## Sheffield Outcomes Framework for Joint Health and Wellbeing Strategy



The table and chart below shows how the health of people for Sheffield compares with England. The average rate for England is shown as the vertical black line, which is always at the centre of the chart. The confidence intervals for England are shown in grey where they are available / applicable.

A red circle implies that Sheffield is significantly worse than England for that indicator; a green circle indicates that it is significantly better. A white circle is shown where confidence intervals were not available but may still indicate an important health problem.

Confidence intervals not available
Sheffield is statistically WORSE than England
" " " THE SAME as "
" " BETTER than "

essful Ci	Percentage Children in Poverty (HMRC) (all dependent children under 20)				period		Worst	Spine Chart	Best
rccessful C		2015	16.60	21.60	period	~ M	30.60	•	2.80
ıccessf	2 Gross income (annual) (£)	2017	23,743	21,907			17,415	0	38,110
900	3 Percentage 16-64 who are long term unemployed	2018	0.40	0.70		<i></i>	2.20	0	0.00
	Percentage of 16-18 year olds not in education, employment or training (NEETS)	2016	6.00	5.30			44.76	þ	0.00
d St	5 Percentage of children achieving good level of development at end of Reception	2016/17	70.70	69.80			3.78	9	78.90
an l	6 Percentage of young people achieving GCSE 5A*-C inc. Eng. & Maths	2015/16	53.5	53.7		/ <sup>-</sup> •	36.4	Ŷ.	75.7
Healthy	7 Homelessness Acceptances per 1000 households (unintentionally homeless and not in priority need)	2016/17	0.84	1.97		$\wedge$	9.58	•	0.04
Fe	Percentage mortality attributable to particulate air pollution	2016	5.29	4.58		$\searrow$ $\bullet$	6.94	0	2.62
ing	9 Life Expectancy at Birth Male, years	2014-2016	79.5	79.0			74.2	<b>(</b>	83.7
<u>0</u> 1	Life Expectancy at Birth Female, years	2014-2016	83.1	82.6		<i></i>	79.4	Ю	86.8
<u>트</u> 1	1 Mortality from causes considered preventable, per 100,000 population	2014-2016	334	351			546	•	218
gui 1	2 Infant Mortality (three year) per 1000 live births	2014-2016	3.88	5.23		$\sim$	7.88	<b>├──</b>	1.59
	3 Percentage of Adults (18+) with Depression	2016/17	9.10	8.92			14.10	Þ	4.52
<b>8</b> 1	4 Percentage of Adults (18+) smoking	2017	14.87	16.98		$\wedge$	23.07	<b>└</b>	8.13
0	5 Percentage of Children in Year 6 (age 10-11) Overweight and obese	2016/17	34.2	35.6		<i></i>	43.9	⊦ <mark>O-I</mark>	21.2
Health	6 Alcohol attributable hospital admissions, per 100,000 population	2016/17	636	695		/^^ <b>•</b>	1,151	•	388
<u> </u>	7 Percentage of children Breastfed at 6-8 weeks after birth	2016/17	44.4	50.5		\ •	19.3	0	75.6
S 1	8 Slope Index of Inequality for Life Expectancy Male, years of life	2014 - 16	8.20	9.90		\ <sub>\\\</sub>	14.90	<b>⊢</b>	1.10
두 표 1	9 Slope of Index Inequality for Life Expectancy Female, years of life	2014 - 16	6.40	8.60		$\mathcal{N}$	13.90	<b>⊢○ · ·</b> · · · · · · · · · · · · · · ·	1.10
Heal	20 Percentage Excess Winter Deaths Index (3 years, all ages)	Aug 2013 - Jul 2016	17.86	16.36		W •	28.94	+	6.20
_	11 Excess Under 75 year old mortality in Adults with Serious Mental Illness, per 100,000 population	2014/15	370	374		\ •	570	<b>—</b>	165
2	Percentage of people reporting a 'very good' or 'fairly good' experience of their GP surgery	2016/17	84.8	84.4		\_	73.5	⊢ <mark>O</mark> ⊣	97.8
<u>و</u> 2	Potential years of life lost from causes considered amenable to healthcare per 100,000 population	2014	2,817	2,641		М •	4,684	<b>⊢</b> ••	1,517
	4 Emergency admission for acute conditions that should not usually require hospital admission per 100,000 population	2016/17	1,359.3	1,298.3		$\mathcal{N} \bullet$	2,303.0	0	79.9
	Percentage one-year survival from breast, lung and colorectal cancer (nb data date = diagnosis year)	2015	72.6	74.1			65.7	<b>I I I I I I I I I I</b>	77.9
eede	6 Percentage of people using social care who receive self directed support	2016/17	89.4	88.0		√ <b>●</b>	48.5	q	100.0
and a	7 Percentage of people using adult social care who have control over their daily life	2016/17	77.7	72.6			61.2	0	89.6
ව <u> </u> 2	Rercentage of older people (65+) still at home 91 days after discharge from hospital into re-ablement/rehabilitation services	2016/17	82.50	74.70		<u> </u>	0.00	0	97.20
Care	Permanent Admission to nursing/residential care (65+), per 100,000 population	2016/17	611	824		<i>∕</i> ∕ •	1,688	0	126
3	Delayed transfers of care from hospital, per 100,000 population	2016/17	14.90	30.10		/ <b>(</b>	46.10	0	0.00
	cator 6 is under review as it no longer ational reporting of attainment at KS4.  Sheffield value is WORSE the strength of the	" "	time period				England Lowest		England Highest neffield

See page 2 for definitions of indicators

v0.6, 12th May 2015

Outcom		Indicator Definitions						
		Percentage Children in Poverty (HMRC) (all dependent children under 20)						
City	1	PHOF Indicator 1.1. % of Children in "Poverty": The proportion of children living in families in receipt of out of work benefits or in receipt of tax credits where their reported income is less than 60 per cent of median income. Dependent children are defined as all children aged <16 and those aged 16-19 not married or in a civil partnership, living with parents and in full-time non-advanced education or unwaged government training. Denominator is the total number of children receiving Child Benefit. NOTE: the local authority definition is slightly different to the national level definition of % children in relative poverty (living in households where income is less than 60% of median household income before housing costs). Used to be National indicator 116.						
ij	2 Gross income (annual) (£) ASHE. Average gross annual income of employees on adult rates who have been in the same job for more than a year.  2 Percentage 16-64 who are long term unemployed							
St	3	The percentage of 16-64 year olds who are claiming JSA for longer than 12 months. As measured by ONS in March of each year.						
Successful	Percentage of 16-18 year olds not in education, employment or training (NEETS) PHOF indicator 1.5. The percentage of 16-18 year olds not in education, employment or training divided by the total number of 16-18 year olds not in education, employment or training divided by the total number of 16-18 year olds not in education, employment or training divided by the total number of 16-18 year olds not in education, employment or training (NEET), or in education, employment or training (EET). This uses the average proportion of 16-18 year olds NEET between November and January each year. These figure authorities, and cannot be compared with the DIE estimate of young people NEET which uses different definitions.							
and	5	Percentage of children achieving good level of development at end of Reception PHOF 1.02 Children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children						
Healthy	6	Percentage of young people achieving GCSE 5A*-C inc. Eng. & Maths Percentage of pupils at the end of Key Stage 4 in LEA maintained schools at the end of the academic year achieving 5 or more GCSEs at grades A*-C or equivalent including English and maths, at end of Key Stage 4. Sourced from the Local Area Interactive Tool- provides access tp a uniform set of performance data on education and childrens services    Homelessness Acceptances per 1000 households (unintentionally homeless and not in priority need)						
운	7	PHOF Indicator 1.151 - Statutory homelessness - Eligible Homeless People Not in Priority need per 1,000 households  Percentage mortality attributable to particulate air pollution						
		PHOF Indicator 3.1. The indicator is an estimated proportion. It represents the estimated annual mortality attributable to air pollution in the population aged 30+, as a proportion of total deaths of those aged 30+. Mortality burden associated with long-term exposure to anthropogenic (human-made)particulate air pollution (measured as fine particulate matter, PM2.5) at current levels.						
<u>D</u>	PHOF Indicator 0.1i. Life expectancy at Birth Male, years     PHOF Indicator 0.1i. Life expectancy at Birth Female, years     PHOF Indicator 0.1i. Life expectancy at Birth Female, years     PHOF Indicator 0.1i. Life expectancy at Birth Female, years     PHOF Indicator 0.1i. Life expectancy at Birth Female, years     PHOF Indicator 0.1i. Life expectancy at Birth Female, years							
lbeir -	11	Mortality from causes considered preventable, per 100,000 population PHOF Indicator 4.03 Age-standardised mortality rate from causes considered preventable per 100,000 population						
Health and Wellbeing Improving	12 13	Infant Mortality (three year) per 1000 live births PHOF indicator 3.1. Crude mortality, rate of infants aged under 1 year per 1000 live births. By date of death. Percentage of Adults (16) with Depression						
ב ש	14	Depression % of patients (18+) with depression on the GP practice register. QUP-indicator. A Percentage of Adults (18+) smoking  A Percentage of Adults (18+) smoking						
ئے کے		PHOF Indicator 2.14. Prevalence of smoking among persons aged 18 years and over from the Annual Population Survey (APS).  Percentage of Children in Year 6 (age 10-11) Overweight and obese						
lealt		PHOF Indicator 2.6ii. Proportion of children aged 10-11 (Year 6) classified as overweight or obese. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.  Alcohol attributable hospital admissions, per 100,000 population						
_		PHOP 2.18. Hospital Admission episodes for alcohol-attributable conditions (previously NI39): All ages, Directly age standarised rates per 100,000 population  Percentage of children Breastfed at 6-8 weeks after birth						
	17	PHOF indicator 2.2 ii. Percentage of infants who are totally or partially breastfed at 6-8 week check. Babies with unknown feeding status at 6-8 weeks are excluded from the numerator and denominator.  Slope Index of Inequality for Life Expectancy Male, years of life						
s are	18	PHOF Indicator 0.2 (iii)m. The Slope Index of Inequality (SII) of life expectancy at birth within each English upper lier local authority based on local deprivation deciles of LSOA (LA level). The SII is a deprivation-based inequalities measure that can be applied to any indicator and has been approved by the NHS Sheffield Director of Public Health as the standard inequalities measure to be used for Public Health indicators. It represents the gap in indicator values between the most deprived and least deprived people in a given area. Sourced from London Health Observatories.						
Health Inequalities Reducing	Slope of Index Inequality for Life Expectancy Female, years of life PHOF Indicator 0.2 (iii)f. The Slope Index of Inequality (SII) of life expectancy at birth within each English upper tier local authority based on local deprivation deciles of LSOA (LA level). The SII is a deprivation-based inequalities measure that can b indicator and has been approved by the NHS Sheffield Director of Public Health as the standard inequalities measure to be used for Public Health indicators. It represents the gap in indicator values between the most deprived and least deprived per Sourced from London Health Observatories.							
Inequaliti	20	Percentage Excess Winter Deaths Index (3 years, all ages) PHOF Indicator 4.15. This indicator measures excess winter deaths expressed as the EWD Index, in order that comparisons can be made easily between different geographies. It indicates whether there are higher than expected deaths in the winter compared to the re of the year. The year runs from August to July. Winter months are December to March, Non-Winter months are August to November and April to July. The ratio (5) of extra deaths from all causes that occur in the winter months compared to the average of the number of non-winter months.						
들	ļ	deaths of the same period.  Excess Under 75 year old mortality in Adults with Serious Mental Illness, per 100,000 population						
Hea	21	Percentage of people reporting a 'very good' or 'fairly good' experience of their GP surgery  Percentage of people reporting a 'very good' or 'fairly good' experience of their GP surgery						
	22	NSHOF 4a.i This indicator aims to capture the experience of patients of their GP. The vast majority of the population visit their GP each year and often it is the experience people have of primary care that determines their overall view of the NHS.						
	Potential years of life lost from causes considered amenable to healthcare per 100,000 population  23 To ensure that the NH's is held to account for doing all that it can to prevent amenable deaths. Describe from causes considered 'amenable' to healthcare are premature deaths that should not occur in the presence of timely and effective healthcare. Then of life lost by every 100,000 persons dying from a condition which is usually regulately, measured in a way which allows for comparisons between populations with different age profiles and over time.  Emergency admission for acute conditions that should not usually require hospital admission per 100,000 population							
pepe	24	NHSOF 3a - This indicator aims to measure the reduction in emergency admissions for conditions that should usually be managed outside hospital. Where an individual has been admitted for one of these conditions, it may indicate that they have deteriorated more than should have been allowed by the adequate provision of healthcare in primary care or as a hospital outpatient. The indicator measures the number of emergency admissions to hospital in England for acute conditions such as ear/nose/throat infections, kidney/urinary tract infections and heart failure, among others, that could potentially have been avoided if the patient had been better managed in primary care.						
en Ne	25	alive one year after diagnosis. % net survival in people aed 15-99 years						
Support When		Percentage of people using social care who receive self directed support ASCOF Indicator 1C part 1. This measure reflects the success of councils in delivering personalised services, through self-directed support, including direct payments. Proportion of people using social care who receive self-directed support, and those receiving direct Percentage of people using adult social care who have control over their daily life ASCOF Measure 1B user responses to question 3a in the Adult Social Care Survey which asks service users how much control they have over their daily lives. The measure is calculated as the proportion of respondents who say they have as much control as they want						
ppor	27	or adequate control, or who respond that they can make all the choices they want in response to the easy read version of the question which asks how much control the service user has in their life. It is expressed as a percentage of all service users who gave a valid response to question. Service user has in their life. It is expressed as a percentage of all service users who gave a valid response to question. Service user has in their life. It is expressed as a percentage of all service users who gave a valid response to question. Service user has in their life. It is expressed as a percentage of all service users who gave a valid response to question. Service user has in their life. It is expressed as a percentage of all service users who gave a valid response to question.						
and Su	28	ASCOF Measure 28 part 1, NHSOF Indicator 3.6.1. The proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear inention that they will move analyze the properties of the proper						
Care and	29	Permanent Admission to nursing/residential care (65+), per 100,000 population  ASCOF Measure 2 Part 2. People counted as a permanent admission should include. Residents where the local authority makes any contribution to the costs of care, no matter how trivial the amount and irrespective of how the balance of these costs are met; Supported residents in: Local authority staffed care homes for residential care; independent sector care homes for residential care; and, Registered care homes for nursing care. Residential or nursing care which is of a permanent nature and where the intention is that the spel of care should not be ended by a set date. For people classified as permanent residents, the care home would be regarded as their normal place of residence.  Where a person who is normally resident in a care home is temporarily absent (e.g. through temporary hospitalisation) still providing financial support for that placement, the person should be included in the numerator. Trial periods in residential or nursing care homes where the intention is that the stay will become permanent should be counted as permanent. Whether a resident or admission is counted as permanent or temporary depends on the intention of the authority making the placement.						
	30	Delayed transfers of care from hospital, per 100,000 population ASCOF Measure 2C part 1. A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed. A patient is ready for transfer when: (a) a clinical decision has been made that the patient is ready for transfer AND (b) a multi-disciplinary team decision has been made that the patient is ready for transfer AND (c) the patient is safe to discharge/transfer.						

Sheffield Outcomes Framework for Joint Health and Wellbeing Strategy, Public Health Intelligence Team, SCC. PHOF = Public Health Outcome Framework NHSOF = NHS Outcome Framework ASCOF = Adults Social Care Outcomes Framework CCG = Clinical Commissioning Group

v0.6, 12th May 2015