

## APPENDIX D – DASHBOARD INDICATOR SUMMARY

Red / Amber / Green	Indicator
<b>Getting it right from childhood</b>	
1. Support positive outcomes for children and families	
<u>Amber</u>	<ul style="list-style-type: none"> <li>Increased rates of breastfeeding</li> </ul>
<u>N/A</u>	<ul style="list-style-type: none"> <li>All families registered with Children's Centres receive health promotion material</li> <li>Baseline to measure 3A and 3B referrals processed in 5 working days</li> </ul>
2. Improve health and educational outcomes in looked after children	
<u>Green</u>	<ul style="list-style-type: none"> <li>Foundation stage inequality gap is 20% narrower than the national average between median and bottom</li> <li>Pupils accessing Pupil Premium achieve closer to the national average</li> </ul>
<u>N/A</u>	<ul style="list-style-type: none"> <li>All children in care access free nursery education</li> <li>PEP's for pre-school children are completed</li> <li>All (100%) of looked after children registered with a GP and Dentist.</li> <li>Number of % of referrals sent to CAMHS.</li> <li>Number of % referrals sent to Independent Domestic Violence Advisor's.</li> <li>Children, young people and families feel heard in decisions that affect them.</li> <li>Health Assessments do not delay permanence planning for looked after children</li> <li>Children and young people saying that they were involved in their Health Assessment</li> <li>Number of looked after children who gain longer term employment.</li> <li>100% of foster carers complete core training and achieve the standards within the agreed framework</li> </ul>
3. Provision of high quality maternity services	
<u>Amber</u>	<ul style="list-style-type: none"> <li>Increase in breastfeeding initiation</li> </ul>
4. Ensuring a good transition between child and adult services for children with complex physical and mental health needs	
<u>Green</u>	<ul style="list-style-type: none"> <li>Young carers, and parents and carers of disabled children and young people are supported.</li> <li>Number of young carers, their profile and needs is established.</li> </ul>
<u>N/A</u>	<ul style="list-style-type: none"> <li>70% of young people attend Transitions Reviews held at 14 years.</li> <li>100% notification from the Disabled Children's Service to Transitions Team before the cyp is 17.5 years old</li> <li>80% of Disabled Children's Service staff trained in person centre approaches.</li> <li>Pathway Plans are in place for all (100%) disabled children in care before their 16th birthday.</li> </ul>
16. Early detection and treatment of mental health problems in children	
Action plan being developed	

<b>Early Intervention and Prevention</b>	
5. Increasing the number of children and adults who are a healthy weight	
<u>Green</u>	<ul style="list-style-type: none"> <li>• PHOF 2.06i: Excess weight in 4-5 year olds</li> <li>• PHOF 2.06ii: Excess weight in 10-11 year olds</li> <li>• PHOF 2.13i: Proportion of adults achieving at least 150 minutes of physical activity per week</li> <li>• PHOF 2.13ii: Proportion of adults classified as 'inactive'</li> <li>• PHOF 2.22i: Percentage of eligible population aged 40-74 offered an NHS Health Check in the financial year</li> </ul>
6. Reducing the harm caused by drugs and alcohol	
<u>Amber</u>	<ul style="list-style-type: none"> <li>• PHOF 2.15i: The number of adults that successfully complete treatment in a year and who do not re-present to treatment within 6 months</li> <li>• PHOF 2.15ii: The total number of adults in treatment in a year</li> </ul>
<u>Green</u>	<ul style="list-style-type: none"> <li>• PHOF 2.18: Alcohol-related admissions to hospital</li> <li>• PHOF 4.06i: Age-standardised rate of mortality from liver disease in persons less than 75 years of age per 100,000 population</li> <li>• PHOF 4.06ii: Age-standardised rate of mortality that is considered preventable from liver disease in persons less than 75 years of age per 100,000 population</li> </ul>
7. Improving sexual health services	
<u>Amber</u>	<ul style="list-style-type: none"> <li>• PHOF 3.04: People presenting with HIV at a late stage of infection</li> </ul>
<u>Green</u>	<ul style="list-style-type: none"> <li>• PHOF 2.04: Under 18 Conceptions</li> <li>• PHOF 1.05: 16-18 year olds not in education, employment or training</li> </ul>
8. Further reducing the prevalence of smoking	
<u>Green</u>	<ul style="list-style-type: none"> <li>• PHOF 2.14: Smoking prevalence – adults (over 18s)</li> </ul>
9. Reducing the number of people who die prematurely from cancer	
<u>Green</u>	<ul style="list-style-type: none"> <li>• PHOF 2.20i: The percentage of women in a population eligible for breast screening at a given point in time who were screened adequately within a specified period</li> <li>• PHOF 2.20ii: The percentage of women in a population eligible for cervical screening at a given point in time who were screened adequately within a specified period</li> </ul>
15. Promoting positive mental health	
<u>Amber</u>	<ul style="list-style-type: none"> <li>• PHOF 2.23i: The percentage of respondents scoring 0-6 to the question "Overall, how satisfied are you with your life nowadays?"</li> <li>• PHOF 2.23iii: The percentage of respondents who answered 0-6 to the question "Overall, how happy did you feel yesterday?"</li> </ul>

	<ul style="list-style-type: none"> <li>• PHOF: 1.16: Utilisation of green space for exercise / health reasons</li> </ul>
<u>Green</u>	<ul style="list-style-type: none"> <li>• PHOF 2.23ii: The percentage of respondents scoring 0-6 to the question “Overall, to what extent do you feel the things you do in your life are worthwhile?”</li> <li>• PHOF 1.15: Homelessness acceptances (per thousand households)</li> <li>• PHOF 1.15ii: Households in temporary accommodation (per thousand households)</li> </ul>
17. Continuing to improve the early detection and management of people with common and severe and enduring mental health needs.	
<u>Green</u>	<ul style="list-style-type: none"> <li>• PHOF: 4.10: Suicide rate</li> </ul>
<u>N/A</u>	<ul style="list-style-type: none"> <li>• PHOF: 1.06ii: % of adults in contact with secondary mental health services living independently, with or without support (ASCOF 1H)</li> </ul>
<u>Life Expectancy &amp; Health Inequalities</u>	
<u>Green</u>	<ul style="list-style-type: none"> <li>• PHOF: Outcome 1: Life Expectancy – Males</li> <li>• PHOF: Outcome 1: Life Expectancy – Females</li> </ul>
<u>N/A</u>	<ul style="list-style-type: none"> <li>• PHOF: Outcome 2: Slope Index of Inequalities – Males</li> <li>• PHOF: Outcome 2: Slope Index of Inequalities – Females</li> </ul>
<u>Reducing premature mortality from the major causes of death</u>	
<u>Green</u>	<ul style="list-style-type: none"> <li>• PHOF 4.04: Under 75 mortality rate from cardiovascular disease* (NHSOF: 1.1)</li> <li>• PHOF 4.07: Under 75 mortality rate from respiratory disease* (NHSOF: 1.2)</li> </ul>

<b>Supporting the ageing population</b>	
<b>10. Providing appropriate housing and adaptations to enable the frail elderly to live longer in their own homes</b>	
<u>Amber</u>	<ul style="list-style-type: none"> <li>• ASCOF 2a part 1 Permanent admissions to residential and nursing care homes per 100,000 population aged 18-64</li> <li>• ASCOF 2a part 2 Permanent admissions to residential and nursing care homes per 100,000 population aged 65+</li> </ul>
<b>11. Improving stroke care and rehabilitation services, preventing falls and reducing preventable hospital admissions</b>	
<u>Amber</u>	<ul style="list-style-type: none"> <li>• ASCOF 2c (part 2) Delayed transfers of care from hospital, and those that are attributable to adult social care (or jointly with NHS) per 100,000 population</li> </ul>
<u>Green</u>	<ul style="list-style-type: none"> <li>• NHSOF 3a Emergency admissions for acute conditions that should not usually require hospital admission - All providers</li> <li>• NHSOF 3b Emergency readmissions within 30days of discharge from hospital (PHOF 4.11) - All Providers</li> <li>• PHOF 2.24 Injuries due to falls in people aged 65 and over</li> </ul>
<u>N/A</u>	<ul style="list-style-type: none"> <li>• NHSOF 3.6 i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services</li> <li>• NHSOF 3.6ii Proportion offered rehabilitation following discharge from acute or community hospital</li> </ul>
<b>12. Improving the management of long-term conditions</b>	
<u>Green</u>	<ul style="list-style-type: none"> <li>• NHSOF 2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) per 100,000 population - All providers</li> </ul>
<b>13. Ensuring care homes adhere to the highest standard of dignity and quality ensure carer training in organisations is improved *</b>	
<u>Green</u>	<ul style="list-style-type: none"> <li>• ASCOF 4B The proportion of people who use services who say that those services have made them feel safe and secure</li> </ul> <p>*Indicators for this priority are being assessed</p>
<b>14. Improving the provision of end of life care</b>	
<u>Green</u>	<ul style="list-style-type: none"> <li>• Number of deaths occurring in usual residence</li> </ul>
<u>N/A</u>	<ul style="list-style-type: none"> <li>• NHSOF 4.6 Bereaved carers' views on the quality of care in the last three months of life.</li> <li>• End of life care (Public Health)</li> </ul>
<b>We will provide effective, efficient and integrated services for people with learning disabilities *</b>	
<u>Amber</u>	<ul style="list-style-type: none"> <li>• ASCOF 1G Proportion of adults with a learning disability who live in their own home or with their family</li> </ul>
<u>N/A</u>	<ul style="list-style-type: none"> <li>• Winterbourne Concordat: Total number of people in assessment and treatment units</li> <li>• Winterbourne Concordat: Total number of delays in community discharge (DToC)</li> <li>• Number of people in the LD Pooled Budget</li> </ul> <p>*Indicators for this priority are being assessed</p>