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The Chair and Members of
Community, Customer and
Organisational Scrutiny Committee

Dear Councillor,

AGENDA SUPPLEMENT

Please see attached the documents for the agenda item(s) listed below for the meeting of the COMMUNITY, CUSTOMER AND ORGANISATIONAL SCRUTINY COMMITTEE to be held on TUESDAY, 19 SEPTEMBER 2017, the agenda for which has already been published.

4. Cabinet Member for Health and Wellbeing - Progress Report on Food Poverty, Mental Health and Deprivation (Pages 3 - 24)

5.05 pm – (Report to follow)

Yours sincerely,

Local Government and Regulatory Law Manager and Monitoring Officer

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For publication

Health and Wellbeing Outcomes and Reducing Inequality

Meeting: Community, Customer and Organisational Scrutiny Committee

Date: *19 September, 2017*

Report by: *Health and Wellbeing Manager*

For publication

1.0 Purpose of report

1.1 To inform and update Members of the current projects and programmes being delivered to address the need to improve health and wellbeing outcomes and reduce inequalities.

2.0 Background

2.1 Previous reports to the Committee have identified the challenges facing our communities both in terms of health outcomes and wider health inequalities. There are a number of key actions being delivered around this agenda and these will be summarised in this report.

2.2 The core objectives of the Council plan include working with partners to improve the health and wellbeing of people in the borough and reducing inequality and supporting the more vulnerable members of our communities.

2.3 The plan also includes the following key actions:-

1. Continue to develop and deliver the Chesterfield Health and Wellbeing Partnership locality plan

2. Adopt a Health in All Policies approach to embed improved health and wellbeing outcomes in all Council policies and plans
3. Produce a Health and Wellbeing Strategy and supporting action plan
4. Further develop with partners local community-led actions for increasing participation in physical activity in our 7 most deprived neighbourhoods building on the community asset approach
5. Develop an approach for co-commissioning of VCS delivered services with our public health and CCG partners
6. Develop local initiatives to deliver the Derbyshire Physical Activity and Sports Strategy to engage more people in physical activity and sport
7. Develop and deliver programmes with partners to improve the health outcomes associated with the following topic areas within target groups:-
 - Falls prevention
 - Alcohol
 - Obesity.

2.4 The breadth of these actions in conjunction with the complexity of delivering population level change in areas where there are multiple medical, social, financial and environmental factors poses a significant challenge. The external influences and wider societal pressures impact these factors significantly and this highlights the key need for partnership working. The Chesterfield Health and Wellbeing Partnership already provides a very close and productive relationship with key partners such as public health, the Clinical Commissioning Group (CCG), the police and other partners including the voluntary and community sectors.

2.5 The Chesterfield Health and Wellbeing Partnership has established the following key objectives:-

- Social Capital
- Healthy Lifestyles
- Financial Inclusion
- Mental health and Wellbeing
- People

2.6 One of the working arrangements being led by the North Derbyshire Clinical Commissioning Group (NDCCG) is the Chesterfield Place Group. This is a wide partnership of the key agencies influencing health and social care and is charged with review and redesign of the system to deliver improved outcomes and reduced costs to address the finance gap within the wider health service. The approach adopted by this group is shaped by the Sustainability and Transformation Plan (STP) developed by the CCGs across Derbyshire for the NHS.

2.7 The STP is a place-based, multi-year plan built around the needs of local populations. STPs are expected to help drive a genuine and sustainable transformation in health and care outcomes between 2016 and 2021. They will also help build and strengthen local relationships, enabling a shared understanding of the desired outcomes for 2021 and the steps needed to achieve this.

3.0 **Health profile and public health outcomes framework 2017**

3.1 The Health Profile is an annual publication produced by Public Health England to summarise key health indicators in local authority areas and to facilitate analysis of local trends and comparison with regional and national averages to establish how 'comparatively healthy' an area is. The most recent 2017 profile was issued in July 2017 and a copy is attached to this report as Appendix A.

3.2 Public Health England also produces a more detailed analysis of key indicators, The Public Health Outcomes Framework. The outcomes in the framework reflect a focus not only on how long people live but also on how well they live at all stages of their life. The most recent local indicator summary was published in May 2017 and a copy is attached as Appendix B.

3.3 The following is a summary of the key issues that can be derived from the data:-

1. Life expectancy at birth is 78 years for men and 82.1 years for women, which is lower than the England average by 1.4 years for men and 1 year for women
2. There are still wide gaps between the outcomes in the most and least deprived areas of the borough
3. The life expectancy gap between the most and least deprived areas of Chesterfield has slightly improved for men to 9.6 years but has worsened for women and is 8.7 years
4. Obesity is significantly worse than the England average for both year 6 children and
5. adults standing at 20.7% and 73.4% respectively
6. Under 18 hospital admissions for alcohol has worsened and whilst there has been a slight improvement in hospital stays for adults due to alcohol harm both are still significantly worse than the England average
7. Hospital stays for self-harm have worsened and are significantly worse than the England average and the suicide rate has worsened
8. Hospital admissions for falls in people aged over 65 and hip fractures have worsened and are significantly worse than the England average.

3.4 Much of the work programme undertaken by the Chesterfield Health and Wellbeing Partnership and the Chesterfield Place Group is focussed on addressing these fundamental health issues and driving improved outcomes.

4.0 **Falls prevention**

4.1 The Health Profile highlights that the levels of falls and hip fractures amongst the over 65s in Chesterfield is significantly

worse than the England average. Falls are a major cause of hospitalisation and subsequent mobility impairment and the following summarises some key facts about falls:-

- One third of over 65s will fall annually
- Falls are the greatest cause of emergency hospital admissions
- 10% of all over 65s who fracture their hips will die within 30 days and 30% will die within 1 year
- 50% never regain their current mobility
- The ageing population means that incidence will increase by 50% by 2030.
- Falls account for 40% of ambulance call-outs to homes for people over 65yrs.

4.2 A small group involving staff from the CCG, local NHS providers, public health and the Council has met to establish an approach to improve the outcomes in this area. The group have mapped the existing service provision around falls and a new clinical pathway for falls has been developed across Derbyshire. The Chesterfield group are working on a programme of work focussing on fall prevention addressing the following concerns:-

- The need to understand the local data more fully to prioritise and target the Chesterfield response for falls (including the opportunity to work more closely with public health on a local project).
- Based on the data what are our local priorities?
- Who are the people who might identify somebody at risk of falling? And what do they need to know?
- What is the local 'offer' for Falls?
- How do we encourage / facilitate greater take up of Strictly No Falling Classes?
- How do we better engage individuals / communities to better understand falls risks and how to reduce them?

5.0 **Obesity and inactivity**

5.1 There is a wide range of work being undertaken on addressing inactivity (initially focussing on the most deprived areas of the borough) and some wider activities on tackling obesity. The Committee has previously received a number of briefings on the

work being delivered by Press Red in the 7 most deprived neighbourhoods:

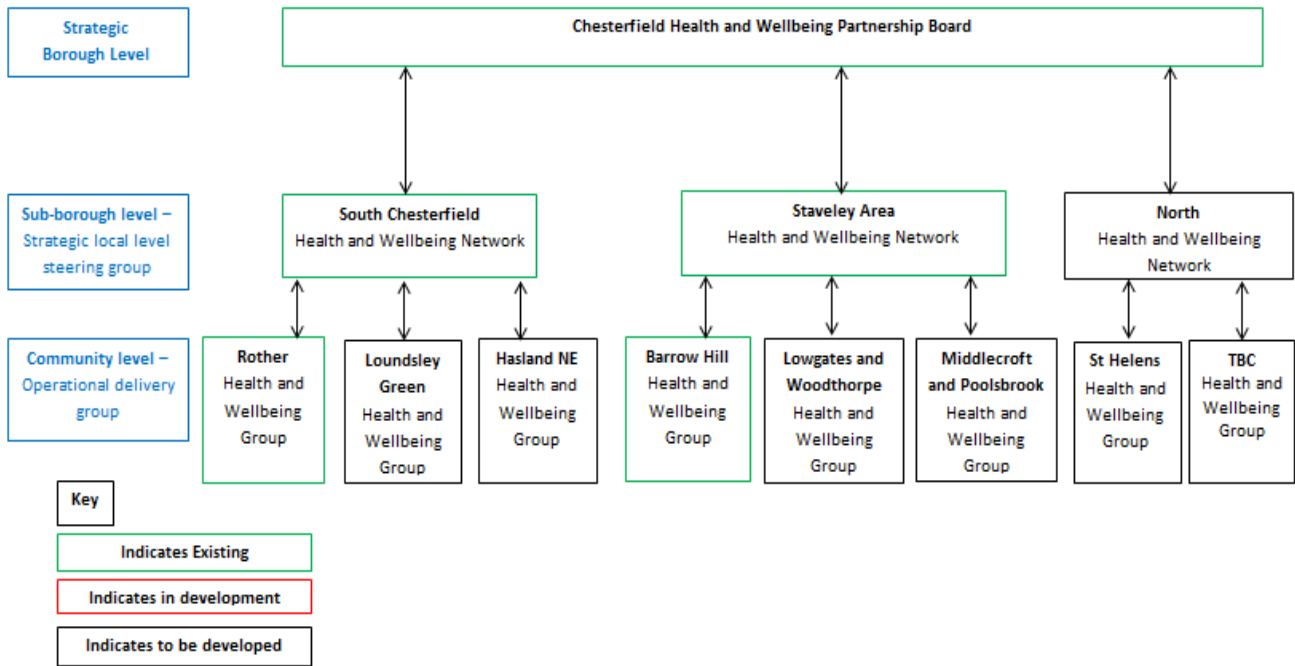
- Rother
- Hasland NE
- Loundsley Green
- Barrow Hill
- Lowgates and Woodthorpe
- Middlecroft and Poolsbrook
- St Helens.

5.2 The Press red approach is based on delivery of community-based interventions focussed on inactivity and the underlying causes and has 6 key phases:-

1. Desk-based evidence review
2. Asset mapping (physical and community)
3. Community engagement
4. Community consultation
5. Develop local action plan
6. On-going review and consultation

5.3 The first roll out of the programme was in Rother and this has delivered significant successes although with many challenges along the way. The second phase has commenced in Barrow Hill and is developing well. One of the key issues identified in piloting this approach is the time taken to develop community capacity. As a result we are now amending the approach and Press Red are to provide us with outputs from Phases 1 and 2 above for the 7 areas.

5.4 This data will then be used to inform local delivery plans. A framework has been developed to allow some governance for this local approach but ensuring that the community is the centre and leads on this work. The current structure for the approach being taken is detailed below.



5.5 This approach of community asset mapping and community-led delivery has been carefully evaluated and it is proposed to apply the concept on a wider basis.

5.6 Chesterfield is part of a partnership across Derbyshire working to build a 'whole-system' approach to engaging more people in regular physical activity — one that recognises the contribution that all partners make to the development of sport and physical activity, putting the individual at the centre and responding to their needs. This approach and commitment is clearly set out in Towards an Active Derbyshire, the Derbyshire physical activity and sport strategy that partners in Derbyshire have developed collaboratively.

5.7 Sport England is keen to test new ideas and ways of working which could lead to transformational change across the whole system, particularly increasing levels of participation by under-represented groups. They are supporting an investment programme - The Local Delivery Pilot - which aims to change the way sport and physical activity is offered in communities and assess if a behaviour change approach to tackling inactivity is successful, especially in getting more underrepresented groups more active.

- 5.8 The Local Delivery Pilot aims over the next four years to work in 10 pilot locations with a total budget of £130 million available. Having aligned key organisations across Derbyshire united by the ambition to increase physical activity levels a bid has been submitted. The approach is grounded in the belief that in order to develop sustainable systems whereby people continue to enjoy active lifestyles beyond a funded programme, we need to work with the people to enable them ultimately, to create opportunities for themselves, by themselves. Co-production will be integral to this pilot.
- 5.9 The bid has prioritised 18 communities across Derbyshire including Staveley (12,318) and Loundsley Green (3,819) in Chesterfield. The bid has been submitted by the Community Sports Trust (CST) and is supported by all of the key systems organisations. Derbyshire was successful in being selected as 1 of 19 places out of 113 applications to progress to stage 2 of the application process and it is expected that 10 places will be chosen to be part of the LDP Pilot. The second stage assessment will take place on 4th October.
- 6.0 **Sheffield City Region (SCR) early intervention employment pilot**
- 6.1 Employment is a key wider determinant of health. There a number of work streams within the SCR programmes addressing employment under the direction of the Skills, Employment and Education Board of SCR. SCR have recently secured £5 million from the Department for Work and Pensions to support 3000 people across the SCR over a 5 year period.
- 6.2 The Early Intervention Employment Pilot is designed to provide intensive support to residents who are unemployed with multiple and complex barriers which will mean they are going to be unemployed for a long time, the aim being to support them to find and keep work. The pilot will provide focussed and tailored support of up to 18 months to the individual early in the benefit claim procedure and will be delivered through an independent support service working across local areas.
- 6.3 The following is a selection of key issues around the health and employment characteristics of Chesterfield:-

- Health and disability is a major concern for Chesterfield Borough. The Borough is ranked the 25th most deprived in England for this domain and half of the LSOAs falling within the 20% most deprived within England.
- Economic inactivity in Chesterfield is higher than the regional and national average at 26.9%. Of the 17,300 individuals classed as inactive, 33.1% (5,700) are attributed to long term sickness. This is significantly higher than regional and national averages.
- 7340 (11.2%) individuals in Chesterfield are in receipt of out of work benefits compare to regional and national averages of 8.1% and 8.4%. Within this there are 3 statistical groups which remain at stubborn levels:
 - ESA – 8.8% (5770) compared to regional and national averages of 6% and 6.1%
 - Disabled – 1.2% (800) compared to regional and national averages of 0.7% and 0.8%
 - Carers – 2.3% (1500) compared to regional and national averages of 1.8% and 1.2%.

6.4 The pilot will be delivered by focussed use of existing services in a more co-ordinated manner ensuring more effective outcomes for the individual. This approach will save money in the long term to local and national services in the more effective delivery of support resulting in bigger outcomes and return from investment and, critically, more people in the borough in work. The partners essential for making the pilot work are already part of the existing Health & Wellbeing Partnership group.

6.5 The pilot will be delivered through the provision of key worker support to work within the existing service framework to 'unblock' the system and provide better outcomes. In order to ensure local characteristics are fully reflected it is proposed to create a number Local Integration Boards (LIB) across SCR which are central to the delivery of the pilot. It is anticipated that tenders will be issued shortly for this work with an expectation that the pilot should commence early in 2018.

6.6 This pilot is providing a novel and customer-centred access to key services for individuals with complex barriers to employment and

is expected to support over 400 Chesterfield residents. Although there are some challenges in implementing this pilot in terms of resource and fostering effective partnership working the aim is to provide significant benefit and outcomes for residents and pilot a new way of working that hopefully can be expanded in future into a more mainstream approach achieving more cost effective and sustainable outcomes for the individuals concerned.

7.0 **Universal Credit**

7.1 Universal Credit (UC) is a means-tested benefit which is intended to replace a wide range of existing means-tested benefits that top-up existing income (including Housing Benefit) The introduction of UC is being phased across the country and is proposed that the full service UC will begin in the Chesterfield area in November 2017 and in Staveley in April 2018.

7.2 The introduction of UC has been punctuated by many issues and problems. Many claimants are financially worse off than under the old system and as there is no 'transitional protection' for the claim the claimant will lose money straight away and there are protracted delays in receiving any payments under the scheme. The issue was identified by the Chesterfield Health and Wellbeing Partnership as posing significant risks to our residents and a working group has been established to address some of the key issues as follows:-

- Engagement with claimants and Communication
- Proactive early support
- Digital Inclusion for claimants
- Bank Account support and advice
- Budgeting advice and training
- Other Support Services for claimants

8.0 **Recommendations**

8.1 That the Committee notes the current work towards addressing health and wellbeing challenges and reducing inequality and considers any observations and recommendations that would support the continuing work in this area.

Document information

Report author		Contact number/email
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Background documents		
These are unpublished works which have been relied on to a material extent when the report was prepared.		
<i>This must be made available to the public for up to 4 years.</i>		
Appendices to the report		
Appendix A	Health Profile 2017 – Chesterfield district	
Appendix B	Local indicator summary – Public Health Outcomes Framework	

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Chesterfield

District

This profile was published on 4th July 2017



Health Profile 2017

Health in summary

The health of people in Chesterfield is varied compared with the England average. About 22% (3,900) of children live in low income families. Life expectancy for both men and women is lower than the England average.

Health inequalities

Life expectancy is 9.6 years lower for men and 8.7 years lower for women in the most deprived areas of Chesterfield than in the least deprived areas.

Child health

In Year 6, 20.7% (208) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 is 64*, worse than the average for England. This represents 13 stays per year. Levels of smoking at time of delivery are worse than the England average. Levels of teenage pregnancy and breastfeeding initiation are better than the England average.

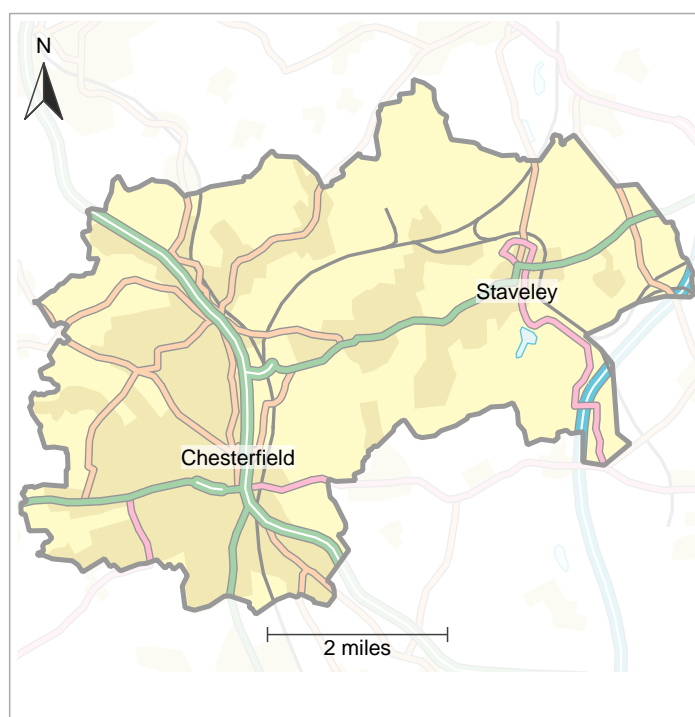
Adult health

The rate of alcohol-related harm hospital stays is 947*, worse than the average for England. This represents 993 stays per year. The rate of self-harm hospital stays is 479*, worse than the average for England. This represents 488 stays per year. Estimated levels of adult excess weight are worse than the England average. The rate of hip fractures is worse than average. Rates of sexually transmitted infections, people killed and seriously injured on roads and TB are better than average.

Local priorities

Priorities in Chesterfield include healthy lifestyles, mental health and wellbeing, and community resilience. For more information see www.derbyshire.gov.uk and <http://observatory.derbyshire.gov.uk>

* rate per 100,000 population



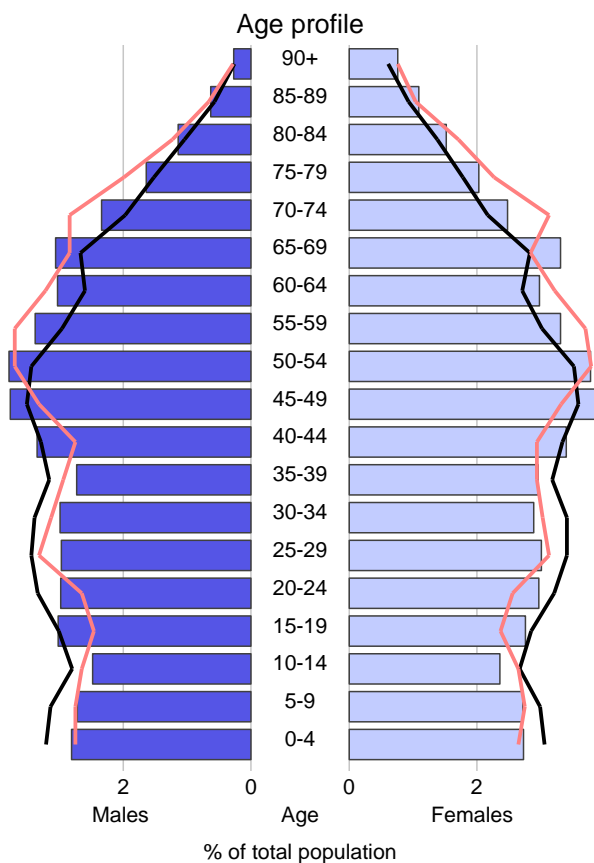
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This profile gives a picture of people's health in Chesterfield. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

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Population: summary characteristics



	Males	Females	Persons
Chesterfield (population in thousands)			
Population (2015):	51	53	104
Projected population (2020):	52	54	106
% people from an ethnic minority group:	5.0%	4.4%	4.7%
Dependency ratio (dependants / working population) x 100			62.1%

	Males	Females	Persons
England (population in thousands)			
Population (2015):	27,029	27,757	54,786
Projected population (2020):	28,157	28,706	56,862
% people from an ethnic minority group:	13.1%	13.4%	13.2%
Dependency ratio (dependants / working population) x 100			60.7%

The age profile and table present demographic information for the residents of the area and England. They include a 2014-based population projection (to 2020), the percentage of people from an ethnic minority group (Annual Population Survey, October 2014 to September 2015) and the dependency ratio.

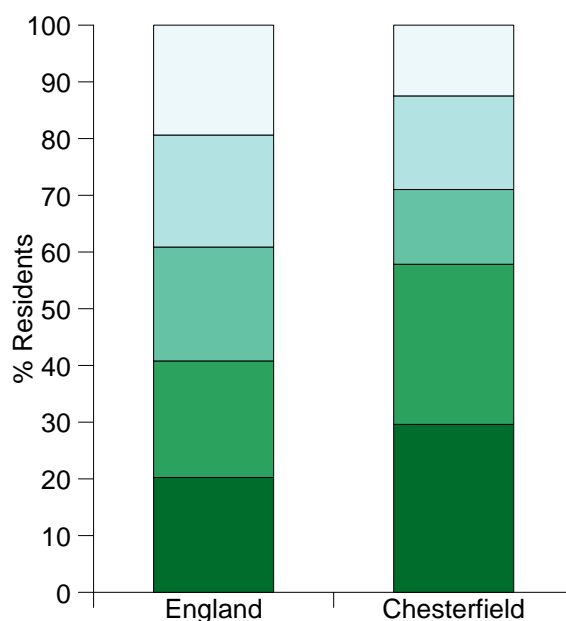
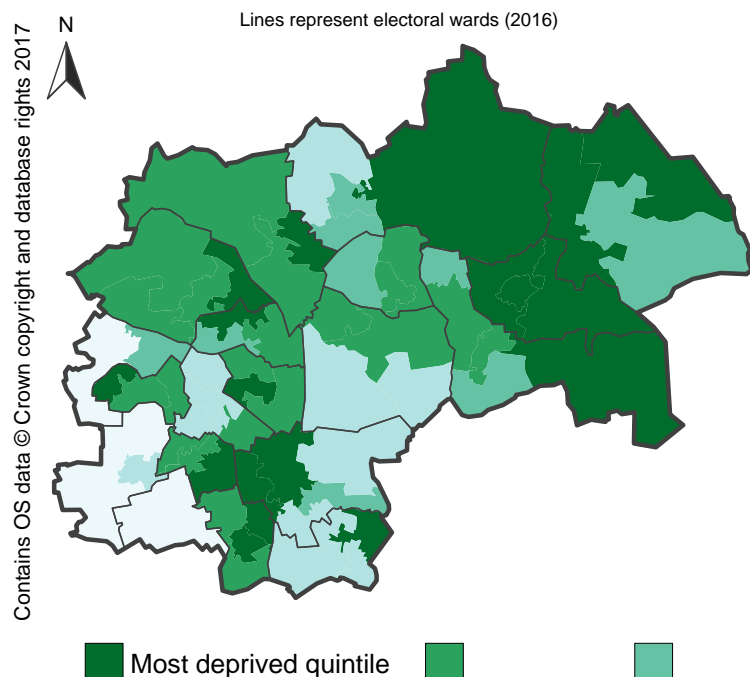
The dependency ratio estimates the number of dependants in an area by comparing the number of people considered less likely to be working (children aged under 16 and those of state pension age or above) with the working age population. A high ratio suggests the area might want to commission a greater level of services for older or younger people than those areas with a low ratio.

- Chesterfield 2015 (Male)
- Chesterfield 2015 (Female)
- England 2015
- Chesterfield 2020 estimate

Deprivation: a national view

The map shows differences in deprivation in this area based on national comparisons, using national quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD 2015), shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.

This chart shows the percentage of the population who live in areas at each level of deprivation.



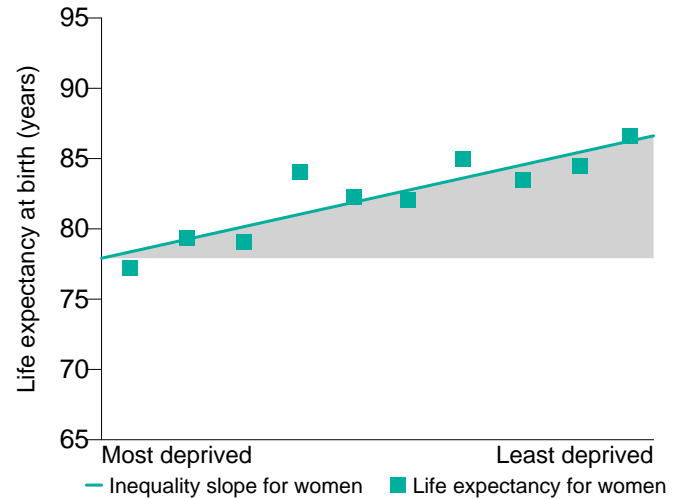
Life expectancy: inequalities in this local authority

The charts show life expectancy for men and women in this local authority for 2013-15. The local authority is divided into local deciles (tenths) by deprivation (IMD 2015), from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there was no inequality in life expectancy the line would be horizontal.

Life expectancy gap for men: 9.6 years



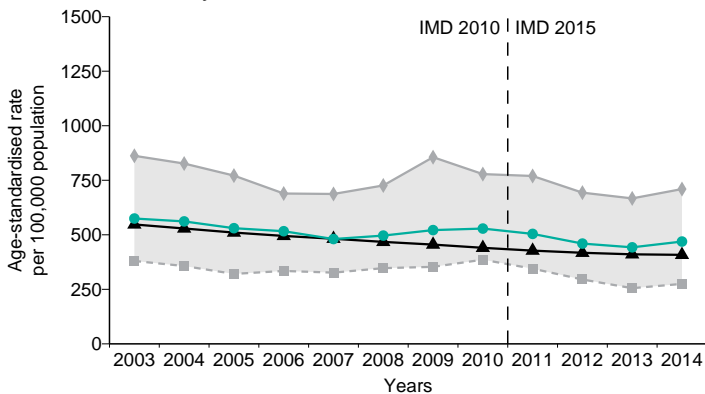
Life expectancy gap for women: 8.7 years



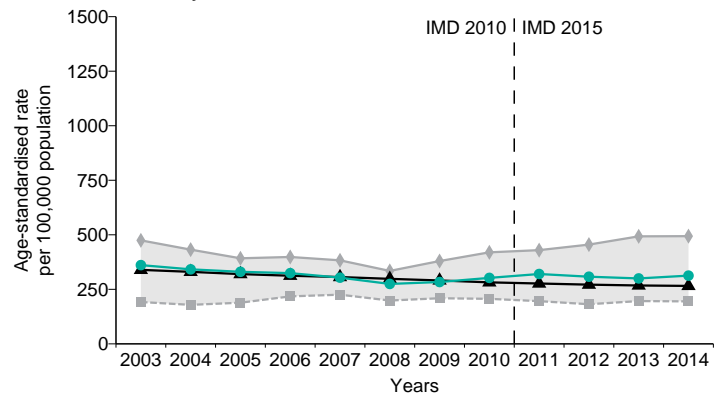
Health inequalities: changes over time

These charts provide a comparison of the changes in death rates in people under 75 (early deaths) between this area and England. Early deaths from all causes also show the differences between the most and least deprived local quintile in this area. Data from 2010-12 onwards have been revised to use IMD 2015 to define local deprivation quintiles (fifths), all prior time points use IMD 2010. In doing this, areas are grouped into deprivation quintiles using the Index of Multiple Deprivation which most closely aligns with time period of the data. This provides a more accurate way of discriminating changes between similarly deprived areas over time.

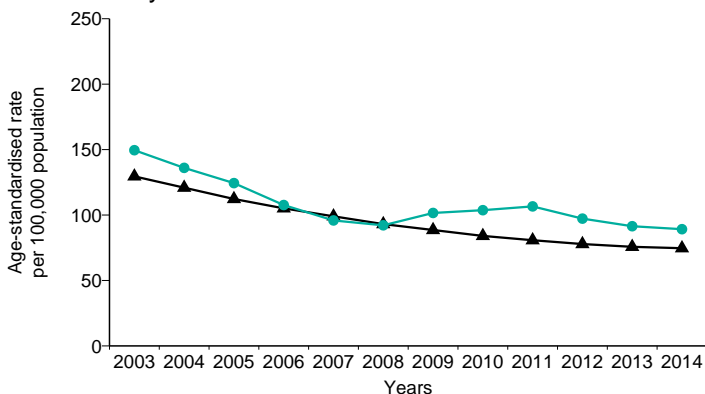
Early deaths from all causes: men



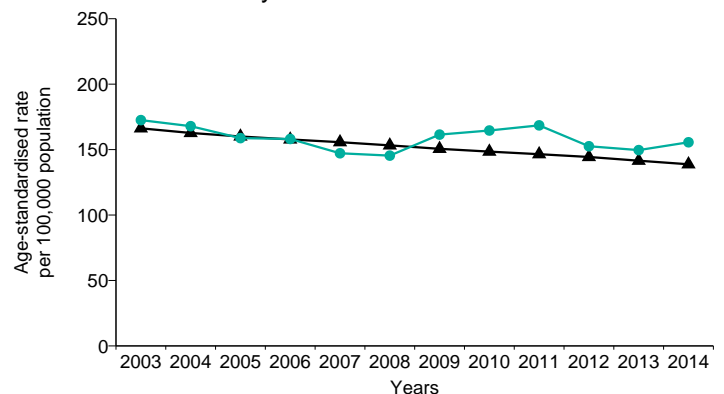
Early deaths from all causes: women



Early deaths from heart disease and stroke



Early deaths from cancer



Data points are the midpoints of three year averages of annual rates, for example 2005 represents the period 2004 to 2006. Where data are missing for local least or most deprived, the value could not be calculated as the number of cases is too small.

▲ England average ● Local average ▲ Local most deprived ■ Local least deprived

Health summary for Chesterfield

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared

Domain	Indicator	Period	Local count	Local value	Regional average [€]		England average		England range	England best
					Eng value	Eng worst	25th percentile	75th percentile		
Our communities	1 Deprivation score (IMD 2015)	2015	n/a	25.3	21.8	42.0				5.0
	2 Children in low income families (under 16s)	2014	3,890	21.9	20.1	39.2				6.6
	3 Statutory homelessness	2015/16	23	0.5	0.9					
	4 GCSEs achieved	2015/16	616	57.6	57.8	44.8				78.7
	5 Violent crime (violence offences)	2015/16	1,357	13.0	17.2	36.7				4.5
Children's and young people's health	6 Long term unemployment	2016	247	3.8 ^{λ20}	3.7 ^{λ20}	13.8				0.4
	7 Smoking status at time of delivery	2015/16	145	12.4	10.6 ^{\$1}	26.0				1.8
	8 Breastfeeding initiation	2014/15	885	78.7	74.3	47.2				92.9
	9 Obese children (Year 6)	2015/16	208	20.7	19.8	28.5				9.4
	10 Admission episodes for alcohol-specific conditions (under 18s)†	2013/14 - 15/16	39	64.1	37.4	121.3				10.5
Adults' health and lifestyle	11 Under 18 conceptions	2015	22	12.8	20.8	43.8				5.4
	12 Smoking prevalence in adults	2016	n/a	16.3	15.5	25.7				4.9
	13 Percentage of physically active adults	2015	n/a	54.8	57.0	44.8				69.8
	14 Excess weight in adults	2013 - 15	n/a	73.4	64.8	76.2				46.5
	15 Cancer diagnosed at early stage	2015	234	50.4	52.4	39.0				63.1
Disease and poor health	16 Hospital stays for self-harm†	2015/16	488	479.0	196.5	635.3				55.7
	17 Hospital stays for alcohol-related harm†	2015/16	993	947.0	647	1,163				374
	18 Recorded diabetes	2014/15	7,114	7.6	6.4	9.2				3.3
	19 Incidence of TB	2013 - 15	16	5.1	12.0	85.6				0.0
	20 New sexually transmitted infections (STI)	2016	447	670.0	795	3,288				223
Life expectancy and causes of death	21 Hip fractures in people aged 65 and over†	2015/16	156	727.7	589	820				312
	22 Life expectancy at birth (Male)	2013 - 15	n/a	78.0	79.5	74.3				83.4
	23 Life expectancy at birth (Female)	2013 - 15	n/a	82.1	83.1	79.4				86.7
	24 Infant mortality	2013 - 15	13	3.9	3.9	8.2				0.8
	25 Killed and seriously injured on roads	2013 - 15	90	28.8	38.5	103.7				10.4
	26 Suicide rate	2013 - 15	40	14.0	10.1	17.4				5.6
	27 Smoking related deaths	2013 - 15	n/a	n/a	283.5					
	28 Under 75 mortality rate: cardiovascular	2013 - 15	256	89.2	74.6	137.6				43.1
	29 Under 75 mortality rate: cancer	2013 - 15	453	155.6	138.8	194.8				98.6
	30 Excess winter deaths	Aug 2012 - Jul 2015	191	17.7	19.6	36.0				6.9

Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households 4 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority 5 Recorded violence against the person crimes, crude rate per 1,000 population 6 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery 9 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18 conception rate per 1,000 females aged 15 to 17 (crude rate) 12 Current smokers (aged 18 and over), Annual Population Survey 13 % adults (aged 16 and over) achieving at least 150 mins physical activity per week, Active People Survey 14 % adults (aged 16 and over) classified as overweight or obese, Active People Survey 15 Experimental statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex standardised rate per 100,000 population 17 Admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population 18 % people (aged 17 and over) on GP registers with a recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new diagnoses (excluding chlamydia under age 25), crude rate per 100,000 population aged 15 to 64 21 Directly age-sex standardised rate of emergency admissions, per 100,000 population aged 65 and over 22, 23 The average number of years a person would expect to live based on contemporary mortality rates 24 Rate of deaths in infants aged under 1 year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10 and over) 27 Directly age standardised rate per 100,000 population aged 35 and over 28 Directly age standardised rate per 100,000 population aged under 75 29 Directly age standardised rate per 100,000 population aged under 75 30 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.

^{λ20} Value based on an average of monthly counts ^{\$1} There is a data quality issue with this value

If 25% or more of areas have no data then the England range is not displayed.

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Public Health Outcomes Framework

Indicators at a glance (May 2017)

Notes:

- Value cells are shaded red, amber or green to show significance compared to England, or where the value can be benchmarked against a goal.
- In the change columns, prev refers to the change in value compared to the previous data point; recent trend refers to the analysis done in the Fingertips tool which tests for a statistical trend. This is currently only available for certain indicator types, full details are available in the tool.
- Increases or decreases are only shown if they are statistically significant. An upwards arrow (↑, ↑ or ↑) represents a significant increase in the indicator value, a downwards arrow (↓, ↓ or ↓) represents a significant decrease. A sideways arrow (↔) is displayed if there has been no significant change.
- Statistically significant changes highlighted in the change from prev column have been calculated by comparing the confidence intervals for the respective time points. If the confidence intervals do not overlap, the change has been flagged as significant. Changes in the recent trend column are calculated using a chi-squared statistical test for trend.
- Where no arrow is shown, no comparison has been made. This may be due to the fact that the required data to make the comparison is not available for the time point, or that no confidence interval values are available for the indicator. Certain indicator types have not yet been included in the recent trend analysis.
- The arrows are coloured green and red for those indicators where a change can be described as improving or worsening respectively.
- Indicators where data has been updated or revised in the latest update have been shaded in the tables.
- Indicators where the value is marked with * have a data note attached to them. See www.phoutcomes.info for full details

Summary for Chesterfield

Domain: Overarching indicators					
Indicator	Period	Value	Unit	Change from prev	Recent trend
0.1i - Healthy life expectancy at birth (Male)	2013 - 15	-	Years		
0.1i - Healthy life expectancy at birth (Female)	2013 - 15	-	Years		
0.1ii - Life expectancy at birth (Male)	2013 - 15	78.0	Years	↔	
0.1ii - Life expectancy at birth (Female)	2013 - 15	82.1	Years	↔	
0.1ii - Life expectancy at 65 (Male)	2013 - 15	17.7	Years	↔	
0.1ii - Life expectancy at 65 (Female)	2013 - 15	20.4	Years	↔	
0.2i - Slope index of inequality in life expectancy at birth based on national deprivation deciles within England (Male)	2013 - 15	-	Years		
0.2i - Slope index of inequality in life expectancy at birth based on national deprivation deciles within England (Female)	2013 - 15	-	Years		
0.2ii - Number of upper tier local authorities for which the local slope index of inequality in life expectancy (as defined in 0.2iii) has decreased (Male)	2013 - 15	-	Count		
0.2ii - Number of upper tier local authorities for which the local slope index of inequality in life expectancy (as defined in 0.2iii) has decreased (Female)	2013 - 15	-	Count		
0.2iii - Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (Male)	2013 - 15	9.6	Years	↔	
0.2iii - Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (Female)	2013 - 15	8.7	Years	↔	
0.2iv - Gap in life expectancy at birth between each local authority and England as a whole (Male)	2013 - 15	-1.4	Years	↔	
0.2iv - Gap in life expectancy at birth between each local authority and England as a whole (Female)	2013 - 15	-1.0	Years	↔	
0.2v - Slope index of inequality in healthy life expectancy at birth based on national deprivation deciles within England (Male)	2013 - 15	-	Years		
0.2v - Slope index of inequality in healthy life expectancy at birth based on national deprivation deciles within England (Female)	2013 - 15	-	Years		
0.2vi - SII in healthy life expectancy based within local authorities, based on deprivation within Middle Super Output Areas (Male)	2009 - 13	-	Years		
0.2vi - SII in healthy life expectancy based within local authorities, based on deprivation within Middle Super Output Areas (Female)	2009 - 13	-	Years		
0.2vii - Slope index of inequality in life expectancy at birth within English regions, based on regional deprivation deciles within each area (Male)	2013 - 15	-	Years		
0.2vii - Slope index of inequality in life expectancy at birth within English regions, based on regional deprivation deciles within each area (Female)	2013 - 15	-	Years		

Domain: Wider determinants of health					
Indicator	Period	Value	Unit	Change from prev	Recent trend
1.01i - Children in low income families (all dependent children under 20)	2014	21.2		%	↑ ↔
1.01ii - Children in low income families (under 16s)	2014	21.9		%	↑ ↔
1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception (Persons)	2015/16	-		%	
1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception (Male)	2015/16	-		%	
1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception (Female)	2015/16	-		%	
1.02i - School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception (Persons)	2015/16	-		%	
1.02i - School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception (Male)	2015/16	-		%	
1.02i - School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception (Female)	2015/16	-		%	
1.02ii - School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check (Persons)	2015/16	-		%	
1.02ii - School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check (Male)	2015/16	-		%	
1.02ii - School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check (Female)	2015/16	-		%	
1.02ii - School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check (Persons)	2015/16	-		%	
1.02ii - School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check (Male)	2015/16	-		%	
1.02ii - School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check (Female)	2015/16	-		%	
1.03 - Pupil absence	2014/15	4.61		%	↔ ↓
1.04 - First time entrants to the youth justice system	2015	-	Crude rate per 100,000		
1.05 - 16-18 year olds not in education employment or training	2015	-		%	
1.06i - Adults with a learning disability who live in stable and appropriate accommodation (Persons)	2015/16	-		%	
1.06i - Adults with a learning disability who live in stable and appropriate accommodation (Male)	2015/16	-		%	
1.06i - Adults with a learning disability who live in stable and appropriate accommodation (Female)	2015/16	-		%	
1.06ii - Adults in contact with secondary mental health services who live in stable and appropriate accommodation (Persons)	2015/16	-		%	
1.06ii - Adults in contact with secondary mental health services who live in stable and appropriate accommodation (Male)	2015/16	-		%	
1.06ii - Adults in contact with secondary mental health services who live in stable and appropriate accommodation (Female)	2015/16	-		%	
1.07 - People in prison who have a mental illness or a significant mental illness - current method	2015/16	-		%	
1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate	2015/16	7.4	Percentage point		
1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate (Persons)	2015/16	-	Percentage point		
1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate (Male)	2015/16	-	Percentage point		
1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate (Female)	2015/16	-	Percentage point		
1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Persons)	2015/16	-	Percentage point		
1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Male)	2015/16	-	Percentage point		
1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Female)	2015/16	-	Percentage point		
1.08iv - Percentage of people aged 16-64 in employment (Persons)	2015/16	74.3		%	↔ ↑
1.08iv - Percentage of people aged 16-64 in employment (Male)	2015/16	79.2		%	↔ ↑
1.08iv - Percentage of people aged 16-64 in employment (Female)	2015/16	69.4		%	↔ ↑
1.09i - Sickness absence - the percentage of employees who had at least one day off in the previous week	2012 - 14	1.5		%	↔
1.09ii - Sickness absence - the percent of working days lost due to sickness absence	2012 - 14	0.8		%	↔
1.10 - Killed and seriously injured (KSI) casualties on England's roads	2013 - 15	28.8	Crude rate per 100,000		↔
1.11 - Domestic abuse-related incidents and crimes - current method	2015/16	-	Crude rate per 1,000		
1.12i - Violent crime (including sexual violence) - hospital admissions for violence	2013/14 - 15/16	49.6	DSR per 100,000		↔
1.12ii - Violent crime (including sexual violence) - violence offences per 1,000 population	2015/16	13.0	Crude rate per 1,000		↑ ↓
1.12iii - Violent crime (including sexual violence) - rate of sexual offences per 1,000 population	2015/16	1.5	Crude rate per 1,000		↔ ↑
1.13i - Re-offending levels - percentage of offenders who re-offend	2014	29.3		%	↔ ↔
1.13ii - Re-offending levels - average number of re-offences per offender	2014	1.03	Crude rate per offender		↔ ↑
1.13iii - First time offenders	2015	-	Crude rate per 100,000		
1.14i - The rate of complaints about noise	2014/15	6.4	Crude rate per 1,000		↑ ↔
1.14ii - The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime	2011	-		%	
1.14iii - The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time	2011	-		%	
1.15i - Statutory homelessness - Eligible homeless people not in priority need	2015/16	0.5	Crude rate per 1,000		↔ ↔
1.15ii - Statutory homelessness - households in temporary accommodation	2015/16	0.2	Crude rate per 1,000		↔
1.16 - Utilisation of outdoor space for exercise/health reasons	Mar 2015 - Feb 2016	-		%	
1.17 - Fuel poverty	2014	9.6		%	↔
1.18i - Social Isolation: percentage of adult social care users who have as much social contact as they would like	2015/16	-		%	
1.18ii - Social Isolation: percentage of adult carers who have as much social contact as they would like	2014/15	-		%	

Domain: Health improvement					
Indicator	Period	Value	Unit	Change from prev	Recent trend
2.01 - Low birth weight of term babies	2015	3.3	%	↔	↔
2.02i - Breastfeeding - breastfeeding initiation	2014/15	78.7	%	↔	
2.02ii - Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth - current method	2015/16	-	%		
2.03 - Smoking status at time of delivery	2015/16	-	%		
2.04 - Under 18 conceptions	2015	12.8	Crude rate per 1,000	↔	↓
2.04 - Under 18 conceptions: conceptions in those aged under 16	2015	-	Crude rate per 1,000		
2.05ii - Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review	2015/16	-	%		
2.06i - Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds	2015/16	21.9	%	↔	↔
2.06ii - Child excess weight in 4-5 and 10-11 year olds - 10-11 year olds	2015/16	34.8	%	↔	↔
2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2015/16	105.4	Crude rate per 10,000	↔	↔
2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	2015/16	147.2	Crude rate per 10,000	↔	↔
2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	2015/16	191.8	Crude rate per 10,000	↔	↔
2.08i - Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March	2015/16	-	Score		
2.08ii - Percentage of children where there is a cause for concern	2015/16	-	%		
2.09i - Smoking prevalence at age 15 - current smokers (WAY survey)	2014/15	-	%		
2.09ii - Smoking prevalence at age 15 - regular smokers (WAY survey)	2014/15	-	%		
2.09iii - Smoking prevalence at age 15 - occasional smokers (WAY survey)	2014/15	-	%		
2.09iv - Smoking prevalence at age 15 years - regular smokers (SDD survey)	2014	-	%		
2.09v - Smoking prevalence at age 15 years - occasional smokers (SDD survey)	2014	-	%		
2.10ii - Emergency Hospital Admissions for Intentional Self-Harm	2015/16	479.0	DSR per 100,000	↔	
2.11i - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	2015	57.2	%	↔	
2.11ii - Average number of portions of fruit consumed daily (adults)	2015	2.56	Count	↔	
2.11iii - Average number of portions of vegetables consumed daily (adults)	2015	2.54	Count	↔	
2.11iv - Proportion of the population meeting the recommended '5-a-day' at age 15	2014/15	-	%		
2.11v - Average number of portions of fruit consumed daily at age 15 (WAY survey)	2014/15	-	Count		
2.11vi - Average number of portions of vegetables consumed daily at age 15 (WAY survey)	2014/15	-	Count		
2.12 - Excess weight in Adults	2013 - 15	73.4	%	↔	
2.13i - Percentage of physically active and inactive adults - active adults	2015	54.8	%	↔	
2.13ii - Percentage of physically active and inactive adults - inactive adults	2015	31.2	%	↔	
2.14 - Smoking Prevalence in adults - current smokers (APS)	2015	18.3	%	↔	
2.14 - Smoking Prevalence in adult in routine and manual occupations - current smokers (APS)	2015	29.9	%	↔	
2.15i - Successful completion of drug treatment - opiate users	2015	-	%		
2.15ii - Successful completion of drug treatment - non-opiate users	2015	-	%		
2.15iii - Successful completion of alcohol treatment	2015	-	%		
2.15iv - Deaths from drug misuse	2013 - 15	9.1	DSR per 100,000		
2.16 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	2015/16	-	%		
2.17 - Recorded diabetes	2014/15	7.6	%	↔	↑
2.18 - Admission episodes for alcohol-related conditions - narrow definition (Persons)	2015/16	947	DSR per 100,000	↔	
2.18 - Admission episodes for alcohol-related conditions - narrow definition (Male)	2015/16	1202	DSR per 100,000	↔	
2.18 - Admission episodes for alcohol-related conditions - narrow definition (Female)	2015/16	715	DSR per 100,000	↔	
2.19 - Cancer diagnosed at early stage (experimental statistics)	2015	50.4	%	↔	
2.20i - Cancer screening coverage - breast cancer	2016	78.5	%	↔	↔
2.20ii - Cancer screening coverage - cervical cancer	2016	78.9	%	↔	↓
2.20iii - Cancer screening coverage - bowel cancer	2016	59.2	%	↔	
2.20iv - Abdominal Aortic Aneurysm Screening - Coverage	2015/16	84.2	%	↔	
2.20v - Diabetic eye screening - uptake	2015/16	-	%		
2.20vii - Infectious Diseases in Pregnancy Screening - HIV Coverage	2015/16	-	%		
2.20viii - Infectious Diseases in Pregnancy Screening - Syphilis Coverage	2014	-	%		
2.20ix - Infectious Diseases in Pregnancy Screening - Hepatitis B Coverage	2014	-	%		
2.20x - Sickle Cell and Thalassemia Screening - Coverage	2015/16	-	%		
2.20xi - Newborn Blood Spot Screening - Coverage	2015/16	-	%		
2.20xii - Newborn Hearing Screening - Coverage	2015/16	-	%		
2.20xiii - Newborn and Infant Physical Examination Screening - Coverage	2015/16	-	%		
2.22iii - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check	2013/14 - 15/16	-	%		
2.22iv - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	2013/14 - 15/16	-	%		
2.22v - Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check	2013/14 - 15/16	-	%		
2.23i - Self-reported wellbeing - people with a low satisfaction score	2015/16	-	%		
2.23ii - Self-reported wellbeing - people with a low worthwhile score	2015/16	-	%		
2.23iii - Self-reported wellbeing - people with a low happiness score	2015/16	-	%		
2.23iv - Self-reported wellbeing - people with a high anxiety score	2015/16	-	%		
2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Persons)	2015/16	2541	DSR per 100,000	↔	
2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Male)	2015/16	1882	DSR per 100,000	↔	
2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Female)	2015/16	3013	DSR per 100,000	↔	
2.24ii - Emergency hospital admissions due to falls in people aged 65 and over - aged 65-79 (Persons)	2015/16	1090	DSR per 100,000	↔	
2.24ii - Emergency hospital admissions due to falls in people aged 65 and over - aged 65-79 (Male)	2015/16	786	DSR per 100,000	↔	
2.24ii - Emergency hospital admissions due to falls in people aged 65 and over - aged 65-79 (Female)	2015/16	1356	DSR per 100,000	↔	
2.24iii - Emergency hospital admissions due to falls in people aged 65 and over - aged 80+ (Persons)	2015/16	6747	DSR per 100,000	↔	
2.24iii - Emergency hospital admissions due to falls in people aged 65 and over - aged 80+ (Male)	2015/16	5059	DSR per 100,000	↔	
2.24iii - Emergency hospital admissions due to falls in people aged 65 and over - aged 80+ (Female)	2015/16	7821	DSR per 100,000	↔	

Domain: Health protection					
Indicator	Period	Value	Unit	Change from prev	Recent trend
3.01 - Fraction of mortality attributable to particulate air pollution	2015	4.3	%		
3.02 - Chlamydia detection rate (15-24 year olds)	2015	1983	Crude rate per 100,000	↓	
3.02 - Chlamydia detection rate (15-24 year olds) (Male)	2015	1440	Crude rate per 100,000	↓	
3.02 - Chlamydia detection rate (15-24 year olds) (Female)	2015	2554	Crude rate per 100,000	↓	
3.03i - Population vaccination coverage - Hepatitis B (1 year old)	2014/15	-	%		
3.03i - Population vaccination coverage - Hepatitis B (2 years old)	2014/15	-	%		
3.03ii - Population vaccination coverage - BCG - areas offering universal BCG only	2015/16	-	%		
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (1 year old)	2015/16	-	%		
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old)	2015/16	-	%		
3.03iv - Population vaccination coverage - MenC	2015/16	-	%		
3.03v - Population vaccination coverage - PCV	2015/16	-	%		
3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old)	2015/16	-	%		
3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old)	2015/16	-	%		
3.03vii - Population vaccination coverage - PCV booster	2015/16	-	%		
3.03viii - Population vaccination coverage - MMR for one dose (2 years old)	2015/16	-	%		
3.03ix - Population vaccination coverage - MMR for one dose (5 years old)	2015/16	-	%		
3.03x - Population vaccination coverage - MMR for two doses (5 years old)	2015/16	-	%		
3.03xii - Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old)	2015/16	-	%		
3.03xiii - Population vaccination coverage - PPV	2015/16	-	%		
3.03xiv - Population vaccination coverage - Flu (aged 65+)	2015/16	-	%		
3.03xv - Population vaccination coverage - Flu (at risk individuals)	2015/16	-	%		
3.03xvi - Population vaccination coverage - HPV vaccination coverage for two doses (females 13-14 years old)	2015/16	-	%		
3.03xvii - Population vaccination coverage - Shingles vaccination coverage (70 years old)	2015/16	-	%		
3.03xviii - Population vaccination coverage - Flu (2-4 years old)	2015/16	-	%		
3.04 - HIV late diagnosis	2013 - 15	25.0	%	↔	
3.05i - Treatment completion for TB	2014	-	%		
3.05ii - Incidence of TB	2013 - 15	5.1	%	↔	
3.06 - NHS organisations with a board approved sustainable development management plan	2015/16	-	%		
3.08 - Adjusted antibiotic prescribing in primary care by the NHS	2016	1.00	Rate per STAR-PU	↓	

Domain: Healthcare and premature mortality					
Indicator	Period	Value	Unit	Change from prev	Recent trend
4.01 - Infant mortality	2013 - 15	3.9	Crude rate per 1,000	↔	
4.02 - Proportion of five year old children free from dental decay	2014/15	76.2	%	↔	
4.03 - Mortality rate from causes considered preventable (Persons)	2013 - 15	219.4	DSR per 100,000	↔	
4.03 - Mortality rate from causes considered preventable (Male)	2013 - 15	277.7	DSR per 100,000	↔	
4.03 - Mortality rate from causes considered preventable (Female)	2013 - 15	164.2	DSR per 100,000	↔	
4.04i - Under 75 mortality rate from all cardiovascular diseases (Persons)	2013 - 15	89.2	DSR per 100,000	↔	
4.04i - Under 75 mortality rate from all cardiovascular diseases (Male)	2013 - 15	119.5	DSR per 100,000	↔	
4.04i - Under 75 mortality rate from all cardiovascular diseases (Female)	2013 - 15	60.1	DSR per 100,000	↔	
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Persons)	2013 - 15	59.9	DSR per 100,000	↔	
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Male)	2013 - 15	84.3	DSR per 100,000	↔	
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Female)	2013 - 15	36.3	DSR per 100,000	↔	
4.05i - Under 75 mortality rate from cancer (Persons)	2013 - 15	155.6	DSR per 100,000	↔	
4.05i - Under 75 mortality rate from cancer (Male)	2013 - 15	179.0	DSR per 100,000	↔	
4.05i - Under 75 mortality rate from cancer (Female)	2013 - 15	133.7	DSR per 100,000	↔	
4.05ii - Under 75 mortality rate from cancer considered preventable (Persons)	2013 - 15	89.8	DSR per 100,000	↔	
4.05ii - Under 75 mortality rate from cancer considered preventable (Male)	2013 - 15	102.2	DSR per 100,000	↔	
4.05ii - Under 75 mortality rate from cancer considered preventable (Female)	2013 - 15	78.0	DSR per 100,000	↔	
4.06i - Under 75 mortality rate from liver disease (Persons)	2013 - 15	21.1	DSR per 100,000	↔	
4.06i - Under 75 mortality rate from liver disease (Male)	2013 - 15	27.5	DSR per 100,000	↔	
4.06i - Under 75 mortality rate from liver disease (Female)	2013 - 15	*	DSR per 100,000		
4.06ii - Under 75 mortality rate from liver disease considered preventable (Persons)	2013 - 15	17.9	DSR per 100,000	↔	
4.06ii - Under 75 mortality rate from liver disease considered preventable (Male)	2013 - 15	25.3	DSR per 100,000	↔	
4.06ii - Under 75 mortality rate from liver disease considered preventable (Female)	2013 - 15	*	DSR per 100,000		
4.07i - Under 75 mortality rate from respiratory disease (Persons)	2013 - 15	42.5	DSR per 100,000	↔	
4.07i - Under 75 mortality rate from respiratory disease (Male)	2013 - 15	46.1	DSR per 100,000	↔	
4.07i - Under 75 mortality rate from respiratory disease (Female)	2013 - 15	39.1	DSR per 100,000	↔	
4.07ii - Under 75 mortality rate from respiratory disease considered preventable (Persons)	2013 - 15	23.9	DSR per 100,000	↔	
4.07ii - Under 75 mortality rate from respiratory disease considered preventable (Male)	2013 - 15	26.5	DSR per 100,000	↔	
4.07ii - Under 75 mortality rate from respiratory disease considered preventable (Female)	2013 - 15	21.5	DSR per 100,000	↔	
4.08 - Mortality rate from a range of specified communicable diseases, including influenza (Persons)	2013 - 15	12.9	DSR per 100,000	↔	
4.08 - Mortality rate from a range of specified communicable diseases, including influenza (Male)	2013 - 15	*	DSR per 100,000		
4.08 - Mortality rate from a range of specified communicable diseases, including influenza (Female)	2013 - 15	*	DSR per 100,000		
4.09i - Excess under 75 mortality rate in adults with serious mental illness	2014/15	-	Indirectly standardised ratio		
4.09ii - Proportion of adults in the population in contact with secondary mental health services	2014/15	-	%		
4.10 - Suicide rate (Persons)	2013 - 15	14.0	DSR per 100,000	↔	
4.10 - Suicide rate (Male)	2013 - 15	23.6	DSR per 100,000		
4.10 - Suicide rate (Female)	2013 - 15	*	DSR per 100,000		
4.11 - Emergency readmissions within 30 days of discharge from hospital (Persons)	2011/12	12.1	Indirectly standardised proportion	↔	
4.11 - Emergency readmissions within 30 days of discharge from hospital (Male)	2011/12	12.8	Indirectly standardised proportion	↔	
4.11 - Emergency readmissions within 30 days of discharge from hospital (Female)	2011/12	11.6	Indirectly standardised proportion	↔	
4.12i - Preventable sight loss - age related macular degeneration (AMD)	2014/15	-	Crude rate per 100,000		
4.12ii - Preventable sight loss - glaucoma	2014/15	-	Crude rate per 100,000		
4.12iii - Preventable sight loss - diabetic eye disease	2014/15	-	Crude rate per 100,000		
4.12iv - Preventable sight loss - sight loss certifications	2014/15	-	Crude rate per 100,000		
4.13 - Health related quality of life for older people	2015/16	0.714	Score	↔	
4.14i - Hip fractures in people aged 65 and over (Persons)	2015/16	728	DSR per 100,000	↔	
4.14i - Hip fractures in people aged 65 and over (Male)	2015/16	533	DSR per 100,000	↔	
4.14i - Hip fractures in people aged 65 and over (Female)	2015/16	876	DSR per 100,000	↔	
4.14ii - Hip fractures in people aged 65 and over - aged 65-79 (Persons)	2015/16	279	DSR per 100,000	↔	
4.14ii - Hip fractures in people aged 65 and over - aged 65-79 (Male)	2015/16	*	DSR per 100,000		
4.14ii - Hip fractures in people aged 65 and over - aged 65-79 (Female)	2015/16	380	DSR per 100,000	↔	
4.14iii - Hip fractures in people aged 65 and over - aged 80+ (Persons)	2015/16	2030	DSR per 100,000	↔	
4.14iii - Hip fractures in people aged 65 and over - aged 80+ (Male)	2015/16	1602	DSR per 100,000	↔	
4.14iii - Hip fractures in people aged 65 and over - aged 80+ (Female)	2015/16	2315	DSR per 100,000	↔	
4.15i - Excess winter deaths index (single year, all ages) (Persons)	Aug 2014 - Jul 2015	28.6	Ratio	↔	
4.15i - Excess winter deaths index (single year, all ages) (Male)	Aug 2014 - Jul 2015	36.4	Ratio	↔	
4.15i - Excess winter deaths index (single year, all ages) (Female)	Aug 2014 - Jul 2015	21.2	Ratio	↔	
4.15ii - Excess winter deaths index (single year, age 85+) (Persons)	Aug 2014 - Jul 2015	24.5	Ratio	↔	
4.15ii - Excess winter deaths index (single year, age 85+) (Male)	Aug 2014 - Jul 2015	46.2	Ratio	↔	
4.15ii - Excess winter deaths index (single year, age 85+) (Female)	Aug 2014 - Jul 2015	13.5	Ratio	↔	
4.15iii - Excess winter deaths index (3 years, all ages) (Persons)	Aug 2012 - Jul 2015	17.7	Ratio	↔	
4.15iii - Excess winter deaths index (3 years, all ages) (Male)	Aug 2012 - Jul 2015	21.9	Ratio	↔	
4.15iii - Excess winter deaths index (3 years, all ages) (Female)	Aug 2012 - Jul 2015	13.9	Ratio	↔	

4.15iv - Excess winter deaths index (3 years, age 85+) (Persons)	Aug 2012 - Jul 2015	18.0	Ratio	↔	
4.15iv - Excess winter deaths index (3 years, age 85+) (Male)	Aug 2012 - Jul 2015	28.8	Ratio	↔	
4.15iv - Excess winter deaths index (3 years, age 85+) (Female)	Aug 2012 - Jul 2015	11.9	Ratio	↔	
4.16 - Estimated diagnosis rate for people with dementia	2013/14	-	%		