Healthier Communities Select Committee			
Title	Health and Wellbeing Board Performance Dashboard		
Contributor	Executive Director for Community Services, Director of Public Health	Item	8
Class	Part 1 (open)	24 February 2015	

1. Purpose

1.1. The purpose of this report is to present the Health and Well Being Board Performance Dashboard to the Healthier Communities Select Committee.

2. Recommendation

2.1 Members of the Healthier Communities Select Committee are recommended to note performance as measured by the health and care indicators set out in the attached dashboard Annex A, and by progress in delivering the actions within the Health & Wellbeing Strategy Delivery Plan.

3. Policy Context

3.1 The Health and Social care Act 2012 established health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. The activity of the Health and Wellbeing Board is focused on delivering the strategic vision for Lewisham as established in Shaping our Future – Lewisham's Sustainable Community Strategy, and in Lewisham's Health and Wellbeing Strategy.

3.2 The Health and Social Care Act 2012 placed a duty on local authorities and their partner clinical commissioning groups to prepare and publish joint health and wellbeing strategies to meet needs identified in their joint strategic needs assessments (JSNAs). Lewisham's Health and Wellbeing Strategy was published in 2013.

3.3 The Health and Social Care Act also required health and wellbeing boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.

3.4 The Better Care Fund (BCF) sits as part of a wider strategic approach and the focus of this work is to establish better co-ordinated and planned care closer to home, thus reducing demand for emergency/crisis care in acute settings and preventing people from requiring mental health and social care services.

4. Background

4.1 In response to the request from members of the Board, the Director of Public Health has worked alongside colleagues within Adult Social Care and the Clinical Commissioning Group (CCG) to produce a dashboard of indicators which would

assist members in monitoring health and wellbeing improvements across Lewisham and the effectiveness of the integrated adult care programme.

4.2 The dashboard also includes a number of indicators (including those on birth weight, immunisation and excess weight) that are also included in the Be Healthy priority of the Children and Young People's Partnership.

4.3 The Health & Wellbeing Strategy Implementation Group has recently received an update on delivery progress based on actions in the Health & Wellbeing Strategy Delivery Plan. The Group uses RAG ratings to assess progress, where Green is good, Amber is fair, and Red is poor.

4.4 The Implementation Group provides an assurance mechanism for the Board that enables discussion with leads for underperforming areas and for plans to be put in place to address this, and where appropriate escalate to Board. The update shows the majority of actions rated as green. All other actions that were rated amber or red were judged by the Implementation Group to have plans to address them. The Implementation Group will monitor the action plans closely to ensure that effective progress is being made. It is anticipated that the progress being made in delivery of the Strategy will translate into improvement in Health & Wellbeing Board Dashboard Indicators in 2015.

4.5 This Health & Well Being Board Performance Dashboard report was presented to the Health and Well Being Board by Dr Danny Ruta (Director of Public Health, LBL) in November 2014. he highlighted the following points:

- A review of Lewisham's Health and Wellbeing Strategy Delivery Plan shows that good progress is being made in implementing the strategy, with the majority of actions rated as green. Plans are in place to address actions rated amber or red.
- Potential years of life lost (PYLL) from causes considered amenable to healthcare has significantly reduced in Lewisham.
- Human Papilloma Virus has decreased significantly.
- The alcohol related admission rate is increasing.
- The smoking quit rate is decreasing, although Lewisham is still performing better than the London average.
- The rate of new admissions to long-term care is decreasing, but the percentage of older people (65+) still at home 91 days after discharge from hospital has not changed significantly.
- The avoidable emergency admission rate is reducing and the emergency admission rate for acute conditions that should not usually require hospital admission is decreasing.

The following issues were raised or highlighted in the discussion:

- Future reports need only focus on exceptions.
- The time-lag between flagging actions and the recording of the outcomes of those actions can sometimes be as long as ten (10) years. A more refined monitoring schedule is needed to explain the overall direction of travel.

5.   Health and Wellbeing Board Performance Dashboard

5.1   The Performance Dashboard is based on 26 national metrics drawn from the Quality and Outcomes (Primary Care), Public Health, NHS and Adult Social Care Outcomes Frameworks. These metrics have been selected to assist members in their assessment of the impact and success of the plans and activities in relation to the Health and Wellbeing Strategy and Lewisham's adult integrated care programme.

5.2   The indicators are used to monitor the health outcomes and the integration of health and social care services on an annual or quarterly basis.

5.3   Overarching Indicators of Health & Wellbeing
Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare has significantly reduced in Lewisham and we are now very similar to England.

5.4   Delayed Transfer of Care rate and average days of delays has not significantly changed.

5.5   Priority Objective 1: Achieving a Healthy Weight
There has been no updated data since the last report.

5.6   Priority Objective 2: Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years
There has been no update since the last report.

5.7   Priority Objective 3: Improving Immunisation Uptake
No Significant change in uptake ofD4 at 5 years, D3 at 1 year, MMR at 2 years and MMR2 at 5 years. Uptake of HPV has decreased significantly during 2013/14.

5.8   Priority Objective 4: Reducing Alcohol Harm
Alcohol related admission rate is increasing and is statistically similar to England, but higher than London.

5.9   Priority Objective 5: Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking
Smoking quit rate is decreasing but is higher than London and England. Smoking status at time of delivery is slightly increasing but the percentage is still less than half that of London and England (SATOD)

5.10   Priority Objective 6: Improving mental health and wellbeing
There has been no update since the last report.

5.11   Priority Objective 7: Improving sexual health
Chlamydia Diagnosis rate is improving and we are significantly higher than England. Legal abortion rate is going down but the rate is significantly higher than London and England.

5.12   Priority Objective 8: Delaying and reducing the need for long term care and support
Rate of new admissions to long term care is decreasing, but is higher than London and below England. The percentage of older people (65+) still at home 91 days after discharge from hospital into rehabilitation and reablement services has not changed significantly. It is still lower than London but higher than England.

5.13 Priority Objective 9: Reducing the number of emergency admissions for people with long term conditions

Avoidable emergency admission rate is reducing but still significantly higher than England and London. Emergency admission rate for acute conditions that should not usually require hospital admission is decreasing but is still significantly higher than London and England. Emergency readmission rate within 30 days of discharge seems to be increasing and it is significantly higher than England. Reviews of Adult Social Care clients is decreasing but is still higher than England and London.

6. Financial implications

6.1 There are no specific financial implications arising from this report.

7. Legal implications

7.1 There are no specific financial implications arising from this report.

8. Crime and Disorder Implications

8.1 There are no specific crime and disorder implications arising from this report or its recommendations.

9. Equalities Implications

9.1 There are no specific equalities implications arising from this report or its recommendations, but the dashboard highlights those areas where health inequalities in Lewisham can be monitored.

10. Environmental Implications

10.1 There are no specific environmental implications arising from this report or its recommendations.

11. Conclusion

11.1 Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare has significantly reduced in Lewisham. Delayed Transfer of Care rate and average days of delays has not significantly changed. There has been no change in uptake of childhood immunisations, but HPV has decreased significantly. The alcohol related admission rate is increasing and smoking quit rate is decreasing (although still performing better than London). Rate of new admissions to long term care is decreasing, but the percentage of older people (65+) still at home 91 days after discharge from hospital has not changed significantly. The avoidable emergency admission rate is reducing and the emergency admission rate for acute conditions that should not usually require hospital admission is decreasing. The emergency readmission rate seems to be increasing and reviews of Adult Social Care clients is decreasing. No updates are available for other indicators.

11.2 A review of Lewisham's Health & Wellbeing Strategy Delivery Plan shows that good progress is being made in implementing the strategy, with the majority of actions rated as green, and all other actions that were rated amber or red judged to have plans to address them. It is anticipated that this will translate into improvement in Health & Wellbeing Board Dashboard Indicators in 2015.

If there are any queries on this report please contact Dr Danny Ruta, Director of Public Health, Community Services Directorate, Lewisham Council, on 020 8314 8637 or by email danny.ruta@lewisham.gov.uk

Annex B: Definitions and Data sources

Please note that some of the definitions may have PCTs instead of CCGs for organisation. This is due to the national definitions in the technical specification document which can be obtained by clicking on the link in the data source section.

Overarching Indicators

1a/1b. Life Expectancy at Birth (Male/Female)	
Definition	The average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life. Figures are calculated from deaths from all causes and mid-year population estimates, based on data aggregated over a three year period. Figures reflect mortality among those living in an area in each time period, rather than what will be experienced throughout life among those born in the area. The figures are not therefore the number of years a baby born in the area could actually expect to live, both because the mortality rates of the area are likely to change in the future and because many of those born in the area will live elsewhere for at least some part of their lives.
Numerator	Number of deaths registered in the respective calendar years
Denominator	ONS mid-year population estimates for the respective calendar years
Data source	PHOF 0.1ii http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000049/pat/6/ati/102/page/6/par/E12000007/are/E09000023

2. Children in Poverty (Under 16s)	
Definition	Percentage of children in low income families (children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income) for under 16s only.
Numerator	Number of children aged under 16 living in families in receipt of CTC whose reported income is less than 60 per cent of the median income or in receipt of IS or (Income-Based) JSA.
Denominator	Number of children aged under 16 for whom Child Benefit was received in each local authority.
Data source	PHOF 1.01ii http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000049/pat/6/ati/102/page/6/par/E12000007/are/E09000023

3. Under 75 Mortality Rates from CVD	
Definition	Mortality from all circulatory diseases (ICD-10 I00-I99 equivalent to ICD-9 390-459).
Numerator	Deaths from all circulatory diseases, classified by underlying cause of death (ICD-10 I00-I99, ICD-9 390-459 adjusted), registered in the respective calendar year(s).
Denominator	2001 Census based mid-year pop estimates for the calendar years 1993-2001. 2011 Census rebased mid-year pop estimates for the calendar years 2002-2010 2011 Census based mid-year pop estimates for the calendar year 2011 onwards
Data source	NHSIC - P00400 Data https://www.indicators.ic.nhs.uk/download/NCHOD/Data/06A_076DRT0074_12_V1_D.csv Specification https://www.indicators.ic.nhs.uk/download/NCHOD/Specification/Spec_06A_076DRT0074_V1.pdf

4. Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare (DSR)	
Definition	Directly age and sex standardised potential years of life lost to conditions amenable to healthcare in the respective calendar year per 100,000 CCG population.
Numerator	Death registrations in the calendar year for all England deaths based on GP of registration from the Primary Care Mortality Database (PCMD).
Denominator	Unconstrained GP registered population counts by single year of age and sex from the HSCIC (Exeter) Systems; supplied annually on 1 January for the forthcoming calendar year.
Data source	NHOF 1a (NHSIC P01559 – CCGOI 1.1) Data https://www.indicators.ic.nhs.uk/download/Clinical%20Commissioning%20Group%20Indicators/Data/CCG_1.1_I00767_D_V5.xls Specification https://www.indicators.ic.nhs.uk/download/Clinical%20Commissioning%20Group%20Indicators/Specification/CCG_1.1_I00767_S_V4.pdf

5a/5b. Slope index of inequality in life expectancy at birth (Males/Females)	
Definition	This indicator measures inequalities in life expectancy. Life expectancy at birth is calculated for each local deprivation decile based on Lower Super Output Areas (LSOAs). The slope index of inequality (SII) is then calculated based on these figures. The 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 factors within each local authority and summarises this as a single number, which 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. Life expectancy at birth is a measure of the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life.
Data source	PHOF 0.2iii http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000049/pat/6/ati/102/page/6/par/E12000007/are/E09000023

6. Infant Mortality	
Definition	Mortality rate per 1,000 live births (age under 1 year)
Numerator	The number of infant deaths aged less than 1 year that occurred in the relevant period.
Denominator	Number of all births.
Data source	CHIMAT Child health Profiles for Lewisham http://www.chimat.org.uk/resource/view.aspx?RID=101746&REGION=101634 Original source is from ONS.

7. Low birth weight of all babies	
Definition	Percentage of live and stillbirths weighing less than 2,500 grams
Numerator	Number of new born babies weighing less than 2500gms
Denominator	Number of all births
Data source	CHIMAT Child health Profiles for Lewisham http://www.chimat.org.uk/resource/view.aspx?RID=101746&REGION=101634 Original source is from ONS

8. Proportion of people using social care who receive self-directed support, and those receiving direct payments	
Definition	This is a two-part measure which reflects both the proportion of people using services who receive self-directed support (part 1), and the proportion who receive a direct payment either through a personal budget or other means (part 2).
Numerator	Number of clients and carers receiving self-directed support (part 1) or direct payments (part 2) in the year to 31 March
Denominator	Number of clients receiving community-based services and carers receiving carer specific services in the year to 31 March (aged 18 and over)
Data source	ASCOF 1C – NHSIC https://indicators.ic.nhs.uk/download/Social Care/Data/1C - Dec.xls

9. Delayed transfers of care from hospital	
Definition	This measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from hospital. 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. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care. This is a two-part measure that reflects both the overall number of delayed transfers of care (part 1) and, as a subset, the number of these delays which are attributable to social care services (part 2). A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed.
Numerator	Average number of delayed transfers of care on a particular day taken over the year (aged 18 and over) - this is the average of the 12 monthly snapshots collected in the monthly Situation Report (SitRep) (part 1) and of those the delays that are attributable to social care or jointly to social care and the NHS (part 2)
Denominator	Size of the adult population in area (aged 18 and over)
Data source	ASCOF 2C http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/

10. Days of Delay due to delayed transfers of care from hospital	
Definition	This measure is similar to ASCOF 2C in that it measures the impact of hospital services and community based care in facilitating timely and appropriate transfer from hospital. However the measure looks at the average number of days of delay, rather than the number of patients that were delayed.
Numerator	Average number of days of delay patients experienced on a particular day taken over the year (aged 18 and over) - this is the average of the 12 monthly snapshots collected in the monthly Situation Report (SitRep)
Denominator	Size of the adult population in area (aged 18 and over)
Data source	NHS England http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/

Up to date Local data obtained from PPLUS(LPI264) |

Integration of Health and Social Care - Better Care Fund

(*** Indicators below to be appear under Priority 8: Delaying and reducing the need for long term care and support)

43. Social care related quality of life (to be replaced by a national metric in due course)	
Definition	How do people receiving adult social care services rate their quality of life? This measure is calculated using a combination of responses to the Adult Social Care Survey, which asks how satisfied or dissatisfied users are with indicators of quality of life, such as personal cleanliness and safety. A higher score is better, with a theoretical maximum of 32, and a minimum of 8. Any score better than 16 suggests a positive result.
Numerator	The sum of the scores for all respondents who answered all eight questions.
Denominator	Number of respondents who answered questions 3a to 9a and 11 in the annual Adult Social Care Survey
Data source	ASCOF 1A https://indicators.ic.nhs.uk/download/Social Care/Data/1A - Dec.xls

44. Rate of new admissions to long term care

Definition	This is a two part-measure reflecting the number of admissions of younger adults (part 1) and older people (part 2) to residential and nursing care homes relative to the population size of each group. The measure compares council records with ONS population estimates.
Numerator	Number of council-supported permanent admissions of older adults to residential and nursing care, excluding transfers between residential and nursing care (aged 18-64 – part 1 and aged 65 and over - part 2)
Denominator	Size of older adult population in area (aged 65 and over)
Data source	ASCOF 2A https://indicators.ic.nhs.uk/download/Social Care/Data/2A - Dec.xls

45. Percentage of older people (65+) still at home 91 days after discharge from hospital into rehabilitation/reablement services	
Definition	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 – a key outcome for people receiving reablement. It captures the joint work of social services and health staff and services commissioned by joint teams, as well as adult social care reablement.
Numerator	Number of older people (aged 65 and over) discharged from acute or community hospitals 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 placement scheme setting 91 days after the date of their discharge from hospital. This should only include the outcome for those cases referred to in the denominator.
Denominator	Number of older people (aged 65 and over) discharged from acute or community hospitals from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with the 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).
Data source	ASCOF 2B https://indicators.ic.nhs.uk/download/Social Care/Data/2B - Dec.xls

*(*** Indicators below to be appear under Priority 9: Reducing the number of emergency admissions for people with long term conditions)*

46. Rate of avoidable emergency admissions	
Definition	Composite measure of: • unplanned hospitalisation for chronic ambulatory care sensitive conditions (all ages); • unplanned hospitalisation for asthma, diabetes and epilepsy in children; • emergency admissions for acute conditions that should not usually require hospital admission (all ages); and • emergency admissions for children with lower respiratory tract infection.
Numerator	Total avoidable emergency admissions for primary diagnoses covering those in all four metrics above, by local authority of residence (NB. This is not the same as adding admissions from the separate metrics as the four separate metrics overlap to some degree and this will therefore lead to 'double counting')
Denominator	Mid-year ONS population estimates
Data source	Data: HSCIC HES/ONS Mid-year population estimates Specification: NHS Quality Premium Estimate http://www.england.nhs.uk/ccg-ois/qual-prem/ Latest update from CCGOF 2.6 https://www.indicators.ic.nhs.uk/webview/velocity?v=2&mode=documentation&submode=ddi&study=http%3A%2F%2F172.16.9.26%3A80%2Fobj%2FfStudy%2FP01563

47. Percentage of patients with Long-Term conditions actively engaged in self-care	
Definition	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. Patients are encouraged to consider all services and organisations that support them in managing their condition, and not just health services. It is based on responses to the GP Patient Survey q30 (about whether a patient has a long-term condition) and q31 (asking about type of condition, which can reset q30 if they said no/don't know).
Numerator	Total of respondents who said 'yes definitely' and half the total respondents who said 'yes, to some extent' for q32 (which asks whether in the last six months they have had enough support to help manage their condition).
Denominator	As the numerator, but adds in those that responded 'no'.
Data source	NHSOF 2.1 https://indicators.ic.nhs.uk/download/Outcomes Framework/Data/NHSOF_2.1_I00706_D_V3.xls

Priority Objective 1: Achieving a Healthy Weight

11. Excess weight in Adults	
Definition	Percentage of adults classified as overweight or obese
Numerator	Number of adults with a BMI classified as overweight (including obese), calculated from the adjusted height and weight variables. Data are from APS6 quarters 2-4 and APS7 quarter 1 (mid-Jan 2012 to mid-Jan 2013). Adults are defined as overweight (including obese) if their body mass index (BMI) is greater than or equal to 25kg/m2
Denominator	Number of adults with valid height and weight recorded. Data are from APS6 quarters 2-4 and APS7 quarter 1 (mid-Jan 2012 to mid-Jan 2013).
Data source	PHOF 2.12 http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original Source: Active People Survey (APS), England

12a/12b. Excess weight in Children - Reception Year/ Year 6 Children	
Definition	Proportion of children aged 4-5 classified as overweight or obese. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.
Numerator	Number of children in Reception (aged 4-5 years) or Year 6 (aged 10-11) and classified as overweight or obese in the academic year. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex
Denominator	Number of children in Reception (aged 4-5 years) or Year 6 (aged 10-11) measured in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England
Data source	PHOF 2.06 http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original Source: HSCIC National Childhood Measurement Programme (NCMP)

13. Breastfeeding Prevalence 6-8 weeks	
Definition	This is the percentage of infants that are totally or partially breastfed at age 6-8 weeks. Totally breastfed is defined as infants who are exclusively receiving breast milk at 6-8 weeks of age - that is, they are not receiving formula milk, any other liquids or food. Partially breastfed is defined as infants who are currently receiving breast milk at 6-8 weeks of age and who are also receiving formula milk or any other liquids or food. Not at all breastfed is defined as infants who are not currently receiving any breast milk at 6-8 weeks of age.
Numerator	Number of infants at the 6-8 week check who are totally or partially breastfeeding.
Denominator	Number of infants due for 6-8 week checks.
Data source	PHOF 2.02ii http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original Source: Department of Health Integrated Performance Monitoring Return

14a/14b. % of physically active and inactive adults	
Definition	The number of respondents aged 16 and over, with valid responses to questions on physical activity, doing at least 150 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 16.
Numerator	Number of respondents aged 16 and over, with valid responses to questions on physical activity, doing at least 150 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the last 28 days
Denominator	Number of respondents aged 16 and over, with valid responses to questions on physical activity.
Data source	PHOF 2.13i http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original Source: Active People Survey, England

Priority Objective 2: Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years

15a. Cancer screening coverage - breast cancer	
Definition	The percentage of women in the resident population eligible for breast screening who were screened adequately within the previous three years on 31 March
Numerator	Number of women aged 53–70 resident in the area (determined by postcode of residence) with a screening test result recorded in the previous three years
Denominator	Number of women aged 53–70 resident in the area (determined by postcode of residence) who are eligible for breast screening at a given point in time.
Data source	PHOF 2.20i http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original Source: Health and Social Care Information Centre (Open Exeter) Up to date available from HSCIC – http://www.hscic.gov.uk/article/2021/Website-Search?productid=14224&q=Breast++screening&sort=Relevance&size=10&page=1&area=both#top

15b. Cancer screening coverage - cervical cancer	
Definition	The percentage of women in the resident population eligible for cervical screening who were screened adequately within the previous 3.5 years or 5.5 years, according to age (3.5 years for women aged 25-49 and 5.5 years for women aged 50-64) on 31 March
Numerator	The number of women aged 25-49 resident in the area (determined by postcode of residence) with an adequate screening test in the previous 3.5 years plus the number of women aged 50-64 resident in the area with an adequate screening test in the previous 5.5 years
Denominator	Number of women aged 25–64 resident in the area (determined by postcode of residence) who are eligible for cervical screening at a given point in time.
Data source	PHOF 2.20ii http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original Source: Health and Social Care Information Centre (Open Exeter)

15c. Cancer screening coverage - bowel cancer	
Definition	The number of persons registered to the practice aged 60-69 invited for screening in the previous 12 months who were screened adequately following an initial response within 6 months of invitation.
Rate of Proportion	Screening uptake %: the number of persons aged 60-69 invited for screening in the previous 12 months who were screened adequately following an initial response within 6 months of invitation divided by the total number of persons aged 60-69 invited for screening in the previous 12 months.
Data source	Cancer Commissioning Toolkit GP Profiles Data https://www.cancertoolkit.co.uk/Profiles/PracticePublic/Filters Specification https://www.cancertoolkit.co.uk/Profiles/PracticePublic/Documents NB: Data in the performance indicator portal is local data from London Bowel Screening hub

obtained via Open Exeter.

Up to date data available from HSCIC –
http://www.hscic.gov.uk/article/2021/Website-
Search?productid=12601&q=Cervical+cancer+screening&sort=Relevance&size=10&page=1&ar
ea=both#top

16. Early diagnosis of cancer

Definition	New cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed (specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphomas, and invasive melanomas of skin). This indicator is labelled as experimental because of the variation in data quality: the indicator values primarily represent variation in completeness of staging information.
Numerator	Cases of cancer diagnosed at stage 1 or 2, for the specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphomas, and invasive melanomas of skin
Denominator	All new cases of cancer diagnosed at any stage or unknown stage, for the specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphomas, and invasive melanomas of skin
Data source	PHOF 2.19 http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original Source: National cancer registry

17. Two week wait referrals

Definition	The number of Two Week Wait (GP urgent) referrals where cancer is suspected for patients registered at the practice in question
Rate or proportion	The crude rate of referral: the number of Two Week Wait referrals where cancer is suspected multiplied by 100,000 divided by the list size of the practice in question.
Data source	Cancer Commissioning Toolkit GP Profiles Data https://www.cancertoolkit.co.uk/Profiles/PracticePublic/Filters Specification https://www.cancertoolkit.co.uk/Profiles/PracticePublic/Documents

18. Under 75 mortality from all cancers

Definition	Mortality from all malignant neoplasms (ICD-10 C00-C97 equiv to ICD-9 140-208).
Numerator	Deaths from all malignant neoplasms, classified by underlying cause of death (ICD-10 C00-C97, ICD-9 140-208 adjstd), registered in the respective calendar year(s).
Denominator	2001 Census based mid-year pop estimates for the calendar years 1993 - 2001. 2011 Census rebased mid-year pop estimates for the calendar years 2002-2010 2011 Census based mid-year pop estimates for the calendar year 2011 onwards
Data source	PHOF 4.05i - NHSIC P00381 Data https://www.indicators.ic.nhs.uk/download/NCHOD/Data/11B_075DRT0074_12_V1_D.xls Specification https://www.indicators.ic.nhs.uk/download/NCHOD/Specification/Spec_11B_075DRT0074_V1.pdf

Priority Objective 3: Improving Immunisation Uptake

19. Uptake of the first dose of Measles Mumps and Rubella vaccine (MMR1) at two years of age

Definition	All children for whom the CCG is responsible who received one dose of MMR vaccine on or after their 1st birthday and at any time up to their 2nd birthday as a percentage of all children whose 2nd birthday falls within the time period. Estimates for local authorities are based on CCGs, which include all people registered with

	practices accountable to the CCG.
Numerator	Total number of children who received one dose of MMR vaccine on or after their 1st birthday and at any time up to their 2nd birthday.
Denominator	The responsible population. The CCG is responsible for all children registered with a GP whose practice forms part of the CCG, regardless of residency, plus any children not registered with a GP who are resident within the CCG's statutory geographical boundary.
Data source	PHOF 3.03vii http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by PHE. Available from HSCIC. ***Up to date Immunisation COVER data is provided by the Local Immunisation Team on a quarterly basis which has been updated in the dashboard.*

20. Uptake of the second dose of Measles Mumps and Rubella Vaccine (MMR2) at five years of age

Definition	All children for whom the CCG is responsible who received two doses of MMR on or after their 1st birthday and at any time up to their 5th birthday as a percentage of all children whose 5th birthday falls within the time period. Estimates for local authorities are based on CCGs, which include all people registered with practices accountable to the CCG.
Numerator	Total number of children who received two doses of MMR on or after their 1st birthday and at any time up to their 5th birthday.
Denominator	All children in the responsible population whose 5th birthday falls within the time period. The CCG is responsible for all children registered with a GP whose practice forms part of the CCG, regardless of residency, plus any children not registered with a GP who are resident within the CCG's statutory geographical boundary.
Data source	PHOF 3.03 http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by PHE. Available from HSCIC. ***Up to date Immunisation COVER data is provided by the Local Immunisation Team on a quarterly basis which has been updated in the dashboard.*

21. Uptake of the third dose of Diphtheria vaccine (D3) at one year of age

Definition	The percentage of children for whom the CCG is responsible who received 3 doses of DTP, polio, Hib) at any time up to their 1st birthday. Estimates for local authorities are based on CCGs, which include all people registered with practices accountable to the CCG.
Numerator	Total number who received 3 doses of DTP, polio, Hib at any time up to their 1st birthday.
Denominator	The responsible population. The CCG is responsible for all children registered with a GP whose practice forms part of the CCG, regardless of residency, plus any children not registered with a GP who are resident within the CCG's statutory geographical boundary.
Data source	Local Immunisation Cover Data ***Up to date Immunisation COVER data is provided by the Local Immunisation Team on a quarterly basis which has been updated in the dashboard.*

22. Uptake of the fourth dose of Diphtheria vaccine (D4) at five years of age

Definition	The percentage of children for whom the CCG is responsible who received 3 doses of DTP, polio, Hib as well as the DTP, polio booster at any time up to their 5th birthday. Estimates for local authorities are based on CCGs, which include all people registered with practices accountable to the CCG.
Numerator	The number of children for whom the CCG is responsible who received 3 doses of DTP, polio, Hib as well as the DTP, polio booster at any time up to their 5th birthday.

Denominator	The responsible population. The CCG is responsible for all children registered with a GP whose practice forms part of the CCG, regardless of residency, plus any children not registered with a GP who are resident within the CCG's statutory geographical boundary.
Data source	Local Immunisation Cover Data

***Up to date Immunisation COVER data is provided by the Local Immunisation Team on a quarterly basis which has been updated in the dashboard. |

23. Uptake of Human Papilloma Virus (HPV) vaccine in girls in Year 8 in Lewisham Schools

Definition	The percentage of girls aged 12 to 13 years for whom the CCG is responsible who have received all three doses of the HPV vaccine. Estimates for local authorities are based on CCGs, which include all people registered with practices accountable to the CCG.
Numerator	Number of Year 8 schoolgirls (aged 12 to 13 years) who have received all three doses of the HPV vaccine.
Denominator	Number of Year 8 schoolgirls (aged 12-13). The CCG is responsible for all children registered with a GP whose practice forms part of the CCG, regardless of residency, plus any children not registered with a GP who are resident within the CCG's statutory geographical boundary.
Data source	PHOF 3.03xii http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023
NB: Data in the performance indicator portal is local data from GP systems obtained via EMIS Web.
Original source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by PHE. Available from HSCIC.

***Up to date Immunisation COVER data is provided by the Local Immunisation Team on a quarterly basis which has been updated in the dashboard. |

24. Uptake of Influenza vaccine in those over 65 years of age

Definition	Flu vaccine uptake (%) in adults aged 65 and over, who received the flu vaccination between 1st September and 31st January each financial year.
Numerator	Number of adults aged 65 years and over vaccinated between 1st September and 31st January of the financial year.
Denominator	Adults aged 65 years and over. The CCG is responsible for all adults registered with a GP whose practice forms part of the CCG, regardless of residency.
Data source	PHOF 3.03 xiv http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023
Original source: PHE https://www.gov.uk/government/organisations/public-health-england/series/vaccine-uptake

***Up to date Immunisation COVER data is provided by the Local Immunisation Team on a quarterly basis which has been updated in the dashboard. |

Priority Objective 4: Reducing Alcohol Harm

25. Alcohol related admissions

Definition	The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause per 100,000 population (age standardised).
Numerator	The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause. See LAPE user guide for further details - http://www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf
Denominator	ONS mid year population estimates
Data source	PHOF 2.18 http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023
Original Source: PHE Knowledge and Intelligence Team (North West) using data from HSCIC HES and ONS Mid Year Population Estimates. http://www.lape.org.uk/

26. Number of practitioners skilled in identifying those at risk from alcohol harm and delivering brief interventions	
Definition	TBC
Numerator	TBC
Denominator	TBC
Data source	Data available from Lewisham Public Health Team. The Scheme started in November 2013.

Priority Objective 5: Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking

27. Under 75 Mortality from Respiratory	
Definition	Age-standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population
Numerator	Number of deaths from respiratory diseases (classified by underlying cause of death recorded as ICD codes J00-J99) registered in the respective calendar years, in people aged under 75, aggregated into quinary age bands (0-4, 5-9,…, 70-74). Counts of deaths for years up to and including 2010 have been adjusted where needed to take account of the ICD-10 coding change introduced in 2011. The detailed guidance on the implementation is available at http://www.apho.org.uk/resource/item.aspx?RID=126245
Denominator	ONS 2011 Census based mid-year population estimates; Population-years (aggregated populations for the three years) for people of all ages, aggregated into quinary age bands (0-4, 5-9, …, 70-74).
Data source	PHOF 4.07i http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023

28. Under 75 Mortality from Lung Cancer	
Definition	Mortality from lung cancer (ICD-10 C33-C34 equivalent to ICD-9 162).
Numerator	Deaths from lung cancer, classified by underlying cause of death (ICD-10 C33-C34, ICD-9 162 adjusted), registered in the respective calendar year(s).
Denominator	2001 Census based mid-year pop estimates for the calendar years 1993-2001. 2011 Census rebased mid-year pop estimates for the calendar years 2002-2010 2011 Census based mid-year pop estimates for the calendar year 2011 onwards
Data source	NHSIC – P00512 Data https://www.indicators.ic.nhs.uk/download/NCHOD/Data/14B_105DRT0074_12_V1_D.xls Specification https://www.indicators.ic.nhs.uk/download/NCHOD/Specification/Spec_14B_105DRT0074_V1.pdf

29. Smoking Prevalence (18+) - routine and manual	
Definition	Prevalence of smoking among persons aged 18 years and over.
Numerator	The number of persons aged 18+ who are self-reported smokers in the Integrated Household Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.
Denominator	Total number of respondents (with valid recorded smoking status) aged 18+ in the Integrated Household Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.
Data source	PHOF 2.14 http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original Source: ONS Integrated Household Survey

30. 4 week smoking quitters	
Definition	This indicator relates to clients receiving support through the NHS Stop Smoking Services. A client is counted as a self-reported 4-week quitter if they have been assessed 4 weeks after the designated quit date and declares that he/she has not smoked even a single puff on a cigarette in the past two weeks. The indicator is a count of treatment episodes rather than people, so an individual who undergoes two treatment episodes and has quit at four weeks in both cases are counted twice.
Numerator	Number of self-reported 4-week smoking quitters.
Denominator	Population aged 16 or over.
Data source	Data – Local NHS Stop Smoking Service database. Specification https://nascis.hscic.gov.uk/download.ashx?src=MetaDataPdf&file=JSNA_Metadata _NI+123.pdf

31. Number of 11-15 year-olds who take up smoking	
Definition	Data is obtained from survey of Yr8 and Yr 10 secondary schoolchildren. Survey happens every 2 years (2008, 2010 – No survey in 2012 but one expected in 2014) Percentage of pupils in each group responding to: 'Which statement describes you best?' Responses taken into account to calculate the percentage are below. - I smoke occasionally (< 1 / week) - Smoke regularly, like to give up - Smoke, don't want to give it up
Data source	SHEU Survey 2010 – Lewisham Public Health Team N:\lew ph team\Health Intelligence\Archive\Health Intelligence\SHEU reports

32. Number of children in smoke free homes	
Definition	Data is obtained from survey of Yr8 and Yr 10 secondary schoolchildren. Survey happens every 2 years (2008, 2010 – No survey in 2012 but one expected in 2014) Percentage of pupils in each group responding to: How many people smoke, including yourself and regular visitors, on most days indoors in your home? Responses taken into account to calculate the percentage are below. None (as Proxy)
Data source	SHEU Survey 2010 – Lewisham Public Health Team N:\lew ph team\Health Intelligence\Archive\Health Intelligence\SHEU reports

33. Prevalence of Smoking in 15 year olds	
Definition	Data is obtained from survey of Yr8 and Yr 10 secondary schoolchildren. Survey happens every 2 years (2008, 2010 – No survey in 2012 but one expected in 2014) Percentage of pupils in each group responding to: 24: Which statement describes you best? Responses taken into account to calculate the percentage are below. I have never smoked at all
Data source	SHEU Survey 2010 – Lewisham Public Health Team N:\lew ph team\Health Intelligence\Archive\Health Intelligence\SHEU reports

34. Smoking at time of delivery	
Definition	Number of women who currently smoke at time of delivery per 100 maternities. Data includes all women resident within the CCG's boundary, and no data are available to break down the CCG denominators for different areas within the CCG.
Numerator	Number of women known to smoke at time of delivery.
Denominator	Number of maternities.
Data source	PHOF 2.03 http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 NB: Latest available quarter data from NHS Stop smoking service database.

Priority Objective 6: Improving mental health and wellbeing

35. Under 75 mortality rates for those with serious mental illness

Definition	Rate of mortality in people aged 18 to 74 suffering from serious mental illness standardised and compared to the general population.
Numerator	Deaths from any cause in age range 18-74 at death. MH-NMDS linked over three years and to the Primary Care Mortality Database (PCMD).
Denominator	The mental health population is defined as anyone who has been in contact with the secondary mental care services in the current financial year or in either of the two previous financial years who is alive at the beginning of the current financial year. MH-NMDS linked over three years and to PCMD, in age range 18-74.
Data source	NHSOF 1.5 Data https://www.indicators.ic.nhs.uk/download/Outcomes%20Framework/Data/NHSOF_1.5_I00665_D_V7.xls Specification https://www.indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_1_S_V2.pdf

36a. Prevalence of SMI

Definition	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers.
Numerator	Patients with schizophrenia, bipolar affective disorder and other psychoses
Denominator	CCG responsible population
Data source	National GP Practice Profiles http://fingertips.phe.org.uk/profile/general-practice/data#mod,3,pyr,2013,pat,19,par,E38000098,are,-,sid1,2000003,ind1,-,sid2,-,ind2,- Original Source: HSCIC QOF http://www.hscic.gov.uk/catalogue/PUB12262

36b. Prevalence of Dementia

Definition	The percentage of patients with dementia as recorded on practice disease registers.
Numerator	Patients with dementia
Denominator	CCG responsible population
Data source	Original Source: HSCIC QOF http://www.hscic.gov.uk/catalogue/PUB12262.

36c. Prevalence of Depression

Definition	The percentage of patients aged 18 and over with depression, as recorded on practice disease registers.
Numerator	Patients aged 18 and over with depression, as recorded on practice disease registers.
Denominator	CCG responsible population
Data source	Original Source: HSCIC QOF http://www.hscic.gov.uk/catalogue/PUB12262

37. Suicide rates

Definition	Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population
Numerator	Number of deaths from suicide and injury of undetermined intent classified by underlying cause of death recorded as ICD10 codes X60-X84 (all ages), Y10-Y34 (ages 15+ only) registered in the respective calendar years, aggregated into quinary age bands (0-4, 5-9,…, 85-89, 90+). Counts of deaths for years up to and including 2010 have been adjusted where needed to take account of the ICD-10 coding change introduced in 2011. The detailed guidance on the implementation is available at http://www.apho.org.uk/resource/item.aspx?RID=126245.
Denominator	Population-years (aggregated populations for the three years) for people of all ages, aggregated into quinary age bands (0-4, 5-9, …, 85-89, 90+). ONS 2011 Mid year estimates.
Data source	PHOF 4.10 http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000044/pat/6/ati/102/page/6/par/E12000007/are/E09000023

	Original Source: ONS Mortality data extracted by Public Health England

38. Self-reported well-being - people with a low happiness score

Definition	The percentage of respondents who answered 0-4 to the question "Overall, how happy did you feel yesterday?" ONS are currently measuring individual/subjective well-being based on four questions included on the Integrated Household Survey: "Overall, how satisfied are you with your life nowadays?" "Overall, how happy did you feel yesterday?" "Overall, how anxious did you feel yesterday?" "Overall, to what extent do you feel the things you do in your life are worthwhile?" Responses are given on a scale of 0-10 (where 0 is "not at all satisfied/happy/anxious/worthwhile"; and 10 is "completely satisfied/happy/anxious/worthwhile") In the ONS report, the percentage of people scoring 0-4, 5-6, 7-8 and 9-10 have been calculated for this indicator. The percentage of those scoring 0-4 (respondents in that area that scored themselves the lowest marks) in the question: 'Overall, how happy did you feel yesterday?' will be presented in this indicator.
Numerator	Weighted count of respondents in the APS who rated their answer to the question: "Overall, how happy did you feel yesterday?" as 0, 1, 2, 3 or 4 on a scale between 0-10, where 0 is not at all and 10 is completely. These respondents are described as having the lowest levels of happiness. Respondents in the APS are aged 16 and over who live in residential households in the UK
Denominator	Weighted count of all respondents to the question "Overall, how happy did you feel yesterday?"
Data source	PHOF 2.23ii http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original Source: Annual Population Survey (APS); ONS

Priority Objective 7: Improving sexual health

39. Rate of chlamydia diagnoses per 100,000 young people aged 15 to 24

Definition	Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 based on their area of residence
Numerator	The number of people aged 15-24 diagnosed with chlamydia
Denominator	Resident population aged 15-24
Data source	PHOF 3.02i http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000043/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original Source http://www.chlamydiascreening.nhs.uk/ps/data.asp

40a. People presenting with HIV at a late stage of infection(%) or

Definition	Number of adults (aged 15 years or more) newly diagnosed with HIV infection with CD4 counts available within 91 days and indicating a count of less than 350 cells per mm^3 as a percentage of number of adults (aged 15 years or more) newly diagnosed with HIV infection with CD4 counts available within 91 days.
Numerator	Number of adults (aged 15 years or more) newly diagnosed with HIV infection with CD4 counts available within 91 days and indicating a count of less than 350 cells per mm^3
Denominator	Number of adults (aged 15 years or more) newly diagnosed with HIV infection with CD4 counts available within 91 days.
Data source	PHOF 3.04 http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023

40b. Prevalence of diagnosed HIV infection per 1,000 among persons aged 15 to 59 years

Definition	People aged 15 to 59 years who were seen at HIV care services.

Numerator	The number of people living with a diagnosed HIV infection resident in a given local health service who were aged 15 to 59 years and who were seen for HIV care at a NHS site in the UK.
Denominator	Estimated total population aged 15 to 59 years resident in a given local health service area (ONS mid-year population estimates)
Data source	Public health England Sexual and Reproductive Health Profiles http://www.phoutcomes.info/profile/sexualhealth/data#gid/8000057/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original Source - HPA for HIV stats/ ONS for Population http://www.hpa.org.uk/webw/HPAweb&Page&HPAwebAutoListDate/Page/1201094588844?p=1201094588844

41. Legal Abortion rate for all ages	
Definition	Legal Abortions: Age Standardised Rate per 1000 resident women aged 15-44
Numerator	Number of all Legal Abortions
Denominator	Number of resident women aged 15-44
Data source	ONS via DH. Detailed data obtained through Local commissioners. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/307650/Abortion_statistics__England_and_Wales.pdf Latest Data: Total abortion rate per 1,000 resident women 15-44. PHE Sexual Health Profile http://fingertips.phe.org.uk/profile/sexualhealth/data#gid/8000059/pat/6/ati/102/page/3/par/E12000007/are/E09000023

42. Teenage conceptions	
Definition	Conceptions in women aged under 18 per 1,000 females aged 15-17
Numerator	Number of pregnancies that occur to women aged under 18, that result in either one or more live or still births or a legal abortion under the Abortion Act 1967.
Denominator	Number of women aged 15-17 living in the area.
Data source	Public health outcomes framework 2.04 http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original source: ONS

Priority Objective 8 – Delaying and reducing the need for long term care and support.

***NB: Indicators 43, 44 and 45 are already presented in page 8 & 7 under Integration of Health and Social care – Better care Funding section of the Overarching Indicators ***

Priority Objective 9: Reducing the number of emergency admissions for people with long term conditions

***NB: Indicators 46 and 47 are already presented in page 7 & 8 under Integration of Health and Social care – Better care Funding section of the Overarching Indicators ***

48. Adult Social Care Reviews	
Definition	Number of current adult social care service users that have been receiving services for at least twelve months that were reviewed in the last twelve months.
Numerator	Number of reviews undertaken in the last twelve months of long term service users still receiving a service.
Denominator	Number of service users receiving services for at least twelve months currently receiving long term services as at the end of the twelve months.
Data source	HSCIC – subset of old RAP A1 and new SALT Return LTS Table 2b https://nascis.hscic.gov.uk/Portal/Tools.aspx Cumulative % since April (Year To Date) is available on Performance Plus (Local Performance Management System) –AO/D40

49. Health-related quality of life for people with long-term conditions

Definition	Average adjusted health status (EQ-5D™) score for individuals reporting that they have a long-term condition, measured based on responses to a question from the GP Patient Survey.
Numerator	The numerator is the sum of the weighted EQ-5D™ values for all responses from people who identify themselves as having a long-term condition with a valid age and sex.
Denominator	The denominator is the weighted sum of responses from people who identify themselves as having a long-term condition with a valid age and sex. □
Data source	CCG Outcomes Framework 2.1 https://www.indicators.ic.nhs.uk/webview/velocity?v=2&mode=documentation&submode=ddi&study=http%3A%2F%2F172.16.9.26%3A80%2Fobj%2FfStudy%2FP01663

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

Definition	Directly age and sex standardised rate of emergency admissions for acute conditions for persons of all ages.
Numerator	Hospital Episode Statistics (HES) Admitted Patient Care (APC), provided by the Health and Social Care Information Centre (HSCIC). □
Denominator	Unconstrained GP registered patient counts by single year of age and sex from the NHAIS (Exeter) Systems; extracted annually on 1 April for the forthcoming financial year.
Data source	CCG Outcomes Framework 3.1 https://www.indicators.ic.nhs.uk/webview/velocity?v=2&mode=documentation&submode=ddi&study=http%3A%2F%2F172.16.9.26%3A80%2Fobj%2FfStudy%2FP01566

51. Emergency readmissions within 30 days of discharge from hospital

Definition	Percentage of emergency admissions to any hospital in England occurring within 30 days of the last, previous discharge after admission. Admissions for cancer and obstetrics are excluded.
Numerator	Hospital Episode Statistics (HES) finished and unfinished admission episodes. Provided by HSCIC. Final annual and quarterly confirmed HES data are released in the November following the financial year-end.
Denominator	ONS mid-year population estimates for England – used to calculate the rate of admissions per 100,000 populations.
Data source	NHSOF 3b - NHS Indicator Portal – P01445 Data https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Data/NHSOF_3b_I00712_D_V4.xls Specification https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_3_S_V2.pdf

Annex C: Glossary

APS – Active People Survey

ASCOF -Adult and Social Care Outcomes Framework

BCBV - NHS Better Care Better Value Indicators

BMI – Body Mass Index

CCG - Clinical Commissioning Group

CCGOI - Clinical Commissioning Group Outcome Indicator

CTC – Child Tax Credit

D3 – Third dose of Diphtheria vaccine

D4 – Fourth dose of Diphtheria vaccine

HES – Hospital Episode Statistics

HSCIC - Health and Social Care Information Centre

ICD – International Classification of Diseases

IS – Income Support

JSA – Job-Seekers Allowance

MH-NMDS – Mental Health National Minimum Dataset

MMR- Measles, Mumps, Rubella dose 1

MMR2 - Measles, Mumps, Rubella dose 2

NHSIC - NHS Indicator Portal

NHSOF – National Health Service Outcome Framework

ONS – Office for National Statistics

PCMD - Primary Care Mortality Database

PCT – Primary Care Trust

PHOF - Public Health Outcomes Framework

PHE - Public Health England

QOF - Quality and Outcomes Framework