Health and Wellbeing Performance Indicators (2012 – 2015) - Technical Information

Outcome 1: Every child has the best start in life

Priority 1: Reduce Infant Mortality

Infant Mortality Rate
Latest data 2012   Good Performance is: *LOW*

Infant mortality relates to children who are born but subsequently die before their first birthday. It is normally expressed as a rate per 1,000 live births. There is a 2 year time lag in the release of this data. Methodology: Crude rate per 1,000 live births: The number of infant deaths is divided by the number of live births in the same area and multiplied by 1,000.

Early access for women to maternity services
Latest data 2013/14   *Good performance is:* **HIGH**

The percentage of women who have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 completed weeks of pregnancy.

Breastfeeding at 6-8 weeks
Latest data 2013/14   *Good performance is:* **HIGH**

Percentage of infants who are totally (exclusively receiving breast milk) or partially (receiving breast milk and formula milk) breastfeeding at 6-8 week check. Methodology: Crude percentage: numerator is divided by denominator and then multiplied by 100.

Women smoking at the time of delivery
Latest data 2013/14   *Good performance is:* **LOW**

The percentage of women who currently smoke at time of delivery, per 100 births. Methodology: Crude percentage: numerator is divided by denominator and then multiplied by 100

Childhood vaccination coverage Year 1
Latest data: 2013/14   *Good performance is:* **HIGH**

Children for whom the Primary Care Trust (PCT) is responsible who received 3 doses of diphtheria, tetanus, pertussis , polio and Haemophilus influenzae type b (DTaP/IPV/Hib) vaccine at any time

by their first birthday as a percentage of all children whose first birthday falls within the time period. Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health England (PHE). Available from The Health and Social Care Information Centre (HSCIC). Methodology: Crude percentage: numerator is divided by denominator and then multiplied by 100.

Childhood vaccination coverage Year 5
Latest data: 2013/14   *Good Performance is:* **HIGH**

All children for whom the PCT is responsible who received one dose of measles, mumps and rubella (MMR) vaccine on or after their first birthday and at any time up to their fifth birthday, as a percentage of all children whose fifth birthday falls within the time period. Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health England (PHE). Available from The Health and Social Care Information Centre (HSCIC). Methodology: Crude percentage: numerator is divided by denominator and then multiplied by 100.

Priority 2: Reduce Teenage Pregnancy

Under 18 conception rate
Latest data: 2013   *Good Performance is:* **LOW**

Number of pregnancies that occur to women aged under 18, that result in either one or more live or still births or a legal abortion under the Abortion Act 1967. Methodology: Crude rate: numerator is divided by denominator and then multiplied by 1,000.

Priority 3: Reduce Childhood Obesity

Prevalence of overweight and obesity in 4-5 and 10-11 year olds
Latest data: 2013/14   *Good Performance is:* **LOW**

The percentage of primary school age children in Reception (aged 4-5 years) and year six (aged 10-11 years) with valid height and weight recorded who are classified as overweight or obese. Methodology: Number of children in Reception (aged 4-5 years) classified as overweight or obese in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England as a proportion of all children measured.

Priority 4: Ensure Readiness for school at 5 years (physical, behavioural and cognitive)

School readiness – Latest Data 2013/14   *Good Performance is*: **HIGH**

All children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) by local authority. Children are defined as having reached a good level of development if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and the early learning goals in the specific areas of mathematics and literacy. Methodology: Crude percentage: numerator is divided by denominator and then multiplied by 100.

Outcome 2: A reduced gap in life expectancy

Priority 5: Reduce Smoking

Number of 4 week smoking quitters
Latest data 2013/14   *Good Performance is: HIGH*

Number of self-reported successful quitters at 4 weeks in 2009/10 to 2013/14 who are Haringey residents receiving support through the Haringey Stop Smoking Service who are assessed 4 weeks after the designated quit date and declared that he/she has not smoked even a single puff on a cigarette in the past two weeks. Methodology: The quit rate was calculated by dividing the number of smoking quits by smoking population, multiplied by 100,000. Smoking prevalence based on the IHS survey is routinely available at local authority level only. In order to obtain estimates at PCT level, prevalence estimates for local authorities were weighted proportionately to PCT populations.

Service users who are "Routine or Manual"
Latest data: 2013   *Good performance is: HIGH*

The proportion of people that access stop smoking services whose employment is classified as being "Routine and Manual"

Priority 6: Increase Physical Activity

Participation in Sport (1x 30 mins duration)
Latest Data 2013/14   *Good performance is: HIGH*

Percentage of adults (aged 16+) participating in at least 30 minutes of sport, at a moderate intensity, at least once a week.

Adult participation in sport and active recreation
Latest data: 2013/14   *Good Performance is: HIGH*

Percentage of the adult population (age 16 years and over) in a local area who participate in sport and active recreation, at moderate intensity, for at least 30 minutes on at least 12 days out of the last 4 weeks (equivalent to 30 minutes on 3 or more days a week).

Proportion of physically inactive adults
Latest update: 2013   *Good Performance is: LOW*

Number of respondents aged 16 and over, with valid responses to questions on physical activity, doing less than 30 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days. Methodology: The number of respondents aged 16 and over, with valid responses to questions on physical activity, doing less than 30

"equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days was divided by the total number of respondents aged 16 and over and multiplied by 100.

Priority 7: Reduce Alcohol Misuse

Alcohol-related hospital admissions
Latest Update: 2013/14   *Good Performance is:* **LOW**

The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause per 100,000 population (age standardised). Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the Health and Social Care Information Centre - Hospital Episode Statistics (HES) (Broad measure).

Priority 8: Reduce the Risk of Cardiovascular Disease

Take up of NHS Health Checks
Latest Update 2013/14   *Good Performance is:* **HIGH**

Percentage of people aged 40-74 eligible for an NHS Health Check who received an NHS Health Check in the financial year. Source: Integrated Performance Measures Monitoring Return (IPMR_1), NHS England. Methodology 11/07/2014 Percentage of eligible population offered an NHS Health Check who received an NHS Health Check: the number of eligible people aged 40-74 who received an NHS Health Check is divided by the number of eligible people aged 40-74 who were offered an NHS Health Check and multiplied by 100.

Cancer Screening coverage - Breast Screening
 Latest data 2014   *Good Performance is:* **HIGH**

The percentage of women in the resident population eligible for breast screening who were screened adequately within the previous three years on 31 March. Source: Health and Social Care Information Centre (Open Exeter)/Public Health England. Methodology: Count is divided by denominator and multiplied by 100. England figures have been aggregated from local authority data and exclude women resident in Wales or of unknown local authority.

Cancer Screening coverage - Bowel Screening
Last update 2011/12   *Good Performance is:* **HIGH**
Tamara/Will to add comments

Cancer Screening coverage - Cervix
Latest update2014   *Good Performance is:* **HIGH**

The percentage of women in the resident population eligible for cervical screening who were screened adequately within the previous 3.5 years or 5.5 years, according to age (3.5 years for women aged 25-49 and 5.5 years for women aged 50-64) on 31 March three years. Source: Health and Social Care Information Centre (Open Exeter)/Public Health England. Methodology: Count is

divided by denominator and multiplied by 100. England figures have been aggregated from local authority data and exclude women resident in Wales or of unknown local authority.

Priority 9: Support people with Long term conditions (LTCs)

Fuel poverty
Latest data 2012   *Good Performance is: **LOW***

The estimated percentage of households in fuel poverty. A household is said to be in fuel poverty if it needs to spend more than 10% of its income on fuel to maintain a satisfactory heating regime (usually 21 degrees for the main living area, and 18 degrees for other occupied rooms). Source the Department of Energy and Climate Change (DECC). Source: Department of Energy and Climate Change. Methodology: More detailed information on the methodology used to model fuel poverty rates is available on the DECC website.

Cardiovascular mortality
Latest Data: 2011-13   *Good Performance is: **LOW***

Age-standardised rate of mortality that is considered preventable from all cardiovascular diseases (including heart disease and stroke) in persons less than 75 years per 100,000 population. Source: Public Health England (based on ONS source data). Methodology: Numerator data for each age band are divided by the denominator population data for each age band respectively to give age specific death rates for the area. These age specific rates are multiplied by the standard population for each age group respectively and aggregated across all the age groups to give the age adjusted count of deaths for the area. This age adjusted count of deaths is divided by the total standard population for the whole age range included in the indicator, and multiplied by 100,000 to give the age standardised mortality rate for the area.

Outcome 3: Improved Mental Health and Wellbeing

Priority 10: Promote emotional wellbeing of children and young people.

16-18 year olds not in education, employment or training (NEET)
Latest data: 2013   *Good performance is: **LOW***

The estimated number of 16-18 year olds not in education, employment or training divided by the total number of 16-18 year olds known to the local authority whose activity is either not in education, employment or training (NEET), or in education, employment or training (EET). This indicator will use the average proportion of 16-18 year olds NEET between November and January each year. Methodology: The estimated number of 16-18 year olds not in education, employment or training divided by the total number of 16-18 year olds known to the local authority whose activity is either not in education, employment or training (NEET), or in education, employment or training (EET)

Number of children in poverty – Latest data: 2011   *Good performance is: **LOW***

Percentage of children in low income families (children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income) for under 16s

only. Source: HM Revenue and Customs (Personal Tax Credits: Related Statistics - Child Poverty Statistics). Methodology: The number of children living in families in receipt of CTC whose reported income is less than 60 per cent of the median income or are in receipt of IS or (Income-Based) JSA divided by the total number of children in the area (determined by Child Benefit data). There is a two year time lag in reporting this data.

Priority 11: Support Independent Living

Proportion of carers who report that they have been included or consulted in discussions about the person they care for
Latest data: 2012/13   *Good performance is:* **LOW**

The proportion of positive responses to the question "In the last 12 months, do you feel you have been involved or consulted as much as you wanted to be, in discussions about the support or services provided to the person you care for?"

Adults with learning disabilities in settled accommodation
Latest Update: 2013/14 (provisional data)   *Good Performance is:* **HIGH**

The percentage of adults with learning disabilities known to Councils with Social Services Responsibilities (CASSRs) in settled accommodation at the time of their assessment or latest review.

Priority 12: Address Common Mental Health Problems among Adults

Number of people trained in mental health first aid (including mental health light)
Latest data 2012/13   *Good Performance is:* **HIGH**

Mental health first aid is an education program aimed the MHFA course teaches delegates over two days how to recognise the signs and symptoms of common mental health issues, provide help on a first aid basis and effectively signpost towards support services

Entering IAPT
Latest update 2012/13 Q4   *Good Performance is:* **HIGH**

Number of first treatments in the quarter expressed as a rate per resident population aged 18+Source: Mid-year CCG population estimates http://www.ons.gov.uk/ons/rel/sape/health-geography-population-estimates/mid-2012/index.html and Routine Quarterly Improving Access to Psychological Therapies Dataset Reports (commissioner-based summary statistics and related information) Methodology: Numerator/Denominator expressed as a rate per 100,000

Priority 13: Supporting people with severe and enduring mental health needs

Proportion of adults in contact with secondary mental health services in paid employment
Latest Data: 2013/14   *Good performance is:* **HIGH**

Care planning meetings include assessments, formal reviews or other multi-disciplinary care planning meetings. Some people currently captured in this measure may be appropriate to exclude – for example, those who are detained under the Mental Health Act for a significant portion of the year. The measure only includes those on the Care Programme Approach and so may not include all of those in contact with secondary mental health services who are also in employment. This measure is a percentage.

Proportion of adults in contact with secondary mental health services living independently
Latest Data: 2013/14   *Good performance is: **HIGH***

The percentage of people in contact with secondary mental health conditions who are living independently.

Mortality rate for suicide and undetermined injury
Latest Data: 2011-13   *Good performance is: **LOW***

Rate of deaths from suicide and injury of undetermined intent per 100,000 population. Number of deaths from suicide and injury of undetermined intent classified by underlying cause of death recorded as IC10 codes X60-X84 (all ages) Y10-Y34 (ages 15+ only) registered in the respective calendar years, aggregated into quinary age bands (0-4, 5-9,...,85-89, 90+). Counts of deaths for years up to and including 2010 have been adjusted where needed to take account of the ICD-10 coding change introduced in 2011.

The percentage of people in contact with secondary mental health conditions who are living independently.
Latest data: 2013/14   *Good performance is: **HIGH***

Care planning meetings include assessments, formal reviews or other multi-disciplinary care planning meetings. Some people currently captured in this measure may be appropriate to exclude, for example those who are detained under the Mental Health Act for a significant portion of the year. The measure only includes those on the Care Programme Approach and so may not include all of those in contact with secondary mental health services who are also in stable accommodation. This measure is a percentage.

Priority 14: Increase the number of problematic drug users in treatment

Successfully completing drug treatment (Opiate Users)
Latest data: 2013   *Good Performance is: **HIGH***

Number of users of opiates that left drug treatment successfully (free of drug(s)) of dependence) who do not the re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment.