

## INFORMATION ITEM A

HEALTH AND WELLBEING BOARD			
<b>Report Title</b>	<b>Health and Wellbeing Board Performance Dashboard Update</b>		
<b>Contributors</b>	Director of Public Health	Information Item No.	7A
<b>Class</b>	Part 1	Date:	7 July 2015
<b>Strategic Context</b>	Please see body of report		

### 1. Purpose

This report provides members of the Health and Wellbeing Board with an update on performance against its agreed priorities within the Health & Wellbeing Strategy and the integration of health and care for adults.

### 2. Recommendations

Members of the Health and Wellbeing Board are recommended to note performance as measured by health and care indicators set out in the attached dashboard at Annex A.

### 3. Strategic 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 work of the Board directly contributes to the priority outcome in Shaping our Future that communities in Lewisham should be Healthy, Active and Enjoyable – where people can actively participate in maintaining and improving their health and wellbeing.
- 3.3 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.
- 3.4 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.
- 3.5 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, Children's Services 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.

## **5. Draft Health and Wellbeing Board Performance Dashboard**

- 5.1 The Draft 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 will be used to monitor the health outcomes and the integration of health and social care services on an annual or quarterly basis. Those indicators that show a worsening position since the previous period of data availability (marked with a red arrow in the dashboard in Annexe A) are highlighted below, together with a commentary on actions being taken to improve the position.
- 5.3 Overarching Indicators of Health & Wellbeing

The Slope Index of inequality in life expectancy at birth for males has steepened, suggesting a widening of inequalities. This contrasts with a slight increase in life expectancy at birth for males in the borough as a whole. Without a detailed analysis of age specific mortality rates it is not possible to determine which preventable causes in which age groups account for this finding. It is likely that differences in smoking prevalence between the most affluent and most deprived wards are the key explanatory factors.

The proportion of children in poverty has reduced slightly in line with the national trend. This is likely to be due to the decrease in the number of out of work benefit claimants which this indicator utilises for its calculation. A further improvement is seen in the decrease of low birth weight of babies. The proportion of women who state they are smoking at the time of delivery has decreased, coupled with an increase in the proportion of women who have accessed care before 13 weeks of pregnancy, which are possible contributors to this decrease.

- 5.5 Priority Objective 1: Achieving a Healthy Weight

Whilst there has been a 1.6% reduction in excess weight in reception year, there has been a 1% increase in Year 6 children. The difference in the percentage of excess weight children between reception year (around 24-25%) and year 6 (around 38-39%) has remained the same for the last seven years (not shown in the dashboard).

This suggests that a significant proportion of children are gaining excess weight during their time at primary school, and that we have not been able to reduce this trend for several years.

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

Breast cancer screening coverage has fallen and Lewisham does not meet the national target of 70% and has remained at approximately 65% for the past 7 years. Screening performance may have dipped due to the transfer of responsibilities to NHS England and due to less focused and collaborative work locally. Possible activity proposed for 2015-2018 includes promoting cervical, bowel, breast and cervical cancer screening programmes in the community and work with GP Practices so that they are more proactive in following up cancer screening non-attenders. The dialogue with NHS England will also continue.

The two week wait referrals have increased. Without more detailed analysis it is not possible to say if this reflects an increase in the underlying prevalence of cancer, an increase in inappropriate referrals, or an increase in early detection of patients at risk of cancer in line with a new national performance drive to improve referral pathways.

5.7 Priority Objective 3: Improving Immunisation Uptake

There has been a slight reduction in uptake of D4 at 5 years and MMR2 at 5 years. Whilst efforts continue to encourage GPs to deliver these vaccinations before five years of age, other data shows that uptake rates for these vaccines exceeds 90% at six years of age (when the GP payments are triggered).

Uptake of HPV has decreased significantly during 2013/14. The public health team and school nurse teams will be visiting all secondary schools this year to reinforce the message that HPV vaccination protects girls from cervical cancer.

5.8 Priority Objective 4: Reducing Alcohol Harm

The Lewisham rate for alcohol related admissions has decreased, however the measure has narrowed from measuring all 'alcohol related' admissions, down to 'alcohol specific' conditions (full definition provided in Appendix B). However a number of actions have been taken as part of the H&WB Implementation Plan including: an increase in the number of posts in the Alcohol Hospital Liaison service based within UHL; an Alcohol Hospital Liaison Recovery Worker was funded to reduce the numbers of dependent drinkers presenting to A&E, being admitted and re-admitted to hospital and requiring long term social care support; and brief intervention training has been provided to staff across the wards and A&E as part of the Alcohol CQUIN, with alcohol screening tools and referral information being placed on UHL IT systems. This has also led to an increase in awareness from staff in utilising the alcohol pathways.

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

Smoking prevalence has decreased slightly, reflecting a downward trend over the past few years. Smoking status at time of delivery remains less than half that of London and England (SATOD). Under 75 mortality from lung cancer has increased. Although the rate is a notable rise on 2012, a three year average for 2011-2013 of 42.9 reveals that the indicator is subject to large yearly changes. The three year average is also comparable to similar authorities: Lambeth (41.9); Greenwich (42.7) and Southwark (41.1). The high smoking prevalence in the 1960s-80s is the main contributor to lung cancer deaths. Smoking prevalence has continued to decrease in the borough over the last ten years, which will eventually reduce lung cancer deaths. There are a number of key actions identified at a local level in addition to national

measures to reduce smoking prevalence. These include continued focus on enforcement (there has been significant success in seizures of illegal tobacco) and a stop smoking service for heavily addicted smokers. There has also been particular success in reducing smoking in more deprived areas of the borough and an evidence based peer to peer programme regarding smoking awareness has been introduced in schools.

#### 5.10 Priority Objective 6: Improving mental health and wellbeing

The under 75 mortality rate for those with serious mental illness has decreased notably and is significantly lower than the England average (London data not available). However prevalence of dementia and suicide rates has increased slightly.

#### 5.11 Priority Objective 7: Improving sexual health

Whilst remaining significantly higher than England, the Legal abortion rate has continued to decrease notably; this is in-line with both the regional and national trend. Teenage pregnancy has also decreased.

#### 5.12 Priority Objective 8: Delaying and reducing the need for long term care and support

There is no change since the last dashboard.

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

New data for 2013/14 was available on the percentage of Emergency Readmissions within 30 days of discharge. At 15.69% Lewisham is on a par with similar CCGs as benchmarked by the Commissioning for Value Framework.

### **6. Financial implications**

There are no specific financial implications arising from this report.

### **7. Legal implications**

As part of their statutory functions, members of the Board are required 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 well-being of the area and to encourage persons who arrange for the provision of health-related services in its area to work closely with the Health and Wellbeing Board.

### **8. Crime and Disorder Implications**

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

### **9. Equalities Implications**

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

### **10. Environmental Implications**

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

## **11. Summary and Conclusion**

There are a number of positive improvements to note from this updated dashboard. Increases in life expectancy and a reduction of the proportion of children in poverty are indicators of overall improvement. There was also a reduction in the percentage of babies born with a low birth weight, which whilst still significantly higher than England, has now become fractionally lower than the London average.

Excess weight in reception age children has reduced, however conversely has increased for those in Year 6. Both these indicators remain significantly higher than England and higher than the London average.

Breast cancer screening coverage has fallen, however two week wait referrals has increased. These areas need further attention. Uptake of immunisations has seen a mixed result. MMR1, D3 and the Flu vaccine for over 65s have risen, however levels have fallen for MMR2, D4 and HPV.

Both smoking prevalence and smoking at time of delivery have decreased. Both the legal abortion rate and teenage conceptions has reduced since the previous dashboard but still remain significantly higher than England.

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](mailto: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.

1a/1b. Life Expectancy at Birth (Male/Female)	
<b>Definition</b>	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.
<b>Numerator</b>	Number of deaths registered in the respective calendar years
<b>Denominator</b>	ONS mid-year population estimates for the respective calendar years
<b>Data source</b>	PHOF 0.1ii <a href="http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000049/pat/6/ati/102/page/6/par/E12000007/are/E09000023">http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000049/pat/6/ati/102/page/6/par/E12000007/are/E09000023</a>

2. Children in Poverty (Under 16s)	
<b>Definition</b>	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.
<b>Numerator</b>	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.
<b>Denominator</b>	Number of children aged under 16 for whom Child Benefit was received in each local authority.
<b>Data source</b>	PHOF 1.01ii <a href="http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000049/pat/6/ati/102/page/6/par/E12000007/are/E09000023">http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000049/pat/6/ati/102/page/6/par/E12000007/are/E09000023</a>

3. Under 75 Mortality Rates from CVD	
<b>Definition</b>	Mortality from all circulatory diseases (ICD-10 I00-I99 equivalent to ICD-9 390-459).
<b>Numerator</b>	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).
<b>Denominator</b>	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
<b>Data source</b>	NHSIC - P00400 Data <a href="https://www.indicators.ic.nhs.uk/download/NCHOD/Data/06A_076DRT0074_12_V1_D.csv">https://www.indicators.ic.nhs.uk/download/NCHOD/Data/06A_076DRT0074_12_V1_D.csv</a> Specification <a href="https://www.indicators.ic.nhs.uk/download/NCHOD/Specification/Spec_06A_076DRT0074_V1.pdf">https://www.indicators.ic.nhs.uk/download/NCHOD/Specification/Spec_06A_076DRT0074_V1.pdf</a>

4. Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare (DSR)	
<b>Definition</b>	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.
<b>Numerator</b>	Death registrations in the calendar year for all England deaths based on GP of registration from the Primary Care Mortality Database (PCMD).
<b>Denominator</b>	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.
<b>Data source</b>	NHOF 1a (NHSIC P01559 – CCGOI 1.1) Data <a href="https://www.indicators.ic.nhs.uk/download/Clinical%20Commissioning%20Group%20Indicators/Data/CCG_1.1_I00767_D_V5.xls">https://www.indicators.ic.nhs.uk/download/Clinical%20Commissioning%20Group%20Indicators/Data/CCG_1.1_I00767_D_V5.xls</a> Specification <a href="https://www.indicators.ic.nhs.uk/download/Clinical%20Commissioning%20Group%20Indicators/Specification/CCG_1.1_I00767_S_V4.pdf">https://www.indicators.ic.nhs.uk/download/Clinical%20Commissioning%20Group%20Indicators/Specification/CCG_1.1_I00767_S_V4.pdf</a>

5a/5b. Slope index of inequality in life expectancy at birth (Males/Females)	
<b>Definition</b>	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.
<b>Data source</b>	PHOF 0.2iii <a href="http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000049/pat/6/ati/102/page/6/par/E12000007/are/E09000023">http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000049/pat/6/ati/102/page/6/par/E12000007/are/E09000023</a>

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

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

**8. Proportion of people using social care who receive self-directed support, and those receiving direct payments**

<b>Definition</b>	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).
<b>Numerator</b>	Number of clients and carers receiving self-directed support (part 1) or direct payments (part 2) in the year to 31 March
<b>Denominator</b>	Number of clients receiving community-based services and carers receiving carer specific services in the year to 31 March (aged 18 and over)
<b>Data source</b>	ASCOF 1C – NHSIC <a href="https://indicators.ic.nhs.uk/download/Social_Care/Data/1C_-_Dec.xls">https://indicators.ic.nhs.uk/download/Social_Care/Data/1C_-_Dec.xls</a>

**9. Average number of delayed transfers of care from hospital on a particular day, averaged over the year (Crude rate per 100,000)**

<b>Definition</b>	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.
<b>Numerator</b>	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)
<b>Denominator</b>	Size of the adult population in area (aged 18 and over)
<b>Data source</b>	ASCOF 2C <a href="http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/">http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/</a>

**10. Days of Delay due to delayed transfers of care from hospital**

<b>Definition</b>	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 total number of days of delay, rather than the number of patients that were delayed.
	Average number of days of delay patients experienced on a particular day taken over the year (aged 18 and over)
<b>Data source</b>	NHS England <a href="http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/">http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/</a>

**Priority Objective 1: Achieving a Healthy Weight****11. Excess weight in Adults**

<b>Definition</b>	Percentage of adults classified as overweight or obese
<b>Numerator</b>	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/m <sup>2</sup>
<b>Denominator</b>	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).
<b>Data source</b>	PHOF 2.12 <a href="http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023">http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023</a> Original Source: Active People Survey (APS), England

**12a/12b. Excess weight in Children - Reception Year/ Year 6 Children**

<b>Definition</b>	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.
<b>Numerator</b>	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
<b>Denominator</b>	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
<b>Data source</b>	PHOF 2.06 <a href="http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023">http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023</a> Original Source: HSCIC National Childhood Measurement Programme (NCMP)

**13. Breastfeeding Prevalence 6-8 weeks**

<b>Definition</b>	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.
<b>Numerator</b>	Number of infants at the 6-8 week check who are totally or partially breastfeeding.
<b>Denominator</b>	Number of infants due for 6-8 week checks.
<b>Data source</b>	PHOF 2.02ii <a href="http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023">http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023</a> Original Source: Department of Health Integrated Performance Monitoring Return

**14a/14b. % of physically active and inactive adults**

<b>Definition</b>	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.
<b>Numerator</b>	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
<b>Denominator</b>	Number of respondents aged 16 and over, with valid responses to questions on physical activity.
<b>Data source</b>	PHOF 2.13i <a href="http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023">http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023</a> 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**

<b>Definition</b>	The percentage of women in the resident population eligible for breast screening who were screened adequately within the previous three years on 31 March
<b>Numerator</b>	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
<b>Denominator</b>	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.
<b>Data source</b>	PHOF 2.20i <a href="http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023">http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023</a> Original Source: Health and Social Care Information Centre (Open Exeter)

**15b. Cancer screening coverage - cervical cancer**

<b>Definition</b>	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
<b>Numerator</b>	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
<b>Denominator</b>	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.
<b>Data source</b>	PHOF 2.20ii <a href="http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023">http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023</a> Original Source: Health and Social Care Information Centre (Open Exeter)

**15c. Cancer screening coverage - bowel cancer**

<b>Definition</b>	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.
<b>Rate of Proportion</b>	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.
<b>Data source</b>	Cancer Commissioning Toolkit GP Profiles Data <a href="https://www.cancertoolkit.co.uk/Profiles/PracticePublic/Filters">https://www.cancertoolkit.co.uk/Profiles/PracticePublic/Filters</a> Specification <a href="https://www.cancertoolkit.co.uk/Profiles/PracticePublic/Documents">https://www.cancertoolkit.co.uk/Profiles/PracticePublic/Documents</a> NB: Data in the performance indicator portal is local data from London Bowel Screening hub obtained via Open Exeter.

**16. Early diagnosis of cancer**

<b>Definition</b>	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.
<b>Numerator</b>	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
<b>Denominator</b>	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
<b>Data source</b>	PHOF 2.19 <a href="http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023">http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023</a> Original Source: National cancer registry

**17. Two week wait referrals**

<b>Definition</b>	The number of Two Week Wait (GP urgent) referrals where cancer is suspected for patients registered at the practice in question
<b>Rate or proportion</b>	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.
<b>Data source</b>	Cancer Commissioning Toolkit GP Profiles Data <a href="https://www.cancertoolkit.co.uk/Profiles/PracticePublic/Filters">https://www.cancertoolkit.co.uk/Profiles/PracticePublic/Filters</a> Specification <a href="https://www.cancertoolkit.co.uk/Profiles/PracticePublic/Documents">https://www.cancertoolkit.co.uk/Profiles/PracticePublic/Documents</a>

18. Under 75 mortality from all cancers	
<b>Definition</b>	Mortality from all malignant neoplasms (ICD-10 C00-C97 equiv to ICD-9 140-208).
<b>Numerator</b>	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).
<b>Denominator</b>	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
<b>Data source</b>	PHOF 4.05i - NHSIC P00381 Data <a href="https://www.indicators.ic.nhs.uk/download/NCHOD/Data/11B_075DRT0074_12_V1_D.xls">https://www.indicators.ic.nhs.uk/download/NCHOD/Data/11B_075DRT0074_12_V1_D.xls</a> Specification <a href="https://www.indicators.ic.nhs.uk/download/NCHOD/Specification/Spec_11B_075DR T0074_V1.pdf">https://www.indicators.ic.nhs.uk/download/NCHOD/Specification/Spec_11B_075DR T0074_V1.pdf</a>

### Priority Objective 3: Improving Immunisation Uptake

19. Uptake of the first dose of Measles Mumps and Rubella vaccine (MMR1) at two years of age	
<b>Definition</b>	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.
<b>Numerator</b>	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.
<b>Denominator</b>	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.
<b>Data source</b>	PHOF 3.03vii <a href="http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023">http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023</a> Original source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by PHE. Available from HSCIC.

20. Uptake of the second dose of Measles Mumps and Rubella Vaccine (MMR2) at five years of age	
<b>Definition</b>	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.
<b>Numerator</b>	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.
<b>Denominator</b>	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.
<b>Data source</b>	PHOF 3.03 <a href="http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023">http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023</a> Original source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by PHE. Available from HSCIC.

21. Uptake of the third dose of Diphtheria vaccine (D3) at one year of age	
<b>Definition</b>	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.
<b>Numerator</b>	Total number who received 3 doses of DTP, polio, Hib at any time up to their 1st birthday.
<b>Denominator</b>	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.
<b>Data source</b>	Local Immunisation Cover Data

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

<b>Definition</b>	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.
<b>Numerator</b>	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.
<b>Denominator</b>	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.
<b>Data source</b>	Local Immunisation Cover Data

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

<b>Definition</b>	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.
<b>Numerator</b>	Number of Year 8 schoolgirls (aged 12 to 13 years) who have received all three doses of the HPV vaccine.
<b>Denominator</b>	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.
<b>Data source</b>	PHOF 3.03xii <a href="http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023">http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023</a> 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.

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

<b>Definition</b>	Flu vaccine uptake (%) in adults aged 65 and over, who received the flu vaccination between 1st September and 31st January each financial year.
<b>Numerator</b>	Number of adults aged 65 years and over vaccinated between 1st September and 31st January of the financial year.
<b>Denominator</b>	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.
<b>Data source</b>	PHOF 3.03 xiv <a href="http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023">http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023</a> Original source: PHE <a href="https://www.gov.uk/government/organisations/public-health-england/series/vaccine-uptake">https://www.gov.uk/government/organisations/public-health-england/series/vaccine-uptake</a>

### Priority Objective 4: Reducing Alcohol Harm

#### 25. Alcohol Specific Hospital Admission

<b>Definition</b>	The number of hospital admissions due to alcohol-specific conditions, directly age standardised rate per 100,000 population.
<b>Numerator</b>	The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause. See LAPE user guide for further details - <a href="http://www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf">http://www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf</a>

<b>Denominator</b>	ONS mid year population estimates
<b>Data source</b>	PHOF 6.01 <a href="http://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#gid/1938132833/pat/6/ati/102/page/6/par/E12000007/are/E09000002/iiid/91384/age/1/sex/4">http://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#gid/1938132833/pat/6/ati/102/page/6/par/E12000007/are/E09000002/iiid/91384/age/1/sex/4</a>

#### 26. Number of practitioners skilled in identifying those at risk from alcohol harm and delivering brief interventions

<b>Definition</b>	The number of practitioners who have attended Identification and Brief Advice Training (Brief Intervention)
<b>Numerator</b>	N/A
<b>Denominator</b>	All Frontline Workers
<b>Data source</b>	Lewisham Public Health

### 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

<b>Definition</b>	Age-standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population
<b>Numerator</b>	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 <a href="http://www.apho.org.uk/resource/item.aspx?RID=126245">http://www.apho.org.uk/resource/item.aspx?RID=126245</a>
<b>Denominator</b>	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).
<b>Data source</b>	PHOF 4.07i <a href="http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023">http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023</a>

#### 28. Under 75 Mortality from Lung Cancer

<b>Definition</b>	Mortality from lung cancer (ICD-10 C33-C34 equivalent to ICD-9 162).
<b>Numerator</b>	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).
<b>Denominator</b>	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
<b>Data source</b>	NHSIC – P00512 Data <a href="https://www.indicators.ic.nhs.uk/download/NCHOD/Data/14B_105DRT0074_12_V1_D.xls">https://www.indicators.ic.nhs.uk/download/NCHOD/Data/14B_105DRT0074_12_V1_D.xls</a> Specification <a href="https://www.indicators.ic.nhs.uk/download/NCHOD/Specification/Spec_14B_105DRT0074_V1.pdf">https://www.indicators.ic.nhs.uk/download/NCHOD/Specification/Spec_14B_105DRT0074_V1.pdf</a>

#### 29. Smoking Prevalence (18+)

<b>Definition</b>	Prevalence of smoking among adults aged 18+ in the routine and manual group
<b>Numerator</b>	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.
<b>Denominator</b>	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.

<b>Data source</b>	PHOF 2.14 <a href="http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023">http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023</a> Original Source: ONS Integrated Household Survey
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### 30. 4 week smoking quitters

<b>Definition</b>	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.
<b>Numerator</b>	Number of self-reported 4-week smoking quitters.
<b>Denominator</b>	Population aged 16 or over.
<b>Data source</b>	Data – Local NHS Stop Smoking Service database. Specification <a href="https://nascis.hscic.gov.uk/download.ashx?src=MetaDataPdf&amp;file=JSNA_Metadata_NI+123.pdf">https://nascis.hscic.gov.uk/download.ashx?src=MetaDataPdf&amp;file=JSNA_Metadata_NI+123.pdf</a>

### 31. Number of 11-15 year-olds who take up smoking

<b>Definition</b>	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. <ul style="list-style-type: none"> <li>• I smoke occasionally (&lt; 1 / week)</li> <li>• Smoke regularly, like to give up</li> <li>• Smoke, don't want to give it up</li> </ul>
<b>Data source</b>	SHEU Survey 2010 – Lewisham Public Health Team <a href="N:\new_ph_team\Health Intelligence\Archive\Health Intelligence\SHEU reports">N:\new_ph_team\Health Intelligence\Archive\Health Intelligence\SHEU reports</a>

### 32. Number of children in smoke free homes

<b>Definition</b>	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. <ul style="list-style-type: none"> <li>• None (as Proxy)</li> </ul>
<b>Data source</b>	SHEU Survey 2010 – Lewisham Public Health Team <a href="N:\new_ph_team\Health Intelligence\Archive\Health Intelligence\SHEU reports">N:\new_ph_team\Health Intelligence\Archive\Health Intelligence\SHEU reports</a>

### 33. Prevalence of Smoking in 15 year olds

<b>Definition</b>	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. <ul style="list-style-type: none"> <li>• I have never smoked at all</li> </ul>
<b>Data source</b>	SHEU Survey 2010 – Lewisham Public Health Team <a href="N:\new_ph_team\Health Intelligence\Archive\Health Intelligence\SHEU reports">N:\new_ph_team\Health Intelligence\Archive\Health Intelligence\SHEU reports</a>

### 34. Smoking at time of delivery

<b>Definition</b>	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.
<b>Numerator</b>	Number of women known to smoke at time of delivery.
<b>Denominator</b>	Number of maternities.
<b>Data source</b>	PHOF 2.03 <a href="http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023">http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023</a> 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	
<b>Definition</b>	Rate of mortality in people aged 18 to 74 suffering from serious mental illness standardised and compared to the general population.
<b>Numerator</b>	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).
<b>Denominator</b>	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.
<b>Data source</b>	NHSOF 1.5 Data <a href="https://www.indicators.ic.nhs.uk/download/Outcomes%20Framework/Data/NHSOF_1.5_I00665_D_V7.xls">https://www.indicators.ic.nhs.uk/download/Outcomes%20Framework/Data/NHSOF_1.5_I00665_D_V7.xls</a> Specification <a href="https://www.indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_1_S_V2.pdf">https://www.indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_1_S_V2.pdf</a>

36a. Prevalence of Serious Mental Illness	
<b>Definition</b>	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers.
<b>Numerator</b>	Patients with schizophrenia, bipolar affective disorder and other psychoses
<b>Denominator</b>	CCG responsible population
<b>Data source</b>	National GP Practice Profiles <a href="http://fingertips.phe.org.uk/profile/general-practice/data#mod,3,pyr,2013,pat,19,par,E38000098,are,-,sid1,2000003,ind1,-,sid2,-,ind2,-">http://fingertips.phe.org.uk/profile/general-practice/data#mod,3,pyr,2013,pat,19,par,E38000098,are,-,sid1,2000003,ind1,-,sid2,-,ind2,-</a> Original Source: HSCIC QOF <a href="http://www.hscic.gov.uk/catalogue/PUB12262">http://www.hscic.gov.uk/catalogue/PUB12262</a>

36b. Prevalence of Dementia	
<b>Definition</b>	The percentage of patients with dementia as recorded on practice disease registers.
<b>Numerator</b>	Patients with dementia
<b>Denominator</b>	CCG responsible population
<b>Data source</b>	Original Source: HSCIC QOF <a href="http://www.hscic.gov.uk/catalogue/PUB12262">http://www.hscic.gov.uk/catalogue/PUB12262</a> .

36c. Prevalence of Depression	
<b>Definition</b>	The percentage of patients aged 18 and over with depression, as recorded on practice disease registers.
<b>Numerator</b>	Patients aged 18 and over with depression, as recorded on practice disease registers.
<b>Denominator</b>	CCG responsible population
<b>Data source</b>	Original Source: HSCIC QOF <a href="http://www.hscic.gov.uk/catalogue/PUB12262">http://www.hscic.gov.uk/catalogue/PUB12262</a>

37. Suicide rates	
<b>Definition</b>	Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population
<b>Numerator</b>	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 <a href="http://www.apho.org.uk/resource/item.aspx?RID=126245">http://www.apho.org.uk/resource/item.aspx?RID=126245</a> .
<b>Denominator</b>	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.
<b>Data source</b>	PHOF 4.10 <a href="http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000044/pat/6/ati/102/page/6/par/E12000007/are/E09000023">http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000044/pat/6/ati/102/page/6/par/E12000007/are/E09000023</a> Original Source: ONS Mortality data extracted by Public Health England

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

<b>Definition</b>	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.
<b>Numerator</b>	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
<b>Denominator</b>	Weighted count of all respondents to the question "Overall, how happy did you feel yesterday?"
<b>Data source</b>	PHOF 2.23ii <a href="http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023">http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023</a> 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**

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

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

<b>Definition</b>	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 <sup>3</sup> as a percentage of number of adults (aged 15 years or more) newly diagnosed with HIV infection with CD4 counts available within 91 days.
<b>Numerator</b>	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 <sup>3</sup>
<b>Denominator</b>	Number of adults (aged 15 years or more) newly diagnosed with HIV infection with CD4 counts available within 91 days.
<b>Data source</b>	PHOF 3.04 <a href="http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023">http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023</a>

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

<b>Definition</b>	People aged 15 to 59 years who were seen at HIV care services.
<b>Numerator</b>	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.
<b>Denominator</b>	Estimated total population aged 15 to 59 years resident in a given local health service area (ONS mid-year population estimates)
<b>Data source</b>	Public health England Sexual and Reproductive Health Profiles <a href="http://www.phoutcomes.info/profile/sexualhealth/data#gid/8000057/pat/6/ati/102/pa">http://www.phoutcomes.info/profile/sexualhealth/data#gid/8000057/pat/6/ati/102/pa</a>

	<a href="http://www.hpa.org.uk/web/HPAweb&amp;Page&amp;HPAwebAutoListDate/Page/1201094588844?p=1201094588844">ge/6/par/E12000007/are/E09000023</a> Original Source - HPA for HIV stats/ ONS for Population <a href="http://www.hpa.org.uk/web/HPAweb&amp;Page&amp;HPAwebAutoListDate/Page/1201094588844?p=1201094588844">http://www.hpa.org.uk/web/HPAweb&amp;Page&amp;HPAwebAutoListDate/Page/1201094588844?p=1201094588844</a>
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41. Legal Abortion rate for all ages	
<b>Definition</b>	Legal Abortions: Age Standardised Rate per 1000 resident women aged 15-44
<b>Numerator</b>	Number of all Legal Abortions
<b>Denominator</b>	Number of resident women aged 15-44
<b>Data source</b>	ONS via DH. Detailed data obtained through Local commissioners. <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/307650/Abortion_statistics_England_and_Wales.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/307650/Abortion_statistics_England_and_Wales.pdf</a>

42. Teenage conceptions	
<b>Definition</b>	Conceptions in women aged under 18 per 1,000 females aged 15-17
<b>Numerator</b>	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.
<b>Denominator</b>	Number of women aged 15-17 living in the area.
<b>Data source</b>	Public health outcomes framework 2.04 <a href="http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023">http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023</a> Original source: ONS

### Priority Objective 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)	
<b>Definition</b>	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.
<b>Numerator</b>	The sum of the scores for all respondents who answered all eight questions.
<b>Denominator</b>	Number of respondents who answered questions 3a to 9a and 11 in the annual Adult Social Care Survey
<b>Data source</b>	ASCOF 1A <a href="https://indicators.ic.nhs.uk/download/Social_Care/Data/1A_-_Dec.xls">https://indicators.ic.nhs.uk/download/Social_Care/Data/1A_-_Dec.xls</a>

44. Rate of new admissions to long term care	
<b>Definition</b>	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.
<b>Numerator</b>	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)
<b>Denominator</b>	Size of older adult population in area (aged 65 and over)
<b>Data source</b>	ASCOF 2A <a href="https://indicators.ic.nhs.uk/download/Social_Care/Data/2A_-_Dec.xls">https://indicators.ic.nhs.uk/download/Social_Care/Data/2A_-_Dec.xls</a>

45. Percentage of older people (65+) still at home 91 days after discharge from hospital into rehabilitation/reablement services	
<b>Definition</b>	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.
<b>Numerator</b>	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.
<b>Denominator</b>	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).
<b>Data source</b>	ASCOF 2B <a href="https://indicators.ic.nhs.uk/download/Social_Care/Data/2B_-_Dec.xls">https://indicators.ic.nhs.uk/download/Social_Care/Data/2B_-_Dec.xls</a>

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

#### 46. Rate of avoidable emergency admissions

<b>Definition</b>	Composite measure of: <ul style="list-style-type: none"> <li>• unplanned hospitalisation for chronic ambulatory care sensitive conditions (all ages);</li> <li>• unplanned hospitalisation for asthma, diabetes and epilepsy in children;</li> <li>• emergency admissions for acute conditions that should not usually require hospital admission (all ages); and</li> <li>• emergency admissions for children with lower respiratory tract infection.</li> </ul>
<b>Numerator</b>	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')
<b>Denominator</b>	Mid-year ONS population estimates
<b>Data source</b>	Data: HSCIC HES/ONS Mid-year population estimates Specification: NHS Quality Premium Estimate <a href="http://www.england.nhs.uk/ccg-ois/qual-prem/">http://www.england.nhs.uk/ccg-ois/qual-prem/</a>

#### 47. Percentage of patients with Long-Term conditions actively engaged in self-care

<b>Definition</b>	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).
<b>Numerator</b>	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).
<b>Denominator</b>	As the numerator, but adds in those that responded 'no'.
<b>Data source</b>	NHSOF 2.1 <a href="https://indicators.ic.nhs.uk/download/Outcomes_Framework/Data/NHSOF_2.1_I00706_D_V3.xls">https://indicators.ic.nhs.uk/download/Outcomes_Framework/Data/NHSOF_2.1_I00706_D_V3.xls</a>

#### 48. Adult Social Care Reviews

<b>Definition</b>	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.
<b>Numerator</b>	Number of reviews undertaken in the last twelve months of long term service users still receiving a service.
<b>Denominator</b>	Number of service users receiving services for at least twelve months currently receiving long term services as at the end of the twelve months.
<b>Data source</b>	HSCIC – subset of old RAP A1 and new SALT Return LTS Table 2b <a href="https://nascis.hscic.gov.uk/Portal/Tools.aspx">https://nascis.hscic.gov.uk/Portal/Tools.aspx</a>

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

<b>Definition</b>	This indicator measures health-related quality of life for people who identify themselves as having one or more long-standing health conditions. Health-related
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	quality of life refers to the extent to which people: 1. have problems walking about; 2. have problems performing self-care activities (washing or dressing themselves); 3. have problems performing their usual activities (work, study etc.); 4. have pain or discomfort; 5. feel anxious or depressed.
<b>Numerator</b>	The numerator is the sum of the weighted index values for all responses from people who identify themselves as having a long-term condition.
<b>Denominator</b>	The denominator is the weighted count of survey responses from all people who identify themselves as having a long-term condition.
<b>Data source</b>	GP Patient Survey (GPPS) from Ipsos MORI ( <a href="http://www.gp-patient.co.uk/">http://www.gp-patient.co.uk/</a> ) - Official Statistics Published annually (two waves per year, July - September and January - March) as a financial year data set.

#### 50. Unplanned hospitalisation for chronic ambulatory care sensitive conditions

<b>Definition</b>	Directly age and sex standardised rate of unplanned hospitalisation admissions for chronic ambulatory care sensitive conditions for persons of all ages.
<b>Numerator</b>	Hospital Episode Statistics (HES) Continuous Inpatient Spells (CIP).
<b>Denominator</b>	Unconstrained GP registered population counts by single year of age and sex from the NHAIS (Exeter) Systems; extracted annually on 1 April for the forthcoming financial year
<b>Data source</b>	NHSOF 2.3i – NHS Indicator Portal - P01563 Data <a href="https://indicators.ic.nhs.uk/download/Clinical%20Commissioning%20Group%20Indicators/Data/CCG_2.6_100757_D_V6.xls">https://indicators.ic.nhs.uk/download/Clinical%20Commissioning%20Group%20Indicators/Data/CCG_2.6_100757_D_V6.xls</a> Specification <a href="https://indicators.ic.nhs.uk/download/Clinical%20Commissioning%20Group%20Indicators/Specification/CCG_2.6_100757_S_V4.pdf">https://indicators.ic.nhs.uk/download/Clinical%20Commissioning%20Group%20Indicators/Specification/CCG_2.6_100757_S_V4.pdf</a>

#### 51. Emergency readmissions within 30 days of discharge from hospital (%)

<b>Definition</b>	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.
<b>Numerator</b>	The number of finished and unfinished continuous inpatient (CIP) spells that are emergency admissions within 0-29 days (inclusive) of the last, previous discharge from hospital (see denominator), including those where the patient dies, but excluding the following: those with a main specialty upon readmission coded under obstetric and those where the readmitting spell has a diagnosis of cancer (other than benign or in situ) or chemotherapy for cancer coded anywhere in the spell.
<b>Denominator</b>	The number of finished CIP spells within selected medical and surgical specialties, with a discharge date up to March 31st within the year of analysis. Day cases, spells with a discharge coded as death, maternity spells (based on specialty, episode type, diagnosis), and those with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the spell are excluded. Patients with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the 365 days prior to admission are excluded.
<b>Data source</b>	Dr Foster - based on Hospital Episode Statistics

## **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