

**Agenda item 9**

**DERBYSHIRE HEALTH AND WELLBEING BOARD**

**29 June 2017**

**Report of the Strategic Director Adult Care**

**HEALTH AND WELLBEING BOARD PERFORMANCE GROUP UPDATE**

**1. Purpose of the report**

To update the Health and Wellbeing Board (HWB) on the development of an enhanced performance dashboard following the workshop session in July 2016, which considered performance monitoring arrangements, and to consult with Board members on the revised indicators to be included in the dashboard.

**2. Information and analysis**

At the July 2016 HWB meeting it was agreed a Performance Task and Finish Group would be established to:

- Develop an enhanced performance reporting mechanism for consideration at HWB meetings, which seeks to assure Board members on the current state of the health and social care system in Derbyshire.
- Provide assurance on both the implementation of Health and Wellbeing Strategy priorities (HWBS) and the Derbyshire Sustainability and Transformation Plan (STP), with the potential to develop and review performance reporting as work evolves.
- Investigate the background and underlying causes of key performance issues should the need arise and report these back to the HWB.

The Task and Finish Group, chaired by Shirley Devine from DCC Public Health, has now met four times and contains representatives from a range of HWB member organisations.

The group have agreed that the HWB dashboard is designed to complement, rather than duplicate the dashboard which is being developed as part of the Sustainability and Transformation Plan to provide high level assurance and oversight. Whilst the STP metrics will primarily focus on the current operational performance of local NHS organisations, the HWB dashboard will take a broader approach considering how the wide range of partners represented on the Board contribute to the health and wellbeing of local

Derbyshire residents. The HWB dashboard will also take a longer-term view and try to capture change over time across the system, for example the shift in provision of care in line with the Derbyshire Care Wedge and also consider such as quality and assess health outcomes.

Following discussion, the group has agreed that monitoring mechanisms need to be developed in a staged or incremental approach. The main phases are outlined below.

The first and current phase of work has focused on reviewing reporting arrangements to develop a revised indicator list, which better reflects the health and social care system and is focused on an assets based approach. The indicators are drawn primarily from national datasets such as the Quality and Outcomes Framework, the Public Health Outcomes Framework, the NHS Outcomes Framework, Child Health Profiles, Adult Social Care Outcomes Framework and Hospital Episode Statistics. In addition the indicators are complemented by local organisational contract data and survey information.

The indicators are presented by the Health and Wellbeing Strategy priorities, capturing both organisational and partnership contributions to achieving health and wellbeing outcomes. The indicators derive from national statistics or from statistically robust locally collected data to ensure confidence across the 'system' in the reliability and validity of the data to accurately measure statistical differences at both a local and national level. The revised list is attached for comment and feedback. The final dashboard will be developed to include a number of infographics to ensure that data is presented in a clear, accessible and user friendly way.

The second phase of work will be to identify the gaps in the existing dashboard and to consult with strategic groups to identify how these could be developed in the future. The group has recognised that further work needs to take place to develop indicators that better reflect population-health and focus less on monitoring specific programme activity. This approach will enable the Health and Wellbeing Board to hold the system to account and ensure outcomes are achieved by a wide range of partners across Derbyshire.

In addition, the group have recognised to the need to develop enhanced qualitative data reporting to the HWB. Use of qualitative data/thematic analysis will enable some organisations, such as the voluntary sector and Healthwatch, to provide information which supports and compliments traditional statistically-led indicator reporting.

Finally, and as a third phase to the work, the group want to develop the ability to interrogate and 'drill-down' into the data to place (or an equivalent low data level). It is anticipated that once this detailed picture is available the Health and Wellbeing Board will be provided with an overview and summary of these indicators, focusing on issues reported by exception or where a more detailed piece of work may need to take place to understand adverse trends.

Where adverse performance or trends are identified specific pieces of research could then be commissioned by the system to investigate. The group will also be aligned to the STP Business Intelligence Working Group which has recently been developed to create an 'intelligence-led Derbyshire' and a system-wide approach to data and intelligence reporting.

The Health and Wellbeing Board are asked to comment on the selected indicators and the proposed approach, providing any comments and feedback to Shirley Devine via email at [shirley.devine@derbyshire.gov.uk](mailto:shirley.devine@derbyshire.gov.uk) or by phone at 01629 536190. Please provide all comments and feedback by Friday 14 July 2017.

### **3. RECOMMENDATIONS**

That the Health and Wellbeing Board is asked to:

- Note progress of the HWB Performance Group and agree the planned work to develop and enhance performance reporting arrangements
- Consult with HWB members on the revised indicator list.

**Joy Hollister**  
**Strategic Director Adult Care**  
**Derbyshire County Council**

## Annex 1: 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
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
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
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
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
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
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
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
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

Keep People Healthy & Independent in their Own Homes			
Indicator	Definition	Rationale	Source
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)
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.
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 health services and who are on the Care Programme Approach (aged 18-69)	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 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.

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Percentage of calls to 111 service that were referred to primary or community care	Number of calls per 1,000 population	This indicator supports the Derbyshire Care Wedge in providing information about how people are supported out of hospital with health needs.	NHS 111 Minimum Data Set
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.	Hospital Episode Statistics (HES)
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)
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
Emergency admissions/readmissions to hospital due to non- ACSCs	Number Of Emergency Admissions And With A Primary Diagnosis Of A Chronic Ambulatory Care Sensitive Condition	This indicator provides a measure of demand and pressures for accident and emergency services and the acute hospital sector.	Hospital Episode Statistics (HES)
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
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
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
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
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?	This indicator supports the Derbyshire Care Wedge in providing information about how people are supported out of hospital with health needs.	GP Patient Survey
Frailty Scores - 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
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
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

Build Social Capital			
Indicator	Definition	Rationale	Source
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).
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
Gap in employment rate between vulnerable groups	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	This indicator will demonstrate whether employment opportunities are offered to people with a long-term health condition. Employment can provide a positive experience for	ONS Annual Population Survey and NHS Digital



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(LTCs, LD and MH) and overall employment rate	16-64) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16-64).	individuals and allow them to build and develop support networks.	
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
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
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
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
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
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

Healthy Communities			
Indicator	Definition	Rationale	Source
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
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
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
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
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)
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	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	Active People Survey, Sport England

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	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.	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.	
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
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
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
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
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
Recorded prevalence of LTCs (diabetes, CHD, Stroke, COPD, Cancer, Dementia)	Number of people recorded on GP practice disease registers	To understand the prevalence of key long-term conditions within Derbyshire	NHS Digital
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-term exposure to anthropogenic particulate air pollution at current levels, expressed as the percentage of annual deaths from all causes in those aged 30+.	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
Violence Offences (including sexual violence) per 100,000 population	Violence against the person offences, based on police recorded crime data, crude rate per 1,000 population	The inclusion of this indicator enables a focus on the interventions that are effective and evidence-based including a greater focus on prevention and treatment, which need to be considered alongside criminal justice measures for a balanced response to the issue. The NHS contribution to sexual assault services are a public health function.	Public Health England
Entrants to the Criminal Justice system with Mental Health needs	To be developed by PCC Office and other partners	To be developed by PCC Office and other partners	

Emotional Health & Wellbeing of Children & Young People			
Indicator	Definition	Rationale	Source
Young people who report they feel sad on most days	Local indicator from survey information to be developed	tbc	DCC My Life, My View survey
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	tbc	DCC PH Nursing (DCHSFT) school entry parental health questionnaire annually
Number of children commencing school reception with daytime toileting/continence issues	Number of children commencing school reception with daytime toileting/continence issues	tbc	DCC PH Nursing (DCHSFT) school entry parental health questionnaire annually
School readiness -	Children defined as having reached a good level of development at the end of the	This is a key measure of early years development across a wide range of	Department for Education

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percentage of children achieving a good level of development at the end of reception 2015/16	Early Years Foundation Stage (EYFS) as a percentage of all eligible children	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.	
Rate of Looked After Children	The number of children looked after by local authorities during the year expressed as a rate per 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.	Department for Education
Rate of Children with Special Educational Needs and Disability (SEND)	Local indicator	Indicator outlines the numbers of children receiving special educational needs support, some of whom may also require support from health partners.	Department for Education
New child protection cases:	Rate of children who became the subject of a child protection plan during the year, per 10,000 aged <18.	tbc	
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)
Percentage in receipt of service for young people affected by substance misuse of parents/others who report that they have reduced feelings of anxiety and guilt	To be developed	To be developed	From provider contract performance reports
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
Mothers identified by Health visitors to perinatal emotional ill-health	To be developed	To be developed	From provider contract performance reports



