



Derby City Council

HEALTH AND WELLBEING BOARD
Thursday 17 July 2014

ITEM 9

Report of the Director of Public Health, Strategic Director of Adults, Health and Housing, Chief Operating Officer (Southern Derbyshire CCG) and Medical Director (NHS England Area Team)

Combined Performance Update: NHS Outcomes Framework, Adult Social Care Outcomes Framework and Public Health Outcomes Framework

SUMMARY

1.1 National reporting has moved away from process measures towards outcome measures as demonstrated through the publication of the three Outcomes Frameworks: NHS, Adult Social Care and Public Health.

1.2 It is intended that the three Outcomes Frameworks act as tools to:

- Improve local accountability and transparency.
- Drive local improvement and quality.

They are to support in understanding how well the local health and social care system is working.

1.3 There are a number of shared or 'complimentary' measures between the outcomes frameworks.

1.4 Local performance is mixed across the three frameworks. There is some comparatively good performance, for example:

- Potential Years of Life Lost (PYLL) from causes considered amenable to health care – males
- Percentage of adults with learning disabilities in paid employment
- New permanent admissions into residential care (18 to 65) per 100,000
- Hospital admission caused by unintentional and deliberate injury in children (0-4yrs and 0-14yrs)
- Successful completion of drug treatment – opiate users
- Cancer screening coverage (breast and cervical).

All measures performing comparatively well can be found in the supporting information below.

1.5 There are areas of comparatively poor performance, however:

- Emergency readmissions within 30 days of discharge from hospital
- Healthy life expectancy at birth (female)

- Life expectancy at birth (male)
- Gap in life expectancy at birth between each local authority and England as a whole (male)
- Mortality rate for causes considered preventable (all and male)
- Fuel poverty.

All measures performing comparatively poorly can be found in supporting information below.

RECOMMENDATION

- 2.1 To note local performance across the NHS, Adult Social Care and Public Health Outcomes Frameworks.
- 2.2 To identify and agree measures where Board requires further information.
- 2.3 To identify and agree any measures the Health and Wellbeing would like to prioritise.

REASONS FOR RECOMMENDATION

- 3.1 To support the Board in achieving its duty to improve the health of the local population and reduce health inequalities.

SUPPORTING INFORMATION

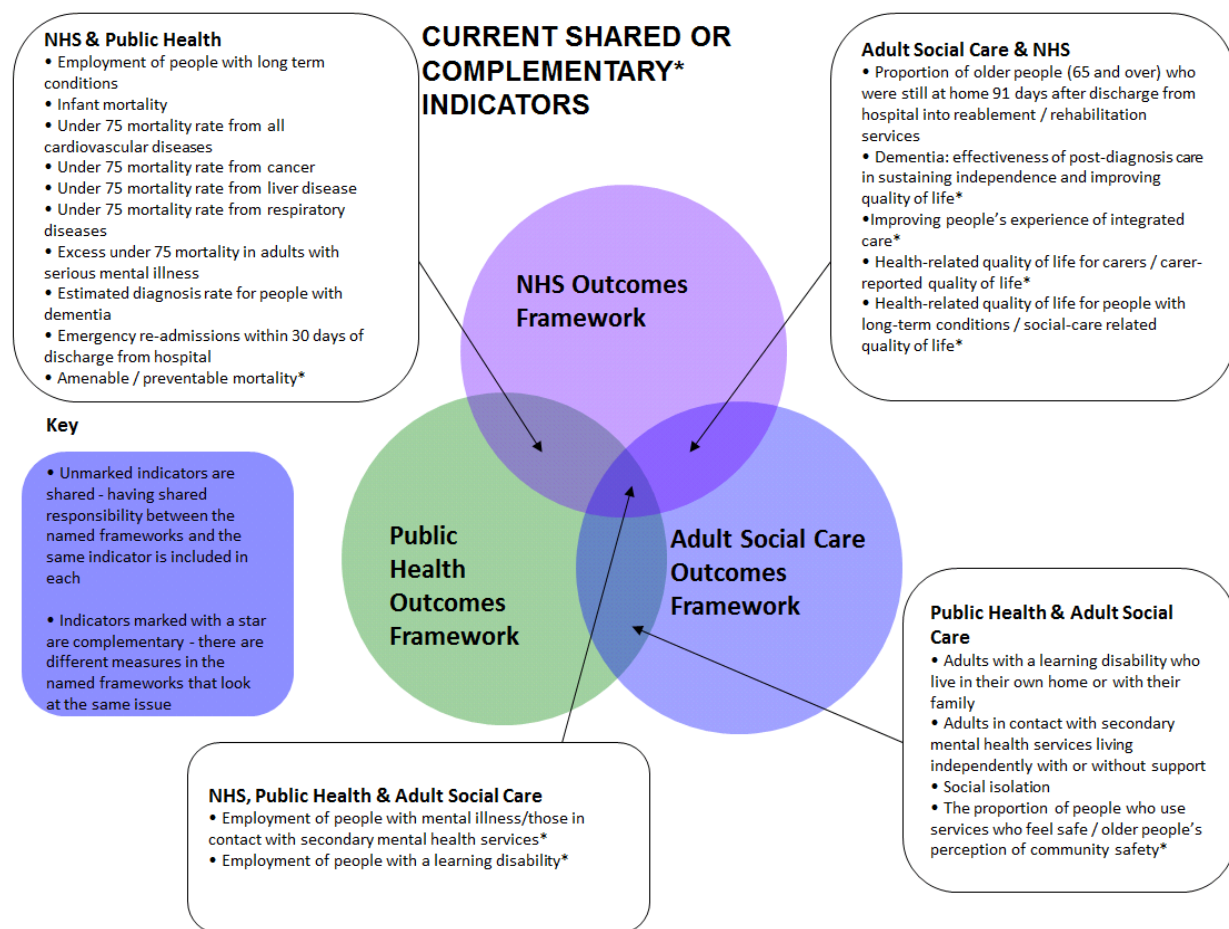
Context

- 4.1 On coming into power, the Coalition Government quickly made clear its intent to move away from ‘top-down targets’ and process measures and move instead to outcome measures. This led to the publication of the NHS Outcomes Framework 2011/12 and the consultation documents ‘Transparency in outcomes: a framework for adult social care’ and ‘Healthy Lives, Healthy People: Transparency in Outcomes’.
- 4.2 In March 2011 the first adult social care outcomes framework - Transparency in Outcomes: a Framework for Quality in Adult Social Care was published. This was followed by a revised version of the NHS outcomes framework – NHS Outcomes Framework 2012/13 and finally in March 2012, the first public health outcomes framework – Healthy Lives, Healthy People: Improving Outcomes and Supporting Transparency was also published.
- 4.3 It is intended that the three Outcomes Frameworks act as tools to:
 - Improve local accountability and transparency.
 - Drive local improvement and quality.
- 4.4 “The NHS Outcomes Framework, alongside the Adult Social Care and Public Health outcomes frameworks, sits at the heart of the health and care system” (DoH¹; 2014) and aims to support local understanding of how well the system is working.

- 4.5 Since the initial publications of the three Frameworks they have been updated on an annual basis. This has included the addition/ removal of measures and amendments to technical definitions.
- 4.6 The three outcomes frameworks report on different geographies. Both the Adult Social Care (ASC OF) and Public Health Outcomes Frameworks (PH OF) report at local authority level (covers Derby city) whilst the NHS Outcomes Framework (NHS OF) reports at CCG level (covers city and south Derbyshire) – although the overarching measures are included in a Local Authority Information Pack produced by NHS England.

Alignment

- 4.7 There are a number of shared or ‘complimentary’ measures between the outcomes frameworks, these are shown in the diagram below:



Reporting

- 4.8 Nationally produced reporting tools are now available for each of the three Outcomes Frameworks, these can be accessed through the links below:

NHS OF: <http://ccgtools.england.nhs.uk/ccgoutcomes/flash/atlas.html>

ASC OF: <http://ascof.hscic.gov.uk/Outcome/507/>

PH OF: <http://www.phoutcomes.info/public-health-outcomes-framework#qid/1000049/pat/6/ati/102/page/1/par/E12000004/are/E06000015>

It should be noted that not all measures identified within the Frameworks are currently being reported; this is predominantly due to the fact that data sources and/ or definitions are still in development.

Each of these reporting tools provide national and regional comparisons. Only the ASC OF tool, however, provides a 'family' group comparison of most similar local authorities. The PH OF has a downloadable overview report for each Local Authority (attached for information).

NHS England also produces Local Authority and CCG Information Packs providing an overview of the overarching measures from each of the three frameworks. The latest available packs are for 2012 and can be found here:

<http://www.england.nhs.uk/resources/resources-for-ccgs/ccg-out-tool/>

Current performance: NHS Outcomes Framework

- 4.9 There are currently 45 measures (excluding sub measures) within the NHS OF. Reporting, however, is not yet available on all of them. Detailed information on each measure can be found in the reporting tool referred to in section 4.8.

Performance across the NHS OF measures for the Southern Derbyshire CCG area is broadly in line with the average. There are, however, a number of exceptions to this:

Measures performing in the top quartile (in the top 25% of CCGs):

- Potential Years of Life Lost (PYLL) from causes considered amenable to health care – males
- Knee replacement case mix adjusted health gain

Measures performing in the bottom quartile (in the bottom 25% of CCGs):

- Emergency readmissions within 30 days of discharge from hospital
- Groin hernia case mix adjusted health gain

Measures performing close to the national average but showing notable deterioration:

- Potential Years of Life Lost (PYLL) from causes considered amenable to health care – females
- Emergency admissions for acute conditions that should not usually require hospital admission.

An overview of most recently nationally reported performance (as accessed on 02/07/14) can be found in Appendix 2.

Current performance: Adult Social Care Outcomes Framework

- 4.10 There are currently 22 measures (excluding sub measures) within the ASC OF. Reporting, however, is not yet available on all of them. Detailed information on each measure can be found in the reporting tool referred to in section 4.8.

Performance across the ASC OF for Derby City is generally good.

Measures performing significantly better than comparators:

- Percentage of adults with learning disabilities in paid employment
- New permanent admissions into residential care (18 to 64) per 100,000
- Social Care related Quality of Life indicator
- Proportion of service users who use services who feel safe
- Proportion of service users who use services who say those services have made them feel safe.

Measures performing significantly worse than comparators:

Derby is not performing significantly worse than its comparators on any ASC OF measure.

Measures performing close to the national average but showing notable deterioration:

Significant deterioration has not been shown on any measure.

An overview of most recently nationally reported performance (as accessed on 02/07/14) can be found in Appendix 3.

Current performance: Public Health Outcomes Framework

- 4.11 There are currently 68 measures (excluding sub measures) within the PH OF. Reporting, however, is not yet available on all of them. Detailed information on each measure can be found in the reporting tool referred to in section 4.8.

There is a wide variation in performance across PH OF measures. This is unsurprising given the large number and range of measures.

Measures performing significantly better than the England average:

- Sickness absence
- Killed and seriously injured casualties on England's roads
- % of population affected by noise – number of complaints about noise
- Statutory homelessness – households in temporary accommodation
- Hospital admission caused by unintentional and deliberate injury in children (0-4yrs and 0-14yrs)
- Successful completion of drug treatment – opiate users
- Cancer screening coverage (breast and cervical)
- Chlamydia screening
- Vaccination coverage (Hib/ Men C; MMR for one dose; HPV; PPV; Flu (65+)).

Measures performing significantly worse than the England average:

- Healthy life expectancy at birth (female)
- Life expectancy at birth (male)
- Gap in life expectancy at birth between each local authority and England as a whole (male)
- Children in poverty (all dependant children under 20 and under 16s)
- School readiness (all measures) – newly reported measure
- First time entrants to the youth justice system
- 16-18 year olds not in education, employment or training
- Violent crime (including sexual violence) – hospital admissions for violence
- Utilisation of outdoor space for exercise/ health reasons
- Fuel poverty
- Loneliness and isolation in adult carers
- Low birth rate of term babies
- Breastfeeding (initiation and prevalence at 6-8 weeks)
- Smoking status at time of delivery
- Under 18 conceptions
- Successful completion of drug treatment – non-opiate users
- Access to non-cancer screening programmes – diabetic retinopathy
- Take up of NHS Health Check programme by those eligible – take up
- Mortality rate for causes considered preventable (all and male)*
- Under 75 mortality rate from CVD (all and female)*
- Under 75 mortality rate from CVD considered preventable (all and female)*
- Under 75 mortality rate from liver disease (all and male)*
- Under 75 mortality rate from liver disease considered preventable (all and male)*
- Emergency readmissions within 30 days of discharge from hospital (all and male).*

* measure shared with NHS OF.

Measures performing close to the national average but showing notable deterioration:

- Excess winter deaths (all measures) – whilst not ‘significantly’ worse than the national average, Derby is now in the worst 20% of LAs on these measures, a significant deterioration since last reviewed in December.
- Population vaccination coverage – Meningitis C.

An overview of most recently nationally reported performance (as accessed on 02/07/14) can be found in Appendix 4.

- 4.12 An ‘at a glance’ overview of each of the Frameworks is included in Appendix 5 for information.

- 4.13 Whilst we have been able to provide an overview of performance against each of the three Outcomes Frameworks in this paper, it should be noted that there is no consistency at a national level in terms of reporting. When and how measures are reported vary between the Frameworks vary making it locally difficult to provide a meaningful overview at any point in time across the frameworks.
- 4.14 Although the three Frameworks are intended to be aligned and give a picture of how the system is working, it should be noted they are not the entirety of the measures across the system. For example, there are further carer survey questions outside of the ASC OF for 2012/13 along with a number of housing measures. Further, it has been highlighted that children and young people have not been appropriately considered within the PH and NHS OFs.

Summary

- 4.15 Whilst there are some very good areas of performance in the city in relation to health and social care in the city, there continue to be significant areas of concern. This includes in particular life expectancy and premature mortality which continues to be comparatively poor in the city along with significant health inequalities.
- 4.16 The actions identified within some of our key shared strategies and plans: Derby Plan, Primary Care Strategy, Better Care Fund are positive as well as individual organisational actions. We must, however, continue to monitor performance across the three outcomes frameworks to understand progress and areas of concern.

References

- 4.17 Department of Health¹ (2013) *The NHS Outcomes Framework 2014/15* (link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256456/NHS_outcomes.pdf)
- Department of Health (2013) *The Adult Social Care Outcomes Framework 2014/15* (link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263783/adult_social_care_framework.pdf)
- Department of Health (2013) *Improving outcomes and supporting transparency. Part 1A: A public health outcomes framework for England, 2013-2016* (link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263658/2901502_PHOF_Improving_Outcomes_PT1A_v1_1.pdf)

OTHER OPTIONS CONSIDERED

- 5.1 None.

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Estates/Property officer Service Director(s) Other(s)	Toni Nash, Head of Finance – Adults Health and Housing & Resources Perveez Sadiq, Director – Integrated Commissioning Kas Sahota, Improvement Partner
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For more information contact:	Alison Wynn, Assistant Director of Public Health, 01332 643106. Alison.Wynn@derby.gov.uk
Background papers:	None
List of appendices:	Appendix 1 – Implications Appendix 2 – Overview of NHS Outcomes Framework Appendix 3 – Overview of Adult Social Care Outcomes Framework Appendix 4 – Overview of Public Health Outcomes Framework. Appendix 5 – Outcomes Frameworks ‘At a Glance’

IMPLICATIONS

Financial and Value for Money

- 1.1 None currently identified. Any future financial implications identified will be brought back to the Board for consideration.

Legal

- 2.1 The Health and Wellbeing Board have a duty to improve the health and wellbeing of its population and reduce health inequalities.

Personnel

- 3.1 None.

IT

- 4.1 None.

Equalities Impact

- 5.1 Understanding areas of poor performance can help us set objectives to reduce health inequalities.

Health and Safety

- 6.1 None.

Environmental Sustainability

- 7.1 None.

Property and Asset Management

- 8.1 None.

Risk Management

- 9.1 Poor performance is a potential risk for the Health and Wellbeing Board.

Corporate objectives and priorities for change

- 10.1 Performance against many of the measures highlighted is linked to the delivery of

corporate objectives.

Appendix 5: NHS, Adult Social Care and Public Health Outcomes Frameworks – ‘At a Glance’

NHS Outcomes Framework 2014/15

<p>1 Preventing people from dying prematurely</p> <p>Overarching indicators</p> <p>1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare i Adults ii Children and young people 1b Life expectancy at 75 i Males ii Females</p> <p>Improvement areas</p> <p>Reducing premature mortality from the major causes of death 1.1 Under 75 mortality rate from cardiovascular disease (PHOF 4.4*) 1.2 Under 75 mortality rate from respiratory disease (PHOF 4.7*) 1.3 Under 75 mortality rate from liver disease (PHOF 4.6*) 1.4 Under 75 mortality rate from cancer (PHOF 4.5*) i One- and ii Five-year survival from all cancers iii One- and iv Five-year survival from breast, lung and colorectal cancer</p> <p>Reducing premature death in people with serious mental illness 1.5 Excess under 75 mortality rate in adults with serious mental illness (PHOF 4.9*)</p> <p>Reducing deaths in babies and young children 1.6 i Infant mortality (PHOF 4.1*) ii Neonatal mortality and stillbirths iii Five year survival from all cancers in children</p> <p>Reducing premature death in people with a learning disability 1.7 Excess under 60 mortality rate in adults with a learning disability</p>	<p>3 Helping people to recover from episodes of ill health or following injury</p> <p>Overarching indicators</p> <p>3a Emergency admissions for acute conditions that should not usually require hospital admission 3b Emergency readmissions within 30 days of discharge from hospital (PHOF 4.11*)</p> <p>Improvement areas</p> <p>Improving outcomes from planned treatments 3.1 Total health gain as assessed by patients for elective procedures i Hip replacement ii Knee replacement iii Groin hernia iv Varicose veins v Psychological therapies</p> <p>Preventing lower respiratory tract infections (LRTI) in children from becoming serious 3.2 Emergency admissions for children with LRTI</p> <p>Improving recovery from injuries and trauma 3.3 Survival from major trauma</p> <p>Improving recovery from stroke 3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months</p> <p>Improving recovery from fragility fractures 3.5 Proportion of patients recovering to their previous levels of mobility/walking ability at i 30 and ii 120 days</p> <p>Helping older people to recover their independence after illness or injury 3.6 i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation service (ASCOF 2B[1]*) ii Proportion offered rehabilitation following discharge from acute or community hospital (ASCOF 2B[2]*)</p>	<p>4 Ensuring that people have a positive experience of care</p> <p>Overarching indicators</p> <p>4a Patient experience of primary care i GP services ii GP Out-of-hours services iii NHS dental services 4b Patient experience of hospital care 4c Friends and family test</p> <p>Improvement areas</p> <p>Improving people's experience of outpatient care 4.1 Patient experience of outpatient services</p> <p>Improving hospitals' responsiveness to personal needs 4.2 Responsiveness to in-patients' personal needs</p> <p>Improving people's experience of accident and emergency services 4.3 Patient experience of A&E services</p> <p>Improving access to primary care services 4.4 Access to i GP services and ii NHS dental services</p> <p>Improving women and their families' experience of maternity services 4.5 Women's experience of maternity services</p> <p>Improving the experience of care for people at the end of their lives 4.6 Bereaved carers' views on the quality of care in the last 3 months of life</p> <p>Improving experience of healthcare for people with mental illness 4.7 Patient experience of community mental health services</p> <p>Improving children and young people's experience of healthcare 4.8 Children and young people's experience of outpatient services</p> <p>Improving people's experience of integrated care 4.9 People's experience of integrated care (ASCOF 3E)**</p>
<p>2 Enhancing quality of life for people with long-term conditions</p> <p>Overarching indicator</p> <p>2 Health-related quality of life for people with long-term conditions (ASCOF 1A**)</p> <p>Improvement areas</p> <p>Ensuring people feel supported to manage their condition 2.1 Proportion of people feeling supported to manage their condition</p> <p>Improving functional ability in people with long-term conditions 2.2 Employment of people with long-term conditions (ASCOF 1E**, PHOF 1.8*)</p> <p>Reducing time spent in hospital by people with long-term conditions 2.3 i Unplanned hospitalisation for chronic ambulatory care sensitive conditions ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s</p> <p>Enhancing quality of life for carers 2.4 Health-related quality of life for carers (ASCOF 1D**)</p> <p>Enhancing quality of life for people with mental illness 2.5 Employment of people with mental illness (ASCOF 1F** & PHOF 1.8**)</p> <p>Enhancing quality of life for people with dementia 2.6 i Estimated diagnosis rate for people with dementia (PHOF 4.16*) ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life (ASCOF 2F**)</p>	<p>5 Treating and caring for people in a safe environment and protecting them from avoidable harm</p> <p>Overarching indicators</p> <p>5a Patient safety incidents reported 5b Safety incidents involving severe harm or death 5c Hospital deaths attributable to problems in care</p> <p>Improvement areas</p> <p>Reducing the incidence of avoidable harm 5.1 Deaths from venous thromboembolism (VTE) related events 5.2 Incidence of healthcare associated infection (HCAI) i MRSA ii C. difficile 5.3 Proportion of patients with category 2, 3 and 4 pressure ulcers 5.4 Incidence of medication errors causing serious harm</p> <p>Improving the safety of maternity services 5.5 Admission of full-term babies to neonatal care</p> <p>Delivering safe care to children in acute settings 5.6 Incidence of harm to children due to failure to monitor</p>	

at a glance

Alignment with Adult Social Care Outcomes Framework (ASCOF) and/or Public Health Outcomes Framework (PHOF)

* Indicator is shared
** Indicator is complementary

Indicators in italics are placeholders, pending development or identification

1 Enhancing quality of life for people with care and support needs

Overarching measure

1A. Social care-related quality of life** (NHSOF 2)

Outcome measures

People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs.

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

New definition for 2014/15: 1C. Proportion of people using social care who receive self-directed support, and those receiving direct payments

Carers can balance their caring roles and maintain their desired quality of life.

1D. Carer-reported quality of life** (NHSOF 2.4)

People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.

1E. Proportion of adults with a learning disability in paid employment** (PHOF 1.8, NHSOF 2.2)

1F. Proportion of adults in contact with secondary mental health services in paid employment** (PHOF 1.8, NHSOF 2.5)

1G. Proportion of adults with a learning disability who live in their own home or with their family* (PHOF 1.5)

1H. Proportion of adults in contact with secondary mental health services living independently, with or without support* (PHOF 1.8)

1I. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like.* (PHOF 1.10)

2 Delaying and reducing the need for care and support

Overarching measures

2A. Permanent admissions to residential and nursing care homes, per 100,000 population

Outcome measures

Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.

Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.

2B. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services* (NHSOF 3.6-i)

New measure for 2014/15: 2D. The outcomes of short-term services: sequel to service.

Placeholder 2E: The effectiveness of reablement services

When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.

2C. Delayed transfers of care from hospital, and those which are attributable to adult social care

Placeholder 2F: Dementia – A measure of the effectiveness of post-diagnostic care in sustaining independence and improving quality of life** (NHSOF 2.6i)

3 Ensuring that people have a positive experience of care and support

Overarching measure

People who use social care and their carers are satisfied with their experience of care and support services.

3A. Overall satisfaction of people who use services with their care and support

3B. Overall satisfaction of carers with social services

New measure for 2014/15: 3E. Improving people's experience of integrated care** (NHS OF 4.3)

Outcome measures

Carers feel that they are respected as equal partners throughout the care process.

3C. The proportion of carers who report that they have been included or consulted in discussions about the person they care for

People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.

3D. The proportion of people who use services and carers who find it easy to find information about support

People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.

This information can be taken from the Adult Social Care Survey and used for analysis at the local level.

4 Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

Overarching measure

4A. The proportion of people who use services who feel safe** (PHOF 1.15)

Outcome measures

Everyone enjoys physical safety and feels secure

People are free from physical and emotional abuse, harassment, neglect and self-harm.

People are protected as far as possible from avoidable harm, disease and injuries.

People are supported to plan ahead and have the freedom to manage risks the way that they wish.

4B. The proportion of people who use services who say that those services have made them feel safe and secure

Placeholder 4C: Proportion of completed safeguarding referrals where people report they feel safe

Aligning across the Health and Care System

* Indicator shared

** Indicator complementary

Shared indicators: The same indicator is included in another outcomes framework, reflecting a shared role in making progress

Complementary indicators: A similar indicator is included in another outcomes framework and these look at the same issue

Public Health Outcomes Framework 2013-2016

At a glance

VISION

To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest

Outcome measures

- Outcome 1** Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life
- Outcome 2** Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)

Alignment across the Health and Care System
 * Indicator shared with the NHS Outcomes Framework

** Complementary to indicators in the NHS Outcomes Framework

†† Complementary to indicators in the Adult Social Care Outcomes Framework

‡‡ Complementary to indicators in the Adult Social Care Outcomes Framework

Indicators in italics are placed holders, pending development or identification

1 Improving the wider determinants of health

Objective
 Improvements against wider factors which affect health and wellbeing and health inequalities

Indicators

- 1.1 Children in poverty
- 1.2 School readiness
- 1.3 Pupil absence
- 1.4 First-time entrants to the youth justice system
- 1.5 16-18 year olds not in education, employment or training
- 1.6 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation (ASCOP-16 and 17)
- 1.7 People in prison who have a mental illness or a significant mental illness
- 1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services * (i-NHSOF 2.2) † (ASCOP-1E) ** (i-NHSOF 2.5) †† (ASCOP-1F)
- 1.9 Sick absence rate
- 1.10 Kill and seriously injured casualties on England's roads
- 1.11 Domestic abuse
- 1.12 Violent crime (including sexual violence)
- 1.13 Re-offending levels
- 1.14 The percentage of the population affected by noise
- 1.15 Statutory homelessness
- 1.16 Utilisation of outdoor space for exercise / health reasons
- 1.17 Fuel poverty
- 1.18 Social isolation † (ASCOP-1I)
- 1.19 Older people's perception of community safety †† (ASCOP-4A)

2 Health improvement

Objective
 People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators

- 2.1 Low birth weight of term babies
- 2.2 Breastfeeding
- 2.3 Smoking status at time of delivery
- 2.4 Under-18 conceptions
- 2.5 Child development at 2-2 1/2 years
- 2.6 Excess weight in 4-5 and 10-11 year olds
- 2.7 Hospital admissions caused by unintentional and deliberate injuries in under 18s
- 2.8 Emotional well-being of looked after children
- 2.9 Smoking prevalence – 15 year olds (Placeholder)
- 2.10 Self-harm
- 2.11 Diet
- 2.12 Excess weight in adults
- 2.13 Proportion of physically active and inactive adults
- 2.14 Smoking prevalence – adults (over 18s)
- 2.15 Successful completion of drug treatment
- 2.16 People entering prison with substance dependence issues who are previous / not known to community treatment
- 2.17 Recorded diabetes
- 2.18 Alcohol-related admission to hospital
- 2.19 Cancer diagnosed at stage 1 and 2
- 2.20 Cancer screening coverage
- 2.21 Access to non-cancer screening programmes
- 2.22 Take up of the NHS Health Check programme – by those eligible
- 2.23 Self-reported well-being
- 2.24 Injuries due to falls in people aged 65 and over

3 Health protection

Objective
 The population's health is protected from major incidents and other threats whilst reducing health inequalities

Indicators

- 3.1 Fraction of mortality attributable to particulate air pollution
- 3.2 Chlamydia diagnoses (15-24 year olds)
- 3.3 Population vaccination coverage
- 3.4 People presenting with HIV at a late stage of infection
- 3.5 Treatment completion for TB
- 3.6 Public sector organisations with board approved sustainable development management plan
- 3.7 Comprehensive, agreed inter-agency plans for responding to public health incidents

4 Healthcare public health and preventing premature mortality

Objective
 Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities

Indicators

- 4.1 Infant mortality † (iNHSOF 1.6i)
- 4.2 Tooth decay in children aged 5
- 4.3 Mortality rate from causes considered preventable †† (iNHSOF 1.0)
- 4.4 Under-75 mortality rate from all cardiovascular disease (including heart disease and stroke) † (iNHSOF 1.1)
- 4.5 Under-75 mortality rate from cancer † (iNHSOF 1.4i)
- 4.6 Under-75 mortality rate from liver disease † (iNHSOF 1.3)
- 4.7 Under-75 mortality rate from respiratory disease † (iNHSOF 1.2)
- 4.8 Mortality rate from infectious and parasitic diseases
- 4.9 Excess under-75 mortality rate in adults with serious mental illness † (iNHSOF 1.5)
- 4.10 Suicide rate
- 4.11 Emergency admissions within 30 days of discharge from hospital † (iNHSOF 3b)
- 4.12 Preventable sight loss
- 4.13 Health-related quality of life for older people
- 4.14 Hip fractures in people aged 65 and over
- 4.15 Excess winter deaths
- 4.16 Estimated diagnosis rate for people with dementia † (iNHSOF 2.6i)