

SUFFOLK HEALTH & WELLBEING BOARD PERFORMANCE FRAMEWORK

CROSS-CUTTING THEMES

ISSUE: 2

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INTRODUCTION

Suffolk's Health and Wellbeing Board has refreshed its Strategy for 2016-19. As part of this work, 4 cross-cutting themes within the work of the Health and Wellbeing Board were identified:

- Reducing Inequalities; Embedding Prevention; Integrating Care; Building strong and resilient communities.
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Each cross-cutting theme will be considered in detail in at least one Board meeting within the annual cycle. In order to assist the Board in identifying where Suffolk is performing strongly, or where there may be room for improvement, this Performance Framework has been created. There are two pages for each cross-cutting theme, and a life course approach has been taken, allowing a focus on prenatal, children and adolescents, and on working age and older people, within each theme. The various groups within the Suffolk system who lead on the HWBB Outcomes have been asked for comments on these indicators where relevant to their area of focus, and these have been included in this version where possible. It is anticipated that additional commentary will be available to support future iterations, as this process continues to evolve.

HOW TO INTERPRET THIS REPORT

The report provides a deliberately limited number of indicators in relation to each cross-cutting theme, presented in a dashboard. The dashboard gives the indicator title, definition, time period, source and relevant population. It then gives the current value for Suffolk, compared to the previous value for that indicator. The boxes for previous and current indicator value are coloured; green shows that the Suffolk value is better than the benchmark value, usually England, to a statistically significant extent; amber that the Suffolk value is similar to England; and red that the Suffolk value is worse than the England value to a statistically significant extent. If the value boxes are not coloured, this shows that statistical significance in relation to a benchmark cannot be calculated. The 'direction of travel' arrows show whether Suffolk's performance is increasing and getting worse (red up arrow); increasing and getting better (green up arrow); decreasing and getting worse (red down arrow) or decreasing and getting better (green down arrow). In addition, the relationship between each indicator and the four outcomes within the Health & Wellbeing Strategy is included in the column 'Outcome link'. **Indicators which have been updated in this release are shaded blue to allow easy identification.** A detailed key is included on the following page.

KEY

NB - When the word 'significance' is used in this key, it refers to statistical significance, meaning that the difference observed between two values (usually Suffolk and England) cannot be attributed to chance.

Previous Value: This is the value of the indicator in the previous period. If the box is shaded green, the indicator is significantly better than the England average value in the previous period; if shaded amber, the indicator is similar to the England value in the previous period; if shaded red, the indicator is significantly worse than the England average value in the previous period. If the box is not shaded, it means that the difference in comparison to the England average value in the previous period cannot be assessed.

Current Value: This is the value of the indicator in the current period. If the box is shaded green, the current value of the indicator is significantly better than the England average value; if shaded amber, the indicator is similar to the England average value; if shaded red, the current value of the indicator is significantly worse than the England average value. If the box is not shaded, it means that the difference in comparison to the England average value in the current period cannot be assessed.

Direction of travel

-  **Increasing and getting better**
-  **Increasing and getting worse**
-  **Decreasing and getting better**
-  **Decreasing and it means difference in comparison to the England average value at that time is getting worse**
-  **No change in performance between the current and previous value**

England Value: this is the England average value for that indicator in the current period

Outcome link: This column highlights where the cross-cutting theme indicators (referred to by number) are relevant to the four Health & Wellbeing Strategy Outcomes. The indicator numbers are as follows: 1 – Every child in Suffolk has the best start in life; 2 - Improving independent life for people with physical and learning disabilities; 3 – Older people in Suffolk have a good quality of life; 4 – People in Suffolk have the opportunity to improve their mental health and wellbeing.

Source: This is the source of the data. Much of the data comes from the Public Health Outcomes Framework (PHOF) which pulls data from a variety of other sources and then statistically assesses the differences seen, which the initial sources usually do not do. The PHOF can be accessed in full here:

<http://www.phoutcomes.info/public-health-outcomes-framework>

CROSS CUTTING THEME – INEQUALITIES - 1

DATE: 26TH JANUARY 2017

PRENATAL, BIRTH, CHILDHOOD & ADOLESCENCE									
Indicator		Definition	Time period	Previous value	Current value	Direction of travel	England Value	Outcome link	Source
Healthy life expectancy	Males	Average number of years a person would expect to live in good health	2012-14	64.8	65.7	↑	63.4	1, 2, 3, 4	Indicator 0.1i – Public Health Outcomes Framework (PHOF)
	Females			66.1	65.7	↓	64.0		
Gap in life expectancy at birth	Males	Difference in years between overall life expectancy at birth in Suffolk and life expectancy at birth for England as a whole.	2012-14	1.3	1.3	↔	0.0	1, 2, 3, 4	Indicator 0.2iv – PHOF
	Females			1.0	1.0	↔	0.0		
Slope Index of Inequality (SII) by deprivation quintile	Males	Difference in years of life expectancy within Suffolk, from the most to the least deprived	2012-14	6.7*	6.8*	↑	-	1, 2, 3, 4	Indicator 0.2iii – PHOF
	Females			4.3*	4.5*	↑	-		
Dependent children under 20 in low income families	Persons	% point gap between Suffolk LAs with highest and lowest %s of children living in poverty	2013	11.4	10.9	↓	-	1, 2, 4	Indicator 1.01i - PHOF Public Health Suffolk analysis
% of children receiving free school meals achieving good development at age 5	Males	% of children with free school meals status reaching at least the expected level in the early learning goals	2014-15	34.9	43.3	↑	42.6	1	Indicator 1.02i & 1.02ii – PHOF
	Females		2014-15	49.5	57.0	↑	60.3		
% of children receiving FSM achieving 5 good GCSEs	Persons	Percentage of children with free school meals status achieving 5 GCSE's grade A*-C including Maths and English	2014-15	25.2	28.0	↑	33.0	1	DfE Table LA8: GCSE A*-C grades inc. English and mathematics
<p>COMMENTARY – PUBLIC HEALTH: Life expectancy in Suffolk is higher than the England average, although the healthy life expectancy for females has fallen. The SII for both males and females has increased, meaning that the difference in life expectancy for the most and least deprived people in Suffolk is growing. Development at the end of reception for children receiving free school meals has improved for both boys and girls, and is now similar to the national average – but only 2 in 5 boys in Suffolk entitled to free school meals are reaching a good level of development at age 5. By the age of 16, Suffolk children who are in receipt of free school meals were statistically less likely to achieve five good GCSEs than the national average – note that this measure is changing from 2015/16 onwards.</p> <p>COMMENTARY – MENTAL HEALTH JOINT COMMISSIONING GROUP: Ipswich and East and West Suffolk CCGs submitted a bid to NHS England for a community based perinatal service. This bid was unsuccessful but this is one of the 10 identified priority areas within the Children and Young People's Emotional Wellbeing Transformation Plan (EWB2020). A proposal to provide a community based perinatal service is being taken to the January Children's Emotional Wellbeing Group (CEWG) for approval.</p>									

CROSS CUTTING THEME – INEQUALITIES - 2

DATE: 26TH JANUARY 2017

WORKING AGE & OLDER PEOPLE									
Indicator		Definition	Time period	Previous value	Current value	Benchmark & Direction of travel	England Value	Outcome link	Source
Smoking Prevalence routine and manual workers (%)	Persons	Proportion of smokers in routine and manual occupations	2015	34.0	23.1	↓	26.5	3, 4	Indicator 2.14 – Public Health Outcomes Framework
Numbers seeking debt advice	Persons	Under development						1, 2, 3, 4	Data requested from CAB
Gap in employment rate - those with LTC and overall rate (%)	Persons	% gap in employment rate between those with Long Term Condition and overall employment rate	2014-15	5.4*	9.1*	↑	EoE 6.5 E 8.6	2, 3	Indicator 1.08i– Public Health Outcomes Framework
Excess deaths – circulatory, Suffolk	Persons	Number of excess deaths in most deprived quintile vs least deprived	2012-14	N/A	399	-	-	3	PHE Segment tool, May 2016
Excess deaths – cancer, Suffolk	Persons	Number of excess deaths in most deprived quintile vs least deprived	2012-14	N/A	301	-	-	3	PHE Segment tool, May 2016
Excess deaths – respiratory, Suffolk	Persons	Number of excess deaths in most deprived quintile vs least deprived	2012-14	N/A	193	-	-	3	PHE Segment tool, May 2016
Excess deaths – digestive, Suffolk	Persons	Number of excess deaths in most deprived quintile vs least deprived	2012-14	N/A	106	-	-	3	PHE Segment tool, May 2016
Excess deaths – mental / behavioural, Suffolk	Persons	Number of excess deaths in most deprived quintile vs least deprived	2012-14	N/A	69	-	-	3	PHE Segment tool, May 2016
<p>COMMENTARY – PUBLIC HEALTH: The indicators suggest a mixed picture regarding health inequalities in adults. While the number of people working in routine and manual occupations in Suffolk who smoke has fallen, the gap between people in employment who have a long term condition compared to those without has risen. There are also excess deaths which occurred due to the differences in levels of deprivation within Suffolk.</p> <p>COMMENTARY – MENTAL HEALTH JOINT COMMISSIONING GROUP: Wellbeing Suffolk commenced on 1 September 2016. Patients can self-refer for conditions such as anxiety and depression and utilise a wide variety of services to support good mental health. New elements are being developed are in relation to patients living with long term conditions. In January 2017, Ipswich and East and West Suffolk CCGs were awarded funding for two more posts in the Wellbeing service to help improve recovery rates and reduce the number of patients dropping out of treatment. Ipswich and East and West Suffolk CCGs are working to try to include employment advisors within the Wellbeing Suffolk contract. After the suicide prevention strategy was launched in Autumn 2016, system wide work is being led by Public Health Suffolk. This includes developing a communications campaign and reviewing the processes for obtaining data in relation to deaths by suicide.</p>									

CROSS CUTTING THEME – EMBEDDING PREVENTION 1

DATE: 26TH JANUARY 2017

PRENATAL, BIRTH, CHILDHOOD & ADOLESCENCE									
Indicator		Definition	Time period	Previous value	Current value	Direction of travel	England Value	Outcome link	Source
Low birth weight of term babies (%)	Persons	% of all live births with gestational age of at least 37 weeks and low birth weight (under 2500g)	2014	2.2	2.2	↔	2.9	1	Indicator 2.01 – Public Health Outcomes Framework (PHOF)
Breastfeeding initiation (%)	Persons	% of all mothers who breastfeed their baby in the first 48 hours after delivery	2014-15	78.4	76.6	↓	74.3	1	Indicator 2.02i – PHOF
Breastfeeding prevalence at 6-8 weeks after birth	Persons	% of all infants at 6-8 week check who are partially or fully breastfed	2015-16	-	47.0	-	43.2	1	Indicator 2.02ii – PHOF
Child excess weight in 4-5 year olds	Persons	% of children aged 4-5 classified as overweight or obese	2014-15	22.2	21.0	↓	21.9	1	Indicator 2.06i – PHOF
Child excess weight in 10-11 year olds	Persons	% of children aged 10-11 classified as overweight or obese	2014-15	31.8	31.9	↑	33.2	1	Indicator 2.06ii – PHOF
Smoking prevalence at age 15	Persons	% of current smokers at age 15 – WAY survey	2014-15	N/A	8.6	-	8.2	1	Indicator 2.09i – PHOF
15 year olds eating recommended '5 a day'	Persons	% of 15 year olds meeting the '5 a day' at 15 – WAY survey	2014-15	-	50.7	-	52.4	1	Indicator 2.11iv – PHOF

COMMENTARY – PUBLIC HEALTH: Suffolk has a lower than average rate of low birth weight babies, and a higher than average rate of breast feeding initiation and prevalence at 6-8 weeks, although this has fallen slightly in the last year. The proportion of 4-5 year olds who are overweight or obese (1 in 5) is similar to the national average, while the number of 10-11 year olds who are overweight or obese (1 in 3) is lower than the national average. However, neither of these figures are encouraging for the future health of Suffolk. Nearly 1 in 10 of 15 year olds in Suffolk smoke; while this is similar to the national average, again it gives cause for concern. A similar number of 15 year olds in Suffolk are eating the recommended '5 a day' as the average for England. As part of Suffolk's response to the Governments Childhood Obesity Strategy, Public Health commissions the OneLife Suffolk service which includes dedicated support for overweight and obese children and their families.

CROSS CUTTING THEME – EMBEDDING PREVENTION - 2

DATE: 26TH JANUARY 2017

WORKING AGE & OLDER PEOPLE									
Indicator		Definition	Time period	Previous value	Current value	Direction of travel	England Value	Outcome link	Source
Proportion of population meeting '5 a day' recommendation	Persons	% of adults consuming five portions of fruit and vegetables 'on a usual day'	2015	59.1	57.4	↓	52.3	3	Indicator 2.11i – Public Health Outcomes Framework (PHOF)
Excess weight in adults	Persons	Percentage of adults overweight or obese, defined as BMI greater than or equal to 25kg/m ²	2013-15	65.9	66.1	↔	64.8	2, 3, 4	Indicator 2.12 – PHOF
Percentage of physically inactive adults	Persons	Percentage of adults classified as inactive – less than 30 minutes of at least moderate intensity exercise in previous 28 days	2015	26.5	28.3	↑	28.7	2, 3, 4	Indicator 2.13ii – PHOF
Smoking prevalence in adults – current smokers (APS)	Persons	Number of adults who are self-reported smokers in the Annual Population Survey	2015	19.5	16.1	↓	16.9	2, 3, 4	Indicator 2.14 – PHOF
Admission episodes for alcohol-related conditions (Narrow)	Persons	Admissions to hospital where primary or secondary diagnosis is alcohol-attributable, DASR per 100,000	2014-15	576	564	↓	641	3, 4	Indicator 2.18 – PHOF
<p>COMMENTARY – PUBLIC HEALTH: Suffolk continues to have a higher proportion of overweight and obese adults than the national average – with 2 out of 3 adults in the county in this category, this is a major cause for concern, obesity being a major determinant of premature mortality and avoidable ill health. Public Health commissions the OneLife Suffolk service which provides advice and support for healthy eating, physical activity and stopping smoking. The number of adults who are physically inactive and who are not eating '5 a day' is increasing; the number of people smoking is decreasing. The rate of alcohol-related admissions to hospital has fallen, and is lower than the national average.</p> <p>COMMENTARY – MENTAL HEALTH JOINT COMMISSIONERS GROUP: People using the Wellbeing Suffolk service will be supported to understand the importance of physical activity as part of health and wellbeing.</p>									

CROSS CUTTING THEME – STRONGER/RESILIENT COMMUNITIES 1

DATE: 26TH JANUARY 2017

PRENATAL, BIRTH, CHILDHOOD & ADOLESCENCE									
Indicator		Definition	Time period	Previous value	Current value	Direction of travel	England Value	Outcome link	Source
Children achieving good development at age 5	Males	% children achieving at least the expected level in early learning goals	2015-16	60.4	62.7	↑	62.1	1	Indicator 1.02i – PHOF
	Females			75.2	78.0	↑	76.8		
Year 1 pupils achieving expected level in phonics screening check	Males	% children who have learned phonic decoding to an age – appropriate standard	2016	73.0	76.0	↑	77.0 ↑	1	DfE Phonics Screening Check 2016 29/09/2016
	Females		2016	80.5	83	↑	84 ↑		
Children achieving 5 good GCSEs	Persons	% of children achieving 5 A*-C GCSEs including English and Maths	2015-16	54.5	53.2	↓	52.8	1	DfE GCSE / equivalent results, Subject & LA tables SFR48 LA6
% of 16-18 year olds not in education, employment or training	Persons	% of 16-18 year olds not in education, employment or training (NEET)	2015	5.6	5.2	↓	4.2	1, 2	Indicator 1.05 – PHOF
Average difficulties score for all looked after children (LAC)	Persons	Average difficulties score for all LAC aged 5-16 who have been in care for at least 12 months	2014-15	15.9	16.0	↑	13.9	1	Indicator 2.08i – PHOF
% of children where there is cause for concern	Persons	% of children aged 5-16 who have been in care for at least 12 months who are affected by poor emotional wellbeing	2014-15	-	48.0	-	37.0	1	Indicator 2.08ii – PHOF

COMMENTARY – PUBLIC HEALTH:

The proportion of boys and girls achieving both a good level of development at age 5, and the expected level in the phonics screening check at age 6, has increased. Girls are performing better than boys in both these indicators, although the proportion of boys achieving good development at age 5 is now significantly better than the national average. The proportion of pupils achieving five good GCSEs has decreased, but is higher than the national average. The proportion of 16-18 year olds not in education, employment or training has declined over the last two years, but remains higher than the national average. Both the average difficulties score for looked

after children, and the % of looked after children where there is cause for concern, is higher in Suffolk than in the rest of the East of England and Nationally – although the significance of these differences cannot be assessed.

COMMENTARY – CHILDREN’S TRUST

Caution is urged with regard to GCSE (Key stage 4 data) from 2016, as this was the first year that the new curriculum was examined. KS4 data from 2016 is currently unvalidated so this may change. The way achievement at 16 is assessed is moving away from GCSE attainment and will in future be assessed using something called Progress 8. Progress 8 aims to capture the progress a pupil makes from the end of primary school to the end of secondary school. It is a type of value added measure, which means that pupils’ results are compared to the actual achievements of other pupils with the same prior attainment. Progress 8 is designed to encourage schools to offer a broad and balanced curriculum with a focus on an academic core at key stage 4, and reward schools for the teaching of all their pupils, measuring performance across 8 qualifications. School performance will be reported in this way from 2016/17 onwards, so this measure will change in the future.

COMMENTARY – MENTAL HEALTH JOINT COMMISSIONING GROUP:

As one of the 10 major priorities in the EWB2020 Plan, community and workforce development is key to supporting people to be more confident, more enabled and more resilient in their contact with children & young people around emotional wellbeing and mental health. An interim review is underway looking at the take up and impact of the current offer including Mental Health First Aid Training, Suffolk Needs Net and online MindEd resources. Based on the initial findings, the intention is to increase the scale of delivery and include more bespoke development for groups such as parents/carers and schools as key groups in building stronger, more resilient communities.

CROSS CUTTING THEME – STRONGER/RESILIENT COMMUNITIES 2

DATE: 26TH JANUARY 2017

WORKING AGE & OLDER PEOPLE									
Indicator		Definition	Time period	Previous value	Current value	Direction of travel	England Value	Outcome link	Source
Percentage of working age people in employment	Males	% of all respondents in the Labour Force Survey classed as employed (aged 16-64)	2015-16	81.8	80.6	↔	79.2	1, 2, 3, 4	Indicator 1.08iv – Public Health Outcomes Framework
	Females			70.9	72.3	↔	68.6		
Domestic Abuse	Persons	Rate of domestic abuse incidents recorded by the police per 100,000 population	2014-15	13.3*	14.8*	↑	20.4	1, 2, 3, 4	Indicator 1.11 – PHOF
Fuel Poverty	Households	% of households experiencing fuel poverty based on 'low income, high cost' methodology	2014	9.6	9.8	↑	10.6	1, 2, 3, 4	Indicator 1.17 – PHOF
Adult social care users who have as much social contact as they would like	Persons	% of adult social care users who have as much social contact as they would like	2015-16	45.9	47.0	↔	45.4	3, 4	Indicator 1.18i – PHOF Adult Social Care Users Survey
Adult carers who have as much social contact as they would like	Persons	% of adult carers who have as much social contact as they would like -	2014-15	28.9	25.6	↓	38.5	3, 4	Indicator 1.18ii – PHOF, Personal Social Services Carers survey
Use of outdoor space for exercise/health	Persons	% of people using outdoor space for exercise/ health reasons	Mar 14 – Feb 15	22.0	18.7	↓	17.9	1, 2, 3, 4	Indicator 1.16 - PHOF
People reporting low life satisfaction	Persons	% of responders in ONS Annual Population survey scoring 0-4 to in life satisfaction question, where 10 = fully satisfied	2015-16	3.5	4.38	↑	4.55↓	2, 3, 4	ONS headline estimates of personal wellbeing (APS) 27/09/2016

COMMENTARY – PUBLIC HEALTH:

Employment levels remained high in Suffolk in 2014/15. Despite this, reported rates of low satisfaction with life increased, but are below the national average. Reported incidents of domestic abuse also increased, but it is difficult to determine whether this was because of an increase in incidents, or an increase in reporting, which is to be welcomed. Suffolk was less fuel poor, on average, than England, although we know that fuel poverty is an issue for many rural households in Suffolk. Fewer than 1 in 2 of adults receiving support from social services had as much social contact as they would have liked, and only 1 in 4 adult carers had as much social contact as they would have liked. Given that carer breakdown can be a major driver of health and care need, this finding is concerning.

COMMENTARY - MENTAL HEALTH JOINT COMMISSIONING GROUP: Wellbeing Suffolk Service in place to support people with issues such as anxiety and depression and coping with stress which may help improve life satisfaction. Working closely with NSFT to embed Wellbeing into Long term conditions by working closely with the Acute Trusts which will reach more people. Social marketing campaigns by Ipswich and East and West Suffolk CCGs and NSFT about Wellbeing Suffolk. GPs can also directly refer patients to the service.

Ipswich & East and West Suffolk CCGs and SCC have recently procured a new peri-diagnosis dementia service which aims to support people living with dementia and their carers. This service will help keep them connected with their local community and enable them to live their lives well.

CROSS CUTTING THEME – INTEGRATION 1

DATE: 26TH JANUARY 2017

PRENATAL, BIRTH, CHILDHOOD & ADOLESCENCE									
Indicator		Definition	Time period	Previous value	Current value	Direction of travel	England Value	Outcome link	Source
Emergency admissions to hospital for children with asthma, diabetes or epilepsy	Males – IES CCG	Unplanned hospitalisation for asthma, diabetes or epilepsy in the under 19s, directly standardised rate per 100,000 population	2015-16 provisional	326	312	↓	341 ↓	1, 2	NHS Outcome Framework: CCG Outcomes Indicator Set (Domain 2)
	Females – IES CCG			227	264	↑	279 ↓		
Emergency admissions to hospital for children with asthma, diabetes or epilepsy	Males – WS CCG	Unplanned hospitalisation for asthma, diabetes or epilepsy in the under 19s, directly standardised rate per 100,000 population	2015-16 provisional	568	580	↑	341 ↓	1, 2	NHS Outcome Framework: CCG Outcomes Indicator Set (Domain 2)
	Females – WS CCG			454	423	↑	279 ↓		
Emergency admissions to hospital for children with asthma, diabetes or epilepsy	Males – GYW CCG	Unplanned hospitalisation for asthma, diabetes or epilepsy in the under 19s, directly standardised rate per 100,000 population	2015-16 provisional	444	407	↓	341 ↓	1, 2	NHS Outcome Framework: CCG Outcomes Indicator Set (Domain 2)
	Females – GYW CCG			336	350	↑	279 ↓		
Young people hospital admissions for self-harm	Persons	Directly standardised rate of admission for self-harm per 100,000 population aged 10-24	2014/15	363	375	↑	399 ↑	1, 2, 4	PHE Local Authority Child Health Profiles

COMMENTARY – PUBLIC HEALTH: Indicators which capture the effect of service integration are still in development nationally; the indicators listed above should therefore be treated with some caution, as they are proxies at best. For children with asthma, epilepsy and diabetes, good co-ordination and integration of care and support should reduce the number of times they are admitted to hospital as emergency cases; nationally rates of admission for these conditions amongst children are falling. West Suffolk CCG and Great Yarmouth and Waveney CCG continue to have higher rates than the national average for these conditions, with WS rates have increasing since the last reporting period. Likewise, admission to hospital for self-harm can also be considered a proxy indicator for effective, integrated mental health and emotional wellbeing services. Suffolk’s admission rate is similar to the national average, but has risen in the last two years, reflecting the national picture.

COMMENTARY - MENTAL HEALTH JOINT COMMISSIONING GROUP: The development of the multi-agency Emotional Wellbeing Hub, due to be implemented in Spring 2017, will provide parents/carers, young people and professionals with the support and early help needed to support the emotional wellbeing of young people.

CROSS CUTTING THEME – INTEGRATION 2

DATE: 26TH JANUARY 2017

WORKING AGE & OLDER PEOPLE									
Indicator		Definition	Time period	Previous value	Current value	Direction of travel	England Value	Outcome link	Source
Excess winter deaths	Males	Ratio of extra deaths from all causes that occur in winter months compared with expected number of deaths (not standardised)	Aug 2014 – Jul 2015	12.6	26.7	↔	23.6	3	Indicator 4.15i – Public Health Outcomes Framework
	Females			8.9	37.2	↑	31.6		
Delayed transfers of care	Persons	Delayed transfers of care, days of delay, all ages, all settings per 100k of population	2015-16	12.4*	12.6	↑	12.1	2, 3, 4	Adult Social Care Outcomes Framework indicator 2C
Proportion of people aged 65 and over still at home 91 days after discharge from hospital	Persons	Percentage of those aged 65 and over still at home 91 days after discharge into reablement/ rehabilitation services	2015-16	75.3*	77.8	↑	82.7	3	Adult Social Care Outcomes Framework indicator 2b(1)
Proportion of people who use services who have control over their daily life	Persons	% of respondents to Adult Social Care survey who identify no needs in this area	2016-16	79.0	78.2	↓	76.6↓	2, 3, 4	Adult Social Care Outcomes Framework indicator 1B
Proportion of people who die at home	Persons of all ages	Deaths at home as a proportion of all registered deaths	2015	23.8	24.5	↑	22.8	3	End of Life Care Profiles, PHE

COMMENTARY – PUBLIC HEALTH: Excess winter deaths are included as a proxy indicator for the effectiveness of care for older people; most excess deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly. England and Wales have higher excess winter deaths than other European countries with colder climates, suggesting that some of these deaths may be preventable if care was organised and provided in an improved way. Excess winter deaths in Suffolk are similar to the national average. A significantly lower proportion of elderly patients discharged from hospital are still at home three months later than the national average; again, this may suggest opportunities to improve the integration and effectiveness of care. Suffolk is good at enabling people to die at home, and a high proportion of service users felt they had control over their daily lives – this last figure has increased for both Suffolk and nationally in the most recent data, perhaps reflecting some the better integration of health and care services.