

HEALTH AND WELLBEING BOARD			
Report Title	Performance Dashboard: Exceptions Reporting		
Contributors	Director of Public Health	Item No.	8A
Class	Part 1	Date:	24 November 2015
Strategic Context	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.

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 Plan.

5. Health and Wellbeing Board Performance Dashboard Update

- 5.1 The dashboard is based on 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. Updated indicators that show a worsening position since the previous period of data availability (marked with a red arrow in the dashboard in Annex A) are highlighted below, together with a commentary on actions being taken to improve the position.

5.3 Overarching Indicators of Health & Wellbeing

The indicator of Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare (Directly Standardised Rate) has had a change to its methodology; therefore it is not possible to compare with previous periods. New data for 2014 has been released and Lewisham at 2212.6 years remains' worse than the national average.

5.5 Priority Objective 1: Achieving a Healthy Weight

New data is available for prevalence of Breastfeeding at 6-8 weeks. There was a fractional increase from 73.4% in Quarter 4 2014/15 to 73.9% in Quarter 1 2014/15. Prevalence has remained steady at this level for the last year. Actions to include breastfeeding rates include working towards UNICEF Baby Friendly accreditation in the borough. The community and hospital achieved Stage 2 accreditation in 2014 and are jointly working towards achieving stage 3 by March 2016. Children's centres are supporting the assessment by working closely with health visitors and maternity services in supporting mothers to breastfeed.

The percentage of physically active adults has declined slightly from 58.1% in 2013 to 57.1% in 2014. However Lewisham remains above the London and England level. Correspondingly the level of inactive adults has increased.

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

New data is available for Bowel Cancer screening, however as this is local data it is not possible to benchmark against London and England. The percentage coverage of 46.4% in Lewisham is however lower than the average for the six boroughs which comprise South East London, where the coverage was 49.4%.

More broadly work to progress this priority objective includes the following actions:

- Establishment of a Cancer Steering Group and Cancer Working Party.

- Involvement in Development of Three Year Health Improvement Programme with Public Health and the Health and Wellbeing Board.
- Significant Event Analysis of patients diagnosed following an acute admission has taken place in each Neighbourhood in Lewisham. This has provided some significant insight into cancers that are presenting late.

5.7 Priority Objective 3: Improving Immunisation Uptake

Information on uptake of all vaccines in children under five in Quarter 1, 2015-16 has recently been reported. This information shows a local deterioration in the uptake of all vaccines when compared to the most recent period. It should be noted, however, that in recent years a decline in uptake in Q1 has occurred in Lewisham without any clear explanation, despite investigation of this phenomenon.. Uptake of vaccine has always improved in subsequent quarters.

Uptake of the first dose of the Measles Mumps and Rubella vaccine (MMR1) at the age of two, declined from 90.0% in Quarter 4 2014/15 to 87.5% in Quarter 1 2015/16. This level of uptake was however greater than in Quarter 1 2014/15, when the uptake was 85.5%. The most recent uptake figure for Lewisham is 4.6% lower than the national figure, but is in line with the mean level of uptake in.

Uptake of the Measles Mumps and Rubella vaccine (MMR2), at five has declined from 71.0% in Quarter 4 2014/15 to 70.0% in Quarter 1 2015/16. This is the third consecutive quarter of decline and takes the uptake level back to below the level seen in Quarter 1 2014/15. The England level of uptake has remained steady at above 88% for the last two years, whilst the London level has consistently stayed around 80%. Uptake of MMR2 at five remains the greatest challenge locally.

Uptake of the third dose of Diphtheria vaccine (D3) in children aged one has also fallen from 92.2% in Quarter 4 2014/15 to 91.0% in Quarter 1 2015/16. This level is higher than in Quarter 1 2014/15 when uptake was 90.6%. The most recent data is also above the London level of 90.0% but below the national figure of 93.6%.

Whilst uptake of the fourth dose of Diphtheria vaccine (D4) at five has declined between Quarter 4 2014/15, when it was at 83.5%, to 81.5% in Quarter 1 2015/16, the most recent data is still notably higher than at any point over the last two years. The Lewisham uptake is also higher than the London figure of 78.5% but is below the England level of 87.7%.

More encouraging is provisional data for Quarter 2 of 2015/16 which indicates improvement in uptake for MMR1, D3 and D4 vaccines. Uptake of MMR2 at five, however, remains a challenge and work with NHS England continues towards increased uptake of this vaccine.

5.8 Priority Objective 4: Reducing Alcohol Harm

There is no change since the last dashboard.

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

New data is being reported for Smoking quitters at 4 weeks. The number of smoking quitters for 2014/15 was lower than previous years and did not meet target, but the rate per 100,000 was higher than London and England.

The Stop Smoking Service (SSS) is very successful at reaching heavily addicted smokers such as pregnant women and people with mental health problems, with a strong correlation between IMD scores and smoking quitters and an increasing number of smokers quitting from more deprived wards.

The reductions in funding to the SSS for 2015/16 have meant a lower target of 1,600 (the target was 1,800 for 2014/15). Performance data from Quarter 1 indicate that the service is likely to achieve this new, reduced target. The service is continuing to focus on heavily addicted smokers and high quality service. The reductions are being achieved through de-commissioning less active GP and pharmacy providers and by recruiting smokers into the service through opt out referrals and brief interventions to scale, rather than outreach events. The service is also aligning itself with the Local Neighbourhood care networks.

5.10 Priority Objective 6: Improving mental health and wellbeing

There is no change since the last dashboard.

5.11 Priority Objective 7: Improving sexual health

There is no change since the last dashboard.

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

The 2014/15 rate of avoidable admissions has increased to 1005.9 per 100,000 population from 953.2 in 2013/14. This deterioration means that Lewisham is significantly worse than both London and England. An update on the percentage of people feeling supported to manage their long term condition at home has also been released with Lewisham seeing a drop from 61.1% in 2013/14, down to 57.4% in 2014/15. This decline was also witnessed in the London and England proportions, however Lewisham's proportion is significantly worse.

New data for Health Related Quality of Life for People with Long Term Conditions has remained stable. The sample for this indicator is not large enough for significance testing to be calculated. Data for 2014/15 measuring the rate of Emergency Admissions for acute conditions that should not usually require hospital admission also showed deterioration in performance. The latest data is 1522.2; an increase from 1294.5 in 2013/14. The rate is significantly higher than both London and England. New data for 2014/15 is reported on the percentage of Emergency Readmissions within 30 days of discharge. At 15.54% Lewisham saw a slight improvement from 2013/14 when the figure was 15.69%.

The Adult Integrated Care Board are aware of these latest figures, and have identified appropriate actions.

6. Financial implications

There are no specific financial implications arising from this report, however the board may wish to consider how resources are utilised in regards to poorly performing indicators.

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

Whilst there has been much improvement in the uptake of vaccine in Lewisham in recent years, local uptake of all vaccines in children remains consistently lower than uptake in England as a whole. However we remain above the London average for most indicators. Crucially in the first quarter of this year, there has been a decline in the uptake of all vaccines in the under-fives. Such a decline in the first quarter has been reported in earlier years, and performance has improved subsequently, but the aim is to continue to improve uptake of vaccines until uptake in Lewisham is at least as good as the national average and beyond that - until herd immunity can be achieved, which requires 95% uptake for most vaccines. There is significant variation between GP practices on immunisation uptake rates and improvement of performance in a relatively small number of practices would raise the Lewisham mean towards herd immunity. Reduction of this variation and addressing our single greatest challenge - the persistently low uptake of the MMR2 at five are the two main priorities for action locally.

The Lewisham Immunisation Action Plan includes measures to improve uptake of all vaccines. Lewisham Council and Lewisham CCG are working together with NHS England to improve GP performance on vaccine uptake. London wide changes in GP mechanisms, and changes to the way immunisation in schools is commissioned should also help improve performance of uptake of MMR2 at five in particular.

If you have any difficulty in opening the links above or those within the body of the report, please contact Andy Thomas (Andy.Thomas@lewisham.gov.uk; 020 8314 9996), who will assist.

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.

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	2011 Census based mid-year pop estimates
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. Average number of delayed transfers of care from hospital on a particular day, averaged over the year (Crude rate per 100,000)

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 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)
Data source	NHS England http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/

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/m ²
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)
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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)

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)
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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.

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.

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.

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

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

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.

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

Priority Objective 4: Reducing Alcohol Harm

25. Alcohol Specific Hospital Admission

Definition	The number of hospital admissions due to alcohol-specific conditions, directly age standardised rate per 100,000 population.
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 6.01 http://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#gid/1938132833/pat/6/ati/102/page/6/par/E12000007/are/E09000002/ijd/91384/age/1/sex/4

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

Definition	The number of practitioners who have attended Identification and Brief Advice Training (Brief Intervention)
Numerator	N/A
Denominator	All Frontline Workers
Data source	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	
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+)	
Definition	Prevalence of smoking among adults aged 18+ in the routine and manual group
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	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.
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

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. <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • 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
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36a. Prevalence of Serious Mental Illness	
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.chlamydia-screening.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/3076

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.

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

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

46. Rate of avoidable emergency admissions - Unplanned Hospitalisation for chronic ambulatory care sensitive conditions (per 100,000 pop)

Definition	Composite measure of: <ul style="list-style-type: none"> 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/

47. Percentage of People able to manage effectively their own long term condition at home

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/OutcomesFramework/Data/NHSOF_2.1_I00706_D_V3.xls

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

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

Definition	This indicator measures health-related quality of life for people who identify themselves as having one or more long-standing health conditions. Health-related 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.
Numerator	The numerator is the sum of the weighted index values for all responses from people who identify themselves as having a long-term condition.
Denominator	The denominator is the weighted count of survey responses from all people who identify themselves as having a long-term condition.
Data source	GP Patient Survey (GPPS) from Ipsos MORI (http://www.gp-patient.co.uk/) - Official Statistics Published annually (two waves per year, July - September and January - March) as a financial year data set.

50. Emergency admissions for acute conditions that should not usually require hospital admission (DSR rate per 100,000 Pop)

Definition	Directly age and sex standardised rate of unplanned hospitalisation admissions for chronic ambulatory care sensitive conditions for persons of all ages.
Numerator	Hospital Episode Statistics (HES) Continuous Inpatient Spells (CIP).
Denominator	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
Data source	NHSOF 2.3i – NHS Indicator Portal - P01563 Data https://indicators.ic.nhs.uk/download/Clinical%20Commissioning%20Group%20Indicators/Data/CCG_2.6_I00757_D_V6.xls Specification https://indicators.ic.nhs.uk/download/Clinical%20Commissioning%20Group%20Indicators/Specification/CCG_2.6_I00757_S_V4.pdf

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	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.
Denominator	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.
Data source	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