APPENDIX 1

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RAPID REVIEW OF READING JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

Introduction

The Joint Strategic Needs Assessment (JSNA) presents an analysis of the local population's health status, assets and needs. It is used to inform the development of the local Health & Wellbeing (HWB) Board's strategy to improve the health and wellbeing of the people of Reading.

The Reading JSNA was recently updated; taking advantage of the latest national and local information on the health and wellbeing of Reading residents. This rapid review was commissioned to inform the updating of the Reading Health and Wellbeing Strategy and plan. The approach adopted was to review the findings of the JSNA against the objectives of the existing Health and Wellbeing Strategy (Annex A). These were then reviewed with reference to the latest national data on the health and wellbeing of Reading residents.

This paper does not reflect the totality of the actions required to improve the health and wellbeing of Reading residents. Instead it highlights those areas where the health and wellbeing fall below expectations and which should be specifically considered in the development of the future Health and Wellbeing Strategy. There is a lot of good work that is going on to improve the health and wellbeing of Reading residents and the majority needs to continue. However, the opportunity should be taken to review existing projects to ensure that they continue to meet the needs of Reading residents and that they are cost effective.

How we have done

Reading's first HWB Strategy has been supported by an action plan which was developed and put in place to monitor progress against specific goal and objective areas. Updates have been incorporated where these have been provided by key partners and action leads. Completed activities and performance measures have been included where available. The full action plan is available on request from the Wellbeing team, however key points to note are:

Good progress

- Sexual health services are performing well in general and an information website has been developed.
- The Drug & Alcohol Treatment service has launched 'Reading IRiS Phased and Layered Treatment Model'. Successful treatment completions rates are improving.
- Compliance visits completed for early years settings and any identified actions are been delivered.
- Breastfeeding initiation rates continue to exceed regional and national averages.
- Domestic abuse strategy agreed and in place.
- Long term conditions managed by multiple support activities and relevant boards.

- A new carers information and advice service is in place.
- Opportunities for active travel increased by implementing schemes to encourage more cycling and walking.
- NCMP 3 year aggregated data available to help target future weight management offers to local school children.
- Smoking prevalence just below national averages.

Further work needed

- HIV testing and diagnoses rates need to improve.
- New information pathways for residents from BME communities to be explored and adopted.
- Uptake of NHS health checks need to increase.
- Work to increase cancer screening rates from existing levels.
- Continue work to improve access to services for residents with physical and learning disabilities.

A dashboard of key performance indicators has now been developed to enable robust and transparent progress monitoring of commitments and actions set out in the refreshed Health and Wellbeing Action Plan.

National Context

The Department of Health paper *Public Health Outcomes Framework 2013 to 2016*[1] sets out the desired outcomes for public health in England. The government's vision is "*to improve and protect the Nation's health and well-being and improve the health of the poorest fastest."* The framework has four broad objectives and for each a number of indicators have been identified which allow progress to be monitored. These are summarised at Annex B.

The results for local authorities in England are updated on a regular basis and they are publically and freely available at: http://www.phoutcomes.info/. Given this degree of public scrutiny, it is logical that the future Reading Health & Wellbeing plan align with the metrics that will monitor improvements in health and wellbeing in Reading and across England.

It is recommended that the objectives of the 2016-2019 Health & Wellbeing Strategy align with the Public Health Outcomes Framework (PHOF).

It is recommended that existing health and wellbeing activities be reviewed and the value of those not contributing to a PHOF outcome measure challenged.

If these recommendations are accepted, the future Reading health and Wellbeing Strategy could have the following four objectives:

- Tackle the wider factors that adversely affect health and wellbeing in Reading.

[1] https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency

- Protect Reading residents from major incidents and other health threats.
- Support Reading residents to live healthy lifestyles and to make healthy lifestyle choices.
- Reduce the number of Reading residents living with preventable ill health and dying prematurely.

From 2015, the Council acquired a new statutory duty to promote the wellbeing of individuals under the Care Act. This duty underpins all care and support functions - including all assessment functions, the provision of information & advice, and the local offer of 'preventative' services to reduce needs for support among people and their (unpaid/family) carers. Reading has identified seven key aims for promoting wellbeing for adults with current or emerging care and support needs.

- Embed the wellbeing principle throughout the Council's functions
- Ensure Reading homes support wellbeing
- Harness the assets Reading has to prevent care and support needs from increasing
- Empower people with care needs to self care and to make positive lifestyle choices
- Support people to prevent their care and support needs from increasing
- Promote a re-abling approach across care services
- Ensure people with emerging care needs and unpaid carers can access services that work well together to support people's independence

It is recommended that the 2016-2019 Health & Wellbeing strategy incorporates the aims set out in the draft Adult Wellbeing Position Statement (published January 2016).

Local Context

The financial situation in Reading is challenging. Despite having to make savings of over £115m between 2011 and 2020 the Council has a positive vision for the future of Reading. The Council aims to become even more entrepreneurial, working in partnership, innovating, improving services to help those that are vulnerable and to reduce inequalities. In doing so, Reading's service priorities remain:

- Safeguarding and protecting those that are most vulnerable
- Providing the best life through education, early help and healthy living
- Providing homes for those in most need
- Keeping the town clean, safe, green and active
- Providing infrastructure to support the economy
- Remaining financially sustainable to deliver these service priorities

Improving the health and wellbeing of Reading residents is a fundamental element of the first two of these priority areas, but it is essential in the current financial climate that health and wellbeing activities also deliver value for money.

It is recommended that existing health and wellbeing activities be reviewed in order to confirm that they provide value for money.

Review of Joint Strategic Needs Assessment (JSNA)

The updated Reading JSNA has been reviewed and the key messages identified. These are summarised in Annex B by Health and Wellbeing Strategy objective. These key messages are discussed further below, together with the implications for services in Reading. For the sake of clarity these are grouped by PHOF objective.

In general, the objectives in the current Strategy relating to Goal 3 (Reduce the impact of long term conditions with approaches focused on specific groups) are concerned with the provision of care and the support of carers rather than reducing the impact of long term conditions through reducing their incidence. These objectives relate more to the local authority's wellbeing duties under the Care Act (2014) than to PHOF.

It is recommended that the objectives relating to reducing the impact of long term conditions be refocused to reflect consultation feedback on the draft Adult Wellbeing Position Statement, and expanded to include objectives focused on reducing the incidence of long term conditions.

Overarching Indicators.

PHOF Outcome 0.1 Healthy Life Expectance at Birth measures the average number of years an individual can expect to live in good health based upon contemporary mortality rates and prevalence of self-reported good health.

In 2012/4 the Healthy Life Expectancy at birth for Reading males was 66.2 years (which is above expectations), whilst overall life expectancy at birth for males was 78.5 years (which was below expectations and one year below the national average). This would suggest that reading males maintain their good health well into older years, but then fade rapidly. This would suggest a need to target health improvement activities in middle to later years.

It is recommended that health improvement activities are targeted on middle to later years.

At birth Reading women have a healthy life expectancy of 64.6 years and an overall life expectancy of 82.9 years. Both are in line with expectations.

Life expectancy in Reading males varies from 84.7 years in Mapledurham to 73.6 years in Minster. For females the range is 88.0 years in Mapledurham to 79.3 years in Minster.

It is recommended that health improvement activities are targeted at those living in the more deprived areas in Reading.

Improving the wider determinants of health

These indicators track progress in improving the wider factors that affect health and wellbeing.

In 2013, 18.4% of children aged less than 16 years in Reading were in low income families. With the exception of phonics screening tests in Year 1, all indicators of school readiness

were in line with expectations. Reading schools appear to be delivering early years support at around the level expected of them.

In 2014, 8.1% of 16-18 year olds in Reading were not in education, employment or training. This was the worst figure in the region and is an area where further action may be required.

> **It is recommended that action is taken to increase the education, employment and training opportunities for 16-18 year old residents.**

In 2012/4, 28.3 per 100,000 Reading residents were killed or seriously injured on the roads and 21.5 per 100,000 were admitted to hospital as an emergency following a violence incident. Both of these were amongst the best in the region and better than expected.

In 2014/5, 0.36% of Reading households were in temporary accommodation, the second worse area in the South East region and an area where further work may be required.

> **It is recommended that action is taken to reduce the number of Reading households held in temporary accommodation.**

Health improvement

These indicators track progress in helping people to live healthy lifestyles and to make healthy lifestyle choices.

In 2012/4 54.9% of Reading residents who were assessed for substance dependence on entering prison were found to require treatment which they had not already received in the community. This would suggest that Reading residents do not access the substance misuse services that they require.

> **It is recommended that action is taken to improve access to substance misuse services for Reading residents who require them.**

In 2014/5 4.7% of Reading residents over 17 years of age were recorded by their GP as having diabetes. This is below expectation and may suggest that many cases of diabetes are not recognised by their GPs.

> **It is recommended that action is taken to better record cases of diabetes in primary care chronic disease registers.**

PHOF outcome 2.20 measures the uptake of adult cancer screening services. As at 2015 73.4% of women had been adequately screened for breast cancer and 69.2% for cervical cancer. Only 55.3% of eligible Reading residents had been screened for bowel cancer. All three were below expectations and as a result cancer is the commonest cause of death in those less than 75 years in Reading.

> **It is recommended that action be taken to increase uptake of adult cancer screening services by Reading residents.**

PHOF outcome 2.21 measures the uptake of adult non-cancer screening services. In 2012/13 it is estimated that only 73.3% of Reading residents with diabetic retinopathy who were invited to a digital screening event actually did so. This was below expectations.

It is recommended that action be taken to increase uptake of digital screening by Reading residents known to have diabetic retinopathy.

Health protection

These indicators track progress in protecting the population's health from major incidents and other threats.

PHOF outcome 3.02-Chlamydia detection rate (15-24 year olds) is a measure of increased control activities and PHE recommend that Local Authorities work towards a detection rate of at least 2,300 per 100,000. Only 48.5% of adult HIV cases were diagnosed late in Reading, but this falls short of the national target of 25%. That said sexual health services in Reading are performing well in comparison with their regional peers.

It is recommended that action be taken to reduce the number of adult HIV cases who are diagnosed late in the course of their disease.

PHOF outcome 3.03 measures how well local vaccination services meet national targets. In Reading these targets were met in 9 out of the 13 areas assessed, but more can be done.

At 36.3 new cases per 100,000 the incidence of TB in Reading is high. This is probably the result of cases imported from high risk countries overseas and reflects the increasingly diverse nature of Reading's population. 90% of those diagnosed with TB completed treatment within one year. Whilst this is in the top 1/3rd of areas in the region it is still well below the national target.

It is recommended that action be taken to work with high risk communities to identify new cases of TB and to improve treatment completion rates.

Healthcare public health and preventing premature mortality

These indicators track progress in reducing the number of people living with preventable ill health and people dying prematurely.

PHOF outcome 4.02 is a measure of tooth decay in children. In 2011/12 children aged 5 years in Reading had on average 1.14 teeth that were decayed, missing or filled. This was above expectations and the second worst area in the region.

It is recommended that action be taken to improve the oral health of children aged less than 5 years.

PHOF outcome 4.03 is a measure of preventable deaths. In 2012/14, 269.3 per 100,000 Reading male residents died from causes that were considered to be preventable. This was above expectations. For Reading residents aged over 85 years the rate of excess winter deaths was 32%. This has been gradually improving since 2006, but still compares poorly to the national rate of 24%. Most excess winter deaths are due to circulatory and respiratory disease.

It is recommended that action be taken to reduce smoking amongst elderly residents of Reading.

PHOF outcome 4.05 is a measure of under-75 mortality due to cardiovascular diseases. In 2012/14, 92.0 per 100,000 Reading males aged less than 75 years died from cardiovascular diseases that were considered to be preventable. This was above expectations.

It is recommended that action be taken to reduce smoking and obesity in middle-aged Reading males.

PHOF outcome 4.06 is a measure of under-75 mortality from liver disease. In 2012/14, 29 per 100,000 Reading males aged less than 75 years died from liver disease that was considered to be preventable. This was above expectations and the majority were due to harmful alcohol consumption.

It is recommended that action be taken to reduce harmful and dangerous alcohol consumption amongst middle-aged Reading males.

PHOF outcome 4.07 is a measure of under-75 mortality from respiratory disease. In 2012/14, 51.5 per 100,000 Reading males aged less than 75 years died from respiratory disease. This was above expectations and the majority were due to smoking.

It is recommended that action be taken to help middle-aged Reading males to stop smoking.

It is recommended that action be taken to help middle-aged Reading males to adopt healthy lifestyles.

PHOF outcome 4.08 is a measure of mortality from communicable diseases. In 2012/14 87.4 per 100,000 Reading residents died from a communicable disease. It is not clear why this is so, but for both males and females living in Reading the rate is above expectations.

It is recommended that further work be undertaken to determine why more Reading residents die from communicable diseases than would be expected.

General observations

In 2014, the population of Reading was estimated to be around 160,800 of whom around 19,200 (11.9%) were aged 65 years or over. By 2037 the population of Reading is predicted to be around 176,000 of whom around 31,300 (17.8%) will be aged 65 years or over. A large proportion of these will be in BME communities. The JSNA would suggest that the biggest threat to the health & wellbeing of Reading residents is the more than 50% increase in the number of residents over 65 years of age over the next 20 years or so.

It is recommended that action is taken to work with local communities to promote a healthy lifestyle in middle aged residents in order to reduce the risk of or delay the onset of disability, dementia and frailty in later life. This is particularly important for difficult to reach communities.

Annex A

ANALYSIS OF JSNA KEY POINTS BY HWB STRATEGY OBJECTIVE

2013 HWB Strategy Objective	JSNA Key Point
Goal One – Promote and protect the health of all communities particularly those disadvantaged	
Objective 1 – Protect health and reduce the burden of communicable diseases by targeting services more effectively	• There is a wide variation in BBV screening and Hepatitis B vaccination uptake among high-risk groups. • The Chlamydia detection rate amongst young people aged 15 to 24 years of age was 2,799 per 100,000 and only 48.5% of adult HIV cases were diagnosed late[2]. Reading has good sexual health & HIV services. • The incidence of TB in Reading is 36.3 per 100,000 and 90% completed treatment within one year.[3]
Objective 2 - Ensure effective support is available to vulnerable and BME groups to protect their own health.	• Reading has a Child Sexual Exploitation strategy which identified the need to work better within communities.
Objective 3 – Increase awareness and uptake of Immunisation and Screening programmes	• Antenatal & newborn screening - Downs screening = 92% (below target) but no specific action required. • General vaccination rates are good and on a par with expectations.[4]
Goal Two – Increase the focus on early years and the whole family to help reduce health inequalities	
Objective 1 – Ensure high quality maternity services, family support, childcare and early years education is accessible to all	• The number of births in Reading is predicted to fall slightly from around 2,600 per year in 2013 to around 2,400 in 2037.[5] • The number of children in Reading aged under 5 years is predicted to fall slightly from around 12,000 in 2016 to around 11,000 in 2037.[6]

[2] PHOF Health Protection indicator: 3.02: Chlamydia detection rate (15 to 24 year olds). Available at: http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000043/pat/6/par/E12000008/ati/102/are/E06000038

[3] PHOF Health Protection indicators: 3.05ii: Incidence of TB and 3.05i: Treatment completion for TB. Available at: http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000043/pat/6/par/E12000008/ati/102/are/E06000038

[4] PHOF Health Protection indicators: 3.03: Population vaccination coverage. http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000043/pat/6/par/E12000008/ati/102/are/E06000038

[5] ONS 2012-based Subnational Population Projections – Table 5: available at: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/componentsofchangebirthsdeathsandmigrationforregionsandlocalauthoritiesinenglandtable5 (accessed 17 May 16).

[6] ONS 2012-based Subnational Population Projections – Table 4: available at: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2 (accessed 17 May 16).

2013 HWB Strategy Objective	JSNA Key Point
	• The number of children in Reading aged 5 to 9 years is predicted to fall slightly from 10,800 in 2016 to 9,900 in 2037. • Effective delivery of the 0-5 Healthy Child programme is needed to ensure a good start to life. • Neonatal Mortality rate fluctuates above/below national rate due to very small numbers. 7.4% of new mothers in Reading were smokers, well below national rate. • Breast feeding generally above average in Reading, but considerable inter-ward variation. • In 2014/15 7.4% of women in Reading were smoking at time of delivery. This is below the national rate. • It should be ensured that all women access the antenatal care pathway by the recommended stage of pregnancy. • Reading's absolute level of attainment in secondary education is above the national average levels.
Objective 2 – Reduce inequalities in early development of physical and emotional health, education, language and social skills	• In 2015 there were 156 people with autism in Reading who were receiving support. 62 (39.7%) of were aged 19 years or younger. • Reading has an autism strategy. • 19.4% of children in Reading are in low income families. • Insufficient data on child development until PHOF report in Apr 17. • Reading schools appear to be delivering early years support at around national average. • The oral health of 5 year old children in Reading is markedly worse than the national and regional populations as a whole.
Objective 3 - Improve identification and reduce the effects of domestic violence on emotional wellbeing for the whole family	• The number of alerts and referrals is increasing as the requirement to safeguard adults is being recognised by all professionals and agencies. • Of the estimated 35,900 children aged 0-17 years in Reading in 2014, 1,673 (4.7%) were referred to the Multi-Agency Safeguarding Hub.
Goal Three – Reduce the impact of long term conditions with approaches focused on specific groups	
Objective 1 - Assist and support ability to self-care in all adults and young people with existing long term conditions	• Little information on the prevalence of long term conditions in children and young people in Reading. Key issue is ensuring that all are recognised and have access to high quality care

2013 HWB Strategy Objective	JSNA Key Point
Objective 2 - Ensure high quality long term condition services are available to all including those with a learning disability	• The population of Reading aged 65 years and over is predicted to rise from around 19,800 in 2016 to 31,300 in 2037. • The number of Reading residents aged 65 years and over with dementia is predicted to rise from 1,446 in 2015 to 2,195 in 2030. • NICE recommends the promotion of a healthy lifestyle in mid-life to reduce the risk of or delay the onset of disability, dementia and frailty in later life. • NICE recommends that 'Health and social care staff should aim to promote and maintain the independence, including mobility, of people with dementia. • As the proportion of elderly residents rises, it is predicted that the number of Reading residents with diabetes (diagnosed and undiagnosed) will rise from 6.1% in 2015 to 7.3% in 2030. • It is estimated that around 590 Reading residents have moderate or severe learning disability. There is large variation in the cost-effectiveness of residential services and services provided may not reflect individual needs. • Reading has a sufficient number of nursing dementia beds to cater for expected demand through to 2030, but there is little resilience. • The expected loss of 18% of nursing beds for the over 65 has put pressure on the Council to continue to meet placement demand. New facilities may be required to provide additional capacity and competition in the current market. • Respiratory conditions are the most common reason for GP consultation or emergency admission. All patients with chronic respiratory conditions should be identified and entered on a chronic disease register.
Objective 3 - Build on and strengthen the quality and amount of support available to adult and young carers in Reading	• In the 2011 census, 12,315 Reading residents identified themselves as a carer. This was 7.9% of the local authority's resident population. • In 2011 there were 291 young and young adult carers (0-15 yrs) in Reading. • In 2011 there were 2,324 elderly carers (over 65 yrs) in Reading. • The percentage of the population who are carers varies between wards, from 4.4% in Abbey to 12.4% in Mapledurham. • In 2014/15 only 9% of carers in Reading were dissatisfied with the support or services they had received from Social Services, whilst 75% expressed some degree of satisfaction. • Reading is part of the diabetes prevention pilot and this should be actively promoted to address the known risk factors.

2013 HWB Strategy Objective	JSNA Key Point
Goal Four – Promote health-enabling behaviours & lifestyle tailored to the differing needs of communities	
Objective 1 – Improve tobacco control and reduce harm due to alcohol and drug misuse in Reading	• It is estimated that at least 30,000 Reading residents are drinking to hazardous levels and 4,500 are drinking to harmful levels. • There are very many more people in Reading who could benefit from specialist alcohol misuse services than are currently able to receive. • There are many people in Reading with either (or both) 'early' misuse of alcohol and drugs who could benefit from specialist intervention. • The estimated smoking prevalence in Reading in 2014 was 17.0%, broadly in line with the national average, but the rates of smoking attributable mortality and hospital admission are slightly below the national rates.
Objective 2 – Enhance support and target causes of lifestyle choices impacting health for adults and children	• Life expectancy at birth for males varies from 73.6 years in Minster to 84.7 years in Mapledurham. For females life expectancy at birth varies from 79.3 years in Minster to 88.0 years in Mapledurham. • Biggest unmet need is ensuring access to and take up of healthy lifestyles. • Teenage pregnancy rate has fallen over past 5 years, but the rate in Reading is still higher than national and regional rates.
Objective 3 – Reduce the prevalence, social and health impacts of obesity in Reading including targeting key causes	• Reading mirrors national trends in terms of the relationship between obesity prevalence and deprivation. • Berkshire has seen a 32% increase of spending over the last 5 years (10/11 to 14/15) on initial bariatric surgery procedures. • The prevalence of overweight and obesity amongst adults and children in Reading by far exceeds the capacity of intervention programmes. • 61% of adults in Reading are classified as overweight or obese, although this is better than the national rate and on a par with the regional rate.[7] • 54.7% of Reading adults are classified as physically active whilst 25.5% are inactive. These are broadly on par with national rates but slightly below the regional rates. Reading has a wide range of projects promoting physical activity but these need to ensure access to those most at need.

[7]PHOF Health Improvement indicator: 2.12: Excess weight in adults. Available at: http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000042/pat/6/par/E12000008/ati/102/are/E06000038/iid/90362/age/1/sex/1 (accessed 25 May 16).

Areas Not covered in HWB Strategy objectives

- **Air quality** is generally good, with just a few hotspots around roads
- **Cancer** is the commonest cause of death under 75 years in Reading.[8]
- Reading is ranked 13th of 15 similar LAs for **premature death**[9]
- Reading is ranked 15th of 15 similar LAs for **heart disease & stroke**
- More can be done locally to support residents to reduce **risks for CVD** related to lifestyle.
- Key areas of **high deprivation** in Reading are found:
    - in the far south of Whitley ward and the Northumberland Avenue area in the south of the borough;
    - throughout Abbey ward and around the town centre;
    - around Dee Road in Norcot ward;
    - around Coronation Square in Southcote ward; and
    - around Amersham Road in Lower Caversham.
- Although there are some exceptions, most areas with high levels of overall deprivation also have a high level of health deprivation (high risk of premature death and impairment of quality of life through poor physical or mental health)
- Reading has high employment & high earnings - but there are still areas of deprivation & lots of students.
- The "white British" **population of Reading** has decreased from 86.8% in 2001 to 66.9% in 2011. Reading has an increasingly diverse population with those from BME groups most likely to live in central areas of the borough.
- 25% of Reading population born outside the UK
- 48% of West Berkshire residents die in hospital and 45% in their normal place of residence (24% at home and 21% in a care home).
- For Reading residents aged over 85 the rate of **excess winter deaths** was 32%, compared to 24% nationally. This rate has been gradually improving since 2006.
- Reading has a very small **traveller population** and little is known of their health needs.
- There is a need to develop a sustainable, connected community in order to create a socially-inclusive Reading that promotes social networks and environmental engagement. More support should be provided to employers to promote workplace wellbeing. This was identified as an unmet need under mental health services, but would appear to be equally **valid for the population as a whole**.

[8] http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000044/pat/6/par/E12000008/ati/102/are/E06000038 (accessed 17 May 16).
[9] http://healthierlives.phe.org.uk/topic/mortality/area-details#are/E06000038/par/cat-2-6/ati/102/pat/ (accessed 17 May 16).

Public Health Outcomes Framework 2016–2019
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

† Indicator shared with the Adult Social Care Outcomes Framework

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

1 Improving the wider determinants of health

Objective

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

Indicators

1.01 Children in low income families

1.02 School readiness

1.03 Pupil absence

1.04 First time entrants to the youth justice system

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

1.06 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation† *(ASCOF 1G and 1H)* ***(NHSOF 2.5ii)*

1.07 Proportion of people in prison aged 18 or over who have a mental illness

1.08 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)* †† *(ii-ASCOF 1E)* ***(iii-NHSOF 2.5i)* †† *(iii-ASCOF 1F)*

1.09 Sickness absence rate

1.10 Killed and seriously injured casualties on England's roads

1.11 Domestic abuse

1.12 Violent crime (including sexual violence)

1.13 Levels of offending and re-offending

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 † *(ASCOF 1I)*

2 Health improvement

Objective

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

Indicators

2.01 Low birth weight of term babies

2.02 Breastfeeding

2.03 Smoking status at time of delivery

2.04 Under 18 conceptions

2.05 Child development at 2 – 2 ½ years

2.06 Child excess weight in 4-5 and 10-11 year olds

2.07 Hospital admissions caused by unintentional and deliberate injuries for children and young people under 25

2.08 Emotional well-being of looked after children

2.09 Smoking prevalence – 15 year olds

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 Drug and alcohol treatment completion and drug misuse deaths

2.16 Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison

2.17 Estimated diagnosis rate for people with diabetes mellitus

2.18 Alcohol-related admissions to hospital

2.19 Cancer diagnosed at stage 1 and 2**(NHSOF 1.4v 1.4vi)*

2.20 National 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

3.01 Fraction of mortality attributable to particulate air pollution

3.02 Chlamydia diagnoses (15-24 year olds)

3.03 Population vaccination coverage

3.04 People presenting with HIV at a late stage of infection

3.05 Treatment completion for TB

3.06 Public sector organisations with board approved sustainable development management plan

3.08 Antimicrobial Resistance

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

4.01 Infant mortality* *(NHSOF 1.6i)*

4.02 Proportion of five year old children free from dental decay** *(NHSOF 3.7i)*

4.03 Mortality rate from causes considered preventable ***(NHSOF 1a)*

4.04 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)* *(NHSOF 1.1)*

4.05 Under 75 mortality rate from cancer**(NHSOF 1.4)*

4.06 Under 75 mortality rate from liver disease* *(NHSOF 1.3)*

4.07 Under 75 mortality rate from respiratory diseases* *(NHSOF 1.2)*

4.08 Mortality rate from a range of specified communicable diseases, including influenza

4.09 Excess under 75 mortality rate in adults with serious mental illness* *(NHSOF 1.5i)*

4.10 Suicide rate***(NHSOF 1.5ii)*

4.11 Emergency readmissions within 30 days of discharge from hospital* *(NHSOF 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 * *(NHSOF 2.6i)*