| Goal | Indicator | Target Met/Not Met | Direction of Travel |
|---|---|---|---|
| **Goal One - Promote and protect the health of all communities, particularly those most disadvantaged** | One-year vaccinations | NOT MET | WORSE |
| | Two-year vaccinations | NOT MET | WORSE |
| | Five-year vaccinations | NOT MET | WORSE |
| | TB Incidence rate | NOT MET | WORSE |
| | HIV late presentations | NOT MET | WORSE |
| | Cancer early diagnoses | *NOT AVAILABLE* | *NOT AVAILABLE* |
| | **Breast cancer screening** | NOT MET | NO CHANGE |
| | **Cervical cancer screening** | NOT MET | WORSE |
| | **Bowel cancer screening** | NOT MET | *NOT AVAILABLE* |
| | Health check | NOT MET | *NOT AVAILABLE* |
| **Goal Two - Increase the focus on early years and the whole family to help reduce health inequalities** | **Children in poverty** | MET | BETTER |
| | Low birth weight | NOT MET | WORSE |
| | Infant mortality | NOT MET | NO CHANGE |
| | Breastfeeding initiation | MET | BETTER |
| | School readiness | NOT MET | BETTER |
| | NEET | NOT MET | WORSE |
| | Homelessness | NOT MET | WORSE |
| | Domestic violence | NOT MET | WORSE |
| **Goal Three - Reduce the inpact of long term conditions with approaches on specific groups** | **Reablement** | MET | BETTER |
| | Dementia Diagnoses | *NOT AVAILABLE* | *NOT AVAILABLE* |
| | Permanent admissions | NOT MET | WORSE |
| | Post-diagnosis care | *NOT AVAILABLE* | *NOT AVAILABLE* |
| | Learning disability - Employment | NOT MET | WORSE |
| | Learning disability - Accommodation | NOT MET | BETTER |
| | Mental Health - Employment | MET | WORSE |
| | Mental Health - Accommodation | MET | WORSE |
| | Suicide rate | MET | NO CHANGE |
| | Carers - Satisfaction | MET | *NOT AVAILABLE* |
| | Carers - Involvement | NOT MET | *NOT AVAILABLE* |
| | Carers - Social Contact | NOT MET | WORSE |
| | Delayed Transfers of Care | NOT MET | *NOT AVAILABLE* |
| **Goal Four - Promote Health Enabling behaviours and lifestyle** | Smoking - Adults | NOT MET | NO CHANGE |
| | Smoking - 15 year olds | MET | *NOT AVAILABLE* |
| | Smoking Cessation - quitters | NOT MET | WORSE |
| | % eating five a day | NOT MET | WORSE |
| | Obesity - Adults | MET | *NOT AVAILABLE* |
| | Physically Active Adults | NOT MET | WORSE |
| | Obesity - 10-11 year olds | NOT MET | WORSE |
| | Injuries due to falls | MET | WORSE |
| | Alcohol related hospital admissions | MET | BETTER |
| | Drug treatment - opiate | NOT MET | WORSE |
| | Drug treatment - non-opiate | MET | BETTER |

| Goal One | Promote and protect the health of all communities, particular those most disadvantaged | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Sub-heading | Indicator Title | Framework | Good performance low/high | Most recent reporting period | Most recent performance | Target | Met/Not Met | DOT | England Average | 2015 Deprivation Decile Average |
| Childhood Vaccinations | One year vaccinations (Population vaccination coverage - Dtap/IPV/Hib (1 year old) and PCV ( 1 year old)) (%) | Public Health Outcome Framework | High | 2014-15 | 92.8 | 94.0 | NOT MET | WORSE | 94.0 | 94.4 |
| | Two year vaccinations (Population vaccination coverage - Dtap, IPV, Hib (2 year old); Hib/Men C booster; MMR for one dose; and PCV booster) (%) | Public Health Outcome Framework | High | 2014-15 | 91.2 | 93.5 | NOT MET | WORSE | 93.0 | 93.5 |
| | Five year vaccinations (population vaccination coverage - Hib/MenC (5 years old; MMR one dose (5 years old and MMR two doses (5 years old)) (%) | Public Health Outcome Framework | HIgh | 2014-15 | 89.9 | 92.0 | NOT MET | WORSE | 91.8 | 92.2 |
| Infectious Diseases | TB incidence (rate of new reported cases per year per 100,000 population) | Public Health Outcome Framework | Low | 2012-14 | 36.3 | 15.0 | NOT MET | WORSE | 13.5 | 8.8 |
| | People presenting with HIV at a late stage of infection (%) | Public Health Outcome Framework | Low | 2012-14 | 48.5 | 47.5 | NOT MET | WORSE | 42.2 | 47.3 |
| Cancer Diagnoses | Cancer diagnosed at early stage (%) | Public Health Outcome Framework | High | 2014 | NOT AVAILABLE | NOT AVAILABLE | NOT AVAILABLE | NOT AVAILABLE | | |
| Screening | Cancer screening coverage - breast cancer (%) | Public Health Outcome Framework | High | 2015 | 73.4 | 75.0 | NOT MET | NO CHANGE | 75.4 | NOT AVAILABLE |
| | Cancer screening coverage - cervical cancer (%) | Public Health Outcome Framework | High | 2015 | 69.2 | 70.0 | NOT MET | WORSE | 73.5 | 75.4 |
| | Cancer screening coverage - bowel cancer (%) | Public Health Outcome Framework | High | 2015 | 55.3 | 58.0 | NOT MET | NOT AVAILABLE | 57.1 | 58.4 |
| | % offered a health check who received a health check in a five year period | Public Health Outcome Framework | High | 2013-14 - 2014-15 | 49.9 | 51.0 | NOT MET | NOT AVAILABLE | 48.9 | 51.2 |

## Goal Two — Increase the focus on early years and the whole family to help reduce health inequalities

| Sub-heading | Indicator Title | Framework | Good performance low/high | Most recent reporting period | Most recent performance | Target | Met/Not Met | DOT | England Average | Deprivation Decile Average |
|---|---|---|---|---|---|---|---|---|---|---|
| Children in poverty | Children in poverty (under 16s) (%) | Public Health Outcomes Framework | Low | 2013 | 18.4 | 18.4 | MET | BETTER | 18.6 | NOT AVAILABLE |
| Infant health and breastfeeding | Low birth weight of term babies (% births) | Public Health Outcomes Framework | Low | 2014 | 3.0 | 2.5 | NOT MET | WORSE | 2.9 | 2.5 |
| | Infant mortality (per 1,000 births) | Public Health Outcomes Framework | Low | 2011-13 | 4.5 | 4.0 | NOT MET | NO CHANGE | 4.0 | 3.6 |
| | Breastfeeding initiation (%) | Public Health Outcomes Framework | High | 2014-15 | 79.0 | 75.0 | MET | BETTER | 74.3 | 74.7 |
| School and education | School readiness: children achieving a good level of development at the end of reception (%) | Public Health Outcomes Framework | High | 2014-15 | 67.1 | 68.0 | NOT MET | BETTER | 66.3 | 68.4 |
| | 16-18 year olds not in education, employment, or training (%) | Public Health Outcomes Framework | Low | 2014 | 8.1 | 4.5 | NOT MET | WORSE | 4.7 | 4.3 |
| Stable Family Environment | Homelessness acceptances per 1,000 households | Public Health Outcomes Framework | Low | 2014-15 | 5.7 | 2.1 | NOT MET | WORSE | 2.4 | 2.1 |
| | Rate of domestic abuse incidents reported to the police per 1,000 population | Public Health Outcomes Framework | Low | 2014-15 | 22.7 | 20.5 | NOT MET | WORSE | 20.4 | NOT AVAILABLE |

Back to HWB Dashboard

# Goal Three Reduce the impact of long term conditions with approaches on specific groups

| Sub-heading | Indicator Title | Framework | Good performance low/high | Most recent reporting period | Most recent performance | Target | Met/Not Met | DOT | England Average | Deprivation Decile/Similar LAs Average |
|---|---|---|---|---|---|---|---|---|---|---|
| Long term conditions | Proportion of older people (65 and older) who were still at home 91 days after discharge from hospital into | Adult Social Care Outcome Framework and NHS Outcome Framework | High | 2014-15 | 91.5 | 85.0 | MET | BETTER | 82.1 | 81.4 |
| | Estimated diagnosis rate for those with dementia | Public Health Outcomes Framework | High | 2013-14 | NOT AVAILABLE | NOT AVAILABLE | NOT AVAILABLE | NOT AVAILABLE | 52.5 | NOT AVAILABLE |
| | Placeholder A measure of the effectiveness of post-diagnosis care in sustaining indepence and improving quality of life | Adult Social Care Outcome Framework | | | NOT AVAILABLE | NOT AVAILABLE | NOT AVAILABLE | NOT AVAILABLE | NOT AVAILABLE | NOT AVAILABLE |
| | Permanent admissions to residential and nursing care homes per 100,000 population | Adult Social Care Outcome Framework | Low | 2014-15 | 936.1 | 712.5 | NOT MET | WORSE | 668.8 | 712.5 |
| Learning Disability | Adults with a learning disability who live in stable and appropriate accommodation (%) | Public Health Outcomes Framework | High | 2014-15 | 68.3 | 73.3 | NOT MET | WORSE | 73.3 | 73.7 |
| | Gap in the employment rate between those with a learning disability and the overall employment rate (%) | Public Health Outcomes Framework | Low | 2014-15 | 68.4 | 66.0 | NOT MET | BETTER | 66.9 | NOT AVAILABLE |
| Mental Health | Adults in contact with secondary mental health services who live in stable and appropriate accommodation (%) | Public Health Outcomes Framework | High | 2014-15 | 80.7 | 60.0 | MET | WORSE | 59.7 | NOT AVAILABLE |
| | Gap in the employment rate between those in contact with secondary mental health services and the overall | Public Health Outcomes Framework | Low | 2014-15 | 64.0 | 66.0 | MET | WORSE | 66.1 | NOT AVAILABLE |
| | Suicide rate per 100,000 population | Public Health Outcomes Framework | Low | 2012-14 | 8.8 | 8.8 | MET | NO CHANGE | 8.8 | NOT AVAILABLE |
| Carers | Overall satisfaction of carers with social services (%) | Adult Social Care Outcome Framework | High | 2014-15 | 41.8 | 41.8 | MET | NOT AVAILABLE | 41.2 | 41.7 |
| | The proportion of carers who report that they have been included or consulted in discussions about the person they care for | Adult Social Care Outcome Framework | High | 2014-15 | 71.0 | 71.4 | NOT MET | NOT AVAILABLE | 72.3 | 71.4 |
| | % of carers who have as much social contact as they would like | Public Health Outcomes Framework | HIgh | 2014-15 | 36.6 | 38.0 | NOT MET | WORSE | 38.5 | NOT AVAILABLE |
| Delayed transfers of care | Delayed transfers of care from hospital, and those which are attributable to adult social care (per 100,000 population) | Adult Social Care Outcome Framework | Low | 2014-15 | 6.4 | 4.8 | NOT MET | WORSE | 3.7 | 4.8 |

Back to HWB Dashboard

## Goal Four    Promote health-enabling behaviours and lifestyles

| Sub-heading | Indicator Title | Framework | Good performance low/high | Most recent reporting period | Most recent performance | Target | Met/Not Met | DOT (up= better, down=worse) | England Average | Deprivation Decile Average |
|---|---|---|---|---|---|---|---|---|---|---|
| Smoking | Smoking prevalence in adults (%) | Public Health Outcome Framework | Low | 2014 | 17.0 | 17.0 | MET | NO CHANGE | 18.0 | NOT AVAILABLE |
|  | Smoking prevalence at 15 years old - current smokers (survey data) (%) | Public Health Outcome Framework | Low | 2014/15 | 8.2 | 8.2 | MET | NOT AVAILABLE | 8.2 | NOT AVAILABLE |
|  | Stop Smoking Service provider performance (number of quitters) | Public Health Outcome Framework | High | Q3 2014/15 | 615 | 645 | NOT MET | WORSE | NOT AVAILABLE | NOT AVAILABLE |
| Obesity | Proportion of the population meeting the recommended '5 a day' (%) | Public Health Outcome Framework | High | 2015 | 49.4 | 54.0 | NOT MET | WORSE | 52.3 | 54.1 |
|  | Excess weight in adults (%) | Public Health Outcome Framework | Low | 2012-14 | 61.0 | 64.6 | NOT MET | NOT AVAILABLE | 64.6 | NOT AVAILABLE |
|  | % of adults who are physically active | Public Health Outcome Framework | High | 2014 | 54.7 | 57.0 | NOT MET | WORSE | 57.0 | NOT AVAILABLE |
|  | Excess weight in 10-11 year olds (%) | Public Health Outcome Framework | Low | 2014-15 | 35.6 | 32.0 | NOT MET | WORSE | 33.2 | 32.0 |
| Falls | Injuries due to falls in people aged 65 or over (rate per 100,000) | Public Health Outcome Framework | Low | 2014-15 | 1,851 | 2,000 | MET | WORSE | 2,125 | NOT AVAILABLE |
| Alcohol | Alcohol-related hospital admissions per 100,000 population | Public Health Outcome Framework | Low | 2014-15 | 541 | 597 | MET | BETTER | 641 | 597 |
| Drugs | Successful completion of drug treatment (opiate users) (%) | Public Health Outcome Framework | High | 2014 | 5.6 | 7.4 | NOT MET | WORSE | 7.4 | 7.4 |
|  | Successful completion of drug treatment (non-opiate users) (%) | Public Health Outcome Framework | High | 2014 | 44.0 | 44 | MET | BETTER | 39.2 | 36.7 |

**SMOKING IN ADULTS - INDICATOR DEFINITION**

| | |
|---|---|
| **Indicator numl** | **2.14** |
| **Indicator full r** | **2.14 - Prevalence of smoking among persons aged 18** |

| | |
|---|---|
| Rationale | 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 In 2008/09, some 463,000 hospital admissions in England among adults aged 35 and over were attributable to smoking, or some 5 per cent of all hospital admissions for this age group (NHS Information Centre (2010). Statistics on Smoking: England, 2010, NHS Information Centre, Leeds). Illnesses among children caused by exposure to second-hand Smoking is a modifiable lifestyle risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.The Government's Tobacco Control Plan (Health Lives, Healthy People: A Tobacco Control Plan<br><br><p>The Government's Tobacco Control Plan (Healthy Lives, Healthy People: A Tobacco Control Plan for England, <a href="http://www.dh.gov.uk/prod_consum_dh/groups/dh_di gitalassets/documents/digitalasset/dh_124960.pdf" title="Tobacco Control Plan" target="_blank">http://www.dh.gov.uk/prod_consum_dh/gr |
| Definition | Prevalence of smoking among persons aged 18 years and |
| Data source | Integrated Household Survey. Analysed by Public Health |
| Indicator sourc | Integrated Household Survey. |
| Indicator produ | Public Health England Knowledge and Intelligence Team |
| Definition of nt | The number of persons aged 18+ who are self-reported smokers in the Integrated Household Survey. The number of respondents has been weighted in order to improve |
| Source of nume | Integrated Household Survey |
| Definition of de | Total number of respondents (with valid recorded smoking status) aged 18+ in the Intergrated Household Survey. The number of respondents has been weighted in order to |
| Source of deno | Integrated Household Survey |
| Value type | Proportion |
| Methodology | The prevalence is calculated by dividing the weighted number of self-reported smokers aged 18+ by total number<br><br>95% confidence intervals have been calculated based on simple random sampling. The complexity implied by the various survey designs means that sampling errors calculated |
| Unit | % |
| Age | 18+ yrs |
| Sex | Persons |
| Year type | Calendar |
| Frequency | Data are updated annually. |
| Benchmarking | Confidence intervals overlapping reference value |
| Benchmarking ! | 95% |
| Confidence int | Normal approximation |

**SMOKING IN ADULTS - INDICATOR DEFINITION**

| | |
|---|---|
| **Indicator numl** 2.14 | |
| **Indicator full r** 2.14 - Prevalence of smoking among persons aged 18 | |

Confidence int<
A confidence interval is a range of values that is used to quantify the imprecision in the estimate of a particular indicator. Specifically it quantifies the imprecision that results from random variation in the measurement of the

Normal approximation methods can be used to calculate approximate confidence intervals for a wide variety of indicators. Any indicator value which is calculated as a mean of the observed values can be approximated with a Normal distribution as long as the sample size is sufficiently large. Distribution-specific methods should be used whenever possible, especially when the indicator is a rate with very

The general form of all Normal approximation methods is: A 100(1 − α)% confidence interval for an indicator value, x, is where α is the significance value specifying the width of the confidence interval, SE(x) is the standard error of the indicator value (estimated by different methods according to

For example for a 95% confidence interval, α = 0.05 and z = 1.96 (the 97.5th percentile value from the Standard Normal

For proportions, SE(x) is estimated by: $\sqrt{(x(1 − x)/n)}$ where x is the indicator value (the observed proportion) and

Confidence lev< 95%

Confidence int<
95% confidence intervals have been calculated based on simple random sampling. The complexity implied by the various survey designs means that sampling errors calculated

For City of London, the lower confidence limit has been calculated as less than zero as the observed proportion and denominator are small. As negative values of this indicator are not valid, the lower confidence limit has been set to

Disclosure cont
Data for Isles of Scilly have been included in the total for Cornwall. The data are subject to standard disclosure

Caveats
Each eligible participant (18 years and over) in the Integrated Household Survey (IHS) was asked whether they had ever smoked a cigarette and whether they currently

These data have not been age-standardised and, therefore, variation between area values may be a result of differences in population structure. IHS data are currently experimental

The numerator and denominator accounts (which have been weighted to improve representativeness) are based on a sample of the population and, as such, are not true counts.

Where the estimate is based on a sample size of less than 30

Notes
The Integrated Household Survey is a composite household survey combining the answers from a number of ONS

**SMOKING IN ADULTS - INDICATOR DEFINITION**

| | | |
|---|---|---|
| **Indicator numl** | **2.14** | |
| **Indicator full r** | **2.14 - Prevalence of smoking among persons aged 18** | |
| | Inequalities data is available at England level only. All inequalities dimensions were calculated using the Household Weight (HH141R14) in the Integrated Household Survey dataset, with the exception of sexual identity which uses the | |
| Data re-use | Data may be re-used referencing the Integrated Household | |
| Links | Integrated Household Survey User Guides | |

**(2C) Delayed transfers of care from hospital, and those which are attributable to adult social care per 100,000 population**

Domain / Outcome

2. Delaying and reducing the need for care and support.

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

This measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.
Definition / interpretation

This is a two-part measure that reflects both the overall number of delayed transfers of care (2C part 1) and, as a subset, the number of these delays which are attributable to social care services (2C part 2).

A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed.

A patient is ready for transfer when:

(a) a clinical decision has been made that the patient is ready for transfer AND
(b) a multi-disciplinary team decision has been made that the patient is ready for transfer AND
(c) the patient is safe to discharge/transfer.

Set out below is a table showing UNIFY2 definitions for the attribution of different reasons for delay:

Attributable to NHS
Attributable to Social Care
Attributable to both

A. Awaiting completion of assessment

B. Awaiting public funding

C. Awaiting further non-acute (including community and mental health) NHS care (including intermediate care, rehabilitation services etc)

Di). Awaiting residential home placement or availability

Dii). Awaiting nursing home placement or availability

E. Awaiting care package in own home

F. Awaiting community equipment and adaptations

G. Patient or family choice

H. Disputes

I. Housing – patients not covered by NHS and Community Care Act
Interpretation

Using a two-part measure means that we can maintain a focus on joint working, while balancing this with a measure that focuses more closely on the specific contribution of social care services.
Alignment

ASCOF measure only
Risk adjustment

**(2C) Delayed transfers of care from hospital, and those which are attributable to adult social care per 100,000 population**

Risk adjustment does not seem appropriate for this measure since the objective is that delayed transfers of care are minimised. The factors affecting whether this is achieved should largely be within the control of local health and care services.

Formula x100,000

Where, for 2C part 1 (total delayed transfers):

X: The average number of delayed transfers of care (for those aged 18 and over) on a particular day taken over the year. This is the average of the 12 monthly snapshots collected in the monthly Situation Report (SitRep).

Source:Unify2

Y: Size of adult population in area (aged 18 and over)

Source: ONS mid year population estimates26

For 2C part 2 (delayed transfers attributable to social care):

X: The average number of delayed transfers of care (for those aged 18 and over) on a particular day taken over the year, that are attributable to social care or jointly to social care and the NHS. This is the average of the 12 monthly snapshots.

Source: UNIFY2

Y: Size of adult population in area (aged 18 and over)

Source: ONS mid year population estimates27

26 If a population estimate does not exist for the current year then the previous year's estimate will be used.

27 If a population estimate does not exist for the current year then the previous year's estimate will be used.

Worked example

Suppose the total number of delayed discharges from the 12 monthly snap shots is 812.

Divide this by 12 for a monthly figure.

And if the ONS mid-year population estimate = 570,562

Therefore the average rate of delayed transfers is calculated as:

((812 /12) /570,562) *100,000

                                                                                        11.9

If the total number of delays attributable to social care or jointly to social care and the NHS is 271, the average rate of delayed transfers of care attributable to social care or social care and the NHS jointly is calculated as:

((271 /12) /570,562) *100,000

                                                                                        4

Disaggregation
available
Equalities: Age (18+)
Client groups: Adults aged 18+
Frequency of collection
Annual
Data source
UNIFY2 (DH)
Office of National Statistics
Return format
Numeric

**(2C) Delayed transfers of care from hospital, and those which are attributable to adult social care per 100,000 population**

Decimal places

One

Longer-term

development options

None identified

Further guidance

Guidance for 2012/13 onwards can be found via the social care collection page at http://www.ic.nhs.uk/services/social-care/social-care-collections by clicking on the year.

Guidance on UNIFY2 can be found at:

http://transparency.dh.gov.uk/2012/06/21/dtoc-information/

Delayed discharges data can be found at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedata andstatistics/AcuteandNon-AcuteDelayedTransfersofCare/index.htm