

**Agenda item 8**

**DERBYSHIRE HEALTH AND WELLBEING BOARD**

**19 April 2018**

**Report of Director of Public Health**

**UPDATE ON HEALTH AND WELLBEING PERFORMANCE FRAMEWORK**

**1. Purpose of the report**

To update the Health and Wellbeing Board (HWB) on further development of the HWB Performance Framework to support a new Joint Health and Wellbeing Strategy for Derbyshire.

**2. Information and analysis**

A Performance Task and Finish group was established to develop a reporting mechanism to assure Board members on the current state of the health and social care system in Derbyshire. The Task and Finish group has now concluded and the outcomes are summarised below.

**Stage 1 – Task and Finish Group Outcomes**

- A set of metrics was agreed, initially aligned to support regular monitoring against the 4 priorities of the Derbyshire Health and Wellbeing Strategy 2015-2017
- The HWB metrics were designed to take a broad approach considering both longer-term outcomes and shorter-term performance measures encompassing the wide range of partners that contribute to the health and wellbeing of local Derbyshire residents
- Full metadata was developed incorporating data source, latest time period, update schedule, lowest geography, reporting period, value type and rationale to enable dashboard construction
- A themed report and dashboard was developed to highlight specific areas for action to the HWB adopting an Outcomes Based Accountability (OBA) approach to complement the STP methodology, ensuring consistency in reporting in order to provide high level assurance and oversight

The HWB metrics and an example of a themed report is attached.

**3. Next Steps**

It needs to be ensured that the initial work completed by the Task and Finish group aligns with the new Joint Health and Wellbeing Strategy and developments within the STP Business Intelligence workstream.

- Alignment of current HWB metrics and development of future indicators to support agreed priorities in the HWB Strategy 2018-2021 and reflect new ways of working (Links to Agenda Item 9 - HWB Strategy 2018-2021)
- Agreement on the method of regular, individually themed reports to highlight areas for action across a wide range of partners that contribute to the achievement of long term outcomes
- Development of a standardised performance and outcome measurement system for regular monitoring of the agreed set of HWB metrics in parallel with work being undertaken in STP Business Intelligence workstream

#### **4. Links to the Health and Wellbeing Strategy**

The work outlined in this report will provide the Board with an agreed set of metrics and themed reports incorporating long term outcomes and contributory performance measures to monitor progress and highlight action towards delivering the Health and Wellbeing Strategy.

#### **RECOMMENDATION**

The Health and Wellbeing Board is asked to:

1. Note the progress that is being made to develop a performance and outcome framework to support the Joint Health and Wellbeing Strategy.

**Dean Wallace**  
**Director of Public Health**  
**Derbyshire County Council**

## **Draft Health and Wellbeing Board OBA Themed Report**

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**Desired Outcome: 'Adult's health & social care needs are proactively identified and addressed to help manage pressure and demand on emergency services'**

### **How does Derbyshire compare?**

- Top 25% LAs for people reporting high satisfaction wellbeing and social care users feeling in control of their daily lives
- Decreasing smoking prevalence, but higher than average adults with excess weight, and increasing numbers with Diabetes and COPD
- Management of blood pressure in people with CHD could be improved
- Decreasing percentage of 65+ years receiving flu vaccine, lowest 25%
- Increasing rates of A&E attendances although comparatively better
- Increasing rates of emergency admissions for Acute Avoidable conditions including flu/pneumonia and kidney/urinary infections
- Drop in percentage reporting satisfaction with Out of Hours services, and poorer performance in 111 call-backs within 10 minutes
- Bottom 25% for average delayed bed days and delayed days due to awaiting care package in own home

### **Where do we need to focus our efforts?**

- Excess weight in adults
- Management of growing numbers with LTC's: 3K people with CHD and 23K with Hypertension that have raised BP
- Increasing uptake of flu vaccine
- Performance of Out of Hours services
- Reducing rates of acute avoidable admissions
- Improving delayed transfers of care performance

### **What has been completed since the previous update?**

## Health and Wellbeing Board Outcomes Based Dashboard

The chosen 'theme' of the dashboard is ***'Adult's health and social care needs are proactively identified and addressed to help manage pressure and demand on urgent care services'***, with relevant indicators taken from the full list identified by the H&WBB performance group.

The dashboard adopts an 'Outcomes Based Accountability' themed approach to the grouping and presentation of key indicators to inform the H&WBB of system wide performance and outcomes contributing to the priorities set within Healthy Derbyshire – Health and Wellbeing Strategy 2015-17.

Outcomes Based Accountability makes a clear distinction between *Performance Measures* (evaluate how well a service is working, a specific client group) and *Outcome Indicators* (about people's lives, generally whole populations), to enable clearer accountability for the achievement of population level outcomes.

Performance Measures are seen as contributory factors to Outcome Indicators, which in turn quantify the achievement of over-arching Population Outcomes, such as the H&WBB priority 'Keeping people healthy, independent and In their own homes'.

The dashboard is presented in a way to demonstrate this, with performance measures located beneath the outcome indicators which are linked to the H&WBB population outcome priorities.

Due to the nature of the measures and outcomes being reported, there is significant variation in the time periods associated with each indicator and the report provides a 'snap shot' in time of the latest data available.

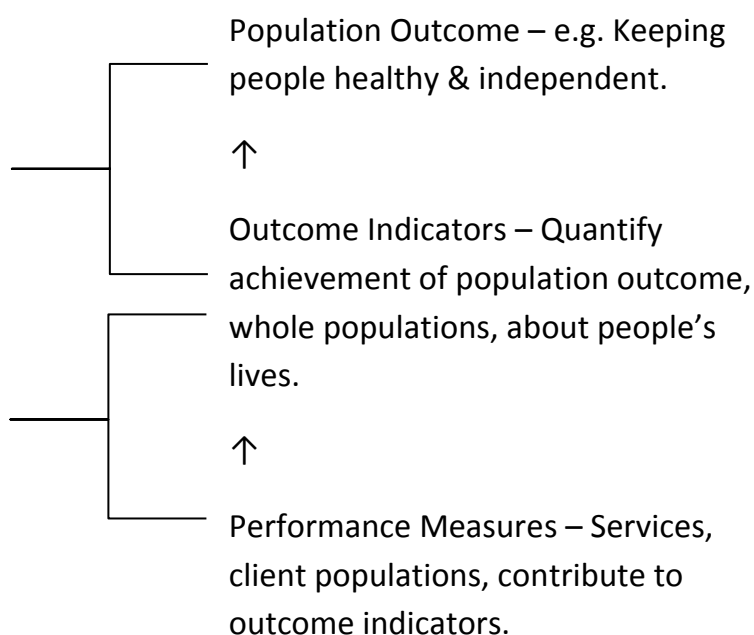
### Outcomes Based Accountability:

#### **Population accountability:**

The means by which organisations plan in partnership to decide what action to take collectively that will lead to improvements in population outcomes

#### **Performance accountability:**

The means by which individual services can make a contribution to outcomes, potentially through improvement of programmes or services focused on specific client groups





## Health and Wellbeing Priorities Quick Summary – Compared to England

### Population Measures and Strategy Outcomes

Similar for Healthy Life Expectancy, but 15 years and 19 years spent in poor health for men and women respectively

Worse for life expectancy at birth and at 65 years

Higher rate of early death considered preventable from cancer and increasing rates of preventable liver disease

### Keep People Healthy, Independent and in their Own Home

Better for adults with LD and MH in stable accommodation

Increasing A&E Attendance rates, below A&E waiting time target but showing improvements

Increasing rates of avoidable admissions for acute conditions

Below average for reablement effectiveness and DTOCs due to care package in own home

### Build Social Capital

Higher for satisfaction wellbeing scores, feeling in control of daily life, confidence in managing own health and levels of social contact

Worse for gap in employment rates for LTCs and learning disabilities

### Create Healthy Communities

Worse for adults with excess weight, better for smoking prevalence and physically active adults

Child obesity similar for 4-5 year olds and better for 10-11 year olds – but a fifth and a third are overweight respectively

Decreasing uptake of health protection measures including cancer screening and flu vaccination

### Support the Emotional Health and Wellbeing of Children and Young People

Better and increasing for children with good level of development at the end of reception year

Better and decreasing for first time entrants to the youth justice system

Worse for hospital admissions due to self-harm, increasing in 10-19 year olds

Higher rate of new child protection cases

## Draft HWB Performance Indicators

**Purpose:** To create a 'single truth' using the same intelligence in all organisations across the 'system' to measure the impact of Derbyshire Health & Wellbeing Strategy

Population Measures and strategy outcomes				
Indicator	Definition	Rationale	Source	Performance/ Outcome
Population Projections 2014-2039	Future estimates of numbers of population by age and gender	Meeting the future needs of an ageing population and the effective commissioning of services needs to take into account changes in population structure	Sub-national Population Projections, Office of National Statistics	Outcome
Healthy Life Expectancy (at birth and aged 65) for males and	The average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.	This indicator is an extremely important summary measure of mortality and morbidity in itself. It complements the supporting indicators by showing the overall trends in a major population health measure, setting the context in which local authorities can assess the other indicators and identify the drivers of healthy life expectancy.	Office of National Statistics	Outcome
Life Expectancy (at birth and aged 65) for males and females	The average number of years a person would expect to live based on contemporary mortality rates.	This indicator gives context to healthy life expectancy figures by providing information on the estimated length of life. The two indicators are extremely important summary measures of mortality and morbidity. They complement the supporting indicators by showing the overall trends in major population health measures and allow partners to identify the drivers of life expectancy and healthy life expectancy.	Office of National Statistics	Outcome
Mortality rate from causes considered preventable for males and females	Age-standardised mortality rate from causes considered preventable per 100,000 population	The basic concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense.	Office of National Statistics	Outcome
Under 75 mortality rate from CVD considered preventable for males and females	Age-standardised rate of mortality that is considered preventable from specific diseases in persons less than 75 years per 100,000 population	Cardiovascular disease (CVD) is one of the major causes of death in under-75s in England. There have been huge gains over the past decades in terms of better treatment for CVD and improvements in lifestyle, but to ensure that there continues to be a reduction in the rate of premature mortality from CVD, there needs to be concerted action in both prevention and treatment.	Office of National Statistics	Outcome
Under 75 mortality rate from cancer considered preventable for males and females	Age-standardised rate of mortality that is considered preventable from specific diseases in persons less than 75 years per 100,000 population	Cancer is the highest cause of death in England in under-75s. To ensure that there continues to be a reduction in the rate of premature mortality from cancer, there needs to be concerted action in both prevention and treatment.	Office of National Statistics	Outcome
Under 75 mortality rate from respiratory disease considered preventable for males and females	Age-standardised rate of mortality that is considered preventable from specific diseases in persons less than 75 years per 100,000 population	Liver disease is one of the top causes of death in England and people are dying from it at younger ages. Most liver disease is preventable and much is influenced by alcohol consumption and obesity prevalence, which are both amenable to public health interventions.	Office of National Statistics	Outcome
Under 75 mortality rate from liver disease considered preventable for males and females	Age-standardised rate of mortality that is considered preventable from specific diseases in persons less than 75 years per 100,000 population	Respiratory disease is one of the top causes of death in England in under-75s and smoking is the major cause of chronic obstructive pulmonary disease (COPD), one of the major respiratory diseases.	Office of National Statistics	Outcome

Keep People Healthy & Independent in their Own Homes				
Indicator	Definition	Rationale	Source	Performance/ Outcome
The percentage of households who experience Fuel Poverty	The percentage of households in an area that experience fuel poverty based on the "Low income, high cost" methodology.	Under the "Low Income, High Cost" measure, households are considered to be fuel poor where: They have required fuel costs that are above average (the national median level). Were they to spend that amount, they would be left with a residual income below the official fuel poverty line.	Department of Energy and Climate Change (DECC)	Outcome
Adults with a Learning Disability who live in stable and appropriate accommodation	Working-age learning disabled clients who are living in their own home as a percentage of working-age learning disabled clients (aged 18-64)	The indicator is intended to improve outcomes for adults with a learning disability in settled accommodation by improving their safety and reducing their risk of social exclusion. Maintaining settled accommodation and providing social care in this environment promotes personalisation and quality of life, prevents the need to readmit people into hospital or more costly residential care and ensures a positive experience of social care.	NHS Digital. Measures from the Adult and Social Care Outcomes Framework, table 1G.	Performance
Adults in contact with secondary mental health services who live in stable and appropriate accommodation	Adults who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support, as a percentage of adults who are receiving secondary mental	The indicator is intended to improve outcomes for adults with mental health problems in stable and appropriate accommodation by improving their safety and reducing their risk of social exclusion. Maintaining stable and appropriate	NHS Digital. Measures from the Adult and Social Care	Performance



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	health services and who are on the Care Programme Approach (aged 18-69)	accommodation and providing social care in this environment promotes personalisation and quality of life, prevents the need to readmit people into hospital or more costly residential care and ensures a positive experience of social care.	Outcomes Framework, table 1G.	
Percentage of calls to 111 service that were assigned to callback, and those receiving callback within 10 minutes	Number of calls assigned to call-back and number give a call-back within 10 minutes	This indicator supports the Derbyshire Care Wedge in providing information about how people are supported out of hospital with health needs and the responsiveness of the 111 service.	NHS 111 Minimum Data Set	Performance
Percentage of Red Category ambulance calls responded to within 8 minutes	Percentage of Red Category ambulance calls resulting in an emergency response arriving at the scene of the incident responded to within 8 minutes	This is a key national performance indicator for ambulance services so reporting to the Health and Wellbeing Board will provide system wide assurance.	NHS England Ambulance Quality Measures	Performance
A&E Attendances (Type 1 & 3)	Number of attendances that were First or Unplanned Follow up	This indicator provides a measure of demand and pressures for accident and emergency services.	Hospital Episode Statistics (HES)	Outcome
Percentage of A&E attendances seen within 4 hours	Total A&E attendances seen within 4 hours from arrival to admission, transfer or discharge	This is a key national performance indicator for ambulance services so reporting to the Health and Wellbeing Board will provide system wide assurance.	Monthly A&E Attendances and Emergency Admissions collection	Performance
Unplanned hospitalisation for chronic ambulatory care sensitive conditions	Number Of Emergency Admissions for Chronic Ambulatory Care Sensitive Conditions	This indicator provides a measure of demand and pressures for accident and emergency services and the acute hospital sector.	Hospital Episode Statistics (HES)	Outcome
Emergency admissions for Acute Conditions that should not usually require hospitalisation	Number Of Emergency Admissions for Acute Conditions (Primary Diagnosis inc. Flu, Pneumonia, Angina, Dehydration, Gastroenteritis, Kidney/Urinary Infection, Perforated Ulcer, Cellulitis, Dental, Convulsions, excluding where operative procedures completed and transfers)	This indicator provides a measure of demand and pressures for accident and emergency services and the acute hospital sector.	Hospital Episode Statistics (HES)	Outcome
Emergency Re-admissions within 30 days	Total number of emergency re-admissions within 30 days	This indicator provides a measure of demand and pressures for accident and emergency services and the acute hospital sector	Hospital Episode Statistics (HES)	Outcome
Proportion of people with a LTC accessing disease rehab programme (to be developed)	This is a local measure to be developed.	Rehabilitation support to people with a long-term condition will help them maintain independence.	Tbc	Performance
Recorded prevalence and Management of LTCs	Number of people recorded on GP practice disease registers (Diabetes, CHD, AF, HF, Hypertension, Stroke, COPD, Cancer, Dementia, Asthma	To understand the prevalence of key long-term conditions within Derbyshire	NHS Digital	Outcome and Performance
Delayed transfers of care from hospital, and those which are attributable to social care or jointly to social care and the NHS, per 100,000 population	The average number of delayed transfers of care (for those aged 18 and over) on a particular day taken over the year, that are attributable to social care or jointly to social care and the NHS.	This measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population, and is an indicator of the effectiveness of the interface within the NHS, and between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care. This indicator also forms part of the Better Care Fund indicators which have to be reported to the Health and Wellbeing Board.	NHS England	Outcome and Performance (Reason for DTOC)
90 <sup>th</sup> percentile of length of stay for emergency admissions (65+)	Number of emergency admissions (65+) with a LOS >18 days, % of total emergency admissions (65+)	Longer lengths of stay can act as a powerful proxy indicator of poor patient flow. Patient flow indicators have been trialled with systems taking part in the Emergency Care Improvement Programme (ECIP), and have supported reductions in length of stay and improvements in patient flow.	Hospital Episode Statistics (HES)	Performance
Available bed days and the total number of occupied bed days	Average daily number of available and occupied beds open overnight	This indicator provides a measure of demand and pressures for accident and emergency services and the acute hospital sector.	KH03 quarterly return	Performance
Proportion of older people (65 and over) who are still living at home 91 days after discharge from hospital into rehabilitation, intermediate care or rehabilitation	The proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital.	This measures the benefit to individuals from reablement, intermediate care and rehabilitation following a hospital episode, by determining whether an individual remains living at home 91 days following discharge, the key outcome for many people using reablement services. It captures the joint work of social services and health staff and services commissioned by joint teams, as well as adult social care reablement.	Information Centre for Health and Social Care, ASCOF	Performance
Satisfaction scores for Out of Hours service provision	Percentage answering Q44 Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP surgery was closed? As Very satisfied or fairly satisfied	This indicator supports the Derbyshire Care Wedge in providing information about how people are supported out of hospital with health needs.	GP Patient Survey	Outcome
Frailty Scores - Moderate and severe	Proportion of patients having received a clinical review (inc falls and meds review)	This is a new indicator which will be recorded by Primary Care from 1 July 2017 and will provide evidence on the numbers of frailty, and those who have received falls and needs reviews.	Tbc	Performance
Permanent admissions to residential care homes, per 100,000 population	Number of permanent residential home admissions supported by the Local Authority per 100,000 resident population aged 18+.	Provides a check on the number of people in registered care homes who receive local authority funding. The volume measures of this return can be usefully analysed against expenditure.	Information Centre for Health and Social Care, NASCIS – ASC-CAR	Outcome



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Permanent admissions into nursing care per 100,000	Number of permanent nursing home admissions supported by the Local Authority per 100,000 resident population aged 18+.	Provides a check on the number of people in registered care homes who receive local authority funding. The volume measures of this return can be usefully analysed against expenditure.	Information Centre for Health and Social Care, NASCIS – ASC-CAR	Outcome
Uptake of personal budget by eligible population.	Number of adults with a personal budget, and number receiving it as a direct payment, as a proportion of total adults receiving community based social care services	This indicator provides a measure of the % of total users that are receiving support through personal budgets, and the % that have direct control over how their personal budget is spent	Adult Care MIT	Performance

Build Social Capital				
Indicator	Definition	Rationale	Source	Performance/ Outcome
Self-reported wellbeing – high satisfaction	Number of respondents scoring >7 where 10 is completely satisfied to the question “Overall, how satisfied are you with your life nowadays?”	People with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.	Annual Population Survey (APS); Office for National Statistics (ONS).	Outcome
People feeling confident they can manage their own health	Percentage answering Q33 How confident are you that you can manage your own health? As very confident or fairly confident	People that are confident in managing their own health are more likely to play an active role in staying healthy, following a doctor's advice and at managing their health when they are no longer being treated.	GP Patient Survey	Outcome
Percentage of people aged 16-64 in employment	The percentage of all respondents in the Labour Force Survey classed as employed (aged 16-64).	The review "Is work good for your health and wellbeing" (2006) concluded that work was generally good for both physical and mental health and wellbeing. These indicators provide a good indication of the impact limiting long-term illness has on employment.	Annual Population Survey - Labour Force Survey	Outcome
Gap in employment rate between vulnerable groups (LTCs, LD and MH) and overall employment rate	The percentage point gap between the percentage of respondents in the Labour Force Survey who have a long-term condition who are classified as employed (aged 16-64) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16-64).	This indicator will demonstrate whether employment opportunities are offered to people with a long-term health condition. Employment can provide a positive experience for individuals and allow them to build and develop support networks.	ONS Annual Population Survey and NHS Digital	Outcome
Sickness Absence: percentage of working days lost due to sickness absence	The percentage of working days lost due to sickness absence in the previous week	This indicator provides an important analysis of the sickness absence system in the UK; of the impact of sickness absence on employers, the State and individuals; and of the factors which cause and prolong sickness.	Labour Force Survey - Data provided by ONS	Outcome
Utilisation of Outdoor Space for exercise/health reasons	The weighted estimate of the proportion of residents in each area taking a visit to the natural environment for health or exercise purposes. Visits to the natural environment are defined as time spent "out of doors".	There is strong evidence to suggest that green spaces have a beneficial impact on physical and mental wellbeing and cognitive function through both physical access and usage.	Natural England: Monitor of Engagement with the Natural Environment (MENE) survey	Outcome
Proportion of people who use adult care services who have control over their daily lives	Adult Social Care Survey Question 3a: Which of the following statements best describes how much control you have over your daily life? to which the following answers are possible: I have as much control over my daily life as I want, I have adequate control over my daily life, I have some control over my daily life but not enough, I have no control over my daily life. The measure is the percentage of all those responding with: I have as much control over my daily life as I want or I have adequate control over my daily life• .	Control is one of the key outcomes for individuals derived from the policy on personalisation. Part of the intention of personalised services is to design and deliver services more closely matching the needs and wishes of the individual, putting them in control of their care and support. This measure is one means of determining whether that outcome is being achieved.	NHS Digital, ASCOF	Performance
Proportion of people who use adult care services who say that those services have made them feel safe and secure	Adult Social Care Survey Question 7b: Do care and support services help you in feeling safe?	Safety is fundamental to the wellbeing and independence of people using social care (and others). There are legal requirements about safety in the context of service quality, including CQC essential standards for registered services.	NHS Digital, ASCOF	Performance
Proportion of people who use adult care services, and their carers, who reported that they had as much social contact as they would like	Adult Social Care Survey Question 8a: Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?: I have as much social contact as I want with people I like, I have adequate social contact with people, I have some social contact with people, but not enough, I have little social contact with people and feel socially isolated. The measure is the percentage of users responding: I have as much contact as I want with people I like.	There is a clear link between loneliness and poor mental and physical health. A key element of the Government vision for social care is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family. This measure will draw on self-reported levels of social contact as an indicator of social isolation for users of social care.	NHS Digital, ASCOF	Performance
Number of full time and part time carers	Reported provision of 20 or more hours unpaid care a week	The provision of unpaid care is a key indicator of care needs and has important implications for the planning and delivery of health and social care services. This information helps local government plan and allocate resources and social services departments to provide support services and advice for carers.	Census 2011	Outcome

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Healthy Communities				
Indicator	Definition	Rationale	Source	Performance/ Outcome
Smoking status at time of delivery	Number of women who currently smoke at time of delivery per 100 maternities.	Crude percentage: numerator is divided by denominator and then multiplied by 100.	NHS Digital	Outcome
Breastfeeding initiation	Measures the percentage of mothers who give their babies breast milk in the first 48 hours after delivery. The numerator is the number of mothers initiating breast feeding	Inclusion will encourage the continued prioritisation of breastfeeding support locally. Increases in breastfeeding are expected to reduce illness in young children, have health benefits for the infant and the mother and result in cost savings to the NHS through reduced hospital admission for the treatment of infection in infants.	Local data collection via provider	Performance
Excess weight ( 4-5 year olds % 10-11 year olds)	Proportion of children aged 4-5 years 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.	There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. The probability of overweight and obese children becoming overweight or obese adults increases with age. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.	NHS Digital, National Child Measurement Programme	Outcome
Excess weight (adults)	Percentage of adults classified as overweight or obese	Excess weight in adults, which is recognised as a major determinant of premature mortality and avoidable ill health.	Active People Survey, Sport England	Outcome
Smoking prevalence in adults	Prevalence of smoking among persons 18 years and over	Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Smoking is a modifiable lifestyle risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.	Annual Population Survey (APS)	Outcome
Percentage of physically active adults	The number of respondents aged 16 and over, with valid responses to questions on physical activity, doing at least 150 or 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 and over.	Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, and osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year.	Active People Survey, Sport England	Outcome
Proportion of people eating the recommended '5-a-Day' on a usual day	Proportion of the population who, when surveyed, reported that they had eaten the recommended 5 portions of fruit and vegetables on a usual day.	Diet is a major contributor to chronic disease and premature death in England.. The costs of diet related chronic diseases to the NHS and more broadly to society are considerable. Poor diet is estimated to account for about one third of all deaths from cancer and CVD. A quarter of adults in England are obese. Average intakes of saturated fat, sugar, and salt are above recommendations while intakes of fruit and vegetables, fibre and some vitamins and minerals are below recommendations.	Sport England Active People Survey	Outcome
Cancer screening coverage - breast cancer	The percentage of women in the resident population eligible for breast screening who were screened adequately within the previous three years on 31 March	Breast screening supports early detection of cancer and is estimated to save 1,400 lives in England each year. Improvements in coverage would mean more breast cancers are detected at earlier, more treatable stages.	NHS Digital (Open Exeter)/Public Health England	Performance
Cancer screening coverage - cervical cancer	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.	Cervical cancer screening supports detection of symptoms that may become cancer and is estimated to save 4,500 lives in England each year. Improvements in coverage would mean more cervical cancer is prevented or detected at earlier, more treatable stages.	NHS Digital (Open Exeter)/Public Health England	Performance
Cancer screening coverage - bowel cancer	The percentage of people in the resident population eligible for bowel screening who were screened adequately within the previous 2.5 years on 31 March	About one in 20 people in the UK will develop bowel cancer during their lifetime. It is the third most common cancer in the UK, and the second leading cause of cancer deaths, with over 16,000 people dying from it each year. Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16%.	NHS Digital (Open Exeter)/Public Health England	Performance
Percentage successfully completing drug and alcohol treatment programs	The number of adults successfully completing treatment for opiate use, other drugs, or alcohol in the period and not representing to drug or alcohol treatment in the six months after leaving treatment, as a proportion of all adults in treatment for opiate use, other drugs, or alcohol in the period	These are indicative of the effectiveness of treatment and other local services that support alcohol and drug recovery (e.g. local employment and housing services).	Public Health England	Performance
Fraction of mortality attributable to particulate air pollution	Fraction of annual all-cause adult mortality attributable to anthropogenic (human-made) particulate air pollution (measured as fine particulate matter, PM2.5). Mortality burden associated with long-	Poor air quality is a significant public health issue. The burden of particulate air pollution in the UK in 2008 was estimated to be equivalent to nearly 29,000 deaths at typical ages and an associated loss of population life of 340,000 life years lost.	DEFRA/Air Pollution and Climate Change Group Public Health England	Outcome

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	term exposure to anthropogenic particulate air pollution at current levels, expressed as the percentage of annual deaths from all causes in those aged 30+.			
People in the criminal justice system with a mental health issue	The percentage of people in the criminal justice system seen by the Liaison and Diversion with a mental health issue.	The inclusion of this indicator will give a picture of the number of offenders in the criminal justice system who have a mental health issue and enable a focus on the interventions that are effective at reducing that number. The data will be gathered by the L & D Team and will allow for a comparison with the number of people in the Derbyshire population who have a mental health issue.	National Probation Service, Liaison and Diversion Teams	Outcome
People in the criminal justice system with a learning disability	The percentage of people in the criminal justice system seen by the Liaison and Diversion with a learning disability.	The inclusion of this indicator will give a picture of the number of offenders in the criminal justice system who have a learning disability and enable a focus on the interventions that are effective at reducing that number. The data will be gathered by the L & D Team and will allow for a comparison with the number of people in the Derbyshire population who have a learning disability.	National Probation Service, Liaison and Diversion Teams	Outcome

Emotional Health & Wellbeing of Children & Young People				
Indicator	Definition	Rationale	Source	PerformanceOutcome
Young people who report they feel sad on most days	Number of Year 8 students reporting they feel sad on most days as a proportion of those answering the question from choice of: Happy, OK, Sad	Supporting the emotional health and wellbeing of children and young people, supporting the best start in life	DCC My Life, My View survey	Outcome
Number of children commencing school reception with difficulty communicating and inability to express their needs and wishes	Number of children commencing school reception with difficulty communicating and inability to express their needs and wishes	Supporting the emotional health and wellbeing of children and young people, supporting the best start in life	DCC,PH Nursing (DCHSFT) school entry parental health questionnaire annually	Outcome
School readiness - percentage of children achieving a good level of development at the end of reception 2015/16	Children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children	This is a key measure of early years development across a wide range of developmental areas. Children from poorer backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life.	Department for Education	Performance
Rate of Looked After Children	The number of children looked after by local authorities at 31 March each year (rate per 10,000 population aged 0-17)	Young people in care are over-represented in mental health statistics. Being in care when young is a determinant of adult mental health, and is associated with increased levels of antisocial behaviour, emotional instability and psychosis.	APEX (Children's Services)	Outcome
Number of children identified to have SEND where SEMH is the primary need	The number of SEND (Special Educational Needs and Disability) support pupils with a primary need of SEMH (Social Emotional and Mental Health) - primary, secondary and special (%)	Relatively more children and young people with SEND in Derbyshire have Social, Emotional and Mental Health (SEMH) as their primary need, compared with other areas. Rates of permanent and fixed term exclusion for children and young people with SEND, particularly SEMH, have also been identified as an area of concern.	Schools Census Data	Outcome
Number of children with a statement/EHCP where SEMH is the primary need	The number of pupils with a statement/EHCP (Education, Health and Care Plan) with a primary need of SEMH (Social Emotional and Mental Health) - primary, secondary and special (%)	Relatively more children and young people with EHCP in Derbyshire have Social, Emotional and Mental Health (SEMH) as their primary need, compared with other areas. Rates of permanent and fixed term exclusion for children and young people with SEND, particularly SEMH, have also been identified as an area of concern.	Schools Census Data	Outcome
Child protection cases	The number of children who were the subject of a child protection plan at 31 March each year (rate per 10,000 population aged 0-17)	Children are subject to child protection processes where they are at risk of significant harm. Whether the primary concern is emotional or physical abuse, the harm they have experienced is likely to have a significant impact on their emotional wellbeing.	APEX (Children's Services)	Outcome
Emergency Hospital admissions as a result of self-harm (10 to 24 yrs) 2015/16	Directly standardised rate of finished admission episodes for self-harm per 100,000 population aged 10-24 years.	Hospital admissions for self-harm in children have increased in recent years, with admissions for young women being much higher than admissions for young men. With links to other mental health conditions such as depression, the emotional causes of self-harm may require psychological assessment and treatment.	Hospital Episode Statistics (HES)	Outcome
In receipt of service for young people affected by substance misuse of parents/others who report that they have reduced feelings of anxiety/guilt	To be developed	To be developed	From provider contract performance reports	Performance
First time entrants to the youth justice system 2015	Rates of juveniles receiving their first conviction, caution or youth caution per 100,000 10-17 year old population by area of residence.	Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children. This indicator is included to ensure that vulnerable children and young people (aged 10-17) at risk of offending, are included in mainstream planning and commissioning. A lack of focus in this area could result in greater unmet health needs, increased health inequalities and potentially an increase in offending and re-offending rates, including new entrants to the system.	Numerator - Police National Computer Denominator - ONS population estimates	Outcome
Mothers identified by Health visitors to perinatal emotional ill-health	To be developed	To be developed	From provider contract performance reports	Performance