

Derbyshire Joint Strategic Needs Assessment 'The State of Derbyshire'

Version History			
Version	Date	Detail	Authors
1.0	October 2014	Full report for Derbyshire Observatory	Chris McManus

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Introduction

This report reviews the position of Derbyshire County in regard to the various Outcomes Frameworks available for health and social care, and highlights where performance is significantly poorer than for England as a whole. Where possible, significant variation within the county is also highlighted. This report also seeks to collate information on what is being done to address these issues. Data from all the Outcomes Frameworks indicators is available on the Derbyshire Observatory website.

Public Health Outcomes Framework

The Public Health Outcomes Framework Healthy lives, healthy people: Improving outcomes and supporting transparency sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected.

The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four 'domains' that cover the full spectrum of public health. The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life.

- Derbyshire performed significantly better than England in 42 indicators.
- Derbyshire's performance in 57 indicators was similar to England.
- Derbyshire performed significantly worse than England in 18 indicators.

Overarching Indicators – Life Expectancy

Period life expectancy at a given age for an area is the average number of years a person would live, if he or she experienced the particular area's age-specific mortality rates for that time period throughout his or her life.

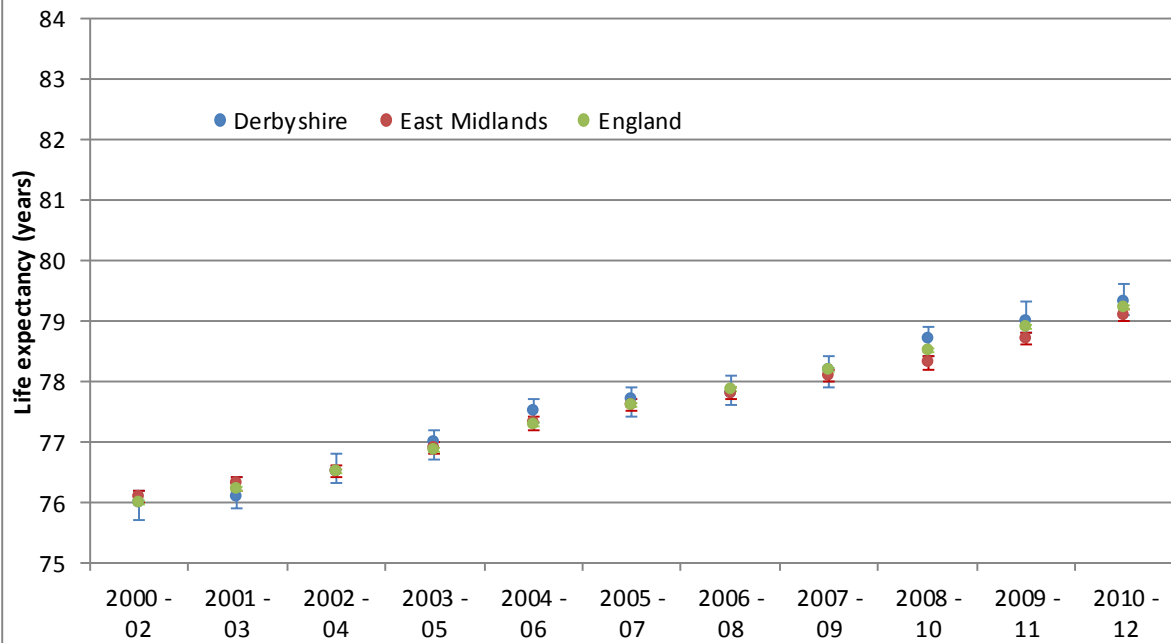
Life Expectancy at Birth

Life expectancy at birth has been used as a measure of the health status of the population of England and Wales since the 1840s. It was employed in some of the earliest reports of the Registrar General to illustrate the differences in mortality experienced by populations in different parts of the country. This tradition of using life expectancy as an indicator of geographic inequalities in health has been continued by ONS since 2001 with the publication of sub-national life expectancy statistics.

Males

For the period 2010-12 male life expectancy at birth in Derbyshire was 79.3 years, an increase from 79.0 years for 2009-11, but not a statistically significant one. Life expectancy in Derbyshire was higher than in both East Midlands and England (79.1 and 79.2 years), though not significantly so. Derbyshire had the 61st highest life expectancy of 150 Upper Tier Local Authorities (UTLAs), which ranged from 74.0 to 82.1 years.

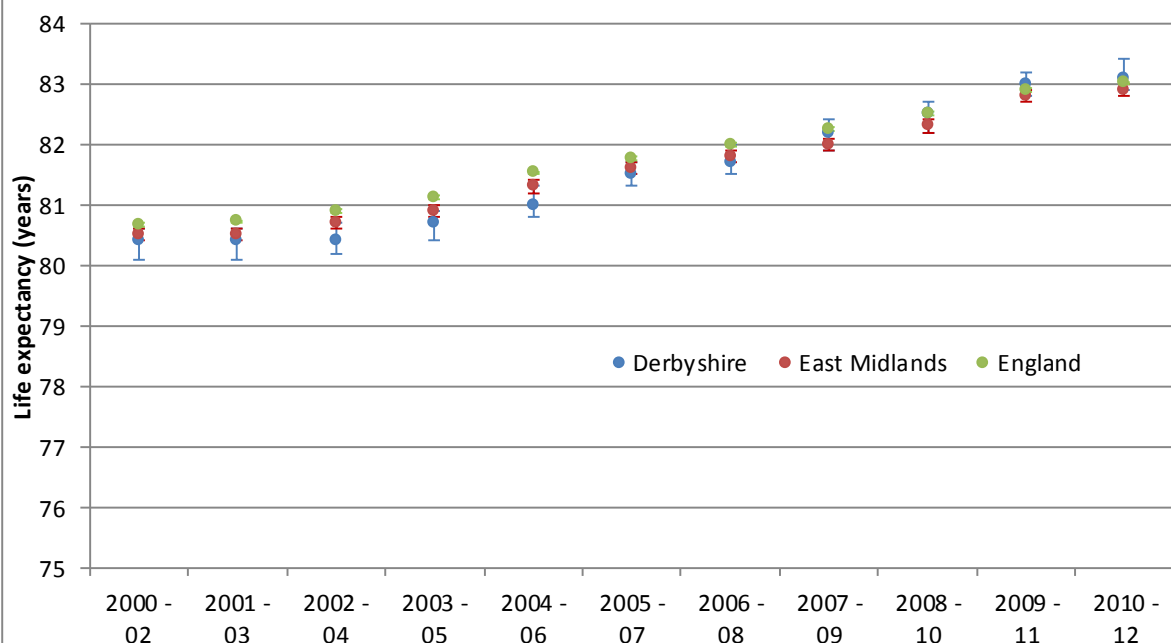
Trends in male life expectancy at birth



Females

For the period 2010-12 female life expectancy at birth in Derbyshire was 83.1 years, an increase from 83.0 years for 2009-11, but not a statistically significant one. Life expectancy in Derbyshire was higher than in both East Midlands and England (82.9 and 83.0 years), though not significantly so. Derbyshire had the 68th highest life expectancy of 150 UTLAs, which ranged from 79.5 to 85.9 years. Female life expectancy was significantly higher than that of males.

Trends in female life expectancy at birth



Variation within the county

The slope index of inequality is a measure of the social gradient in life expectancy, i.e. how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within each local authority and summarises this in a single number. This represents the range in years of life expectancy across the social gradient from most to least deprived, based on a statistical analysis of the relationship between life expectancy and deprivation across all deprivation deciles. In Derbyshire the SII for males (8.1) is lower than for England (9.2), although not significantly so, indicating a smaller gap between the least and most deprived areas. This is also the case for females (5.9 compared to 6.9). The trend in SII for both women and men in Derbyshire is broadly upwards indicating a widening gap, but the change is not significant. For England the increase for women is less steep and for men the trend is towards a lower SII. For both England and Derbyshire the slope index is significantly lower for women than for men.

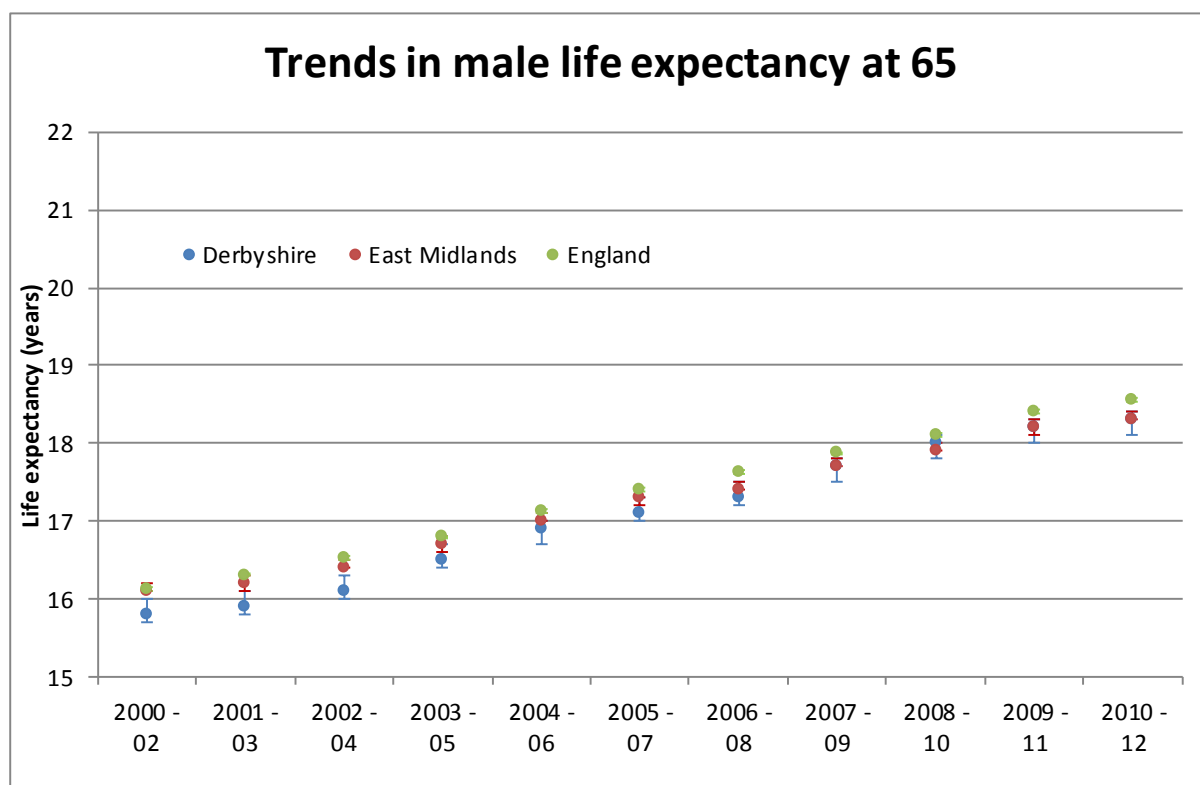
Life Expectancy at age 65

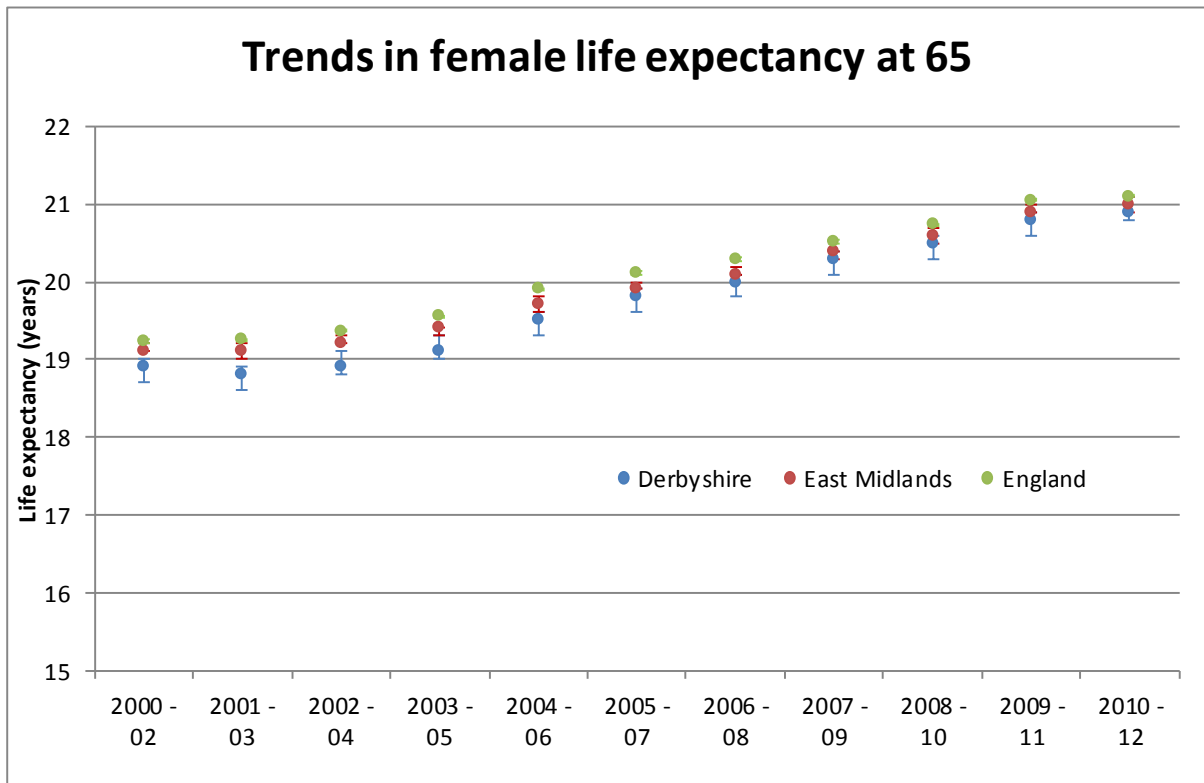
Males

For 2010-12 Derbyshire male life expectancy at age 65 was 18.3 years, higher than the 18.1 years for 2009-11, but not significantly so. Male life expectancy at 65 was the same as for East Midlands, but significantly lower than for England at 18.6 years. Derbyshire had the 76th highest life expectancy of 150 UTLAs, which ranged from 15.8 to 20.9 years.

Females

Female life expectancy at 65 was higher for 2010-12 than for 2009-11, but not significantly so - 20.9 compared to 20.8 years. It was lower than for both East Midlands (21.0 years) and England 21.1, but not significantly so. Despite this, Derbyshire had the 80th highest life expectancy of the 150 UTLAs, which ranged from 18.8 to 23.8 years. Female life expectancy at 65 was significantly higher than that of males.





Healthy Life Expectancy

Health Expectancies (HEs) divide predicted lifespan into time spent in given states of health. This adds a quality of life dimension to estimates of life expectancy (LE). Healthy Life Expectancy (HLE) estimates lifetime spent in 'Very good' or 'Good' health based on how individuals perceive their health.

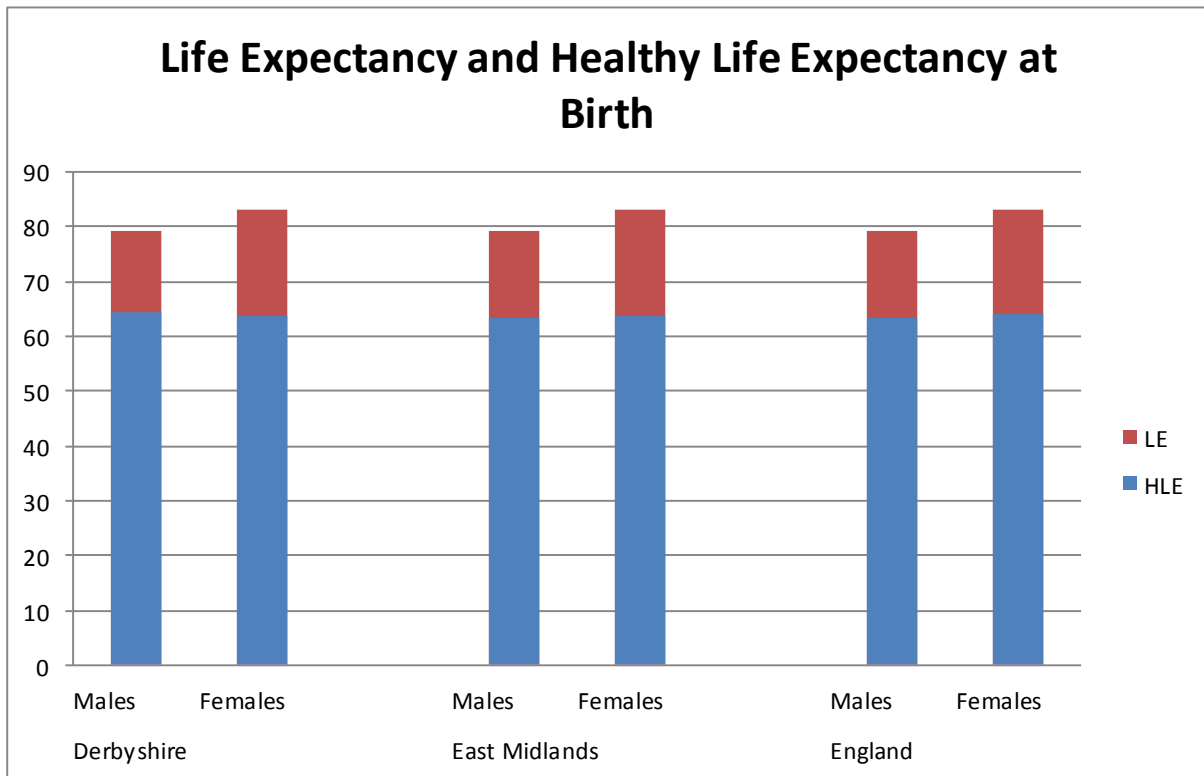
Males

Usually life expectancy for males is lower than for females. In the case of healthy life expectancy in Derbyshire this is reversed – male healthy life expectancy for 2010-12 was 64.3 years, for females it was 63.6. The difference is not statistically significant. Male life expectancy increased on that for the previous period – from 63.0, and was higher than for East Midlands (63.2) and England (63.4). Derbyshire ranked 53rd out of 150 UTLAs for male healthy life expectancy, which ranged from 52.5 to 70.0 years. In Derbyshire, men can expect to spend 81.1% of their life in 'Good Health'.

Females

As well as being lower than that for males, female healthy life expectancy, although similar to that for East Midlands, was lower than for England, though not significantly so. It had however improved on the previous period, for which it stood at 63.0 years. Derbyshire was ranked 71st for female healthy life expectancy, which ranged from 55.5 to 71.0 years. In Derbyshire, women can expect to spend 76.5% of their life in 'Good Health'.

It is striking to note that healthy life expectancy for both men and women in Derbyshire is significantly lower than retirement age (65 for both by 2018). This is also true for East Midlands, England and almost half of all UTLAs.



Disability Free Life Expectancy

Disability-Free Life Expectancy (DFLE) estimates lifetime free from a limiting persistent illness or disability. This is based upon a self-rated assessment of how health limits an individual's ability to carry out day-to-day activities. Publication of figures for DFLE trails those for other life expectancy indicators, so the most current are for 2009-11.

Males

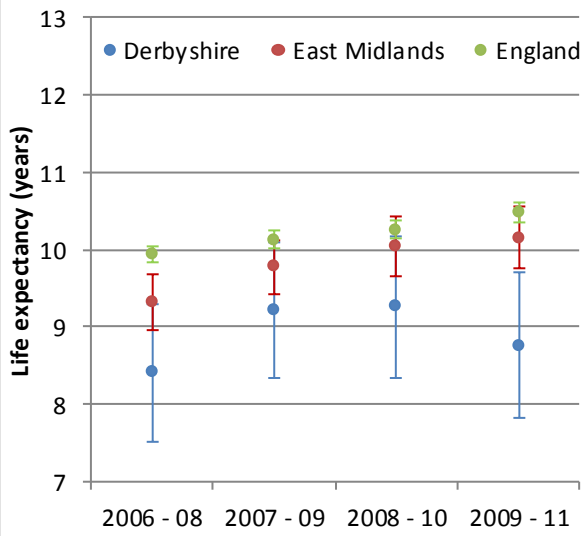
In Derbyshire, 65 year old men could expect to spend another 8.8 years free of disability, slightly less than for 2008-10 (9.3 years); this amounts to 48.1% of their remaining life expectancy. This was significantly lower than for East Midlands (10.2 years and 55.8%) and England (10.5 years and 57%). Derbyshire was ranked 113th out of 150 UTLAs for years of DFLE and 121st for proportion of life expectancy at 65 which should be disability free. DFLE ranged from 5.6 to 14.1 years and the proportion of full life expectancy ranged from 32.2% to 72.0%, amongst the 150 UTLAs.

Females

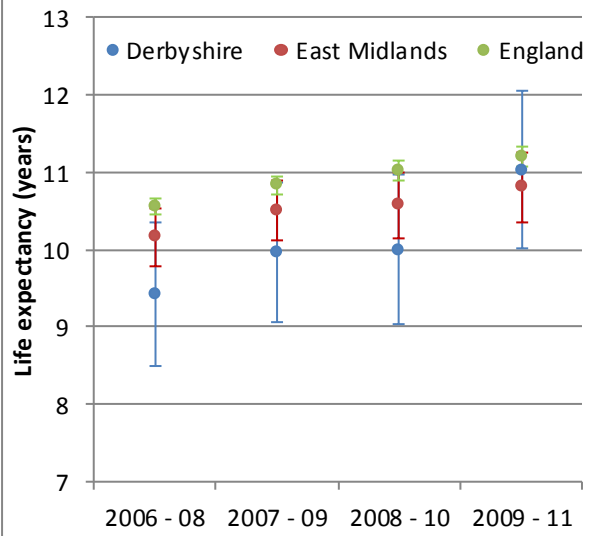
In Derbyshire, 65 year old women could expect to spend another 11.0 years free of disability; a significant increase on 2008-10 (10.0 years). This amounts to 53.1% of their remaining life expectancy. This was slightly higher than for East Midlands (10.8 years and 51.6%) and England (11.1 years and 53.2%). Derbyshire was ranked 66th for years of DFLE and 61st for proportion of life expectancy at 65 which should be disability free. DFLE ranged from 6.1 to 15.4 years and the proportion of full life expectancy ranged from 30.2% to 70.0%, amongst the 150 UTLAs.

Female DFLE was significantly higher than that for males.

Trends in male disability free life expectancy at 65



Trends in female disability free life expectancy at 65



Starting Well

Performing Significantly Better than England

Wider determinants of health

Children in Poverty

The Marmot Review (2010) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy.

1.01i - Children in poverty (all dependent children under 20)

16.4% compared to 18.4% for East Midlands and 20.1% for England. The percentage has fallen over the last year but not significantly so.

1.01ii - Children in poverty (under 16s)

17.1% compared to 19.1% for East Midlands and 20.6% for England. The percentage has fallen over the last year but not significantly so.

Health Improvement

Low Birthweight

Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. At a population level there are inequalities in low birth weight and a high proportion of low birth weight births could indicate lifestyle issues of the mothers and/or issues with the maternity services.

2.01 - Low birth weight of term babies

2.3% compared to 2.9% for East Midlands and 2.9% for England. The percentage has fallen over the last year but not significantly so.

Health protection

Population vaccination coverage

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely correlated with levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise.

Derbyshire has significantly higher rates of coverage than England as a whole.

3.03iii - Population vaccination coverage - Dtap / IPV / Hib (1 year old)

97.3% compared to 96.4% for East Midlands and 94.7% for England. Rising but not significantly.

3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old)

98.5% compared to 97.6% for East Midlands and 96.3% for England. Rising but not significantly.

3.03iv - Population vaccination coverage – MenC

95.5% compared to 94.8% for East Midlands and 93.9% for England. Falling but not significantly.

3.03v - Population vaccination coverage – PCV

97.0% compared to 96.0% for East Midlands and 94.4% for England. Rising but not significantly.

3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old)

96.2% compared to 95.3% for East Midlands and 92.7% for England. Rising but not significantly.

3.03vi - Population vaccination coverage - Hib / Men C booster (5 years)

95.4% compared to 94.1% for East Midlands and 91.5% for England. Unchanged on previous year.

3.03vii - Population vaccination coverage - PCV booster

95.2% compared to 94.8% for East Midlands and 92.5% for England. Unchanged on previous year.

3.03viii - Population vaccination coverage - MMR for one dose (2 years old)

94.6% compared to 94.1% for East Midlands and 92.3% for England. Unchanged on previous year.

3.03ix - Population vaccination coverage - MMR for one dose (5 years old)

96.8% compared to 95.0% for East Midlands and 93.9% for England. Rising significantly.

3.03x - Population vaccination coverage - MMR for two doses (5 years old)

91.7% compared to 89.7% for East Midlands and 87.7% for England. Rising significantly.

Healthcare and premature mortality

Infant mortality

Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions. Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and newborn.

4.01 - Rate of deaths in infants aged under 1 year per 1,000 live births

Rate of 2.8 compared to 4.1 for both East Midlands and England. Falling but not significantly.

Tooth decay

Tooth decay is a predominantly preventable disease. Significant levels remain (28% of five-year-old children have observable decay), resulting in pain, sleep loss, time off school and, in some cases, treatment under general anaesthetic.

4.02 – Mean severity of tooth decay in children aged five years based on the mean number of teeth per child sampled which were either actively decayed or had been filled or extracted.

Average of 0.67 teeth per child compared to 0.92 for East Midlands and 0.94 for England. Direction of travel unknown.

Performing Significantly Worse than England

Wider Determinants of Health

School Readiness

Children from poorer backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life.

1.02i - School Readiness: The percentage of children achieving a good level of development at the end of reception.

49.6% compared to 49.8% for East Midlands and 51.7% for England. Direction of travel not yet known.

1.02i - School Readiness: The percentage of children with free school meal status achieving a good level of development at the end of reception.

31.7% compared to 32.1% for East Midlands and 36.2% for England. Direction of travel not yet known.

1.02ii - School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening check.

65.9% compared to 68.4% for East Midlands and 69.1% for England. Direction of travel not yet known.

1.02ii - School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check.

50.3% compared to 52.6% for East Midlands and 55.8% for England. Direction of travel not yet known.

Health Improvement

Breastfeeding

Breast milk provides the ideal nutrition for infants in the first stages of life. There is evidence that babies who are breast fed experience lower levels of gastro-intestinal and respiratory infection. Observational studies have shown that breastfeeding is associated with lower levels of child obesity. Benefits to the mother include a faster return to pre-pregnancy weight and possibly lower risk of breast and ovarian cancer.

2.02i - Breastfeeding - Breastfeeding initiation

70.0% compared to 72.2% for East Midlands and 73.9% for England. This represents a significant fall against previous performance.

2.02ii - Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth

39.0% compared to 42.3% for East Midlands and 47.2% for England. Again, this is worse than previous performance.

Smoking in pregnancy

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes. Encouraging pregnant women to stop smoking during pregnancy may also help them kick the habit for good, and thus provide health benefits for the mother and reduce exposure to secondhand smoke by the infant.

2.03 - Smoking status at time of delivery

16.0% compared to 15.1% for East Midlands and 12.7% for England. This is a worsening on previous performance, but not a significant one.

Variation within the County

Wider Determinants of Health

Children in Poverty

The Marmot Review (2010) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy.

1.01i - Children in poverty (all dependent children under 20)

The proportion in poverty is significantly higher than for Derbyshire in Bolsover (the highest, 22.5%), Chesterfield and Erewash. The proportion is significantly lower in South, North East, High Peak and Derbyshire Dales (the lowest at 10.1%). There is extreme variation between wards: the highest rate is in Ilkeston North at 46.5%, the lowest in Temple at 1.6%.

1.01ii - Children in poverty (under 16s)

The proportion in poverty is significantly higher than for Derbyshire in Bolsover (the highest, 23.2%), Chesterfield and Erewash. The proportion is significantly lower in South, North East, High Peak and Derbyshire Dales (the lowest at 10.7%). There is extreme variation between wards: the highest rate is in Ilkeston North at 47.6%, the lowest in Temple at 1.9%.

Health Improvement

Low Birthweight

Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. At a population level there are inequalities in low birth weight and a high proportion of low birth weight births could indicate lifestyle issues of the mothers and/or issues with the maternity services

2.01 - Low birth weight of term babies

The highest rate is in Erewash (2.9 per 1,000 live births), rising and similar to England. The lowest rate is in North East (2.0), falling and lower than England.

Breastfeeding

Breast milk provides the ideal nutrition for infants in the first stages of life. There is evidence that babies who are breast fed experience lower levels of gastro-intestinal and respiratory infection. Observational studies have shown that breastfeeding is associated with lower levels of child obesity. Benefits to the mother include a faster return to pre-pregnancy weight and possibly lower risk of breast and ovarian cancer.

2.02i - Breastfeeding - Breastfeeding initiation

Local analysis suggests that breastfeeding is lowest in Bolsover, significantly lower than England and Derbyshire, and highest in High Peak, significantly higher than England, Derbyshire and Bolsover.

2.02ii - Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth

Local analysis suggests that breastfeeding is lowest in Bolsover, significantly lower than England and Derbyshire, and highest in Dales, significantly higher than Derbyshire, Bolsover but not England.

Smoking in Pregnancy

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes. Encouraging pregnant women to stop smoking during pregnancy may also help them kick the habit for good, and thus provide health benefits for the mother and reduce exposure to secondhand smoke by the infant.

2.03 - Smoking status at time of delivery

Local investigation suggests that smoking in pregnancy is significantly higher in Bolsover (22.6%) than in the rest of Derbyshire and is lowest in High Peak (14.5%).

Healthcare and Premature Mortality

Infant mortality

4.01 - Rate of deaths in infants aged under 1 year per 1,000 live births

Infant Mortality is highest in Amber Valley and South (3.8 per 1,000 live births), similar to England, and lowest in Erewash, significantly lower than England.

Tooth decay

4.02 – Mean severity of tooth decay in children aged five years based on the mean number of teeth per child sampled which were either actively decayed or had been filled or extracted.

High Peak has the highest average number of decayed, missing or filled teeth per child (0.84); lower than for England. Dales has the lowest number (0.49), significantly lower than England.

Developing Well

Performing Significantly Better than England

Wider Determinants of Health

Crime

Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children.

1.04 - Rate of 10-17 year olds receiving their first reprimand, warning or conviction per 100,000 population

A rate of 350, lower than East Midlands at 458 and England at 441. Falling significantly.

NEETs

Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood.

1.05 - 16-18 year olds not in education employment or training

At 4.8%, similar to East Midlands and lower than for England at 5.3%. Falling significantly.

Health Improvement

Teenage Pregnancy

Most teenage pregnancies are unplanned and around half end in an abortion. As well as it being an avoidable experience for the young woman, abortions represent an avoidable cost to the NHS. And while for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty.

2.04 - Under 18 conceptions

At a rate of 22.3 per 1,000 girls, this is lower than for East Midlands at 28.3 and England at 27.7. Falling consistently, but not significantly year on year.

2.04 - Under 18 conceptions: conceptions in those aged under 16

At a rate of 3.9 per 1,000 girls, this is lower than for East Midlands at 5.5 and England at 5.6. Falling consistently, but not significantly year on year.

Child Obesity

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. Studies tracking child obesity into adulthood have found that 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.

2.06i - Excess weight in 4-5 and 10-11 year olds - 4-5 year olds

At 21.2%, lower than both East Midlands and England at 22.2%. Falling, but not significantly.

2.06ii - Excess weight in 4-5 and 10-11 year olds - 10-11 year olds

At 32.0%, lower than East Midlands at 32.7% and England at 33.3%. Falling, but not significantly.

Hospital Activity

Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience(s).

2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)

The rate of 82.5 admissions per 10,000 population is lower than for East Midlands at 86.8 and England at 103.8. Falling significantly.

2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)

The rate of 108.4 admissions per 10,000 population is lower than for East Midlands at 110.2 and England at 134.7. Falling significantly.

Health Protection

Chlamydia

Chlamydia is the most commonly diagnosed sexually transmitted infection. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. The chlamydia diagnosis rate amongst under 25 year olds is a measure of chlamydia control activities. It represents infections identified (reducing risk of sequelae in those patients and interrupting transmission onto others). Increasing diagnostic rates indicates increased control activity: it is not a measure of morbidity (i.e. high is good).

3.02ii - Chlamydia diagnoses (15-24 year olds) – CTAD (Persons)

With a rate of 2406 per 100,000, this is higher (better) than for East Midlands at 2171 and England at 2016. Rising (improving) significantly.

3.02ii - Chlamydia diagnoses (15-24 year olds) – CTAD (Males) similar

With a rate of 1705 per 100,000, this is higher (better) than for East Midlands at 1498 and England at 1387. Rising (improving) significantly.

3.02ii - Chlamydia diagnoses (15-24 year olds) – CTAD (Females)

With a rate of 3126 per 100,000, this is higher (better) than for East Midlands at 2858 and England at 2634. Rising (improving) significantly.

Performing Significantly Worse than England

Health Protection

Chlamydia

Chlamydia is the most commonly diagnosed sexually transmitted infection. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. The chlamydia diagnosis rate amongst under 25 year olds is a measure of chlamydia control activities. It represents infections identified (reducing risk of sequelae in those patients and interrupting transmission onto others). Increasing diagnostic rates indicates increased control activity: it is not a measure of morbidity (i.e. high is good).

3.02ii - Chlamydia diagnoses (15-24 year olds) – CTAD (Males)

Although performing better than England (*see above*) the rate of chlamydia diagnosis in young men falls short of the target of 1900 per 100,000 population.

Population Vaccination Coverage

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely correlated with levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise.

Derbyshire has significantly higher rates of coverage than England as a whole.

3.03xii - Population vaccination coverage – HPV

At 82.6%, significantly lower than for East Midlands at 89.8% and England at 86.1%. Also falling short of the goal of the previous year's England rate of 86.8%

Variation within the County

Wider Determinants of Health

Pupil Absence

Education attainment is influenced by both the quality of education they receive and their family socio-economic circumstances. Educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources.

1.03 - Pupil absence

Erewash has the highest rate (5.34%), higher than for England but falling. South has the lowest rate (4.25%), significantly lower than for England and Erewash, and falling.

Crime

Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children.

1.04 - First time entrants to the youth justice system

Local analysis has shown the rate to be higher in Erewash than either England or Derbyshire and significantly lower in High Peak than in England or Erewash.

NEETs

Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood.

1.05 - 16-18 year olds not in education employment or training

Local analysis has shown the Erewash rate to be significantly higher than England or Derbyshire and the rate for High Peak to be significantly lower than for England, Derbyshire and Erewash.

Mental Health and Inclusion

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

1.06ii - Adults in contact with secondary mental health services who live in stable and appropriate accommodation

Historically, the proportion has been significantly lower in Amber Valley and Bolsover (worst at 77.3%), and significantly better in Chesterfield, Dales and North East (best at 90%).

Health Improvement

Teenage Pregnancy

Most teenage pregnancies are unplanned and around half end in an abortion. As well as it being an avoidable experience for the young woman, abortions represent an avoidable cost to the NHS. And while for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty.

2.04 - Under 18 conceptions

Chesterfield has the highest rate of conceptions (29.9 per 1,000), higher than for England and rising. Dales has the lowest rate (9.2), significantly lower than for England and Chesterfield.

2.04 - Under 18 conceptions: conceptions in those aged under 16

Local analysis has found the highest rate to be in Amber Valley, not significantly different from England or Derbyshire, and the lowest in Dales, significantly lower than for England, Derbyshire and Amber Valley.

Child Obesity

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. Studies tracking child obesity into adulthood have found that 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.

2.06i - Excess weight in 4-5 and 10-11 year olds - 4-5 year olds

By ward (2010/11 - 2012/13) prevalence ranges from a high of 33.7% in Bakewell (Derbyshire Dales District), to a low of 12.0% in Dinting (High Peak District)

2.06ii - Excess weight in 4-5 and 10-11 year olds - 10-11 year olds

By ward (2010/11 - 2012/13) prevalence ranges from a high of 52.4% in Tideswell (Derbyshire Dales District), to a low of 19.6% in Bakewell (Derbyshire Dales District)

Injuries

Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience(s).

2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)

High Peak has the highest rate (109.5 per 100,000), higher than England, but falling. Dales has the lowest rate (62.8), significantly lower than England and High Peak, and falling.

2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)

High Peak has the highest rate (127.0 per 100,000); significantly lower than England and falling. Dales (87.5) has the lowest rate, significantly lower than England and High Peak, and falling.

2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)

Chesterfield has the highest rate (171.6 per 100,000), significantly higher than England, but falling. Erewash has the lowest rate (115.2); lower than England, significantly lower than High Peak, and falling.

Health Protection

Chlamydia

Chlamydia is the most commonly diagnosed sexually transmitted infection. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. The chlamydia diagnosis rate amongst under 25 year olds is a measure of chlamydia control activities. It represents infections identified (reducing risk of sequelae in those patients and interrupting transmission onto others). Increasing diagnostic rates indicates increased control activity: it is not a measure of morbidity (i.e. high is good).

3.02ii - Chlamydia diagnoses (15-24 year olds) – CTAD (persons)

Chesterfield has the highest rate (5,542 per 100,000), significantly higher than England and exceeding the goal of 23,000, and rising. Erewash has the lowest rate (1,116); significantly lower than England and falling.

Living & Working Well

Performing Significantly Better than England

Wider Determinants of Health

Crime

Public health services have an important role to play in tackling violence. Directors of Public Health, located within local authorities, will be tasked with looking widely at issues including crime reduction, violence prevention, responses to violence and reducing levels of reoffending, which can also prevent health inequalities.

1.12i - Violent crime (including sexual violence) - hospital admissions for violence

The rate of hospitalisation due to violence is, at 43.8 per 100,000, lower than for East Midlands, at 47.0, and England, at 57.6, and has fallen significantly from the previous year.

1.12ii - Violent crime (including sexual violence) - violence offences per 1,000 population

The rate is, at 8.0 per 1,000, lower than for East Midlands, at 10.4, and England, at 10.6, and has fallen significantly from the previous year.

1.12iii - Violent crime (including sexual violence) - Rate of sexual offences per 1,000 population

The rate of is, at 0.55, lower than for East Midlands, at 0.8, and England, at 0.83, and has fallen, but not significantly, from the previous year.

Noise

There are a number of direct and indirect links between exposure to noise and health and wellbeing outcomes. Complaints about noise are the largest single cause of complaint to most local authorities. Exposure to noise can cause disturbance and interfere with activities, leading to annoyance and increased stress. Furthermore, there is increasing evidence that exposure to high levels of noise can cause direct health effects such as heart attacks and other health issues.

1.14i - The rate of complaints about noise

The rate per 1,000 population (5.1) is lower than for East Midlands (5.5) and England (7.5). This is a significant increase on the previous year.

Homelessness

Homelessness is associated with severe poverty and is a social determinant of health. Homelessness is associated with adverse health, education and social outcomes, particularly for children. To be deemed statutorily homeless a household must have become unintentionally homeless and must be considered to be in priority need. As such, statutorily homeless households contain some of the most vulnerable and needy members of our communities.

1.15ii - Statutory homelessness - households in temporary accommodation

The rate per 1,000 households (0.3) is lower than for East Midlands (0.4) and England (2.4). This is an increase – not significant - on the previous year.

(The rate of homelessness acceptances is also significantly lower but it is unclear as to whether this should be regarded as good or bad in PHOF)

Health Improvement

Cancer screening

Screening supports early detection of cancer. Breast screening is estimated to save 1,400 lives and cervical screening 4,500 lives in England each year.

2.20i - Cancer screening coverage - breast cancer

At 81.2%, the coverage rate is higher than for East Midlands, at 80.4%, and England, at 76.3%. The rate has fallen significantly from the previous year.

2.20ii - Cancer screening coverage - cervical cancer

At 79.4%, the coverage rate is higher than for East Midlands, at 76.7%, and England, at 73.9%. The rate has fallen significantly from the previous year.

Health Protection

Tuberculosis

TB re-emerged as a serious public health problem in the UK over the last two decades, with TB incidence rising above the European average. Timely and fully completed treatment for TB is key to saving lives and preventing long-term ill health, as well as reducing the number of new infections and development of drug resistance.

3.05i - Treatment completion for TB

Treatment completion for Derbyshire (88.6%) is higher than for East Midlands (83.6%) and England (82.8%), but not significantly so. It is, however, higher than the goal of 85%, which is not the case for England or East Midlands. The rate has fallen, though not significantly, on the previous period.

3.05ii - Treatment completion for TB - TB incidence

The incidence of TB in Derbyshire (3.6 per 1,000 population) is lower than for East Midlands (10.8) or England (15.1), and is the same as for the previous period.

Healthcare and Premature Mortality

Suicide

Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health.

4.10 - Suicide rate

The rate (6.9 per 100,000 population) is lower than for East Midlands (8.0) or England (8.5). The rate has risen over the last period, but not significantly, and is volatile because of the small numbers involved.

Hospital activity

Health interventions and social care will play significant roles in putting in place the right re-ablement, rehabilitation and intermediate care services to support individuals to return home or regain their independence, so avoiding crisis in the short term.

4.11 - Emergency readmissions within 30 days of discharge from hospital (persons)

The proportion of discharges resulting in and emergency readmission (11.4%) is lower than for East Midlands (11.6%) and England (11.8%). The rate has fallen significantly over the last period.

4.11 - Emergency readmissions within 30 days of discharge from hospital (males)

The proportion of discharges resulting in and emergency readmission (11.7%) is lower than for East Midlands (12.0%) and England (12.1%). The rate has fallen over the last period, but not significantly.

4.11 - Emergency readmissions within 30 days of discharge from hospital (females)

The proportion of discharges resulting in and emergency readmission (11.1%) is lower than for East Midlands (11.2%) and England (11.5%). The rate has fallen significantly over the last period.

Performing Significantly Worse than England

Wider Determinants of Health

Social Isolation

There is clear link between loneliness and poor mental and physical health. A key element of the Government's 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.

1.18i - Social Isolation: % of adult social care users who have as much social contact as they would like

At 34.6% lower than both East Midlands, at 39.7%, and England, at 43.2%. This represents a significant fall from the previous year's rate, which was higher than England's.

Health Improvement

Obesity

Obesity is a priority area for Government. The Government's "Call to Action" on obesity (published Oct 2011) included national ambitions relating to excess weight in adults, which is recognised as a major determinant of premature mortality and avoidable ill health.

2.12 – excess weight in adults

The proportion of adults in Derbyshire who are overweight or obese is, at 66.9%, higher than for East Midlands (65.6%) and England (63.8%).

Diabetes

Type 2 diabetes (approximately 90% of diagnosed cases) is partially preventable – it can be prevented or delayed by lifestyle changes (exercise, weight loss, healthy eating). Earlier detection of type 2 diabetes followed by effective treatment reduces the risk of developing diabetic complications.

2.17 - Recorded diabetes

The percentage of people recorded as having diabetes is, at 6.57%, higher than East Midlands (6.46%) and England (6.01). However it is not certain that this may not reflect more effective diagnosis. The percentage has significantly increased on the previous year.

Health Protection

Population Vaccination Coverage

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely related to levels of disease

3.03xv - Population vaccination coverage – ‘Flu (at risk individuals).

Although the coverage (53.6%) is higher than for East Midlands (49.9%) or England (51.3%), this still falls short of the goal of 85%. The rate is similar to the previous year.

HIV/AIDS

Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection and is essential to evaluate the success of expanded HIV testing.

3.04 - People presenting with HIV at a late stage of infection

Although, at 53.7%, not significantly different from East Midlands (56.0%) and England (48.3%), Derbyshire falls short of the goal of less than 50%.

Variation within the County

Wider Determinants of Health

Road Safety

Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity, particularly in younger age groups. For children and for men aged 20-64 years, mortality rates for motor vehicle traffic accidents are higher in lower socioeconomic groups. The vast majority of road traffic collisions are preventable and can be avoided through improved education, awareness, road infrastructure and vehicle safety.

1.10 - Killed and seriously injured (KSI) casualties on England's roads

The rate is highest in Dales (75.5 per 100,000), falling but significantly higher than for England. The rate is lowest in Chesterfield (28.3), falling and significantly lower than for England and Dales.

Crime

Public health services have an important role to play in tackling violence. Directors of Public Health, located within local authorities, will be tasked with looking widely at issues including crime reduction, violence prevention, responses to violence and reducing levels of reoffending, which can also prevent health inequalities. Re-offending has a wide impact on the health and well-being of individuals, their children and families, and the communities they live in.

1.12i - Violent crime (including sexual violence) - hospital admissions for violence

Worst in Chesterfield (66.5 per 100,000) but falling, significantly higher than for England. Best in North East (27.8) and falling, significantly lower than for England and Chesterfield.

1.12ii - Violent crime (including sexual violence) - violence offences per 1,000 population

Worst in Erewash (10.7 per 1,000) but falling, similar to England. Best in North East (4.4), lower than for England and significantly lower than for Erewash.

1.12iii- Violent crime (including sexual violence) - Rate of sexual offences per 1,000 population

Worst in Chesterfield (0.79 per 1,000) but falling, similar to England. Best in North East (0.21) and falling; lower than for England and significantly lower than for Chesterfield.

1.13i - Re-offending levels - percentage of offenders who re-offend

Worst in Erewash (29.1 per cent) but falling, similar England. Best in North East (17.5) and falling, lower than for England and significantly lower than for Erewash.

1.13ii - Re-offending levels - average number of re-offences per offender

Worst in Chesterfield (0.85 offences per offender) but rising, similar England. Best in North East (0.44) and falling, lower than for England and significantly lower than for Chesterfield.

Noise

There are a number of direct and indirect links between exposure to noise and health and wellbeing outcomes. Complaints about noise are the largest single cause of complaint to most local authorities. Exposure to noise can cause disturbance and interfere with activities, leading to annoyance and increased stress. Furthermore, there is increasing evidence that exposure to high levels of noise can cause direct health effects such as heart attacks and other health issues.

1.14i - The percentage of the population affected by noise - Number of complaints about noise

The rate is highest in Chesterfield (7.9 per 1,000), rising and similar to England. The rate is lowest in Derbyshire Dales (3.6), significantly lower than for England and Chesterfield, but rising.

Homelessness

Homelessness is associated with severe poverty and is a social determinant of health. Homelessness is associated with adverse health, education and social outcomes, particularly for children. To be deemed statutorily homeless a household must have become unintentionally homeless and must be considered to be in priority need. As such, statutorily homeless households contain some of the most vulnerable and needy members of our communities.

1.15i - Statutory homelessness – homelessness acceptances

Lowest in North East (0.4 per 1,000), significantly lower than England (as are all but South) and falling. Highest in South (1.7), lower than England and falling.

1.15ii - Statutory homelessness - households in temporary accommodation

Current spread for district level is Bolsover at 0.0 to Chesterfield at 0.6 - all better than the England average.

Lowest in Bolsover (0.0 per 1,000) and significantly lower than England. Highest in Chesterfield (0.6), also significantly lower than England.

Health Improvement

Obesity

Obesity is a priority area for Government. The Government's "Call to Action" on obesity (published Oct 2011) included national ambitions relating to excess weight in adults, which is recognised as a major determinant of premature mortality and avoidable ill health.

2.12 – excess weight in adults

There is significant variation between districts - Derbyshire Dales 62.5% to Bolsover 72.5%.

Physical Activity

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, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities.

2.13i - Percentage of physically active and inactive adults - active adults

Worst in Bolsover (46.7%) and falling, significantly higher than England. Best in South (66.7%) and rising; significantly higher than for Bolsover and England.

2.13ii - Percentage of physically active and inactive adults - inactive adults

Worst in Bolsover (40.7%) and rising, significantly higher than England. Best in South (17.9%) and falling; significantly lower than for Bolsover and England.

Smoking

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.

2.14 - Smoking Prevalence

Bolsover has the highest rate (20.4%), slightly higher than for England but falling. South had the lowest rate (13.5%), significantly lower than England and falling.

2.14 - Smoking prevalence - routine & manual

Dales has the highest rate (34.6%), higher than for England and rising. Bolsover had the lowest rate (17.6%), significantly lower than England and South, and falling.

Diabetes

Type 2 diabetes (approximately 90% of diagnosed cases) is partially preventable – it can be prevented or delayed by lifestyle changes (exercise, weight loss, healthy eating). Earlier detection of type 2 diabetes followed by effective treatment reduces the risk of developing diabetic complications.

2.17 - Recorded diabetes

There is significant variation between districts - High Peak 5.46% (significantly lower than England_ to Bolsover 7.66% (significantly higher)

Cancer Screening

Screening supports early detection of cancer. Breast screening is estimated to save 1,400 lives and cervical screening 4,500 lives in England each year.

2.20i - Cancer screening coverage - breast cancer

Bolsover has the lowest rate (78.2%), still significantly better than England, but falling. Amber Valley had the highest rate (83.9%), significantly higher than England and Bolsover, but also falling.

2.20ii - Cancer screening coverage - cervical cancer

High Peak has the lowest rate (77.7%), still significantly better than England, but falling. North East had the highest rate (80.8%), significantly higher than England and High Peak, but also falling.

Health Protection

Air Quality

Poor air quality is a significant public health issue.

3.01 - Fraction of mortality attributable to particulate air pollution

Erewash has the highest proportion at 5.5%, and Dales the lowest, at 4.3%.

Tuberculosis

TB re-emerged as a serious public health problem in the UK over the last two decades, with TB incidence rising above the European average. Timely and fully completed treatment for TB is key to saving lives and preventing long-term ill health, as well as reducing the number of new infections and development of drug resistance.

3.05ii - Treatment completion for TB - TB incidence

Chesterfield has the worst rate (4.8 per 100,000) but is still better than England; North East has the lowest rate (1.0).

Healthcare and Premature Mortality

Readmission to Hospital

Health interventions and social care will play significant roles in putting in place the right re-ablement, rehabilitation and intermediate care services to support individuals to return home or regain their independence, so avoiding crisis in the short term.

4.11 - Emergency readmissions within 30 days of discharge from hospital (persons)

Chesterfield has the highest rate (12.1%), higher than for England and rising. Bolsover had the lowest rate (10.4%), significantly lower than England and Chesterfield, and falling.

4.11 - Emergency readmissions within 30 days of discharge from hospital (males)

Chesterfield has the highest rate (12.8%), higher than for England and rising. Bolsover had the lowest rate (10.8%), significantly lower than England and Chesterfield, and falling.

4.11 - Emergency readmissions within 30 days of discharge from hospital (females)

South has the highest rate (12.0%), higher than for England and rising. Bolsover had the lowest rate (10.0%), significantly lower than England and South, but rising.

Ageing Well

Performing Significantly Better than England

Wider Determinants of Health

Health Improvement

NHS Health Checks

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions.

2.22iii - Cumulative % of the eligible population aged 40-74 offered an NHS Health Check

The rate, at 19.6% is higher than for either East Midlands (18.5%) or England (18.4%).

2.22iv - Cumulative % of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check

The rate of 56.7%, although higher than for England (49.0%), is lower than that for East Midlands (60.0%).

2.22v - Cumulative % of the eligible population aged 40-74 who received an NHS Health check

The rate of 11.1% is similar to that of East Midlands, but higher than that for England (9.0%).

Falls

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care.

2.24ii - Injuries due to falls in people aged 65 and over - aged 65-79

The rate of admission is lower, at 908 per 100,000 than for England, at 975, but slightly higher than for East Midlands, at 890. The rate has fallen significantly over the last period.

Health Protection

Population Vaccination Coverage

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely related to levels of disease

3.03xiii - Population vaccination coverage – PPV

Derbyshire has reached the goal of exceeding the previous year's coverage for England with a rate of 71.4%, which is also significantly higher than the current East Midlands (70.7%) and England (69.1%) rates. However coverage has fallen significantly in this period.

3.03xiv - Population vaccination coverage - Flu (aged 65+)

At 75.1% Derbyshire has exceeded the goal of 75% coverage and also has a significantly higher rate than either East Midlands (73.5%) or England (73.4%). Coverage has fallen, but not significantly, in the last period.

Healthcare and Premature Mortality

Premature mortality – liver disease

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.

- 4.06i - Under 75 mortality rate from liver disease (persons)
14.7 per 100,000 compared to 17.6 for East Midlands and 18.0 for England. The rate has risen over the last period, but not significantly so.
- 4.06i - Under 75 mortality rate from liver disease (males)
19.3 per 100,000 compared to 23.2 for East Midlands and 23.7 for England. The rate has risen over the last period, but not significantly so.
- 4.06i - Under 75 mortality rate from liver disease (females)
10.3 per 100,000 compared to 12.1 for East Midlands and 12.6 for England. The rate has risen over the last period, but not significantly so.
- 4.06ii - Under 75 mortality rate from liver disease considered preventable (persons)
13.3 per 100,000 compared to 15.5 for East Midlands and 15.8 for England. The rate has risen over the last period, but not significantly so.
- 4.06ii - Under 75 mortality rate from liver disease considered preventable (males)
17.7 per 100,000 compared to 21.1 for East Midlands and 21.1 for England. The rate has risen over the last period, but not significantly so.

Premature Mortality – Respiratory Disease

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.

- 4.07i - Under 75 mortality rate from respiratory disease (females)
23.6 per 100,000 compared to 27.0 for East Midlands and 27.9 for England. The rate has fallen over the last period, but not significantly so.
- 4.07ii - Under 75 mortality rate from respiratory disease considered preventable (persons)
10.3 per 100,000 compared to 12.1 for East Midlands and 12.6 for England. The rate has fallen over the last period, but not significantly so.
- 4.07ii - Under 75 mortality rate from respiratory disease considered preventable (females)
12.3 per 100,000 compared to 14.4 for East Midlands and 15.2 for England. The rate has fallen over the last period, but not significantly so.

Performing Significantly Worse than England

Wider Determinants of Health

Fuel Poverty

There is compelling evidence that the drivers of fuel poverty (low income, poor energy efficiency and energy prices) are strongly linked to living at low temperatures and that low temperatures are strongly linked to a range of negative health outcomes.

1.17 - Fuel Poverty

The proportion of households living in fuel poverty in Derbyshire (12.8%) is higher than in East Midlands (13.2%) and England (10.4%). The proportion has fallen significantly over the last reporting period.

Health Improvement

Screening

Diabetic retinopathy is one of the most common causes of blindness in the UK. Regular screening allows prompt identification and effective treatment if necessary of sight threatening diabetic retinopathy.

2.21vii - Access to non-cancer screening programmes - diabetic retinopathy

A smaller proportion of people (76.1%) had access in Derbyshire than in East Midlands (81.0%) or England (80.9%). However this proportion has risen significantly over the last period.

Falls

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care.

2.24iii - Injuries due to falls in people aged 65 and over - aged 80+

The rate of admission is higher, at 5,311 per 100,000 than for East Midlands, at 4,692, and England, at 5,015. The rate has risen over the last period, but not significantly so.

Healthcare and Premature Mortality

Premature mortality – cardiovascular disease

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

4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (persons)

58.5 per 100,000 compared to 55.9.1 for East Midlands and 53.5 for England. The rate has fallen over the last period, but not significantly so.

4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (males)

89.8 per 100,000 compared to 84.1 for East Midlands and 80.8 for England. The rate has fallen over the last period, but not significantly so.

Variation within the County

Wider Determinants of Health

Fuel Poverty

There is compelling evidence that the drivers of fuel poverty (low income, poor energy efficiency and energy prices) are strongly linked to living at low temperatures and that low temperatures are strongly linked to a range of negative health outcomes.

1.17 - Fuel Poverty

Highest in Derbyshire Dales (15.6% of households), significantly higher than England and rising. Lowest in South (11.0%), also significantly higher than England but falling.

Health Improvement

Falls

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care.

2.24i - Injuries due to falls in people aged 65 and over (persons)

Worst in Chesterfield (2485 per 100,000 and rising), significantly higher than England. Best in Dales (1745 and falling), significantly lower than England and Chesterfield.

2.24i - Injuries due to falls in people aged 65 and over (males)

Worst in Chesterfield (1931 per 100,000 and rising), significantly higher than England. Best in Dales (1114 and falling), significantly lower than England and Chesterfield.

2.24i - Injuries due to falls in people aged 65 and over (females)

Worst in Chesterfield (3040 per 100,000 and rising), significantly higher than England. Best in Amber Valley (2208 and falling), lower than England and significantly lower than Chesterfield.

2.24ii - Injuries due to falls in people aged 65 and over - aged 65-79

Worst in Chesterfield (1076 per 100,000 but falling), similar to England. Best in Dales (787 and falling), significantly lower than England.

2.24iii - Injuries due to falls in people aged 65 and over - aged 80+

Worst in Chesterfield (6751 per 100,000 but falling), similar to England. Best in Dales (4520 and falling), significantly lower than England and Chesterfield.

Healthcare and Premature Mortality

Preventable Deaths

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.

4.03 - Mortality rate from causes considered preventable

Chesterfield has the highest rate (165.0 per 100,000), significantly higher than for England, though falling. Dales has the lowest rate (108.8), significantly lower than England and Chesterfield, but rising.

Deaths from Cardiovascular Disease

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.

4.04i - Under 75 mortality rate from all cardiovascular diseases (persons)

Chesterfield has the highest rate (107.2 per 100,000), significantly higher than for England and rising. Dales has the lowest rate (56.8), significantly lower than England and Chesterfield, and falling.

4.04i - Under 75 mortality rate from all cardiovascular diseases (males)

Chesterfield has the highest rate (140.9 per 100,000), significantly higher than for England and rising. Dales has the lowest rate (80.3), significantly lower than England and Chesterfield, and falling.

4.04i - Under 75 mortality rate from all cardiovascular diseases (females)

Chesterfield has the highest rate (74.6 per 100,000), significantly higher than for England and rising. South has the lowest rate (40.9), significantly lower than England and lower than Chesterfield, and falling.

4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (persons)

Chesterfield has the highest rate (72.5 per 100,000), significantly higher than for England, but falling. Dales has the lowest rate (42.3), significantly lower than England and Chesterfield, and falling.

4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (males)

Chesterfield has the highest rate (108.4 per 100,000), significantly higher than for England, but falling. Dales has the lowest rate (68.6), lower than England and significantly lower than Chesterfield, and falling.

4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (females)

Bolsover has the highest rate (37.6 per 100,000), significantly higher than for England and rising. Dales and South had such low numbers of deaths that rates were not calculated.

Deaths from Cancer

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.

4.05i - Under 75 mortality rate from cancer (persons)

Chesterfield has the highest rate (168.5 per 100,000), although Bolsover is similar (at 168.2), significantly higher than for England and rising. Dales has the lowest rate (117.0), significantly lower than England and Chesterfield, but rising.

4.05i - Under 75 mortality rate from cancer (males)

Bolsover has the highest rate (195.8 per 100,000), significantly higher than for England but falling. Dales has the lowest rate (132.7), significantly lower than England and Bolsover, but rising.

4.05i - Under 75 mortality rate from cancer (females)

Chesterfield has the highest rate (149.9 per 100,000), higher than for England and rising. Dales has the lowest rate (102.1), significantly lower than England and lower than Bolsover.

4.05ii - Under 75 mortality rate from cancer considered preventable (persons)

Bolsover has the highest rate (96.4 per 100,000), higher than for England but falling. Amber Valley has the lowest rate (72.3); significantly lower than England and Bolsover, and falling.

4.05ii - Under 75 mortality rate from cancer considered preventable (males)

Bolsover has the highest rate (108.7 per 100,000), higher than for England but falling. Amber Valley has the lowest rate (78.4); lower than England and Bolsover, but rising.

4.05ii - Under 75 mortality rate from cancer considered preventable (females)

Chesterfield has the highest rate (88.3 per 100,000), higher than for England and rising. Dales has the lowest rate (65.2), lower than England and Chesterfield, but rising.

Deaths from Liver Disease

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.

4.06i - Under 75 mortality rate from liver disease (persons)

Chesterfield has the highest rate (20.4 per 100,000), higher than for England and rising. Derbyshire Dales has so few deaths that it has not been possible to calculate a rate.

4.06i - Under 75 mortality rate from liver disease (males)

Chesterfield has the highest rate (30.8 per 100,000), higher than for England and rising. Bolsover, Dales, High Peak and South all had so few deaths that it has not been possible to calculate rates.

4.06i - Under 75 mortality rate from liver disease (females)

All of the districts had so few deaths that it has not been possible to calculate rates.

4.06ii - Under 75 mortality rate from liver disease considered preventable (persons)

Chesterfield has the highest rate (18.6 per 100,000), higher than for England and rising. Derbyshire Dales has so few deaths that it has not been possible to calculate a rate.

4.06ii - Under 75 mortality rate from liver disease considered preventable (males)

Chesterfield has the highest rate (27.1 per 100,000), higher than for England and rising. Bolsover, Dales, Erewash, High Peak and South all had so few deaths that it has not been possible to calculate rates.

4.06ii - Under 75 mortality rate from liver disease considered preventable (females)

All of the districts had so few deaths that it has not been possible to calculate rates.

Deaths from Respiratory Disease

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. This indicator will focus public health attention on the prevention of smoking and other environmental factors that contribute to people getting respiratory disease.

4.07i - Under 75 mortality rate from respiratory disease (persons)

Bolsover has the highest rate (18.6 per 100,000), significantly higher than for England and rising. Derbyshire Dales has the lowest rate (17.7); significantly lower than for England and Bolsover.

4.07i - Under 75 mortality rate from respiratory disease (males)

Bolsover has the highest rate (55.5 per 100,000), significantly higher than for England and rising. Derbyshire Dales has the lowest rate (24.2); significantly lower than for England and Bolsover.

4.07i - Under 75 mortality rate from respiratory disease (females)

Bolsover has the highest rate (39.0 per 100,000), significantly higher than for England and rising. Derbyshire Dales and High Peak had so few deaths that it has not been possible to calculate rates.

4.07ii - Under 75 mortality rate from respiratory disease considered preventable (persons)

Bolsover has the highest rate (22.6 per 100,000), higher than for England. Derbyshire Dales had so few deaths that it has not been possible to calculate a rate.

4.07ii - Under 75 mortality rate from respiratory disease considered preventable (males)

Bolsover has the highest rate (25.1 per 100,000), significantly higher than for England. Derbyshire Dales, Erewash, High Peak and South Derbyshire had so few deaths that it has not been possible to calculate rates.

4.07ii - Under 75 mortality rate from respiratory disease considered preventable (females)

All of the districts had so few deaths that it has not been possible to calculate rates.

Communicable Disease

Prevention of the spread of communicable diseases is an important issue for Public Health. There is evidence that rapid identification, treatment and prevention of spread can reduce mortality.

4.08 - Mortality from communicable diseases

The mortality rate is highest in Bolsover at 74.9 per 100,000, significantly higher than England and rising. It is lowest in Dales at 52.0, lower than England and falling.

Hospital Activity

Health interventions and social care will play significant roles in putting in place the right re-ablement, rehabilitation and intermediate care services to support individuals to return home or regain their independence, so avoiding crisis in the short term.

4.11 - Emergency readmissions within 30 days of discharge from hospital (persons)

Chesterfield has the highest rate (12.1 per 100,000), higher than for England and rising. Bolsover had the lowest rate (10.4); significantly lower than England and Chesterfield, and falling.

4.11 - Emergency readmissions within 30 days of discharge from hospital (males)

Chesterfield has the highest rate (12.8 per 100,000), higher than for England and rising. Bolsover had the lowest rate (10.8); significantly lower than England and Chesterfield, and falling.

4.11 - Emergency readmissions within 30 days of discharge from hospital (females)

South has the highest rate (12.0 per 100,000), higher than for England and rising. Bolsover had the lowest rate (10.0), significantly lower than England and South, but rising.

Falls

Hip fracture is a debilitating condition – only one in three sufferers return to their former levels of independence and one in three end up leaving their own home and moving to long-term care (resulting in social care costs). Hip fractures are almost as common and costly as strokes and the incidence is rising. There is evidence of interventions to treat osteoporosis, to prevent falls and to prevent fractures in people who have already suffered one fragility fracture

4.14i - Hip fractures in people aged 65 and over

Worst in Bolsover (673 per 100,000 and rising), similar to England. Best in South (473 and falling), lower than England.

4.14ii - Hip fractures in people aged 65 and over - aged 65-79

Worst in Chesterfield (261 per 100,000 and rising), similar to England. Best in Dales (163 and falling), lower than England.

4.14iii - Hip fractures in people aged 65 and over - aged 80+

Worst in Chesterfield (1795 per 100,000 and rising), similar to England. Best in South (1277 and falling), lower than England.

Excess Winter Mortality

The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well equipped people are to cope with the drop in temperature. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population. The index is the ratio of deaths in winter to non-winter months.

4.15i - Excess Winter Deaths Index (Single year, all ages)

Highest in Bolsover (23.1), higher than England, but falling. Lowest in South (2.6), lower than England and falling.

4.15ii - Excess Winter Deaths Index (Single year, aged 85+)

Highest in High Peak (35.5), higher than England, and rising. Lowest in South (-3.1), lower than England.

4.15ii - Excess Winter Deaths Index (3 years, all ages)

Highest in Amber Valley (25.3), significantly higher than England but falling. Lowest in High Peak (9.7), lower than England and falling.

4.15ii - Excess Winter Deaths Index (3 years, aged 85+)

Highest in Erewash (31.7), higher than England, and rising. Lowest in South (6.9), lower than England.

Dementia

There are an estimated 670,000 people in England with dementia, a number expected to double in the next 30 years. Dementia accounts for more expenditure than heart disease and cancer combined and costs society around £20bn a year

4.16 - Estimated diagnosis rate for people with dementia

Local analysis suggests that the highest prevalence is in North East, significantly higher than for Derbyshire and the lowest is in South, significantly lower.

National Adult Social Care Outcomes Framework

The Adult Social Care Outcomes Framework is used both locally and nationally to set priorities for care and support, measure progress, and strengthen transparency and accountability. The purpose of the ASCOF is three-fold:-

- Locally, the ASCOF supports councils to improve the quality of care and support. By providing robust, nationally comparable information on the outcomes and experiences of local people, the ASCOF supports meaningful comparisons between councils, helping to identify priorities for local improvement, and stimulating the sharing of learning and best practice;
 - The ASCOF fosters greater transparency in the delivery of adult social care, supporting local people to hold their council to account for the quality of the services they provide. A key mechanism for this is through councils' local accounts, where the ASCOF is already being used as a robust evidence base to support councils' reporting of their progress and priorities to local people; and
 - Nationally, the ASCOF measures the performance of the adult social care system as a whole, and its success in delivering high quality, personalised care and support. The framework will support Ministers in discharging their accountability to the public and Parliament for the adult social care system, and will inform and support national policy development.
- Derbyshire performed significantly better than England in 5 indicators.
 - Derbyshire performed significantly worse than England in 8 indicators

Performing better than England

Enhancing Quality of Life for People with Care and Support Needs

There is a strong link between employment, stable and appropriate accommodation, and enhanced quality of life for people with a learning disability and people with mental health problems.

1F: Proportion of adults in contact with secondary mental health services in paid employment

13.0% of adults in contact with secondary mental health services were in paid employment compared to 7.1% in England. This was higher for females than for males, 14.9% compared to 11.1%; 8.5% and 5.8% for England.

1G: Proportion of adults with a learning disability who live in their own home or with their family

77.8% of adults with a learning disability who are known to councils live in their own home or with their family compared to 74.8% in England. This was slightly higher for females than for males, 78.0% compared to 77.7%; 75.3% and 74.5% for England.

1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support

87.9% of adults in contact with secondary mental health services live independently, compared to 60.9% in England. This was higher for females than for males, 90.2% compared to 85.6%; 62.5% and 59.5% for England.

Safeguarding People whose Circumstances make them Vulnerable, and Protecting from Avoidable Harm

4A: Proportion of People who use Services who Feel Safe

Safety is fundamental to the wellbeing and independence of people using social care, and the wider population. Feeling safe is a vital part of users' experience of their care and support.

67.2% of users of social care said that they felt as safe as they wanted, compared to 66.0% in England. This was higher for females, at 67.9%, than for males, at 66.0% (England: 65.2% and 67.3%). This was also higher for those aged 18–64, at 69.9%, than those aged 65 or over, at 66.1% (England: 63.4% and 67.5%).

4B: Proportion of People who use Services who say that those Services have made them feel Safe and Secure

This measure supports measure 4A, by reflecting the extent to which users of care services feel that their care and support has contributed to making them feel safe and secure. As such, it attempts to separate the role of care and support in helping people to feel safe from the influence of other factors, such as crime levels and socioeconomic factors.

85.2% of users of social care said that those services have made them feel safe and secure, compared to 79.2% in England. This was higher for males, at 89.1%, than for females, at 82.8% (England: 79.1% and 79.3%). This was also higher for those aged 18–64, at 87.2%, than those aged 65 or over, at 84.4% (England: 80.1% and 78.7%).

Performing worse than England

Enhancing Quality of Life for People with Care and Support Needs

1A: Social Care Related Quality of Life

This measure gives an overarching view of the quality of life for users of social care. This outcome is influenced by a range of factors, including the quality of care and support. It is a composite measure calculated by using responses to eight questions in the Adult Social Care Survey of users of social care, covering different aspects of social care related quality of life.

The average score for social care related quality of life for Derbyshire was 18.9 out of a maximum possible score of 24, lower than for England at 19.0. There was a higher score for men than for women and higher score for 18-64 year olds than 65s and over.

1B: Proportion of people who use services who have control over their daily life

A key objective of the drive to make care and support more personalised is that support more closely matches the needs and wishes of the individual, putting users of services in control of their care and support. Therefore, asking users of care and support about the extent to which they feel in control of their daily lives is one means of measuring whether this objective is being achieved.

75.5% of users of social care in Derbyshire say they feel in control of their daily life, lower than for England at 76.7%. Women reported being more in control – at 76.9% slightly higher than for England 76.4% - than men – 73.3% and 77.3%. Those aged 18–64 are more likely to report they feel in control (78.8%) than those aged 65 and over (74.2%); both are slightly lower than for England at 79.4% and 75.3% respectively.

1C: Proportion of People using Social Care who receive Self-Directed Support, and those receiving Direct Payments

This measure supports the drive towards more personalised care and support, by demonstrating the success of councils in providing personal budgets and direct payments to users of services.

47.6% of users of community based services, and carers receiving services for carers, received self-directed support during the year, much lower than for England at 62.1%. This comprised 54.9% of clients aged 18-64 and 68.3% of clients aged 65 and over, compared to 73.3% and 65.7% for England. Of 18-64 year old clients 56.6% with a physical disability, 37.6% with a mental health problem and 63.3% with a learning disability received self-directed support compared to 64.1%, 28.5% and 82.7% in England.

10.1% of users and carers received direct payments compared to 19.1% in England. 30.5% of clients aged 18-64 received direct payments compared to only 8.0% of those aged 65 and over; for England these were 24.0 and 9.3% respectively. Of those clients aged 18-64, 35.1% with a physical disability, 26.8% with a mental health problem and 28.6% of those with a learning disability received direct payments (29.9%, 10.7% and 31.8% for England).

1E: Proportion of adults with a learning disability in paid employment

There is a strong link between employment, stable and appropriate accommodation, and enhanced quality of life for people with a learning disability and people with mental health problems.

4.1% of adults with a learning disability who are known to councils were in paid employment compared to 6.8% in England. This was higher for males than for females, 4.6% compared to 3.3%; 7.5% and 5.8% for England.

1I: Proportion of people who use services who reported that they had as much social contact as they would like

There is a clear link between loneliness and poor mental and physical health. A key element of the Government's 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.

43.4% said that they had as much social contact as they would like, compared to 44.2% in England. This was higher for males than for females, 45.7% compared to 42.0%; 45.1% and 43.6% for England. It was also higher for 18 to 64 year olds than for those aged 65 and over, 47.3% compared to 41.9%; 45.7% and 43.3% for England.

Delaying and Reducing the Need for Care and Support

2A: Permanent Admissions to Residential and Nursing Care Homes, per 100,000 population

Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care.

There were 738.1 permanent admissions to residential care or nursing homes per 100,000 population for adults aged 65 or over in 2011–12. The equivalent number for adults aged 18–64 was 21.4. These compare to 668.4 and 14.4 respectively, for England. Of the 18-64 year olds, the rates were 6.4 per 100,000 with a physical disability, 6.0 with a mental health problem and 7.9 with a learning disability. This compares to 4.4, 4.4 and 5.0 for England.

2B: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

This measure has two parts, reflecting both the coverage of reablement services, and their success in supporting people to remain at home. Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services.















79.1% of older people (aged 65 and over) were still at home 91 days after discharge from hospital into reablement or rehabilitation services. This compares with 81.9% For England. Women were much more likely to still be at home than men – 85.7% compare to 70.2% (83.9% and 79.0% for England). Of those aged 65-74, 87.5% were still at home (England: 85.0%). 77.5% of those aged 75-84 were still at home (England: 83.5%) as were 79.0% of over 85s (England: 79.4%).

1.0% of older people (aged 65 and over) were offered reablement services following discharge from hospital, compared to 3.3% in England. 0.8% of men and 1.2% of women were offered reablement services, compared to 2.5% and 4.1% in England. 0.3% of 65-74 year olds, 1.0% of 75-84 year olds and 2.8% of over 85s were offered reablement compared to 1.2%, 3.5% and 8.3% respectively.

2C: Delayed transfers of Care from Hospital, and those Attributable to Adult Social Care

This measure reflects the impact of hospital services and community based care in facilitating timely and appropriate transfers from all hospitals for all adults. It is an important marker of the effective joint working of local partners.

Per 100,000 of the adult population, there were on average 13.2 delayed transfers of care (for those aged 18 and over) per day. Of these, 4.8 were attributable to social care. For England there were 9.7 and 3.1 respectively.

Social care related quality of life	18.9 points out of 24
Service users with control over their daily life	
People receiving self-directed support	
People receiving direct payments	
Carer-reported quality of life	No Data
Adults with learning disabilities in employment	
Adults in contact with mental health services who are in paid employment	
Adults with learning disabilities in stable accommodation	
Adults in contact with mental health services who are in stable accommodation	
Service users with as much social contact as they would like	
Carers with as much social contact as they would like	No Data
Permanent admissions to care homes: people aged 18 to 64	21.4 per 100,000 people
Permanent admissions to care homes: people aged 65 and over	738.1 per 100,000 people
Older people at home 91 days after leaving hospital into reablement	
Older people receiving reablement services after leaving hospital	
Delayed transfers of care	13.2 per 100,000 people
Delayed transfers of care attributable to social services	4.8 per 100,000 people
Client satisfaction with care and support	
Carer satisfaction with social services	No Data
Carers included or consulted in decisions	No Data
Service users who find it easy to get information	
Carers who find it easy to get information	No Data
People who use services and feel safe	
People who say the services they use make them feel safe and secure	

NHS Outcome Framework: Clinical Commissioning Group Outcomes

CCG Outcomes Indicator Set measures are developed from NHS Outcomes Framework indicators that can be measured at CCG level together with additional indicators developed by NICE and the Health and Social Care Information Centre. These provide clear, comparative information for CCGs, Health and Wellbeing Boards, local authorities and patients and the public about the quality of health services commissioned by CCGs and the associated health outcomes. They are useful for CCGs and Health and Wellbeing Boards in identifying local priorities for quality improvement and to demonstrate progress that local health systems are making on outcomes.

Indicators are grouped around five domains as in the NHS Outcomes Framework, which set out the high-level national outcomes that CCGs should be aiming to improve. For each domain, there are a small number of overarching indicators followed by a number of improvement areas. They focus on improving health and reducing health inequalities: -

Domain 1	Preventing people from dying prematurely;
Domain 2	Enhancing quality of life for people with long-term conditions;
Domain 3	Helping people to recover from episodes of ill health or following injury;
Domain 4	Ensuring that people have a positive experience of care; and
Domain 5	Treating and caring for people in a safe environment; and protecting them from avoidable harm.

Unlike the Public Health and Adult Social Care Outcomes frameworks the CCG indicators are aggregated by NHS Clinical Commissioning Group (CCG), rather than local government areas.

There are 3 CCGs with geographical areas of responsibility lying wholly within Derbyshire County. These are NHS North Derbyshire CCG, NHS Hardwick CCG and NHS Erewash CCG. A fourth, NHS Southern Derbyshire CCG, covers the whole of Derby City as well as part of the county. A fifth, NHS Tameside & Glossop CCG, covers an area in the northwest of the county, commonly referred to as Glossopdale, as well as a large area outside the East Midlands region.

Performing Significantly Better than England

Preventing people from dying prematurely

1a1 Potential Years of Life Lost from causes considered amenable to healthcare (adults)

Deaths from causes considered 'amenable' to health care are premature deaths that should not occur in the presence of timely and effective health care. These indicators have been chosen to capture how successfully the NHS is meeting its objective to prevent people from dying prematurely where it can make a difference.

Erewash CCG

Potential years of life lost are significantly lower than the England average for male, females and persons combined.

Persons: 1789.4 compared to 2060.8 per 100,000 population; falling significantly.

Males: 2011.5 compared to 2232.2 per 100,000 population; falling but not significantly.

Females: 1562.9 compared to 1891.4 per 100,000 population; falling significantly.

Southern Derbyshire CCG

Potential years of life lost are significantly lower than the England average for males: 2011.5 compared to 1771.9 per 100,000 population, falling significantly.

1.2 Under 75 mortality rate from respiratory disease

The inclusion of under 75 mortality indicators, shared with the Public Health Outcomes Framework, reflects the contribution that the NHS can make to outcomes where there is shared responsibility with Public

Health. The NHS contribution will include encouraging healthy behaviours and uptake of screening and vaccination options, in addition to providing appropriate diagnosis, care planning and treatment.

North Derbyshire CCG

Mortality is significantly lower than the national average, 21.0 deaths per 100,000 population compared to 27.4, and is falling, though not significantly.

Record Stage of Cancer at Diagnosis

Tameside & Glossop CCG

Significantly higher than for England, 72.0 compared to 59.4.

Enhancing quality of life for people with long-term conditions

2.3 ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

This indicator measures emergency admissions that usually could have been avoided through better management in primary or community care, focussing on chronic (i.e. long-term) conditions in children.

Southern Derbyshire CCG

Admissions are currently significantly lower than the national average, 259.9 compared to 336.9 per 100,000 population, but rising, though not significantly.

Helping people to recover from episodes of ill health or following injury

3a Emergency admissions for acute conditions that should not usually require hospital admission

This indicator demonstrates progress in reducing the number of cases in which recovery has been interrupted by avoidable emergency admissions with those that measure positive progress in recovery. They provide a partial picture of the NHS's contribution to minimising the adverse impact of ill-health and injury upon the quality and length of life of those affected.

Erewash CCG

Admissions are currently significantly lower than the national average, 916.5 compared to 1181.9 per 100,000 population.

3b Emergency readmissions within 30 days of discharge from hospital

This may reflect failures in the effectiveness of care in the total care system.

Hardwick CCG

Readmissions are currently significantly lower than the national average, 10.7% compared to 11.8%, and rising, but not significantly.

Ensuring that people have a positive experience of care

4a ii Patient experience of GP out-of-hours services

This indicator helps to provide a picture of the NHS's contribution to improving the experience of care, including access to care.

North Derbyshire CCG

A significantly greater proportion of patient had positive experience of out of hours care than in England overall; 83.2% compared to 70.2% and rising significantly.

Erewash CCG

A significantly greater proportion of patient had positive experience of out of hours care than in England overall; 78.6% compared to 70.2% and rising significantly.

Performing Significantly Worse than England

Preventing people from dying prematurely

1ai Potential Years of Life Lost from Causes Considered Amenable to Healthcare (Adults)

Deaths from causes considered 'amenable' to health care are premature deaths that should not occur in the presence of timely and effective health care. These indicators have been chosen to capture how successfully the NHS is meeting its objective to prevent people from dying prematurely where it can make a difference.

North Derbyshire CCG

Potential years of life lost are significantly higher than the England average for male, females and persons combined.

Persons: 2237.8 compared to 2060.8 per 100,000 population, falling but not significantly.

Males: 2478.8 compared to 2232.2 per 100,000 population, rising but not significantly.

Females: 1995.6 compared to 1891.4 per 100,000 population, falling but not significantly.

Hardwick CCG

Potential years of life lost are significantly higher than the England average for male and persons combined.

Persons: 2231.8 compared to 2060.8 per 100,000 population, rising but not significantly.

Males: 2478.8 compared to 2232.2 per 100,000 population, rising but not significantly.

Tameside & Glossop CCG

Potential years of life lost are significantly higher than the England average for male, females and persons combined.

Persons: 3007.9 compared to 2060.8 per 100,000 population, rising but not significantly.

Males: 3158.1 compared to 2232.2 per 100,000 population, rising but not significantly.

Females: 2869.8 compared to 1891.4 per 100,000 population, falling significantly.

Premature mortality

The inclusion of under 75 mortality indicators, shared with the Public Health Outcomes Framework, reflects the contribution that the NHS can make to outcomes where there is shared responsibility with Public Health. The NHS contribution will include encouraging healthy behaviours and uptake of screening and vaccination options, in addition to providing appropriate diagnosis, care planning and treatment.

1.2 Under 75 Mortality Rate from Cardiovascular Disease

Tameside & Glossop CCG

Mortality is significantly higher than the national average, 97.4 deaths per 100,000) population compared to 65.5, and rising though not significantly.

1.2 Under 75 mortality Rate from Cancer

Tameside & Glossop CCG

Mortality is significantly higher than the national average, 139.6 deaths per 100,000) population compared to 123.3, and rising though not significantly.

1.2 Under 75 mortality rate from respiratory disease

Hardwick CCG

Mortality is significantly higher than the national average, 41.6 deaths per 100,000) population compared to 27.4, but is falling, though not significantly.

Tameside & Glossop CCG

Mortality is significantly higher than the national average, 35.9 deaths per 100,000) population compared to 27.4, and rising though not significantly.

Emergency admissions for Alcohol-Related Liver Disease

Tameside & Glossop CCG

Admissions are currently significantly higher than the national average, 49.3 compared to 29.4 per 100,000 population, but falling, though not significantly.

Record stage of cancer at diagnosis

Erewash CCG

Significantly lower than for England, 47.0 compared to 59.4.

Southern Derbyshire CCG

Significantly lower than for England, 38.5 compared to 59.4.

Percentage of cancers detected at stage 1 and 2

Erewash CCG

A significantly smaller proportion of cancers were detected at stage 1 and 2 than in England overall; 33.2% compared to 41.6%.

Southern Derbyshire CCG

A significantly smaller proportion of cancers were detected at stage 1 and 2 than in England overall; 25.1% compared to 41.6%.

Enhancing quality of life for people with long-term conditions

2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)

This indicator measures emergency admissions that usually could have been avoided through better management in primary or community care, focussing on chronic (i.e. long-term) conditions.

Hardwick CCG

Admissions are currently significantly higher than the national average, 1081.3 compared to 802.8 per 100,000 population, and rising significantly.

Tameside & Glossop CCG

Admissions are currently significantly higher than the national average, 1463.5 compared to 802.8 per 100,000 population, and rising, though not significantly.

2.3 ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

This indicator measures emergency admissions that usually could have been avoided through better management in primary or community care, focussing on chronic (i.e. long-term) conditions in children.

Tameside & Glossop CCG

Admissions are currently significantly higher than the national average, 539.8 compared to 336.9 per 100,000 population; but falling, though not significantly.

Helping people to recover from episodes of ill health or following injury

3a Emergency admissions for Acute Conditions that should not usually require Hospital Admission

This indicator demonstrates progress in reducing the number of cases in which recovery has been interrupted by avoidable emergency admissions with those that measure positive progress in recovery. They provide a partial picture of the NHS's contribution to minimising the adverse impact of ill-health and injury upon the quality and length of life of those affected.

North Derbyshire CCG

Admissions are currently significantly higher than the national average, 1408.8 compared to 1181.9 per 100,000 population, but falling significantly.

Hardwick CCG

Admissions are currently significantly higher than the national average, 1682.9 compared to 1181.9 per 100,000 population, but falling significantly.

Tameside & Glossop CCG

Admissions are currently significantly higher than the national average, 1710.3 compared to 1181.9 per 100,000 population, and rising significantly.

3b Emergency readmissions within 30 days of discharge from hospital

This may reflect failures in the effectiveness of care in the total care system.

Tameside & Glossop CCG

Readmissions are currently significantly higher than the national average, 12.7% compared to 11.8%, and rising, but not significantly.

3.2 Emergency admissions for children with lower respiratory tract infections (LRTI)

This may reflect failures in the effectiveness of care in the total care system.

Hardwick CCG

Admissions are currently significantly higher than the national average, 568.8 compared to 406.1 per 100,000 population, and rising, but not significantly.

Tameside & Glossop CCG

Admissions are currently significantly higher than the national average, 529.9 compared to 406.1 per 100,000 population, and rising, but not significantly.

Treating and caring for people in a safe environment and protecting them from avoidable harm

5.2.ii Incidence of Healthcare Associated Infection: C. difficile

This indicator helps provide a picture of the risk and severity of harm arising from problems in care.

North Derbyshire CCG

Currently significantly higher than for England, 41.5 compared to 23.7.

Tameside & Glossop CCG

Currently significantly higher than for England, 41.4 compared to 23.7.

5.2.ii Incidence of healthcare associated infection: MRSA

Tameside & Glossop CCG

Currently significantly higher than for England, 4.6 compared to 1.5.

Appendix

Spine charts from the Derbyshire Observatory

Public Health Outcomes Framework

Overarching Indicators

Indicator	Value	Regional	National	Trend	Worst	Performance	Best
▼ Overarching indicators							
0.1ii - Life Expectancy at birth - male	79.3	79.1	79.2	↑	82.1		74
0.1ii - Life Expectancy at birth - female	83.1	82.9	83.0	↑	85.9		79.5
0.2iii - Slope index of inequality in life expectancy at birth within English local authorities - male	8.1	No Data	No Data	↑	15.96		3.94
0.2iii - Slope index of inequality in life expectancy at birth within English local authorities - female	5.9	No Data	No Data	↓	11.43		1.32
0.2iv - Gap in life expectancy at birth between each local authority and England as a whole - male	0.1	-0.1	0.0	↑	2.89		-5.21
0.2iv - Gap in life expectancy at birth between each local authority and England as a whole - female	0.1	-0.1	0.0	↓	2.89		-3.01
0.1i - Healthy life expectancy at birth - male	64.3	63.2	63.4	↑	52.55		70.04
0.1i - Healthy life expectancy at birth - female	63.6	63.6	64.1	↑	55.54		70.96

Wider determinants

Indicator	Value	Regional	National	Trend	Worst	Performance	Best
▼ Wider determinants of health							
1.01i - Children in poverty (all dependent children under 20)	16.4				46.1		6.6
1.01ii - Children in poverty (under 16s)	17.1	19.1	20.6	↓	43.6		6.9
1.02i - School Readiness: good development at the end of reception	49.6	49.8	51.7	↓	27.67		69.02
1.02i - School Readiness: good level of development at the end of reception- free meals	31.7	32.1	36.2	✖	17.85		60.02
1.02ii - School Readiness: achieving expected level in the phonics screening check	66	68.4	69.1	↑	58.8		78.99
1.02ii - School Readiness: achieving expected level in the phonics screening check- free meals	50.3	52.6	55.8	↑	37.17		70.91
1.03 - Pupil absence	5.2	5.4	5.3	↓	6.31		4.36
1.04 - First time entrants to the youth justice system	349.8	457.7	440.9	↑	846.51		171.04
1.05 - 16-18 year olds not in education employment or training	4.8	4.8	5.3	↑	9.8		1.8
1.06i - Adults with a learning disability who live in stable and appropriate accommodation	77.4	72.3	73.5	↑	32.6		96.6
1.06ii - % of adults in contact with secondary mental health services who live in stable and appropriate accommodation	87.8	54.4	58.5	↓	5.5		94.1
1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate	4.3	5.9	7.1	✖	-5.3		21.7
1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate	68.3	65.5	63.2	✖	40.2		73.1
1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	59.3	62.8	62.3	↑	53.1		75.1
1.09i - Sickness absence - The percentage of employees who had at least one day off in the previous week	2.2	2.3	2.2	✖	3.53		0.57
1.09ii - Sickness absence - The percent of working days lost due to sickness absence	1.4	1.6	1.5	✖	2.7		0.33
1.10 - Killed and seriously injured casualties on England's roads	42.5	46.4	40.5	↑	81.82		16.91
1.11 - Domestic Abuse	21.9	20.9	18.8	↑	5.56		30.21
1.12i - Violent crime (including sexual violence) - hospital admissions for violence	43.8	47.0	57.6	↑	167.81		9.33
1.12ii - Violent crime (including sexual violence) - violence offences per 1,000 population	8	10.4	10.6	↑	27.09		4.11
1.12iii - Violent crime (including sexual violence) - Rate of sexual offences per 1,000 population	0.6	0.8	0.8	↑	2.01		0.34
1.13i - Re-offending levels - percentage of offenders who re-offend	23.8	26.0	No Data	↓	14.36		36.34
1.13ii - Re-offending levels - average number of re-offences per offender	0.6	0.7	No Data	↓	0.31		1.27
1.14i - The percentage of the population affected by noise - Number of complaints about noise	5.1	5.5	7.5	↓	58.4		2.45
1.14ii - The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the day/night	3.5	3.3	5.2	↓	20.83		0.83
1.14iii - The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night	6.3	5.1	8.0	↑	42.42		1.23
1.15i - Statutory homelessness - homelessness acceptances	1.2	1.8	2.4	↓	0.19		11.36
1.15ii - Statutory homelessness - households in temporary accommodation	0.3	0.4	2.4	↓	33.15		0
1.16 - Utilisation of outdoor space for exercise/health reasons	13.8	14.6	15.3	↓	0.55		41.25
1.17 - Fuel Poverty	12.8	13.2	10.4	↑	21.29		4.87
1.18i - Social Isolation: % of adult social care users who have as much social contact as they would like	34.6	39.7	43.2	↑	31.9		53.5
1.18ii - Loneliness and Isolation in adult carers	44.7	37.6	41.3	✖	23.9		60.9

Health Improvement

Indicator	Value	Regional	National	Trend	Worst	Performance	Best
▼ Health improvement							
2.02i - Breastfeeding - Breastfeeding initiation	70	72.2	73.9	↑	40.76		94.67
2.02ii - Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth	39	42.3	47.2	↑	17.48		83.34
2.03 - Smoking status at time of delivery	16.2	15.1	12.7	↓	30.84		2.27
2.01 - Low birth weight of term babies	2.3	2.9	2.8	↑	5.3		1.6
2.04 - under 18 conceptions	22.3	28.3	27.7	↑	52.01		14.22
2.06i - Excess weight in 4-5 and 10-11 year olds - 4-5 year olds	21.2	22.2	22.2	↑	32.19		16.09
2.06ii - Excess weight in 4-5 and 10-11 year olds - 10-11 year olds	32	32.7	33.3	↑	44.18		24.1
2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	82.5	86.8	103.8	↑	191.27		61.72
2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)	134.3	118.5	130.7	↑	277.34		63.75
2.08 - Emotional well-being of looked after children	15.2	15.2	14.0	↑	9.5		20.1
2.12 - Excess Weight in Adults	66.9	65.6	63.8	✖	74.39		45.89
2.13i - Percentage of physically active and inactive adults - active adults	56.1	55.7	55.6	↓	43.38		66.29
2.13ii - Percentage of active and inactive adults - inactive adults	28.4	28.8	28.9	↓	39.17		16.34
2.14 - Smoking Prevalence	17.8	19.9	19.5	↑	29.76		12.07
2.14 - Smoking prevalence - routine & manual	26.4	29.4	29.7	↑	44.33		14.17
2.15i - Successful completion of drug treatment - opiate users	7.5	8.6	8.2	↓	3.79		17.58
2.15ii - Successful completion of drug treatment - non-opiate users	35.1	42.4	40.2	↓	17.42		68.38
2.17 - Recorded diabetes	6.6	6.5	6.0	↑	3.69		8.42
2.18 - Alcohol related admissions to hospital	649.5	645.7	636.9	↑	1,120.59		364.95
2.20i - Cancer screening coverage - breast cancer	81.2	80.4	76.3	↓	58.25		84.54
2.20ii - Cancer screening coverage - cervical cancer	79.4	76.7	73.9	↓	58.63		79.86
2.21vii - Access to non-cancer screening programmes - diabetic retinopathy	76.1	81.0	80.9	↑	66.65		94.95
2.22i - Take up of NHS Health Check Programme by those eligible - health check offered	16.6	18.6	16.5	↑	0.72		42.52
2.22ii - Take up of NHS Health Check programme by those eligible - health check take up	51.5	54.7	49.1	↓	7.71		100
2.23i - Self-reported well-being - people with a low satisfaction score	5.1	5.3	5.8	↑	10.1		3.42
2.23ii - Self-reported well-being - people with a low worthwhile score	4.2	4.3	4.4	↑	8.22		2.92
2.23iii - Self-reported well-being - people with a low happiness score	10.3	10.1	10.4	↓	15.83		5.47
2.23iv - Self-reported well-being - people with a high anxiety score	22	20.6	21.0	↓	28.98		10.9
2.24i - Injuries due to falls in people aged 65 and over (Persons)	2037.2	1,865.0	2,011.0	↓	3,508.04		1177.52
2.24ii - Injuries due to falls in people aged 65 and over - aged 65-79	908.3	890.4	975.0	↑	1,826.45		544.32
2.24iii - Injuries due to falls in people aged 65 and over - aged 80+	5310.9	4,691.6	5,015.3	↓	9,118.73		2875.62
2.24i - Injuries due to falls in people aged 65 and over (male)	1575.8	1,466.5	1,602.1	↓	2,974.78		902.9
2.24i - Injuries due to falls in people aged 65 and over (female)	2498.6	2,263.6	2,419.9	↑	4,041.3		1452.13

Health protection

Indicator	Value	Regional	National	Trend	Worst	Performance	Best
▼ Health protection							
3.01 - Fraction of mortality attributable to particulate air pollution	4.8	5.2	5.1	↑	7.7		3
3.02i - Chlamydia diagnoses (15-24 year olds) - Old NCSP data	2341	2,118.7	2,124.6	↑	782.61		5995.01
3.02ii - Chlamydia diagnoses (15-24 year olds) - CTAD	2406.5	2,171.2	2,015.6	↑	839.99		5758.49
3.03i - Population vaccination coverage - Hepatitis B (1 year old)	No Data	No Data	No Data	✖	40		100
3.03i - Population vaccination coverage - Hepatitis B (2 years old)	64.1	No Data	No Data	✖	9.09		100
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (1 year old)	97.3	96.4	94.7	↑	78.96		99.03
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old)	98.5	97.6	96.3	↑	81.85		99.4
3.03iv - Population vaccination coverage - MenC	95.5	94.8	93.9	↓	75.89		98.79
3.03ix - Population vaccination coverage - MMR for one dose (5 years old)	96.8	95.0	93.9	↑	82.07		98.32
3.03v - Population vaccination coverage - PCV	97	96.0	94.4	↑	78.73		98.97
3.03vi - Population vaccination coverage - Hib / Men C booster (5 years)	95.4	94.1	91.5	↓	75.73		98.07
3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old)	96.2	95.3	92.7	↑	77.04		98.31
3.03vii - Population vaccination coverage - PCV booster	95.2	94.8	92.5	↑	75.09		97.54
3.03viii - Population vaccination coverage - MMR for one dose (2 years old)	94.6	94.1	92.3	↑	77.4		98.4
3.03ix - Population vaccination coverage - MMR for two doses (5 years old)	91.7	89.7	87.7	↑	68.86		97
3.03xiii - Population vaccination coverage - PPV	71.4	70.7	69.1	↓	55.33		76.98
3.03xiv - Population vaccination coverage - Flu (aged 65+)	75.1	73.5	73.4	↓	65.5		80.83
3.03xv - Population vaccination coverage - Flu (at risk individuals)	53.6	49.9	51.3	↓	44.22		68.79
3.04 - People presenting with HIV at a late stage of infection	53.7	56.0	48.3	↓	0		80
3.05i - Treatment completion for TB	88.6	83.6	82.8	↓	22.6		100
3.05ii - Incidence of TB	3.6	10.8	15.1	↓	0		112.34
3.06 - NHS organisations with a board approved sustainable development management plan	77.8	47.3	59.0	↓	16.67		100

Healthcare and premature mortality

Indicator	Value	Regional	National	Trend	Worst	Performance	Best
▼ Health care and premature mortality							
4.01 - Infant mortality	2.8	4.1	4.1	↑	7.46		1.09
4.02 - Tooth decay in children aged 5	0.7	0.9	0.9	✖	2.1		0.35
4.03 - Mortality rate from causes considered preventable	184.9	188.5	187.8	✖	340.45		136.17
4.03 - Mortality rate from causes considered preventable-male	237	240.0	238.4	↑	430.86		164.85
4.03 - Mortality rate from causes considered preventable-female	135.1	139.9	140.6	↑	253.88		94.72
4.04i - Under 75 mortality rate from all cardiovascular diseases	82.4	82.6	81.1	↑	144.72		55.73
4.04i - Under 75 mortality rate from all cardiovascular diseases-male	116.3	115.0	114.0	↑	204.36		79.28
4.04i - Under 75 mortality rate from all cardiovascular diseases-female	49.3	51.4	50.1	↑	88.39		28.61
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable	58.5	55.9	53.5	↑	95.16		29.34
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable-male	89.9	84.1	80.8	↑	142.5		44.54
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable-female	28.1	28.7	27.6	↓	56.49		15.1
4.05i - Under 75 mortality rate from cancer	145.3	147.2	146.5	↑	207.29		113.54
4.05i - Under 75 mortality rate from cancer-male	163.1	163.0	163.6	↑	238.92		122.82
4.05i - Under 75 mortality rate from cancer-female	128.5	132.4	130.8	↓	181.25		105.35
4.05ii - Under 75 mortality rate from cancer considered preventable	81.3	84.0	84.9	↓	134.93		53.8
4.05ii - Under 75 mortality rate from cancer considered preventable-male	89.2	92.0	92.7	↑	154.43		53.05
4.05ii - Under 75 mortality rate from cancer considered preventable-female	73.9	76.6	77.9	↓	121.43		54.58
4.06i - Under 75 mortality rate from liver disease	14.7	17.6	18.0	↓	41.6		10.28
4.06i - Under 75 mortality rate from liver disease-male	19.3	23.2	23.7	↓	58.45		13.01
4.06i - Under 75 mortality rate from liver disease-female	10.3	12.1	12.6	↓	24.97		6.85
4.06ii - Under 75 mortality rate from liver disease considered preventable	13.3	15.5	15.8	↓	38.16		9.03
4.06ii - Under 75 mortality rate from liver disease considered preventable-male	17.8	21.1	21.1	↓	54.9		10.78
4.06ii - Under 75 mortality rate from liver disease considered preventable-female	9	10.1	10.6	↑	21.4		6.3
4.07i - Under 75 mortality rate from respiratory disease	31.9	33.2	33.5	↑	81.64		20.52
4.07i - Under 75 mortality rate from respiratory disease-male	40.6	39.8	39.6	↓	92.08		24.6
4.07i - Under 75 mortality rate from respiratory disease-female	23.6	27.0	27.9	↓	71.46		12.57
4.07ii - Under 75 mortality rate from respiratory disease considered preventable	15.4	16.6	17.6	↑	44.95		7.89
4.07ii - Under 75 mortality rate from respiratory disease considered preventable-male	18.6	18.9	20.1	↓	50.41		10.59
4.07ii - Under 75 mortality rate from respiratory disease considered preventable-female	12.3	14.4	15.2	↑	40.19		7.3
4.08 - Mortality from communicable diseases	63.7	60.3	64.8	↑	97.9		46.98
4.08 - Mortality from communicable diseases-male	67.6	70.6	75.1	↑	118.94		55.17
4.08 - Mortality from communicable diseases-female	60.9	54.0	58.7	↑	89.81		37.31
4.10 - Suicide rate	6.9	8.0	8.5	↓	14.51		4.78
4.10 - Suicide rate-male	11.1	12.7	13.3	↓	22.64		7.49
4.10 - Suicide rate-female	No Data	3.5	4.0	↑	8.16		2.42
4.11 - Emergency readmissions within 30 days of discharge from hospital	11.4	11.6	11.8	↑	14.53		8.81
4.11 - Emergency readmissions within 30 days of discharge from hospital-male	11.7	12.0	12.1	↑	14.88		8.69
4.11 - Emergency readmissions within 30 days of discharge from hospital-female	11.1	11.2	11.5	↑	14.66		8.32
4.12i - Preventable sight loss - age related macular degeneration (AMD)	114.4	No Data	104.4	↑	12.82		225.24
4.12ii - Preventable sight loss - glaucoma	13.7	No Data	12.5	↑	3.04		34.48
4.12iii - Preventable sight loss - diabetic eye disease	3.6	No Data	3.5	↓	0.95		15.77
4.12iv - Preventable sight loss - sight loss certifications	43.3	No Data	42.3	↑	5.13		82.51
4.14i - Hip fractures in people aged 65 and over	560.1	556.0	568.1	↑	808.41		403.06
4.14ii - Hip fractures in people aged 65 and over - aged 65-79	212.7	232.3	237.3	↑	401.66		121.8
4.14iii - Hip fractures in people aged 65 and over - aged 80+	1567.8	1,494.8	1,527.6	↑	2,150		1107.75
4.15i - Excess Winter Deaths Index (Single year, all ages)	14.1	15.6	16.1	↑	30.74		2.12
4.15ii - Excess Winter Deaths Index (single year, ages 85+)	21.9	23.2	22.9	↓	53.15		-7.61
4.15iii - Excess Winter Deaths Index (3 years, all ages)	16.7	17.0	16.5	↑	27.44		6.4
4.15iv - Excess Winter Deaths Index (3 years, ages 85+)	23.2	22.5	22.6	↑	38.54		11.29

Comparison to national: Sig better ● Not sig. different ○ Sig. worse ● No data ✖ Higher ● Lower ● Not Comparable ○
 Comparison to previous year: Better ↑ Worse ↓ Same — No Trend Data ✖
 Regional average | National Average | County Average | 25 50 75 100

CCG Outcome Indicators

North Derbyshire CCG

Indicator	Value	National	Trend	Worst	Performance	Best
▼ Domain 1 - Preventing People Dying Prematurely						
Potential years of life lost (PYLL) from causes considered amenable to healthcare-persons	2237.8	2,060.8	↓	3,214.70		1413.6
Potential years of life lost (PYLL) from causes considered amenable to healthcare-female	1995.6	1,891.4	↓	2,869.80		1082.1
Potential years of life lost (PYLL) from causes considered amenable to healthcare-male	2478.8	2,232.2	↑	3,699.00		1322.8
Under 75 mortality from cardiovascular disease-persons	69.5	65.5	↓	121.79		39.03
Under 75 mortality from respiratory disease -persons	21	27.4	↓	65.90		13.41
Under 75 mortality from liver disease-persons	14.9	15.4	↑	35.36		4.38
Under 75 mortality from cancer- persons	125	123.3	↑	169.54		90.82
Emergency admissions for alcohol related liver disease-persons	21.6	24.9	↓	95.40		6.8
One-year survival from all cancers	68.6	No Data	↑	76.25		61.78
Record of stage of cancer at diagnosis	59.4	59.4	✖	23.60		83.1
Percentage of cancers detected at stage 1 and 2	39.1	41.6	✖	17.70		59.6
Mortality from breast cancer in females	37.2	34.7	↑	47.00		24.1
▼ Domain 2 - Enhancing Quality of Life for People with Long-Term Conditions						
Unplanned hospitalisation for chronic ambulatory care sensitive conditions	801.4	802.8	↑	1,586.10		183.7
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	376.2	336.9	↑	780.90		75.1
Health related quality of life for people with long term conditions	0.7	0.7	✖	0.63		0.82
People feeling supported to manage their condition	69.5	65.6	✖	53.90		75.4
Health-related quality of life for carers, aged 18 and above	0.8	0.8	✖	0.76		0.85
People with diabetes diagnosed less than a year who are referred to structured education	14.8	No Data	✖	0.00		57.30
Complications associated with diabetes	7.4	No Data	✖	13.39		4.26
▼ Domain 3 - Helping people to recover from episodes of ill health or following injury						
Emergency admissions for acute conditions that should not usually require hospital admission	1480.8	1,181.9	↑	2,287.30		324.6
Emergency readmissions within 30 days of discharge from hospital	11.7	11.8	↑	14.48		8.93
Patient reported outcome measures for elective procedures-hip replacements	0.4	0.4	✖	0.48		0.31
Patient reported outcome measures for elective procedures-knee replacements	0.3	0.3	✖	0.36		0.17
Patient reported outcome measures for elective procedures-groin hernia	0.1	0.1	✖	0.15		-0.03
Emergency admissions for children with lower respiratory tract infections	533.2	406.1	↑	811.80		73.3
▼ Domain 4 - Ensuring People Have a Positive Experience of Care						
Patient experience of GP out of hours services	74.4	70.2	↑	54.53		85.37
Patient experience of hospital care	75.9	No Data	✖	69.90		83.30
▼ Domain 5 - Treating and Caring for People in a Safe Environment and Protecting Them From Avoidable Harm						
Incidence of healthcare-associated infection - C.Difficile	41.5	23.7	✖	8.25		50.92
Incidence of healthcare-associated infection - MRSA	0.4	1.5	✖	0.00		5.66

Hardwick CCG

Indicator	Value	National	Trend	Worst	Performance	Best
▼ Domain 1 - Preventing People Dying Prematurely						
📄 Potential years of life lost (PYLL) from causes considered amenable to healthcare-persons	2231.8	2,060.8	↑	3,214.70		1413.6
📄 Potential years of life lost (PYLL) from causes considered amenable to healthcare-female	1888.3	1,891.4	↓	2,869.80		1082.1
📄 Potential years of life lost (PYLL) from causes considered amenable to healthcare-male	2576.3	2,232.2	↑	3,699.00		1322.8
📄 Under 75 mortality from cardiovascular disease-persons	72.2	65.5	↓	121.79		39.03
📄 Under 75 mortality from respiratory disease -persons	41.6	27.4	↓	65.90		13.41
📄 Under 75 mortality from liver disease-persons	15.9	15.4	↑	35.36		4.38
📄 Under 75 mortality from cancer- persons	132.7	123.3	↑	169.54		90.82
📄 Emergency admissions for alcohol related liver disease-persons	33.3	24.9	↑	95.40		6.8
📄 One-year survival from all cancers	67	No Data	↑	76.25		61.78
📄 Record of stage of cancer at diagnosis	56.4	59.4	✖	23.60		83.1
📄 Percentage of cancers detected at stage 1 and 2	37.5	41.6	✖	17.70		59.6
📄 Mortality from breast cancer in females	32.4	34.7	↓	47.00		24.1
▼ Domain 2 - Enhancing Quality of Life for People with Long-Term Conditions						
📄 Unplanned hospitalisation for chronic ambulatory care sensitive conditions	1081.3	802.8	↑	1,586.10		183.7
📄 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	377.2	336.9	↑	780.90		75.1
📄 Health related quality of life for people with long term conditions	0.7	0.7	✖	0.63		0.82
📄 People feeling supported to manage their condition	61.1	65.6	✖	53.90		75.4
📄 Health-related quality of life for carers, aged 18 and above	0.8	0.8	✖	0.76		0.85
📄 People with diabetes diagnosed less than a year who are referred to structured education	9.5	No Data	✖	0.00		57.30
📄 Complications associated with diabetes	8.2	No Data	✖	13.39		4.26
▼ Domain 3 - Helping people to recover from episodes of ill health or following injury						
📄 Emergency admissions for acute conditions that should not usually require hospital admission	1682.9	1,181.9	↑	2,287.30		324.6
📄 Emergency readmissions within 30 days of discharge from hospital	10.7	11.8	↓	14.48		8.93
📄 Patient reported outcome measures for elective procedures-hip replacements	0.4	0.4	✖	0.48		0.31
📄 Patient reported outcome measures for elective procedures-knee replacements	0.3	0.3	✖	0.36		0.17
📄 Patient reported outcome measures for elective procedures-groin hernia	0.1	0.1	✖	0.15		-0.03
📄 Emergency admissions for children with lower respiratory tract infections	568.8	406.1	↑	811.80		73.3
▼ Domain 4 - Ensuring People Have a Positive Experience of Care						
📄 Patient experience of GP out of hours services	83.2	70.2	↑	54.53		85.37
📄 Patient experience of hospital care	79	No Data	✖	69.90		83.30
▼ Domain 5 - Treating and Caring for People in a Safe Environment and Protecting Them From Avoidable Harm						
📄 Incidence of healthcare-associated infection - C.Difficile	34.3	23.7	✖	8.25		50.92
📄 Incidence of healthcare-associated infection - MRSA	2	1.5	✖	0.00		5.66

Erewash CCG

Indicator	Value	National	Trend	Worst	Performance	Best
▼ Domain 1 - Preventing People Dying Prematurely						
Potential years of life lost (PYLL) from causes considered amenable to healthcare-persons	1789.4	2,060.8	↓	3,214.70		1413.6
Potential years of life lost (PYLL) from causes considered amenable to healthcare-female	1562.9	1,891.4	↓	2,869.80		1082.1
Potential years of life lost (PYLL) from causes considered amenable to healthcare-male	2011.5	2,232.2	↓	3,699.00		1322.8
Under 75 mortality from cardiovascular disease-persons	52.6	65.5	↓	121.79		39.03
Under 75 mortality from respiratory disease -persons	30.4	27.4	↑	65.90		13.41
Under 75 mortality from liver disease-persons	14.3	15.4	↓	35.36		4.38
Under 75 mortality from cancer- persons	123.1	123.3	↓	169.54		90.82
Emergency admissions for alcohol related liver disease-persons	19.1	24.9	↓	95.40		6.8
One-year survival from all cancers	69.6	No Data	↑	76.25		61.78
Record of stage of cancer at diagnosis	47	59.4	✘	23.60		83.1
Percentage of cancers detected at stage 1 and 2	33.2	41.6	✘	17.70		59.6
Mortality from breast cancer in females	34.5	34.7	↓	47.00		24.1
▼ Domain 2 - Enhancing Quality of Life for People with Long-Term Conditions						
Unplanned hospitalisation for chronic ambulatory care sensitive conditions	831.5	802.8	↑	1,586.10		183.7
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	285	336.9	↑	780.90		75.1
Health related quality of life for people with long term conditions	0.7	0.7	✘	0.63		0.82
People feeling supported to manage their condition	63.6	65.6	✘	53.90		75.4
Health-related quality of life for carers, aged 18 and above	0.8	0.8	✘	0.76		0.85
People with diabetes diagnosed less than a year who are referred to structured education	15.9	No Data	✘	0.00		57.30
Complications associated with diabetes	6.3	No Data	✘	13.39		4.26
▼ Domain 3 - Helping people to recover from episodes of ill health or following injury						
Emergency admissions for acute conditions that should not usually require hospital admission	916.5	1,181.9	↓	2,287.30		324.6
Emergency readmissions within 30 days of discharge from hospital	11.7	11.8	↓	14.48		8.93
Patient reported outcome measures for elective procedures-hip replacements	0.4	0.4	✘	0.48		0.31
Patient reported outcome measures for elective procedures-knee replacements	0.3	0.3	✘	0.36		0.17
Patient reported outcome measures for elective procedures-groin hernia	0.1	0.1	✘	0.15		-0.03
Emergency admissions for children with lower respiratory tract infections	352.7	406.1	↑	811.80		73.3
▼ Domain 4 - Ensuring People Have a Positive Experience of Care						
Patient experience of GP out of hours services	78.6	70.2	↑	54.53		85.37
Patient experience of hospital care	82.1	No Data	✘	69.90		83.30
▼ Domain 5 - Treating and Caring for People in a Safe Environment and Protecting Them From Avoidable Harm						
Incidence of healthcare-associated infection - C.Difficile	22.7	23.7	✘	8.25		50.92
Incidence of healthcare-associated infection - MRSA	2.1	1.5	✘	0.00		5.66

Southern Derbyshire

Indicator	Value	National	Trend	Worst	Performance	Best
▼ Domain 1 - Preventing People Dying Prematurely						
📄 Potential years of life lost (PYLL) from causes considered amenable to healthcare-persons	1855.2	2,060.8	↓	3,214.70		1413.6
📄 Potential years of life lost (PYLL) from causes considered amenable to healthcare-female	1940.2	1,891.4	↑	2,869.80		1082.1
📄 Potential years of life lost (PYLL) from causes considered amenable to healthcare-male	1771.9	2,232.2	↓	3,699.00		1322.8
📄 Under 75 mortality from cardiovascular disease-persons	58.5	65.5	↓	121.79		39.03
📄 Under 75 mortality from respiratory disease -persons	28.3	27.4	↑	65.90		13.41
📄 Under 75 mortality from liver disease-persons	15.4	15.4	↓	35.36		4.38
📄 Under 75 mortality from cancer- persons	126.3	123.3	↑	169.54		90.82
📄 Emergency admissions for alcohol related liver disease-persons	28.6	24.9	↑	95.40		6.8
📄 One-year survival from all cancers	69.4	No Data	↑	76.25		61.78
📄 Record of stage of cancer at diagnosis	38.5	59.4	✖	23.60		83.1
📄 Percentage of cancers detected at stage 1 and 2	25.1	41.6	✖	17.70		59.6
📄 Mortality from breast cancer in females	33.4	34.7	↑	47.00		24.1
▼ Domain 2 - Enhancing Quality of Life for People with Long-Term Conditions						
📄 Unplanned hospitalisation for chronic ambulatory care sensitive conditions	785.5	802.8	↑	1,586.10		183.7
📄 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	259.9	336.9	↑	780.90		75.1
📄 Health related quality of life for people with long term conditions	0.7	0.7	✖	0.63		0.82
📄 People feeling supported to manage their condition	65.3	65.6	✖	53.90		75.4
📄 Health-related quality of life for carers, aged 18 and above	0.8	0.8	✖	0.76		0.85
📄 People with diabetes diagnosed less than a year who are referred to structured education	11.1	No Data	✖	0.00		57.30
📄 Complications associated with diabetes	6.6	No Data	✖	13.39		4.26
▼ Domain 3 - Helping people to recover from episodes of ill health or following injury						
📄 Emergency admissions for acute conditions that should not usually require hospital admission	1142.2	1,181.9	↑	2,287.30		324.6
📄 Emergency readmissions within 30 days of discharge from hospital	12	11.8	↓	14.48		8.93
📄 Patient reported outcome measures for elective procedures-hip replacements	0.4	0.4	✖	0.48		0.31
📄 Patient reported outcome measures for elective procedures-knee replacements	0.3	0.3	✖	0.36		0.17
📄 Patient reported outcome measures for elective procedures-groin hernia	0.1	0.1	✖	0.15		-0.03
📄 Emergency admissions for children with lower respiratory tract infections	321.7	406.1	↑	811.80		73.3
▼ Domain 4 - Ensuring People Have a Positive Experience of Care						
📄 Patient experience of GP out of hours services	71.2	70.2	↑	54.53		85.37
📄 Patient experience of hospital care	78.2	No Data	✖	69.90		83.30
▼ Domain 5 - Treating and Caring for People in a Safe Environment and Protecting Them From Avoidable Harm						
📄 Incidence of healthcare-associated infection - C.Difficile	23.5	23.7	✖	8.25		50.92
📄 Incidence of healthcare-associated infection - MRSA	1.7	1.5	✖	0.00		5.66

Tameside & Glossop CCG

Indicator	Value	National	Trend	Worst	Performance	Best
▼ Domain 1 - Preventing People Dying Prematurely						
📄 Potential years of life lost (PYLL) from causes considered amenable to healthcare-persons	3007.9	2,060.8	↑	3,214.70		1413.6
📄 Potential years of life lost (PYLL) from causes considered amenable to healthcare-female	2869.8	1,891.4	↑	2,869.80		1082.1
📄 Potential years of life lost (PYLL) from causes considered amenable to healthcare-male	3158.1	2,232.2	↑	3,699.00		1322.8
📄 Under 75 mortality from cardiovascular disease-persons	97.4	65.5	↑	121.79		39.03
📄 Under 75 mortality from respiratory disease -persons	35.9	27.4	↑	65.90		13.41
📄 Under 75 mortality from liver disease-persons	20	15.4	↓	35.36		4.38
📄 Under 75 mortality from cancer- persons	139.6	123.3	↑	169.54		90.82
📄 Emergency admissions for alcohol related liver disease-persons	49.3	24.9	↓	95.40		6.8
📄 One-year survival from all cancers	67.6	No Data	↑	76.25		61.78
📄 Record of stage of cancer at diagnosis	72	59.4	✖	23.60		83.1
📄 Percentage of cancers detected at stage 1 and 2	44.1	41.6	✖	17.70		59.6
📄 Mortality from breast cancer in females	37.2	34.7	↑	47.00		24.1
▼ Domain 2 - Enhancing Quality of Life for People with Long-Term Conditions						
📄 Unplanned hospitalisation for chronic ambulatory care sensitive conditions	1463.5	802.8	↑	1,586.10		183.7
📄 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	539.8	336.9	↓	780.90		75.1
📄 Health related quality of life for people with long term conditions	0.7	0.7	✖	0.63		0.82
📄 People feeling supported to manage their condition	63.9	65.6	✖	53.90		75.4
📄 Health-related quality of life for carers, aged 18 and above	0.8	0.8	✖	0.76		0.85
📄 People with diabetes diagnosed less than a year who are referred to structured education	1.4	No Data	✖	0.00		57.30
📄 Complications associated with diabetes	8.3	No Data	✖	13.39		4.26
▼ Domain 3 - Helping people to recover from episodes of ill health or following injury						
📄 Emergency admissions for acute conditions that should not usually require hospital admission	1710.3	1,181.9	↑	2,287.30		324.6
📄 Emergency readmissions within 30 days of discharge from hospital	12.7	11.8	↑	14.48		8.93
📄 Patient reported outcome measures for elective procedures-hip replacements	0.4	0.4	✖	0.48		0.31
📄 Patient reported outcome measures for elective procedures-knee replacements	0.3	0.3	✖	0.36		0.17
📄 Patient reported outcome measures for elective procedures-groin hernia	0.1	0.1	✖	0.15		-0.03
📄 Emergency admissions for children with lower respiratory tract infections	529.9	406.1	↑	811.80		73.3
▼ Domain 4 - Ensuring People Have a Positive Experience of Care						
📄 Patient experience of GP out of hours services	72.6	70.2	↑	54.53		85.37
📄 Patient experience of hospital care	76	No Data	✖	69.90		83.30
▼ Domain 5 - Treating and Caring for People in a Safe Environment and Protecting Them From Avoidable Harm						
📄 Incidence of healthcare-associated infection - C.Difficile	41.4	23.7	✖	8.25		50.92
📄 Incidence of healthcare-associated infection - MRSA	4.6	1.5	✖	0.00		5.66