has fallen.

Hardwick CCG

The average health gain (0.300) was lower than for NHS England (0.317) and Derbyshire STP (0.320) and has fallen.

North Derbyshire CCG

The average health gain (0.320) was higher than for NHS England (0.317) and the same as Derbyshire STP (0.320) but has fallen.

Southern Derbyshire CCG

The average health gain (0.340) was higher than for NHS England (0.317) and Derbyshire STP (0.320) and has risen.

Tameside & Glossop CCG

The average health gain (0.300) was lower than for NHS England (0.317) and has fallen.

Varicose veins procedures

North Derbyshire CCG

The average health gain (0.100) was the same as for NHS England (0.100) and Derbyshire STP (0.100) and has risen.

Tameside & Glossop CCG

The average health gain (0.070) was lower than for NHS England (0.100).

No other data was available for this indicator

3C Carers who report that they have been included or consulted in discussion about the person they care for

ASCOF

Carers should be respected as equal partners in service design for those individuals for whom they care – this improves outcomes both for the cared for person and the carer, reducing the chance of breakdown in care.

For Derbyshire the survey found that 67.3% responded positively, lower, but not hugely different from England (70.6%) and East Midlands (68.2%), and slightly higher than in the previous survey (66.3%). The percentage for male carers was lower than for females (63.2% versus 68.7%) and lower for 18-64 year olds compared to 65s and over (63.6% and 66.3%).

NHSOF 2.3i Unplanned hospitalisation for chronic ambulatory care sensitive 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.

The indirectly standardised rate of admission for Derbyshire was 828 per 100,000 population, lower than for East Midlands, at 823, but higher than England, at 812. The rate has fallen but not significantly. District rates range from 580 in Erewash to 1053 in Chesterfield. Amber Valley, Derbyshire Dales and Erewash have rates significantly lower than the County as a whole. Bolsover, Chesterfield and North East have significantly higher rates.

NHSOF 2.3ii Unplanned hospitalisation for asthma, diabetes and epilepsy (under 19s).

Active management of these conditions can prevent acute exacerbations and reduce the need for emergency hospital admission.

The rate per 100,000 of unplanned admissions was lower, at 282, than England, at 327.0, but significantly higher than East Midlands (240), and rising.

District rates range from 114 in Derbyshire Dales, which was significantly lower than for the County, to 430 in North East, which was significantly higher than for the County. Amber Valley and Erewash also have significantly lower rates, while High Peak also has a significantly higher rate.

CCGOF 3.2 Emergency readmissions within 30 days of discharge from hospital

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 potentially avoidable adverse events, such as incomplete recovery or complications.

Erewash CCG

The standardised percentage of patients readmitted within 30 days was lower, at 11.7%, than for NHS England (11.8%), similar to Derbyshire STP (11.7%), and falling.

North Derbyshire CCG

The standardised percentage of patients readmitted within 30 days was lower, at 11.7%, than for NHS England and similar to Derbyshire STP (11.7%), and rising.

CCGOF 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.

Erewash CCG

The ratio of the admission rate to NHS England (100) was lower at 79.2, and was lower than the Derbyshire STP ratio (89.7) despite having risen from 58.6.

Hardwick CCG

The ratio of the admission rate to NHS England (100) was lower at 93.4, but was higher than the Derbyshire STP ratio (89.7) despite having fallen from 125.7.

North Derbyshire CCG

The ratio of the admission rate to NHS England (100) was higher at 105.3, and was higher than the Derbyshire STP ratio (89.7) despite having fallen from 118.1.

Southern Derbyshire CCG

The ratio of the admission rate to NHS England (100) was lower at 81.5, and was lower than the Derbyshire STP ratio (89.7) despite having risen from 78.6.

1.17 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.

The proportion of households living in fuel poverty in Derbyshire (12.1%) was lower than in East Midlands (12.7%) but higher than in England (11.0%), rising from 9.8 in the previous period although the overall trend is downward. District rates range between 11.0% in North East and 13.0% in Erewash.

4.16 Estimated diagnosis rate for people with dementia

A timely diagnosis enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve health and care outcomes.

The rate in Derbyshire, at 73.1, was estimated to be higher than those for England (67.9) and East Midlands (71.6), but not significantly so. No trend data was available.

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.

North Derbyshire CCG

The rate of admissions was higher, at 29.6, than for NHS England (27.7) but significantly lower than for Derbyshire STP (38.8), and falling.

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.

Erewash CCG

The percentage of patients receiving a programme, at 97.2%, was higher than for NHS England, at 95.7%, and for Derbyshire STP, at 96.2%, but fell from 97.4%.

North Derbyshire CCG

The percentage of patients receiving a programme, at 97.2%, was higher than for NHS England, at 95.7%, and for Derbyshire STP, at 96.2%, and rose from 98.9%.

Southern Derbyshire CCG

The percentage of patients receiving a programme, at 96.7%, was higher than for NHS England, at 95.7%, and for Derbyshire STP, at 96.2%, and rose from 95.0%.

Tameside & Glossop CCG

The percentage of patients receiving a programme, at 97.9%, was higher than for NHS England, at 95.7 but fell from 98.4%.

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.

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Erewash CCG

The percentage of patients having timely surgery, at 84.5%, was higher than for NHS England, at 74.6%, and significantly higher than for Derbyshire STP, at 79.6%, but rose from 74.8%.

Hardwick CCG

The percentage of patients having timely surgery, at 77.6%, was higher than for NHS England, at 74.6%, but lower than for Derbyshire STP, at 79.6%, but rose from 75.6%.

North Derbyshire CCG

The percentage of patients having timely surgery, at 76.0%, was higher than for NHS England, at 74.6%, but lower than for Derbyshire STP, at 79.6%, but rose from 72.5%.

CCGOF 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.

Erewash CCG

The percentage of patients assessed, at 100%, was higher than for NHS England, at 98.8%, and for Derbyshire STP, at 99.5%, and rose from 97.2%.

Hardwick CCG

The percentage of patients assessed, at 100%, was higher than for NHS England, at 98.8%, and for Derbyshire STP, at 99.5%, and rose from 95.2%.

North Derbyshire CCG

The percentage of patients assessed, at 99%, was higher than for NHS England, at 98.8%, but lower than for Derbyshire STP, at 99.5%, and fell from 99.7%.

Southern Derbyshire CCG

The percentage of patients assessed, at 99.6%, was higher than for NHS England, at 98.8%, and for Derbyshire STP, at 99.5%, and rose from 98.9%

Tameside & Glossop CCG

The percentage of patients assessed, at 99.6%, was higher than for NHS England, at 98.8%, and rose from 98.1%.

CCGOF 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.

North Derbyshire CCG

The percentage of patients receiving best practice at 64.2%, was lower than for NHS England, at 65.6%, and significantly lower than for Derbyshire STP, at 69.2%, but rose from 58.6%.

PHOF 4.12 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 Age related macular degeneration (AMD)

The crude rate per 100,000 of sight loss through AMD in Derbyshire, was 145.0, significantly higher than for England (114.0) and East Midlands (100.1), having fallen from 147.4

4.12iv Sight loss certifications

The crude rate per 100,000 of sight loss through AMD in Derbyshire, was 50.0, significantly higher than for England (41.9) and East Midlands (39.0), having fallen from 51.9.

4.12 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.

4.12ii Glaucoma

The crude rate per 100,000 of sight loss through AMD in Derbyshire, was 11.8, lower than for England (12.8) but higher than for East Midlands (10.3), having fallen from 11.9.

4.12iii Diabetic eye disease

The crude rate per 100,000 of sight loss through AMD in Derbyshire, was 3.7, higher than for England (2.9) and for East Midlands (3.0), having risen from 3.1.

6.2.5 Population measures and strategy outcomes

4.09i Excess under 75 mortality rate in adults with serious mental illness

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.

The Derbyshire indirectly standardised rate is 332.2, significantly lower than for England at 370.0 and lower than for East Midlands at 353.9. There is no detectable trend.

1.5i Excess under 75 mortality rate in adults with serious mental illness

The proportion of deaths from certain conditions are shown below:-

Condition	Derbyshire		England	
	MH deaths	General population	MH deaths	General population
Cancer	33%	53%	34%	52%
Cardiovascular disease	32%	28%	32%	28%
Liver disease	12%	6%	13%	7%
Respiratory disease	22%	12%	21%	13%

4.16 Estimated diagnosis rate for people with dementia

A timely diagnosis enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve health and care outcomes.

The rate in Derbyshire, at 73.1, is estimated to be higher than those for England (67.9) and East Midlands (71.6), but not significantly so. No trend data is available.

1.20 Mortality from breast cancer in females

Erewash CCG

The rate of deaths per 100,000 was 39.3, higher than for NHS England (34.3) and Derbyshire STP (34.7) and was unchanged.

Hardwick CCG

The rate of deaths per 100,000 was 36.2, higher than for NHS England (34.3) and Derbyshire STP (34.7) and rose from 33.8.

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North Derbyshire CCG

The rate of deaths per 100,000 was 36.5, higher than for NHS England (34.3) and Derbyshire STP (34.7) and rose from 35.1.

Southern Derbyshire CCG

The rate of deaths per 100,000 was 32.6, higher than for NHS England (34.3) and Derbyshire STP (34.7) and fell from 33.6.

Tameside & Glossop Derbyshire CCG

The rate of deaths per 100,000 was 40.1, higher than for NHS England (34.3) and rising from 38.4.

CCGOF 1.10 One-year survival from all cancers

Survival is a measure of the estimated probability of survival from cancer alone. It can be interpreted as the survival of cancer patients after taking into account the background mortality that the patients would have experienced if they had not had cancer.

Erewash CCG

The probability of surviving cancer for one year is 69.5%, lower than for NHS England (70.4%) and Derbyshire STP (69.7%); this rose from 68.9%.

Hardwick CCG

The probability of surviving cancer for one year is 68.8%, significantly lower than for NHS England (70.4%) and Derbyshire STP (69.7%); this rose from 67.8%.

North Derbyshire CCG

The probability of surviving cancer for one year is 70.4%, the same as for NHS England and higher than for Derbyshire STP (69.7%); this rose from 69.5%.

Southern Derbyshire CCG

The probability of surviving cancer for one year is 69.9%, lower than for NHS England (70.4%) and higher than for Derbyshire STP (69.7%); this rose from 69.5%.

Tameside & Glossop CCG

The probability of surviving cancer for one year is 67.1%, significantly lower than for NHS England (70.4%), this rose from 66.7%.

CCGOF 1.11 One-year survival from breast, lung and colorectal cancers

Survival is a measure of the estimated probability of survival from cancer alone. It can be interpreted as the survival of cancer patients after taking into account the background mortality that the patients would have experienced if they had not had cancer.

Erewash CCG

The probability of surviving cancer for five years is 70.0%, higher than for NHS England (69.3%) but lower than Derbyshire STP (70.1%); this fell from 70.1%.

Hardwick CCG

The probability of surviving cancer for five years is 68.2%, lower than for NHS England (70.4%) and Derbyshire STP (69.7%); this rose from 66.9%.

North Derbyshire CCG

The probability of surviving cancer for five years is 69.9%, lower than for NHS England (70.4%) and higher than for Derbyshire STP (69.7%); this rose from 69.5%.

Southern Derbyshire CCG

The probability of surviving cancer for five years is 72.4 %, higher than for NHS England (70.4%) and Derbyshire STP (69.7%); this rose from 71.0%.

Tameside & Glossop CCG

The probability of surviving cancer for five years is 68.%, lower than for NHS England (70.4%), this rose from 67.4%.

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

CCGOF

Erewash CCG

The rate of infections per 100,000 population is 5.1, lower than for NHS England (6.0) but higher than for Derbyshire STP (3.9).

Hardwick CCG

The rate of infections per 100,000 population is 4.9, lower than for NHS England (6.0) but higher than for Derbyshire STP (3.9).

Southern Derbyshire CCG

The rate of infections per 100,000 population is 4.0, lower than for NHS England (6.0) but higher than for Derbyshire STP (3.9).

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

CCGOF

Erewash CCG

The rate of infections per 100,000 population is 112.9, higher than for NHS England (99.6) but lower than for Derbyshire STP (117.2).

Southern Derbyshire CCG

The rate of infections per 100,000 population is 92.3, lower than for NHS England (99.6) and significantly lower than for Derbyshire STP (117.2).

1.4 Myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes

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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.

Erewash CCG

The indirectly standardised rate of people (110.3) diagnosed with diabetes who subsequently had an MI, stroke or chronic kidney disease was higher than for NHS England (100) and Derbyshire STP (101.6), having risen from 91.6.

Hardwick CCG

The indirectly standardised rate of people (103.3) diagnosed with diabetes who subsequently had an MI, stroke or chronic kidney disease was higher than for NHS England (100) and Derbyshire STP (101.6), having risen from 83.6.

Tameside & Glossop CCG

The indirectly standardised rate of people (96.0) diagnosed with diabetes who subsequently had an MI, stroke or chronic kidney disease was lower than for NHS England (100), but had fallen from 98.5.

1.5 Mortality within 30 days of hospital admission for stroke

CCGOF

Erewash CCG

The indirectly standardised mortality ratio (1.31) was higher than for NHS England (1.04) and Derbyshire STP (1.13), having risen from 0.71.

Hardwick CCG

The indirectly standardised mortality ratio (1.17) was higher than for NHS England (1.04) and Derbyshire STP (1.13), having risen from 1.05.

North Derbyshire CCG

The indirectly standardised mortality ratio (1.12) was higher than for NHS England (1.04) but lower than for Derbyshire STP (1.13), having risen from 1.00.

Southern Derbyshire CCG

The indirectly standardised mortality ratio (1.09) was higher than for NHS England (1.04) but lower than for Derbyshire STP (1.13), having risen from 0.96.

Tameside & Glossop CCG

The indirectly standardised mortality ratio (1.22) was higher than for NHS England (1.04) having fallen from 1.29.

CCGOF 1.21 All-cause mortality in the 12 months following a first emergency admission to hospital for heart failure in people aged 16 and over

Erewash CCG

The indirectly standardised mortality ratio (101.8) was higher than for NHS England (100.0) but lower than for Derbyshire STP (102.6), having fallen from 113.6.

Hardwick CCG

The indirectly standardised mortality ratio (98.8) was lower than for NHS England (100.0) and for Derbyshire STP (102.6), having risen from 95.4.

North Derbyshire CCG

The indirectly standardised mortality ratio (107.0) was higher than for NHS England (100.0) and for Derbyshire STP (102.6), having risen from 105.3.

Southern Derbyshire CCG

The indirectly standardised mortality ratio (101.2) was higher than for NHS England (100.0) but lower than for Derbyshire STP (102.6), having fallen from 107.2.

Tameside & Glossop CCG

The indirectly standardised mortality ratio (112.8) was higher than for NHS England (100.0) having risen from 105.5.

CCGOF 1.23 Smoking rates in people with serious mental illness (SMI)

There is a strong association between smoking and mental health conditions. However, people with mental health conditions are generally able to quit smoking if they are given evidenced-based support.

Erewash CCG

At 42.5%, the rate is higher than for NHS England (40.5%) or Derbyshire STP (39.8%).

Hardwick CCG

At 43.1%, the rate is higher than for NHS England (40.5%) or Derbyshire STP (39.8%).

Southern Derbyshire CCG

At 39.8%, the rate is lower than for NHS England (40.5%) but the same as for Derbyshire STP.

NHSOF 1a Potential years of life lost from causes considered amenable to healthcare

CCGOF 1.1 Potential years of life lost (PYLL) from causes considered amenable to healthcare

Deaths from causes considered 'amenable' to healthcare are premature deaths that should not occur in the presence of timely and effective healthcare.

Adults (20+ years) males

3252.6 potential years of life were lost per 100,000 population in Derbyshire; higher than for NHS England (3237.4) and lower than for East Midlands (3265.2), and rising from 3109.6.

Adults (20+ years) females

2466.0 potential years of life were lost per 100,000 population in Derbyshire; lower than for NHS England (2530.1) and East Midlands (2576.7), and rising from 2390.5.

All ages persons

Erewash CCG

1845.4 potential years of life were lost per 100,000 registered patients, lower than for NHS England (2064.5) and falling from 1875.2.

Hardwick CCG

2143.2 potential years of life were lost per 100,000 registered patients, higher than for NHS England (2064.5) and rising from 2093.1.

North Derbyshire CCG

2150.5 potential years of life were lost per 100,000 registered patients, higher than for NHS England (2064.5) and rising from 2006.1.

Southern Derbyshire CCG

2200.0 potential years of life were lost per 100,000 registered patients, higher than for NHS England (2064.5) and rising from 2131.7.

All ages males

Erewash CCG

1083.8 potential years of life were lost per 100,000 registered patients, lower than for NHS England (2265.8) and significantly lower than for Derbyshire STP (2482.4), and falling from 2199.6.

Hardwick CCG

2377.4 potential years of life were lost per 100,000 registered patients, higher than for NHS England (2265.8) but lower than for Derbyshire STP (2482.4), and rising from 2240.9.

North Derbyshire CCG

2598.9 potential years of life were lost per 100,000 registered patients, higher than for NHS England (2265.8) and Derbyshire STP (2482.4), and rising from 2288.1.

Southern Derbyshire CCG

2562.3 potential years of life were lost per 100,000 registered patients, higher than for NHS England (2265.8) and Derbyshire STP (2482.4), and rising from 2286.8.

All ages females

Erewash CCG

1885.8 potential years of life were lost per 100,000 registered patients, higher than for NHS England (1868.8) and Derbyshire STP (1820.3), and rising from 1560.2.

Hardwick CCG

1915.5 potential years of life were lost per 100,000 registered patients, higher than for NHS England (1868.8) and Derbyshire STP (1820.3), but falling from 1949.6.

North Derbyshire CCG

1714.7 potential years of life were lost per 100,000 registered patients, lower than for NHS England (1868.8) and Derbyshire STP (1820.3), but falling from 1732.4.

Southern Derbyshire CCG

1847.9 potential years of life were lost per 100,000 registered patients, lower than for NHS England (1868.8) but higher than for Derbyshire STP (1820.3), and falling from 1981.2.

4.03 Mortality rate from causes considered preventable

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.

Preventable mortality overlaps with, but is not the same as 'amenable' mortality, which includes causes of deaths which could potentially be avoided through good quality healthcare. Preventable

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mortality and amenable mortality are the two components of 'avoidable' mortality, as defined by the Office for National Statistics in April 2012.

Males

The rate of preventable deaths per 100,000 population in Derbyshire was 235.2, higher than for England (230.4) and East Midlands (230.9), and had fallen from 238.3. District rates ranged from 183.0 in Dales and 204.4 in North East, both significantly lower than the County, to 295.9 in Chesterfield, significantly higher than the County.

PHOF 4.04i Under 75 mortality rate from all cardiovascular diseases

CCGOF 1.2 Under 75 mortality rates from cardiovascular disease

[See also NHSOF 1.1]

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.

Females

The rate of deaths per 100,000 population in Derbyshire, at 44.6, was lower than for England (45.8) and East Midlands (47.1), and had fallen from 44.6. District rates ranged from 34.0 in Dales and 33.6 in North East – both significantly lower than the County's – to 54.0 in Chesterfield. No district had a rate significantly higher than the County's.

Erewash CCG

The rate of deaths per 100,000 population, at 76.7, was higher than for England (64.0) and Derbyshire STP (66.4), and had risen from 62.2.

Hardwick CCG

The rate of deaths per 100,000 population, at 73.6, was higher than for England (64.0) and Derbyshire STP (66.4), and had risen from 67.2.

North Derbyshire CCG

The rate of deaths per 100,000 population, at 61.5, was lower than for England (64.0) and Derbyshire STP (66.4), and had fallen from 62.8.

Southern Derbyshire CCG

The rate of deaths per 100,000 population, at 65.7, was higher than for England (64.0) but lower than for Derbyshire STP (66.4), and had risen from 62.8.

PHOF 4.04ii Under 75 mortality rate from all cardiovascular diseases considered preventable

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.

Persons

The rate of deaths per 100,000 population in Derbyshire, at 45.4, was lower than for England (46.7) and significantly lower than for East Midlands (49.1), and had fallen from 49.5. District rates ranged from 29.8 in Dales, significantly lower than the County's, to 58.3 in Chesterfield, significantly higher than the County's. No other districts had significantly different rates.

Males

The rate of deaths per 100,000 population in Derbyshire, at 66.5, was lower than for England (70.4) and significantly lower than for East Midlands (73.3), and had fallen from 72.9. District rates ranged from 42.0 in Dales, significantly lower than the County's, to 86.0

in Chesterfield, significantly higher than the County's. No other districts had significantly different rates.

Females

The rate of deaths per 100,000 population in Derbyshire, at 24.9, was higher than for England (24.3) and lower than for East Midlands (25.8), and had fallen from 26.9. District rates ranged from 16.9 in South to 32.1 in Erewash. No district had a rate significantly higher than the County's.

4.05i Under 75 mortality rate from cancer

1.9 Under 75 mortality rates from cancer

[See also NHSOF 1.4]

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.

Males

The rate of deaths per 100,000 population in Derbyshire, at 157.9, was higher than for England (152.1) and significantly higher than for East Midlands (148.9), and had risen from 156.2. District rates ranged from 129.8 in Dales and 130.2 in North East – both significantly lower than the County's – to 188.0 in Bolsover and 185.6 in Chesterfield – both significantly higher than the County's.

Females

The rate of deaths per 100,000 population in Derbyshire, at 128.2, was higher than for England (122.6) and East Midlands (125.5), and had risen from 124.0. District rates ranged from 116.2 in Dales, not significantly different from the County's, to 158.1 in Bolsover, significantly higher than the County's. No other district had a rate significantly higher than the County's.

Erewash CCG

The rate of deaths per 100,000 population, at 119.7, was higher than for England (119.5) but lower than for Derbyshire STP (129.9), and had fallen from 127.9.

North Derbyshire CCG

The rate of deaths per 100,000 population, at 122.6, was higher than for England (119.5) but lower than for Derbyshire STP (129.9), and had risen from 114.4.

4.05ii Under 75 mortality rate from cancer considered preventable

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.

Males

The rate of deaths per 100,000 population in Derbyshire, at 89.4, was higher than for England (85.9) and for East Midlands (84.1), and had fallen from 91.0. District rates ranged from 64.9 in Dales and 65.4 in North East – both significantly lower than the County's – to 109.6 in Bolsover – significantly higher than the County's.

Females

The rate of deaths per 100,000 population in Derbyshire, at 77.8, was higher than for England (73.4) and East Midlands (75.8), and had risen from 75.4. District rates ranged from 65.6 in North East to 97.9 in Bolsover, significantly higher than the County's. No other district had a rate significantly higher than the County's.

PHOF

CCGOF

PHOF

PHOF **4.06i Under 75 mortality rate from liver disease**

CCGOF **1.7 Under 75 mortality rates from liver disease**

[See also NHSOF 1.3]

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.

Persons

The rate of deaths per 100,000 population in Derbyshire, at 18.6, was higher than for England (18.3) and East Midlands (17.8), and had risen from 18.4. District rates ranged from 11.3 in Dales, significantly lower than the County's, to 22.6 in Erewash. No other district had a rate significantly different from the County's.

Males

The rate of deaths per 100,000 population in Derbyshire, at 24.1, was higher than for England (23.9) and East Midlands (22.8), and had risen from 22.7. District rates ranged from 16.1 in North East, significantly lower than the County's, to 28.3 in South. No other district had a rate significantly different from the County's.

Females

The rate of deaths per 100,000 population in Derbyshire, at 13.2, was higher than for England (12.8) and East Midlands (12.9), and had fallen from 14.2. District rates ranged from 11.0 in Amber Valley to 18.7 in Erewash. No district had a rate significantly different from the County's.

Erewash CCG

The rate of deaths per 100,000 population, at 18.8, was higher than for England (16.1) and Derbyshire STP (18.2), and had fallen from 21.8.

North Derbyshire CCG

The rate of deaths per 100,000 population, at 15.1, was lower than for England (16.1) and Derbyshire STP (18.2), and had risen from 17.6.

PHOF **4.06ii Under 75 mortality rate from liver disease considered preventable**

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.

Persons

The rate of deaths per 100,000 population in Derbyshire, at 16.5, was higher than for England (16.1) and East Midlands (15.9), and had risen from 16.4. District rates ranged from 11.0 in Dales, significantly lower than the County's, to 18.7 in Erewash. No other district had a rate significantly higher than the County's.

Males

The rate of deaths per 100,000 population in Derbyshire, at 24.1, was higher than for England (23.9) and for East Midlands (22.8), and had risen from 22.7. District rates ranged from 16.1 in North East, significantly lower than the County's, to 28.3 in South. No other district had a rate significantly higher than the County's.

Females

The rate of deaths per 100,000 population in Derbyshire, at 10.9, was lower than for England (10.9) and East Midlands (11.0), and had fallen from 11.8. District rates ranged from 9.3 in Amber Valley (no rate was calculated for Dales owing to small numbers) to 14.8 in Bolsover. No district had a rate significantly different from the County's.

4.07i Under 75 mortality rate from respiratory disease

1.6 Under 75 mortality rates from respiratory disease

[See also NHSOF 1.2]

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.

Persons

The rate of deaths per 100,000 population in Derbyshire, at 33.5, was lower than for England (33.8) and East Midlands (33.7), and had risen from 33.1. District rates ranged from 19.3 in Dales, significantly lower than the County's, to 46.3 in Chesterfield and 43.6 in Bolsover, significantly higher than the County's. No other district had a rate significantly different from the County's.

Males

The rate of deaths per 100,000 population in Derbyshire, at 38.2, was lower than for England and East Midlands (both 39.2), and had fallen from 38.4. District rates ranged from 23.6 in Dales, significantly lower than the County's, to 52.3 in Chesterfield, significantly higher than the County's. No other district had a rate significantly different from the County's.

Females

The rate of deaths per 100,000 population in Derbyshire, at 29.0, was higher than for England (28.7) and East Midlands (28.5), and had risen from 28.0. District rates ranged from 15.1 in Dales to 40.6 in Chesterfield, significantly higher than the County's. No other district had a rate significantly different from the County's.

Erewash CCG

The rate of deaths per 100,000 population, at 34.6, was higher than for England (29.4) and Derbyshire STP (31.8), and had fallen from 29.7.

North Derbyshire CCG

The rate of deaths per 100,000 population, at 33.2, was higher than for England (29.4) and Derbyshire STP (31.8), and had risen from 26.3.

Southern Derbyshire CCG

The rate of deaths per 100,000 population, at 28.5, was lower than for England (29.4) and higher than for Derbyshire STP (31.8), and had fallen from 30.7.

4.06ii Under 75 mortality rate from respiratory disease considered preventable

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.

Persons

The rate of deaths per 100,000 population in Derbyshire, at 17.8, was lower than for England (18.6) and East Midlands (18.0), and had risen from 17.5. District rates ranged from 10.4 in Dales, significantly lower than the County's, to 25.9 in Chesterfield, significantly higher than the County's. No other district had a rate significantly higher than the County's.

Males

The rate of deaths per 100,000 population in Derbyshire, at 18.5, was lower than for England (20.8) and for East Midlands (20.0), and had risen from 18.8. District rates ranged from 11.4 in Dales, not significantly different from the County's, to 30.1 in Chesterfield,

significantly higher than the County's. No other district had a rate significantly higher than the County's.

Females

The rate of deaths per 100,000 population in Derbyshire, at 17.1, was higher than for England (16.5) and East Midlands (16.1), and had risen from 16.1. District rates ranged from 9.4 in Dales, significantly lower than the County's, to 21.9 in Bolsover, not significantly different. No other district had a rate significantly different from the County's.

PHOF 4.08 Mortality rate from a range of specified communicable diseases, including influenza

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.

Persons

The rate of deaths per 100,000 population in Derbyshire, at 10.6, was lower than for England (10.8) and the same as for East Midlands, and had risen from 10.2. District rates ranged from 6.3 in Dales, significantly lower than the County's, to 13.3 in Chesterfield, not significantly different. No other district had a rate significantly different from the County's.

Males

The rate of deaths per 100,000 population in Derbyshire, at 11.6, was the same as for England and higher than for East Midlands (11.2), and had fallen from 11.8. District rates ranged from 8.0 in Erewash (Dales not calculated owing to small numbers) to 14.3 in High Peak. No district had a rate significantly different from the County's.

Females

The rate of deaths per 100,000 population in Derbyshire, at 9.8, was lower than for England (9.9) and East Midlands (10.1), and had risen from 9.2. District rates ranged from 6.3 in Dales to 12.2 in North East. No district had a rate significantly different from the County's.

PHOF 4.10 Suicide rate

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

Persons

The rate of deaths per 100,000 population in Derbyshire, at 10.7, was higher than for England (9.9) and East Midlands (9.5), and had risen from 10.3. District rates ranged from 8.4 in High Peak and South, not significantly different from the County's, to 16.1 in Chesterfield, significantly higher. No other district had a rate significantly different from the County's.

Males

The rate of deaths per 100,000 population in Derbyshire, at 17.1, was higher than for England (15.3) and East Midlands (15.1), and had fallen from 17.2. District rates ranged from 12.6 in North East, not significantly different from the County's, to 28.4 in Chesterfield, significantly higher. No other district had a rate significantly different from the County's.

Females

The rate of deaths per 100,000 population in Derbyshire, at 4.5, was lower than for England (4.8) but higher than for East Midlands (4.3), and had risen from 3.7. Owing to small numbers the rate for Amber Valley only was calculated. At 7.8 this was not significantly different from the County rate.

4.15 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 excess winter deaths index (EWDI) is the ratio of deaths in winter to non-winter months.

4.15i Excess winter deaths index (single year, all ages)

Persons

The EWDI in Derbyshire, at 14.8, was lower than for England (15.1) and East Midlands (15.0), and had fallen from 36.2. District rates ranged from 8.7 in North East to 27.4 in High Peak. No district had a rate significantly different from the County's.

Males

The EWDI in Derbyshire, at 9.3, was lower than for England (13.9) and East Midlands (14.9), and had fallen from 26.6. District rates ranged from -3.1 in North East to 32.1 in High Peak. No district had a rate significantly different from the County's.

Females

The EWDI in Derbyshire, at 20.1, was higher than for England (16.2) and East Midlands (15.1), and had fallen from 31.6. District rates ranged from 13.4 in Chesterfield to 33.8 in South. No district had a rate significantly different from the County's.

4.15ii Excess winter deaths index (single year, age 85+)

Persons

The EWDI in Derbyshire, at 17.4, was lower than for England (17.7) but higher than East Midlands (16.6), and had fallen from 43.8. District rates ranged from 6.5 in Bolsover to 30.4 in Amber Valley. No district had a rate significantly different from the County's.

Males

The EWDI in Derbyshire, at 16.7, was lower than for England (17.5) and East Midlands (21.1), and had fallen from 43.4. District rates ranged from -22.0 in Bolsover to 47.4 in Dales. No district had a rate significantly different from the County's.

Females

The EWDI in Derbyshire, at 37.9, was higher than for England (17.8) and East Midlands (17.7), and had fallen from 52.6. District rates ranged from 3.1 in Erewash to 37.9 in Amber Valley. No district had a rate significantly different from the County's.

4.15iii Excess winter deaths index (3 years, all ages)

Persons

The EWDI in Derbyshire, at 19.8, was higher than for England (17.9) and East Midlands (18.6), and had fallen from 23.2. District rates ranged from 14.3 in North East to 24.7 in High Peak. No district had a rate significantly different from the County's.

Males

The EWDI in Derbyshire, at 16.4, was higher than for England (15.4) but lower than for East Midlands (17.1), and had fallen from 21.0. District rates ranged from 9.9 in North East to 24.3 in High Peak. No district had a rate significantly different from the County's.

Females

The EWDI in Derbyshire, at 23.1, was higher than for England (20.2) and East Midlands (20.1), and had fallen from 25.2. District rates ranged from 15.7 in Chesterfield to 37.3 in South. No district had a rate significantly different from the County's.

4.15i Excess winter deaths index (3 year, age 85+)

Persons

The EWDI in Derbyshire, at 26.2, was higher than for England (24.6) and East Midlands (25.9), and had fallen from 31.6. District rates ranged from 17.1 in North East to 34.4 in Amber Valley. No district had a rate significantly different from the County's.

Males

The EWDI in Derbyshire, at 29.5, was higher than for England (23.3) and East Midlands (28.0), and had fallen from 35.5. District rates ranged from 19.1 in Bolsover to 50.9 in Dales. No district had a rate significantly different from the County's.

Females

The EWDI in Derbyshire, at 24.4, was lower than for England (25.3) and East Midlands (24.6), and had fallen from 29.5. District rates ranged from 12.8 in North East to 36.2 in Amber Valley. No district had a rate significantly different from the County's.

6.3 Getting worse

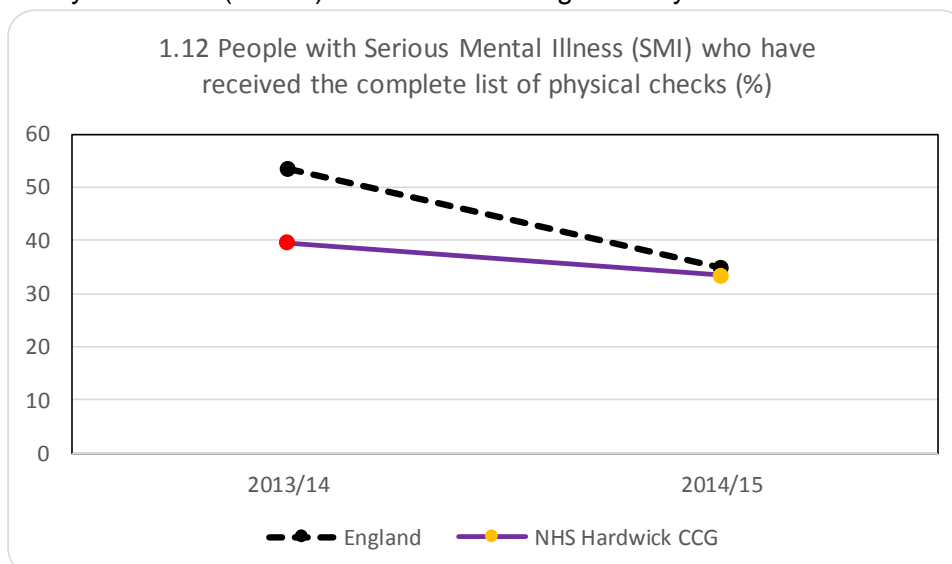
6.3.1 Keep People Healthy & Independent in their Own Homes

CCGOF 1.12 People with Serious Mental Illness (SMI) who have received the complete list of physical checks

Patients identified for this indicator have one or more of the diagnosis codes for schizophrenia, bipolar affective disorder or other psychoses in their electronic health record and their latest mental health diagnosis is not in remission. They have a record of a complete list of physical checks appropriate to their age and condition in the preceding 12 months i.e. body mass index (BMI), blood pressure, ratio of total cholesterol:hdl, blood glucose or HbA1c, alcohol consumption and smoking status.

Hardwick CCG

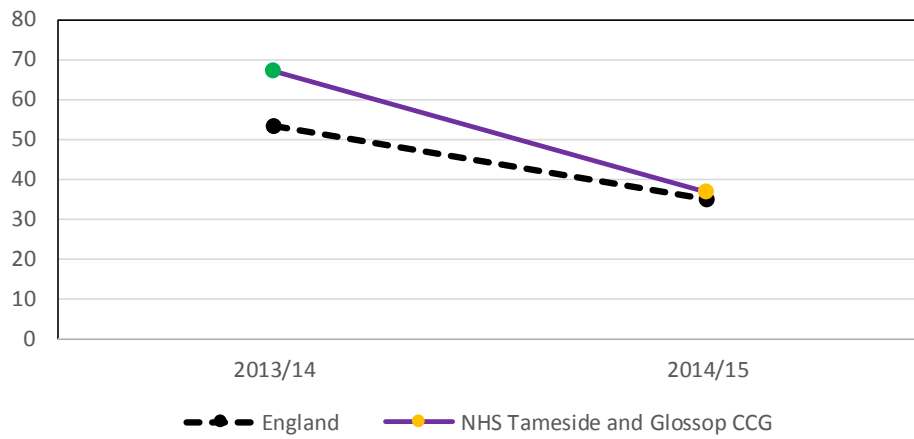
The percentage checked was 33.4%, lower than for NHS England (34.8%) and for Derbyshire STP (34.3%) and decreased significantly from 39.6%.



Tameside & Glossop CCG

The percentage checked was 36.6%, higher than for NHS England (34.8%) but decreased significantly from 66.9%.

1.12 People with Serious Mental Illness (SMI) who have received the complete list of physical checks (%)



7 GREEN

7.1 Improving

7.1.1 Emotional Health & Wellbeing of Children & Young People

PHOF

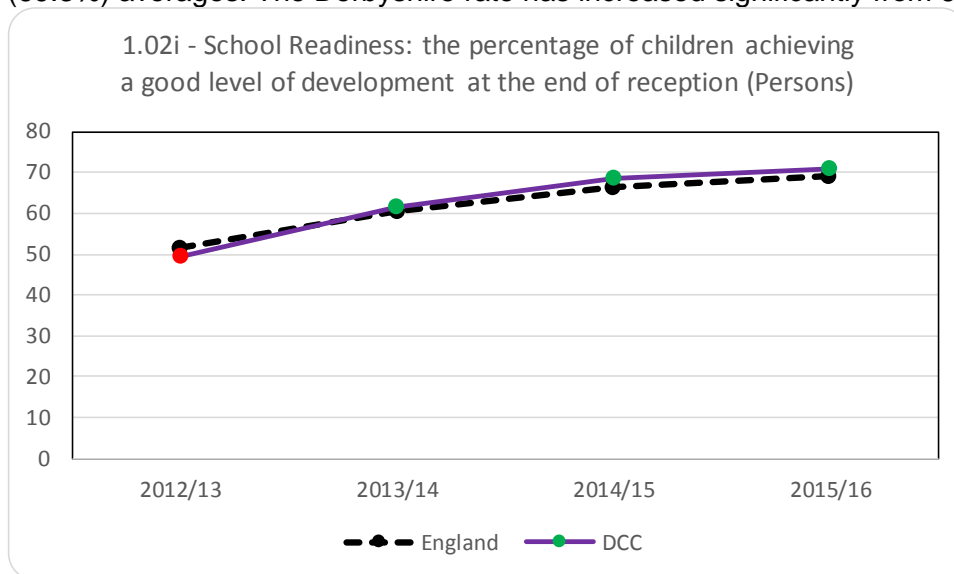
1.02i School Readiness

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.

The percentage of children achieving a good level of development at the end of reception

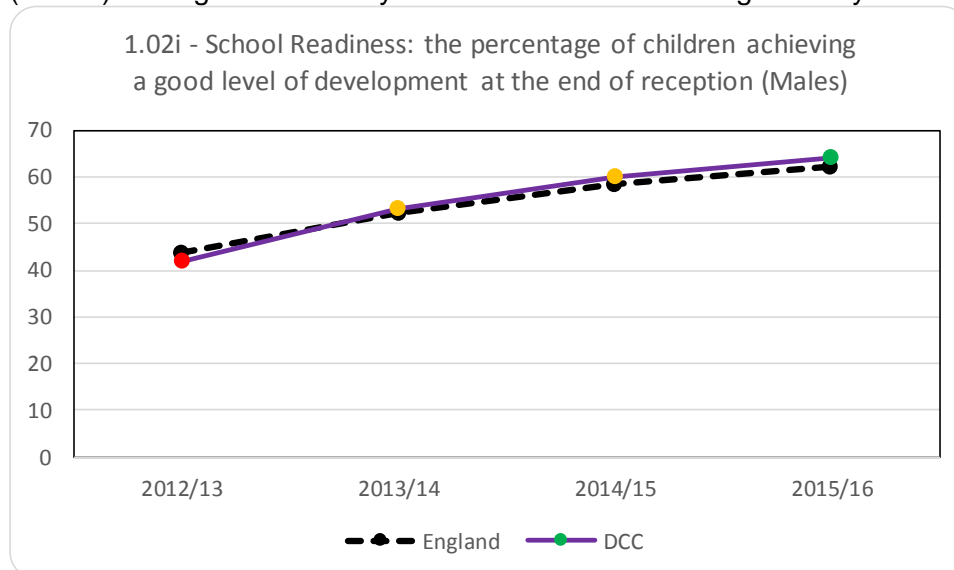
Persons

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%) averages. The Derbyshire rate has increased significantly from 68.4%.



Males

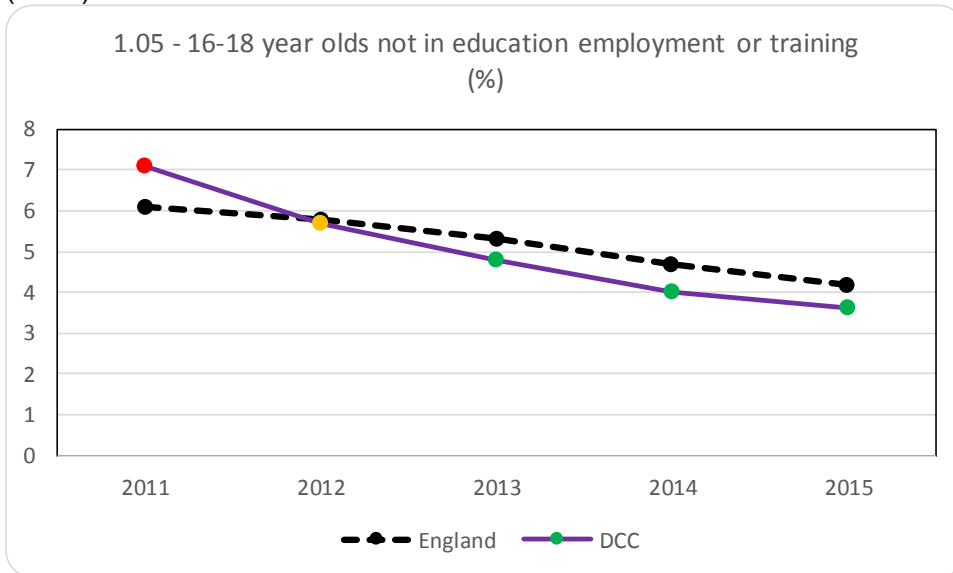
In 2015/16, 63.9% of boys in Derbyshire achieved a good level of development at the end of reception. This was significantly higher than the East Midlands (60.5%) and England (62.1%) averages. The Derbyshire rate has increased significantly from 60.0%.



1.05 16-18 year olds not in education employment or training (NEET)

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.

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%).



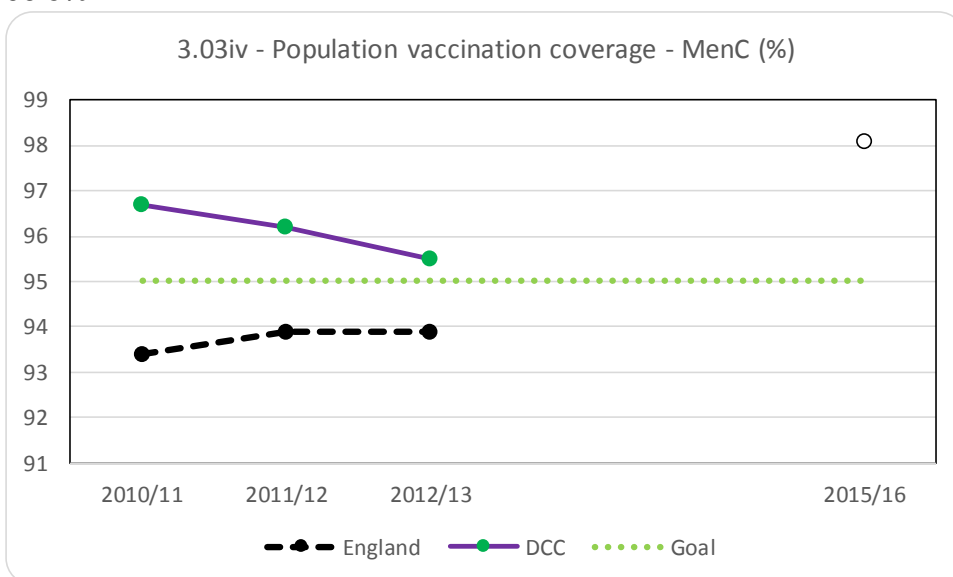
7.1.2 Healthy Communities

3.03 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.

3.03iv MenC

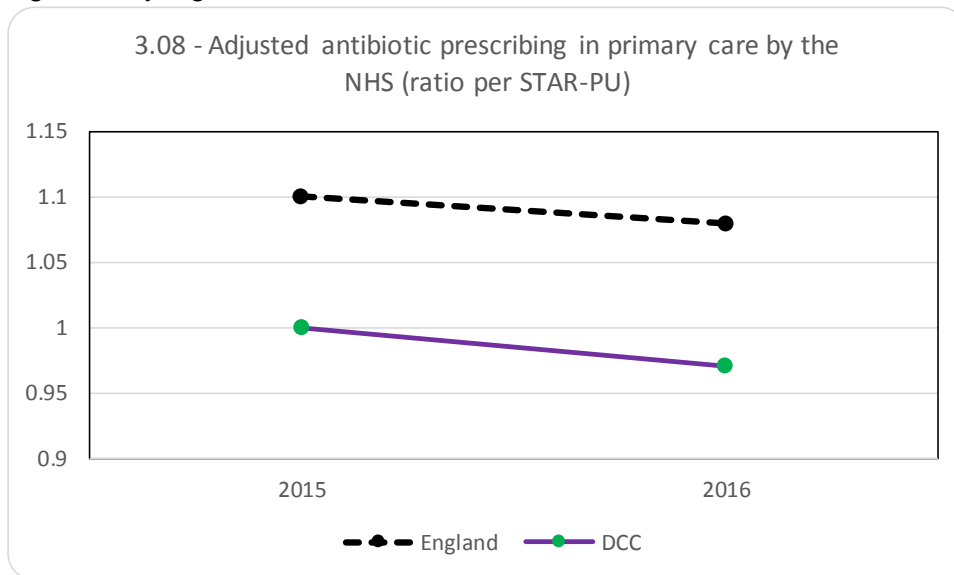
The coverage rate was significantly higher in Derbyshire, at 98.1%, than in England (93.9%) and higher than in East Midlands (97.0%), despite having risen significantly from 96.5%.



3.08 Adjusted antibiotic prescribing in primary care by the NHS

Reductions in antibiotic consumption is a well-recognised target in antimicrobial resistance (AMR) policies across Public Health England (PHE), the NHS, Department of Health (DH) and internationally, including the World Health Organisation (WHO). This can be used as an overall metric for benchmarking across Local Authorities, bringing together a whole health economy approach with NHS prescriptions from all types of hospitals (including Acute, Mental Health, Community etc.), General Practices, other Community Locations (Urgent care, Walk-in-Centres).

The ratio of antibiotic prescribing per 100,000 weighted population in Derbyshire is 0.97, significantly lower than in England and East Midlands (both 1.08), and having fallen significantly from 1.00. District ratios ranged from 0.88 in South, significantly lower than the County ratio, to 1.14 in both Bolsover and North East, significantly higher than the County ratio. Amber Valley (0.90) also had a significantly lower ratio; Chesterfield (1.00) also had a significantly higher ratio.

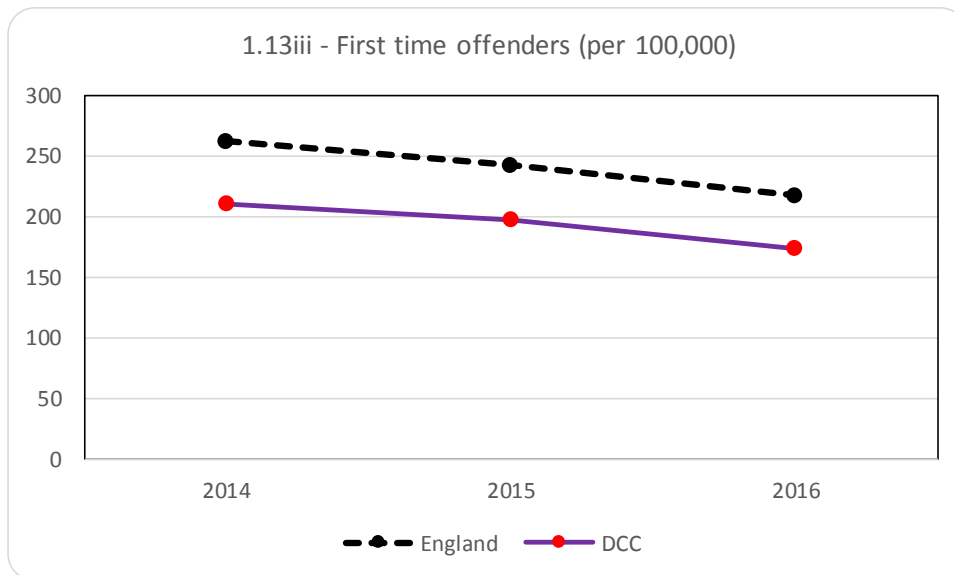


7.1.3 Build Social Capital

1.13iii First time offenders

The indicator on first time offenders will provide a useful measure on progress on wider coordinated actions to reduce the numbers of individuals entering the Criminal Justice System for the first time.

This crude rate per 100,000 population was significantly lower in Derbyshire (174.1) than in England (218.4) or East Midlands (210.9), having fallen significantly from 197.5.

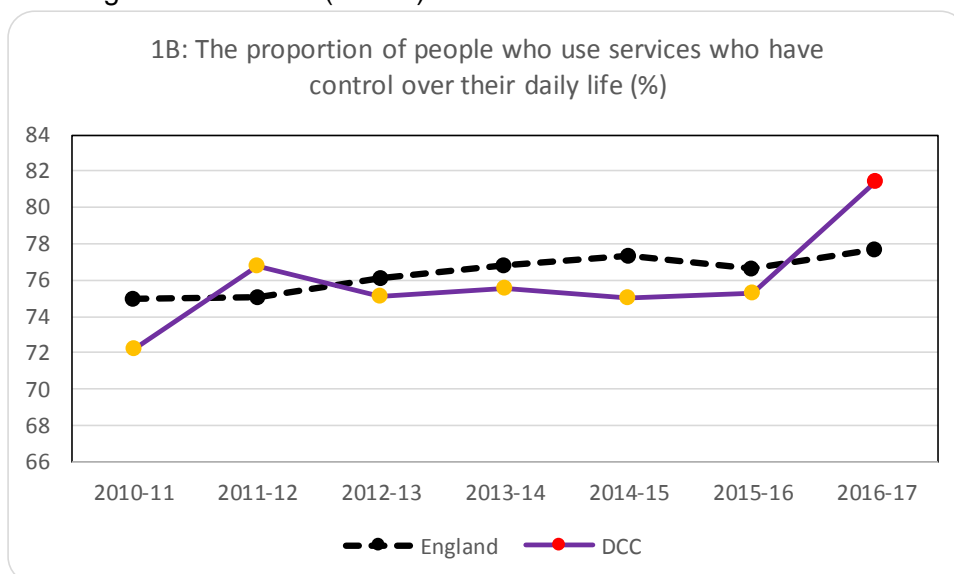


ASCOF

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.

81.4% of users of social care in Derbyshire say they feel in control of their daily life, significantly more than for England at 77.7% and higher than for East Midlands at 79.0%, rising significantly from 75.3%. More males reported being in control, 83.9%, than females, 79.9%. Those aged 18–64 were more likely to report they feel in control (86.0%) than those aged 65 and over (79.5%).



7.1.4 Keep People Healthy & Independent in their Own Homes

1C People using social care who receive self-directed support, and those receiving direct payments

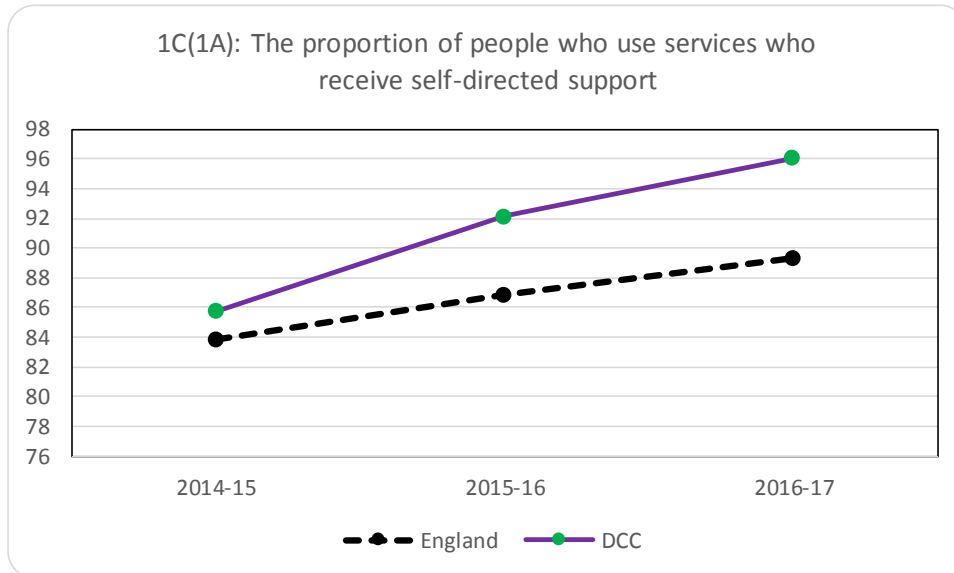
ASCOF

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.

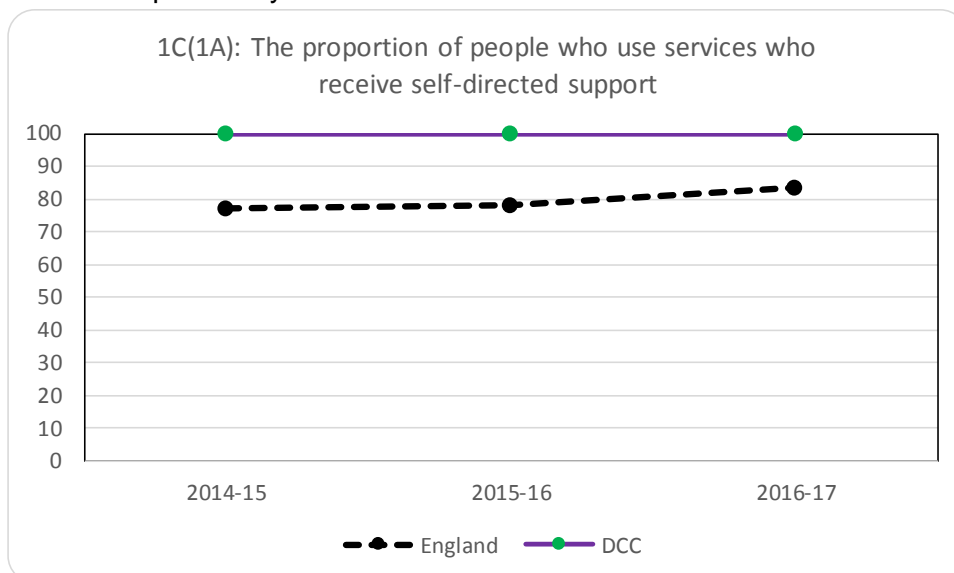
1C(1A) The proportion of people using social care who receive self-directed support (adults aged over 18 receiving self-directed support)

96.6% of users received self-directed support during the year, similar to East Midlands at 96.8% but significantly higher than England at 89.4% and rising significantly from 92.1% previously. 94.2% of users aged 18-64 and 97.1% of users aged 65 and over, significantly higher, received self-directed support.



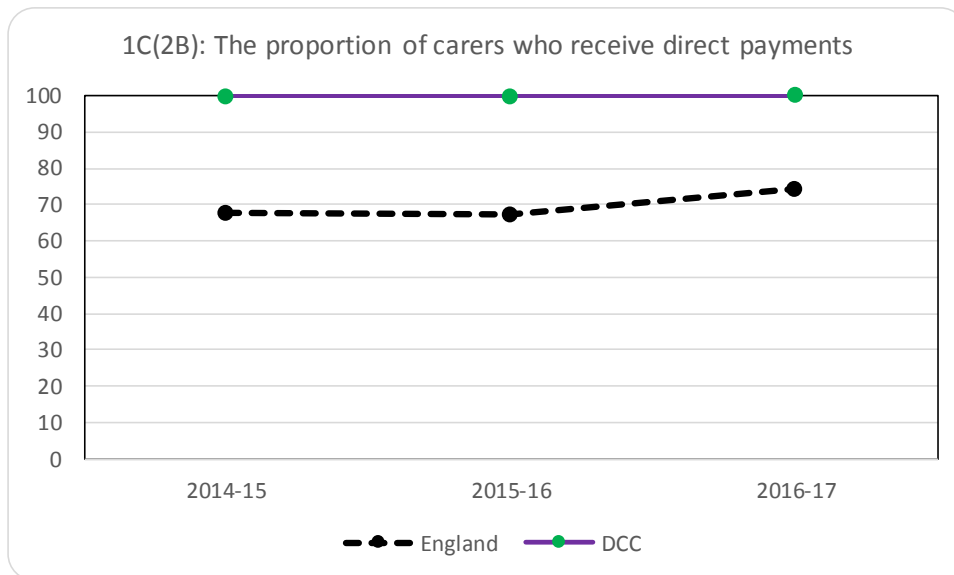
1C(1B) The proportion of carers receiving self-directed support

100% of carers receiving carer specific services (n=15) received self-directed support, significantly higher compared to 83.1% in England and 95.7% in East Midlands. This was also 100% previously.



1C(2B) The proportion of carers receiving direct payments for support direct to carer

100% of carers receiving carer specific services (n=12) received direct payments, significantly higher than 74.0% in England and higher than in East Midlands (95.0%). This was also 100% previously.



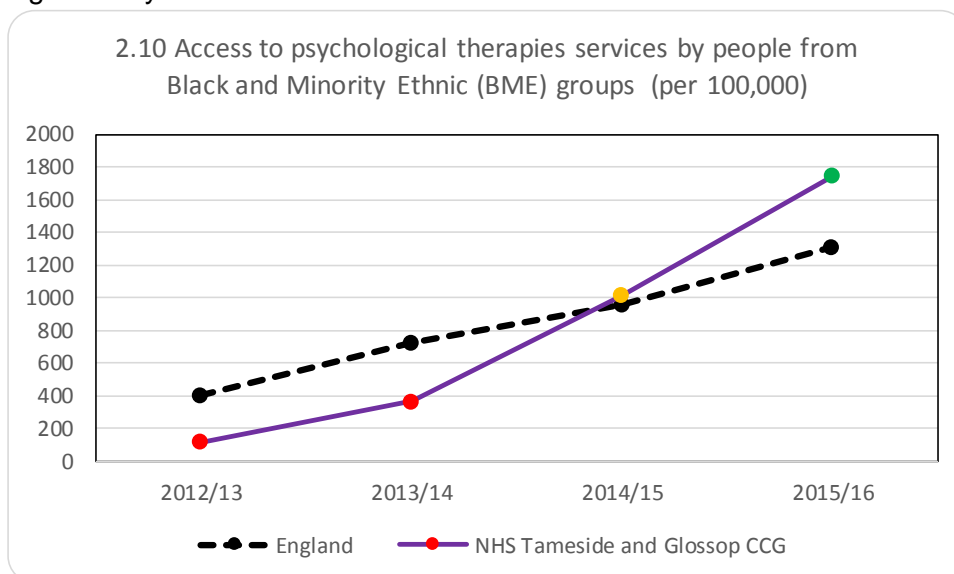
2.10 Access to psychological therapies services by people from Black and Minority Ethnic (BME) groups

CCGOF

This indicator reflects access to mental health services among people from black and minority ethnic groups. It is the number of people from BME groups using IAPT per 100,000 BME group population.

Tameside & Glossop CCG

The rate (1738) was significantly higher than for NHS England (1312) and rising significantly.



2.11 Percentage of referrals to Improving Access to Psychological Therapies (IAPT) services

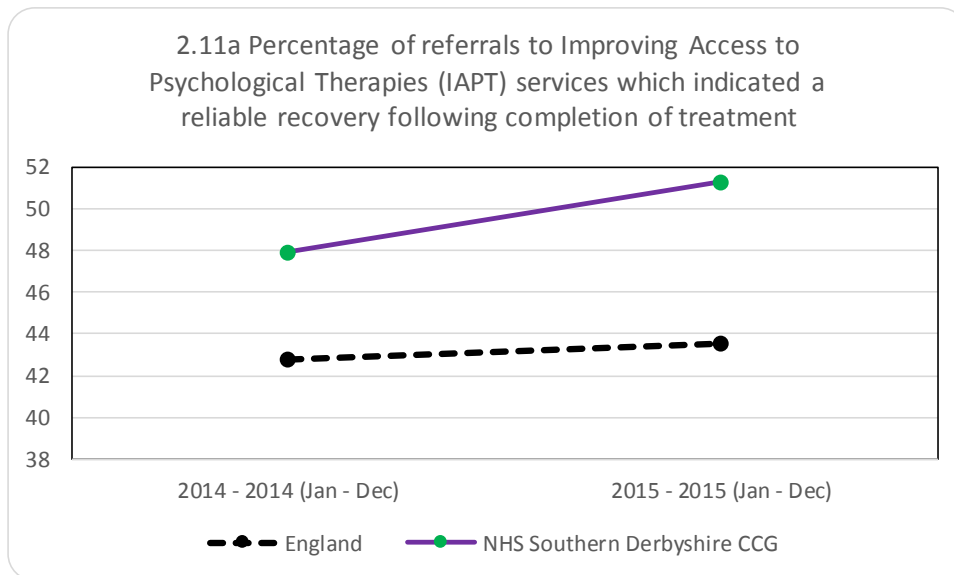
CCGOF

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

Southern Derbyshire CCG

The percentage recovered was 51.3%, significantly more than for NHS England (43.5%), and more than for Derbyshire STP (50.7%) and increased significantly from 47.9%.

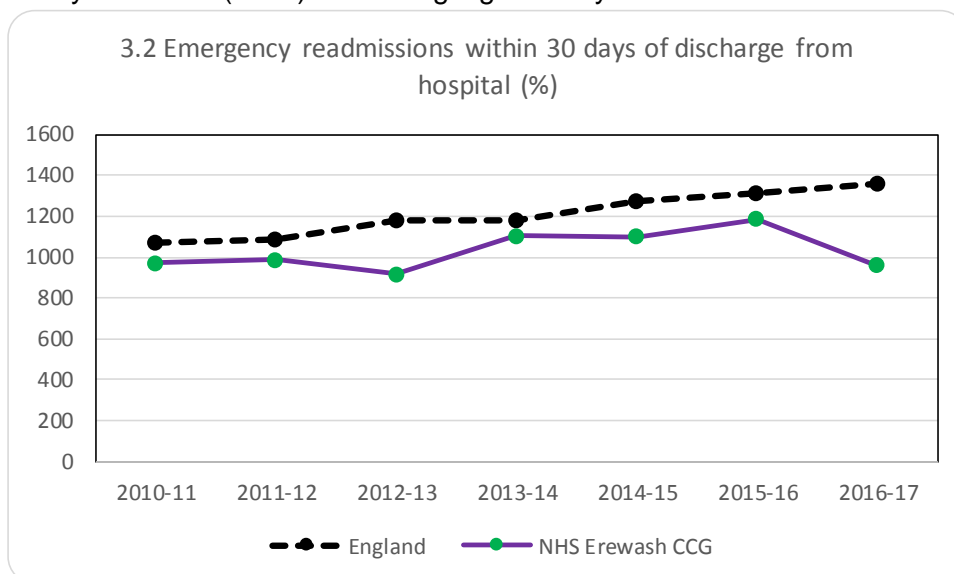


CCGOF 3.1 Emergency admissions for acute conditions that should not usually require hospital admission

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 of admissions was significantly lower, at 960, than for NHS England (1357) and Derbyshire STP (1456) and falling significantly.

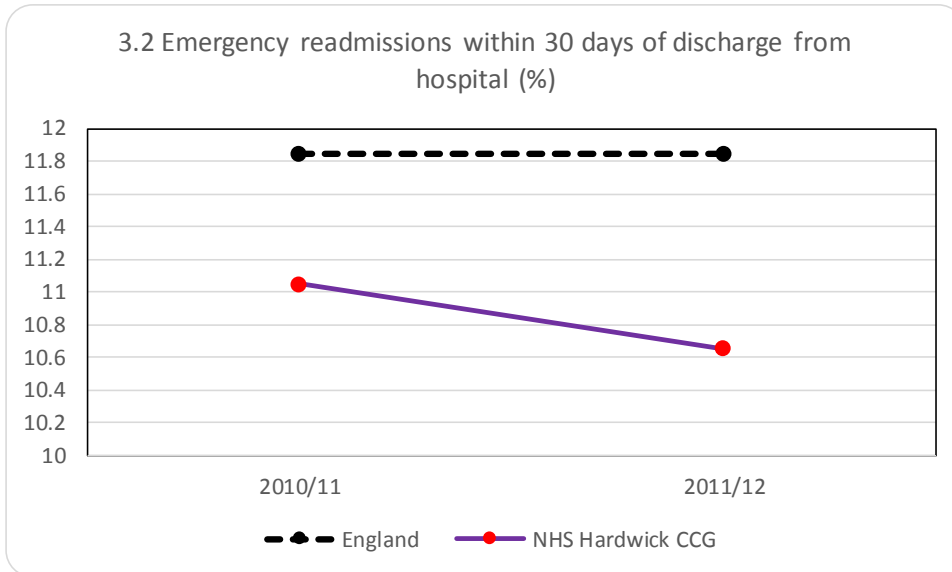


CCGOF 3.2 Emergency readmissions within 30 days of discharge from hospital

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 potentially avoidable adverse events, such as incomplete recovery or complications.

Hardwick CCG

The standardised percentage of patients readmitted within 30 days was significantly lower, at 10.7%, than for NHS England and Derbyshire STP (11.7%), and falling significantly.



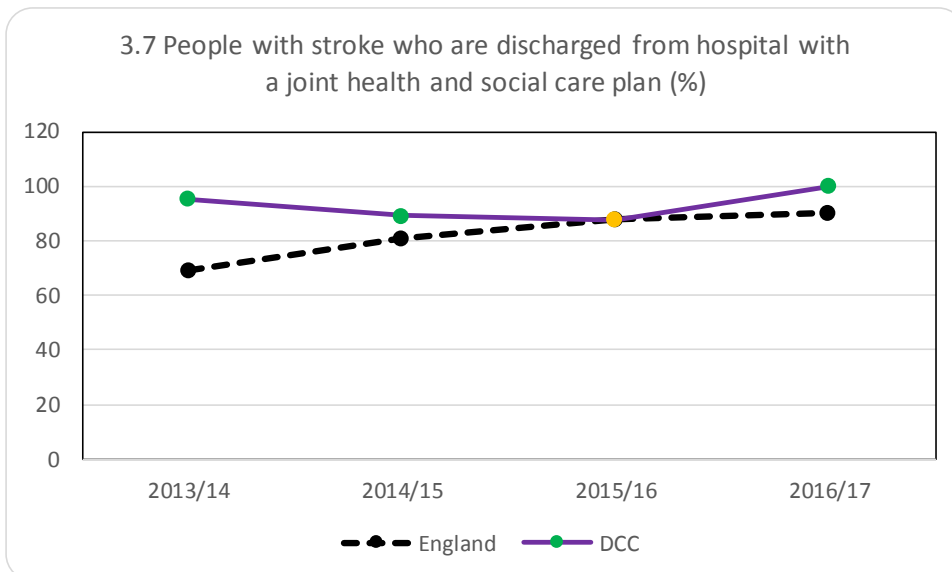
3.7 People who have had a stroke who are discharged from hospital with a joint health and social care plan

CCGOF

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, at 100%, was significantly higher than for NHS England, at 90.5%, and for Derbyshire STP, at 86.7%, and rose significantly from 87.6%.



7.2 Stable

7.2.1 Emotional Health & Wellbeing of Children & Young People

1.03 Pupil absence

PHOF

Parents of children of compulsory school age (aged 5 to 15 at the start of the school year) are required to ensure that they receive a suitable education by regular attendance at school or otherwise. Education attainment is influenced by both the quality of education they receive and

their family socio-economic circumstances. Educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources. These are related to health and health inequalities.

The percentage of half days missed by pupils is significantly lower in Derbyshire (4.26%) than in either East Midlands (4.51%) or England (4.57%). It has, however, fallen from 4.40%. District rates range from 4.08% in North East to 4.45% in Bolsover, but none is significantly different from the County's.

PHOF 1.04 First time entrants to the youth justice system

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

The rate for Derbyshire is 169.2 per 100,000, which is significantly lower than East Midlands at 304.0 and England at 327.1. The Derbyshire rate has been falling significantly since 2010, reflecting trends regionally and nationally, most recently from 181.1.

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

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).

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. District rates range from 65.2 in Erewash, which along with Amber Valley's rate is significantly lower than that of the County, to 125.5 in High Peak, which has the only rate significantly higher than the County's.

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. District rates range from 65.6 in Amber Valley, which along with Erewash and South has a rate significantly lower than that of the County, to 174.9 in High Peak, which, along with Chesterfield has a rate significantly higher than the County's.

7.2.2 *Healthy Communities*

NHSOF 4a.i Patient experience of GP services

The percentage of people reporting a 'very good' or 'fairly good' experience of GP services was significantly higher in Derbyshire, at 87.6%, than in England (84.8%) and East Midlands (84.4%), but had fallen from 88.4%. District rates ranged from 80.3% in Chesterfield – significantly lower than for the County – to 94.1% in Dales – significantly higher than for the County. South (83.4%) also had a significantly lower rate; High Peak (92.0%) also had a significantly higher rate.

NHSOF 4.4i Access to GP services

The percentage of GP patient survey respondents reporting a 'very good' or 'fairly good' experience of making an appointment was significantly higher in Derbyshire at 74.5% than in England (72.7%) and East Midlands (71.3%), but had fallen from 75.3%. District rates ranged from 65.7% in South – significantly lower than for the County - to 84.9% in Dales –

significantly higher. Chesterfield also had a significantly lower rate (66.9%); Bolsover also had a significantly higher rate (79.1%).

4a.ii Patient experience of GP out-of-hours services

NHSOF

The percentage of people reporting a 'very good' or 'fairly good' experience of GP out-of-hours services was significantly higher in Derbyshire at 72.6% than in England (68.6%) and higher than in East Midlands (70.8%), and but had risen from 69.9%. District rates ranged from 64.2% in Erewash to 83.1% in Chesterfield; no rate was significantly different from the County's.

4.1 Patient experience of GP out-of-hours services

CCGOF

North Derbyshire CCG

The percentage of people reporting a 'very good' or 'fairly good' experience of GP out-of-hours services was, at 79.1%, significantly higher than for NHS England (68.6%) and higher than for Derbyshire STP (73.8%), and had risen from 71.9%.

4a.ii Patient experience of NHS dental services

NHSOF

The percentage of people reporting a 'very good' or 'fairly good' experience of dental services was significantly higher in Derbyshire, at 86.6%, than in England (85.2%) and East Midlands (84.5%), and remained the same as previously. District rates ranged from 81.2% in Amber Valley and in South – significantly lower than for the County (no other rate was significantly different) – to 90.7% in Chesterfield.

2.04 Under 18 conceptions

PHOF

Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.

The rate of conception per 1,000 in females aged 15-17 was significantly lower, at 15.4, was than for England (20.8) and East Midlands (20.2), and had fallen from 16.2. District rates ranged from 5.7 in Derbyshire Dales, significantly lower than for the County, to 20.9 in Bolsover. No district other than Dales had a rate significantly different from the County's.

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

PHOF

This indicator will help to build a picture of child development at age 2-2½ at national and local level. It will support local areas in assessing the effectiveness and impact of services for 0-2 year olds and with planning services for children age 2 and beyond.

The proportion of children offered assessment was significantly higher in Derbyshire, at 92.0%, than in England (81.3%) and East Midlands (87.2%). This a new indicator and no trend data is available.

PHOF 2.06i Child excess weight in 10-11 year olds

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

The proportion of children who were overweight or obese was significantly lower in Derbyshire, 32.3% than England (34.2%) and lower than in East Midlands (33.3%), but had risen from 30.8%. District rates range from 26.5% in Dales, significantly lower than for the County, to 36.1% in Bolsover, significantly higher than for the County. No other district had a rate significantly different from the County's.

PHOF 4.02 Proportion of five year old children free from dental decay

Tooth decay is a predominantly preventable disease. Significant levels remain, resulting in pain, sleep loss, time off school and, in some cases, treatment under general anaesthetic. Inclusion of this indicator in the Public Health Outcomes Framework will encourage local authorities to focus on and prioritise oral health and oral health improvement initiatives to reduce tooth decay.

The proportion of children who were free of tooth decay was significantly higher in Derbyshire, at 77.8% than England (75.2%) and East Midlands (72.5%), and had risen from 77.6%. District rates range from 66.2% in High Peak, significantly lower than for the County, to 90.5% in Derbyshire Dales, significantly higher than for the County. Bolsover (66.4%) also had a significantly higher rate than the County; North East (87.6%) and South (84.8%) also had significantly higher rates.

CCGOF 3.4 Emergency admissions for children with lower respiratory tract infections (LRTI)

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.

Erewash CCG

The rate of admissions per 100,000 admissions was significantly lower, at 332.4, than for NHS England (459.0) and Derbyshire STP (460.3), and had fallen from 351.2.

Southern Derbyshire CCG

The rate of admissions per 100,000 admissions was significantly lower, at 325.1, than for NHS England (459.0) and Derbyshire STP (460.3), and had fallen from 325.2.

NHSOF 3.7ii Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under

Tooth decay is a predominantly preventable disease. Significant levels remain, resulting in pain, sleep loss, time off school and, in some cases, treatment under general anaesthetic

The rate of extractions per 100,000 population in Derbyshire, at 125.5 was significantly lower than for England (425.0) and East Midlands (188.9), falling from 162.9. District rates ranged 0 in Erewash, significantly lower than for Derbyshire, to 287.7 in High Peak, significantly higher than for Derbyshire. No other district had a significantly lower rate, although some were suppressed because of small numbers.

3.02 Chlamydia detection rate (15-24 year olds)

Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. 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 National Chlamydia Screening Programme (NCSP) recommends screening for all sexually active young people under 25 annually or on change of partner (whichever is more frequent).

Persons

The detection rate per 100,000 was significantly lower, at 1607, in Derbyshire than in England (1882) and East Midlands (1820), but had risen from 1565. District rates ranged from 1015 in High Peak, significantly lower than for the County, to 2115 in Chesterfield, significantly higher. Derbyshire Dales (1118) also had a significantly lower rate.

Males

The detection rate per 100,000 was significantly lower, at 1125, in Derbyshire than in England (1269) and lower than in East Midlands (1181), but had risen from 1071. District rates ranged from 717 in High Peak, significantly lower than for the County, to 1660 in Chesterfield, significantly higher. There were no other rates significantly different from the County rate.

Females

The detection rate per 100,000 was significantly lower, at 2111, in Derbyshire than in England (2479) and East Midlands (2481), but had risen from 2068. District rates ranged from 1303 in High Peak, significantly lower than for the County, to 2672 in Chesterfield, significantly higher. Derbyshire Dales (1893) also had a significantly lower rate.

3.03 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.

3.03i Hepatitis B (1 year old) – 100% coverage

3.03ii Hepatitis B (1 year old) – suppressed for small numbers

3.03v PCV

The coverage rate was significantly higher in Derbyshire, at 96.6%, than in England (93.9%) and East Midlands (93.5%), having risen from 96.0%.

3.03vi Hib/MenC booster (2 years old)

The coverage rate was significantly higher in Derbyshire, at 96.0%, than in England (91.6%) and East Midlands (94.0%), despite having fallen from 96.5%.

3.03vii PCV booster

The coverage rate was significantly higher in Derbyshire, at 96.0%, than in England (92.6%) and East Midlands (93.4%), having risen from 95.9%.

3.03viii MMR for one dose (2 years old)

The coverage rate was significantly higher in Derbyshire, at 95.7%, than in England (91.9%) and East Midlands (94.1%), having risen from 95.3%.

3.03viii MMR for one dose (5 years old)

The coverage rate was significantly higher in Derbyshire, at 96.7%, than in England (94.8%) and higher than in East Midlands (94.1%), despite having fallen from 97.2%.

3.03xii HPV vaccination coverage for one dose (females 12-13 years old)

The coverage rate was significantly higher in Derbyshire, at 72.3%, than in England (69.8%) and East Midlands (71.8%), despite having fallen from 72.7%.

3.03xiii PPV

The coverage rate was significantly higher in Derbyshire, at 72.3%, than in England (69.8%) and East Midlands (71.8%), despite having fallen from 72.7%.

3.03xviii - Population vaccination coverage - Flu (2-4 years old)

The coverage rate was significantly higher in Derbyshire, at 48.3%, than in England (38.1%) and East Midlands (42.4%), having risen from 48.2%.

PHOF 2.13 Physical activity

Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. 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. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year.

2.13i Percentage of physically active adults

The proportion of adults who were physically active was significantly higher in Derbyshire (66.0%) than for England (61.3%) and East Midlands (63.7%). District rates ranged from 61.2% in Bolsover, which had the only rate significantly different from the County's, to 71.9% in Dales.

2.13ii Percentage of physically inactive adults

The proportion of adults who were physically inactive was significantly lower in Derbyshire (19.7%) than for England (22.3%) and East Midlands (22.5%). District rates ranged from 16.3% in South to 27.5% in Bolsover, which had the only rate significantly different from the County's.

PHOF 2.20 Screening coverage

2.20i Breast cancer

Breast screening supports early detection of cancer and is estimated to save 1,400 lives in England each year. Inclusion of this indicator will provide an opportunity to incentivise screening promotion and other local initiatives to increase coverage of cancer screening. Improvements in coverage would mean more breast cancers are detected at earlier, more treatable stages.

The proportion of eligible women screened adequately within the previous 3 years was, at 79.6%, significantly higher than for England (75.5%) but lower than for East Midlands (79.8%), and had fallen from 79.7%. District rates ranged from 76.8% in Bolsover, significantly lower than for the County, to 81.9% in Amber Valley, significantly higher than for the County. High Peak (76.9%) and Chesterfield (78.5%) also had significantly lower rates; Erewash (81.0%) and Dales (80.7%) also had significantly higher rates.

2.20ii Cervical cancer

Cervical cancer screening supports detection of symptoms that may become cancer and is estimated to save 4,500 lives in England each year. Inclusion of this indicator will provide an opportunity to incentivise screening promotion and other local initiatives to increase coverage of cancer screening. Improvements in coverage would mean more cervical cancer is prevented or detected at earlier, more treatable stages.

The proportion of eligible women screened adequately within the previous 3.5 or 5.5 years was, at 79.1%, significantly higher than for England (72.7%) and East Midlands (75.9%), but had fallen from 79.3%. District rates ranged from 77.8% in High Peak, significantly lower than for the County, to 80.3% in Dales, significantly higher than for the County. Bolsover (78.4%) also had a significantly lower rate; North East (80.2%) and Amber Valley (79.7%) also had significantly higher rates.

2.20iii Bowel cancer

About one in 20 people in the UK will develop bowel cancer during their lifetime. It is the third most common cancer in the UK, and the second leading cause of cancer deaths, with over 16,000 people dying from it each year. Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16%. Bowel cancer screening can also detect polyps. These are not cancers, but may develop into cancers over time. They can easily be removed, reducing the risk of bowel cancer developing.

The proportion of people eligible for bowel screening who were screened was, at 62.1%, significantly higher than for England (57.9%) and East Midlands (59.0%), but had fallen from 62.3%. District rates ranged from 58.8% in Bolsover, significantly lower than for the County, to 65.2% in Dales, significantly lower than for the County. Chesterfield (59.2%) and High Peak (60.5) also had significantly lower rates; North East (64.0%) and Amber Valley (63.3%) also had significantly higher rates.

2.20iv Abdominal Aortic Aneurysm Screening – Coverage

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. Programmes should aim to increase the coverage of screening so that those not accepting have done so because of informed choice not lack of access to the service or from lack of information in an appropriate format.

The proportion of men eligible for abdominal aortic aneurysm screening who are conclusively tested was, at 86.3%, significantly higher than for England (79.9%) and East Midlands (82.5%), and had risen from 85.6%. District rates ranged from 84.0% in Bolsover to 87.8% in Dales. No district had a rate significantly different from the County's.

2.20xii Newborn Hearing Screening - Coverage

To provide assurance that screening is offered to parents of all eligible babies and each baby (where the offer is accepted) has a conclusive screening result.

The proportion of babies eligible for newborn hearing screening for whom screening process is complete within 4 weeks was, at 99.0%, significantly higher than for England (98.7%) but lower than for East Midlands (99.2%), and had fallen from 99.2%.

2.22 Take up of the NHS Health Check programme

[See also PHOF 2.22iii]

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess, raise awareness and support them to manage their risk of cardiovascular 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 percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check

The proportion offered who received a Health Check in Derbyshire, at 53.8%, was significantly higher than for England (48.9%) but significantly lower than for East Midlands (54.8%).

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

The proportion who received a Health Check in Derbyshire, at 36.6%, was significantly higher than for England (36.2%) but significantly lower than for East Midlands (39.0%).

2.24 Emergency hospital admissions due to falls

PHOF

PHOF

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. The highest risk of falls is in those aged 65 and above and it is estimated that about 30% people (2.5 million) aged 65 and above living at home and about 50% of people aged 80 and above living at home or in residential care will experience an episode of fall at least once a year. Falls that results in injury can be very serious - approximately 1 in 20 older people living in the community experience a fracture or need hospitalisation after a fall. Falls and fractures in those aged 65 and above account for over 4 million bed days per year in England alone, at an estimated cost of £2 billion.

2.24i People aged 65 to 79

Males

The rate of admission, at 739 per 100,000, was significantly lower than for England, at 825, but higher than for East Midlands, at 728, and has fallen from 769. District rates ranged from 576 in North East to 920 in South. No districts had a significantly higher rate than the County.

PHOF

3.05ii Incidence of TB

Reducing TB incidence is a key ambition of the Collaborative Tuberculosis Strategy for England 2015-2020

The incidence of TB in Derbyshire is 2.3 per 100,000 population, significantly lower than in England (10.9) and East Midlands (7.8), and has fallen from 2.9. District rates ranged from 1.3 in North East to 3.8 in Chesterfield. No district had a rate significantly different from the County.

7.2.3 Build Social Capital

ASCOF

4A Proportion of people who use services who feel safe

PHOF

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.

73.0% of users of social care said that they felt as safe as they wanted, rising from 70.6%, significantly higher compared to 70.1% in England and 69.6% in East Midlands. This was significantly lower for females, at 71.8%, than for males, at 74.9%. This was also significantly higher for those aged 18–64, at 77.6%, than those aged 65 or over, at 70.1%.

ASCOF

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.

89.1% of users of social care said that those services have made them feel safe and secure, rising from 86.9%, and significantly higher than 86.4% in England and higher than 88.6% in East Midlands. This was higher for males, at 89.8%, than females, at 88.6%.

This was also higher for those aged 18–64, at 90.5%, than those aged 65 or over, at 88.5%.

1.08iv Percentage of people aged 16-64 in 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. The strategy for public health takes a life

PHOF

course approach and this indicator provides a good indication of the impact limiting long-term illness has on employment among those in the "working well" life stage.

Persons

The percentage in employment in Derbyshire (79.4%) was significantly higher than in England (74.4%) and East Midlands (74.7%) and had risen from (77.4%). District rates range from 69.8% in Chesterfield - the only district with a significantly lower rate than the County - to 86.4% in Erewash – the only one with a significantly lower rate.

Males

The percentage in employment in Derbyshire (83.7%) was significantly higher than in England (79.5%) and East Midlands (78.8%) and had risen from (81.9%). District rates range from 75.3% in High Peak to 88.2% in Erewash, although none is significantly different from the County.

Females

The percentage in employment in Derbyshire (75.2%) was significantly higher than in England (69.5%) and East Midlands (70.6%) and had risen from (73.6%). District rates range from 58.5% in Chesterfield - the only district with a significantly lower rate than the County - to 86.4% in Erewash – the only one with a significantly lower rate.

1.09ii Sickness absence - The percentage of working days lost due to sickness absence

The Government's strategy for public health, which adopts a life-course approach and includes a focus on the working-age population in the "working well" stage to help people with health conditions to stay in or return to work.

This percentage was significantly lower, at 0.7%, than in England (1.2%) and East Midlands (1.1%), but having fallen from 1.6%. District rates ranged from 0.3% in Derbyshire Dales to 2.5% in South, the only rate significantly different from the County's.

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

The inclusion of this indicator enables a focus on the interventions that are effective and evidence-based including a greater focus on prevention and treatment, which need to be considered alongside criminal justice measures for a balanced response to the issue. The NHS contribution to sexual assault services are a public health function. It is also the government's strategic ambition, as set out in Call to end violence against women and girls 2010 and successive action plans to do what it can to contribute to a cohesive and comprehensive response.

The rate of admissions per 100,000, at 37.1, was significantly lower than for England (44.8) and lower than East Midlands (36.4), having fallen from 39.2. District rates ranged from 24.3 in South and 26.3 in Dales, both significantly lower than for the County, to 49.6 in Chesterfield, the only rate significantly higher than for the County.

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

Tackling a person's offending behaviour is often intrinsically linked to their physical and mental health, and in particular any substance misuse issues. This outcome therefore cannot be addressed in isolation. Offenders often also experience significant health inequalities that will need to be identified, examined and addressed locally in partnership with organisations across the criminal justice system. Furthermore, a large proportion of families with multiple needs are managed through the criminal justice system, and their issues are inter-generational. Re-offending therefore has a wide impact on the health and well-being of individuals, their children and families, and the communities they live in.

The consequences of tackling offending and re-offending will benefit a wide range of services agencies and enhance their outcomes. Public health is a crucial part of a multi-agency approach to

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reducing re-offending, which includes police, courts, prisons, probation, community safety partners, social services, housing and education at a local level.

The average in Derbyshire was significantly lower, at 0.75, than in England (0.82) and East Midlands (0.81), having fallen from 0.76. District rates ranged from 0.52 in Bolsover to 1.03 in Chesterfield. Dales, High Peak, North East and South all also had significantly lower rates than the County's. Amber Valley had the only other significantly higher rate.

PHOF 1.14 Exposure to road, rail and air transport noise

1.14i Complaints about 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.

The rate per 1,000 population was significantly lower in Derbyshire (4.3) than in England (7.1) or East Midlands (4.6), having fallen from 4.4. District rates range from 2.9 in Dales to 6.4 in Chesterfield, which has the only rate significantly higher than the County's. Amber Valley and Erewash also have significantly lower rates. (Data for North East and Bolsover have been combined)

PHOF 1.15 Statutory 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 significantly lower than England (0.8) but significantly higher than East Midlands (0.5), and remained the same as in the previous period. Amber Valley (1.4) and High Peak (1.2) have significantly higher rates than the County; South (0.2) has a significantly lower rate; Chesterfield (0.5) has the only other published rate.

1.15ii Statutory homelessness - households in temporary accommodation

The rate per 1,000 households at 0.2 was significantly lower than for East Midlands (0.5) and England (3.3). The rate has been suppressed for the last two periods due to small numbers so no trend is available, although the last four published rates have been 0.2 or 0.3. All published district rates are between 0.2 and 0.3; none are significantly different from the County's.

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

PHOF

In Derbyshire 52.9% engage successfully, which is significantly higher than in England (30.3%) and East Midlands (29.6%), but has fallen from 59.9%.

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

See also ASCOF 1F, NHSOF 2.5i and PHOF1.08ii.

This indicator is sourced from the Mental Health Minimum Dataset and published on a quarterly basis. Rates quoted are the latest available.

Erewash CCG

The percentage in employment was significantly higher, at 12%, than for NHS England (5.0%) and higher than for Derbyshire STP (11.4%).

Hardwick CCG

The percentage in employment was significantly higher, at 11%, than for NHS England (5.0%) but lower than for Derbyshire STP (11.4%).

North Derbyshire CCG

The percentage in employment was significantly higher, at 14%, than for NHS England (5.0%) and Derbyshire STP (11.4%).

Southern Derbyshire CCG

The percentage in employment was significantly higher, at 10%, than for NHS England (5.0%) but significantly lower than for Derbyshire STP (11.4%).

7.2.4 Keep People Healthy & Independent in their Own Homes

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. It is the number of people from BME groups using adult and elderly NHS secondary mental health services per 100,000 BME group population.

Erewash CCG

The rate (2924) was significantly higher than for NHS England (2201) and Derbyshire STP (2120), and rising.

2.11 Percentage of referrals to Improving Access to Psychological Therapies (IAPT) services

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

2.11a Which indicated a reliable recovery following completion of treatment

Erewash CCG

The percentage recovered was 47.4%, significantly more than for NHS England (43.5%), but significantly less than for Derbyshire STP (50.7%) and increased from 46.5%.

Hardwick CCG

The percentage recovered was 46.4%, significantly more than for NHS England (43.5%), but significantly less than for Derbyshire STP (50.7%) and decreased from 47.9%.

North Derbyshire CCG

The percentage recovered was 51.9%, significantly more than for NHS England (43.5%) and more than for Derbyshire STP (50.7%) and increased from 50.6%.

2.11b Which indicated a reliable improvement following completion of treatment

Erewash CCG

The percentage improved was 66.9%, significantly more than for NHS England (61.8%), but significantly less than for Derbyshire STP (69.8%) and increased from 65.9%.

Hardwick CCG

The percentage improved was 68.8%, significantly more than for NHS England (61.8%), but less than for Derbyshire STP (69.8%) and increased from 68.0%.

North Derbyshire CCG

The percentage improved was 70.6%, significantly more than for NHS England (61.8%), and more than for Derbyshire STP (69.8%) and increased from 69.0%.

Southern Derbyshire CCG

The percentage improved was 70.0%, significantly more than for NHS England (61.8%), and more than for Derbyshire STP (69.8%) and increased from 65.5%.

ASCOF

1G Adults with a primary support reason of learning disability support who live in their own home or with their family

PHOF

1.06 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation

The nature of accommodation for people with a primary support reason of learning disability support has a strong impact on their safety and overall quality of life and the risk of social exclusion.

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 76.2% in England and 75.7% in East Midlands.

This was the same as for the last period in Derbyshire. The percentage of females was slightly higher than males (84.7% compared to 84.0%).

ASCOF

1H Adults in contact with secondary mental health services who live independently, with or without support

Stable and appropriate accommodation is closely linked to improving their safety and reducing their risk of social exclusion.

Currently suspended owing to data quality issues, this stood at 82.1% of adults in contact with secondary mental health services living 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.

CCGOF

1.24 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).

North Derbyshire CCG

The proportion of patients referred for cardiac rehabilitation (32.9%) was significantly greater than for NHS England (14.1%) and Derbyshire STP (13.6%), but has fallen.

1A Social care-related quality of life score

ASCOF

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 19.7 out of a maximum possible score of 24, significantly higher than that for England at 19.2 and East Midlands at 19.1. This was a small increase on the previous year (19.3). There was a higher score for males (20.1) than for females (19.5), reversing the previous year's position, and a significantly higher score for 18-64 year olds (20.5) than for 65s and over (19.1).

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 [NHSOF 3.6i]

ASCOF

NHSOF

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.

83.2% of older people (aged 65 and over) were still at home 91 days after discharge from hospital into reablement or rehabilitation services, a rise from 77.0 in the previous year. This is significantly higher than the 82.5% for England and higher than the 80.1% for East Midlands. Women were more likely to still be at home than men – 84.7% compared to 80.7%. A higher proportion of 65-74 year olds remained at home (90.9%), than for 75-84 year olds (84.3%), of whom a higher percentage remained at home than of over 85s(80.1%). These differences were not statistically significant however.

2D The outcome of short-term services: sequel to service

ASCOF

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 short-term services aim to reable people and 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.

The proportion with no further need for services in Derbyshire, at 90.6%, was significantly higher than for England (77.8%) and East Midlands (83.8%), and had risen from 87.8%. It was slightly higher in 18 to 64 year olds (92.1%) than in those aged 65 and over (90.5%).

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

ASCOF

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

67.3% of users said that they were extremely or very satisfied with services they received, significantly higher than 64.7% in England and 65.6% in East Midlands, but slightly down on the previous 70.1%. This was significantly higher for males than for females, 70.1% compared to 65.6%. It was also significantly higher for 18 to 64 year olds than for those aged 65 and over, 71.4% compared to 65.5%.

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

ASCOF

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.

76.2% of users found it easy to find information, significantly higher compared to 73.5% in England and 72.3% in East Midlands, but falling from 78.0% previously. This was higher for males than for females, 76.6% compared to 75.9%. It was also significantly higher for those aged 65 and over for than for 18 to 64 year olds, 79.6% compared to 68.0%.

CCGOF 2.6 Unplanned hospitalisation for chronic ambulatory care sensitive 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 standardised rate per 100,000 of admission was significantly lower, at 709, than for NHS England (821) and Derbyshire STP (873), and was falling.

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

Active management of these conditions can prevent acute exacerbations and reduce the need for emergency hospital admission.

Erewash CCG

The rate of admissions was significantly lower, at 225, than for NHS England (304) and lower than for Derbyshire STP (242) and rising insubstantially.

Southern Derbyshire CCG

The rate of admissions was significantly lower, at 290, than for both NHS England (304) and Derbyshire STP (242), but rising.

CCGOF 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.

Hardwick CCG

The percentage of patients admitted, at 69.1%, was significantly higher than for NHS England, at 58.7%, and higher than for Derbyshire STP, at 62.6%, and rose from 66.0%.

North Derbyshire CCG

The percentage of patients admitted, at 66.7%, was significantly higher than for NHS England, at 58.7%, and higher than for Derbyshire STP, at 62.6%, but fell from 70.4%.

Tameside & Glossop CCG

The percentage of patients admitted, at 69.3%, was significantly higher than for NHS England, at 58.7%, and rose from 66.4%.

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

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 of admissions was significantly lower, at 1264 than for NHS England (1357) and Derbyshire STP (1456), but rising.

4.11 Emergency readmissions within 30 days of discharge from hospital

[3b Emergency readmissions within 30 days of discharge from hospital]

Health interventions and social care will play significant roles in putting in place the right reablement, rehabilitation and intermediate care services to support individuals to return home or regain their independence, so avoiding potentially avoidable adverse events, such as incomplete recovery or complications.

Persons:-

Derbyshire has a significantly lower rate, at 11.4 %, compared to England at 11.8% and East Midlands at 11.6%. The rate was falling but not significantly.

District rates range from 10.1% in Bolsover, which was significantly lower than for the County, to 12.0% in South. No other district rate is significantly different from the County's.

PHOF

NHSOF

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 was falling but not significantly.

District rates range from 10.8% in Bolsover, to 12.8% in Chesterfield, which is significantly higher than for the County. No other district rate was significantly different the County's.

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 was falling but not significantly.

District rates range from 10.1% in Bolsover, which was significantly lower than for the County, to 12.0% in South, which was significantly higher than for the County. No other district rate was significantly different from the County's.

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

CCGOF

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, at 95.6%, was significantly higher than for NHS England, at 90.5%, and for Derbyshire STP, at 86.7%, and rose from 95.3%.

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

CCGOF

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 assessed, at 69.4%, was significantly higher than for NHS England, at 31.6%, and for Derbyshire STP, at 29.0%, and rose from 63.2%.

North Derbyshire CCG

The percentage of patients assessed, at 76.5%, was significantly higher than for NHS England, at 31.6%, and for Derbyshire STP, at 29.0%, and rose from 70.5%.

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

CCGOF

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 on unit, at 89.1%, was significantly higher than for NHS England, at 84.3%, and higher than for Derbyshire STP, at 87.2%, and rose from 89.0%.

1.22 Hip fracture: incidence (60+ years)

CCGOF

Erewash CCG

The rate of admissions per 100,000 population, at 330.1, was significantly lower than for NHS England (422.6) and Derbyshire STP (425.4), and had risen from 431.6.

3.10i Patients with hip fractures recovering to their previous levels of mobility/walking ability at 30 days

CCGOF

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).

Southern Derbyshire CCG

46.1% recovered to previous levels, significantly more than for NHS England (37.4%) but less than for Derbyshire STP (48.0%).

CCGOF 3.10ii Patients with hip fractures recovering to their previous levels of mobility/walking ability at 120 days

Southern Derbyshire CCG

77.3% recovered to previous levels, significantly more than for NHS England (61.4%) and more than for Derbyshire STP (77.1%).

CCGOF 3.12 Hip fracture: timely surgery

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

Southern Derbyshire CCG

The percentage of patients having timely surgery, at 81.7%, was significantly higher than for NHS England, at 74.6%, and higher than for Derbyshire STP, at 79.6%, but fell from 86.8%.

CCGOF 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 best practice at 79.4%, was significantly higher than for NHS England, at 65.6%, and for Derbyshire STP, at 69.2%, and rose from 65.5%.

Southern Derbyshire CCG

The percentage of patients receiving best practice at 73.9%, was significantly higher than for NHS England, at 65.6%, and for Derbyshire STP, at 69.2%, but fell from 76.4%.

2C Delayed transfers of care from hospital, per 100,000

Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of 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.

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

Per 100,000 of the adult population, there were on average 10.6 delayed transfers of care (for those aged 18 and over) per day, a large, though not statistically significant, increase on the previous 8.5, but still significantly lower than the averages for England (14.9) and East Midlands (15.3).

ASCOF

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

Per 100,000 of the adult population, there were on average 3.7 delayed transfers of care (for those aged 18 and over) per day, up more than a third from 2.7, though not significantly. Again this was significantly lower than for England (6.3) and lower than for East Midlands (4.7).

7.2.5 Population measures and strategy outcomes

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

CCGOF

North Derbyshire CCG

The rate of infections per 100,000 population is 3.1, significantly lower than for NHS England (6.0) and lower than for Derbyshire STP (3.9).

1.4 Myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes

CCGOF

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.

North Derbyshire CCG

The indirectly standardised rate of people (86.7) diagnosed with diabetes who subsequently had an MI, stroke or chronic kidney disease was significantly lower than for NHS England (100) and Derbyshire STP (101.6), but had risen from 85.8.

1.23 Smoking rates in people with serious mental illness (SMI)

There is a strong association between smoking and mental health conditions. However, people with mental health conditions are generally able to quit smoking if they are given evidenced-based support.

CCGOF

North Derbyshire CCG

At 37.4%, the rate is significantly lower than for NHS England (40.5%) and lower than for Derbyshire STP (39.8%).

PHOF

4.04i Under 75 mortality rate from all cardiovascular diseases

[See also CCGOF 1.2 and NHSOF 1.1]

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.

Persons

The rate of deaths per 100,000 population in Derbyshire, at 69.7, was significantly lower than for England (73.5) and East Midlands (75.3), and had fallen from 73.7. District rates ranged from 49.5 in Dales and 58.0 in North East – both significantly lower than the County's – to 88.1 in Chesterfield – significantly higher than the County's.

Males

The rate of deaths per 100,000 population in Derbyshire, at 95.5, was significantly lower than for England (102.7) and East Midlands (104.4), and had fallen from 101.6. District rates ranged from 64.3 in Dales and 83.1 in North East – both significantly lower than the County's – to 123.6 in Chesterfield – significantly higher than the County's.

7.3 Getting worse

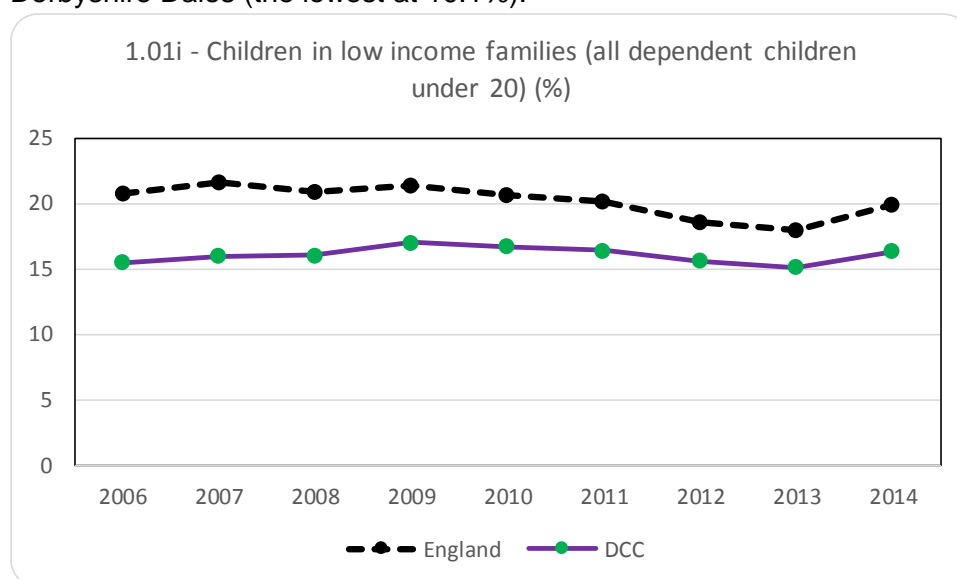
7.3.1 Emotional Health & Wellbeing of Children & Young People

PHOF 1.01 Children in low income families

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.

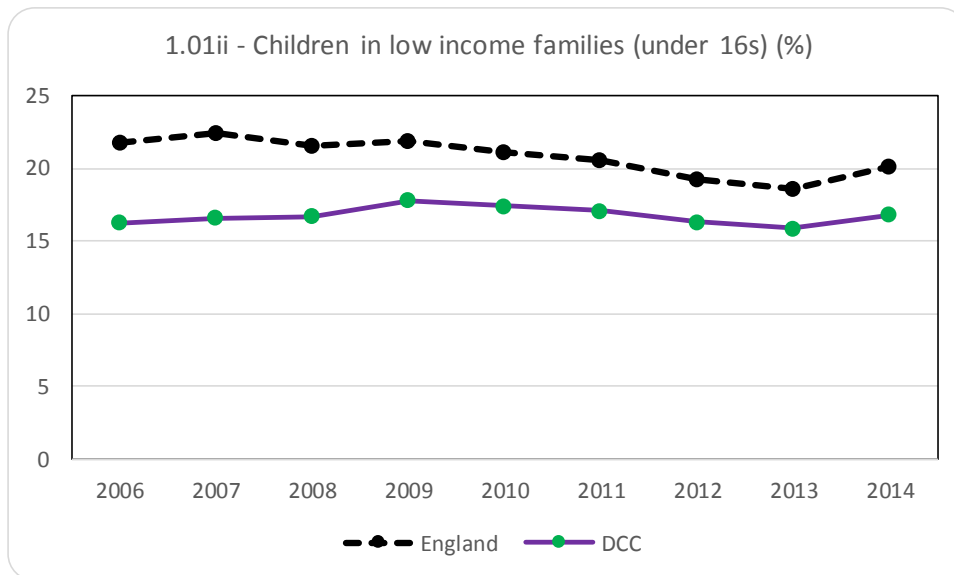
1.01i All dependent children under 20

At 16.3%, significantly lower than 18.6% for East Midlands and 19.9% for England. However, the percentage has significantly increased over the last year from 15.1%. The proportion in poverty is significantly higher than for the county in Bolsover (the highest, 21.6%), Chesterfield (21.2%) and Erewash (18.1%). The proportion is significantly lower in North East Derbyshire (15.5%), High Peak (13.4%), South Derbyshire (12.7%) and Derbyshire Dales (the lowest at 10.1%).



1.01ii Under 16s

At 16.8% significantly lower than 19.1% for East Midlands and 20.1% for England. However, the percentage has increased over the last year from 16.5. The proportion in poverty is significantly higher than for the county in Bolsover (the highest, 22.2%), Chesterfield (21.9%) and Erewash (18.6%). The proportion is significantly lower in North East Derbyshire (16.1%), High Peak (13.9%), South Derbyshire (13.1%) and Derbyshire Dales (the lowest at 10.3%).



7.3.2 Healthy Communities

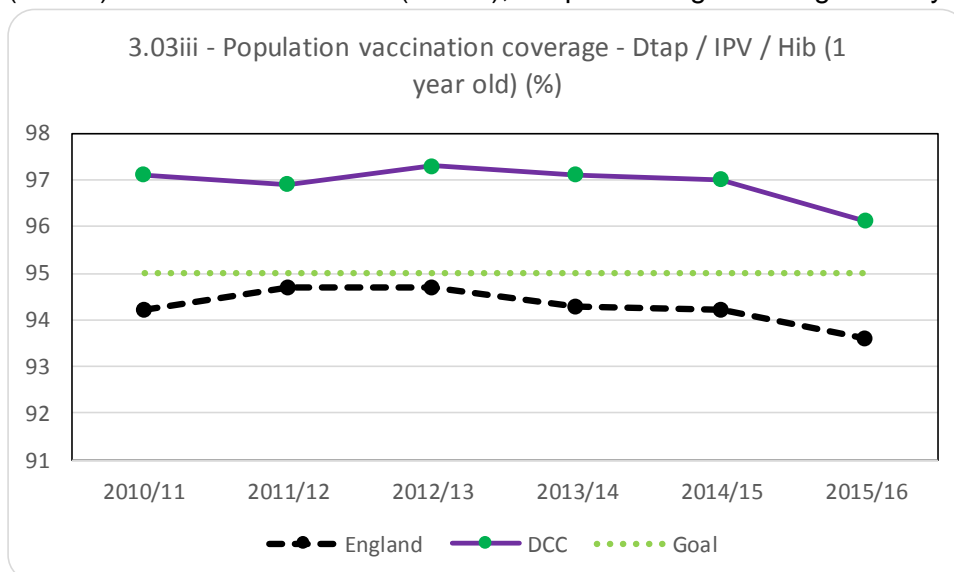
3.03 Population vaccination coverage

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.

3.03iii Dtap/IPV/Hib (1 year old)

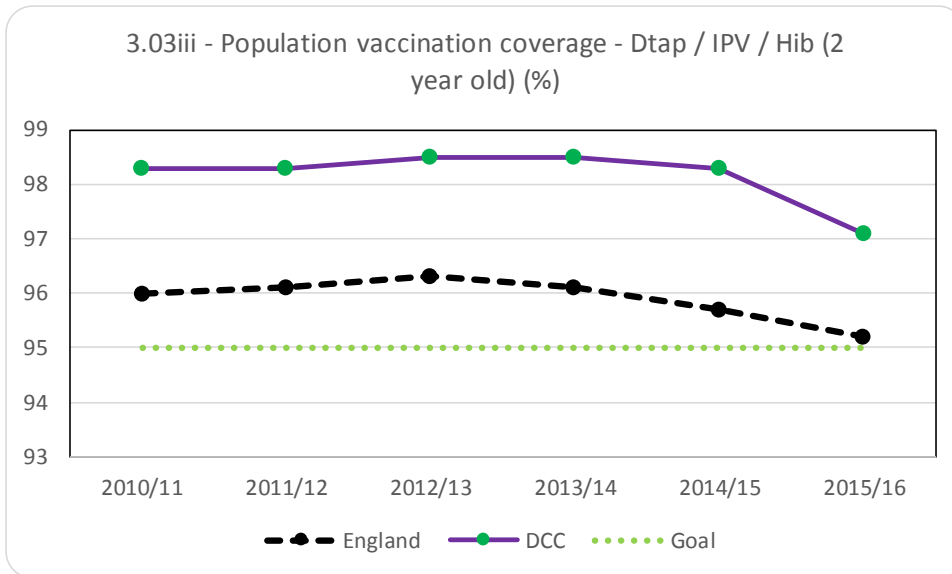
The coverage rate was significantly higher in Derbyshire, at 96.1%, than in England (93.6%) and in East Midlands (95.6%), despite having fallen significantly from 97.0%.

PHOF



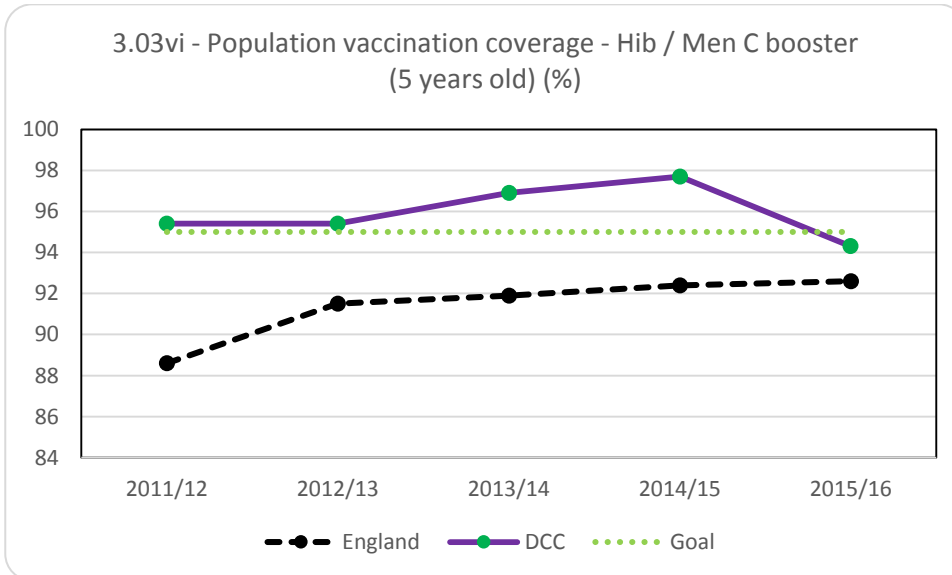
3.03iii Dtap/IPV Hib (2 year old)

The coverage rate was significantly higher in Derbyshire, at 97.1%, than in England (95.2%) and higher than in East Midlands (97.0%), despite having fallen significantly from 98.3%.



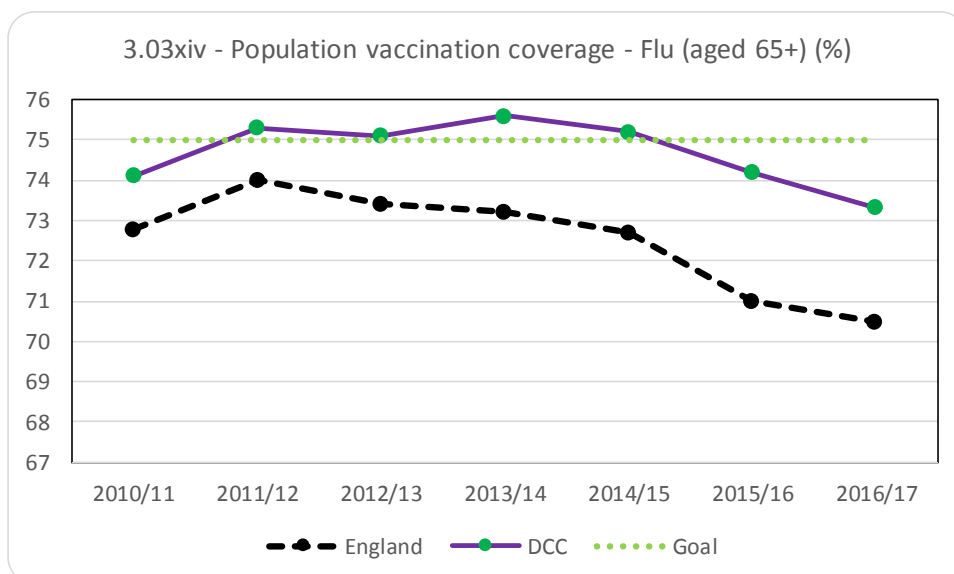
3.03vi Hib/MenC booster (5 years old)

The coverage rate was significantly higher in Derbyshire, at 94.3%, than in England (92.6%) and East Midlands (93.4%), despite having fallen significantly from 97.7%.



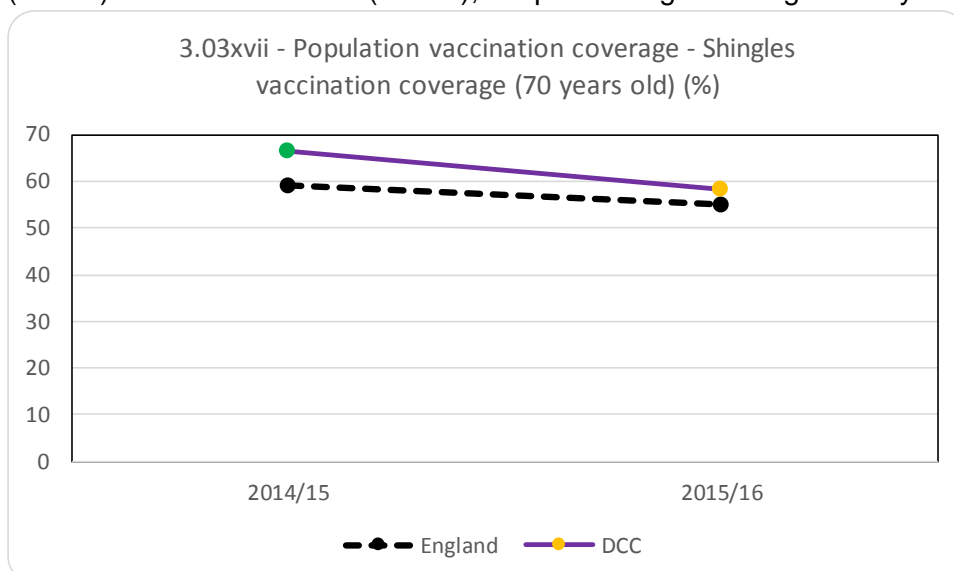
3.03xiv Flu (aged 65+)

The coverage rate was significantly higher in Derbyshire, at 73.3%, than in England (70.5%) and East Midlands (71.9%), despite having fallen significantly from 74.2%.



3.03xvii Shingles vaccination coverage (70 years old)

The coverage rate was significantly higher in Derbyshire, at 58.1%, than in England (54.9%) and East Midlands (57.0%), despite having fallen significantly from 66.4%.



7.3.3 Build Social Capital

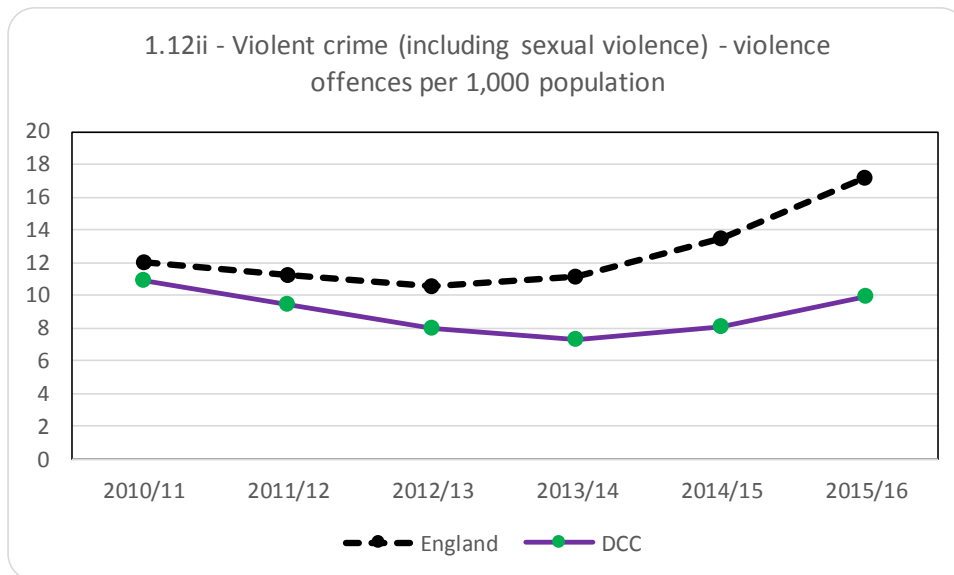
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1.12 Violent crime

Public health services have an important role to play in tackling violence. Directors of Public Health, located within local authorities, are 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.

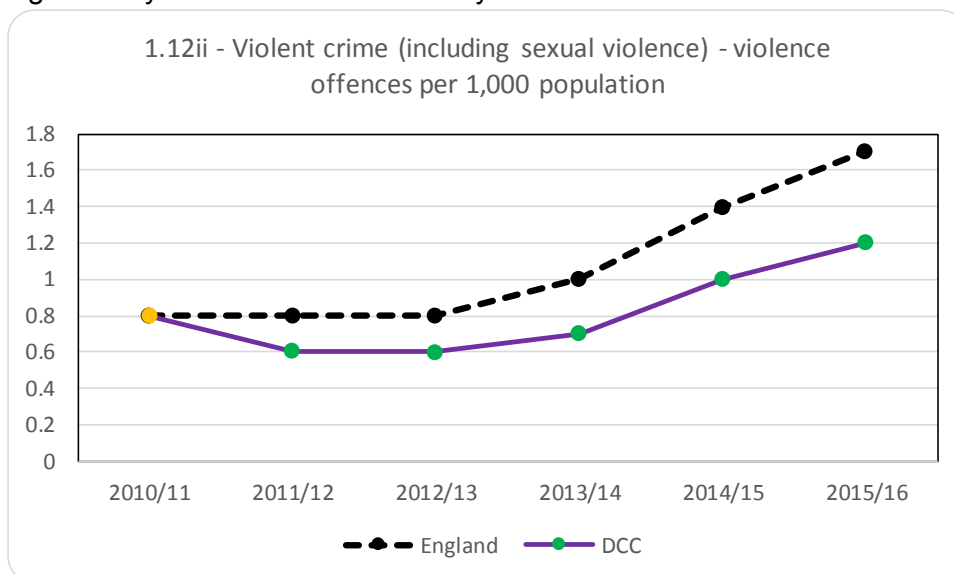
1.12ii Violence offences per 1,000 population

The rate of offences per 1,000 population was significantly lower at 9.9, than for either England, at 17.2, or East Midlands, at 13.7. However, the rate had risen significantly from 8.1. District rates ranged from 6.3 in North East to 12.3 in Chesterfield. Dales and South also had significantly lower rates while Bolsover and Erewash also had significantly higher.



1.12iii Rate of sexual offences per 1,000 population

The rate of offences per 1,000 population was significantly lower at 1.2, than for either England, at 1.7, or East Midlands, at 1.6. However, the rate had risen significantly from 1.0. District rates ranged from 0.9 in North East to 1.5 in Chesterfield. None had rates significantly different from the County's.



7.3.4 Keep People Healthy & Independent in their Own Homes

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

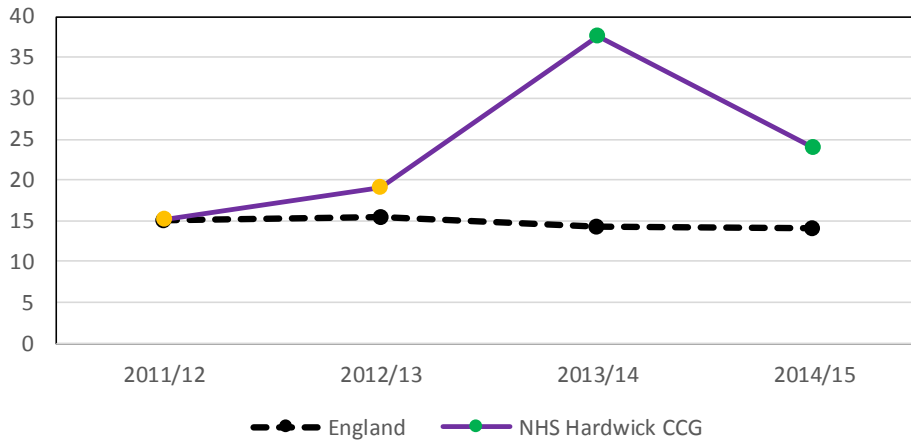
CCGOF

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).

Hardwick CCG

The proportion of patients referred for cardiac rehabilitation (23.9%) was significantly greater than for NHS England (14.1%) and Derbyshire STP (13.6%), but has fallen significantly.

1.24 Referrals to cardiac rehabilitation within 5 days of an admission for coronary heart disease (per 100,000)



CCGOF 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.

Southern Derbyshire CCG

The percentage of patients admitted, at 60.1%, was significantly higher than for NHS England, at 58.7%, but lower than for Derbyshire STP, at 62.6%, and fell significantly from 67.3%.

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

