Department of Health

Improving outcomes and supporting transparency

Updates to PHOF: Summary of changes to technical specifications of public health indicators, June 2015

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Contact details: Public Health Policy and Strategy Unit 165 Richmond House, 79 Whitehall, London SW1A 2NS e-mail: phof@dh.gsi.gov.uk

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Interim updates to Part 2: Summary technical specifications of public health indicators – June 2015

This document includes a number of interim updates and corrections to the Part 2 document, "Part 2: Summary technical specifications of public health indicators – updated December 2014". This document should be read in conjunction with the previously published complete Part 2 document. Further interim updates (as required) will be published in this format as outstanding indicator definitions continue to be finalised. All updates and corrections will be published together in a revised version of the complete document during the refresh that will take place in Winter 2015.

The table below indicates the indicators for which there are updates and summarises the nature and rationale for changes. On the proceeding pages, there are full technical specifications for the affected indicators, which supersede those published in December 2014.

Summary and explanation of changes presented in this interim update

Indicator	Detail and explanation of changes
0.2 Differences in life expectancy and healthy life expectancy between communities.	0.2vii is a new sub-indicator with new baseline data on inequalities in life expectancy within English regions. An update on the position of 0.2vi, the local measure of the healthy life expectancy at birth.
1.08 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services	The definition of sub-indicator 1.08i has been revised, resulting in a change to the baseline year.
1.11 Domestic abuse	The definition of this indicator has been revised to include 16-17 year olds in addition to those aged 18 years and over.
1.13 Re-offending levels	The definition of this indicator has been revised.
2.08 Emotional well-being of looked after children	The definition of this indicator has been revised.
2.11 Diet	A new indicator with new baseline data on diet now

	published
2.15 Successful completion of drug treatment	This indicator previously known as 2.15 has now been split into two parts and renamed 2.15i and 2.15ii.
2.21 Access to non-cancer screening programmes	A new sub-indicator with new baseline data on access to non-cancer screening now published.
3.2 Chlamydia detection rate (15-24 year olds)	3.2ii chlamydia detection rate (15-24 year olds) – CTAD has now been relabelled as indicator 3.2. This is due to sub-indicator 3.2i being removed.
3.3 Population vaccination coverage	Data sources and definitions for sub-indicators without data have been updated.
3.5 Treatment completion for Tuberculosis (TB)	The definition for this indicator has been revised.
3.7 Comprehensive, agreed interagency plans for responding to health protection incidents and emergencies	A new indicator with new baseline data now published.

Updated technical specifications

Overarching Indicators

0.2 Differences in life expectancy and healthy life expectancy between communities	
Rationale	These are key high-level health inequalities outcomes and are core to the aims of DH. This is the only indicator in the set that is explicitly a health inequalities indicator. It will show health inequalities across England as a whole and within all local areas, enabling a focus on the small areas of deprivation that exist everywhere, as well as areas where the whole local authority area has comparatively poor average health status. It is also an extremely useful summary measure of mortality and morbidity in itself; it shows the overall trends in two major population health measures as well as highlighting area-based health inequalities. Across the set, measures are based on both national and local deprivation deciles, reflecting the distribution of deprivation itself. These indicators will set the context within which local areas can assess the other indicators and determine priorities, by identifying the drivers of life expectancy and health expectancy, especially in areas where these are low.
Baseline period	2009-2011
Indicator definition	Separate indicators will measure differences in life expectancy and healthy life expectancy, both within England as a whole and, where feasible, locally within local authorities. Each indicator will be produced for males and females separately. **<u>Life expectancy</u>** **0.2i Slope index of inequality (SII) in life expectancy at birth based on national deprivation deciles of Lower Super Output Areas (LSOAs) within England** This sub-indicator measures inequalities in life expectancy across England as a whole. Life expectancy at birth is

	calculated for each national deprivation decile and then the slope index of inequality (SII) is calculated based on these figures. Life expectancy at birth is a measure of 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 a newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life. **0.2ii Number of upper tier local authorities for which the local SII in life expectancy (as defined in 0.2.iii) has decreased** This sub-indicator is a summary measure at national level of the number of local authorities for which local within-area inequalities in life expectancy (as measured by sub-indicator 0.2iii) have decreased since the baseline period (2009-11). **0.2iii SII in life expectancy at birth within each English upper and lower tier local authority, based on local deprivation deciles of LSOAs** This sub-indicator measures inequalities in life expectancy within upper and lower tier local authorities. For each local authority, life expectancy at birth is calculated for each local deprivation decile within the local authority and then the SII is calculated based on these figures. (In some local authorities a meaningful life expectancy estimate cannot be calculated for every local deprivation decile because of very small populations or large uncertainty in the life expectancy value. In these cases, the SII in life expectancy will not be provided.) **0.2iv Gap in life expectancy at birth between each local authority and England as a whole** This local level sub-indicator provides context for the indicator of inequality in life expectancy within each English local authority (0.2iii) by giving the difference between life expectancy at birth in a whole local authority area and the England value for life expectancy at birth. This provides an indication of overall life expectancy in the local authority relative to the level for England, highlighting health inequalities between whole LA areas and England, and the need for areas with comparatively low average life expectancy to focus on their gap with England as well as any within-area inequalities.

0.2vii SII in life expectancy at birth within each English region, based on regional deprivation deciles of LSOAs

New sub-indicator added February 2015.

This sub-indicator measures inequalities in life expectancy within English regions (former Government Office Regions). For each region, life expectancy at birth is calculated for each deprivation decile within the region and then the SII is calculated based on these figures.

<u>Healthy life expectancy</u>

0.2v SII in healthy life expectancy at birth based on national deprivation deciles of LSOAs within England

This sub-indicator measures inequalities in healthy life expectancy across England as a whole. Healthy life expectancy at birth is calculated for each national deprivation decile and then the slope index of inequality (SII) is calculated based on these figures.

Healthy life expectancy at birth is a measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. The prevalence of good health is derived from responses to a survey question on general health. For a particular area and time period, it is an estimate of the average number of years a newborn baby would live in good general health if he or she experienced the age-specific mortality rates and prevalence of good health for that area and time period throughout his or her life.

0.2vi Local measure of healthy life expectancy at birth

The indicator definition is ready but sub-indicator 0.2vi needs further development, so no data is currently available for this.

Currently no recent data are available to monitor this. However, PHE has commissioned ONS to produce small area healthy life expectancy figures which will provide a local measure of inequality. These figures will be based on data from the 2011 Census and so will be produced for one time point only. The data are expected to be available later in 2015.

	Data for 0.2 indicators Slope index of inequality The slope index of inequality (SII) is a measure of the social gradient in life expectancy or healthy life expectancy, i.e. how much life / healthy life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation in an area (England as a whole or individual local authorities) and summarises this in a single number, which represents the range in years of life / healthy life expectancy across the social gradient from most to least deprived, based on a statistical analysis of the relationship between life / healthy life expectancy and deprivation across all deprivation deciles. National, regional and local deprivation deciles Deprivation deciles are formed by grouping together residents of Lower Super Output Areas (small areas with an average population of around 1,500). For the two England level sub-indicators (0.2i and 0.2v) that use national deprivation deciles, all English LSOAs are ranked from most to least deprived. They are then be divided into national deprivation deciles: ten groups with approximately equal numbers of LSOAs in each. For the local indicator on differences in life expectancy (0.2iii), LSOAs are ranked from most to least deprived within each upper and lower tier local authority. They are then be divided into local deprivation deciles, which each contain approximately equal numbers of LSOAs. The same method is used to create regional deprivation deciles for indicator 0.2vii. Some local authorities do not contain the full range of national deprivation deciles, e.g. some LAs will not have any of their population resident in LSOAs which are classified as amongst the least or most deprived deciles in England. The slope index of inequality figure for England is not considered as a suitable benchmark with which to compare local authority and regional SII figures. For all the SII figures, deprivation has been defined using the overall Index of Multiple Deprivation 2010 scores. This allows examination of comparable trends in the SII over time.
Data source	Underlying data for the calculation of these indicators are derived from:

	Office for National Statistics (ONS): • Life expectancy data are based on death registrations and mid-year population estimates • Healthy life expectancy data are based on life expectancy data and data on self-reported health status from the Annual Population Survey Department for Communities and Local Government: • Index of Multiple Deprivation 2010 Further development work is required to identify a data source for ongoing data for local level sub-indicator (0.2vi) looking at differences in healthy life expectancy within upper tier local authorities. PHE has commissioned ONS to produce small area healthy life expectancy figures using self-reported health data from the 2011 Census which will provide some data for this sub-indicator, but this will be for one time point only.
Publication of source data	ONS reports annually on life expectancy at birth for England as a whole and for English local authorities. Trends at upper and lower tier local authority level from 2000-02 to 2011-13 have been published. 2011-13 data: http://www.ons.gov.uk/ons/rel/subnational-health4/life-expectancy-at-birth-and-at-age-65-by-local-areas-in-england-and-wales/2011-13/index.html ONS began reporting on healthy life expectancy by area deprivation using self reported health data from the Annual Population Survey in March 2014. Latest data are for 2010-12: http://www.ons.gov.uk/ons/rel/disability-and-health-measurement/inequality-in-healthy-life-expectancy-at-birth-by-national-deciles-of-area-deprivation--england/2010-12/index.html

Domain 1: Improving the wider determinants of health

1.08 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services

Rationale	The 2005 evidence review “Is work good for your health and well-being” concluded that work was generally good for both physical and mental health and well-being. The strategy for public health takes a life course approach and this indicator provides a good indication of the impact of long-term illness on employment among those in the 'working well' life stage. It also provides a link to indicators in the NHS and Adult Social Care Outcomes Frameworks.
Baseline period	1.08i 2013/14 1.8ii/1.8iii 2011/12
Indicator definition	**1.08i Percentage of respondents in the Labour Force Survey (LFS) who have a long-term condition who are classed as employed using the International Labour Organisation (ILO) definition of employment, compared to the percentage of all respondents classed as employed** This indicator is shared with indicator 2.2 in the NHS Outcomes Framework. In the Labour Force Survey (LFS), a long-term condition is defined as a physical or mental health conditions or illness lasting or expected to last more than a year. The survey asks: Q1 “*Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?”* Note that before April 2013 the question asked in the LFS was *"Do you have any health problems or disabilities that you expect will last for more than a year?”* (www.nomisweb.co.uk/articles/833.aspx). It is advised that estimates published prior to the April 2013 to March 2014 period should not be treated as a timeseries due to these discontinuities. The indicator is constructed as outlined below: Numerator for employment rate of people with a long-term condition: Number of people with a physical or mental health conditions or illness that they expect will last for more than a year (based on response to Q1 of LFS) **and** who are in employment (either as an employee, self-employed, in government employment and training programmes or an unpaid family worker – ILO definition of basic economic activity) **and** are of working age (aged 16-64).

	Numerator for employment rate of population as a whole: Number of people who are in employment (either as an employee, self-employed, in government employment and training programmes or an unpaid family worker – ILO definition of basic economic activity) **and** are of working age (aged 16-64). Denominator for employment rate of people with a long-term condition: Number of people with a physical or mental health conditions or illness that they expect will last for more than a year (based on response to Q1 in LFS) **and** are of working age (aged 16-64). Denominator for employment rate of population as a whole: Number of people who are of working age (aged 16-64). The indicator is constructed by calculating the percentage points gap between the employment rate for those with a long-term condition and the population as a whole. **1.08ii Percentage of adults with a learning disability in paid employment, compared to the percentage of all respondents to the Labour Force Survey classed as employed** *This indicator is complementary to indicator 1E in the Adult Social Care Outcomes Framework, which measures the proportion of adults with a learning disability in paid employment.* The indicator is constructed as outlined below: Numerator for employment rate of adults with a learning disability: Number of working age (aged 18-64) learning disabled clients known to CASSRs who are in paid employment within the financial year. This includes: • those who are assessed or reviewed in the financial year and have received a service • those who are assessed or reviewed in the financial year and have not received a service, and; • those who should have been reviewed in the financial year but were not. Numerator for employment rate of population as a whole: Number of people responding to LFS who are in employment (either as an employee, self-employed, in government employment and training programmes or an unpaid family worker – ILO definition of basic economic

	activity) **and** are of working age (aged 16-64). Denominator for employment rate of adults with a learning disability: Number of working-age (aged 18-64) learning disabled clients known to councils with adult social service responsibilities (CASSRs) during the financial year. This includes: • those who are assessed or reviewed in the financial year and have received a service • those who are assessed or reviewed in the financial year and have not received a service, and; • those who should have been reviewed in the financial year but were not. Denominator for employment rate of population as a whole: Number of people responding to LFS who are of working age (aged 16-64). The indicator is constructed by calculating the percentage points gap between the employment rate for adults with a learning disability and the population as a whole. Notes on the employment rate of adults with a learning disability: • The definition of individuals 'known to the council' is restricted to those adults with a learning disability (with a primary client group of LD) who have been assessed or reviewed by the council during the year (irrespective of whether or not they receive a service) or who should have been reviewed but were not. • The rate is focused on 'paid' employment, to be clear that voluntary work is to be excluded for the purposes of this measure. Paid employment includes working as a paid employee or self-employed (16 or more hours per week) or working as a paid employee or self-employed (up to 16 hours per week) • Working age is defined as ages 18-64 because the data are collected through adult social care services, who are not responsible for the care of those aged 16 and 17 (and therefore individuals aged 16-17 are not captured in this measure). **1.08iii Percentage of adults in contact with secondary mental health services in paid employment, compared to the percentage of all respondents to the Labour Force Survey classed as employed** *This indicator is complementary to:* *• Indicator 1F in the Adult Social Care Outcomes*

	Framework, which measures the proportion of adults in contact with secondary mental health services in paid employment *• Indicator 2.5 in the NHS Outcomes Framework, which measures the percentage of respondents in the Labour Force Survey (LFS) who have a mental illness who are classed as employed compared to the percentage of all respondents classed as employed. [Note: this measure is not used in the PHOF as the sample size for LFS does not allow the calculation of robust local authority level figures for the employment rate of adults who have a mental illness]* The indicator is constructed as outlined below: <u>Numerator for employment rate of adults in contact with secondary mental health services</u>: Number of working age adults (aged 18-69) who are receiving secondary mental health services and who are on the Care Programme Approach recorded as being in employment during the financial year. The most recent record of employment status for the person during the financial year is used. <u>Numerator for employment rate of population as a whole:</u> Number of people responding to LFS who are in employment (either as an employee, self-employed, in government employment and training programmes or an unpaid family worker – ILO definition of basic economic activity) **and** are of working age (aged 16-64). <u>Denominator for employment rate of adults in contact with secondary mental health services</u>: Number of working age adults (aged 18-69) who have received secondary mental health services and who were on the Care Programme Approach at any point during the financial year. <u>Denominator for employment rate of population as a whole:</u> Number of people responding to LFS who are of working age (aged 16-64). The indicator is constructed by calculating the percentage points gap between the employment rate for adults in contact with secondary mental health services and the population as a whole. Notes on the employment rate of adults in contact with secondary mental health services: • Adults 'in contact with secondary mental health services' is defined as those aged 18 to 69 who are receiving secondary mental health services and who are on the Care Programme Approach (CPA).

	• The measure is focused on 'paid' employment, to be clear that voluntary work is to be excluded for the purposes of this measure. • Working age is defined as ages 18-69. This matches the age range for a measure that has been used historically and therefore maintains a time series.
Data source	1.08i: Annual Population Survey (APS), Office for National Statistics. 1.08ii: Adult Social Care Combined Activity Return (ASC-CAR), the Health and Social Care Information Centre **and** Annual Population Survey (APS), Office for National Statistics 1.08iii: Mental Health Minimum Dataset (MHMDS), the Health and Social Care Information Centre **and** Annual Population Survey (APS), Office for National Statistics Note: The Annual Population Survey (APS) combines results from the Labour Force Survey (LFS) and the English, Welsh and Scottish LFS boosts. The increased sample size of the survey provides enhanced local authority and national estimates on key social and socio-economic variables.
Publication of source data	APS data is reported by the Office for National Statistics (ONS) on a quarterly basis http://www.nomisweb.co.uk/ ASC-CAR data is reported annually by the Health and Social Care Information Centre. http://www.hscic.gov.uk/catalogue/PUB13187 MHMDS data is reported annually by the Health and Social Care Information Centre: http://www.mhmdsonline.ic.nhs.uk/

1.11 Domestic abuse	
Rationale	Tackling domestic abuse as a public health issue is vital for ensuring that some of the most vulnerable people in our society receive the support, understanding and treatment they deserve.

	The more we can focus in on interventions that are effective, the more we can treat victims and prevent future re-victimisation. It is also the government's strategic ambition, as set out in *Call to end violence against women and girls 2010* and successive action plans to do what it can to contribute to a cohesive and comprehensive response.
Baseline period	2010/11
Indicator definition	**1.11 Rate of domestic abuse incidents reported to the police, per 1,000 population** Numerator: the number of domestic abuse incidents reported to the police. Domestic abuse incidents are defined as any incidence of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 16 and over, who are or have been intimate partners or family members, regardless of gender or sexuality. Denominator: ONS mid-year populations estimates, aged 16 and over.
Data source	Police Recorded Crime data – Office for National Statistics This data source is only available at police force area level and will serve as guidance for local authorities within a police force area. Discussions are on-going regarding the longer term refinement of this indicator. It is difficult to obtain reliable information on the extent of domestic abuse as there is a degree of under-reporting of these incidents. Changes in the level of domestic abuse incidents reported to the police are particularly likely to be affected by changes in recording practices. These kinds of changes may in part be due to greater encouragement by the police to victims to come forward and improvements in police recording, rather than an increase in the level of victimisation.
Publication of source data	Domestic abuse incidents reported by the police are collected by the Home Office and published by the Office for National Statistics at police force area level. See Focus on Violent Crime and Sexual Offences - http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/index.html

1.13 Re-offending levels	
Rationale	Tackling a person's offending behaviour is often intrinsically linked to their physical and mental health, and in particular any substance misuse issues. This outcome therefore cannot be addressed in isolation. Offenders often also experience significant health inequalities that will need to be identified, examined and addressed locally in partnership with organisations across the criminal justice system. Furthermore, a large proportion of families with multiple needs are managed through the criminal justice system, and their issues are inter-generational. Re-offending therefore has a wide impact on the health and well-being of individuals, their children and families, and the communities they live in. The consequences of tackling offending and reoffending will therefore benefit a wide range of services and agencies and enhance their outcomes. Public health is a crucial part of a multi-agency approach to reducing re-offending, which includes police, courts, prisons, probation, community safety partners, social services, housing and education at a local level.
Baseline period	2010
Indicator definition	**1.13i The percentage of offenders who re-offend from a rolling 12 month cohort**

1.13 Re-offending levels	
	Numerator: The number of offenders who reoffend Denominator: The number of offenders in the cohort **1.13ii The average number of re-offences committed per offender from a rolling 12 month cohort** Numerator: The number of re-offences committed Denominator: The number of offenders in the cohort Cohort: All offenders in any one year who received a caution (for adults), a final warning or reprimand (for juveniles), a non-custodial conviction or were discharged from custody. Adults who test positive for Class A drugs alone (without receiving a conviction or caution) are not included in the dataset. A proven re-offence is defined as any offence committed in a one year follow-up period and receiving a court conviction, caution, reprimand or warning in the one year follow up or a further six months waiting period. Waiting period: This is the additional time beyond the follow up period to allow for offences committed towards the end of the follow up period to be proved by a court conviction, caution, reprimand or final warning.
Data source	Ministry of Justice (MoJ) dataset (cohort of offenders identified from police, probation and prison records; offending assessed via Police National Computer)
Publication of source data	Published by MoJ at national and local authority level every quarter. https://www.gov.uk/government/collections/proven-reoffending-statistics

Domain 2: Health Improvement

2.08 Emotional well-being of looked after children	
Rationale	The mental health of all children is important. With half of adult mental health problems starting before the age of 14, early intervention to support children and young people with mental health and emotional well-being issues is very important. Under

2.08 Emotional well-being of looked after children	
	Section 10 of the Children Act 2004, local authorities have a duty to co-operate to promote well-being among children and young people. The cross Government Mental Health Strategy, 'No Health without Mental Health', identifies looked after children as one of the particularly vulnerable groups at risk of developing mental health problems. Inclusion of this indicator for looked after children will send out a message that this group of young people are a priority for the NHS and local authorities in their new public health role. Without an indicator covering this group, there would be a risk of an even greater increase in rates of undiagnosed mental health problems, placement breakdown, alcohol and substance misuse, convictions and care leavers not in education, employment or training.
Baseline period	2010/11
Indicator definition	**2.08 Average total difficulties score for all looked after children aged between 5 and 16 (inclusive) at the date of their latest assessment, who have been in care for at least 12 months on 31 March** Data is collected by local authorities through a strengths and difficulties questionnaire (SDQ) and a single summary figure for each child (the total difficulties score), ranging from 0 to 40, is submitted to the Department for Education (DfE) through the SSDA903 data return. The Department for Education have recently changed this age range covered by the indicator from 4 to 16, to 5 to 16. Although an SDQ score is now required of all children aged 4-16 on the date of the last assessment, the date of assessment is not collected on the looked after children return and therefore this cohort has been restricted to age 5-16 as at 31 March.Values for this revised age range are available for the years ending the 31st March 2011, 2012 and 2013.
Data source	Children Looked After by Local Authorities in England in the year ending 31 March based on the SSDA903 data collection on looked after children.

2.08 Emotional well-being of looked after children	
Publication of source data	Data on looked after children (though not specifically this indicator) are published annually by DfE **Latest data (At 10 December 2014):** https://www.gov.uk/government/statistics/outcomes-for-children-looked-after-by-local-authorities

2.11 Diet	
Rationale	The importance of diet as a major contributor to chronic disease and premature death in England is recognised in the White Paper 'Healthy Lives, Healthy People'. Poor diet is a public health issue as it increases the risk of some cancers and cardiovascular disease (CVD), both of which are major causes of premature death. These diseases, and type II diabetes (which increases CVD risk) are associated with obesity, which has a very high prevalence in England. The costs of diet related chronic diseases to the NHS and more broadly to society are considerable. Poor diet is estimated to account for about one third of all deaths from cancer and CVD. A quarter of adults in England are obese. Average intakes of saturated fat, sugar, and salt are above recommendations while intakes of fruit and vegetables, fibre and some vitamins and minerals are below recommendations. Average intake of artificial trans fatty acids are within recommendations. Calorie intake is difficult to measure but evidence shows that intake exceeds recommendations.
Baseline period	2014
Indicator definition	The diet indicators will use information taken from the Active People Survey. The Active People Survey will ask the following questions: 1) How many portions of fruit did you eat yesterday? Please include all fruit, including fresh, frozen, dried or tinned fruit, stewed fruit or fruit juices and smoothies. 2) How many portions of vegetables did you eat yesterday? Please include fresh, frozen, raw or tinned vegetables, but do not include any potatoes you ate. ***2.11i Proportion of the population meeting the recommended '5-A-***

2.11 Diet	
	Day' Proportion of the population who, when surveyed, reported that they had eaten the recommended 5 portions of fruit and vegetables on the previous day. Numerator: Of the denominator all respondents whose responses to the two questions sum to 5 portions or more. Denominator: All respondents to the Active People Survey who answered both of the two questions above. ***2.11ii Average number of portions of fruit consumed daily*** Mean number of portions reported by survey respondents when asked how many portions of fruit they ate on the previous day. Numerator: The total number of portions of fruit reported by the survey respondents in the denominator. All responses reporting greater than 10 portions were recoded as 10 portions for calculation of the mean. Denominator: All respondents to the Active People Survey who answered question 1 above. ***2.11iii Average number of portions of vegetables consumed daily*** Mean number of portions reported by survey respondents when asked how many portions of vegetables they ate on the previous day. Numerator: The total number of portions of vegetables reported by the survey respondents in the denominator. All responses reporting greater than 10 portions were recoded as 10 portions for calculation of the mean. Denominator: All respondents to the Active People Survey who answered question 2 above.
Data source	Sport England Active People Survey The survey has a large sample size which enables measurement of local area estimates and analysis by a broad range of demographic information, such as gender, social class, ethnicity, household structure, age and disability.
Publication of source	Sport England publishes results from the APS every six months on a rolling basis. http://www.sportengland.org/research/about-our-

2.11 Diet	
data	research/what-is-the-active-people-survey/

2.15 Successful completion of drug treatment	
Rationale	Individuals achieving this outcome demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health. It aligns with the ambition of both public health and the Government's drug strategy of increasing the number of individuals recovering from addiction. It also aligns well with the reducing re-offending outcome [Indicator 1.13] as offending behaviour is closely linked to substance use and it is well demonstrated that cessation of drug use reduces re-offending significantly. This in turn will have benefits to a range of wider services and will address those who cause the most harm in local communities.
Baseline period	2010
Indicator definition	**2.15i Number of users of opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a proportion of the total number of opiate users in treatment.** Numerator: The number of adults that successfully complete treatment for opiates in a year and who do not re-present to treatment within 6 months. Denominator: The total number of adults in treatment for opiate use in a year. **2.15ii Number of users on non-opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a proportion of the total number of non-opiate users in treatment** Numerator: The number of adults that successfully complete treatment for non-opiates in a year and who do not re-present to treatment within 6 months. Denominator: The total number of adults in treatment for non-opiate use in a year.

2.15 Successful completion of drug treatment	
Data source	National Drug Treatment Monitoring System (NDTMS)
Publication of source data	The National Treatment Agency (NTA) publish monthly data for Drug (and Alcohol) Action Teams (DAATs): https://www.ndtms.net/Reports.aspx DAATS are partnerships made up of local organisations - such as PCTs, local authorities, Police, Probation Service etc and can be hosted by any organisation in the partnership. The majority are hosted by local authorities or PCTs.

2.21 Access to non-cancer screening programmes	
Rationale	This indicator will provide an opportunity to track and monitor uptake levels of a variety of screening programmes that have a significant impact on the health and well-being of the population. For example: • diabetic retinopathy is the leading cause of preventable sight loss in working age people in the UK and early detection through screening halves the risk of blindness; • infectious disease screening in pregnancy has almost eliminated HIV positive babies; and • screening for metabolic disease in the newborn period prevents major disability and death. Monitoring uptake levels will highlight whether enough is being done to raise uptake levels and whether or not remedial action is required in areas where uptake is low. The benefits of screening will increase as the uptake levels increase.
Baseline period	2.21i/2.21iii – 2.21v: 2013/14 2.21vii: 2010/11 2.21viii: 2013/14
Indicator definition	Sub-indicators 2.21i and 2.21ii cover screening coverage or uptake for infectious diseases in pregnancy (which includes screening for HIV,

2.21 Access to non-cancer screening programmes	
	hepatitis B, syphilis and rubella susceptibility). Sub-indicator 2.21viii covers screening for abdominal aortic aneurysms. **2.21i HIV coverage: The percentage of pregnant women eligible for infectious disease screening who are tested for HIV, leading to a conclusive result** Numerator: Total number of eligible women for whom a conclusive screening result was available for HIV at the day of report, including women who were known to be HIV positive at booking and were therefore not retested and women who transfer in for care during the reporting period with documented evidence of a screening test result during the pregnancy (and therefore not retested). Denominator: Total number of pregnant women booked for antenatal care during the reporting period, or presenting in labour without previously having booked for antenatal care, excluding: women who miscarry, opt for termination or transfer out between booking and testing (i.e. prior to testing). **2.21ii Syphilis, hepatitis B and susceptibility to rubella uptake: The percentage of women booked for antenatal care, as reported by maternity services, who have a screening test for syphilis, hepatitis B and susceptibility to rubella leading to a conclusive result** Numerator: Number of women tested for each infection for whom a conclusive screening result was available for each of the screening tests on the day of the report, including women who were known to be hepatitis B positive at booking and therefore not retested and women who transfer in for care during the reporting period with documented evidence of a screening test result during the pregnancy (and therefore not retested) Denominator: Number of women booked for antenatal care during the reporting period. Coverage is calculated for each maternity unit or trust by quarter and infection. Percent coverage is calculated as the number of women tested divided by the number of women booked, multiplied by 100. 'Booking' is the point at which the woman first sees a midwife for an antenatal booking history, when details of the current pregnancy are documented in a maternity record (which may be an information system or a paper-based record). The maternity unit where a woman is booked to deliver is responsible for capturing and reporting these data.

2.21 Access to non-cancer screening programmes	
	2.21iii The percentage of pregnant women eligible for antenatal sickle cell and thalassaemia screening for whom a conclusive screening result is available at the day of report Numerator: Total number of eligible women for whom a conclusive screening result was available for sickle cell and thalassaemia at the day of report, including women for whom a previous result is known (and were therefore not retested) and women who transfer in for care during the reporting period with documented evidence of a screening test result during the pregnancy (and were therefore not retested). In areas with low prevalence of sickle cell disease, this may include women at low risk of sickle cell disease for whom haemoglobinopathy analysis (e.g. HPLC) has not been indicated by Family Origin Questionnaire (FOQ). Denominator: Total number of pregnant women booked for antenatal care during the reporting period, or presenting in labour without previously having booked for antenatal care, excluding: women who miscarry, opt for termination or transfer out between booking and testing, or known carriers who had direct access to pre-natal diagnosis. **2.21iv The percentage of babies registered within the local authority area both at birth and at the time of report who are eligible for newborn blood spot screening and have a conclusive result recorded on the Child Health Information System within an effective timeframe.** For this indicator phenylketonuria (PKU) is used as a proxy for all tests. Numerator: Total number of eligible babies for whom a conclusive screening result for PKU was available within an effective timeframe. Denominator: Total number of babies born within the reporting period, excluding any baby who died before the age of 8 days. For the purposes of this indicator, the cohort includes only babies for whom the CCG were responsible at birth and are still responsible for on the last day of the reporting period. The effective timeframe is that a conclusive result for phenylketonuria (PKU) is recorded within the appropriate Child Health Information System by 17 days of age. A conclusive result for PKU is one of the following newborn screening status codes: 04 (not suspected) 07, (not suspected - other disorders

2.21 Access to non-cancer screening programmes	
	follow up) and 08 (suspected). For other definitions specific to the newborn blood spot screening programme please see http://newbornbloodspot.screening.nhs.uk **2.21v The percentage of babies eligible for newborn hearing screening for whom the screening process is complete within 4 weeks corrected age (hospital programmes – well babies, all programmes – NICU babies) or 5 weeks corrected age (community programmes – well babies)** Numerator: Total number of eligible babies for whom a decision about referral or discharge from the screening programme has been made within an effective timeframe This includes: • babies for whom a conclusive screening result was available by 4 weeks corrected age (for hospital screening programmes - well babies and all programmes - NICU babies); or • babies for whom a conclusive screening result was available by 5 weeks corrected age (for community screening programmes – well babies); or • babies referred to an audiology department because a newborn hearing screening encounter was inconclusive by the above timescales. The 'screening outcomes' relating to a complete screen within the national software solution for Hearing Screening are: • Clear response – no follow up required • Clear response – targeted follow up required • No clear response – bilateral referral • No clear response – unilateral referral • Incomplete – baby/equipment reason • Incomplete - equipment malfunction • Incomplete – equipment not available • Incomplete – screening contraindicated • Incomplete – baby unsettled Denominator: Total number of babies born within the reporting period whose mother was registered with a GP practice within the CCG, or (if not registered with any practice) resident within CCG area, excluding any baby who died before an offer of screening could be made. For other definitions specific to this programme please see http://www.screening.nhs.uk

2.21 Access to non-cancer screening programmes	
	2.21vi The percentage of babies eligible for the newborn physical examination who were tested within 72 hours of birth Numerator: Total number of eligible babies for whom a decision about referral (including a decision that no referral is necessary as a result of the newborn examination) for each of the conditions tested has been made within an effective timeframe Denominator: Total number of babies born within the reporting period whose mother was registered with a GP practice within the local authority area or (if not registered with any practice) resident within the local authority area, excluding any baby who died before an offer of screening could be made. The 'effective timeframe' for the newborn physical examination is that a conclusive screening result should be available within 72 hours of birth **2.21vii The percentage of those offered screening for diabetic eye screening who attend a digital screening event** Numerator: The number of subjects offered screening who attended a digital screening encounter during the reporting period Denominator: The number of eligible people with diabetes offered a screening encounter which was due to take place within the reporting period Where no specific screening encounter date was proposed, the date at which the invitation was sent should be used, and where a range of dates were proposed, the first date in the range should apply A digital screening result relates to screening by digital photography, resulting in either a diabetic retinopathy grade and a diabetic maculopathy grade (meeting national retinopathy grading standards) or an unobtainable/raw ungradeable or unassessable outcome for each eye being entered in to the screening management software. **2.21viii The percentage of men eligible for abdominal aortic aneurysm screening who had an initial offer of screening** Numerator: Total number of eligible subjects offered a realisable

2.21 Access to non-cancer screening programmes	
	opportunity to attend for initial screening during the reporting period, whether they actually attended or otherwise. Denominator: Total number of eligible men in their 65th year to whom the screening programme propose that a screening encounter during the reporting period should be offered. When calculated annually, this indicator must report all eligible men in their 65th year, excluding any who die or move out of the area of responsibility for the Local Programme before screening can be offered. An up to date list of indicator definitions is available at: www.screening.nhs.uk/kpi
Data source	*The data source needs further development* Further development is required for many of the sources to provide local authority level data. Source for 2.21i: Maternity Service Source for 2.21ii: Maternity Service Source for 2.21iii: Maternity Service Source for 2.21iv: Child Health Information System Source for 2.21v: National hearing screening IT system Source for 2.21vi: Maternity Service Source for 2.21vii: Local Diabetic Retinopathy Screening Programme Source for 2.21viii: Screening Management and Referral Tracking (SMaRT) database 2.21ii and 2.21vi should be available for 2014/15.
Publication of source data	Data relating to the screening programmes covered by this indicator is currently available to UK National Screening Committee non-cancer screening programmes personnel via a link from the following website: http://www.screening.nhs.uk/kpi

Domain 3: Health Protection

3.2	Chlamydia detection rate (15-24 year olds)
Rationale	Chlamydia is the most commonly diagnosed sexually transmitted infection. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. The chlamydia detection rate amongst under 25 year olds is a measure of chlamydia control activities. It represents infections identified (reducing risk of sequelae in those patients and interrupting transmission on to others). Increasing diagnostic rates indicates increased control activity: it is not a measure of morbidity. Inclusion of this indicator in the Public Health Outcomes Framework allows monitoring of progress to control chlamydia.
Baseline period	2012
Indicator definition	Indicator 3.2ii has been renamed 3.2. This is because the indicator 3.02i (Chlamydia detection rate-old National Chlamydia Screening Programme data) has been removed. It was originally kept to provide a baseline for the newer Chlamydia Testing Activity Dataset (CTAD) figures and to provide continuity during the change of datasets. However the dramatic improvement in quality of the CTAD data means that 3.2i is no longer required. **3.2 Crude rate of chlamydia diagnoses detection per 100,000 young adults aged 15-24 using Chlamydia Testing Activity Dataset (CTAD)** Numerator: Number of positive chlamydia tests in people aged 15-24 Denominator: Office for National Statistics mid-year resident population estimate for age 15-24 years PHE recommends that local authorities should be working towards achieving a diagnosis rate of at least 2,300 per 100,000 population. Achieving a high diagnostic rate indicates success in diagnosing, and treating infections that may otherwise have gone undetected.
Data source	Public Health England (PHE)
Publication of source data	Annual data on chlamydia testing among 15-24 year olds are published on the National Chlamydia Screening Programme (NCSP) website. Data are published by lower tier local authority, upper tier local authority, PHE Centres and PHE Regions.

	http://www.chlamydiascreening.nhs.uk/ps/data.asp Data on chlamydia diagnoses in all age groups are published on the PHE website.

3.3 Population vaccination coverage	
Rationale	Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely related to levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise. This indicator will cover all vaccination programmes across the life course as previous evidence shows that highlighting vaccination programmes encourages improvements in uptake levels.
Baseline period	3.3i: 2010/11 3.3ii: Likely 2015/6 (see below). 3.3iii to 3.3x inclusive: 2010/11 (except for the 5 year old figures for 3.3iii and 3.3vi as data only began to be collected part way through 2010/11 so the first full year of data available will be 2011/12) 3.3xi: 2014/5 3.3xii to 3.3xv inclusive: 2010/11
Indicator definition	*The definition for the two sub-indicators 3.3ii and 3.3xi require further development.* This indicator provides a proxy for the level of protection a population will have against vaccine preventable communicable diseases and covers: • Targeted vaccination for neonates, infants and young children - Hepatitis B and BCG • Childhood immunisation programme - Diphtheria (D/d), tetanus (T), pertussis (aP), polio (IPV), Haemophilus influenzae type b (Hib), meningococcal serogroup C (MenC), pneumococcal (PCV), measles,

3.3 Population vaccination coverage	
	mumps and rubella (MMR) • Adolescent immunisation programme - Diphtheria (D/d), tetanus (T), and polio (IPV), Human papillomavirus (HPV) [girls only] • Adults aged 65+ years and 'at risk' programmes - seasonal influenza (Flu) and pneumococcal polysaccharide vaccine (PPV) **3.3i Hepatitis B vaccination coverage (1 and 2 year olds)** Numerator: Number of children at age 1 and 2 years who have received the complete course of hepatitis B vaccine within each reporting area [at present PCT responsible population] Denominator: Eligible population as defined in the hepatitis B chapter of the immunisation against infectious diseases 'Green Book' resident within each reporting area [at present PCT responsible population] **3.3ii BCG vaccination coverage (aged under 1 year)** *Note: Since the definition published in January 2012, the age range for this indicator has been amended from 1-16 year olds to those aged under 1 year as most vaccinations are given opportunistically above this age* After reporting on the KC50 was suspended following a review in 2013, PHE has proposed that BCG vaccinations for children will be incorporated into the current COVER collection. PHE released a new COVER user guide in December that lists BCG as one of the immunisations that has to be submitted. There's also anticipation that BCG data quality will improve once moved to COVER. Assuming the first COVER quarter to be collected is Jan-Mar 2015 the first full financial year for the annual release by the HSCIC would be 2015/16 in Sep 2016. **3.3iii DTaP / IPV / Hib vaccination coverage (1 and 2 year olds)** Numerator: Number of children at age 1 and 2 years who have received the complete course of DTaP / IPV / Hib vaccine within each reporting area [at present PCT responsible population] Denominator: Number of children at age 1 and 2 years resident within each reporting area [at present PCT responsible population] **3.3iv MenC vaccination coverage (1 year olds)** *Note: Since the definition published in January 2012, the age range for this indicator has been amended from 1, 2 and 5 year olds to just 1 year olds as after a child's first birthday, MenC is monitored with Hib coverage (covered by sub-indicator 3.3vi)*

3.3 Population vaccination coverage	
	Numerator: Number of children at age 1 year who have received the completed course of MenC vaccine within each reporting area [at present PCT responsible population] Denominator: Number of children at age 1 year resident within each reporting area [at present PCT responsible population] **3.3v PCV vaccination coverage (1 year olds)** *Note: Since the definition published in January 2012, the age range for this indicator has been amended from 1, 2 and 5 year olds to just 1 year olds as a PCV booster is offered at age 2 years (covered by sub-indicator 3.3vii) and PCV vaccination is not offered beyond this age* Numerator: Number of children at age 1 year who have received the completed primary course of PCV vaccine within each reporting area [at present PCT responsible population] Denominator: Number of children at age 1 year resident within each reporting area [at present PCT responsible population] **3.3vi Hib / MenC booster vaccination coverage (2 and 5 year olds)** Numerator: Number of children at age 2 and 5 years who have received one booster dose of Hib/MenC vaccine within each reporting area [at present PCT responsible population] Denominator: Number of children at age 2 and 5 years resident within each reporting area [at present PCT responsible population] **3.3vii PCV booster vaccination coverage (2 year olds)** *Note: Since the definition published in January 2012, the age range for this indicator has been amended from 2 and 5 year olds to just 2 year olds as a PCV booster is not offered beyond the age of 2 years.* Numerator: Number of children at age 2 years who have received one booster dose of PCV vaccine within each reporting area [at present PCT responsible population] Denominator: Number of children at age 2 years resident within each reporting area [at present PCT responsible population] **3.3viii MMR vaccination coverage for one dose (2 year olds)** Numerator: Number of children at age 2 years who have received one dose of MMR vaccine within each reporting area [at

3.3 Population vaccination coverage	
	present PCT responsible population] Denominator: Number of children at age 2 years resident within each reporting area [at present PCT responsible population] **3.3ix MMR vaccination coverage for one dose (5 year olds)** Numerator: Number of children at age 5 years who have received one dose of MMR vaccine within each reporting area [at present PCT responsible population] Denominator: Number of children at age 5 years resident within each reporting area [at present PCT responsible population] **3.3x MMR vaccination coverage for two doses (5 year olds)** Numerator: Number of children at age 5 years who have received two doses of MMR vaccine within each reporting area [at present PCT responsible population] Denominator: Number of children at age 5 years resident within each reporting area [at present PCT responsible population] **3.3xi Td / IPV booster vaccination coverage (13-14 year olds)** After reporting on the KC50 was suspended following a review in 2013, PHE has proposed the evaluation of Td/IPV coverage (collected at 13-14 years) as part of a new annual adolescent immunisation data collection for Td/IPV booster. **3.3xii HPV vaccination coverage (females 12-13 year olds)** *Note: Since the definition published in January 2012, the age range for this indicator has been amended from 12-17 year olds to just 12-13 year olds as this is the age when the vaccination is routinely offered.* Numerator: Number of females in year 8 (aged 12-13) who have received the full course of HPV vaccinations within each reporting area [at present PCT responsible population] Denominator: Number of females in year 8 (aged 12-13) resident within each reporting area [at present PCT responsible population] **3.3xiii PPV vaccination coverage (aged 65 and over)**

3.3 Population vaccination coverage	
	Numerator: Number of adults aged 65 years and over who have received one dose of PPV within each reporting area [at present PCT responsible population] Denominator: Number of adults aged 65 years and over resident within each reporting area [at present PCT responsible population] **3.3xiv Flu vaccination coverage (aged 65 and over)** Numerator: Number of adults aged 65 years and over who have received Flu vaccine in each reporting period within each reporting area [at present PCT responsible population] Denominator: Number of adults aged 65 years and over resident within each reporting area [at present PCT responsible population] **3.3xv Flu vaccination coverage (at risk individuals from age six months to under 65 years, excluding pregnant women)** *Note: Since the definition published in January 2012, the age range for this indicator has been clarified – it was previously presented as "at risk individuals aged over six months"* Numerator: Number of individuals aged 6 months to under 65 who are in a clinical risk group [as defined in the immunisation against infectious diseases 'Green Book' and detailed in a READ-code specification currently produced by PRIMIS+] who have received Flu vaccine within each reporting area [at present PCT responsible population] Denominator: Number of individuals aged 6 months to under 65 who are in a clinical risk group [as defined in the immunisation against infectious diseases 'Green Book' and detailed in a READ-code specification currently produced by PRIMIS+] within each reporting area [at present PCT responsible population].
Data source	*The data source needs further development (to produce local authority data)* **COVER** – data for the majority of childhood vaccinations including Hepatitis B, DTaP / IPV / Hib, MenC, PCV and MMR **ImmForm system** – data for HPV, PPV and flu vaccinations **KC50** – data for Td / IPV and BCG Data are currently collected at PCT level rather than local authority

3.3 Population vaccination coverage	
	level. It is planned to report data aggregated by Local Area Team, clinical commissioning group and at local authority level in the future. Although no data is currently routinely produced at local authority level, the Child Health Information Systems (which supply data for COVER and KC50) will with modification be able to extract data at local authority level and changes can be made to the ImmForm system to aggregate data to local authority level. As local authority data is not yet available for the autumn release of baseline data it has been decided to estimate local authority figures from the available PCT data. Note that this indicator is primarily based on data at general practice level, and hence the local authority values that have been calculated are for NHS patients registered with the practices that make up the PCT or PCTs that cover the local authority area. Data has been weighted using mid-year Lower Super Output Area (LSOA) Single Year of Age population estimates 2010 (using the appropriate ages for each sub-indicator) as supplied by ONS.
Publication of source data	Immunisation coverage data on the childhood immunisation programme for DTaP / IPV / Hib, MenC, PCV, Hib / MenC, PCV booster, MMR, and hepatitis B 'at risk' are published quarterly by Public Health England: http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1204031507699/ HPV vaccine uptake data are published as provisional data for each of the ten months of each academic year (October to July) and then later as final data for the complete academic year. PPV vaccine uptake data are published for each financial year. Influenza vaccine uptake data are published as provisional data for each of the four months of the influenza season (Nov to Dec) and then later as final data. Data and guidance for each of these are produced by Public Health England: http://www.gov.uk/government/collections/vaccine-uptake Immunisation coverage data are published as National Statistics annually by the Health and Social Care Information Centre and include all data collected through COVER in addition to the KC50 collection: **2010/11** data http://www.hscic.gov.uk/catalogue/PUB00244

3.3 Population vaccination coverage	
	Latest data http://www.hscic.gov.uk/catalogue/PUB14949

3.5 Treatment completion for Tuberculosis (TB)	
Rationale	TB re-emerged as a serious public health problem in the UK over the last two decades, with TB incidence rising above the European average. Timely treatment for TB is key to saving lives and preventing long-term ill health, as well as reducing the number of new infections and development of drug resistance. Preventing the development of drug resistant TB is particularly important as it has more severe health consequences and is considerably more expensive to treat.
Baseline period	3.5i: 2010 3.5ii: 2009-2011
Indicator definition	**3.5i: Annual proportion of drug sensitive tuberculosis (TB) cases expected to complete treatment within 12 months who had completed treatment within 12 months of treatment start date** (exclusions: cases with rifampicin resistance or MDR-TB, and cases with CNS, spinal, miliary or disseminated TB who may require longer than the standard 6 month treatment course) Numerator: Annual number of drug sensitive tuberculosis (TB) cases notified to Enhanced Tuberculosis Surveillance System (ETS) **who had completed a full course of treatment within 12 months of treatment start date** (exclusions: cases with rifampicin resistance or MDR-TB, and cases with CNS, spinal, miliary or disseminated TB who may require longer than the standard 6 month treatment course). Denominator: Annual number of drug sensitive tuberculosis (TB) cases notified to Enhanced Tuberculosis Surveillance System (ETS) (exclusions: cases with rifampicin resistance or MDR-TB, and cases with CNS, spinal, miliary or disseminated TB who may require longer than the standard 6 month treatment course). Due to data suppression, some local authorities will not have data presented for TB treatment completion. A

	decision was taken to suppress treatment completion for upper level local authorities if the annual number of cases was under 20 to avoid deductive disclosure. Count data is also suppressed for local authorities with count data <5. Proportions and confidence intervals are still displayed. The following supporting indicator is provided relating to the TB incidence rate to help local authorities understand why treatment completion data may not be published for their area due to low incidence, and to provide local authorities with information about levels of TB in their area and surrounding areas: **3.5ii Rate of reported new cases of TB per year per 100,000 population** Numerator: Sum of the number of new tuberculosis (TB) cases notified to the Enhanced Tuberculosis Surveillance System (ETS) over a three year time period Denominator: Office for National Statistics mid-year population (sum of the mid-year population estimates for each year of the three-year time period)
Data source	Enhanced Tuberculosis Surveillance System (ETS), Public Health England and Office for National Statistics mid-year population estimates.
Publication of source data	Data are published nationally on an annual basis by the Public Health England: **HPA annual TB report (2013 data):** https://www.gov.uk/government/collections/tuberculosis-and-other-mycobacterial-diseases-diagnosis-screening-management-and-data

3.7 Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies	
Rationale	This indicator will provide an indication of the preparedness for organisations to respond to health protection incidents and emergencies. Legislation requires emergency planning resilience and response to be in place for the NHS, NHS Commissioning Board Authority, NHS –funded providers, Public Health England as well as other organisations. Providers of regulated activities are required by law to demonstrate compliance with criterion 9 of the *Code of Practice for the prevention and control of infection and related guidance* and have systems in place to report significant outbreaks of infection to their local health protection unit. Whilst this indicator reflects a process rather than an outcome, it is an important quality-focused proxy measure for assessing the preparedness of local authorities and relevant organisations operating in their areas to respond to incidents, which threaten the health of the public in a locality.
Baseline period	2014/15
Indicator definition	**3.7 Comprehensive, agreed inter-agency plans for responding to public health incidents** (1) Inter agency describes those organisations categorised as responders under the CCA (2005) as well as other NHS-funded and public health organisations. (2) Plans to be fit for purpose, tested and of appropriate quality in line with the requirements for plans of Category 1 Responders described in the Civil Contingency Act 2004 (Contingency Planning) Regulations 2005. (3) Incidents as defined by the Health Protection Agency Incident and Emergency Response Plan: “An event or a situation which threatens or causes damage to the health of the public and that requires urgent action from the agency at whatever level.” (4) Emergencies as defined by the Civil Contingencies Act 2004 Cabinet Office Short Guidance – as an event or situation which threatens serious damage to human welfare; an event or situation which threatens serious damage to the environment; or war, or terrorism, which threatens serious damage to security. Local authorities have a process in place which gives them assurance that comprehensive inter-agency plans for responding to public health incidents are in place across the

	system. This will be based on Health and Wellbeing Peer Review improvement process. The Department of Health (DH) worked closely with the Local Government Association (LGA) and others to define the parameters for this indicator.
Data source	A letter was sent out by Public health England to all Directors of Public Health in England asking the question “Are there clear and appropriate health protection arrangements in place in your local authority?” Their responses form the bases of this indicator.
Publication of data source	No current reporting on this indicator