

# Bolton's Health and Wellbeing Strategy

## Performance Management Framework

Monitoring the indicators of the Health and Wellbeing Strategy for presentation to the Health and Wellbeing Board

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This performance report includes a summary profile of the indicators in the Health & Wellbeing Strategy, to be presented at Bolton's Health & Wellbeing Board, as well as more detail regarding the Overarching Outcomes of the Strategy, and tables illustrating direction of travel and commentary for all indicators.

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# Bolton's Health and Wellbeing Strategy

## Performance Management Framework

### What is Performance Management?

The NHS Institute for Innovation and Improvement states that in general performance management is about establishing a formal, regular, rigorous system of data collection and usage to indicate trends and measure the performance of services. Performance management enables organisations to articulate their business strategy, align their business to that strategy, identify their key performance indicators (KPIs) and track progress, delivering the information to decision-makers.

### Key principles of Bolton's Health and Wellbeing Strategy:

- Keep a firm focus on achieving positive health outcomes for all across the life-course
- Address inequalities
- Focus on prevention and reducing demand for services
- Develop, redesign and integrate services around the needs of people
- Ensure we use the resources available efficiently to secure better outcomes
- Promote the corporate citizen role of the health and social care system

### What is the structure of this Performance Management Framework?

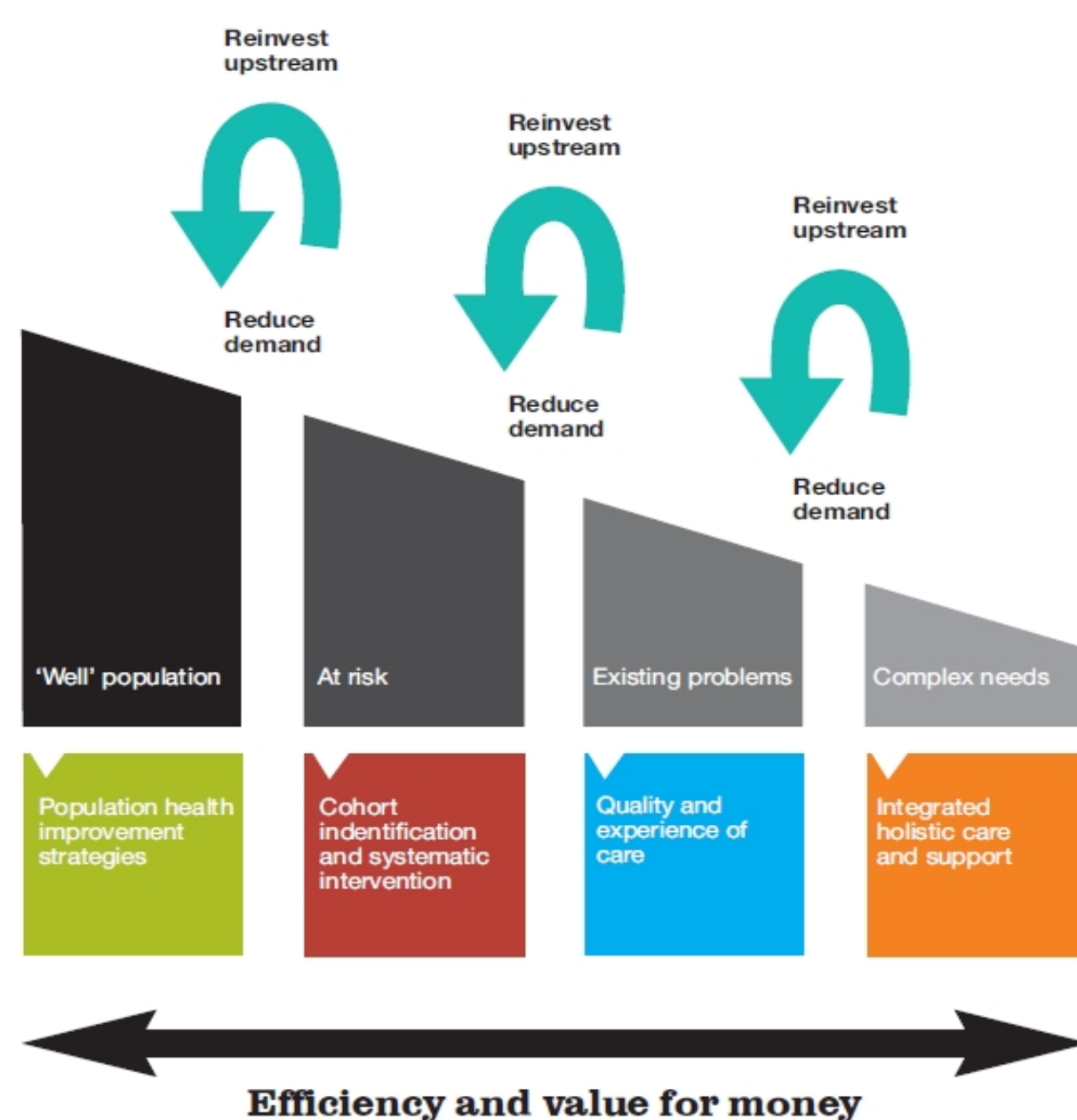
Performance Management should be strongly aligned to strategic principles and goals. Bolton's Health and Wellbeing Strategy is designed across key themes, with clear outcomes and identified responsible individuals/teams. The purpose of this framework is to monitor progress towards achievement of those goals through formal, regular, and rigorous data collection. In consequence, this framework is structured according to the lifecourse approach taken in the Health and Wellbeing Strategy:

- Starting Well
- Developing Well
- Living Well
- Working Well
- Ageing Well
- End of Life

Within each area of the lifecourse outcomes follow four key themes: Helping People Stay Well, Identifying and Dealing with Problems Early, Taking Good Care of Those with Existing Needs, and Keeping Vulnerable People Safe and Well.

### How often is the Performance Management Framework updated?

This framework is updated as and when new outcome data is available. National and local data is released and analysed at different points during the year but this framework is published on the Bolton's Health Matter's website and the download will always include the most up to date available. Update releases for individual outcomes are given in the framework.





# Bolton's Health and Wellbeing Strategy

## Performance Management Framework

### Performance update headlines this quarter

Right of the black line indicates we are performing better than our SN. This is true especially for excess weight in Reception, unplanned asthma, diabetes, and epilepsy admissions for children, QOF prevalence of diabetes, emergency readmissions, fall injuries, and adults with MI in settled accomodation. Of concern: SII, tooth decay (new data), suicide, and the local employment rate for people with learning disabilities. Most noticeably, stroke admissions in the elderly continue to increase and we are now the worst of our SNs.

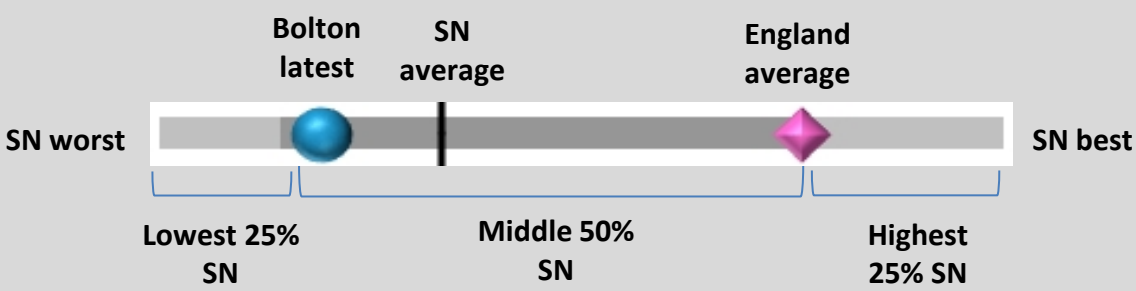
**Of the indicators updated this quarter**, there has been a notable improvement in low birthw eights, as well as further improvements in teenage pregnancy and chlamydia screening. The new infant mortality release shows no real improvement (from a rate 5.0 per 1,000 births to 5.1), but this remains comparable to our peers where we have been much higher in the past. A new release for the local employment rate for people with learning disabilities shows an insignificant chnage and we remain very poor regarding this topic.

## PROFILE OF LATEST PERFORMANCE

### MORE INFORMATION

For more detail, including direction of travel and movement from baseline, as well as information regarding sources, future data releases, and local ownership of indicators see full performance report on Bolton's Health Matters.

### KEY

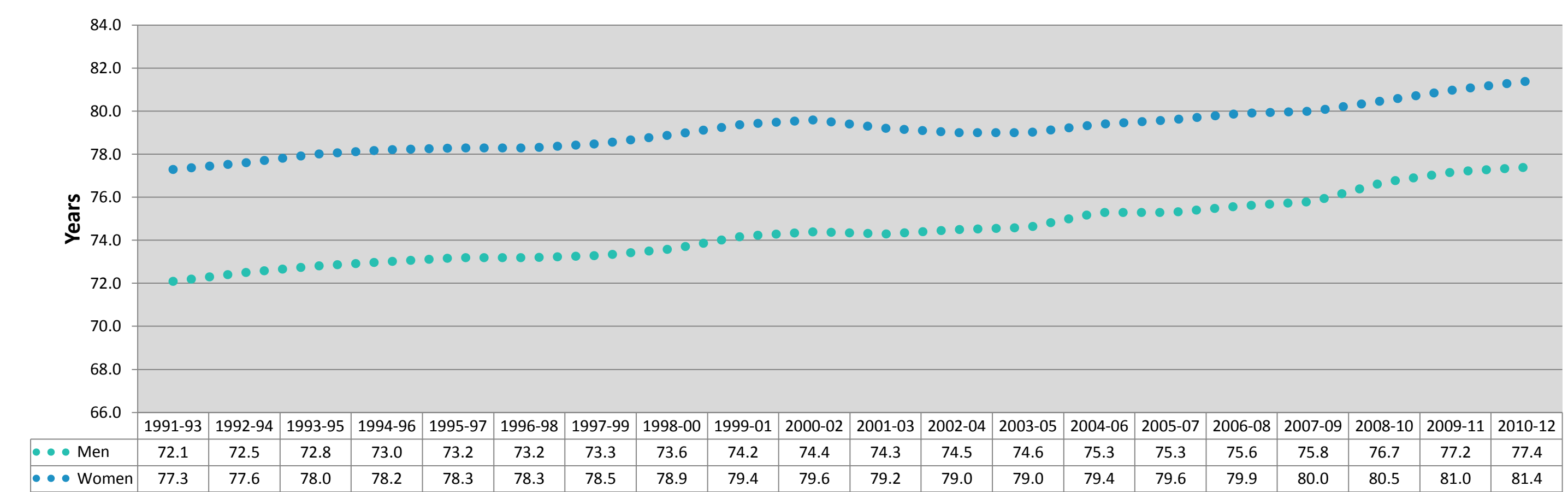


OUTCOME		BOLTON LATEST	SN AVERAGE	SN WORST	SN RANGE	SN BEST
OVER ARCHING OUTCOMES	LE MEN	77.4	77.5	76.1		78.9
	LE WOMEN	81.4	81.4	80.5		83.0
	SII MEN	12.1	10.3	12.1		7.9
	SII WOMEN	9.2	8.0	9.4		6.6
STARTING WELL	2.1 Infant mortality	5.1	5.0	7.2		3.0
	2.2 Low birth weight	7.9	7.8	10.2		6.1
	2.3 Breastfeeding prevalence 6-8 weeks	36.2	34.9	22.1		45.8
	2.4 Smoking in pregnancy	17.1	16.8	22.8		13.1
	2.5 Tooth decay in children under 5 years	1.9	1.4	2.1		0.6
	2.6 Excess weight: Reception	20.0	22.2	24.6		19.5
	2.7 Attainment at Early Years Foundation Stage	47.6	49.0	37.7		57.1
	2.8 Unplanned admission rate for children: ast. dia. epi.	304.7	387.2	534.4		293.3
	2.9 Emergency admission rates for children: LRTIs	561.0	545.4	699.2		292.7
	2.10 LAC annual health assessment	92.6	88.8	66.7		97.8
	2.11 LAC up to date immunisations	97.5	93.2	74.1		100.0
DEVELOPING WELL	3.2 Completed MMR immunisation by 5th birthday	91.6	92.3	87.5		97.0
	3.3 Completed Dtap/IPV/Hib by 2nd birthday	98.0	97.5	95.2		99.0
	3.5 Excess weight: Year 6	35.6	35.0	40.5		31.8
	3.10 Chamydia diagnosis rate aged 15-24 (CTAD)	2603.0	2379.2	1516.0		3311.0
	3.11 Under 18 conception rate	30.3	34.6	46.9		30.0
	3.12 Under 18 alcohol specific hospital admissions	54.6	59.8	98.4		29.8
	3.13 Hospital admissions due to injury aged 0-14	137.1	128.6	173.0		83.0
	3.14 Suicide and injury undetermined rate	11.7	8.9	11.7		5.8
	3.17 Children admissions aged 10-24: Self-harm	368.7	416.8	626.3		224.6
	3.18 GCSE attainment for LAC (5+ A*-C)	18.8	22.2	15.6		30.0
LIVING WELL	4.8 NHS Health Check uptake	81.3	62.6	38.2		100.0
	4.9 Prevalence of recorded diabetes	7.5	6.8	5.9		8.3
	4.11 Patients with LTC supported to manage conditions	68.1	64.6	61.1		68.1
	4.12 Emergency readmissions within 30 days of discharge	11.3	12.3	13.6		10.9
	4.14 Mortality causes considered amenable to healthcare	107.9	102.2	122.0		84.1
	4.15 Delayed transfers of care	6.6	7.4	16.7		3.3
	4.18 Adults with MI in settled accomodation	87.9	63.0	30.0		87.9
	4.19 Adults with LD in settled accomodation	84.4	82.8	70.0		95.8
	4.20 Successful drug treatments	5.7	7.5	4.8		9.6
	4.21 Households in temporary accommodation	0.4	0.3	0.6		0.1
WORKING WELL	5.4 Employment of people with LTC	50.5	51.0	37.3		61.4
	5.5 Employment of people with LD	1.4	5.5	0.9		9.4
	5.6 Employment of people with MI	31.0	28.4	16.8		58.6
AGEING WELL	6.1 Injuries due to falls - over 65s	1402.0	2191.3	3143.0		1402.0
	6.2 Excess winter deaths	16.3	15.7	20.3		6.4
	6.3 Flu vaccinations - over 65s	73.3	73.9	69.1		77.1
	6.4 Permanent admissions to residential/nursing homes (65+)	858.4	729.6	907.8		455.5
	6.5 Reported vs. expected Dementia Registers	60.0	53.2	22.1		71.4
	6.6 Satisfaction of social services users with care/support (65+)	67.6	63.0	52.5		71.1
	6.9 Older people at home 91 days after discharge	78.5	83.5	75.4		92.5
	6.10 Rate of stroke admissions (65+)	1002.7	774.0	1002.7		598.3
	6.11 Services make those using them feel safe and secure (65+)	75.5	78.3	61.3		90.9
	6.12 Emergency readmissions <28 days (75+)	13.5	16.3	18.6		13.5

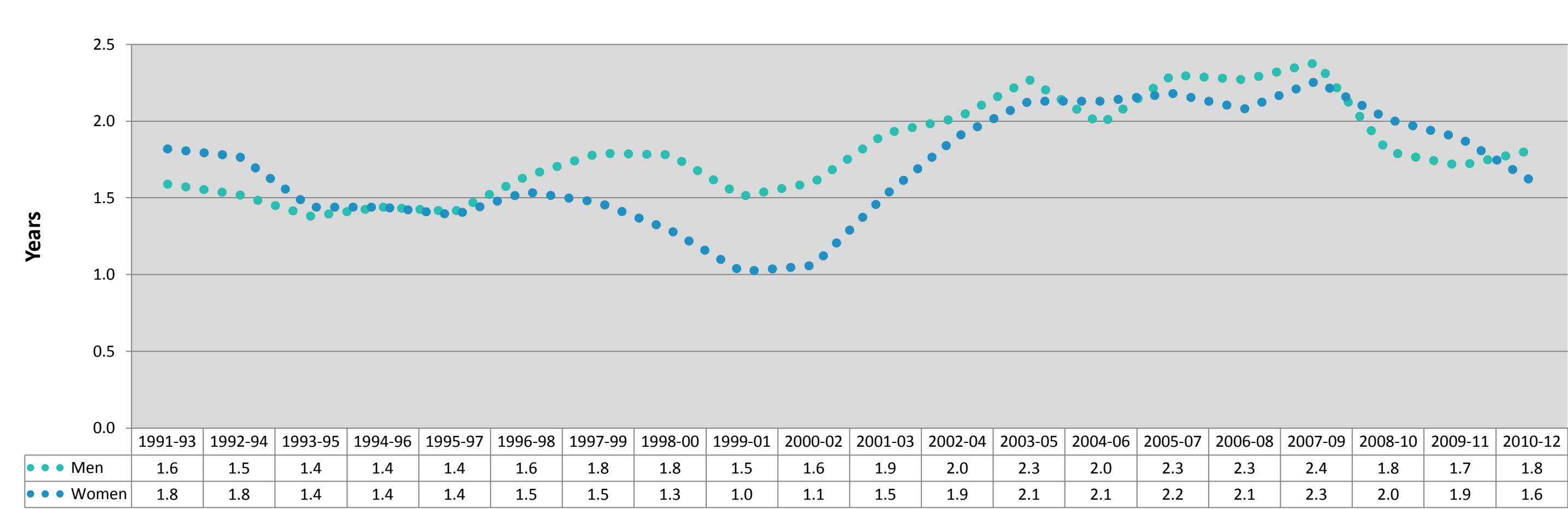
OVERARCHING OUTCOMES

These outcomes are the broad, overarching outcomes the Strategy aims to address.

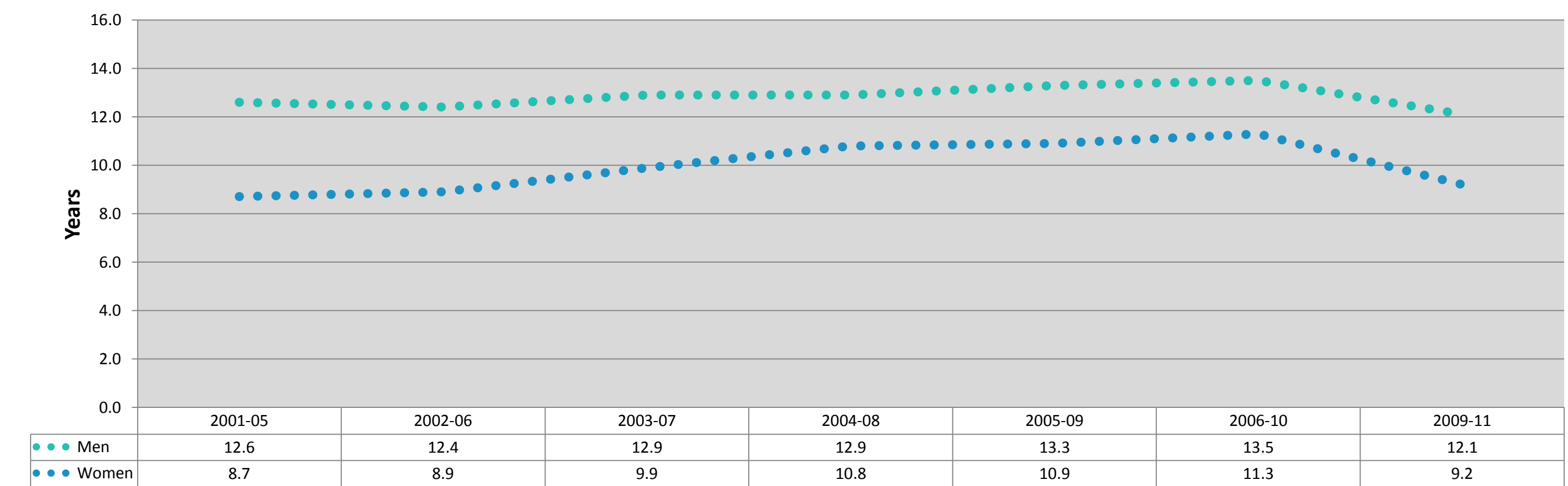
1.1 1.2 Life Expectancy at Birth in Bolton



1.3 1.4 Life Expectancy Gap Between Bolton and England



1.5 1.6 Life Expectancy: Slope Index of Inequality (Internal gap in Life Expectancy Between Most and Least Deprived)

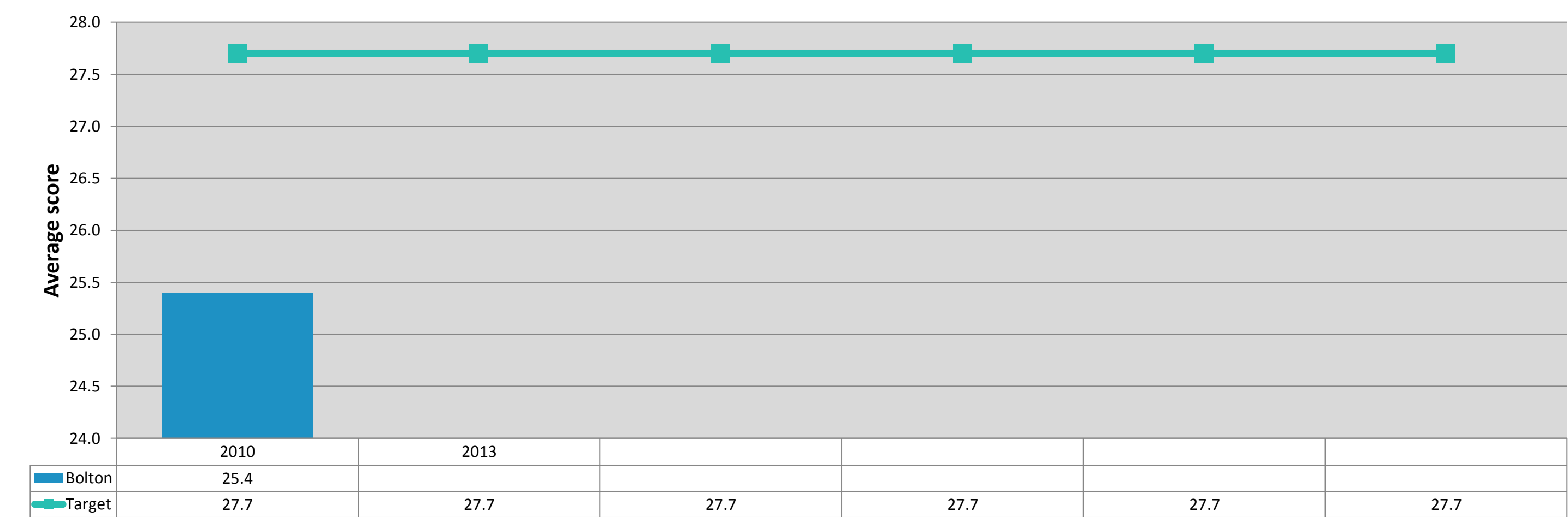


Life Expectancy for both sexes continues to increase year on year in Bolton. However, there persists a significant gap between life expectancy in Bolton and England; the gap narrowed to just 1.5 years for men and 1.0 year for women around the turn of the millenium, but since then the gap has tended to widen - yet the last two years show promising reductions. The internal gap between the most and least deprived parts of our population has consistently increased but has fallen in the latest release - but the new figure is based on a shorter pooled period and so future relases will be important to see if this can maintained.

For more detailed inequalities and local geographical data please see the Life Expectancy JSNA Indicator Sheet [here](#)

OVERARCHING OUTCOMES

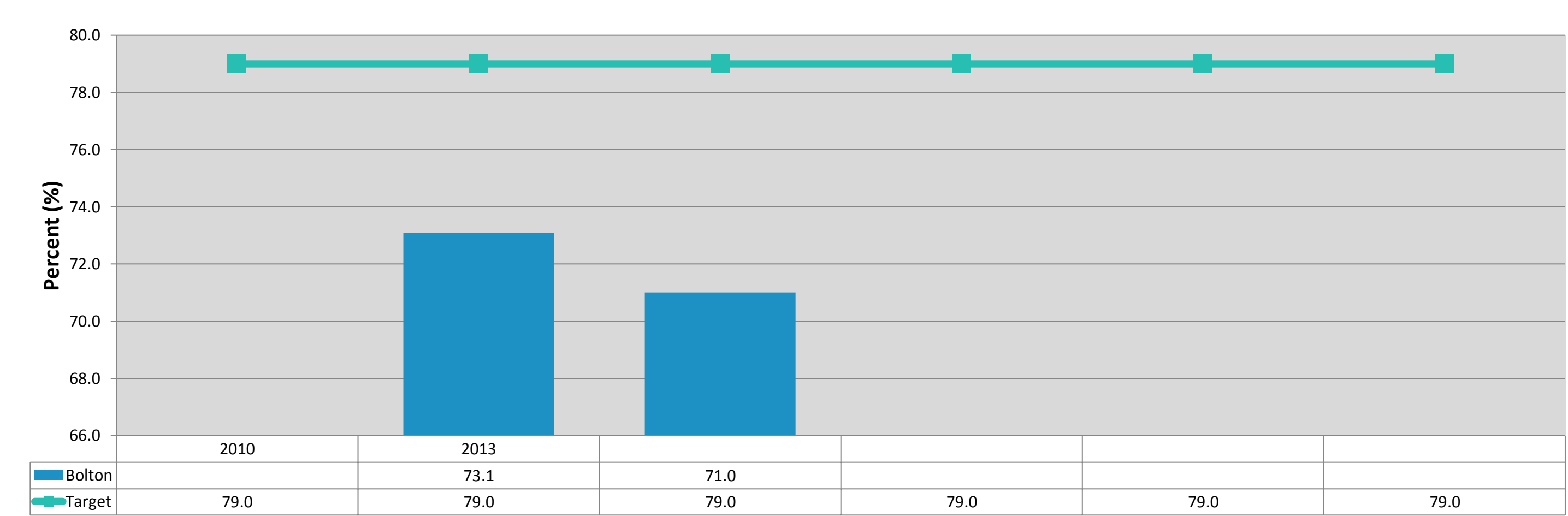
1.7 Mean Wellbeing Score in Bolton (WEMWBS)



The local wellbeing score was included in the Bolton Health & Wellbeing Survey for the first time in 2010 and so we only have data for one point in time at present. The measure will be included in the 2014 survey due in the autumn.

For more detailed inequalities and local geographical data please see the Wellbeing JSNA Indicator Sheet [here](#)

1.8 Good to Excellent General Health



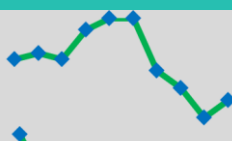








The was a reduction in the proportion of the adult population experiencing good to excellent health in Bolton between the most recent two health surveys in 2007 and 2010. The next survey is due to occur this autumn.

For more detailed inequalities and local geographical data please see the General Health JSNA Indicator Sheet [here](#)

## STARTING WELL

'Starting well' means good health before conception, a healthy pregnancy and good preparation for becoming a parent. A positive birth and experience in the early days and weeks of life; good maternal mental health; secure attachment between parents and child; love and responsiveness of parents; and promotion of the child's physical, cognitive, language and social and emotional development in a safe environment.

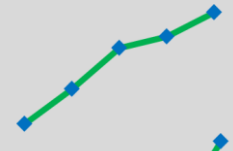








### INDICATORS

Outcome	Baseline	Latest position	Direction of travel	SN average	Commentary	Inequalities
<b>HELPING CHILDREN START WELL</b>						
<b>2.1</b> Infant mortality ( <i>PHOF 4.1</i> )	<b>5.8</b>	5.1		<b>5.0</b>	After consistent reductions, latest data shows an increase back towards baseline.	<a href="#">JSNA Indicator Sheet</a>
<b>2.2</b> Low birth weight	<b>7.2</b>	7.9		<b>7.8</b>	The recent increase has disrupted the generally falling trend.	<a href="#">JSNA Indicator Sheet</a>
<b>2.3</b> Breastfeeding prevalence 6-8 weeks ( <i>PHOF 2.2ii</i> )	<b>36.2</b>	36.2		<b>34.9</b>	Little progress above baseline is evident for breastfeeding prevalence.	<a href="#">JSNA Indicator Sheet</a>
<b>2.4</b> Smoking in pregnancy ( <i>PHOF 2.3</i> )	<b>18.0</b>	17.1		<b>16.8</b>	SATOD shows a consistently reducing trend and we remain around SN average.	
<b>2.5</b> Tooth decay in children under 5 years ( <i>PHOF 4.2</i> )	<b>1.9</b>	1.9		<b>1.4</b>	Newly released data, no trend. Worse than SN average.	<a href="#">JSNA Indicator Sheet</a>
<b>IDENTIFYING AND DEALING WITH PROBLEMS EARLY</b>						
<b>2.6</b> Excess weight in Reception children	<b>24</b>	20.0		<b>22.2</b>	Promisingly Reception obesity is falling, but Year 6 remains as issue.	<a href="#">JSNA Indicator Sheet</a>
<b>2.7</b> Attainment at Early Years Foundation Stage	<b>60.4</b>	47.6		<b>49.0</b>	The recent fall is due to change in methodology - post-Tickell Review.	<a href="#">JSNA Indicator Sheet</a>
<b>TAKING GOOD CARE OF THOSE WITH HEALTH AND SOCIAL CARE NEEDS</b>						
<b>2.8</b> Unplanned admission rates for children: asthma, diabetes, epilepsy ( <i>NHSOF 2.3ii</i> )	<b>366.1</b>	304.7		<b>387.2</b>	In general, child admissions can be erratic but are currently relatively stable.	<a href="#">JSNA Ast.</a> <a href="#">JSNA Dia.</a> <a href="#">JSNA Epi.</a>
<b>2.9</b> Emergency admission rates for children: LRTIs ( <i>NHSOF 3.2</i> )	<b>417.2</b>	561.0		<b>545.4</b>	In general, child admissions can be erratic but are currently relatively stable.	<a href="#">JSNA Indicator Sheet</a>
<b>ADDRESSING THE NEEDS OF THE VULNERABLE AND COMPLEX</b>						
<b>2.10</b> LAC annual health assessment	<b>87.6</b>	92.6		<b>89.0</b>	Both trends can be erratic but the differences between points are often minimal and Bolton remains consistently above baseline and SN average.	
<b>2.11</b> LAC up to date immunisations	<b>95.4</b>	97.5		<b>93.2</b>		
<b>2.12</b> Troubled Families outcome indicators					Indicator data not yet available.	



## DEVELOPING WELL


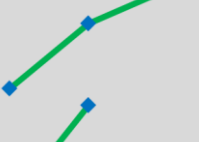



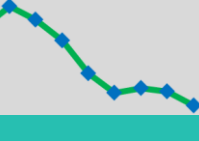











Many of the health problems that young people develop as they grow older are rooted in their experiences of childhood and adolescence. A sense of aspiration, achievement and security are intrinsically linked to young people's life chances and their long term wellbeing.

INDICATORS						
Outcome	Baseline	Latest position	Direction of travel	SN average	Commentary	Inequalities
HELPING PEOPLE STAY WELL						
3.1 Uptake rates for universal health screens					Indicator data not yet available.	
3.2 Completed MMR immunisation by 5th birthday (PHOF 3.3x) [2 doses]	89.4	91.6		92.3	Latest release has been positive for both MMR or Dtap/IPV/Hib and Bolton remains similar to SN average - putting us back on track following previous release.	<a href="#">JSNA Indicator Sheet</a>
3.3 Completed Dtap/IPV/Hib vaccine by their 2nd birthday	97.4	98.0		97.5		<a href="#">JSNA Indicator Sheet</a>
3.4 Healthy Schools - Enhanced					Indicator data not yet available.	
3.5 Excess weight in Year 6 children	31.9	35.6		35.0	After a fall last time, new release continues the increase in Year 6 excess weight.	<a href="#">JSNA Indicator Sheet</a>
IDENTIFYING AND DEALING WITH PROBLEMS EARLY						
3.6 Uptake of health reviews - school entry					Indicator data not yet available.	
3.7 Uptake of health reviews - transition to secondary school					Indicator data not yet available.	
3.8 Coverage of health reviews - school entry					Indicator data not yet available.	
3.9 Coverage of health reviews - transition to secondary school					Indicator data not yet available.	
TAKING GOOD CARE OF THOSE WITH HEALTH AND SOCIAL CARE NEEDS						
3.10 Chamydia diagnosis rate aged 15-24 CTAD (PHOF 3.2)	2552.0	2603.0		2379.2	Diagnosis rate must stay above 2,400 to effect change in prevalence.	
3.11 Under 18 conception rate (PHOF 2.4)	46.1	30.3		34.6	Conception rate continues to fall.	<a href="#">JSNA Indicator Sheet</a>
3.12 Under 18 alcohol related hospital admissions	93.7	54.6		59.8	Admission rate continues to fall - currently below SN average.	<a href="#">JSNA Indicator Sheet</a>
3.13 Hospital admissions due to injury aged 0-14	147.3	137.1		128.6	Slowly increasing but around SN average.	
3.14 Suicide and injury undetermined rate (PHOF 4.10)	12.9	11.7		8.9	Last two releases are promising following the recent peak in the suicide rate.	<a href="#">JSNA Indicator Sheet</a>
3.15 Children and young people's experience of healthcare (NHSOF 4.8)					Indicator data not yet available.	
3.16 Women's experience of maternity services (NHSOF 4.5)					Indicator data not yet available.	
ADDRESSING THE NEEDS OF THE VULNERABLE AND COMPLEX						
3.17 Children hospital admissions as a result of self-harm (PHOF 2.10)	368.7	368.7		416.8	Limited trend, but currently below SN average.	
3.18 GCSE attainment for LAC (5+ A*-C)	22.6	18.8		22.2	A dissappointing fall in LAC GCSE attainment.	<a href="#">JSNA Eng.</a> <a href="#">JSNA Mat.</a>
3.19 Children in poverty (PHOF 1.1)	24.1	22.7		24.0	Child poverty continues to fall.	






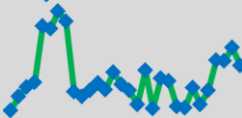
# LIVING WELL

Many premature deaths and illnesses could be prevented by improving lifestyles. It is estimated that 80% of cases of heart disease, stroke and type 2 diabetes and 40% of cases of cancer could be avoided if lifestyle risk factors were eliminated.

INDICATORS						
Outcome	Baseline	Latest position	Direction of travel	SN average	Commentary	Inequalities
HELPING PEOPLE STAY WELL						
4.1 Current adult smokers	20.7	20.7		NOT AVAILABLE	Smoking continues to fall in line with the national picture.	<a href="#">JSNA Indicator Sheet</a>
4.2 Adult overweight and obese	51.1	54.7		NOT AVAILABLE	Adult obesity continues to increase.	<a href="#">JSNA Indicator Sheet</a>
4.3 Physically active adults	42.3	42.5		NOT AVAILABLE	Physical activity is increasing in Bolton, but very slowly.	<a href="#">JSNA Indicator Sheet</a>
4.4 Physically inactive adults	18.8	17.1		NOT AVAILABLE	The latest position is better than historical target, but this must be maintained.	<a href="#">JSNA Indicator Sheet</a>
4.5 Drinking over limit/severely over limit	27.8	30.9		NOT AVAILABLE	Drinking continues to increase in line with the national picture.	<a href="#">JSNA Indicator Sheet</a>
4.6 Multiple risk factors					Indicator data not yet available.	
4.7 Number killed or seriously injured on roads (all ages) (PHOF 1.10)	32.3	29.0		31.5	Number of people killed or seriously injured shows consistent reduction.	
IDENTIFYING AND DEALING WITH PROBLEMS EARLY						
4.8 NHS Health Check uptake (PHOF 2.22ii)	61.4	81.3		62.6	Difficult to judge - likely not representative because of Big Bolton Health Check.	
4.9 Prevalence of recorded diabetes (PHOF 2.17)	5.4	7.5		6.8	Recorded diabetes continues to increase linearly towards our estimated prevalence.	<a href="#">JSNA Indicator Sheet</a>
4.10 Diagnosed cancer at Stage 1 & 2 as a proportion of all cancers (PHOF 2.19)					Indicator data not yet available.	
TAKING GOOD CARE OF THOSE WITH HEALTH AND SOCIAL CARE NEEDS						
4.11 Patients with LTC supported to manage their conditions (NHSOF 2.1)	68.2	68.1		64.6	Little change from baseline, but trend is limited.	
4.12 Emergency readmissions within 30 days of discharge (NHSOF 3b)	10.2	11.3		12.3	Trend erratic but currently better than SN average.	<a href="#">JSNA Indicator Sheet</a>
4.13 Health related quality of life for carers (ASCOF 1D)	8.5	8.5		8.1	Only one point in time at present.	
4.14 Mortality from causes considered amenable to healthcare (NHSOF 1a)	113.7	107.9		102.2	Very strong consistent reduction in this indicator, but still higher than SN average.	<a href="#">JSNA Indicator Sheet</a>
4.15 Delayed transfers of care (ASCOF 2C)	9.1	6.6		7.4	Limited trend.	
4.16 Patient experience of primary care (NHSOF 4a)					Indicator data not yet available.	
4.17 Patient experience of hospital care (NHSOF 4b)	75.8	79.5		NOT RELEVANT	Since baseline, indicator has fallen but latest three updates show improvement.	
ADDRESSING THE NEEDS OF THE VULNERABLE AND COMPLEX						
4.18 Adults in contact with mental health services in settled accommodation (PHOF 1.6ii)	89.9	87.9		63.0	Limited trend, but higher than SN average.	
4.19 Adults with learning disability in settled accommodation (PHOF 1.6i)	81.6	84.4		82.8	Limited trend, but higher than SN average.	
4.20 Successful drug treatments (PHOF 2.15i)	7.0	5.7		7.5	Limited trend data.	
4.21 Households in temporary accommodation (PHOF 1.15ii)	0.5	0.4		0.3	Limited trend data.	<a href="#">JSNA Indicator Sheet</a>


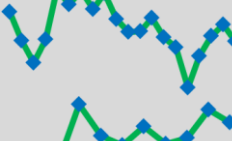








WORKING WELL

Work contributes to health by improving self-worth, fulfilment, personal identity and standing in the community, as well as providing the means for maintaining and enhancing standards of living and social participation. A fit, healthy and motivated workforce helps increase productivity and is essential for economy prosperity. Conversely unemployment negatively impacts on health as poor financial circumstances lead to material deprivation.

INDICATORS						
Outcome	Baseline	Latest position	Direction of travel	SN average	Commentary	Inequalities
HELPING PEOPLE STAY WELL						
5.1 Workplaces signed up to Clock-on-2-Health					Locally derived; indicator data not yet available.	
5.2 Staff members signed up to Clock-on-2-Health						
IDENTIFYING AND DEALING WITH PROBLEMS EARLY						
5.3 Sickness absence (PHOF 1.09i)	2.2	2.2		2.5	Bolton currently performs better than SN average, but not significantly so.	
TAKING GOOD CARE OF THOSE WITH HEALTH AND SOCIAL CARE NEEDS						
5.4 Employment of people with long-term conditions (NHSOF 2.2)	54.6	50.5		51.0	Erratic trend.	
ADDRESSING THE NEEDS OF THE COMPLEX AND VULNERABLE						
5.5 Proportion of adults with learning disabilities in paid employment (ASCOF 1E)	1.1	1.4		5.5	Performing notably worse than SN average.	
5.6 Employment of people with mental illness (NHSOF 2.5)	22.9	31.0		28.4	After a peak prior to 2008, the rate has struggled since the recession.	

## AGEING WELL

Although many older people live active lives and make a positive contribution to their community there are increased risks of poor health, deprivation and isolation as age increases.

INDICATORS						
Outcome	Baseline	Latest position	Direction of travel	SN average	Commentary	Inequalities
HELPING PEOPLE STAY WELL						
6.1 Injuries due to falls - over 65s (PHOF 2.24i)	1316.0	1402.0		2191.3	Only two points in time and no change, but comfortably below SN average.	
6.2 Excess winter deaths (PHOF 4.15)	16.7	16.3		15.7	After a long period of reduction this indicator is beginning to increase.	
6.3 Flu vaccinations - over 65s (PHOF 3.3xiv)	72.2	73.3		73.9	After a period increase, flu vaccinations have begun to plateau.	<a href="#">JSNA Indicator Sheet</a>
IDENTIFYING AND DEALING WITH PROBLEMS EARLY						
6.4 Permanent admissions to residential and nursing care homes (65+) (ASCOF 2A)	809.9	858.4		729.6	Limited trend.	
6.5 Reported vs. expected prevalence on GP Dementia Registers	51.9	60.0		53.2	Recently increased above SN average.	
TAKING GOOD CARE OF THOSE WITH HEALTH AND SOCIAL CARE NEEDS						
6.6 Satisfaction of people who use social services with their care and support (65+) (ASCOF 3A)	57.8	67.6		63.0	Currently performing just better than SN average and England.	
6.7 Satisfaction of carers with social services (ASCOF 3B)	44.9	44.9		45.5	Only one point in time at present.	
6.8 Stroke patients reporting improvement in activity/lifestyle (NHSOF 3.4)					Indicator data not yet available.	
6.9 Older people (65+) still at home 91 days after discharge from hospital (ASCOF 2B)	51.5	78.5		83.5	Limited trend.	
6.10 Rate of stroke admissions (65+)	762.9	1002.7		774.0	Stroke admissions are increasing locally and are much higher than SN average.	
ADDRESSING THE NEEDS OF THE VULNERABLE AND COMPLEX						
6.11 People who feel safe using services (65+) (ASCOF 4B)	80.9	75.5		78.3	Only one point in time at present, but we perform better than SN average.	
6.12 Emergency readmissions (75+)	12.9	13.5		16.3	Recent peak, but are now performing better than SN average.	

END OF LIFE

Whilst we would all aspire to live a healthy long life, death is inevitable and our experience of death is important not only to minimise the individuals personal suffering but also for those who are bereaved.

INDICATORS						
Outcome	Baseline	Latest position	Direction of travel	SN average	Commentary	Inequalities
HELPING PEOPLE STAY WELL						
7.1 Deaths at home	19.7	20.9		21.5	PROVISIONAL	
7.2 Deaths in hospital	58.3	53.8		53.5	PROVISIONAL	
IDENTIFYING AND DEALING WITH PROBLEMS EARLY						
7.3 People with palliative care need identified on GP Palliative Care Register	22.7	22.7		25.9	PROVISIONAL	
TAKING GOOD CARE OF THOSE WITH HEALTH AND SOCIAL CARE NEEDS						
7.4 Number of care homes	2.6	2.6		3.7	PROVISIONAL	
7.5 Number of care home beds	91.3	91.3		111.3	PROVISIONAL	
ADDRESSING THE NEEDS OF THE VULNERABLE AND COMPLEX						
7.6 Terminal admissions that are emergencies	91.2	91.2		92.2	PROVISIONAL	
7.7 Terminal admissions that are 8 days or longer	47.2	47.2		46.9	PROVISIONAL	



SUPPLEMENTARY INFORMATION

For each indicator in the performance management framework the below table provides its definition.

Outcome	Definition
STARTING WELL	
2.1 Infant mortality ( <i>PHOF 4.1</i> )	Rate of deaths in infants aged under 1 year per 1,000 live births
2.2 Low birth weight	Proportion of total births with a birth weight less than 2500 grams
2.3 Breastfeeding prevalence 6-8 weeks ( <i>PHOF 2.2ii</i> )	Percentage of all infants due a 6-8 week check that are totally or partially breasfed
2.4 Smoking in pregnancy ( <i>PHOF 2.3</i> )	Percentage of women who smoke at time of delivery
2.5 Tooth decay in children under 5 years ( <i>PHOF 4.2</i> )	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 – decayed/missing/filled teeth (d3mft)
2.6 Excess weight in Reception children	Percentage of children aged 4-5 classified as overweight or obese
2.7 Attainment at Early Years Foundation Stage	Children defined as having reached a good level of development at the end of the EYFS as a percentage of all eligible children
2.8 Unplanned admission rate for children: asthma, diabetes, epilepsy ( <i>NHSOF 2.3ii</i> )	Age-sex standardised emergency admission episodes for people under 19 where asthma, diabetes, or epilepsy was the primary diagnosis, per 100,000 population
2.9 Emergency admission rates for children: LRTIs ( <i>NHSOF 3.2</i> )	Age-sex standardised emergency admission episodes for people under 19 where lower respiratory tract infection was the primary diagnosis, per 100,000 population
2.10 LAC annual health assessment	Percentage of looked after children who had their annual health assessment
2.11 LAC up to date immunisations	Percentage of looked after children whose immunisations were up to date
2.12 Troubled Families outcome indicators	Not yet defined
DEVELOPING WELL	
3.1 Uptake rates for universal health screens	Not yet defined
3.2 Completed MMR immunisation by 5th birthday ( <i>PHOF 3.3x</i> )	Percentage of eligible children who have received two doses of MMR vaccine on or after their 1st birthday and at any time up to their 5th birthday
3.3 Completed Dtap /IPV/ Hib vaccine by their 2nd birthday	Percentage of eligible children who received 3 doses of Dtap / IPV / Hib vaccine at any time by their 2nd birthday
3.4 Healthy Schools - Enhanced	Not yet defined
3.5 Excess weight in Year 6 children	Percentage of children aged 10-11 classified as overweight or obese
3.6 Uptake of health reviews - school entry	Not yet defined
3.7 Uptake of health reviews - transition to secondary school	Not yet defined
3.8 Coverage of health reviews - school entry	Not yet defined
3.9 Coverage of health reviews - transition to secondary school	Not yet defined
3.10 Chamydia diagnosis rate aged 15-24 ( <i>PHOF 3.2</i> )	Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 using CTAD data
3.11 Under 18 conception rate ( <i>PHOF 2.4</i> )	Rate of conceptions per 1,000 females aged 15-17
3.12 Under 18 alcohol specific hospital admissions	Crude rate per 100,000 under 18 year olds for alcohol specific hospital admissions
3.13 Hospital admissions due to injury <18s	Crude rate per 10,000 (<18) for emergency hospital admissions following injury
3.14 Suicide and injury undetermined rate ( <i>PHOF 4.10</i> )	Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population
3.15 Children and young people's experience of healthcare ( <i>NHSOF 4.8</i> )	Not yet available at LA level
3.16 Women's experience of maternity services ( <i>NHSOF 4.5</i> )	Not yet available at LA level
3.17 Children hospital admissions as a result of self-harm ( <i>PHOF 2.10</i> )	Directly standardised rate per 100,000 for hospital admissions for self-harm aged 10-24
3.18 GCSE attainment for LAC (5+ A*-C)	Percentage of children looked after achieving 5 or more GCSEs or equivalent including maths and English
3.19 Children in poverty ( <i>PHOF 1.1</i> )	Percentage of all dependent children under 20 in relative poverty (living in households where income is less than 60 per cent of median household income before housing costs)
LIVING WELL	
4.1 Current adult smokers	Age-sex standardised prevalence of current smokers (%)
4.2 Adult overweight and obese	Age-sex standardised prevalence of adult overweight and obese (%)
4.3 Physically active adults	Age-sex standardised prevalence of physically active adults (%)
4.4 Physically inactive adults	Age-sex standardised prevalence of physically inactive adults (%)
4.5 Drinking over limit/Severely over limit	Age-sex standardised prevalence of adults drinking over limit/Severely over limit (%)
4.6 Multiple risk factors	Not yet defined
4.7 Killed or seriously injured on roads (all ages) ( <i>PHOF 1.10</i> )	Rate of people KSI on the roads, all ages, per 100,000 resident population
4.8 NHS Health Check uptake ( <i>PHOF 2.22ii</i> )	Percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check
4.9 Prevalence of recorded diabetes ( <i>PHOF 2.17</i> )	Percentage of QOF-recorded cases of diabetes registered with GP practices aged 17+
4.10 Diagnosed cancer at Stage 1 & 2 as a proporiton of all cancers ( <i>PHOF 2.19</i> )	Patients with cancer diagnosed at stage 1 and 2 as a proportion of cancers diagnosed
4.11 Patients with LTC supported to manage their conditions ( <i>NHSOF 2.1</i> )	Proportion of people feeling supported to manage their conditions, based on responses to one question from the GP Patient Survey
4.12 Emergency readmissions within 28 days of discharge ( <i>NHSOF 3b</i> )	Percentage of emergency admissions occurring within 28 days of the last, previous discharge from hospital after admission.
4.13 Health related quality of life for carers ( <i>ASCOF 1D</i> )	This measure combines individual responses to six questions in the Carers' Survey measuring different outcomes related to overall quality of life - points out of 12
4.14 Mortality from causes considered amenable to healthcare ( <i>NHSOF 1a</i> )	Age-sex standardised mortality rate (<75) from causes considered amenable to healthcare per 100,000 population
4.15 Delayed transfers of care ( <i>ASCOF 2C</i> )	Delayed transfers of care from hospital per 100,000 population
4.16 Patient experience of primary care ( <i>NHSOF 4a</i> )	Not yet available
4.17 Patient experience of hospital care ( <i>NHSOF 4b</i> )	Patient experience measured by scoring the results of a selection of questions from the national inpatient survey looking at a range of elements of hospital care - score out of 100
4.18 Adults with mental illness in settled accomodation ( <i>PHOF 1.6ii</i> )	Percentage of adults (age 18-69) who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support
4.19 Adults with learning disability in settled accomodation ( <i>PHOF 1.6i</i> )	Percentage of adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family

4.20 Successful drug treatments ( <i>PHOF 2.15i</i> )	Percentage of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months
4.21 Households in temporary accommodation ( <i>PHOF 1.15ii</i> )	Households in temporary accommodation per 1,000 households
WORKING WELL	
5.1 Workplaces signed up to Clock-on-2-Health	Not yet defined
5.2 Staff members signed up to Clock-on-2-Health	Not yet defined
5.3 Sickness absence ( <i>PHOF 1.09i</i> )	Percentage of employees who had at least one day off due to sickness absence in the previous working week
5.4 Employment of people with long-term conditions ( <i>NHSOF 2.2</i> )	Employment rate of people with a long-term condition, based on LFS data, by financial year quarter
5.5 Proportion of adults with learning disabilities in paid employment ( <i>ASCOF 1E</i> )	The proportion of all adults with learning disabilities who are known to the council, who are recorded as being in paid employment within the current financial year
5.6 Employment of people with mental illness ( <i>NHSOF 2.5</i> )	Employment rate of people with a mental illness, based on LFS data, by financial year
AGEING WELL	
6.1 Injuries due to falls - over 65s ( <i>PHOF 2.24i</i> )	Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population
6.2 Excess winter deaths ( <i>PHOF 4.15</i> )	Excess Winter Deaths Index (3 years, all ages)
6.3 Flu vaccinations - over 65s ( <i>PHOF 3.3xiv</i> )	Percentage of eligible adults aged 65+ who have received the flu vaccine
6.4 Permanent admissions to residential and nursing care homes (65+) ( <i>ASCOF 2A</i> )	Permanent admissions (65+) to residential and nursing care homes, per 100,000 population
6.5 Reported vs. expected prevalence on GP Dementia Registers	Number recorded on dementia QOF Register as a proportion of estimated prevalence from POPPI
6.6 Satisfaction of people who use social services with their care and support (65+) ( <i>ASCOF 3A</i> )	Overall satisfaction of people who use service with their care and support - 'extremely satisfied' or 'very satisfied' (%)
6.7 Satisfaction of carers with social services ( <i>ASCOF 3B</i> )	Overall satisfaction of carers with social services - 'extremely satisfied' or 'very satisfied' (%)
6.8 Stroke patients reporting improvement in activity/lifestyle ( <i>NHSOF 3.4</i> )	Not yet defined
6.9 Older people (65+) still at home 91 days after discharge from hospital ( <i>ASCOF 2B</i> )	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (%)
6.10 Rate of stroke admissions (65+)	Directly standardised rate of hospital admissions for stroke in the elderly per 100,000 population aged 65 and over
6.11 People who feel safe using services (65+) ( <i>ASCOF 4B</i> )	The proportion of people (65+) who use services who say that those services have made them feel safe and secure (%)
6.12 Emergency readmissions within 28 days of discharge (75+)	Percentage of emergency admissions aged 75+ occurring within 28 days of the last, previous discharge from hospital after admission.
END OF LIFE	
7.1 Deaths at home	Percentage of all deaths that occur in own home
7.2 Deaths in hospital	Percentage of all deaths that occur in hospital
7.3 People with palliative care need identified on GP Palliative Care Register	People with palliative care need identified on GP Palliative Care Register (%)
7.4 Number of care homes	Number of care homes per 1,000 population aged 75 and over
7.5 Number of care home beds	Number of care home beds per 1,000 population aged 75 and over
7.6 Terminal admissions that are emergencies	Percentage of hospital admissions ending in death (terminal admissions) that are
7.7 Terminal admissions that are 8 days or longer	Percentage of hospital admissions ending in death (terminal admissions) with a stay of 8 days or longer