

Joined Up Care  
Derbyshire



**D** DERBYSHIRE  
County Council  
Improving life for local people



# Derbyshire STP: Place Alliance Insight Packs

Supporting the Place work stream

## Amber Valley Place Alliance

# Derbyshire Sustainability and Transformation Partnership (STP)

STPs are geographic areas in which people and organisations work together to transform the way health and care is planned and delivered for their populations; there are 44 across the country.

Derbyshire's STP is called **Joined Up Care Derbyshire (JUCD)**. It brings together twelve partner organisations and sets out ambitions and priorities for the future of the county's health and care in the Sustainability and Transformation Partnership plan (STPp).

## Derbyshire STP Priorities:

- Place-based care
- Prevention and self-management
- Urgent Care
- System efficiency
- System Management

The STPp priorities will lead to significant transformation of the traditional system of health and social care delivery into a more place-based care approach, reducing the current reliance on institutional care.

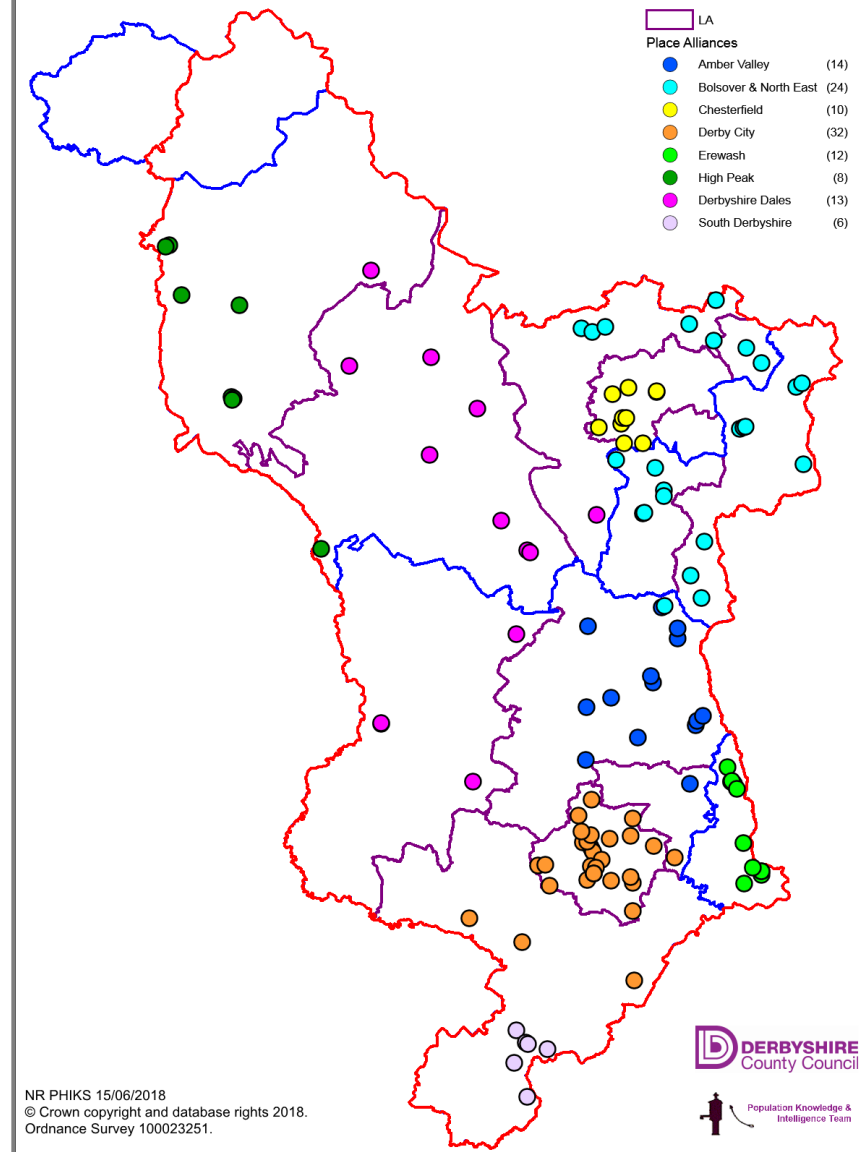
There are 8 Place Alliances, based on the registered patient population in each. These were agreed by the Joined Up Care Derbyshire board following engagement with partners, council members, clinicians, the voluntary sector and local people.

The new Place Alliances are listed right; the map shows the location of the grouped GP practices within the footprints of Derbyshire's CCGs.

## Derbyshire STP Alliances:

- Amber Valley Place Alliance
- Bolsover & North East Place Alliance
- Chesterfield Place Alliance
- Derby City Place Alliance
- Erewash Place Alliance
- High Peak Place Alliance
- Derbyshire Dales Place Alliance
- South Derbyshire Place Alliance

## Derbyshire STP Footprint Place Alliances by Practice, LA, CCG



# Population

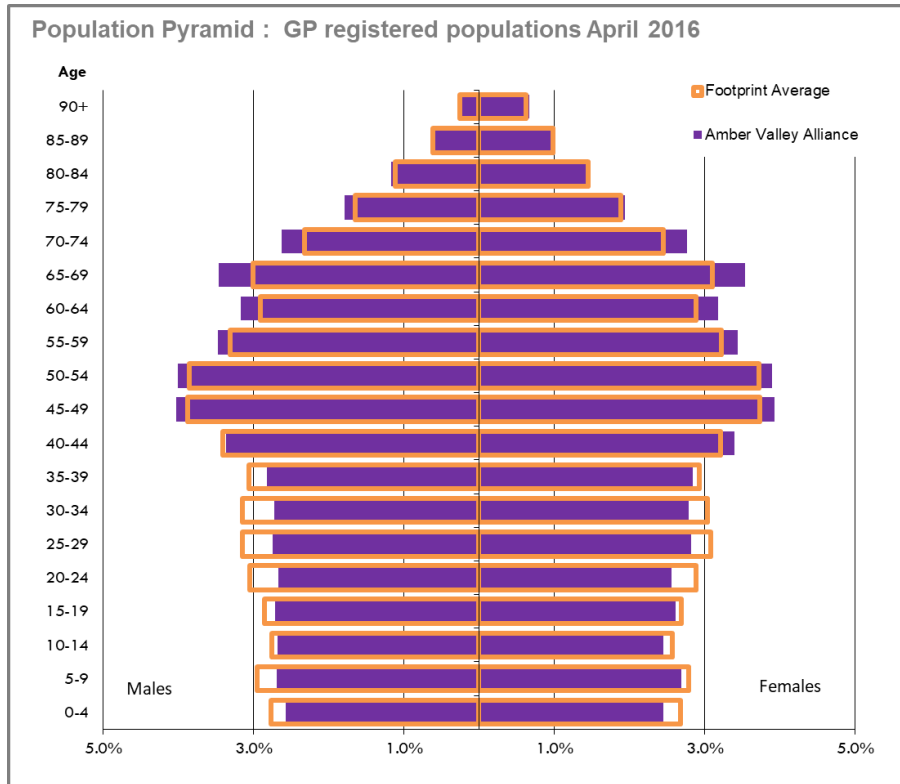
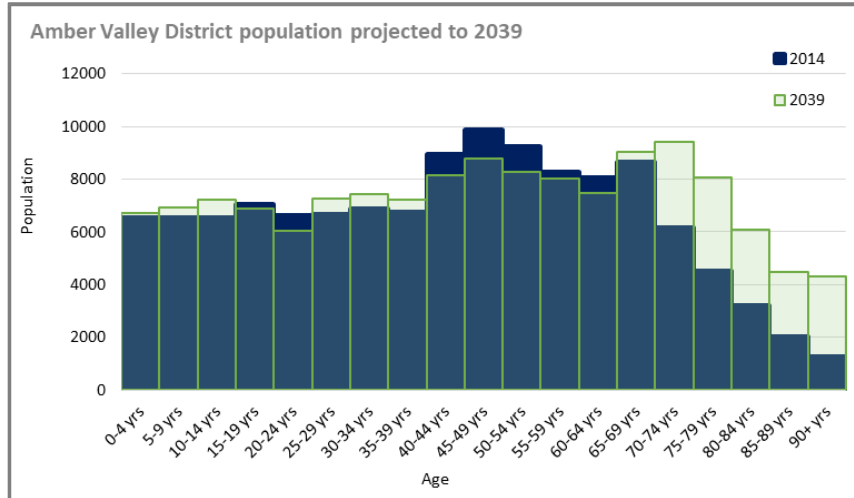
The total registered population of the 8 JUCD Alliances is around 1,036,850.

The total population within the footprint of the Amber Valley Place Alliance is 133,325, 49.6% of which are males and 50.4% females.

21.3% of the Alliance population are aged 65 years or over and 8.9% are aged 75 years or over; those over the age of 85 years make up 2.5% of the total.

The figures below provide a breakdown of the population for the Amber Valley Place Alliance and a comparison to the average for the Derbyshire STP footprint.

We know that the population in general is ageing. The figure on the right provides a population projection for Amber Valley District; this suggests that the area will see an estimated 60% increase in over 65 year olds by 2039.



Population in Thousands	Numbers		Percentage		Comparison	
	Males	Females	Males	Females	Males	Females
All Ages	66101	67224	49.6%	50.4%	50.0%	50.0%
0-4	3427	3272	2.6%	2.5%	2.8%	2.7%
5-9	3589	3592	2.7%	2.7%	3.0%	2.8%
10-14	3574	3269	2.7%	2.5%	2.8%	2.6%
15-19	3617	3483	2.7%	2.6%	2.9%	2.7%
20-24	3563	3412	2.7%	2.6%	3.0%	2.9%
25-29	3663	3763	2.7%	2.8%	3.1%	3.1%
30-34	3629	3716	2.7%	2.8%	3.1%	3.0%
35-39	3764	3797	2.8%	2.8%	3.1%	2.9%
40-44	4491	4524	3.4%	3.4%	3.4%	3.2%
45-49	5370	5239	4.0%	3.9%	3.9%	3.7%
50-54	5347	5196	4.0%	3.9%	3.9%	3.7%
55-59	4633	4582	3.5%	3.4%	3.3%	3.2%
60-64	4220	4237	3.2%	3.2%	2.9%	2.9%
65-69	4611	4723	3.5%	3.5%	3.0%	3.1%
70-74	3499	3690	2.6%	2.8%	2.3%	2.5%
75-79	2378	2587	1.8%	1.9%	1.6%	1.9%
80-84	1560	1949	1.2%	1.5%	1.1%	1.5%
85-89	818	1295	0.6%	1.0%	0.6%	1.0%
90+	348	898	0.3%	0.7%	0.3%	0.6%

# Deprivation

The English Indices of Deprivation 2015 are based on 37 separate indicators, which are combined to calculate an Index of Multiple Deprivation 2015 score (IMD 2015).

This is an overall measure of multiple deprivation experienced by people living in an area and is calculated for every Lower Super Output Area (LSOA), or neighbourhood, in England. Each area is ranked according to its level of deprivation relative to that of other areas.

Overall, Amber Valley district has a lower than average deprivation score of 18.1 compared to the average of 21.8 for England, ranking 161 out of 326 English local authority areas (where a rank of 1 is the most deprived).






This however, masks the pockets of deprivation that exist in some of the smaller geographies within the district as illustrated by the map on the right.

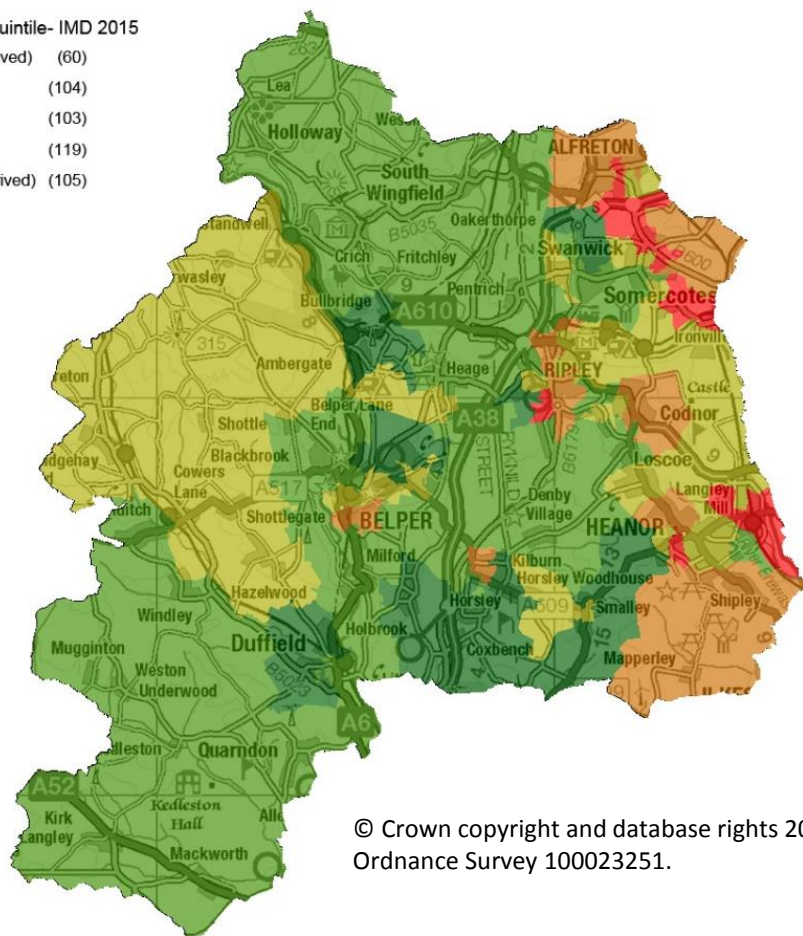
The map shows differences in deprivation in Amber Valley by LSOA; 8 of the 78 LSOAs fall within the top 20% of the most deprived in England.

Stark inequalities in outcomes exist between least and most deprived areas. In Derbyshire County for example, males and females in the least deprived areas can expect to live on average 7 years longer than their counterparts in the most deprived areas.

Index of Multiple Deprivation 2015-  
Amber Valley by Lower Super Output Area

LSOA by National Quintile- IMD 2015

	1 (most deprived)	(60)
	2	(104)
	3	(103)
	4	(119)
	5 (least deprived)	(105)



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Ordnance Survey 100023251.

# ***Overarching Workstream Indicators***

## Indicators to support the place workstream

It is JUCD's intention to move from a reactive to proactive care model to enable people to remain independent and at home for longer. Therefore, a series of workstream indicators for Priority 1, Place-Based Care, have been developed.

Place teams will be asked to transform care in their areas to achieve the shifts in these performance and outcome measures necessary to "Turn the Curve".

This approach will support system priorities including securing [continued central government funding for social care](#) and implementation of the [High Impact Change Model](#) to achieve effective system-wide patient flow; it will also drive progress against [NHSE STP System metrics](#).

Some place-based indicators may vary according to local needs.

### Overarching workstream indicators:



**Total Emergency admissions  
(all ages and 65+)**



**Emergency admissions for acute  
conditions that should not usually  
require hospitalisation**



**Emergency Admissions, Length  
of Stay > 20 days (65+)**



**Emergency admissions by injurious  
falls (65+)**



**Emergency re-admissions within 30  
days (all ages and 65+)**



**Uptake of personal budget by  
eligible population**

### STP footprint wide indicators:



**Permanent admissions to nursing/  
residential care homes (65+)**

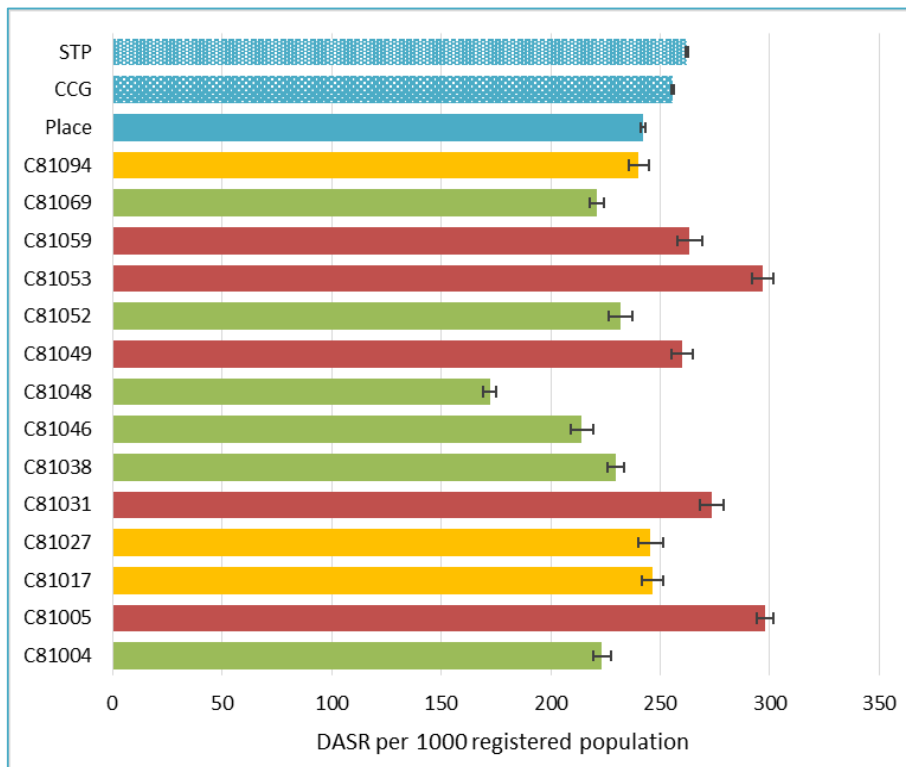


**Delayed transfers of care**



**Older people (65+) receiving  
reablement/rehabilitation services**

# Total Emergency Admissions, 65+ years, 2016/17



	Number	DASR	Sig. to Alliance	Sig. to CCG	Sig. to STP	
C81004	Ivy Grove Surgery	477	223.5	▼	▼	▼
C81005	Jessop Medical Practice	973	297.9	▲	▲	▲
C81017	Arthur Medical Centre	408	246.5	△	▼	▼
C81027	Somercotes Medical Centre	292	245.2	△	▼	▼
C81031	Park Surgery	391	273.5	▲	▲	▲
C81038	Whitemoor Medical Centre	563	229.5	▼	▼	▼
C81046	West Hallam Medical Ctr	262	213.9	▼	▼	▼
C81048	Appletree Medical Practice	515	172.2	▼	▼	▼
C81049	Kelvingrove Medical Centre	433	260.0	▲	△	▽
C81052	Brooklyn Medical Practice	298	231.7	▼	▼	▼
C81053	Parkside Surgery	560	296.9	▲	▲	▲
C81059	Ripley Medical Centre	310	263.2	▲	▲	△
C81069	Riversdale Surgery	639	221.0	▼	▼	▼
C81094	Crich Medical Practice	440	240.2	▽	▼	▼
Alliance	Amber Valley	6561	242.2		▼	▼
CCG	Southern Derbyshire	24213	255.6			▼
STP		52023	262.1			

### Graph Key: Compared to Alliance

- Practice Sig. Lower/Better than
- Practice Similar
- Practice Sig. Higher/Worse

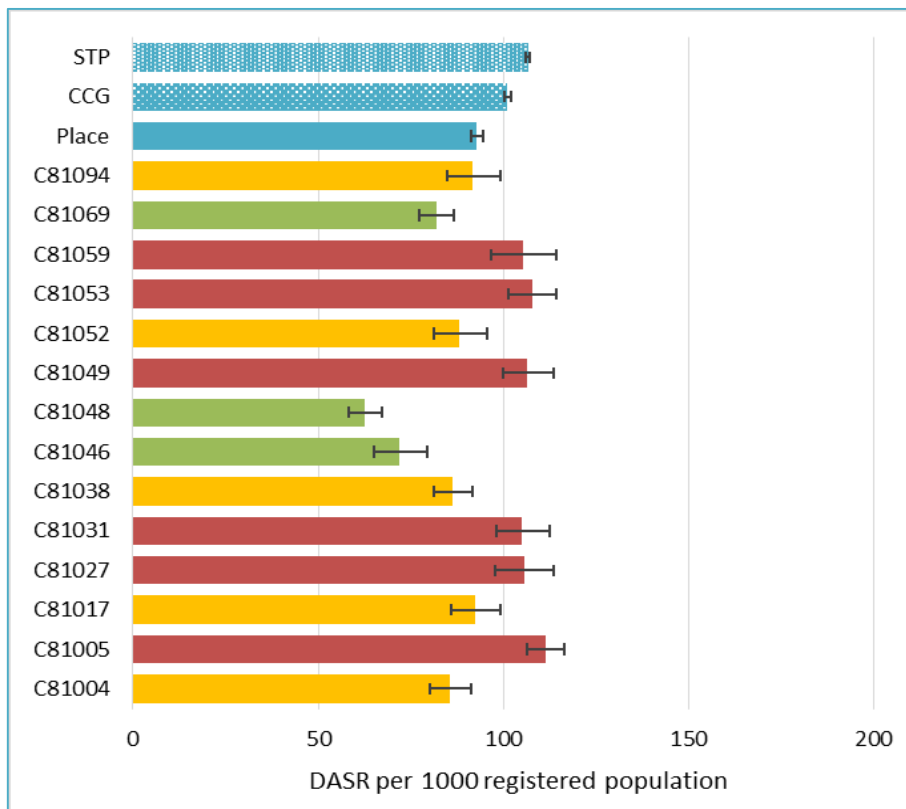
### Table Key: Compared to Alliance

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- ▲ - Significantly Higher
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**Note:** This indicator is a metric in the Better Care Fund and the Health and Social Integration datasets.



# Total Emergency Admissions, All Ages, 2016/17



		Number	DASR	Sig. to Alliance	Sig. to CCG	Sig. to STP
C81004	Ivy Grove Surgery	919	85.5	▽	▼	▼
C81005	Jessop Medical Practice	1890	111.4	▲	▲	△
C81017	Arthur Medical Centre	779	92.4	▽	▼	▼
C81027	Somercotes Medical Centre	716	105.5	▲	△	▽
C81031	Park Surgery	851	105.0	▲	△	▽
C81038	Whitemoor Medical Centre	1071	86.2	▽	▼	▼
C81046	West Hallam Medical Ctr	405	72.0	▼	▼	▼
C81048	Appletree Medical Practice	816	62.7	▼	▼	▼
C81049	Kelvingrove Medical Centre	966	106.5	▲	△	▽
C81052	Brooklyn Medical Practice	614	88.1	▽	▼	▼
C81053	Parkside Surgery	1063	107.7	▲	△	△
C81059	Ripley Medical Centre	585	105.3	▲	△	▽
C81069	Riversdale Surgery	1162	81.8	▼	▼	▼
C81094	Crich Medical Practice	730	91.8	▽	▼	▼
Alliance	Amber Valley	12567	92.8		▼	▼
CCG	Southern Derbyshire	52337	101.0			▼
STP		109832	106.6			

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- Practice Sig. Lower/Better than
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### Table Key: Compared to Alliance

DASR - Directly Age Standardised Rate/1000 reg. pop.

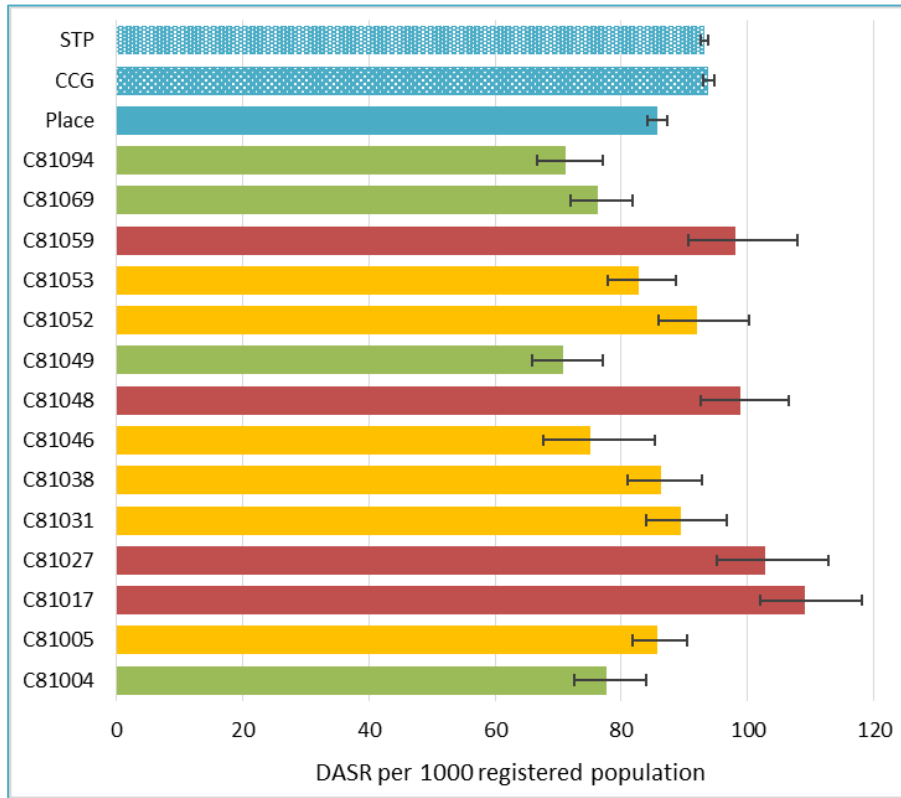
- ▲ - Significantly Higher
- ▼ - Significantly Lower
- △ - Similar but higher
- ▽ - Similar but lower

**Note:** This indicator is a metric in the Better Care Fund and the Health and Social Integration datasets.





# Emergency Admissions, Length of Stay > 20 days, 65+ years, 2016/17



		Number	DASR	Sig. to Alliance	Sig. to CCG	Sig. to STP
C81004	Ivy Grove Surgery	40	77.6	▼	▼	▼
C81005	Jessop Medical Practice	81	85.7	△	▼	▼
C81017	Arthur Medical Centre	39	109.1	▲	▲	▲
C81027	Somercotes Medical Centre	27	102.7	▲	▲	▲
C81031	Park Surgery	36	89.5	△	▽	▽
C81038	Whitemoor Medical Centre	46	86.2	△	▼	▽
C81046	West Hallam Medical Ctr	22	75.1	▽	▼	▼
C81048	Appletree Medical Practice	59	98.9	▲	△	△
C81049	Kelvingrove Medical Centre	35	70.7	▼	▼	▼
C81052	Brooklyn Medical Practice	31	92.1	△	▽	▽
C81053	Parkside Surgery	45	82.7	▽	▼	▼
C81059	Ripley Medical Centre	29	98.1	▲	△	△
C81069	Riversdale Surgery	53	76.4	▼	▼	▼
C81094	Crich Medical Practice	37	71.2	▼	▼	▼
Alliance	Amber Valley	580	85.6		▼	▼
CCG	Southern Derbyshire	2488	93.8			△
STP		5035	93.1			

### Graph Key: Compared to Alliance

- Practice Sig. Lower/Better than Alliance
- Practice Similar
- Practice Sig. Higher/Worse

### Table Key: Compared to Alliance

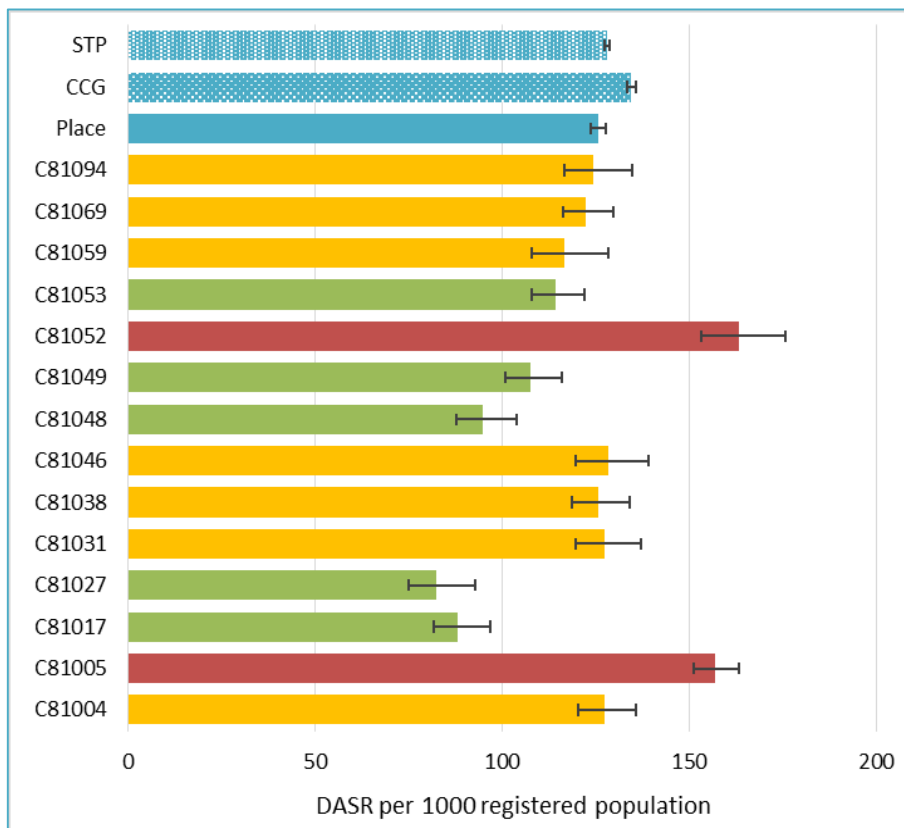
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- △ - Similar but higher      ▽ - Similar but lower

**Note:** This indicator is a metric in the Health and Social Integration dataset; it allows local analysis to support the national 90<sup>th</sup> percentile Length of Stay indicator in the health and social care integration dashboard.





# Emergency Re-admissions Within 30 days, 65+ years, 2016/17



		Number	DASR	Sig. to Alliance	Sig. to CCG	Sig. to STP
C81004	Ivy Grove Surgery	55	127.2	△	▽	▽
C81005	Jessop Medical Practice	129	157.0	▲	▲	▲
C81017	Arthur Medical Centre	30	88.3	▼	▼	▼
C81027	Somercotes Medical Centre	17	82.3	▼	▼	▼
C81031	Park Surgery	38	127.5	△	▽	▽
C81038	Whitemoor Medical Centre	63	125.7	▽	▽	▽
C81046	West Hallam Medical Ctr	38	128.3	△	△	△
C81048	Appletree Medical Practice	40	95.0	▼	▼	▼
C81049	Kelvingrove Medical Centre	42	107.6	▼	▼	▼
C81052	Brooklyn Medical Practice	40	163.3	▲	▲	▲
C81053	Parkside Surgery	47	114.3	▼	▼	▼
C81059	Ripley Medical Centre	28	116.8	▽	▼	▽
C81069	Riversdale Surgery	72	122.5	▽	▼	▽
C81094	Crich Medical Practice	38	124.6	▽	▽	▽
Alliance	Amber Valley	677	125.7		▼	▽
CCG	Southern Derbyshire	2790	134.5			▲
STP		5635	128.1			

### Graph Key: Compared to Alliance

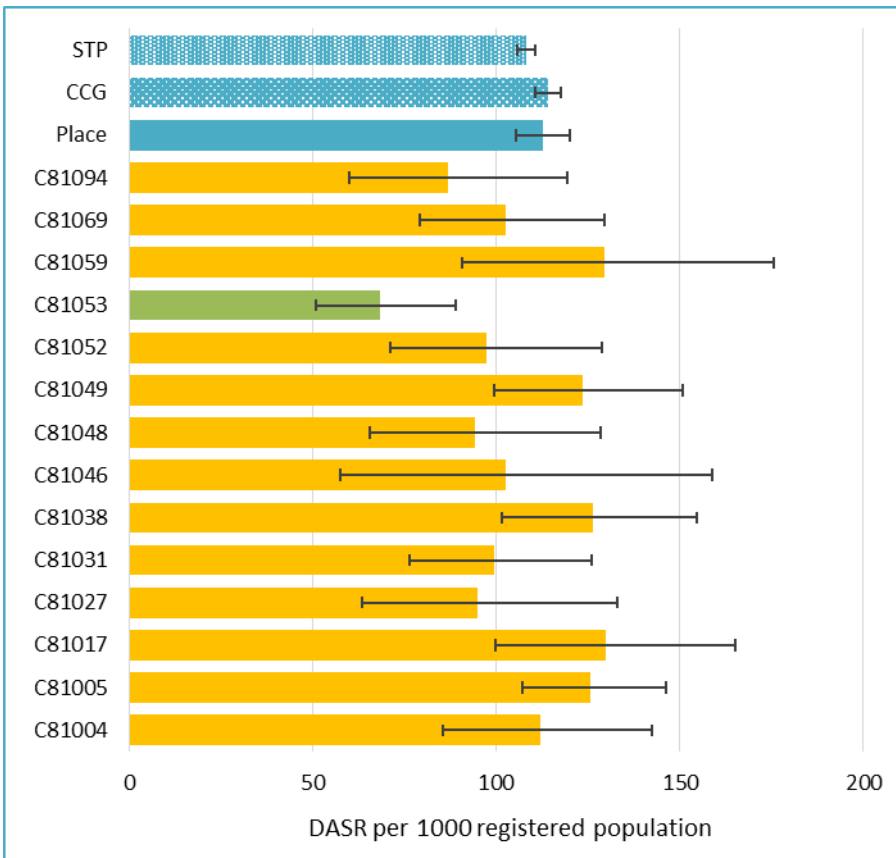
- Practice Sig. Lower/Better than
- Practice Similar
- Practice Sig. Higher/Worse

### Table Key: Compared to Alliance

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- ▲ - Significantly Higher
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  - ▽ - Similar but lower



# Emergency Re-Admission Within 30 days, All Ages, 2016/17



	Number	DASR	Sig. to Alliance	Sig. to CCG	Sig. to STP	
C81004	Ivy Grove Surgery	104	111.9	▽	▽	△
C81005	Jessop Medical Practice	251	125.8	△	△	△
C81017	Arthur Medical Centre	87	129.8	△	△	△
C81027	Somercotes Medical Centre	55	94.7	▽	▽	▽
C81031	Park Surgery	89	99.3	▽	▽	▽
C81038	Whitemoor Medical Centre	130	126.4	△	△	△
C81046	West Hallam Medical Ctr	49	102.7	▽	△	▽
C81048	Appletree Medical Practice	68	94.1	▽	▽	▽
C81049	Kelvingrove Medical Centre	116	123.5	△	△	△
C81052	Brooklyn Medical Practice	66	97.3	▽	▽	▽
C81053	Parkside Surgery	77	68.2	▼	▼	▼
C81059	Ripley Medical Centre	77	129.6	△	△	△
C81069	Riversdale Surgery	125	102.6	▽	▽	▽
C81094	Crich Medical Practice	62	87.0	▽	▽	▽
Alliance	Amber Valley	1356	112.6		▽	△
CCG	Southern Derbyshire	5860	114.0			△
STP		11509	108.2			

### Graph Key: Compared to Alliance

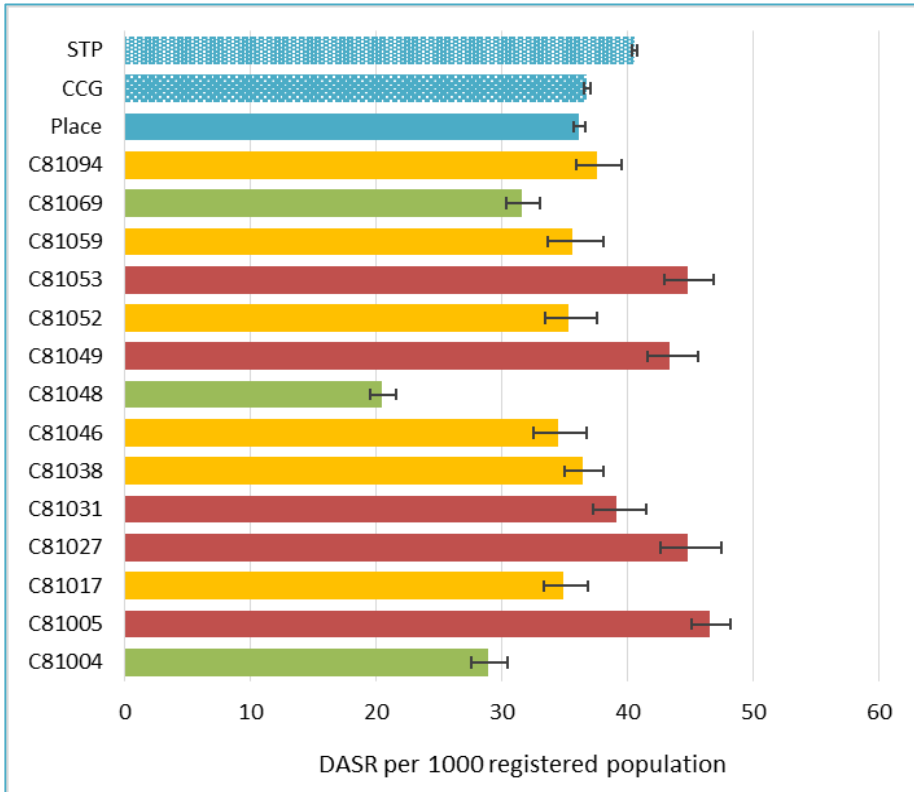
- Practice Sig. Lower/Better than
- Practice Similar
- Practice Sig. Higher/Worse

### Table Key: Compared to Alliance

- ▲ - Significantly Higher
- ▼ - Significantly Lower
- △ - Similar but higher
- ▽ - Similar but lower



# Emergency Admissions for Acute Conditions Considered Avoidable, 65+ years, 2016/17



		Number	DASR	Sig. to Alliance	Sig. to CCG	Sig. to STP
C81004	Ivy Grove Surgery	63	28.9	▼	▼	▼
C81005	Jessop Medical Practice	149	46.6	▲	▲	▲
C81017	Arthur Medical Centre	60	34.9	▽	▽	▼
C81027	Somercotes Medical Centre	53	44.8	▲	▲	▲
C81031	Park Surgery	57	39.2	▲	▲	▽
C81038	Whitemoor Medical Centre	88	36.5	△	▽	▼
C81046	West Hallam Medical Ctr	43	34.4	▽	▽	▼
C81048	Appletree Medical Practice	63	20.5	▼	▼	▼
C81049	Kelvingrove Medical Centre	74	43.4	▲	▲	▲
C81052	Brooklyn Medical Practice	46	35.3	▽	▽	▼
C81053	Parkside Surgery	84	44.8	▲	▲	▲
C81059	Ripley Medical Centre	42	35.6	▽	▽	▼
C81069	Riversdale Surgery	91	31.6	▼	▼	▼
C81094	Crich Medical Practice	67	37.6	△	△	▼
Alliance	Amber Valley	980	36.2		▽	▼
CCG	Southern Derbyshire	3488	36.8			▼
STP		8039	40.6			

### Graph Key: Compared to Alliance

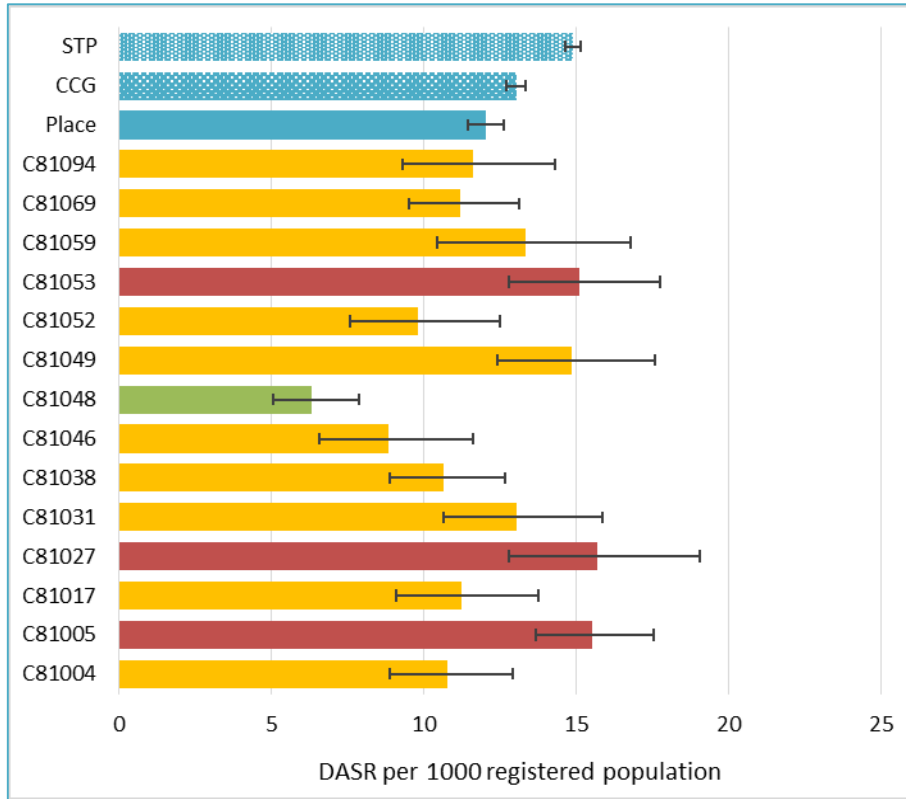
- Practice Sig. Lower/Better than
- Practice Similar
- Practice Sig. Higher/Worse

### Table Key: Compared to Alliance

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- ▲ - Significantly Higher
  - ▼ - Significantly Lower
  - △ - Similar but higher
  - ▽ - Similar but lower



# Emergency Admissions for Acute Conditions Considered Avoidable, All Ages, 2016/17



		Number	DASR	Sig. to Alliance	Sig. to CCG	Sig. to STP
C81004	Ivy Grove Surgery	117	10.8	▽	▽	▼
C81005	Jessop Medical Practice	262	15.5	▲	▲	△
C81017	Arthur Medical Centre	97	11.3	▽	▽	▼
C81027	Somercotes Medical Centre	105	15.7	▲	△	△
C81031	Park Surgery	106	13.1	△	△	▽
C81038	Whitemoor Medical Centre	131	10.7	▽	▼	▼
C81046	West Hallam Medical Ctr	53	8.9	▽	▽	▼
C81048	Appletree Medical Practice	88	6.3	▼	▼	▼
C81049	Kelvingrove Medical Centre	134	14.8	△	△	▽
C81052	Brooklyn Medical Practice	67	9.8	▽	▼	▼
C81053	Parkside Surgery	150	15.1	▲	△	△
C81059	Ripley Medical Centre	74	13.3	△	△	▽
C81069	Riversdale Surgery	159	11.2	▽	▽	▼
C81094	Crich Medical Practice	95	11.6	▽	▽	▼
Alliance	Amber Valley	1638	12.0		▼	▼
CCG	Southern Derbyshire	6745	13.0			▼
STP		15409	14.9			

### Graph Key: Compared to Alliance

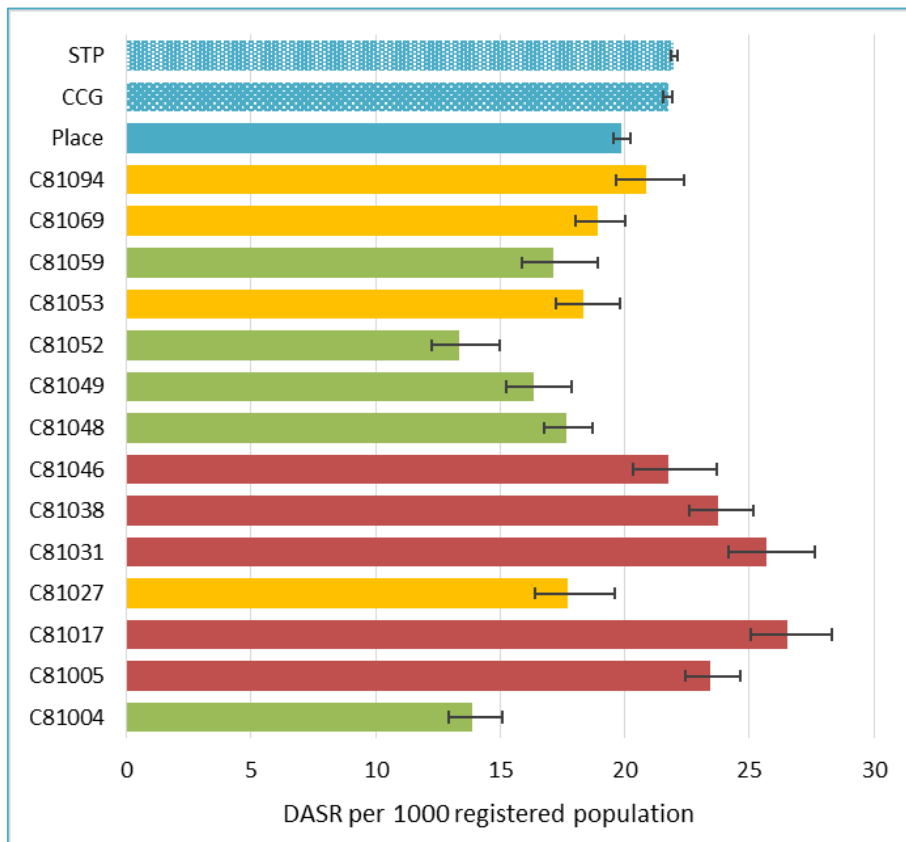
- Practice Sig. Lower/Better than
- Practice Similar
- Practice Sig. Higher/Worse

### Table Key: Compared to Alliance

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- ▲ - Significantly Higher
  - ▼ - Significantly Lower
  - △ - Similar but higher
  - ▽ - Similar but lower



# Emergency Admissions Injurious Falls, 65+ years, 2016/17



		Number	DASR	Sig. to Alliance	Sig. to CCG	Sig. to STP
C81004	Ivy Grove Surgery	28	13.9	▼	▼	▼
C81005	Jessop Medical Practice	71	23.4	▲	▲	▲
C81017	Arthur Medical Centre	43	26.5	▲	▲	▲
C81027	Somercotes Medical Centre	21	17.7	▽	▼	▼
C81031	Park Surgery	37	25.7	▲	▲	▲
C81038	Whitemoor Medical Centre	55	23.8	▲	▲	▲
C81046	West Hallam Medical Ctr	28	21.8	▲	△	▽
C81048	Appletree Medical Practice	54	17.6	▼	▼	▼
C81049	Kelvingrove Medical Centre	26	16.4	▼	▼	▼
C81052	Brooklyn Medical Practice	16	13.4	▼	▼	▼
C81053	Parkside Surgery	33	18.3	▽	▼	▼
C81059	Ripley Medical Centre	21	17.1	▼	▼	▼
C81069	Riversdale Surgery	55	18.9	▽	▼	▼
C81094	Crich Medical Practice	37	20.9	△	▽	▽
Alliance	Amber Valley	525	19.9		▼	▼
CCG	Southern Derbyshire	2054	21.7			▽
STP		4327	22.0			

### Graph Key: Compared to Alliance

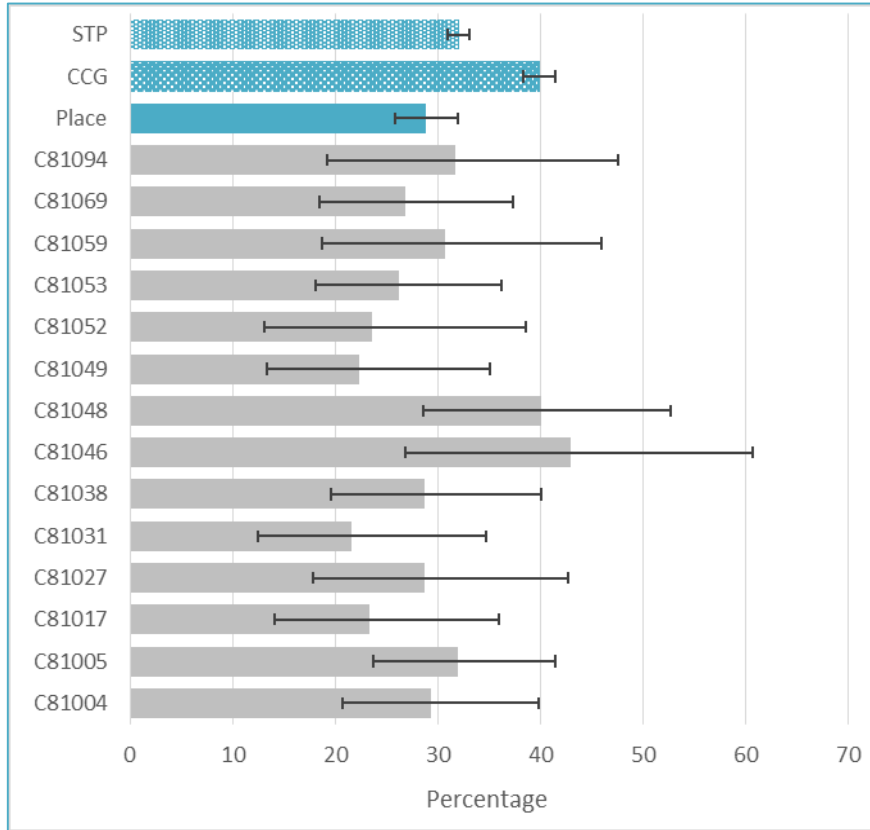
- Practice Sig. Lower/Better than
- Practice Similar
- Practice Sig. Higher/Worse

### Table Key: Compared to Alliance

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- ▲ - Significantly Higher
  - ▼ - Significantly Lower
  - △ - Similar but higher
  - ▽ - Similar but lower



# Percentage of Clients Receiving Personal Budget as a Direct Payment, All Ages, 2016/17



		Number	%	Comparison		
	Alliance			CCG	STP	
C81004	Ivy Grove Surgery	25	29.3	△	▽	▽
C81005	Jessop Medical Practice	33	32.0	△	▽	▽
C81017	Arthur Medical Centre	13	23.3	▽	▼	▽
C81027	Somercotes Medical Centre	14	28.7	▽	▽	▽
C81031	Park Surgery	11	21.6	▽	▼	▽
C81038	Whitemoor Medical Centre	21	28.8	▽	▽	▽
C81046	West Hallam Medical Ctr	12	42.9	△	▲	△
C81048	Appletree Medical Practice	24	40.1	△	△	△
C81049	Kelvingrove Medical Centre	12	22.4	▽	▼	▽
C81052	Brooklyn Medical Practice	10	23.6	▽	▽	▽
C81053	Parkside Surgery	23	26.2	▽	▼	▽
C81059	Ripley Medical Centre	13	30.7	△	▽	▽
C81069	Riversdale Surgery	22	26.8	▽	▼	▽
C81094	Crich Medical Practice	12	31.8	△	▽	▽
Alliance	Amber Valley	243	28.8		▲	▽
CCG	Southern Derbyshire	1559	39.9			▲
STP		2584	32.0			

**Note:** Significance comparisons are not reported for this indicator due to the variability of data quality.

### Table Key

To comparator:

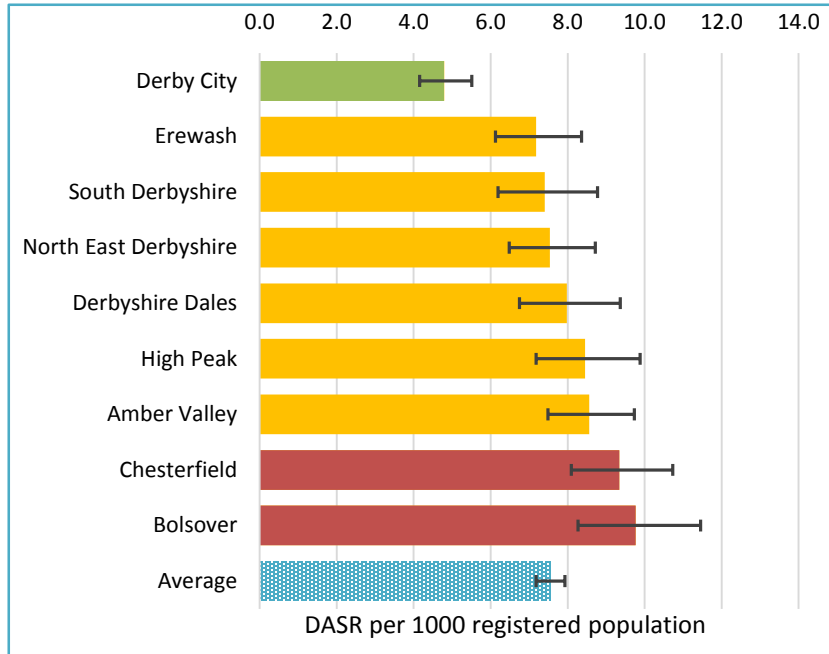
▲ Higher / Worse  
△ Higher

▼ Lower / Better  
▽ Lower





# Permanent Admissions to Care Homes, 65+ years, 2016/17 – by District Council area



	Number	Crude Rate per 1000 65+ years	Lower CI	Upper CI	Sig. to Average
Derby City	198	4.8	4.2	5.5	▼
Erewash	164	7.2	6.1	8.4	▽
South Derbyshire	132	7.4	6.2	8.8	▽
North East Derbyshire	182	7.5	6.5	8.7	▽
Derbyshire Dales	149	8.0	6.7	9.4	△
High Peak	157	8.5	7.2	9.9	△
Amber Valley	231	8.6	7.5	9.7	△
Chesterfield	201	9.3	8.1	10.7	▲
Bolsover	151	9.8	8.3	11.5	▲
STP footprint average	1565	7.5	7.2	7.9	▽

### Graph Key: Compared to Alliance

- Practice Sig. Lower/Better than
- Practice Similar
- Practice Sig. Higher/Worse

### Table Key: Compared to Alliance

- ▲ - Significantly Higher
- ▼ - Significantly Lower
- △ - Similar but higher
- ▽ - Similar but lower

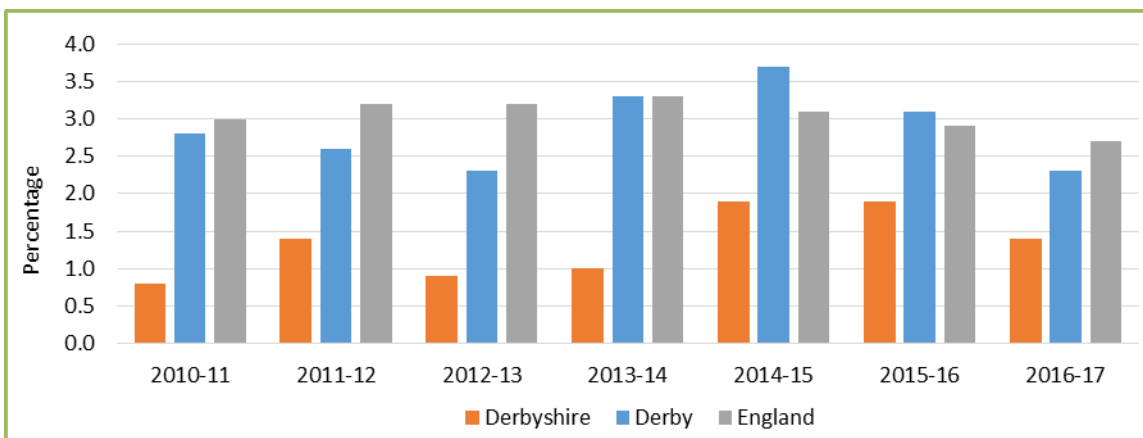
**Note:** This indicator is a metric in the Better Care dataset. Local data is currently being developed at Alliance level for this indicator.



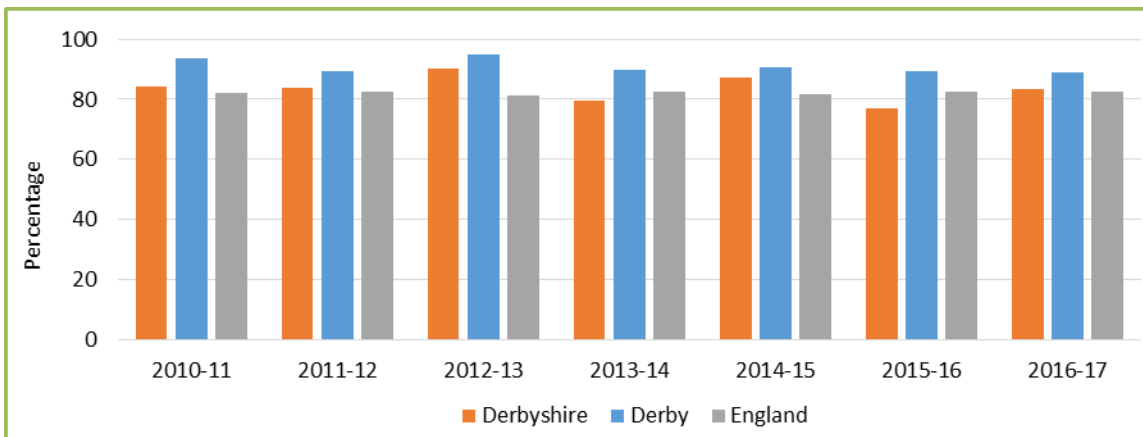
# ***STP Footprint Wide Indicators***

## Rehabilitation and reablement

*ASCOF Measure Performance 2b(2): Proportion of older people (aged 65+ years) who received reablement / rehabilitation services after discharge from hospital*



*ASCOF Measure Performance 2b(1): Proportion of older people (aged 65+ years) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services*

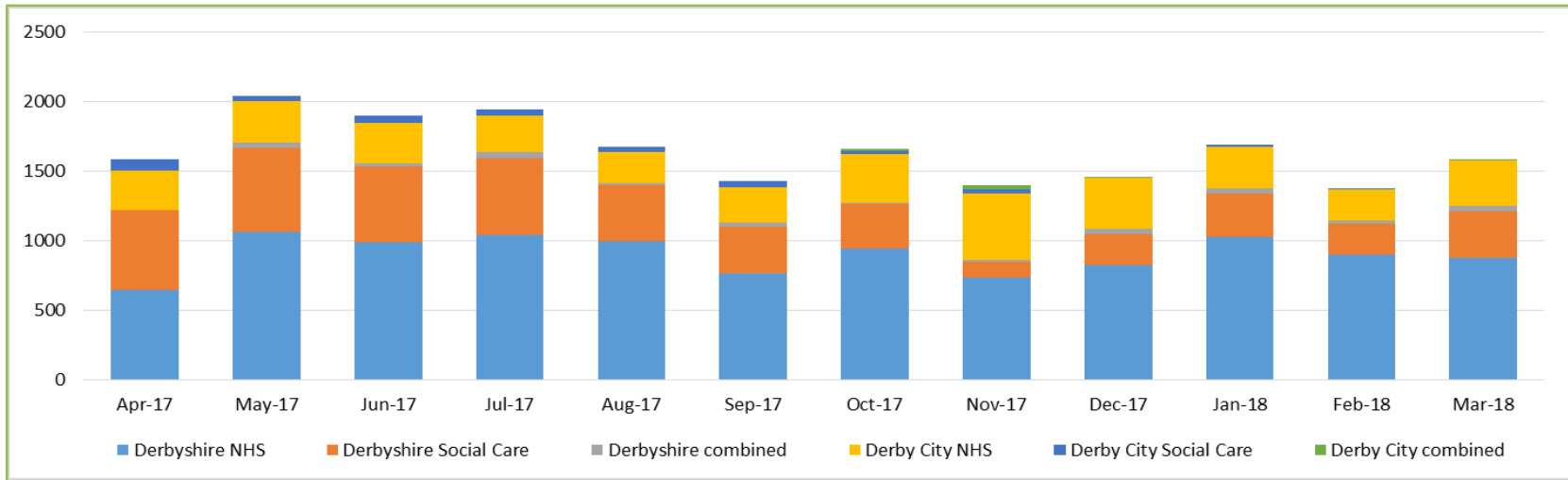


**Note:** These indicators are metrics in the Better Care Fund [ASCOF 2b(1)] and the Health and Social Integration datasets [ASCOF 2b(1 and 2)].

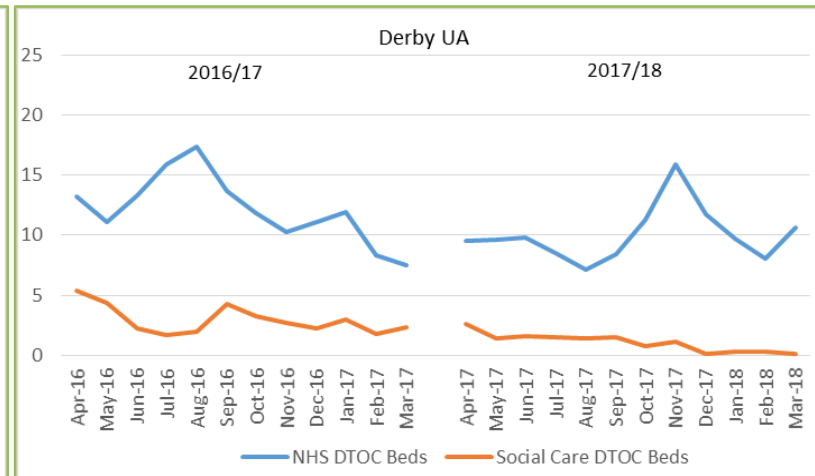
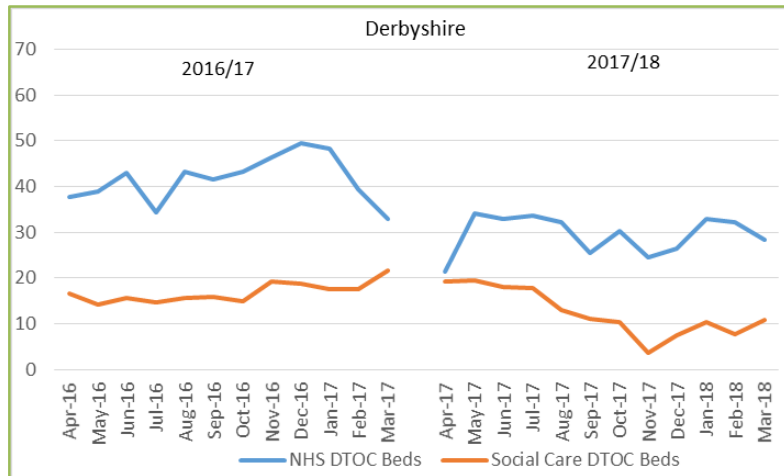


# Delayed Transfers of Care, by local authority area

## Number of Delayed Days, 2017/18



**DTOC Bed Days:** DTOC Bed Days are the total delayed days divided by the number of calendar days within the month. The charts below show trends, by local authority, for the last two years.



**Note:** This indicator is a metric in the Better Care Fund and the Health and Social Integration datasets.



# Indicators under development

- **Frailty Index statistics:**  
To be developed once indicator is available – information collected by primary care from July 2017 onwards
- **Locally defined measures for Amber Valley Place Alliance:**  
To be developed following discussions with place teams and clinical leads via CCG representatives

# Understanding Statistical Terms used in this Report

## Number and Rate

The number is a simple count of events, such as emergency admissions to hospital or the number of people receiving reablement/rehabilitation services. In order to make comparisons between populations and over time, the size of the population needs to be taken into account as numbers are likely to be higher in larger populations and may change over time. This is done by expressing the number as a rate per given number of the population, for example the number of emergency admissions per 1,000 registered population.

## Age Standardised Rate

Comparing crude rates across different areas to assess the size of a problem can be misleading because the populations being compared may differ significantly with respect to certain underlying characteristics, such as age, gender, deprivation or other potentially confounding variables, that will affect the overall rate. Age standardisation is a technique used to remove, as far as possible, the effects of differences in age structure between populations to enable accurate comparisons of community health status between areas.

Two methods of standardisation are commonly used in epidemiological studies; these are characterized by whether the standard used is a population distribution (direct method) or a set of specific rates (indirect method). For the purposes of this report, the direct method of age standardisation has been used throughout when reporting on health and well-being outcome measures.

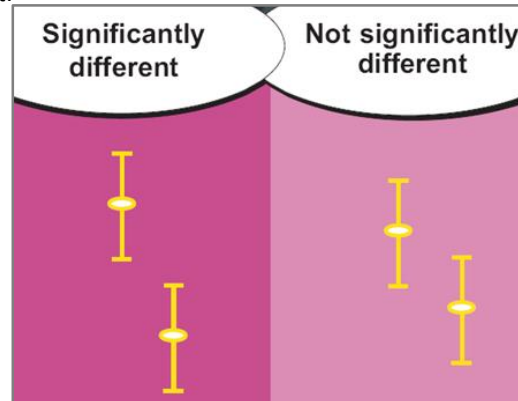
## Confidence Intervals

A confidence interval describes the amount of uncertainty associated with a sample population estimate.

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

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

In general, where confidence intervals surrounding two comparable values overlap, we say the difference is not statistically significant (or 'similar'). When values do not overlap, the difference is regarded as statistically significant.



Source: Association of Public Health Observatories (APHO)

# Indicator metadata

Indicator Name	Indicator Measure	Rationale	Source	Technical Definition	Time Period
GP registered populations	Number and percentage of GP registered patients by quinary age band and sex	Demography has an impact on the level of population need within an individual area	Patients registered at a GP Practice, NHS Digital	Data are extracted as a quarterly snapshot in time from the GP Payments system by NHS Digital. This release is an accurate snapshot as at 1 April 2016. April 2016 has been taken as the reference population to match the denominator used to calculate directly standardised rates which cover the period 2016/17	01-Apr-16
Population Projection Estimates	Total number of resident population by quinary age band	Population projections provide an indication of the future size and age structure of the population to be used for resource allocation and planning	ONS Sub-national population projections	Based on mid-year population estimates and a set of assumptions of future fertility, mortality and migration	2014 based projections to 2039
Index of Multiple Deprivation 2015 (IMD 2015)	IMD 2015 score and rank by district and LSOA	IMD 2015 is an overall measure of multiple deprivation and highlights where socio-economic and health inequalities are likely to exist at small area level	Dept. for Local Communities and Government	Based on 37 separate indicators, which are combined to calculate an Index of Multiple Deprivation 2015 score (IMD 2015) for every Lower Super Output Area (LSOA) in England. Each area is ranked according to its level of deprivation relative to that of other areas.	2015
Total Emergency Admissions (All age and 65+ years)	Directly Age Standardised Rate per 1000 registered population, All ages and 65+ years (DASR per 1000)	Emergency admissions to hospital provide a measure of demand and pressures for accident and emergency services and the acute hospital sector.	Hospital Episode Statistics Admitted Patient Care Dataset, NHS Digital GP Practice Registered Population as at April 2016, NHS Digital	Admission method = Emergency (21, 22, 23, 24, 25, 28, 2A, 2B, 2C, 2D) Patient classification = Ordinary Admission (CLASSPAT = 1) Finished Admitted Episode = 1 Valid Age on Admission (ADMIAGE) Sex = 1 (M) or 2 (F) Registered with STP Practice (CCG of Responsibility = 03X, 03Y, 04R, 04J) Resident in England (RESGOR <=K)	Apr 2016-Mar 2017
Emergency Admissions, Length of Stay >20 days, 65+ years	Directly Age Standardised Rate per 1000 emergency admissions with a LOS >0 days aged 65+ years (DASR per 1000)	Longer lengths of stay can act as a powerful proxy indicator of poor patient flow. Patient flow indicators have been trialled with systems taking part in the Emergency Care Improvement Programme, and have supported reductions in length of stay and improvements in patient flow.	Hospital Episode Statistics Admitted Patient Care Dataset, NHS Digital	As above where Finished Discharge Episode = 1 and Spell Duration >=20 (SPELDUR)	Apr 2016-Mar 2017
Emergency Re-admissions within 30 days (All Age and 65+ years)	Directly Age Standardised Rate per 1000 total emergency admissions, All ages and aged 65+ years (DASR per 1000)	Aims to measure the success of helping people to recover effectively from illnesses or injuries. If a person does not recover well, it is more likely that they will require hospital treatment again within the 30 days following their previous admission. Thus, readmissions are widely used as an indicator of the success of healthcare in helping people to recover.	Hospital Episode Statistics Admitted Patient Care Dataset, NHS Digital	As above where Finished In Year Discharge Episode = 1 and Provider Same as Previous Admission (PROCODE) Within 30 days of Previous Admission (ADMIDATE <30 to DISDATE) Excluding Cancer Admissions and Readmissions (DIAG_01 to DIAG_20 NOT C% or D%)	Apr 2016-Mar 2017
Emergency admissions for Acute Conditions that should not usually require hospitalisation (All Age and 65+ years)	Directly Age Standardised Rate per 1000 registered population, All ages and aged 65+ years (DASR per 1000)	Some emergency admissions may be avoided for acute conditions that can be managed in the community. Rates of emergency admissions are therefore used as a proxy for outcomes of care. Preventing conditions such as kidney or urinary tract infections or heart failure from becoming more serious and keeping people at home would reduce demand on acute care.	Hospital Episode Statistics Admitted Patient Care Dataset, NHS Digital GP Practice Registered Population as at April 2016, NHS Digital	As per the NHS Outcomes Framework Indicator 3a where Acute Conditions include Flu, Pneumonia, Angina, Dehydration, Gastroenteritis, Kidney/Urinary Infection, Perforated Ulcer, Cellulitis, Dental, Convulsions, excluding those with operative procedures and transfers The full technical definition can be accessed via <a href="https://indicators.hscic.gov.uk/">https://indicators.hscic.gov.uk/</a>	Apr 2016-Mar 2017

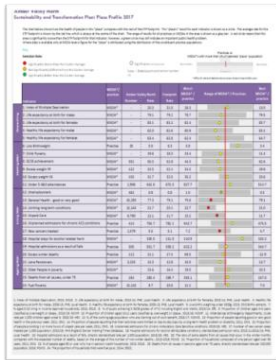


# Indicator metadata

Indicator Name	Indicator Measure	Rationale	Source	Technical Definition	Time Period
Emergency admissions for Injurious Falls (65+ years)	Directly Age Standardised Rate per 1000 registered population aged 65+ years (DASR per 1000)	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	Hospital Episode Statistics Admitted Patient Care Dataset, NHS Digital  GP Practice Registered Population as at April 2016, NHS Digital	Admission method = Emergency (21, 22, 23, 24, 25, 28, 2A, 2B, 2C, 2D) Primary Diagnosis = Injury (DIAG_01 like S% or T%) Underlying Diagnosis = External Cause due to Fall (CAUSE = W01% or W02%) Patient classification = Ordinary Admission (CLASSPAT = 1) Finished Admitted Episode = 1, Valid Age on Admission (ADMAGE) Sex = 1 (M) or 2 (F) Registered with STP Practice (CCG of Responsibility = 03X, 03Y, 04R, 04J) Resident in England (RESGOR <=K)	Apr 2016- Mar 2017
Clients Receiving Personal Budget as a Direct Payment	Number of adults receiving a personal budget via Full or Part Direct Payment as a proportion of total adults in receipt of a personal budget (%)	This indicator provides a measure of the percentage of total clients that are receiving support through personal budgets and have direct control over how their personal budget is spent	Derbyshire County Council and Derby City Council Adult Social Care	Data are attributed to Practice and Place on the basis of Client Resident Lower Super Output Area (LSOA). The proportion of the GP Practice Registered Population that live within each LSOA is applied to the number of clients in each LSOA and summed to calculate the number per GP Practice	As at July 2017
Permanent Admissions to Care Homes (65+ years)	Crude rate of permanent residential home and nursing home admissions supported by the Local Authority per 1000 registered population aged 65+ years	Avoiding permanent placements in residential and nursing care homes is a good indication of delaying dependency, and local health and social care services will work together to reduce avoidable admissions.	Derbyshire County Council and Derby City Council Adult Social Care	Data are attributed to Practice and Place on the basis of Client Resident Lower Super Output Area (LSOA). The proportion of the GP Practice Registered Population that live within each LSOA is applied to the number of clients in each LSOA and summed to calculate the number per GP Practice	Apr 2016- Mar 2017
Delayed Transfers of Care, by local authority	Number of Delayed Days: Number of delayed transfers of care per month per 100,000 aged 18+	These indicators measure the impact of hospital services 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, and is an indicator of the effectiveness of the interface within the NHS, and between health and social care services	Delayed Transfer of Care, NHS Organisations, England. NHS Digital.	The average number of delayed transfers of care (for those aged 18 and over) on a particular day taken over the year, that are attributable to social care or jointly to social care and the NHS. This is the average of the 12 monthly snapshots collected in the monthly Situation Report (SitRep) for acute and non acute, per 100,000 population aged 18+.	2017 / 2018
	DTOC Bed Days: The number of delayed days during the month divided by the number of calendar days in the month.			As of April 2017, data collection on the number of patients delayed on the last Thursday of the month ceased. This measure has been replaced by a similar measure called DTOC Beds Days; this figure is calculated by dividing the number of delayed days during the month by the number of calendar days in the month. This provides a more representative picture of the entire month.	
ASCOF Measures of performance	ASCOF 2b(2): Proportion of older people (aged 65+ years) who received reablement / rehabilitation services after discharge from hospital.	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.	Measures from the Adult Social Care Outcomes Framework (ASCOF), England. Time series of aggregated measures, 2010-11 to 2016-17. NHS Digital	This is a two-part measure which reflects both the effectiveness of reablement services, 2b(1), and the coverage of services 2b(2).  2b(1)1: The proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult.  2b(2): The proportion of older people aged 65 and over offered reablement services following discharge from hospital. This measure will take the denominator from part 1 as its numerator: the denominator will be the total number of older people discharged from hospitals based on Hospital Episode Statistics.	2010/11 - 2016-17
	ASCOF 2b(1): Proportion of older people (aged 65+ years) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.	This measures the benefit to individuals from reablement, intermediate care and rehabilitation following a hospital episode, by determining whether an individual remains living at home 91 days following discharge – the key outcome for many people using reablement services. It captures the joint work of social services, health staff and services commissioned by joint teams, as well as adult social care reablement.			

## Small area data: Additional resources

Derbyshire and Derby City local authority areas currently produce a range of profiles showing a range of socio-economic and demographic information about local places. Below is a summary of key documents with hyperlinks to them. However, due to the way which STP Place Alliances have been developed, based on registered patient populations, it may be that some of your patient cohort fall outside the main areas listed below; however, information for all areas within Derbyshire can be found on the Derbyshire Observatory at [observatory.derbyshire.gov.uk](http://observatory.derbyshire.gov.uk)

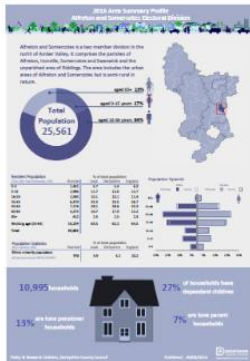


### [Place based population health profiles](#)

These profiles provide an overview of place from a public health perspective and provide a summary of key well-being statistics.

58	22	3
31	5	59
2	57	20

[Derbyshire Rank Quilt](#) summarises a range of statistics about different electoral divisions, it provides an at a glance guide to how local areas compare to one and other. A summary of the data utilised can be found [here](#)



### Area Profiles

Area Profiles show a range of statistics for county electoral divisions in a performance spine chart, which shows how the area performs against the Derbyshire average.

Access the Area Profiles [here](#).

### Other sources of data and statistics:

[Primary Care Tool](#)  
[GP practice profiles](#)  
[PHE fingertips tool](#)  
[Health profiles](#)  
[Census profiles](#)  
[NHS Digital](#)  
[Nomis](#)  
[StatXplore](#)

*For further information on Place please contact:*

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