Joined Up Care Derbyshire

Derbyshire STP:
Place Alliance Insight Packs

Supporting the Place work stream

High Peak 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

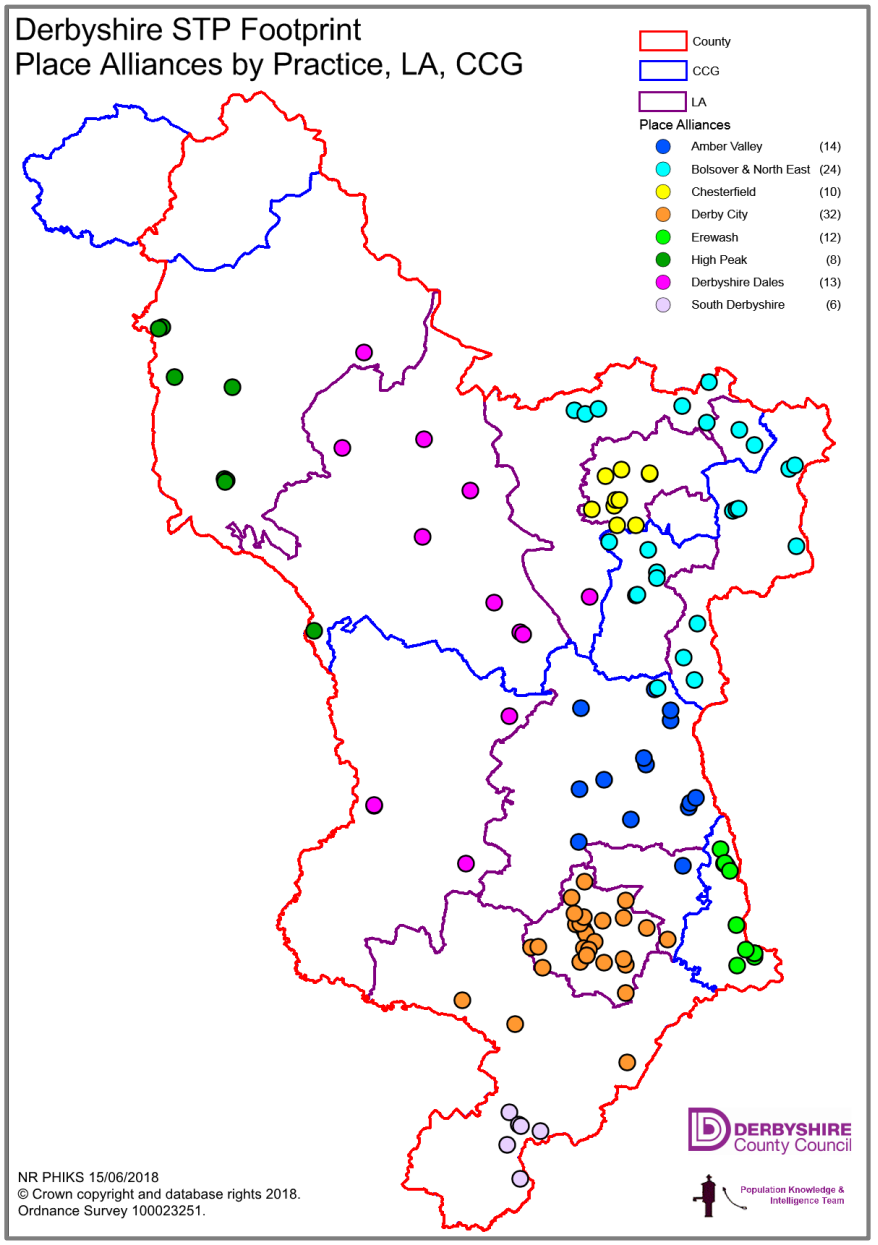
The STPp priorities will lead to significant transformation of the traditional system of health and social care delivery into a more place-based care approach, reducing the current reliance on institutional care.

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



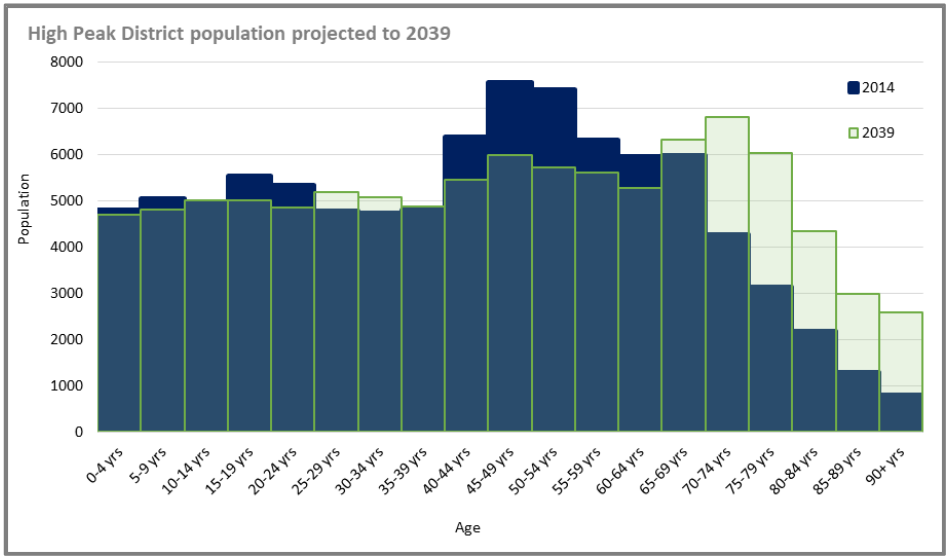
Population

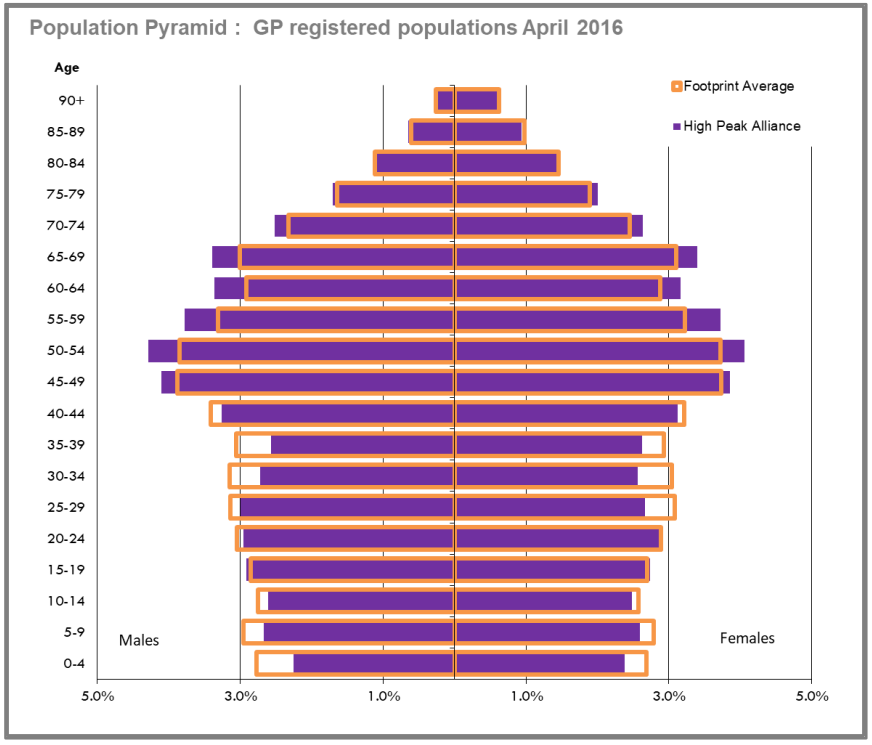
The total registered population of the 8 JUCD Alliances is around 1,036,850. The total population within the footprint of the High Peak Place Alliance is 59,989, 50.1% of which are males and 49.9% females.

20.7% of the Alliance population are aged 65 years or over and 8.7% 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 High Peak Place Alliance and a comparison to the average for the Derbyshire STP footprint.

We know that the population in general is aging. The figure on the right provides a population projection for High Peak district; this suggests that the area will see an estimated 64% increase in over 65 year olds by 2039.





Population in Thousands	Numbers		Percentage		Comparison	
	Males	Females	Males	Females	Males	Females
All Ages	30053	29936	50.1%	49.9%	50.0%	50.0%
0-4	1353	1428	2.3%	2.4%	2.8%	2.7%
5-9	1604	1555	2.7%	2.6%	3.0%	2.8%
10-14	1562	1490	2.6%	2.5%	2.8%	2.6%
15-19	1745	1645	2.9%	2.7%	2.9%	2.7%
20-24	1773	1720	3.0%	2.9%	3.0%	2.9%
25-29	1797	1597	3.0%	2.7%	3.1%	3.1%
30-34	1634	1537	2.7%	2.6%	3.1%	3.0%
35-39	1538	1573	2.6%	2.6%	3.1%	2.9%
40-44	1957	1874	3.3%	3.1%	3.4%	3.2%
45-49	2463	2311	4.1%	3.9%	3.9%	3.7%
50-54	2571	2434	4.3%	4.1%	3.9%	3.7%
55-59	2269	2235	3.8%	3.7%	3.3%	3.2%
60-64	2017	1895	3.4%	3.2%	2.9%	2.9%
65-69	2037	2039	3.4%	3.4%	3.0%	3.1%
70-74	1511	1579	2.5%	2.6%	2.3%	2.5%
75-79	1021	1203	1.7%	2.0%	1.6%	1.9%
80-84	662	876	1.1%	1.5%	1.1%	1.5%
85-89	386	565	0.6%	0.9%	0.6%	1.0%
90+	153	380	0.3%	0.6%	0.3%	0.6%

Deprivation

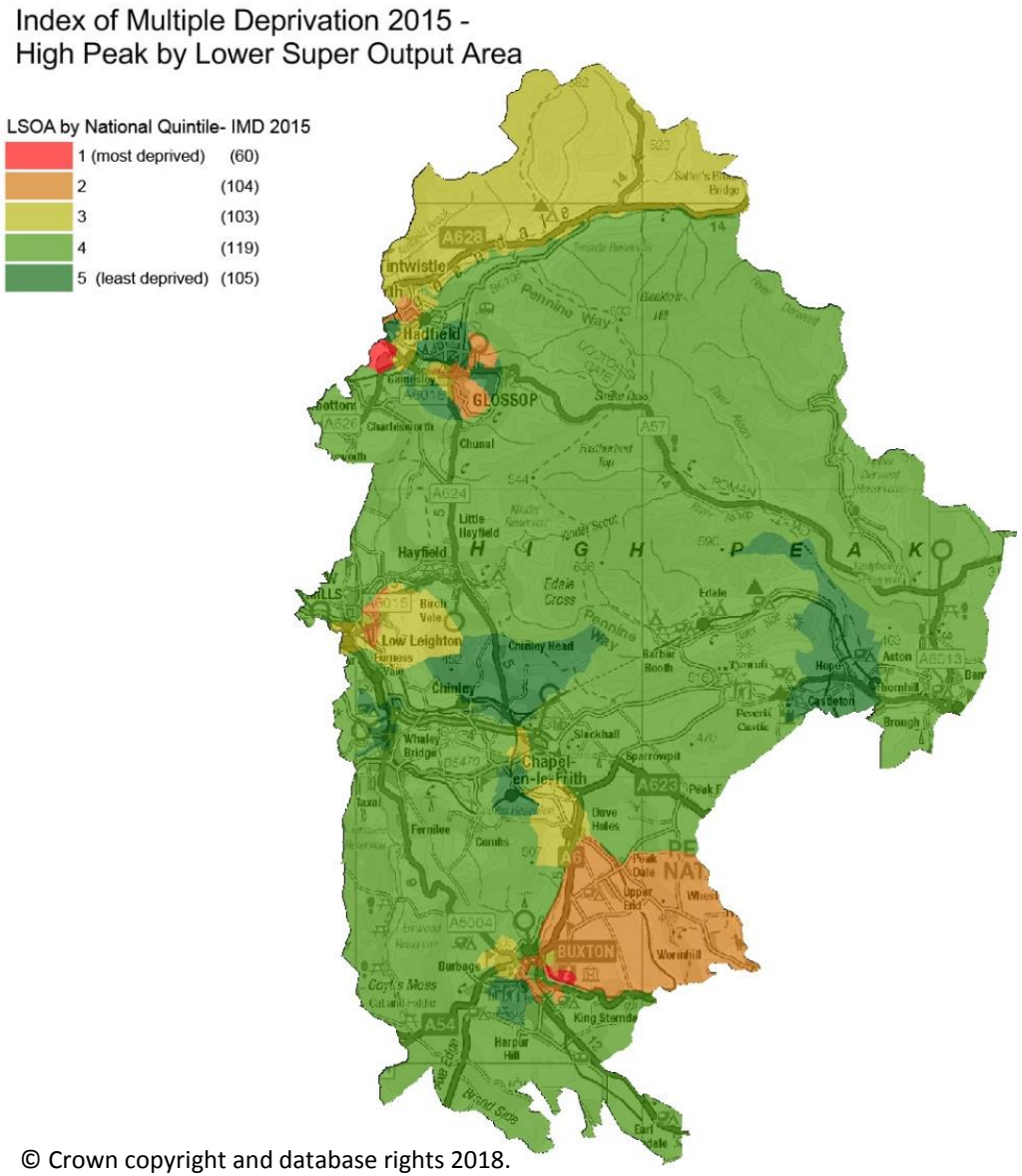
The English Indices of Deprivation 2015 are based on 37 separate indicators, which are combined to calculate an Index of Multiple Deprivation 2015 score (IMD 2015).

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, High Peak district has a lower than average deprivation score of 16.1 compared to the average of 21.8 for England , ranking 192 out of 326 English local authority areas (where a rank of 1 is the most deprived).

The map shows differences in deprivation in High Peak by LSOA; only 3 of the 59 LSOAs fall within the top 20% of the most deprived in England. The area surrounding Glossop however, is one of the most deprived areas in the county and the relatively prosperous appearance of the district overall can mask small pockets of rural deprivation that can be found in its sparsely populated areas.

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.



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, Length of Stay > 20 days (65+)

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

Emergency admissions for acute conditions that should not usually require hospitalisation

Emergency admissions by injurious falls (65+)

Uptake of personal budget by eligible population

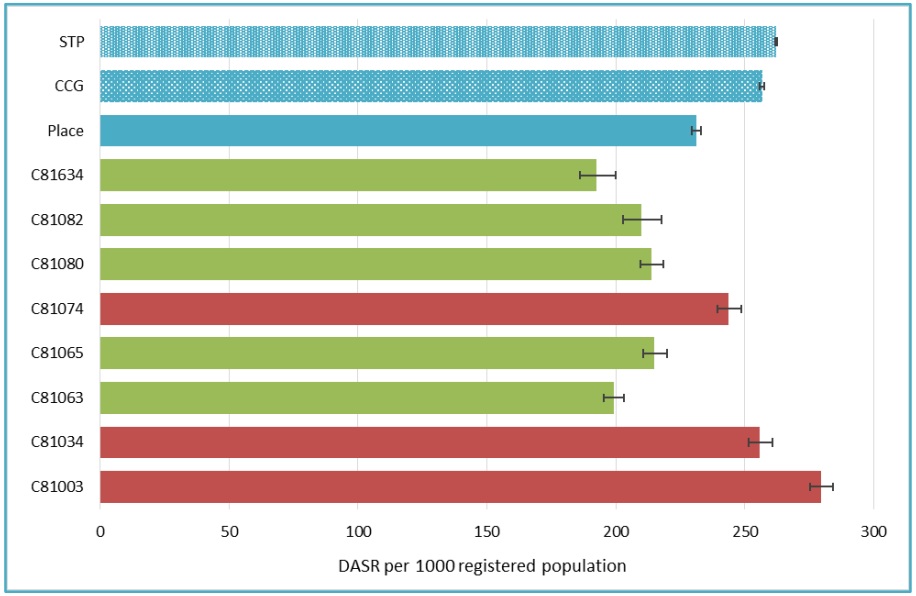
STP footprint wide indicators:

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

Older people (65+) receiving reablement/rehabilitation services

Delayed transfers of care

Total Emergency Admissions, 65+ years, 2016/17



		Number	DASR	Sig. to Alliance	Sig. to CCG	Sig. to STP
C81003	Sett Valley Medical Centre	573	279.6	▲	▲	▲
C81034	Stewart Medical Centre	455	255.9	▲	▽	▼
C81063	Thornbrook Surgery	377	199.1	▼	▼	▼
C81065	Buxton Medical Practice	321	215.0	▼	▼	▼
C81074	Elmwood Medical Centre	416	243.8	▲	▼	▼
C81080	Goyt Valley Medical Practice	363	213.8	▼	▼	▼
C81082	Hartington Surgery	129	209.8	▼	▼	▼
C81634	Arden House Medical Practice	126	192.6	▼	▼	▼
Alliance	High Peak	2760	231.1		▼	▼
CCG	North Derbyshire	16219	256.7			▼
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

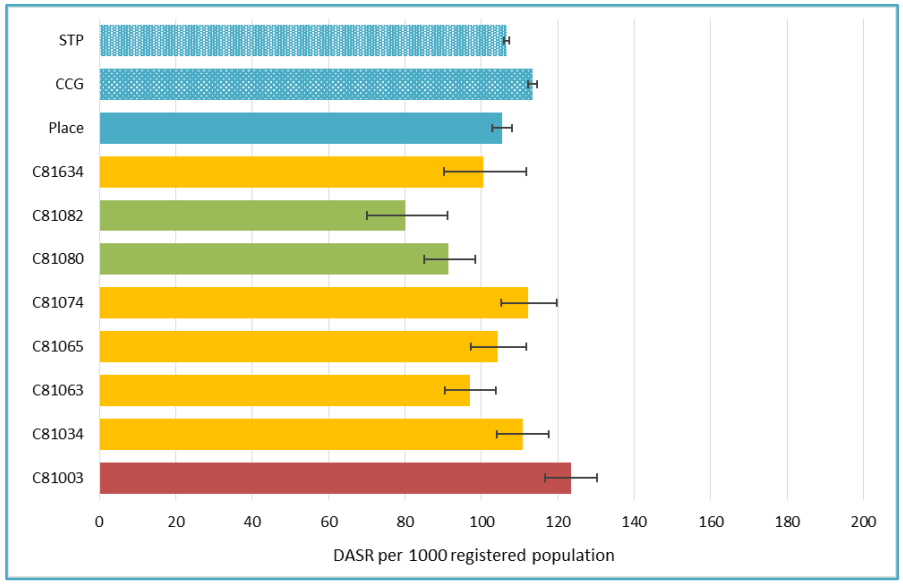
DASR - Directly Age Standardised Rate/1000 reg. pop.

▲ - 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.

Total Emergency Admissions, All Ages, 2016/17



		Number	DASR	Sig. to Alliance	Sig. to CCG	Sig. to STP
C81003	Sett Valley Medical Centre	1295	123.3	▲	▲	▲
C81034	Stewart Medical Centre	1042	110.7	△	▽	△
C81063	Thornbrook Surgery	854	96.9	▽	▼	▼
C81065	Buxton Medical Practice	812	104.2	▽	▼	▽
C81074	Elmwood Medical Centre	954	112.2	△	▽	△
C81080	Goyt Valley Medical Practice	754	91.5	▼	▼	▼
C81082	Hartington Surgery	247	80.0	▼	▼	▼
C81634	Arden House Medical Practice	350	100.5	▽	▼	▽
Alliance	High Peak	6308	105.4		▼	▽
CCG	North Derbyshire	34189	113.4			▲
STP		109832	106.6			

Graph Key: Compared to Alliance

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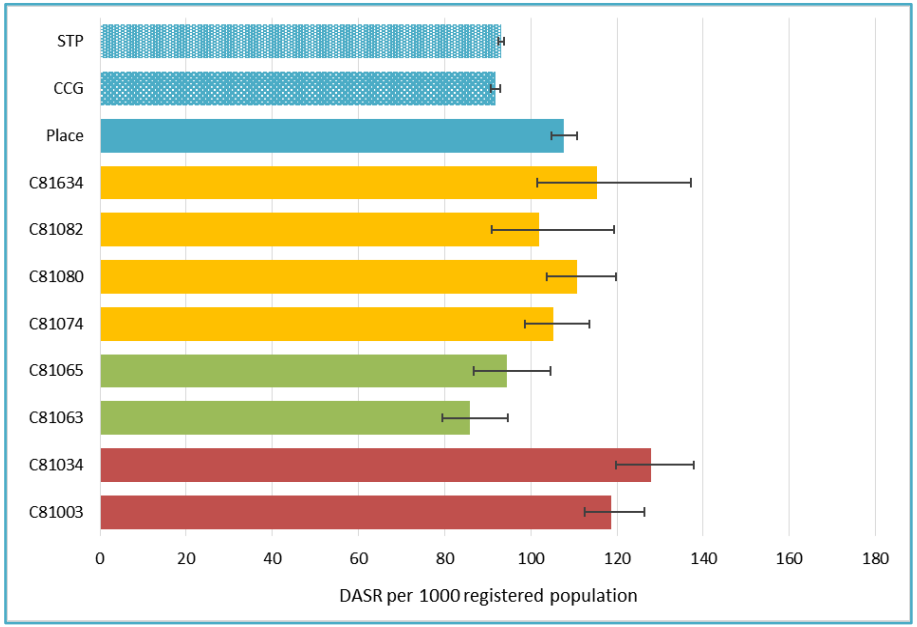
Note: This indicator is a metric in the Better Care Fund and the Health and Social Integration datasets.

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



		Number	DASR	Sig. to Alliance	Sig. to CCG	Sig. to STP
C81003	Sett Valley Medical Centre	57	118.8	▲	▲	▲
C81034	Stewart Medical Centre	48	127.8	▲	▲	▲
C81063	Thornbrook Surgery	31	86.0	▼	▽	▽
C81065	Buxton Medical Practice	29	94.4	▼	△	△
C81074	Elmwood Medical Centre	42	105.2	▽	▲	▲
C81080	Goyt Valley Medical Practice	39	110.7	△	▲	▲
C81082	Hartington Surgery	11	102.0	▽	△	△
C81634	Arden House Medical Practice	11	115.3	△	▲	▲
Alliance	High Peak	268	107.7		▲	▲
CCG	North Derbyshire	1445	91.8			▽
STP		5035	93.1			

Graph Key: Compared to Alliance

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

Table Key: Compared to Alliance

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

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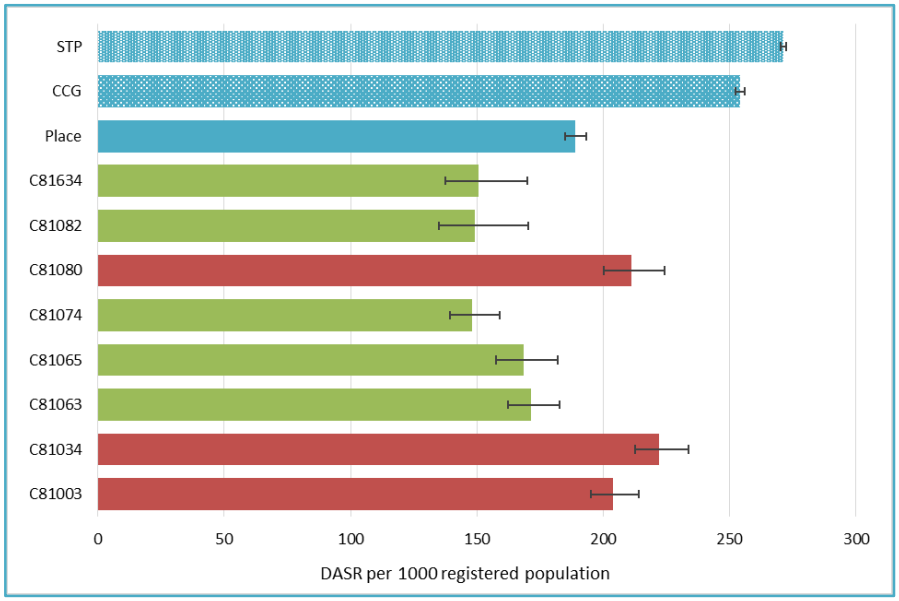
△ - Similar but higher ▽ - Similar but lower

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

Total Emergency Re-admissions, 65+ years, 2016/17



		Number	DASR	Sig. to Alliance	Sig. to CCG	Sig. to STP
C81003	Sett Valley Medical Centre	87	203.8	▲	▼	▼
C81034	Stewart Medical Centre	87	222.2	▲	▼	▼
C81063	Thornbrook Surgery	52	171.4	▼	▼	▼
C81065	Buxton Medical Practice	41	168.4	▼	▼	▼
C81074	Elmwood Medical Centre	48	148.1	▼	▼	▼
C81080	Goyt Valley Medical Practice	59	211.1	▲	▼	▼
C81082	Hartington Surgery	15	149.3	▼	▼	▼
C81634	Arden House Medical Practice	16	150.7	▼	▼	▼
Alliance	High Peak	405	188.9		▼	▼
CCG	North Derbyshire	3545	254.2			▼
STP		12130	271.1			

Graph Key: Compared to Alliance

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

Table Key: Compared to Alliance

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

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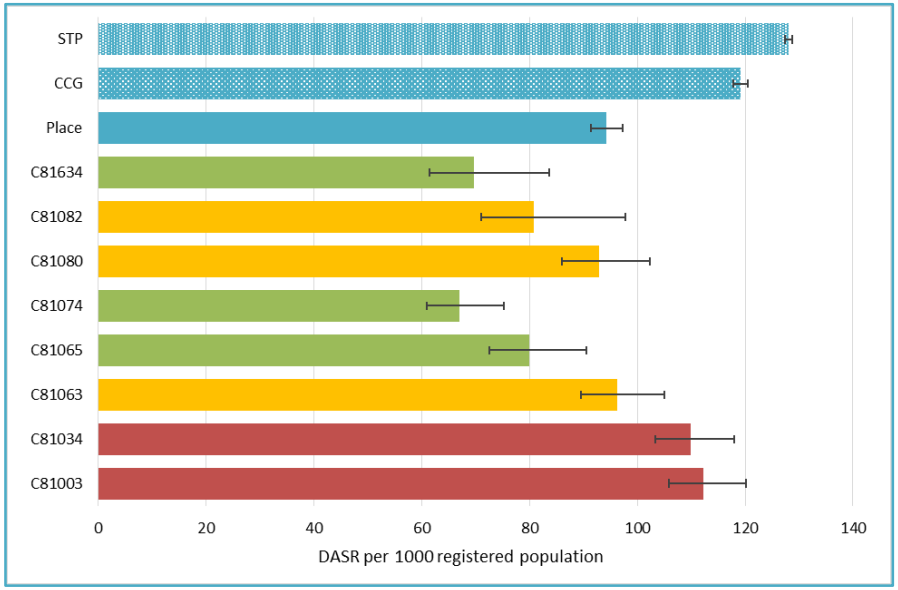
Emergency Re-admissions Within 30 days, 65+ years, 2016/17



		Number	DASR	Sig. to Alliance	Sig. to CCG	Sig. to STP
C81003	Sett Valley Medical Centre	47	112.2	▲	▽	▼
C81034	Stewart Medical Centre	45	109.9	▲	▽	▼
C81063	Thornbrook Surgery	30	96.3	△	▼	▼
C81065	Buxton Medical Practice	17	79.9	▼	▼	▼
C81074	Elmwood Medical Centre	20	66.9	▼	▼	▼
C81080	Goyt Valley Medical Practice	26	93.0	▽	▼	▼
C81082	Hartington Surgery	8	80.9	▽	▼	▼
C81634	Arden House Medical Practice	8	69.7	▼	▼	▼
Alliance	High Peak	201	94.2		▼	▼
CCG	North Derbyshire	1627	119.1			▼
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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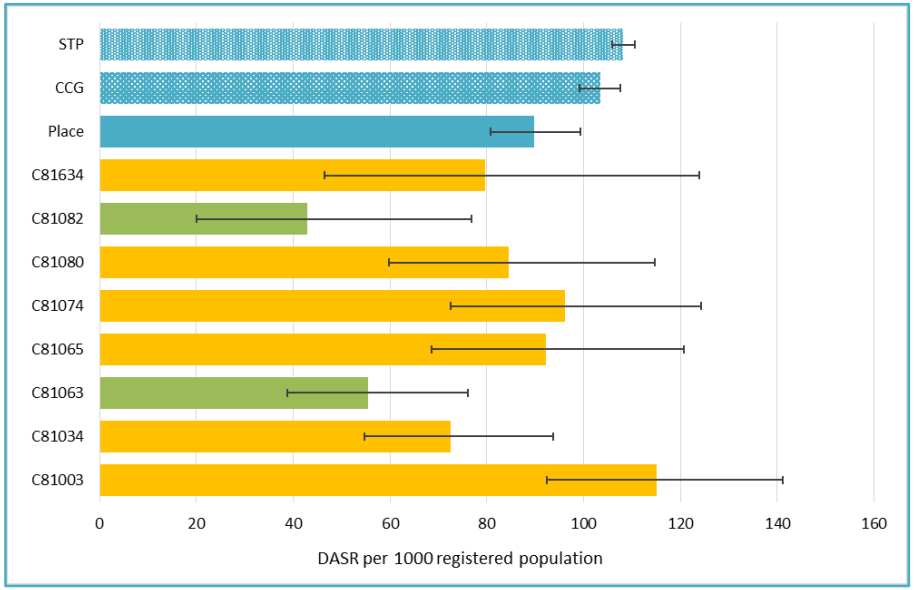
Emergency Re-Admission Within 30 days, All Ages, 2016/17



		Number	DASR	Sig. to Alliance	Sig. to CCG	Sig. to STP
C81003	Sett Valley Medical Centre	122	115.2	△	△	△
C81034	Stewart Medical Centre	83	72.6	▽	▼	▼
C81063	Thornbrook Surgery	51	55.4	▼	▼	▼
C81065	Buxton Medical Practice	64	92.2	△	▽	▽
C81074	Elmwood Medical Centre	75	96.2	△	▽	▽
C81080	Goyt Valley Medical Practice	55	84.5	▽	▽	▽
C81082	Hartington Surgery	14	42.8	▼	▼	▼
C81634	Arden House Medical Practice	26	79.6	▽	▽	▽
Alliance	High Peak	490	89.7		▽	▼
CCG	North Derbyshire	3372	103.4			▽
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

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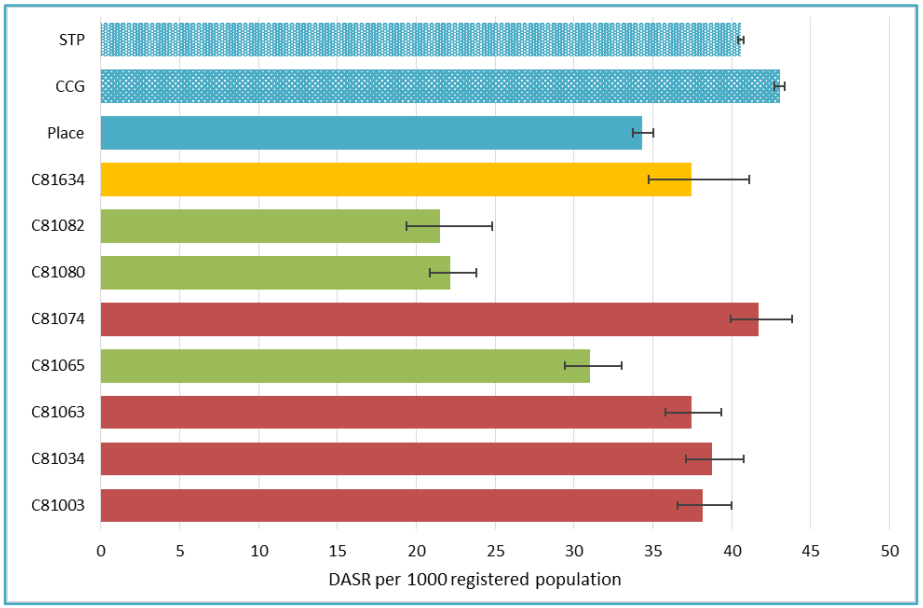
Emergency Admissions for Acute Conditions Considered Avoidable, 65+ years, 2016/17



		Number	DASR	Sig. to Alliance	Sig. to CCG	Sig. to STP
C81003	Sett Valley Medical Centre	78	38.1	▲	▼	▼
C81034	Stewart Medical Centre	69	38.8	▲	▼	▽
C81063	Thornbrook Surgery	70	37.4	▲	▼	▼
C81065	Buxton Medical Practice	47	31.0	▼	▼	▼
C81074	Elmwood Medical Centre	71	41.7	▲	▽	△
C81080	Goyt Valley Medical Practice	37	22.2	▼	▼	▼
C81082	Hartington Surgery	11	21.5	▼	▼	▼
C81634	Arden House Medical Practice	24	37.4	△	▼	▽
Alliance	High Peak	407	34.3		▼	▼
CCG	North Derbyshire	2705	43.0			▲
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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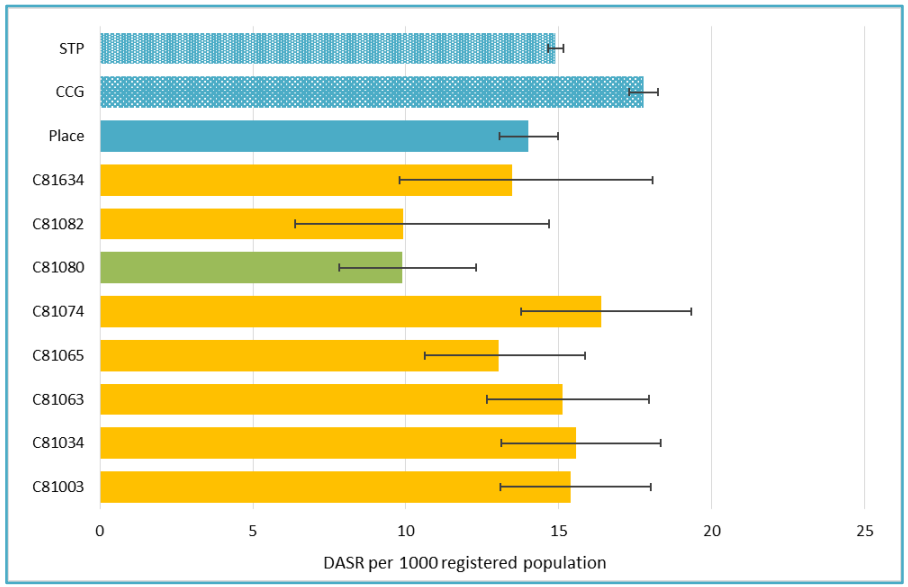
Emergency Admissions for Acute Conditions Considered Avoidable, All Ages, 2016/17



		Number	DASR	Sig. to Alliance	Sig. to CCG	Sig. to STP
C81003	Sett Valley Medical Centre	160	15.4	△	▽	△
C81034	Stewart Medical Centre	146	15.6	△	▽	△
C81063	Thornbrook Surgery	134	15.1	△	▽	△
C81065	Buxton Medical Practice	101	13.0	▽	▼	▽
C81074	Elmwood Medical Centre	140	16.4	△	▽	△
C81080	Goyt Valley Medical Practice	82	9.9	▼	▼	▼
C81082	Hartington Surgery	26	9.9	▽	▼	▽
C81634	Arden House Medical Practice	46	13.5	▽	▽	▽
Alliance	High Peak	835	14.0		▼	▽
CCG	North Derbyshire	5367	17.8			▲
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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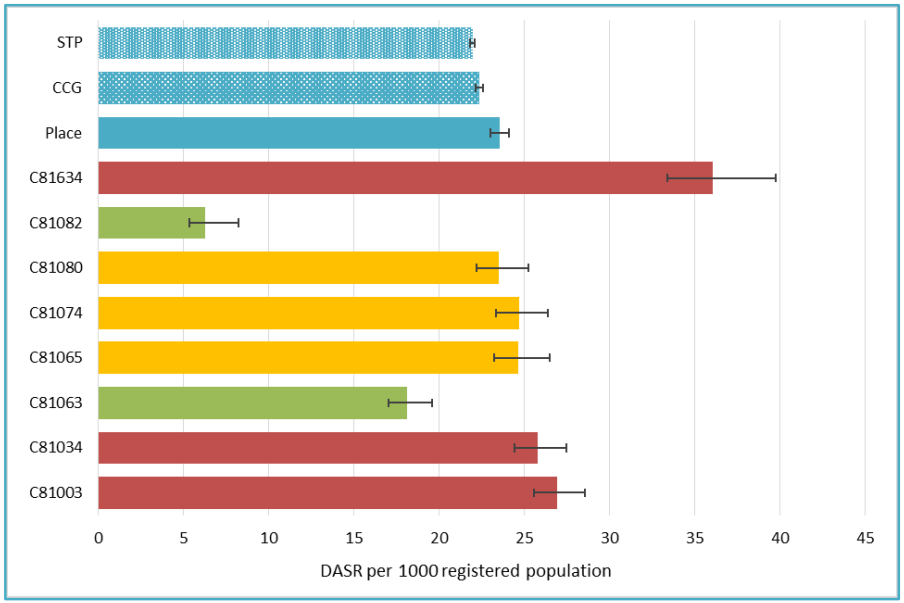
Emergency Admissions Injurious Falls, 65+ years, 2016/17



		Number	DASR	Sig. to Alliance	Sig. to CCG	Sig. to STP
C81003	Sett Valley Medical Centre	52	26.9	▲	▲	▲
C81034	Stewart Medical Centre	46	25.8	▲	▲	▲
C81063	Thornbrook Surgery	33	18.2	▼	▼	▼
C81065	Buxton Medical Practice	37	24.7	△	▲	▲
C81074	Elmwood Medical Centre	43	24.7	△	▲	▲
C81080	Goyt Valley Medical Practice	38	23.5	▽	△	▲
C81082	Hartington Surgery	4	6.3	▼	▼	▼
C81634	Arden House Medical Practice	22	36.1	▲	▲	▲
Alliance	High Peak	275	23.5		▲	▲
CCG	North Derbyshire	1393	22.4			▲
STP		4327	22.0			

Graph Key: Compared to Alliance

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Table Key: Compared to Alliance

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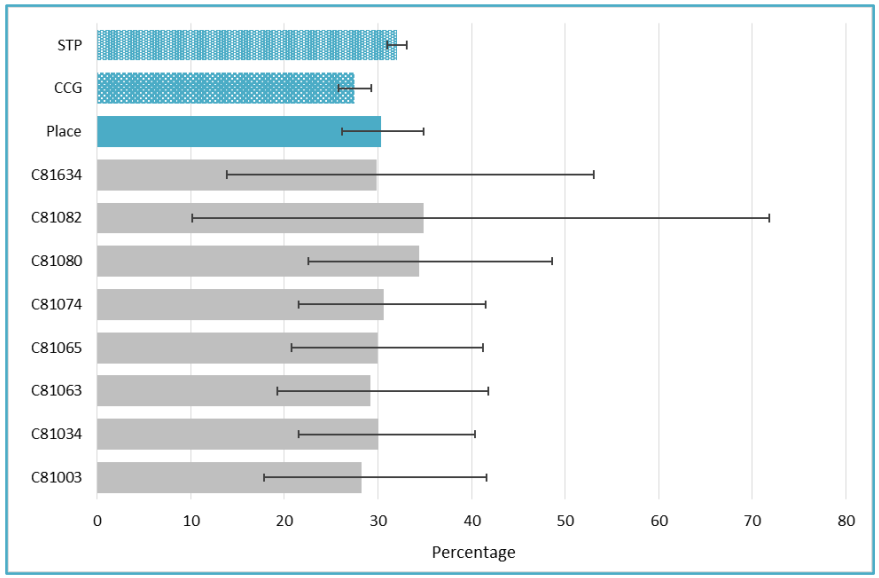
Percentage of Clients Receiving Personal Budget as a Direct Payment, All Ages, 2016/17



				Comparison		
		Number	%	Alliance	CCG	STP
C81003	Sett Valley Medical Centre	15	28.2	▽	△	▽
C81034	Stewart Medical Centre	26	30.1	▽	△	▽
C81063	Thornbrook Surgery	17	29.2	▽	△	▽
C81065	Buxton Medical Practice	22	30.0	▽	△	▽
C81074	Elmwood Medical Centre	24	30.6	△	△	▽
C81080	Goyt Valley Medical Practice	16	34.4	△	△	△
C81082	Hartington Surgery	2	34.9	△	△	△
C81634	Arden House Medical Practice	5	29.9	▽	△	▽
Alliance	High Peak	128	30.4		△	▽
CCG	North Derbyshire	700	27.5			▼
STP		2584	32.0			

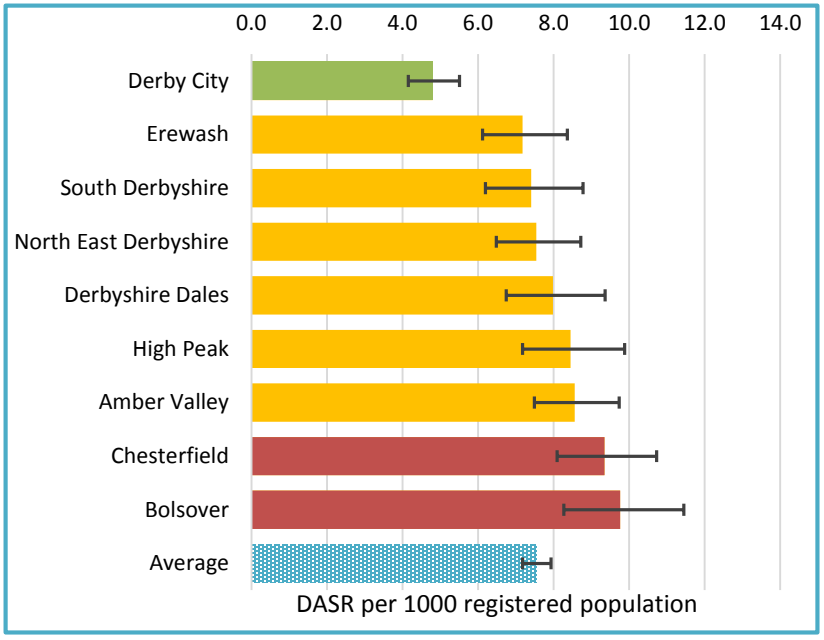
Note: Significance comparisons are not reported for this indicator due to the variability of data quality.

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

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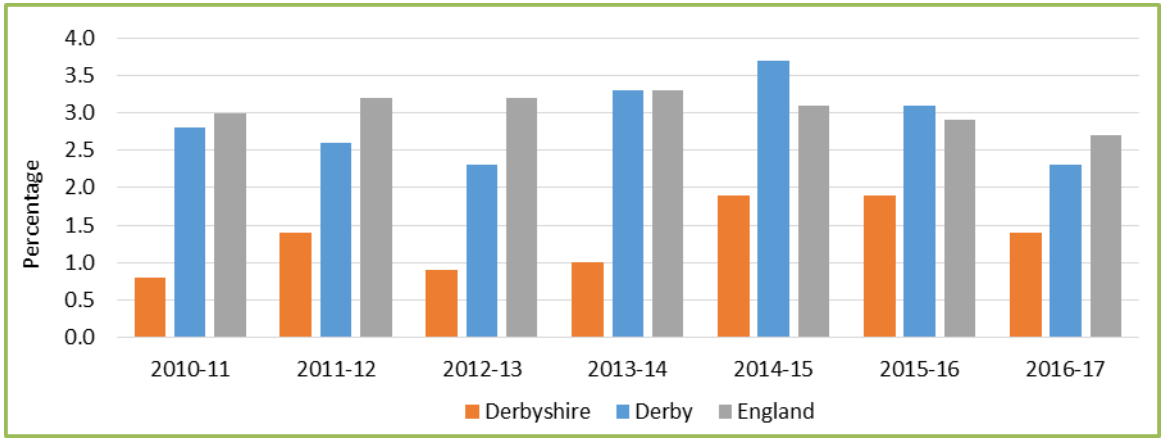
Note: This indicator is a metric in the Better Care dataset. Local data is currently being developed at Alliance level for this indicator.

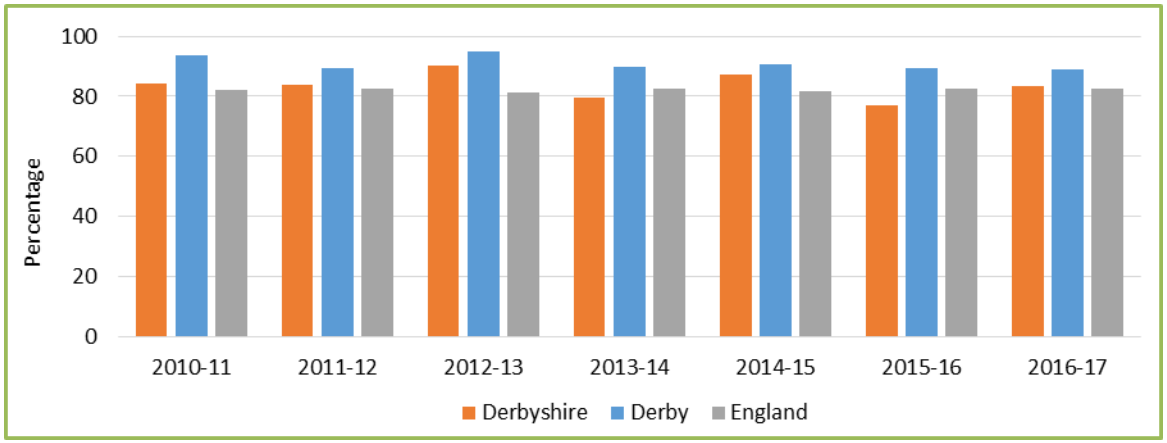
STP Footprint Wide Indicators

Rehabilitation and reablement

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



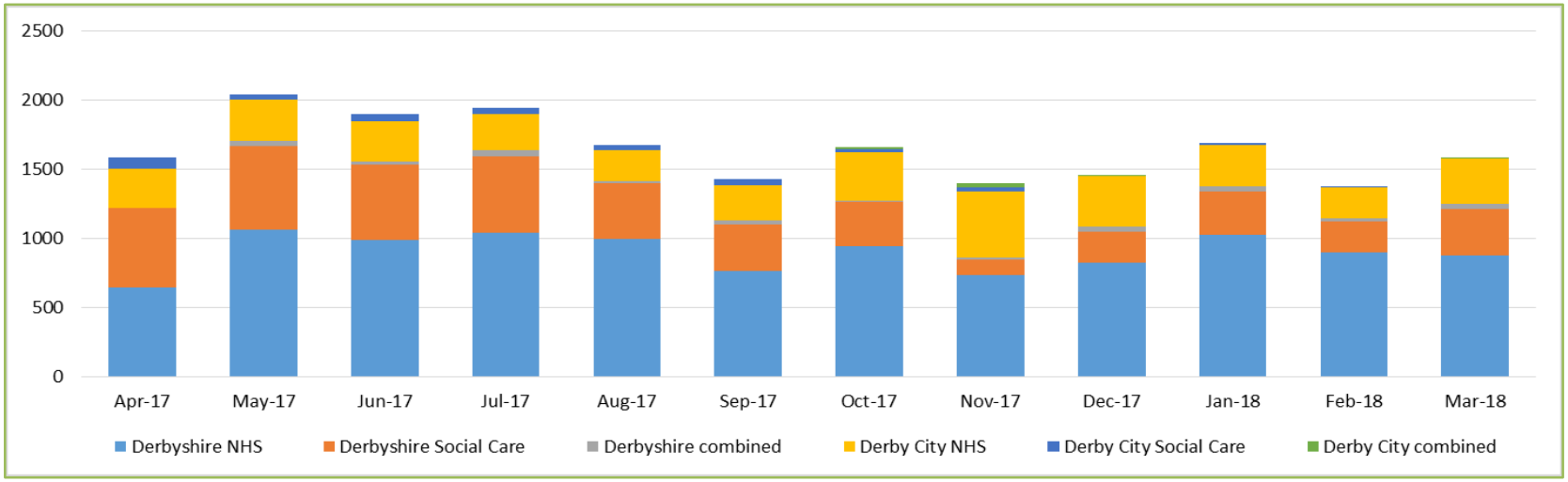
ASCOF Measure Performance 2b(1): Proportion of older people (aged 65+ years) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services



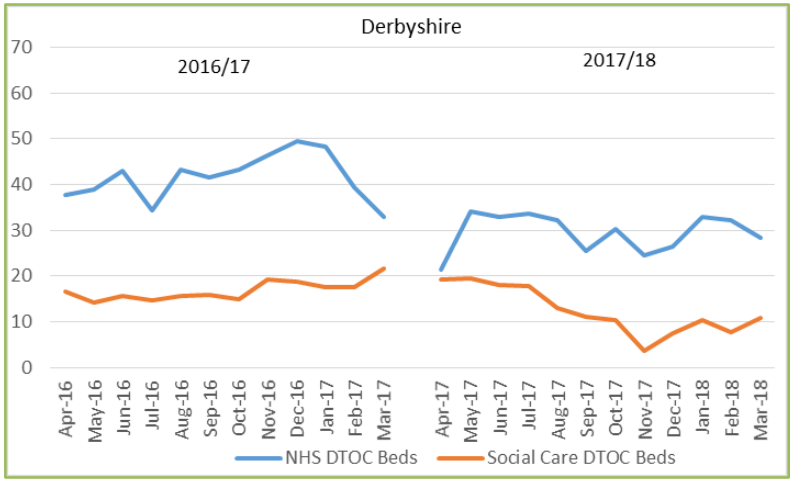
Note: These indicator are metrics in the Better Care Fund [ASCOF 2b(1)] and the Health and Social Integration datasets [ASCOF 2b(1 and 2)].

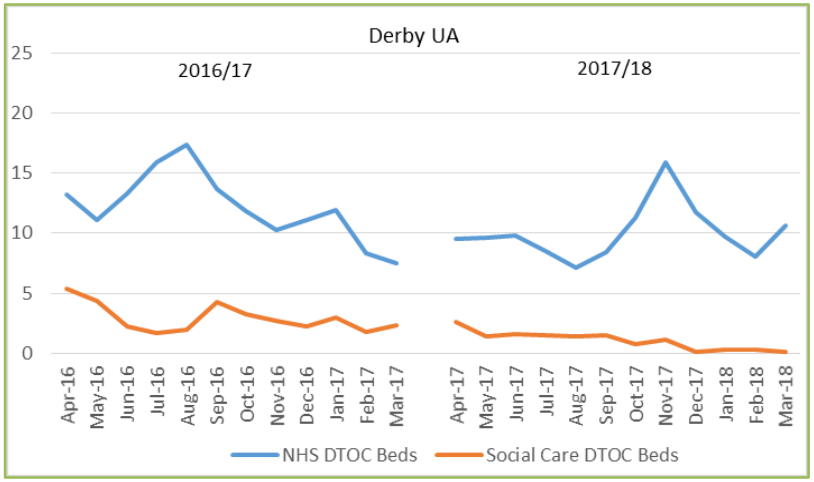
Delayed Transfers of Care, by local authority area

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

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 High Peak 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 purposed of this report, the direct method of age standardisation has been used throughout when reporting on health and well-being outcome measures.

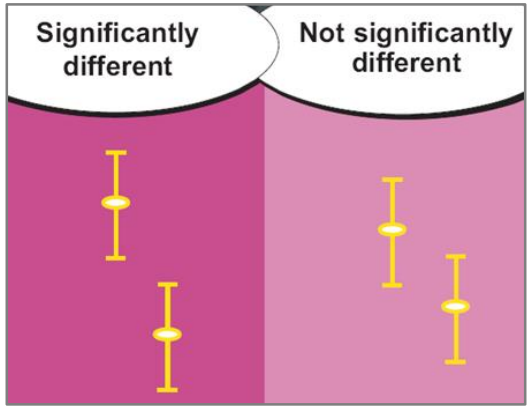
Confidence Intervals

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

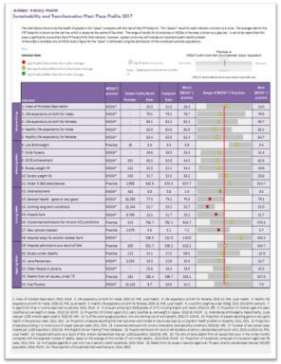
Indicator Name	Indicator Measure	Rationale	Source	Technical Definition	Time Period
GP registered populations	Number and percentage of GP registered patients by quinary age band and sex	Demography has an impact on the level of population need within an individual area	Patients registered at a GP Practice, 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 defintion can be accessed via https://indicators.hscic.gov.uk/	Apr 2016-Mar 2017

Indicator metadata

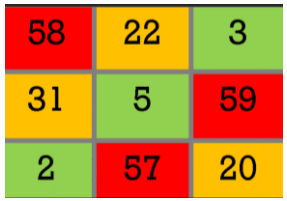
Indicator Name	Indicator Measure	Rationale	Source	Technical Definition	Time Period
Emergency admissions for Injurious Falls (65+ years)	Directly Age Standardised Rate per 1000 registered population aged 65+ years (DASR per 1000)	Falls are the largest cause of emergency hospital admissions for older people, 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 (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
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

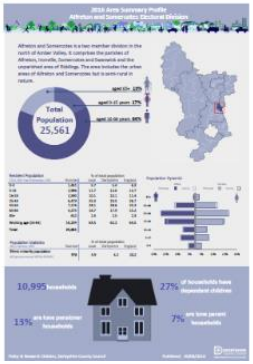
Derbyshire and Derby City local authority areas currently produce a range of profiles showing a range of socio-economic and demographic information about local places. Below is a summary of key documents with hyperlinks to them. However, due to the way which STP Place Alliances have been developed, based 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



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.



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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Interim Deputy Director, Place
angela.wright14@nhs.net

For data related queries please contact:

kit@derbyshire.gov.uk