

HEALTH AND WELLBEING BOARD			
Report Title	Health and Wellbeing Board Performance Dashboard Exceptions Report		
Contributors	Director of Public Health	Item No.	9
Class	Part 1	Date:	19 July 2016
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 performance indicators for the Better Care Fund.

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 low birth weight, immunisation and excess weight) that are also included in the 'Be Healthy' priority of the Children and Young People's Partnership Plan.
- 4.3 Since the board last saw the dashboard it has been streamlined to focus attention on key areas as well as introducing the performance metrics of the Better Care Fund.

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 Better Care Fund 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.
- 5.2 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

No overarching indicators have deteriorated since the last dashboard was produced.

5.5 Priority Objective 1: Achieving a Healthy Weight

A new indicator has been added to the dashboard on Maternal Obesity. Maternal obesity (defined as obesity during pregnancy) increases health risks for both the mother and child during and after pregnancy and is a risk factor for childhood obesity. Statistics on the prevalence of maternal obesity are not collected routinely in the UK, hence this data is taken from information received from Lewisham and Greenwich Trust for women booked at Lewisham University Hospital. Therefore it should be noted that the data does not only refer to Lewisham residents. The proportion of women with excess weight in 2015-16 was 45.8%, which was higher than for 2014-15 (42.0%). However this latest data is still below figures seen between 2010 and 2012.

Actions to address maternal obesity include ensuring that all obstetricians and midwives at the Trust have been trained in how to raise the issue of healthy weight with pregnant women and in ensuring that all women with a possible problem are referred appropriately. Additionally the Lewisham Public Health Team have worked with Lewisham CCG and Lewisham Hospital to design an improved care pathway for overweight and obese women who choose to have their babies at the hospital. This has also been the subject of a CQUIN in 2015-16.

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

The latest data for cervical cancer screening coverage has decreased to 71.7% in 2015, down from 73.7% in 2014. This level is significantly lower than the England average, but above the London figure. More smear tests were conducted in 2015 than in 2014, however due to the increasing population the percent uptake has decreased. A change in the service specification for Sexual Health Services, whereby they no longer offer routine smear tests is also likely to have impacted this indicator. This change was made due to the pressures on public health budgets and the fact that the financing of cervical screening is through the GP contract.

5.7 Priority Objective 3: Improving Immunisation Uptake

Figures for immunisation uptake are now provided as an average for the last four quarters to make the figures less susceptible to quarter by quarter fluctuation. However there was a substantial increase in MMR2 uptake in the last quarter of 2015/16. This relates to extensive work undertaken by the Lewisham Immunisation Coordinator who identified a problem with vaccination data recording by GP practices. Over a period of several months many Lewisham GP practices were using the wrong READ codes to record MMR2 vaccination after migrating to EMIS web. The Immunisation Coordinator has now corrected this problem. In addition, a GP registrar has been carrying out work with individual GP practices to ensure that children are invited for MMR1 and 2 vaccinations at the appropriate age.

However HPV vaccine uptake has declined notably from the previous period 73.4% in 2014/15 from 82.9% in 2013/14. This is also below the London average (an England average is currently not available). Public Health and School Nursing are developing an action plan to address the recent fall in HPV coverage. This decline appears to relate to increasing numbers of parents withholding consent for their daughters to be vaccinated, as well as changes to the dosage schedule and delivery in schools.

5.8 Priority Objective 4: Reducing Alcohol Harm

The rate of alcohol related admissions has increased since the previous reporting period, from 614 per 100,000 in 2013/14 to 644 per 100,000 in 2014/15. Alcohol Brief Intervention Training has been taking place throughout the year and has been well attended, this is likely to have a positive impact on reducing future admissions.

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

There is no deterioration of indicators with new data under this priority objective.

5.10 Priority Objective 6: Improving mental health and wellbeing

Prevalence of Serious Mental Illness has increased fractionally from 1.28% in 2014/15, compared to 1.27% in 2013/14. The rate remains higher than the England average but the increase is not statistically significant. Prevalence of Depression in Adults has risen from 5.90% in 2013/14 to 6.40% in 2014/15. This increase is statistically significant. Public Health will now raise this issue with Lewisham GPs to better understand and develop actions.

5.11 Priority Objective 7: Improving sexual health

No newly updated indicators show a decline in performance.

5.12 Better Care Fund Performance Metrics

The indicator regarding Patient Experience which looks at the proportion of people feeling supported to manage their long term conditions has declined on the previous year, from 59.1% in 2014/15 down to 56.0% in 2015/16. There are a number of schemes funded by the Better Care Fund with the objective of increasing such support including the Co-ordinated Care Service, neighbourhood community teams, community connections and dementia services. Continued evaluation of these schemes is necessary to ensure that an increase proportion of patients feel supported.

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

The increased uptake of the second dose of Measles Mumps and Rubella vaccine at five years being accurately reflected in performance has been a key break through. The Director of Public Health has written to GP Surgeries, Health Visitors and School Nurses to acknowledge this success.

Although there are a number of indicators that show a decline in performance, issues have been identified and actions are being taken forward.

If you have any difficulty in opening the links above or those within the body of the report, please contact Stewart Snellgrove (Stewart.Snellgrove@lewisham.gov.uk; 020 8314 9308), 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

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#qid/1000049/pat/6/ati/102/page/6/par/E12000007/are/E09000023

2. 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_076DR T0074_V1.pdf

3. 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

4. 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

5. Number of practitioners attending Brief Intervention Training	
Definition	The number of practitioners who have attended Brief Intervention Training)
Numerator	N/A
Denominator	N/A
Data source	Lewisham Public Health

Priority Objective 1: Achieving a Healthy Weight

6. 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

7a/7b. 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)

8. Maternal Obesity	
Definition	Maternal obesity is defined as obesity during pregnancy. Obesity is defined as BMI which is 30 or higher. increases health risks for both the mother and child during and after pregnancy and is a risk factor for childhood obesity. Statistics on the prevalence of maternal obesity are not collected routinely in the UK, hence this data is taken from information received from Lewisham and Greenwich Trust for women booked at Lewisham University Hospital. Therefore it should be noted that the data does not only refer to Lewisham residents.
Numerator	Number of women whose BMI was 30 or higher at booking appointment.
Denominator	Number of women attending booking appointment.
Data source	University Hospital Lewisham Data

9. 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
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Priority Objective 2: Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years

10a. 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)

10b. 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)

10c. 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.

11. 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/E1200007/are/E09000023 Original Source: National cancer registry

12. Conversion of Two Week Wait Referrals to Cancer Diagnosis

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 proportion of Two Week Wait Referrals which result in a confirmed cancer diagnosis.
Data source	CCG source - to be confirmed

13. Under 75 Mortality from all cancers

Definition	Age-standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population
Rate or proportion	Rate
Numerator	Number of deaths from all cancers
Denominator	Population-years (aggregated populations for the three years) for people of all ages, aggregated into quinary age bands up to 74).
Data source	Public Health England http://www.phoutcomes.info/public-health-outcomes-framework#page/6/gid/1000044/pat/6/par/E1200007/ati/102/are/E09000023/iid/40501/age/163/sex/4

Priority Objective 3: Improving Immunisation Uptake

14. 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/E1200007/are/E09000023 Original source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by PHE. Available from HSCIC.

15. 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 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.

16. 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

17. 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/idd/91384/age/1/sex/4

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

18. Smoking Prevalence (18+)	
Definition	Prevalence of smoking among adults aged 18+
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

19. 4 week smoking quitters	
Definition	This indicator relates to clients receiving support through the NHS Stop Smoking Services. A client is counted as a self-reported 4-week quitter if they have been assessed 4 weeks after the designated quit date and declares that he/she has not smoked even a single puff on a cigarette in the past two weeks. The indicator is a count of treatment episodes rather than people, so an individual who undergoes two treatment episodes and has quit at four weeks in both cases are counted twice.

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

20. 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

21. 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

22. 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

23. Improving Access to Physiological Therapies (IAPT) referrals entering treatment (%)	
Definition	The proportion of patients who have been referred to IAPT that have actually entered treatment
Numerator	The number of accepted referrals
Denominator	The total number of referrals
Data source	Lewisham and Greenwich Trust

24. Proportion of those accessing IAPT who moved to recovery (%)	
Definition	The proportion of IAPT patients who successfully moved to recovery
Numerator	The number of IAPT [patients who have moved to recovery
Denominator	The total number of IAPT patients
Data source	Lewisham and Greenwich Trust

Priority Objective 7: Improving sexual health

25. 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
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26. People presenting with HIV at a late stage of infection (%)	
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

27. Legal Abortion rate for all ages	
Definition	Legal Abortions: Age Standardised Rate per 1000 resident women aged 15-44
Numerator	Number of all Legal Abortions
Denominator	Number of resident women aged 15-44
Data source	ONS via DH. Detailed data obtained through Local commissioners. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/307650/Abortion_statistics_England_and_Wales.pdf

28. 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

Better Care Fund Indicators

29. 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	Better are Fund Metric

30. Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population

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	Better Care Fund Metric

31. Delayed Transfers of Care (Days Delayed per 100,000 population 18+)

Definition	This 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.
Numerator	Number of delays
Denominator	18+ Population
Data source	Better Care Fund Metric

32. Total Non-Elective Admissions

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	Better Care Fund Metric

33. Patient Experience (Proportion of people feeling supported to manage their long term conditions) %

Definition	Proportion of people feeling supported to manage their long term conditions
Numerator	Number of survey respondents who answered positively that they do feel supported to manage their long term conditions
Denominator	Total survey respondents
Data source	Better Care Fund Metrics