Hertfordshire HWB Strategy 2016-2020
A guide to using and interpreting the indicator dashboards

Key Messages

♦ The Hertfordshire Health & Wellbeing Strategy for 2016-2020 uses a life course approach with two overarching goals for each of the four life stages. A basket of indicators has been produced for each goal and progress can be tracked using the outcomes dashboards located here: hertshealthevidence.org/data/hwb/

Using the dashboards

The four dashboards cover the Starting Well (0-5 years and maternity), Developing Well (6-25 years), Living & Working Well (working age adults), and Ageing Well (65+) life stages. Each report is split into two goals, with several indicators used to measure progress towards each goal over time. A range of metrics are presented for each indicator (though data quality, size and availability may limit the number of metrics associated with each indicator):

- **Indicator:** The name of the indicator
- **Baseline Herts. figure:** The baseline value for Hertfordshire. The baseline values are typically those for 2015 (the year prior to the publication of the strategy) with some variation due to data availability.
- **Latest Herts. figure:** The latest value for Hertfordshire
- **Change from previous:** Indicates whether the latest period is significantly different from the previously available period. Where the previous period is the baseline, this metric is not available.
- **Change from baseline:** Indicates whether the latest period is significantly different from the baseline period. Where the latest period is the baseline, this metric is not available.
- **Baseline neighbours rank:** The rank of Hertfordshire during its baseline period when compared to its 10 closest CIPFA neighbours of Buckinghamshire, Cambridgeshire, Essex, Hampshire, Kent, Northamptonshire, Oxfordshire, Warwickshire, and West Sussex (rank is therefore typically out of 11). Figures for some or all CIPFA neighbours may not be available. Where a judgement of better/worse can be made a rank of 1 means Hertfordshire is performing better than any of its neighbours. If no judgement can be made a rank of 1 is the highest figure.[1]
- **Latest neighbours rank:** The rank of Hertfordshire during its latest period when compared to its 10 closest CIPFA neighbours of Buckinghamshire, Cambridgeshire, Essex, Hampshire, Kent, Northamptonshire, Oxfordshire, Warwickshire, and West Sussex (rank is therefore typically out of 11). Figures for some or all CIPFA neighbours may not be available. Where a judgement of better/worse can be made a rank of 1 means Hertfordshire is performing better than any of its neighbours. If no judgement can be made a rank of 1 is the highest figure.[1]
- **Change from previous rank:** Indicates whether the latest rank has changed since the previous rank.
- **Best neighbour:** The figure for the best/highest[1] neighbour. Where Hertfordshire is best performing, Hertfordshire is shown.

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[1] For many indicators, the direction of 'better' and 'worse' performance if relatively clear-cut. For example, the percentage of mothers recorded as smokers at time of delivery is better when low. For other indicators, it can be less clear-cut. For example, things like dementia, diabetes and domestic abuse are known to be under recorded and hence a higher value might not be 'bad'. In these cases, the terms higher and lower are used.

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- **Baseline district variation:** Indicates whether there was significant variation between the districts comprising Hertfordshire during the baseline period.[1]
- **Latest district variation:** Indicates whether there was significant variation between the districts comprising Hertfordshire during the latest period.[1]
- **Inter-district range:** The highest and lowest of the districts. Where districts are tied, the number of tied districts is displayed.[1]

Indicator methodology & supporting information

Where available, the indicator name links to more data and information.

Starting Well

Indicator	Definition	Unit	Rating
Percentage of mothers smoking at time of delivery	% of women who smoke at time of delivery	%	Better to be lower
Breastfeeding initiation	Measures the percentage of mothers who give their babies breast milk in the first 48 hours after delivery. The numerator is the number of mothers initiating breast feeding and the denominator is the total number of maternities.	%	Better to be higher
Domestic abuse incidents recorded by the police	Domestic abuse incidents recorded by the police, crude rate per 1,000 population.	per 1000	High/Low used
% children registered at a children's centre within 2 months of date of birth	% children registered at a children's centre within 2 months of date of birth	%	Better to be higher
Year 1 pupils achieving the expected level in the phonics screening check	Year 1 pupils achieving the expected level in the phonics screening check as a percentage of all eligible pupils	%	Better to be higher
Overweight and obesity in children aged 4-5	Proportion of children aged 4-5 years 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.	%	Better to be lower
Hospital admissions for accidental and deliberate injuries in children aged 0-4	Crude rate of hospital admissions caused by unintentional and deliberate injuries in children aged under 5 years per 10,000 resident population aged under 5 years.	per 10,000	Better to be lower
% take up of free early education entitlement for 2 year olds	% take up of free early education entitlement for 2 year olds	%	Better to be higher
% take up of free early education entitlement for 3 and 4 year olds	% take up of free early education entitlement for 3 and 4 year olds	%	Better to be higher
% gap between non FSM and FSM children achieving GLD	For the purpose of this indicator, the count refers to the Non FSM Gap and the Denominator to the FSM Gap. The value, therefore, is the difference between the two values. The overall Gap should not really be viewed in isolation, but taken into contextby c	%	Better to be lower

Developing Well

Indicator	Definition	Rating
Emotional well-being of children looked after	Emotional and behavioural health of looked after children - % eligible children with an SDQ score that is considered to be of concern	Better to be lower
Children and young people who have been bullied	The percentage of 15 year olds who responded to Q46 in the What About YOUth survey (" How often have you been bullied in the past couple of months in the ways listed below?") with any response indicating that participants were bullied at least once in the past couple of months, to any of the 8 types of bullying. The 8 types of bullying are: "I was called mean names, was made fun of, or teased in a hurtful way", "Other people left me out of things on purpose, excluded me from their group of friends, or completely ignored me", "I was hit, kicked, pushed, shoved around, or locked indoors", "Other people told lies or spread false rumours about me and tried to make others dislike me", "Other people made fun of me because of my body weight", "Other people made sexual jokes, comments, or gestures to me", "Someone sent mean instant messages, wall postings, emails and text messages, or created a Web site that made fun of me", and "Someone took unflattering or inappropriate pictures of me without permission and posted them online".	Better to be lower
Family homelessness	Applicant households eligible for assistance (1996 Housing Act) unintentionally homeless and in priority need (specific categories). Priority need categories of household includes dependent children or pregnant woman.	Better to be lower

Child protection cases (new and repeat)	Number of Children that became subject to Child Protection plans by primary address	High/Low used
Rate of children looked after	Rate per 10,000 for Children looked after by location of placement	High/Low used
Overweight and obesity in children aged 10-11	Proportion of children aged 10-11 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.	Better to be lower
Percentage of Year 10 pupils who smoke regularly or occasionally (HRBS)	The self-reported percentage of year 10 pupils (aged 14-15) who smoke regularly or occasionally	Better to be lower
Alcohol-specific hospital admissions in under 18s	Persons admitted to hospital due to alcohol-specific conditions – under 18 year olds, crude rate per 100,000 population. See LAPE user guide for further details - http://www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf	Better to be lower
Hospital admissions due to substance misuse in 15-24 year olds	Directly standardised rate of hospital admission for substance misuse, per 100,000 population aged 15-24 years.	Better to be lower
First time entrants to the youth justice system	Rates of juveniles receiving their first conviction, caution or youth caution per 100,000 10-17 year old population by area of residence.	Better to be lower
GCSE attainment for children looked after	Percentage of children looked after continuously for at least twelve months at the end of March (excluding children in respite care) who achieved 5 or more GCSEs at grades A*-C including English and mathematics. Eligible children are those aged 15 at the start of the academic year.	Better to be higher
Care leavers not in education, employment or training (NEET)	% of care leavers who are not in education employment or training around the relevant birthday within the previous 12 months by primary address. Unknown includes those who are homeless or the record was not correctly updated. Data taken from the SSDA903 r	Better to be lower
Care leavers in suitable accommodation	% of care leavers in suitable accommodation around the relevant birthday within the previous 12 months by primary address. Unknown includes those who are homeless or the record was not correctly updated. Data taken from the SSDA903 return for 2015-16 and L	Better to be higher
% of people who are physically inactive (16-25)	The percentage of people who self-report that they get 0-29 minutes of activity a week	Better to be lower
% of people who are insufficiently physically active (16-25)	The percentage of people who self-report that they get 30-149 minutes of activity a week	Better to be lower

Living & Working Well

Indicator	Definition	Rating
Statutory homelessness	Statutory homeless households, crude rate per 1,000 estimated total households, all ages	Better to be lower
People with a self-reported high anxiety score	The percentage of respondents scoring 6-10 to the question "Overall, how anxious did you feel yesterday?"	Better to be lower
Suicide rate	Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population	Better to be lower
Long term unemployment	Count for jobseekers allowance claimants, 16-64 year olds claiming for more than 12 months, crude rate per 1,000 resident population, 16-64 year olds.	Better to be lower
Excess weight in Adults	Percentage of adults classified as overweight or obese	Better to be lower
Smoking among adults in routine and manual occupations	Prevalence of smoking among persons aged 18 years and over in the routine and manual group	Better to be lower
Proportion of the population meeting the recommended '5-a-day'	Proportion of the population who, when surveyed, reported that they had eaten the recommended 5 portions of fruit and vegetables on a usual day.	Better to be higher
Alcohol-related hospital admissions	Admissions to hospital where the primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code. Directly age standardised rate per 100,000 population European standard population. See for more details: http://www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf	Better to be lower
Adults (16+) who are physically inactive	The number of respondents aged 16 and over, with valid responses to questions on physical activity, doing less than 30 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days ex	Better to be lower
Percentage of adults doing 30-149 minutes physical activity per week	The number of respondents aged 16 and over, with valid responses to questions on physical activity, doing between 30 and 149 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 16 and over.	Better to be higher
% of people who participate in sport in the last 28 days (16+)	The percentage of people who self-report that they participate in sport at least once a week	Better to be higher

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Ageing Well

Indicator	Definition	Rating
People aged 65+ offered reablement services after discharge from hospital	This is a two-part measure which reflects both the effectiveness of reablement services (part 1), and the coverage of the service (part 2). Part 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 intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of discharge from hospital. Those who are in hospital or in a registered care home (other than for a brief episode of respite care from which they are expected to return home) at the three month date and those who have died within the three months are not reported in the numerator. The collection of the denominator will be between 1 October 2012 and 31 December 2012, with a 91-day follow-up for each case included in the denominator to populate the numerator i.e. the numerator will be collected from 1 January 2013 to 31 March 2013. Part 2: The proportion of older people aged 65 and over offered reablement services following discharge from hospital.This measure will take the denominator from part 1 as its numerator (the number of older people offered reablement services). The denominator will be the total number of older people discharged from hospitals based on Hospital Episode Statistics (HES). The rationale for a two-part measure is to capture the volume of reablement offered as well as the success of the reablement service offered. This will prevent areas scoring well on the measure while offering reablement services to only a very small number of people. The measure includes social care-only placements. Therefore, those that were assessed just on social care needs would now be included in the data collection.	Better to be higher
Delayed transfers of care (per 100,000)	The average number of delayed transfers of care (for those aged 18 and over) on a particular day taken over the year. This is the average of the 12 monthly snapshots collected in the monthly Situation Report for acute and non acute, per 100,000 population aged 18+. 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; (b) a multidisciplinary team decision has been made that the patient is ready for transfer; (c) the patient is safe to discharge/transfer. Population from ONS unrounded single year of age mid-year population estimate.	Better to be lower
Injuries due to falls in people aged 65 and over	Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age-sex standardised rate per 100,000.	Better to be lower
Hip fractures in people aged 65 and over	Emergency Hospital Admission for fractured neck of femur in persons aged 65 and over, directly age-sex standardised rate per 100,000.	Better to be lower
Life expectancy at 65 (Female)	The average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years at age 65 a person would survive if he or she experienced the age-spec	Better to be higher
Life expectancy at 65 (Male)	The average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years at age 65 a person would survive if he or she experienced the age-spec	Better to be higher
% of people who are physically inactive (65+)	The percentage of people who self-report that they get 0-29 minutes of activity a week	Better to be lower
% of people who are insufficiently physically active (65+)	The percentage of people who self-report that they get 30-149 minutes of activity a week	Better to be higher
Adult social care users who have as much social contact as they would like	The percentage of respondents to the Adult Social Care Users Survey who responded to the question "Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?" with the answer "I have as much social contact I want with people I like".	Better to be higher
Dementia emergency admissions (aged 65+)	Age standardised rate of emergency inpatient hospital admissions with a mention dementia in any of the diagnosis code positions aged 65 years and over per 100,000 population	Better to be lower
Excess winter deaths index (single year, all ages)	Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths.	Better to be lower
Overall satisfaction of people who use services with their care and support	The relevant question drawn from the Adult Social Care Survey is Question 1: "Overall, how satisfied or dissatisfied are you with the care and support services you receive?", to which the following answers are possible:I am extremely satisfiedI am very satisfiedI am quite satisfiedI am neither satisfied nor dissatisfiedI am quite dissatisfiedI am very dissatisfiedI am extremely dissatisfiedThe relevant question drawn from the Easy Read Adult Social Care questionnaire is Question 1: "How happy are you with the way staff help you?", to which the following answers are possible:I am very happy with the way staff help me, it's really goodI am quite happy with the way staff help meThe way staff help me is OKI do not think the way staff help me is that goodI think the way staff help me is really badThe measure is defined by determining the percentage of all those responding who identify strong satisfaction – i.e. by choosing the answer "I am extremely satisfied" or the answer "I am	Better to be higher

	very satisfied", and of those responding to the Easy Read questionnaire, who choose the answer "I am very happy with the way staff help me, it's really good".	
Health related quality of life for older people	Average health status score for adults aged 65 and over as measured using the EQ-5D scale.	Better to be higher
Percentage of adult carers who have as much social contact as they would like	The percentage of respondents to the Personal Social Services Carers Survey who responded to the question "Thinking about how much contact you have had with people you like, which of the following best describes your social situation?" with the answer "I have as much social contact I want with people I like".	Better to be higher