Appendix One

Wolverhampton

Joint Strategic Needs Assessment:

Refresh 2014

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Last Updated: 14th October 2014

Introduction

This paper provides a summary of the changes to the health and wellbeing of the residents of Wolverhampton as suggested by the updated indicators within the following outcomes frameworks:

- Public Health Outcomes Framework
- NHS Outcomes Framework
- Adult Social Care Outcomes Framework
- Children's Outcome framework

Baseline health and wellbeing data from these frameworks was described in Appendix 1 of the Joint Strategic Needs Assessment suite of documents produced in 2013. This 12 month review of the indicators will aim to highlight any significant changes to this baseline information to identify progress on current priorities and depict any areas of increasing local need. The indicators reported in 2013 have been tabulated and compared to the current data available, see Tables 1 to 3. A specific table was not produced for the Children's Outcome Framework as the indicators reported are primarily contained within the Public Health Outcomes Framework. It should be noted that due to a national change in the process of standardisation, some rates may appear artificially inflated as a result of the new methodology used, rather than due to actual occurrences. However, previous data for these indicators has been revised to allow comparison over time[1].

Key Findings from Outcome Frameworks Update 2014

1. The rate of statutory homelessness has been recalculated and the new indicator suggests that Wolverhampton (0.5 per 1,000) is better than the England average (2.4 per 1,000) and this has been a consistent trend since 2010/11
   What does this mean?
   Wolverhampton is managing the housing needs of homeless individuals, even though there is a high level of homelessness. This indicates that services are effective and this outcome does not impact on the current priorities in the Joint Health and Wellbeing Strategy.

2. There has been a 24% reduction in the rate of teenage pregnancies between 2010 (55.5 per 1,000) and 2012 (42.2 per 1,000); however, the rate still remains significantly higher than the England average (27.7 per 1,000) as there has also been a similar reduction in the rate across England (27%)
   What does this mean?
   The rate of teenage pregnancies in Wolverhampton has been reduced by almost a quarter over two years and although the rate remains higher than the England average, current interventions appear to be effective. This finding does not impact on the current priorities in the Joint Health and Wellbeing Strategy.

3. Chlamydia diagnoses for 15-24 year olds has improved (2,027 per 100,000) and is now similar to the England average (2,016 per 100,000); conversely, the breakdown of this outcome by gender (not reported) indicates that the diagnosis rate for males is significantly worse than the England average, whilst the diagnosis rate for females is significantly better than the England average. It should be noted that gender inequality for chlamydia diagnosis is a similar finding across the majority of areas in the West Midlands.

[1] The European Standard Population (ESP) is an artificial population structure which is used in the weighting of mortality or incidence data to produce age standardised rates. The population structure of the ESP was updated in 2013 and implemented across all national statistics in 2014. This revision will cause mortality rates and cancer incidents to increase significantly.

What does this mean?
The chlamydia screening programme is effectively identifying young people with this condition but may need to consider increasing uptake in young men. However, this issue of young men engaging with this programme is universal and does not impact on the current priorities in the Joint Health and Wellbeing Strategy.

4. Flu immunisation in 'at-risk' groups (51.6%) has shown a marginal increase in uptake since the last report and is now rated similar to the England average (51.3%); however, there is room for further improvement as this outcome indicates that just under 50% of at risk individuals are *not* being immunised against the flu, which could have a significant effect on health and wellbeing.
   What does this mean?
   Whilst uptake of flu immunisation has improved, further work is required to encourage 'at-risk' individuals to participate in the immunisation programme. This is currently being addressed nationally and locally and does not impact on the current priorities in the Joint Health and Wellbeing Strategy.

5. There has also been significant improvement in the following indicators resulting in a change of the rating from worse than the England average to similar to the England average:
   a. Rate of violent crime
   b. Self- reported wellbeing
   c. Human Papillomavirus (HPV) vaccine coverage
   d. Treatment completion for Tuberculosis (TB)
   e. Preventable sight loss certifications
   f. Emergency admissions for hip fractures in 65 year olds and over
   g. Secondary care mental health service users in employment
   h. Incidence of healthcare acquired Clostridium Difficile (C.Diffe)
   i. Permanent admission of younger adults (16-64 years) to residential and nursing care homes
   j. Delayed transfers of care from hospital and due to adult social care

   What does this mean?
   Overall there has been significant improvement in a number of areas across health and social care resulting in better outcomes for individuals and communities. These outcomes do not impact on the current priorities in the Joint Health and Wellbeing Strategy.

6. Wolverhampton was reported to have the worst outcomes in the West Midlands for a small number of indicators:
   a. Excess weight in children aged 4 to 5 years old (27.0% compared to 22.7%)
   b. Excess weight in children aged 10 to 11 years old (40.6% compared to 35.5%)
   c. Breast cancer screening coverage (70.3% compared to 76.9%)
   d. Measles, Mumps and Rubella (MMR) vaccine - 2 doses at 5 years (76.5% compared to 87.9%)

   What does this mean?
   Whilst Wolverhampton does not have the worst outcomes in the country for these indicators, there is room for improvement in these indicators and work is underway to address childhood obesity, screening and immunisation

7. There was only one indicator where Wolverhampton had the worst outcome in England that is the infant mortality rate (7.5% compared to 4.1%)

What does this mean?

There is a need to investigate why more babies born in Wolverhampton die before the age of one year, compared to all other areas in England. This work is being addressed by a multi-agency infant mortality working group and there will also be a health scrutiny review. This outcome should not impact on the current priorities in the Joint Health and Wellbeing Strategy.

Wolverhampton Demographic profile

The city's resident population is estimated to be 251,557 (mid-year estimates 2013) which is an increase of approximately 2,087 compared to the 2011 census. There is no reported change to the predicted increase in the older population (age 65 years and over) over the next 10 years or to the predicted below regional and national average population growth in Wolverhampton. The ethnic composition of Wolverhampton has not been updated over the last year. The deprivation ranking of the 21st most deprived Local Authority in the country remains as previously reported, with 51.1% of the Wolverhampton population falling amongst the most deprived 20% nationally.

Joint Health and Wellbeing Board Strategic Priorities

The Joint Strategic Needs Assessment process has informed the development of the Wolverhampton Joint Health and Wellbeing Strategy, produced by the Health and Wellbeing Board. The health and wellbeing priorities listed below were selected to provide a number of high level evidenced-based priorities that are a local challenge to resolve, and span organisational responsibilities. The strategic outcomes for the strategy are aimed at increasing life expectancy, improving quality of life and reducing child poverty. Therefore, the top five priorities identified to achieve these outcomes are:

- Wider determinants of health
- Alcohol and drugs
- Dementia (early diagnosis)
- Mental Health (diagnosis and early intervention)
- Urgent Care (improving and simplifying)

Impact of Joint Strategic Needs Assessment Refresh 2014

The update of the national outcomes framework indicates that there is no significant impact on the current strategic priorities within the Wolverhampton Joint Health and Wellbeing Strategy. The majority of the indicators within the updated outcome frameworks remain unchanged, which is not surprising for an annual update of population level outcomes. It was not possible to compare a number of indicators with previously reported data due to a change in the reporting methodology, so the new figures in this report will provide a baseline for future reporting.

Additional indicators from the Public Health Outcomes Framework, not previously listed in the framework report for 2013, have been included in this report. These indicators are excess weight in children age 4-11 years, excess weight in adults and MMR – 1 dose at 2 years and 2 doses at age 5 years.

The indicators on excess weight have been included, supplementary to the already listed indicator on obesity, to provide a complete overview of the proportion of the population that would benefit

from weight management programmes. Wolverhampton has been reported to have the highest proportion of overweight and obese children aged 4 to 5 years and 10 to 11 years in the West Midlands. This issue is currently being addressed via the Director of Public Health Annual Report, which is a Call to Action on Obesity and the Public Health Business Plan, so will not directly impact on current strategic priorities. Inclusion of these indicators in the future framework reports will provide an update on the improvement in these outcomes.

The change in the reporting of the MMR vaccine uptake has been amended to provide completeness of vaccine coverage, as two doses of the vaccine are required to provide satisfactory protection against these infectious diseases. Therefore, reporting should reflect initial uptake at age 2 years and total uptake, that is, two doses at age 5 years. Current MMR vaccine performance indicates good uptake of the vaccine at age 2 years, but poor uptake of two vaccines at age 5 years. This is not a new finding and a comparison of the trend data for these two indicators highlights the same outcome year on year. However, Wolverhampton is reported to have the worst uptake of MMR at 5 years in the West Midlands, with a decrease in uptake of 4.1% from 80.6% in 2011/12 to 76.5% in 2012/13. National system changes, local resourcing and data reporting have also impacted on this outcome.

Similarly, system changes may have impacted on the outcomes related to breast cancer screening coverage. There appears to be a steady marginal decrease, year on year, in the proportion of women screened for breast cancer in Wolverhampton from the reported 73.4% in 2010/11 to the currently reported 70.3% in 2013. Work is underway with the Public Health England Screening and Immunisation team for Birmingham and the Black Country to improve MMR vaccine uptake at 5 years and address cancer screening coverage, which will include breast cancer screening. This finding does not impact on the current Wolverhampton strategic priorities.

Although there has been improvement in the rating of some indicators, resulting in outcomes similar to the England average, there is still additional work required to ensure continual improvement in these outcomes. An example of where additional work should be encouraged is the uptake of flu immunisation by at risk groups. Just a marginal increase of 1.6% in the uptake of the flu vaccine has resulted in a rating similar to the England average. However, 48.4% of the at risk population remain unimmunised increasing the risk of poor health outcomes. Therefore, there should be an ambition in particular indicators to exceed the England average to achieve an impact at the individual as well as population level.

There appears to be a gender inequality in the Chlamydia screening programme whereby the overall screening outcome indicates a similar detection rate to the England average, but male detection rate is significantly worse than the England average. A number of reasons may account for this apparent inequality, such as poor uptake of screening by males or more screened males are achieving a screen negative result than females. Further work is required to understand the details of this finding, but is does not impact on the overall strategic priorities. It should be noted that there was a similar finding of gender inequality for chlamydia screening across the West Midlands. There were no other gender inequalities highlighted from the reported indicators. The ranking of indicators throughout the West Midlands was possible for the Public Health Outcomes Framework because a national interactive tool is available to provide this level on analysis. Unfortunately this detailed

analysis is not available for the NHS, Adult Social Care and Children's Outcome Frameworks as there is not a similar tool to enable the analysis.

The infant mortality rate in Wolverhampton was reported to be the worst in England in March 2014. A multi-organisational working group led by Public Health was convened in May 2014 and aims to produce a detailed action plan to address this issue by December 2014. Infant mortality is also being reviewed by the Wolverhampton City Council Health Scrutiny Committee, so there is assurance that there is a detailed focus on this issue and it does not need to be a strategic priority for the Health and Wellbeing Board

Update on Joint Strategic Needs Assessment Briefings

1. ***Adult obesity*** has increased from 27.3% to 28.5%; this outcome is worse than the England average of 23%.
2. ***Alcohol related mortality*** has decreased 30.4/100,000 to 28.0/100,000; this outcome is significantly worse than the England average of 18.0/100,000
3. ***Childhood development*** at 2 years old still has no national indicator. The school readiness indicator has changed, but the outcomes for Wolverhampton are still worse than the England average.
4. ***Childhood obesity*** has increased marginally; 4-5 year olds (12.6% to 12.7%) and 10-11 year olds (23.8% to 24.4%). These outcomes are worse than the England average
5. ***Childhood poverty*** has decreased by 0.5%
6. ***Circulatory disease mortality*** has improved from 107.3/100,000 to 105.7/100,000. This outcome is worse than the England average of 81.1/100,000.
7. ***Dementia*** diagnosis rate has improved and this outcome is similar to the England average
8. ***Diabetes*** recording by GP has increased from 7.44% to 7.7% allowing effective treatment to reduce complications.
9. ***Domestic abuse*** national indicator has still not been developed and there is no update on 2011/12 data.
10. ***Employment of people with long term conditions*** has decreased from 56.9% to 44.9%; there has not been a similar decrease in England (60.3% to 58.7%)
11. ***Infant mortality*** has increased and the issue is currently being reviewed
12. ***Life expectancy*** has improved slightly for both males and females but both outcomes still remains lower than the England average
13. ***Mortality for people with mental illness*** remains similar to the England average
14. ***Recovery from stroke***
15. ***Residential and nursing care home admissions*** has decreased significantly and is now similar to the England average

Conclusion

In summary, there were no additional priorities identified as a result of the update of the outcomes frameworks used to inform the Wolverhampton Joint Health and Wellbeing Strategy. Whilst the reporting of the majority of the outcomes remains unchanged, there has been some slight improvement over the past year. This is not an unusual finding for an annual review of data as significant changes in population health and social care outcomes evolve over time, with the true impact of intervention success emerging between three and five years from the baseline.

Table 1: Public Health Outcomes Framework

Overarching Indicators					
Indicator		**2013 Report**	**2014 Update**	**Comment**	**Change in RAG[2] Rating**
0.1ii	Life expectancy at birth - male	76.7	77.4	• Increase in life expectancy by 0.7 years • 4.7 years difference to the England average of 82.1 years • Remains significantly lower than England average	No
	Life expectancy at birth - female	80.8	81.7	• Increase in life expectancy by 0.9 years • 4.2 years difference to the England average of 82.1 years • Remains significantly lower than England average	No
0.1i	Healthy life expectancy - male	59.3	58.3	• Baseline measure (2009-11) reported in 2013	No
	Healthy life expectancy - female	58.0	58.1	• Baseline measure (2009-11) reported in 2013	No
Wider Determinants of Health					
Indicator		**2013 Report**	**2014 Update**	**Comment**	**Change in RAG Rating**
1.01ii	Children in poverty (under 16 years)	32% (30.8%)	31.5% (30.6%)	• *This indicator has changed since the last report, which previously reported data for under 20 year olds, shown in brackets, now rebased to show comparison for under 16 year olds* • Marginal decrease in the proportion of children in poverty by 0.5% • 10.9% difference between England average of 20.6% • Remains significantly higher than the England average	No
1.02i	School readiness[a]	52.0%	44.2%	• *This indicator has changed since the last report so unable to compare outcomes with previous report* • Remains significantly worse than England average of 51.7%	No
1.03i	Pupil absence	1.5%	5.94%	• *This indicator has changed since the last report so unable to compare outcomes with previous report* • Previously recorded % half days of unauthorised absence • Now includes the reporting of % half days of authorised absence • Baseline position significantly worse than England average of 5.26%	No

[2] RAG rating defines a method of coding indicators in relation to the England Average (EA): **R**ed (significantly worse than EA); **A**mber (significantly similar to EA); **G**reen (significantly better than EA)

[a] Also reported in Children's Outcome Framework

Wider Determinants of Health (cont)					
Indicator		**2013 Report**	**2014 Update**	**Comment**	**Change in RAG Rating**
1.05	16-18 year olds not in education, training or employment (NEET)[a]	7.6%	6.0%	• Decrease in proportion of NEET by 1.6% • Remains significantly higher than the England average	No
1.12ii	Rate of violent crime (per 1,000 population)	17.6	12.0	• Significant decrease in the rate by approximately 31.8% • Now similar to the England average of 10.6	Yes to
1.14i	Rate of complaints about noise (per 1,000 population)	15.9	13.1	• Decrease in the rate of complaints by approximately 17.6% • Remains significantly higher than the England average of 7.5	No
1.15ii	Statutory Homelessness - (temporary accommodation per 1,000 households)	3.3	0.5	• *This indicator has been recalculated since the last report* • Now recorded as significantly better than the England average of 2.4 • The trend indicates that Wolverhampton has been consistent in achieving significantly better than the England average since 2010/11	Yes to
1.17	Fuel poverty	24.3	18.3	• Decrease in the proportion of households in fuel poverty by 6% • Remains significantly higher than the England average of 10.4%	No
Health Improvement					
Indicator		**2013 Report**	**2014 Update**	**Comment**	**Change in RAG Rating**
2.02i	Breastfeeding: initiation[a]	65.2%	64.5%	• Slight decrease in the proportion of mothers initiating breast feeding by 0.7% • Remains significantly lower than the England average of 73.9%	No
2.02ii	Breastfeeding: prevalence at 6-8 weeks after birth[a]	41.6%	41.6%	• No change in the proportion of mothers breastfeeding at 6-8 weeks after birth • Remains significantly lower than the England average of 47.2%	No
2.03	Smoking status at time of delivery[a]	18.3%	18.6%	• Nominal increase in the smoking at the time of delivery by 0.3% • Remains significantly higher than the England average of	No
2.04	Under 18 conceptions[a] (per 1,000 females age 15-17 years)	55.5	42.2	• Decrease in the rate of under 18 conceptions by 24% between 2010 and 2012 • Remains significantly higher than the England average of 27.7%	No

[a] Also reported in Children's Outcome Framework

Health Improvement (cont)					
Indicator		**2013 Report**	**2014 Update**	**Comment**	**Change in RAG Rating**
2.06i	Reception children classified as obese[a]	12.6%	12.7%	• Marginal increase in the proportion of reception classified as obese over 2 years (2010/11 – 2012/13) • Remains significantly higher than England average of 18.9%	No
2.06ii	Year 6 children classified as obese[a] (10-11 years)	23.8%	24.4%	• Increase in the proportion of Year 6 children classified as obese by 0.6% over 2 years (2010/11 – 2012/13) • Remains significantly higher than England average of 18.9%	No
2.06i	Excess weight in 4-5 year olds	Not reported	27.0%	• The prevalence of obese children in reception was reported in 2013 • The indicator in this report accounts for overweight and obese children in reception and is significantly higher than the England average of 22.2%	No
2.06ii	Excess weight in in 10-11 year olds	Not reported	40.6%	• The prevalence of obese children in Year 6 was reported in 2013 • The indicator in this report accounts for overweight and obese children in Year 6 and is significantly higher England average of 33.3%	No
2.12	Adults classified as obese	27.5%	28.5%	• An increase in the estimated prevalence of obese adults by 1% between 2006-08 and 2012 • Remains significantly higher than England average of 23%	No
2.12	Excess weight in adults	Not reported	69.8%	• An estimated prevalence of obese adults was reported in 2013 • The estimated indicator in this report accounts for overweight and obese adults and is significantly higher than England average of 63.8%	No
2.17	Recorded diabetes	7.10%	7.70%	• This estimated value of the recorded prevalence of diabetes has increased by 0.6% over two years (2010/11 and 2012/13) • Estimated to be significantly higher that the England average of 6.01	Not RAG rated
2.18	Alcohol related admissions to hospital (per 100,000)	2073.0	782.0	• *This indicator has been recalculated since the last report* • Trend remains significantly higher than the England average of 637	No
2.20i	Breast cancer screening coverage	73.4%	70.3%	• *This indicator has been recalculated since the last report* • Trend remains significantly lower than the England average of 76.3%	No
2.20ii	Cervical cancer screening coverage	76.5%	70.6%	• *This indicator has been recalculated since the last report* • Trend remains significantly lower than the England average of 73.9%	No
2.21vii	Diabetic retinopathy (eye) screening	88.6%	74.6%	• *This indicator has been recalculated since the last report* • Trend remains significantly lower than the England average of 80.9%	No

[a] Also reported in Children's Outcome Framework

Health Improvement (cont)					
Indicator		**2013 Report**	**2014 Update**	**Comment**	**Change in RAG Rating**
2.23ii	Self-reported wellbeing – people with a low happiness score	33.5%	8.8%	• *This indicator has been recalculated since the last report* • Trend now appears similar to the England average of 10.4	Yes to
Health Protection					
3.02i	Chlamydia rate[a] (per 100,000 15-24 year olds)	2733.5	2027	• *The data collection methodology for this indicator has changed since the last report, therefore not comparable* • Current trend shows an improving rate which is similar to the England average of 2016	Yes to
3.03v	Pneumococcal Conjugate Vaccine (PCV) Booster[a]	87.7%	88.1%	• Marginal increase of 0.4% in vaccine coverage • Remains significantly lower than the England average of 92.5%	No
3.03ix	MMR 1[a] (1 dose at age 2 years)	90.0%	92.8%	• Increase of 2.8% in vaccine coverage • Remains similar to the England average of 92.3%,	No
3.03x	MMR 2[a] (2 doses at age 5 years)	Not reported	76.5%	• Inclusion of this indicator will provide data on completeness of MMR immunisation at age 5 years • Remains significantly lower than the England average of 87.9%	No
3.03xii	HPV[a] coverage	61.8%	86.7%	• Increase in coverage by 24.9% • Similar to the England average of 86.7%	Yes to
3.03.xiii	Pneumococcal Polysaccharide Vaccine (PPV) coverage at 65+	63.8%	64.6%	• Marginal decrease of 1.1% in vaccine coverage • Remains significantly lower than the England average of 69.1%	No
3.03xiv	Flu immunisation uptake 65+	70.6%	70.5%	• Marginal decrease of 0.1% in vaccine coverage • Remains significantly lower than the England average of 73.4%	No
3.03xv	Flu immunisation uptake at risk	50%	51.6%	• Marginal increase of 1.6% in vaccine coverage • Now similar to the England average of 51.3%	Yes to
3.04	People presenting with Human Immunodeficiency Virus (HIV) at a late stage of infection	58.7%	58.2%	• Marginal decrease of 0.5% in the proportion of people presenting at a late stage of infection • Remains significantly higher than the England average of 48.3%	No
3.05i	Treatment completion for TB	74.1%	84.4%	• There has been a 10.3% increase in the proportion of treatment completion for TB • Now similar to the England average of 82.8%	Yes to

[a] Also reported in Children's Outcome Framework

Healthcare and Premature Mortality					
Indicator		**2013 Report**	**2014 Update**	**Comment**	**Change in RAG Rating**
4.01	Infant mortality[a] (rate per 1,000 live births)	7.7	7.5	• Marginal change in the rate of infant mortality • Wolverhampton has the worse recorded rate of infant in England – average 4.1	No
4.04i	Cardiovascular disease mortality[b] (under 75 rate per 100,00 population)	85.0	105.7	• *Change in standardisation has artificially inflated the rate – cannot compare to previous report* • Recalculated trend shows improvement in rate from 107.3 in 2009-11 • Remains significantly higher than the England average of 81.1	No
4.05i	Cancer mortality[b] (under 75 rate per 100,00 population)	125.2	158.4	• *Change in standardisation has artificially inflated the rate – cannot compare to previous report* • Recalculated trend shows improvement in rate from 163.7 in 2009-11 • Remains significantly higher than the England average of 146.5	No
4.06i	Chronic liver disease mortality[b] (under 75 rate per 100,00 population)	19.3	28.0	• *Change in standardisation has artificially inflated the rate – cannot compare to previous report* • Recalculated trend shows improvement in rate from 30.4 in 2009-11 • Remains significantly higher than the England average of 18.0	No
4.12ii	Preventable sight loss certifications (crude rate per 100,000)	55.1	44.6	• Decrease in rate of certifications by 19% • Rate now similar to England average of 42.3	Yes to
4.14i	Hip fracture emergency admission rate 65+ (rate per 100,000)	535.7	548.0	• *Change in standardisation has altered the rate – cannot compare to previous report* • Recalculated trend shows improvement in rate from 652.0 in 2011/12 • Now similar to the England average of 568.1	Yes to

[a] Also reported in Children's Outcome Framework; [b] Also reported in NHS Outcomes Framework

Table 2: NHS Outcomes Framework (also see [b] in Public Health Outcomes Framework)

Domain 1: Preventing people from dying prematurely					
Indicator		**2013 Report**	**2014 Update**	**Comment**	**Change in RAG Rating**
1.4ii	Breast cancer survival at 5 years (rate per 100,000)	70.4	Not reported	There is no updated information reported in the outcomes framework	Not calculated
Domain 2: Enhancing quality of life for people with long term conditions					
2.3i	Emergency admissions for chronic conditions usually managed in primary care (adults) (rate per 100,00 population)	249.1	1026.0	• *Change in indicator methodology – cannot compare to previous report* • Remains significantly higher than the England average of 820.5	No
2.3ii	Emergency admissions for children with asthma - under 19[a] rate per 100,00 population)	372.5	627.5	• *Change in indicator methodology combining asthma, epilepsy and diabetes – cannot compare to previous report* • Remains significantly higher than the England average of 340.6	No
2.3ii	Emergency admissions for children with epilepsy - under 19 (rate per 100,00 population)	112.8			
2.3ii	Emergency admissions for children with diabetes - under 19 (rate per 100,00 population)	93.1			
2.5	Secondary care mental health service users in employment	6.4%	34.3%	• *Change in indicator definition – unable to compare with previous report* • Now measures percentage difference in employment of people with mental illness to general population • New indicator similar to England average of 37.0	Yes to
Domain 3: Helping people recover from episodes of ill health or following injury					
3a	Emergency hospital admissions for acute condition usually managed in primary care (rate per 100,000 registered patients)	687.5	1320.3	• *Change in standardisation has artificially inflated the rate – cannot compare to previous report* • Remains significantly higher than the England average of 1204.3	No

[a] Also reported in Children's Outcome Framework

Domain 4: Ensuring that people have a positive experience of care					
4ai	Patients satisfied with their GP surgery experience	85%	84%	• Marginal decrease of 1% in patient satisfaction with GP surgery experience • Remains significantly lower than England average of 86%	No
Domain 5: Treat/care in a safe environment and protect from avoidable harm					
5a	Patient safety incidents	9.3%	8.2%	• Decrease of 1.1% in proportion of patient safety incidents • Remains significantly higher than England average of 7.2%	No
5.2i	Incidence of healthcare acquired C.Diffe infection (rate per 100,000 bed days)	39.0	14.9	• Decrease in rate by 62% • Now similar to the England average of 14.6	Yes to

Table 3: Adult Social Care Outcomes Framework

Domain 1: Enhancing quality of life for people with care and support needs					
Indicator		**2013 Report**	**2014 Update**	**Comment**	**Change in RAG Rating**
1E	Adults with learning disabilities in paid employment	2.4%	2.2%	• Nominal decrease of 0.2% in the employment of adults with learning disabilities • Remains significantly lower than England average of 6.8%	No
Domain 2: Delaying and reducing the need for care and support					
2A	Permanent admission of younger adults (16-64) to residential and nursing care homes (rate per 100,000)	45.1	13.1	• Decrease in rate of permanent admissions by 70.9% • Rate now similar to England average of 13.5	Yes to
2C (1)	Delayed transfers of care from hospital (rate per 100,000 population)	13.9	8.3	• Decrease in rate of delayed transfers of care from hospital by 40.2% • Rate now the same as England average of 8.3	Yes to
2C (2)	Delayed transfers due to adult social care (rate per 100,000 population)	8.7	4.1	• Decrease in rate of delayed transfers due to social care by 52.8% • Rate now similar to England average of 2.2	Yes to

Children's Outcomes Framework (see [a] in Public Health and NHS Outcomes Framework)