working together for better health

Health and wellbeing outcomes and performance report for Staffordshire August 2016 (DRAFT)

Staffordshire Observatory

Staffordshire County Council

Introduction

Health and wellbeing strategy vision: Staffordshire will be a place where improved health and wellbeing is experienced by all. It will be a good place to live. People will be healthy, safe and prosperous and will have the opportunity to grow up, have a family and grow old, as part of strong, safe and supportive communities.

Staffordshire's health and wellbeing strategy, Living Well, included an outcomes framework based on selected indicators from the national outcomes frameworks for public health, National Health Service and adult social care as well as measures from the Clinical Commissioning Group and children's outcomes frameworks.

In June 2016 the Health and Wellbeing Board discussed **jointly owning poorly performing outcomes**. This report therefore brings together information on **exception outcome indicators** which have been defined in the first instance as those that performed worse than the England average **based on updated information this quarter** alongside some information on what is happening in Staffordshire for these outcomes.

Appendix 1 presents the summary performance against all indicators identified within the Living Well strategy where data is currently routinely available grouped under life course stages: start well, grow well, live well, age well and end well alongside a small section measuring the overall health and wellbeing of the population. A full report, illustrating trends and locality information, across the Living Well outcomes framework will be published on the Staffordshire Observatory website shortly after the Health and Wellbeing Board meeting as part of the **Joint Strategic Needs Assessment** process at http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx.

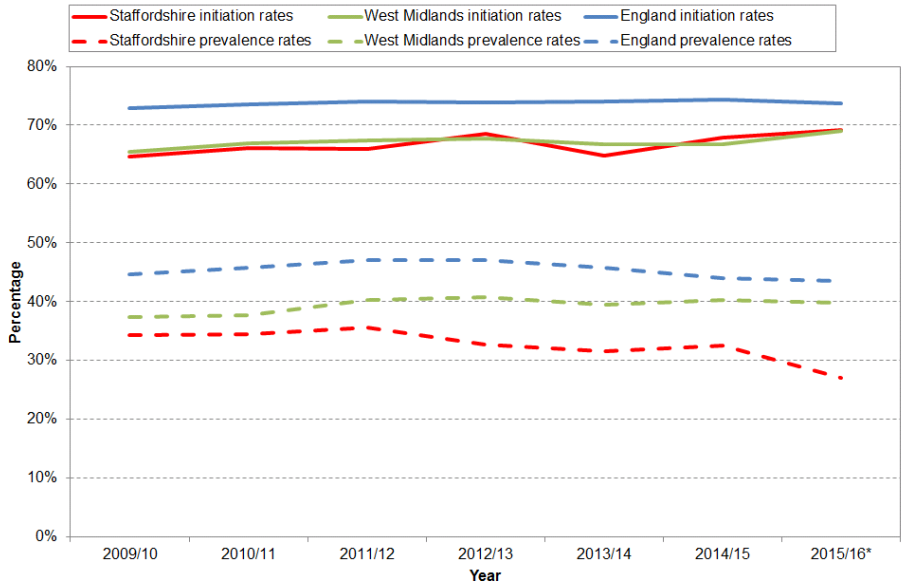
Contents

1 Breastfeeding

- In Staffordshire the proportion of women initiating breastfeeding between April and June 2015 was 69% and remains lower than England (74%). The proportion of Staffordshire mothers who continued to breastfeed at six to eight weeks during 2015/16 was 27%, which again is lower than the national average (43%).

- Trends show that there has been very little change in initiation rates since 2009/10 (Figure 1). Prevalence rates appear to be declining although some of this may partially be attributable to data quality issues.

Figure 1: Trends in breastfeeding rates



Notes (1): Data from 2013/14 onwards does not meet minimum data quality standards so should be used with caution; (2) initiation rates are for April to June 2015 only

Source: Breastfeeding statistics, Department of Health, NHS England and Public Health England

- Breastfeeding rates are lower than the national across most CCGs (Table 1). *Note: Publication of CCG initiation and prevalence data is currently on hold.*

Table 1: Breastfeeding rates by CCG

	2014/15		2015/16 (April to June 2015)	
	Initiation rates	**Prevalence rates at six to eight weeks**	**Initiation rates**	**Prevalence rates at six to eight weeks**
Cannock Chase	64.7%	24.2%	65.8%	21.4%
East Staffordshire	73.6%	32.7%	72.2%	23.0%
North Staffordshire	58.5%	38.8%	65.7%	40.0%
South East Staffordshire and Seisdon Peninsula	71.8%	28.7%	71.3%	23.8%
Stafford and Surrounds	71.4%	38.5%	70.5%	26.0%
Staffordshire CCGs	**67.9%**	**32.6%**	**69.1%**	**27.4%**
West Midlands	**66.8%**	**40.3%**	**69.1%**	**40.4%**
England	**74.3%**	**43.9%**	**73.8%**	**45.2%**

Key: Statistically better than England; statistically worse than England

Note: Data from 2013/14 onwards does not meet minimum data quality standards so should be used with caution

Source: Breastfeeding statistics, NHS England

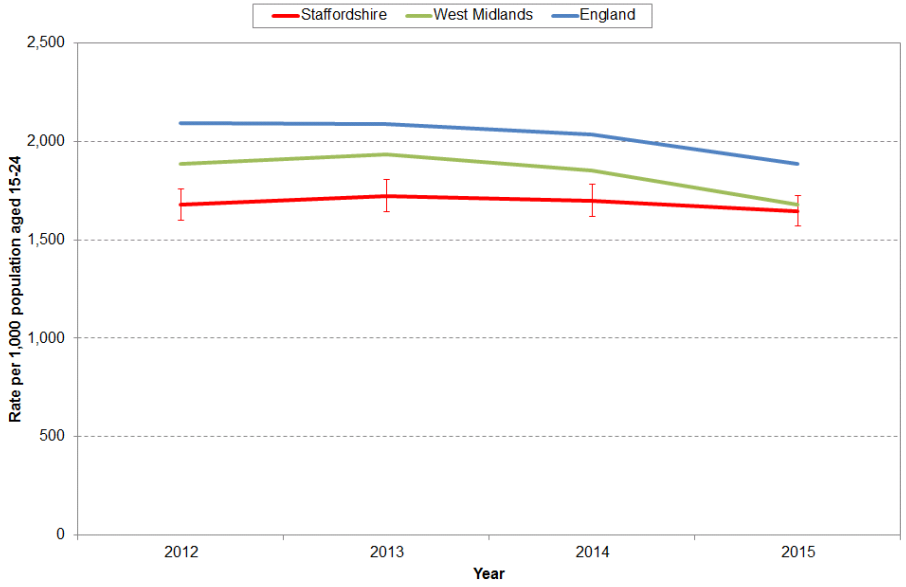
What are we currently doing?

Improving breastfeeding is a key outcome indicator for both CCGs and local government. Therefore a system wide approach is required across commissioner and providers. Through the Healthy Child Programme for under fives and the Family Nurse Partnership, midwives, health visitors, nursery nurses currently work together by providing information, advice and guidance to support mothers initiate and continue feeding. These also feature in current services specifications. Breastfeeding groups are also run across the county.

2 Chlamydia diagnosis

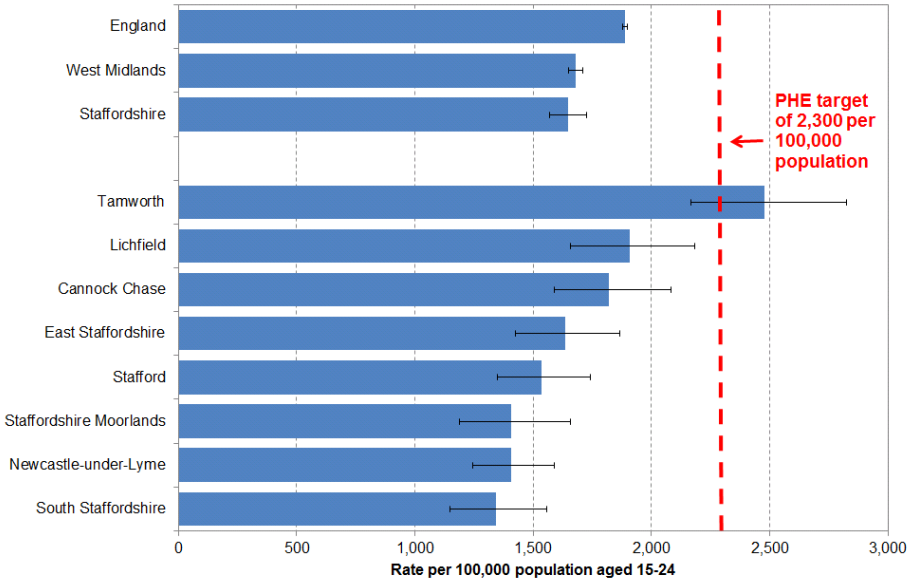
- The proportion of young people aged 15-24 in Staffordshire who were tested for chlamydia continued to fall during 2015 and remains lower than the England average. The diagnosis rate for this age group is also lower than average and falls below the Public Health England target of at least 2,300 per 100,000 population aged 15-24 years (Figure 2 and Figure 3). This may be due to Staffordshire having lower levels of chlamydia prevalence as the target has not been adjusted for different prevalence across different geographical areas and / or that young people who are at higher risk of chlamydia are not being targeted appropriately for testing. At this point in time the hypothesis in use within commissioning is the latter.

Figure 2: Chlamydia diagnosis rates in 15-24 year olds



Source: Public Health Outcome Framework, Public Health England, http://www.phoutcomes.info/

Figure 3: Chlamydia diagnosis rates in 15-25 year olds, 2015



Source: Public Health Outcome Framework, Public Health England, http://www.phoutcomes.info/

What are we currently doing?

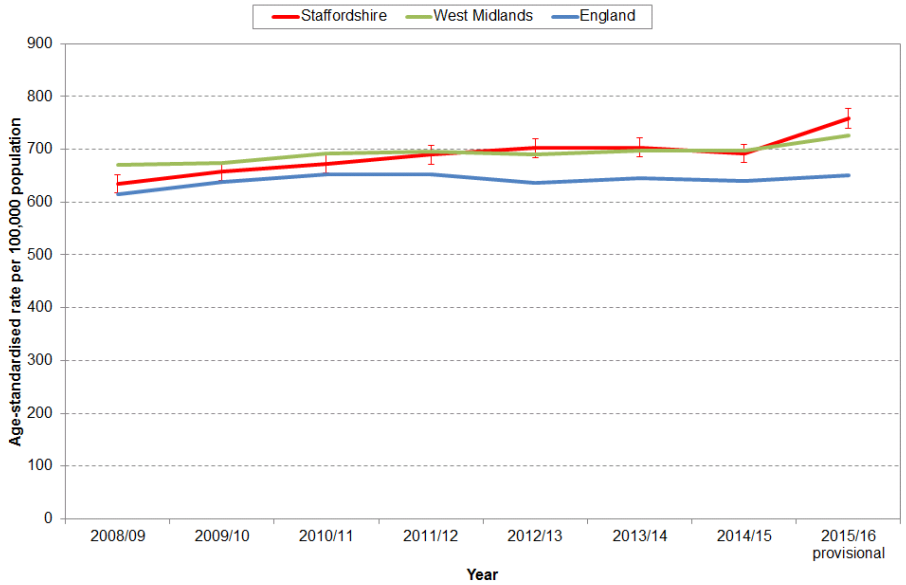
Sexual health services in Northern Staffordshire have currently been retendered whilst there is currently an ongoing tender process for Southern Staffordshire services. Both specifications have identified clear performance targets for the number of positive chlamydia diagnoses that need to be found in order for us to achieve the 2,300 per 100,000 rate. These specific performance targets had been missing from previous specifications.

3 Alcohol-related admissions to hospital

- There were 6,600 alcohol-related admissions during 2015/16 in Staffordshire with overall rates continuing to be higher than the England (Figure 4). These admissions relate to acute intoxication (minority) and also to complications of long term alcohol use (majority e.g. heart disease, stroke and a variety of cancers). Rates did show signs of plateauing between 2011/12 and 2014/15 but appear to have risen again during 2015/16.

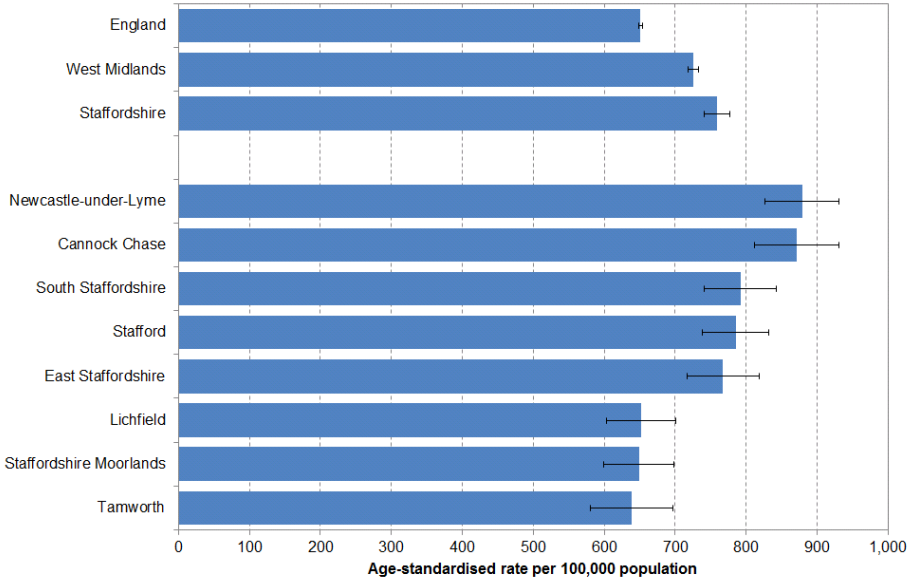
- At a district level Newcastle, Cannock Chase, East Staffordshire, Stafford and South Staffordshire have rates higher than the England average (Figure 5).

Figure 4: Trends in alcohol-related admissions



Source: Local Alcohol Profiles for England, Public Health England

Figure 5: Alcohol-related admissions, 2015/16 provisional



Source: Local Alcohol Profiles for England, Public Health England

What are we currently doing?

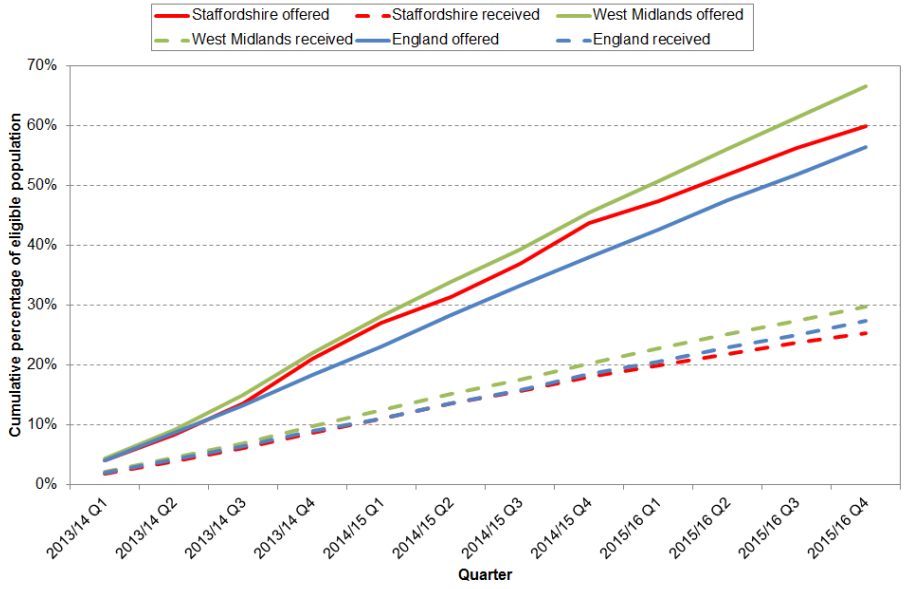
Staffordshire County Council is currently reviewing its approach to the commissioning of alcohol treatment and prevention services for the citizens of Staffordshire. Effectiveness of interventions and alternative approaches to addressing issues will be considered in the upcoming months.

4 NHS health checks

The NHS Health Check is a national programme of activity. The evidence for the effectiveness of this programme is challenged by some recent studies. In Staffordshire there are around 275,000 patients who are eligible to be invited for an NHS health check over a five year period (around 70% of the population aged 40-74).

- Between April 2013 and March 2016, 165,800 invites were sent to Staffordshire residents, which is 60% of the eligible population and better than the national average of 56%. During this period almost 70,100 patients received a health check which is an uptake rate of 42% and lower than the national average of 49%. Around 54% of the eligible cohort has received a health check lower than the national average of 27%.

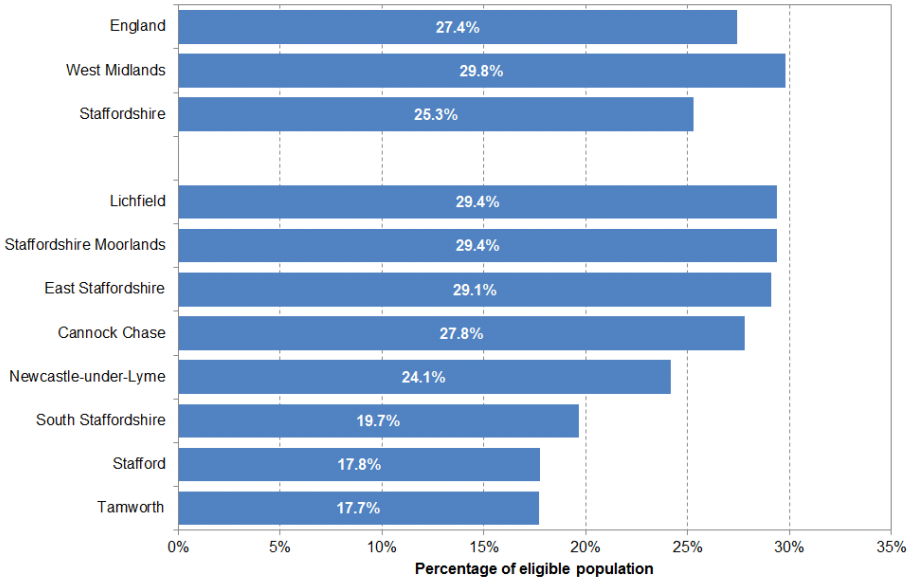
Figure 6: Trends in NHS health checks (cumulative)



Source: http://www.healthcheck.nhs.uk/ and Public Health England

- There remains a significant inequality within Staffordshire, for example less people in Tamworth, Stafford, South Staffordshire and Newcastle have received an NHS health check (Figure 7).

Figure 7: NHS health checks, April 2013 to March 2016



Source: NHS health checks datasets, Staffordshire County Council, http://www.healthcheck.nhs.uk/ and Public Health England

What are we currently doing?

In Staffordshire the main delivery vehicle is via primary care using a prime provider model (commenced from August 2016). An health equity audit into the uptake of NHS health checks is also underway with results expected in Autumn 2016 which should better understand lower uptake levels across Staffordshire. Overall the intention is to improve targeting of NHS Health Checks to ensure better value from the health checks delivered.

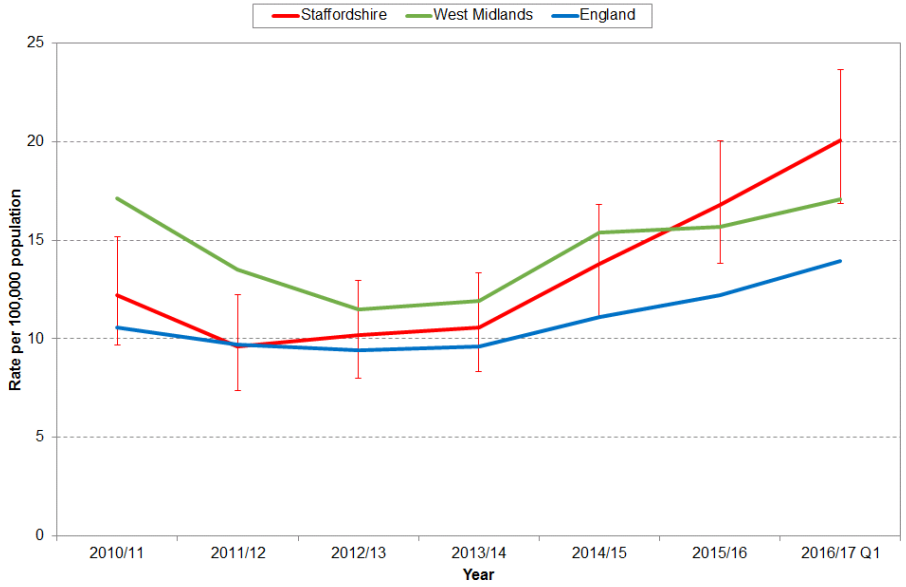
5 Delayed transfers of care

- The number of delayed transfers of care from hospital per 100,000 population in Staffordshire have been increasing with provisional rates for April to June 2016 continuing to be higher than the England average (Figure 8).

- The proportion of delayed transfers in Staffordshire that were attributable to social care also continues to increase and is also higher than the national average (Figure 9).

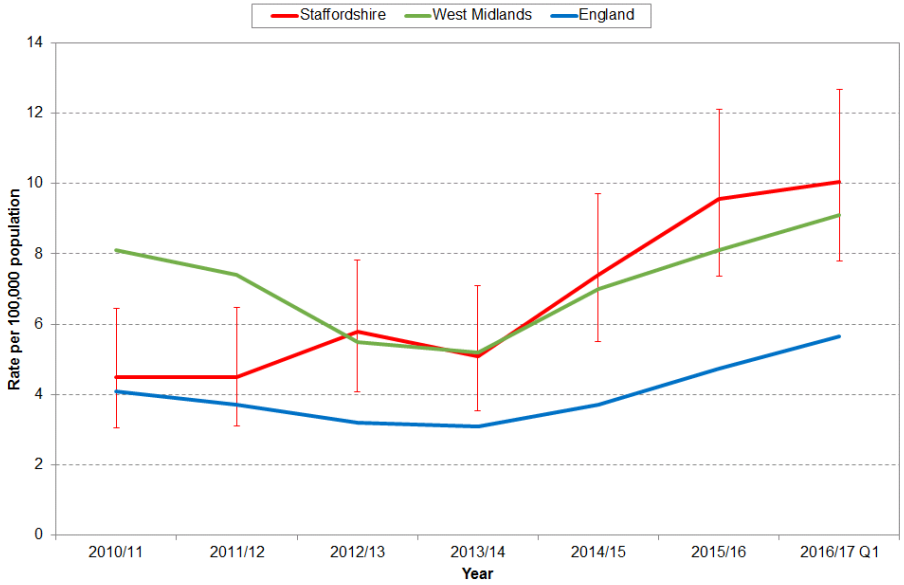
Note: There are known discrepancies about the way that transfers of care are recorded within Staffordshire compared with the national policy which. It is expected that some of the poor performance in this area will be effectively managed by addressing this practice variation.

Figure 8: Trends in delayed transfers of care



Source: National Adult Social Care Intelligence Service (NASCIS) and Delayed transfers of care monthly statistics, NHS England

Figure 9: Delayed transfers of care attributable to social care



Source: National Adult Social Care Intelligence Service (NASCIS) and Delayed transfers of care monthly statistics, NHS England

What are we currently doing?

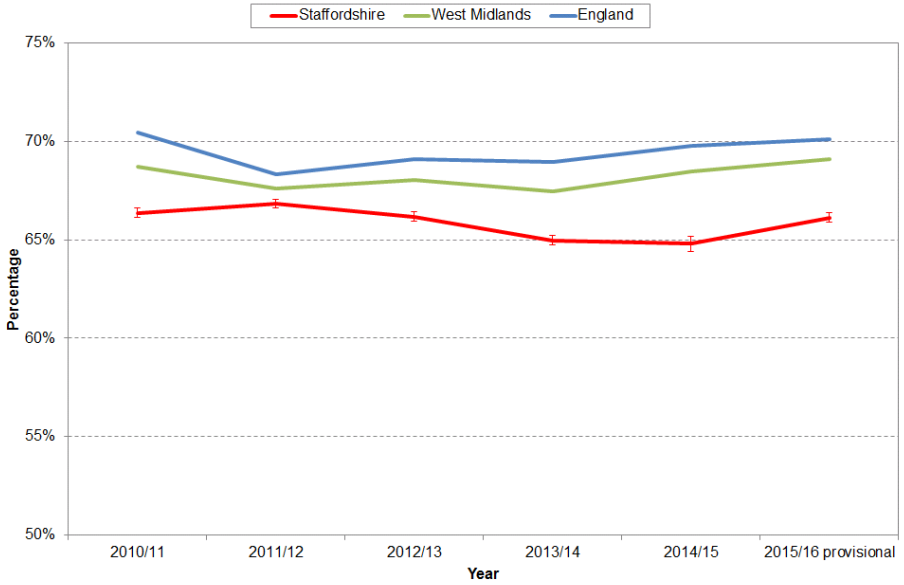
Staffordshire County Council are continuing to work with colleagues in the SRG (Including East Staffordshire). There are ongoing discussions with the urgent care improvement programme (focussing on University Hospital North Midlands) and Staffordshire County Council is developing an urgent care work-stream in the development of its transformation programme.

6 Pneumococcal vaccine uptake in people aged 65 and over

- The proportion of Staffordshire residents who were vaccinated against pneumococcal polysaccharide vaccine (PPV) increased slightly between 2014/15 and 2015/16 but remains lower than the England average (Figure 10).

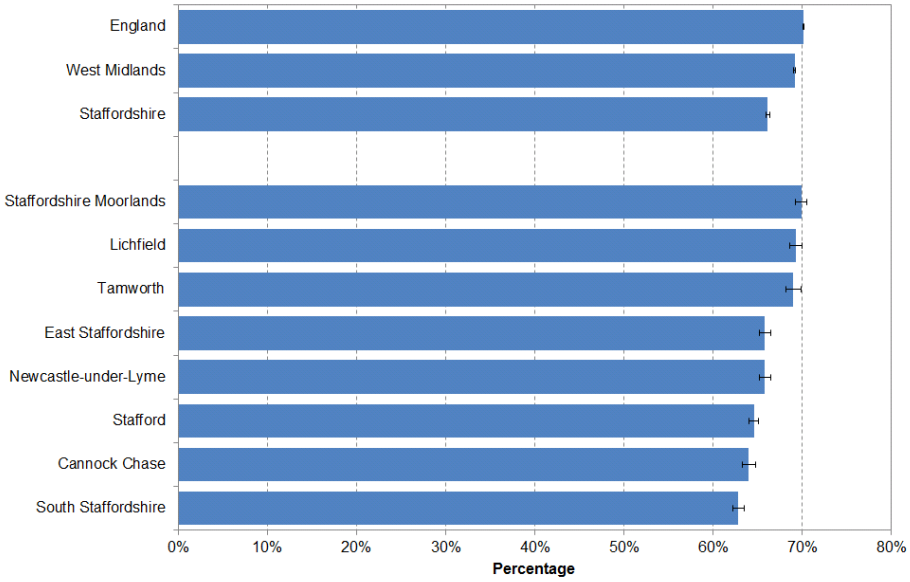
- With the exception of Staffordshire Moorlands, PPV uptake rates in all districts are lower than average (Figure 11).

Figure 10: PPV vaccination among people aged 65 and over



Source: Public Health Outcome Framework, Public Health England, http://www.phoutcomes.info/ and DH ImmForm website: Registered Patient GP practice data, Pneumococcal Immunisation Vaccine Uptake Monitoring Programme, Public Health England

Figure 11: PPV vaccination among people aged 65 and over, 2015/16 provisional



Source: DH ImmForm website: Registered Patient GP practice data, Pneumococcal Immunisation Vaccine Uptake Monitoring Programme, Public Health England and NHS England North Midlands

What are we currently doing?

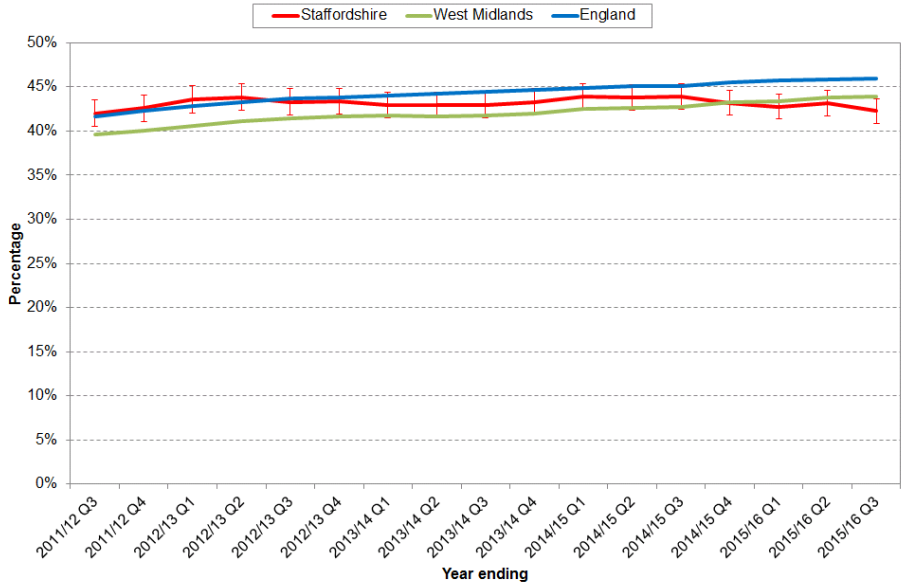
Pneumococcal immunisation is now only required once in a lifetime. It can be given to high risk groups at the same time as influenza immunisation. Therefore strong systematic approaches to immunisation programmes delivered in individual general practices can have a dramatic effect upon coverage rates.

7 End of life care: proportion dying at home or usual place of residence

Death in hospital is considered the least likely place that people in general would choose to die compared with home, hospices and care homes. Therefore ensuring that peoples' preferences are met involves working to reduce the number of deaths in hospital. This improves quality of care at end of life for the patients and also reduces hospital costs on unnecessary admissions.

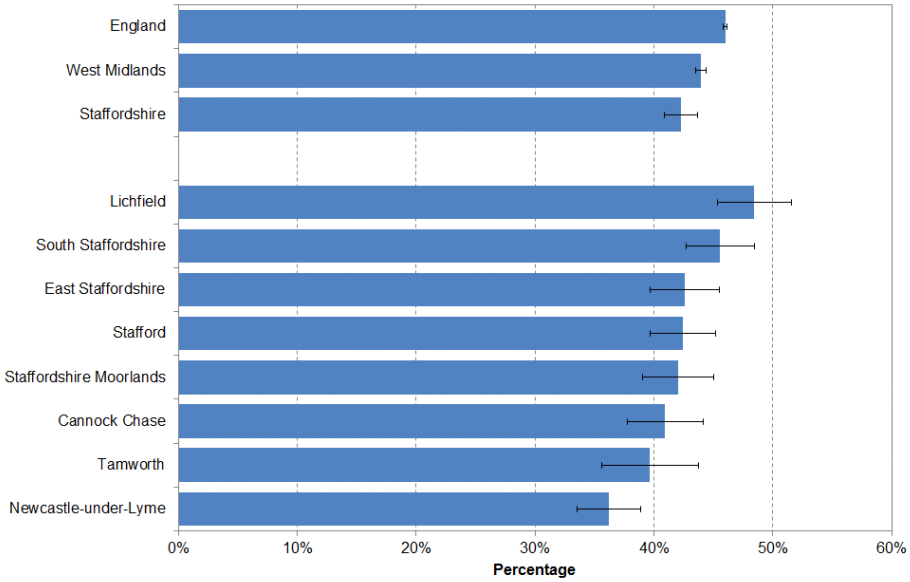
- The proportion of Staffordshire residents dying at home remains below the England average (Figure 12). The proportion of people dying at home varies by district from 36% in Newcastle to 48% in Lichfield (Figure 13). With the exception of Lichfield and South Staffordshire all districts fall below the England average.

Figure 12: People dying at home or usual place of residence



Source: http://www.endoflifecare-intelligence.org.uk/data_sources/place_of_death

Figure 13: End of life care: proportion of people dying at home or usual place of residence, 2015



Source: http://www.endoflifecare-intelligence.org.uk/data_sources/place_of_death

What are we currently doing?

End of life care has been already noted as an exception by the Health and Wellbeing Board with plans for a workshop on the topic. End of life care also forms part of the "Together We're Better" work programme and will be a focus of the Director of Public Health's annual report.

Appendix 1: Summary performance

Performance against indicators are summarised into whether they are a concern for Staffordshire (the indicator performs worse than the national average), of some concern (similar to the national average or trend has been going in the wrong direction over a period of time) or better than England where the performance is better than England. ***Indicates where data has been updated or is a new indicator***

	Summary	Of concern for Staffordshire	Some concern for Staffordshire	Better than England
Overarching health and wellbeing	There are significant health inequalities across Staffordshire for key health and wellbeing outcomes which are in the main underpinned by determinants of health.		▪ Life expectancy at birth ▪ Inequalities in life expectancy ▪ Healthy life expectancy	
Start well	Breastfeeding rates in Staffordshire remain worse than average. Whilst the proportion of children living in poverty is lower than England, a significant number of start well outcomes remain a concern in some areas, particularly where there are higher proportions of families living on low incomes.	▪ **Breastfeeding rates**	▪ Infant mortality ▪ **Smoking in pregnancy** ▪ Low birthweight babies	▪ Children in poverty ▪ **Childhood vaccination coverage** ▪ Tooth decay in children ▪ School readiness
Grow well	There are a large number of child health outcome indicators where Staffordshire is not performing as well as it could. In particular there is concern around educational achievement for some groups and healthier lifestyles. Unplanned admissions to hospital are also higher for this age group.	▪ Children with excess weight ▪ **Chlamydia diagnosis** ▪ Hospital admissions caused by unintentional and deliberate injuries in children and young people ▪ Unplanned hospitalisation for asthma, diabetes and epilepsy ▪ Emergency admissions for lower respiratory tract infections	▪ **Pupil absence** ▪ GCSE attainment ▪ **16-18 year olds not in education, employment or training** ▪ Under 18 alcohol-specific admissions ▪ Smoking prevalence in 15 year olds ▪ Emotional wellbeing of looked after children ▪ **Teenage pregnancy** ▪ Child admissions for mental health for under 18s ▪ Hospital admissions as a result of self-harm (10-24 years)	
Live well	There are concerns with performance against healthy lifestyle indicators such as excess weight and alcohol consumption. In addition performance on prevention of serious illness could also be improved as Staffordshire has significantly lower numbers of NHS health checks to the target population. There are also concerns for outcomes for people with learning disabilities to participate in life opportunities which enable them to live independently. The number of people who self-harm is also higher than average.	▪ Employment of vulnerable adults ▪ Vulnerable adults who live in stable and appropriate accommodation ▪ Domestic abuse ▪ **Alcohol-related admissions to hospital** ▪ Excess weight in adults ▪ Recorded diabetes ▪ **NHS health checks** ▪ Hospital admissions as a result of self-harm	▪ People feel satisfied with their local area as a place to live ▪ Self-reported wellbeing ▪ Sickness absence ▪ Violent crime ▪ Utilisation of green space ▪ **Statutory homelessness** ▪ Healthy eating: adults eating at least five portions of fruit or vegetables daily ▪ **Physical activity amongst adults** ▪ Diabetes complications ▪ **Successful completion of drug treatment**	▪ Re-offending levels ▪ Road traffic injuries ▪ **People affected by noise** ▪ **Adult smoking prevalence**

	Summary	Of concern for Staffordshire	Some concern for Staffordshire	Better than England
Age well	More people in Staffordshire live in fuel poverty whilst in older age fewer Staffordshire residents over 65 take up their flu vaccination or their offer of a pneumococcal vaccine which may be contributing to excess winter mortality. The majority of age well indicators associated with the quality of health and care in Staffordshire perform poorly, for example more people are admitted to hospital for conditions that could be prevented or managed in the community. In addition those that are admitted to hospital are delayed from being discharged.	▪ **Pneumococcal vaccination uptake in people aged 65 and over** ▪ Seasonal flu vaccination uptake in people aged 65 and over ▪ People receiving social care who receive self-directed support and those receiving direct payment ▪ Unplanned hospitalisation for ambulatory care sensitive conditions ▪ **Delayed transfers of care**	▪ **Fuel poverty** ▪ Social isolation ▪ Social care/health related quality of life for people with long-term conditions ▪ People feel supported to manage their condition ▪ Permanent admissions to residential and nursing care ▪ Emergency readmissions within 30 days of discharge from hospital ▪ Reablement services ▪ **Estimated diagnosis rate for people with dementia** ▪ Falls and injuries in people aged 65 and over ▪ Hip fractures in people aged 65 and over	
End well	Staffordshire performs better than average for the majority of mortality indicators with fewer people than average dying from preventable causes before the age of 75, in particular from cardiovascular, cancer or respiratory diseases. However end of life care, winter deaths, early death rates from liver disease, infectious diseases and suicides remain of concern for the County. There are also significant inequalities in mortality across Staffordshire both amongst vulnerable groups and between districts.	▪ Excess winter mortality ▪ **End of life care: proportion dying at home or usual place of residence**	▪ Under 75 mortality from liver disease ▪ Mortality from communicable diseases ▪ Suicide ▪ Excess mortality rate in adults with mental illness ▪ **Mortality attributable to particulate air pollution**	▪ Preventable mortality ▪ Mortality from causes considered amenable to healthcare ▪ Under 75 mortality from cancer ▪ Under 75 mortality from cardiovascular disease ▪ Under 75 mortality from respiratory disease

Table 2: Summary of health and wellbeing outcomes

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
1.1a	No	Life expectancy at birth - males (years)	2012-2014	79.7	79.4	Stable
1.1b	No	Life expectancy at birth - females (years)	2012-2014	83.1	83.1	Stable
1.2a	No	Inequalities in life expectancy - males (slope index of inequality) (years)	2012-2014	6.4	9.2	Stable
1.2b	No	Inequalities in life expectancy - females (slope index of inequality) (years)	2012-2014	6.4	7.0	Stable
1.3a	No	Healthy life expectancy - males (years)	2012-2014	63.6	63.4	Stable
1.3b	No	Healthy life expectancy - females (years)	2012-2014	62.6	64.0	Stable
2.1	No	Child poverty: children under 16 in low-income families	2013	14.1%	18.6%	Stable
2.2	No	Infant mortality rate per 1,000 live births	2012-2014	4.6	4.0	Stable
2.3	Yes	Smoking in pregnancy	2015/16	11.3%	10.6%	Stable
2.4a	No	Breastfeeding initiation rates	2015/16 Q1	69.1%	73.8%	Stable
2.4b	Yes	Breastfeeding prevalence rates at six to eight weeks	2015/16	27.1%	43.5%	Worsening
2.5a	No	Low birthweight babies (under 2,500 grams)	2014	7.1%	7.4%	Stable
2.5b	No	Low birthweight babies - full term babies (under 2,500 grams)	2014	2.3%	2.9%	Stable
2.6a	Yes	Diphtheria, tetanus, polio, pertussis, haemophilus influenza type b (Hib) at 12 months	2015/16	97.0%	93.1%	Stable
2.6b	Yes	Measles, mumps and rubella at 24 months	2015/16	96.0%	91.4%	Improving
2.6c	Yes	Measles, mumps and rubella (first and second doses) at five years	2015/16	92.8%	87.7%	Stable
2.7a	No	Children aged three with tooth decay	2012/13	4.0%	11.7%	n/a
2.7b	No	Children aged five with tooth decay	2014/15	17.8%	24.7%	Improving
2.8	No	School readiness (Early Years Foundation Stage)	2014/15	70.0%	66.3%	Improving
3.1	Yes	Pupil absence	2014/15	4.4%	4.6%	Stable
3.2	No	GCSE attainment (five or more A*-C GCSEs including English and mathematics)	2014/15	56.1%	53.8%	Stable
3.3	Yes	Young people not in education, employment or training (NEET)	2015	3.9%	4.2%	Improving
3.4	No	Unplanned hospital admissions due to alcohol-specific conditions (under 18) (rate per 100,000)	2012/13-2014/15	36.4	36.6	Stable
3.5	No	Smoking prevalence in 15 years olds	2014/15	7.9%	8.2%	n/a
3.6a	No	Excess weight (children aged four to five)	2014/15	23.1%	21.9%	Stable
3.6b	No	Excess weight (children aged 10-11)	2014/15	33.5%	33.2%	Stable
3.7	No	Emotional wellbeing of looked after children (score)	2014/15	14.6	13.9	Stable
3.8a	Yes	Under-18 conception rates per 1,000 girls aged 15-17	2015 Q1	24.4	22.2	Stable
3.8b	No	Under-16 conception rates per 1,000 girls aged 13-15	2012-2014	5.6	4.9	Stable
3.9	Yes	Chlamydia diagnosis (15-24 years) (rate per 100,000)	2015	1,646	1,887	Stable
3.10a	No	Hospital admissions caused by unintentional and deliberate injuries in children under five (rate per 10,000)	2014/15	175	137	Stable
3.10b	No	Hospital admissions caused by unintentional and deliberate injuries in children under 15 (rate per 10,000)	2014/15	121	110	Stable
3.10b	No	Hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 (rate per 10,000)	2014/15	128	132	Stable
3.11	No	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (ASR per 100,000)	2014/15	362	326	Stable

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
3.12	No	Hospital admissions - lower respiratory tract in under 19s (ASR per 100,000)	2014/15	440	382	Stable
3.13	No	Child admissions for mental health for under 18s (ASR per 100,000)	2014/15	88	87	Stable
3.14	No	Hospital admissions as a result of self-harm (10-24 years) (ASR per 100,000)	2014/15	432	399	Stable
4.1	No	Satisfied with area as a place to live	Mar-16	86.8%	85.5%	Stable
4.2a	No	Self-reported well-being - people with a low satisfaction score	2014/15	4.6%	4.8%	Stable
4.2b	No	Self-reported well-being - people with a low worthwhile score	2014/15	3.9%	3.8%	Stable
4.2c	No	Self-reported well-being - people with a low happiness score	2014/15	9.9%	9.0%	Stable
4.2d	No	Self-reported well-being - people with a high anxiety score	2014/15	19.0%	19.4%	Stable
4.3	No	Sickness absence - employees who had at least one day off in the previous week	2011-2013	2.4%	2.4%	Stable
4.4a	No	Gap in the employment rate between those with a long-term health condition and the overall employment rate	2014/15	9.6%	8.6%	Stable
4.4b	No	Proportion of adults with learning disabilities in paid employment	2014/15	2.6%	6.0%	n/a
4.4c	No	Proportion of adults in contact with secondary mental health services in paid employment	2014/15	12.8%	6.8%	Worsening
4.5a	No	People with a learning disability who live in stable and appropriate accommodation	2014/15	52.2%	73.3%	n/a
4.5b	No	People in contact with secondary mental health services who live in stable and appropriate accommodation	2014/15	66.8%	59.7%	Worsening
4.6	No	Domestic abuse (rate per 1,000)	2014/15	20.5	20.4	Improving
4.7	No	Violent crime (rate per 1,000)	2014/15	12.3	13.5	Worsening
4.8	No	Re-offending levels	2013	22.8%	26.4%	Stable
4.9	No	Utilisation of green space	2014/15	18.2%	17.9%	Stable
4.10	No	Road traffic injuries (rate per 100,000)	2012-2014	22.0	39.3	Stable
4.11	Yes	People affected by noise	2014/15	4.3	7.1	Improving
4.12	Yes	Statutory homelessness - homelessness acceptances per 1,000 households	2015/16	1.2	2.5	Stable
4.13a	Yes	Smoking prevalence (18+)	2015	13.6%	16.9%	Stable
4.13b	Yes	Smoking prevalence in manual workers (18+)	2015	23.4%	26.5%	Stable
4.14	Yes	Alcohol-related admissions (narrow definition) (ASR per 100,000)	2015/16 provisional	759	651	Worsening
4.15	No	Adults who are overweight or obese (excess weight)	2012-2014	68.6%	64.6%	n/a
4.16	No	Healthy eating: adults eating at least five portions of fruit or vegetables daily	2015	52.7%	52.3%	Stable
4.17a	Yes	Physical activity in adults	2015	57.6%	57.0%	Improving
4.17b	Yes	Physical inactivity in adults	2015	28.3%	28.7%	Stable
4.18	No	Diabetes prevalence (ages 17+)	2014/15	6.9%	6.4%	Worsening
4.19	No	Diabetes complications (ASR per 100,000)	2012/13	66.1	69.0	Stable
4.20a	Yes	NHS health checks offered (as a proportion of those eligible)	2013/14-2015/16	59.8%	56.4%	Improving
4.20b	Yes	NHS health checks received (as a proportion of those offered)	2013/14-2015/16	25.3%	27.4%	Improving
4.20c	Yes	NHS health checks received (as a proportion of those eligible)	2013/14-2015/16	42.3%	48.6%	Stable
4.21	No	Hospital admissions as a result of self-harm (ASR per 100,000)	2014/15	207	191	Stable
4.22a	Yes	Successful completion of drug treatment - opiate users	December 2014 to November 2015	7.2%	6.7%	Stable

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
4.22b	Yes	Successful drug treatment exits - opiate users	June 2015 to May 2016	6.4%	6.9%	Stable
5.1	Yes	Fuel poverty	2014	10.5%	10.6%	Improving
5.2	No	Social isolation: percentage of adult social care users who have as much social contact as they would like	2014/15	41.8%	44.8%	n/a
5.3	Yes	Pneumococcal vaccine in people aged 65 and over	2015/16	66.1%	70.1%	Improving
5.4	No	Seasonal flu in people aged 65 and over	2015/16	69.8%	71.0%	Worsening
5.5	No	Social care related quality of life (score)	2014/15	18.9	19.1	n/a
5.6	No	Health related quality of life for people with long-term conditions (score)	2014/15	0.75	0.74	Stable
5.7	No	People feel supported to manage their condition	2014/15	66.8%	64.4%	Stable
5.8a	No	People receiving social care who receive self-directed support	2014/15	64.4%	83.7%	n/a
5.8b	No	Proportion of people using social care who receive direct payments	2014/15	25.4%	26.3%	n/a
5.9a	No	Acute ambulatory care sensitive (ACS) conditions (ASR per 100,000)	2014/15	1,354	1,277	Stable
5.9b	No	Chronic ambulatory care sensitive (ACS) conditions (ASR per 100,000)	2014/15	737	807	Improving
5.10	Yes	Delayed transfers of care (rate per 100,000 population aged 18 and over)	2016/17 Q1	20.0	14.0	Stable
5.11	No	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes (rate per 100,000 population)	2014/15	642	669	n/a
5.12a	No	People aged 65 and over who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	2014/15	88.6%	82.1%	Stable
5.12b	No	Proportion of older people aged 65 and over who received reablement / rehabilitation services after discharge from hospital	2014/15	1.5%	3.1%	Worsening
5.13	No	Readmissions within 30 days of discharge from hospital	2011/12	11.9%	11.8%	Stable
5.14	No	Estimated dementia diagnosis rate	2015/16 provisional	63.4%	66.3%	Improving
5.15	No	Falls admissions in people aged 65 and over (ASR per 100,000)	2014/15	2,149	2,125	Stable
5.16	No	Hip fractures in people aged 65 and over (ASR per 100,000)	2014/15	598	571	Stable
6.1	No	Mortality from causes considered preventable (various ages) (ASR per 100,000)	2012-2014	176	183	Stable
6.2	No	Mortality by causes considered amenable to healthcare (ASR per 100,000)	2012-2014	106	112	Stable
6.3	No	Under 75 mortality rate from cancer (ASR per 100,000)	2012-2014	133	142	Stable
6.4	No	Under 75 mortality rate from all cardiovascular diseases (ASR per 100,000)	2012-2014	71	76	Stable
6.5	No	Under 75 mortality rate from respiratory disease (ASR per 100,000)	2012-2014	27.7	32.6	Stable
6.6	No	Under 75 mortality rate from liver disease (ASR per 100,000)	2012-2014	16.0	17.8	Stable
6.7	No	Mortality from communicable diseases (ASR per 100,000)	2012-2014	61.9	63.2	Stable
6.8	No	Excess winter mortality	August 2014 to July 2015 provisional	27.8%	27.4%	Worsening
6.9	No	Suicides and injuries undetermined (ages 15+) (ASR per 100,000)	2012-2014	9.1	8.9	Stable
6.10	No	Excess mortality rate in adults with mental illness	2013/14	338	352	Stable
6.11	Yes	End of life care: proportion dying at home or usual place of residence	2015/16 Q3	42.3%	46.0%	Stable
6.12	NEW	Mortality attributable to particulate air pollution, persons aged 30 and over	2013	5.0%	5.3%	Stable