



Starting well

Local authority: Bradford

CCG(s): NHS Bradford Districts CCG
NHS Bradford City CCG
NHS Airedale, Wharfedale and Craven
CCG



Executive summary:

Bradford

The key issues that arise from this analysis for the local authority:

- High infant mortality
- Low population vaccination coverage for one or more vaccinations in the childhood vaccination programme.
- High average class sizes
- Low percentage of GCSE's achieved (5A*-C inc. English and maths)
- High numbers of children with one or more decayed, missing or filled teeth
- High rate of pupil absence (including authorised and unauthorised absence)
- High chlamydia diagnoses for 15 to 24 year olds
- High child mortality rate (1 to 17 years)
- High numbers of parents in drug or alcohol treatment



Executive summary:

NHS Bradford Districts CCG

The key issues that arise from this analysis for the CCG:

- High number of pregnant women who smoke at the time of delivery
- Low early access to maternity services
- High rate of tonsillectomy procedures
- High rate of myringotomy procedures (with / without grommets)



Executive summary:

NHS Bradford City CCG

The key issues that arise from this analysis for the CCG:

- High rate of low birth weight babies
- Low early access to maternity services
- High elective admissions for children
- High rate of myringotomy procedures (with / without grommets)



Executive summary:

NHS Airedale, Wharfedale and
Craven CCG

The key issues that arise from this analysis for the CCG:

- Low early access to maternity services
- High emergency admissions for children
- High hospital admissions for gastroenteritis
- High emergency respiratory admissions
- High emergency admissions for asthma, diabetes or epilepsy
- High hospital admissions due to injury
- High rate of myringotomy procedures (with / without grommets)
- Low outpatient first attendances
- High DNA rate for outpatient appointments



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Background and purpose

- This pack is intended to support improvement in the value of commissioned services for the local population. It considers the life course from pregnancy and birth through pre-school and school-age to young adults.
- Local Authorities are compared in this pack with a cluster of LAs with similar population characteristics rather than the England average. The rationale for doing this is that these LAs will face similar challenges and levels of population need. The analysis has been repeated for the CCG(s) that are within the local authority using a comparator of the 10 most similar CCGs.
- This pack is produced by PHE Northern and Yorkshire Knowledge and Intelligence Team and provided as part of the KIT local contribution work programme. Its development has been guided by a steering group of local authority children's commissioners*.
- This pack is intended to be shared by public health teams working in this area with their CCG colleagues and other key stakeholders to start a conversation about intelligence-led improvement

*The steering group included Shirley Brierley (Bradford) , Jill Farrington (Calderdale), Penny Greenwood (Barnsley), Sue Greig (Sheffield), Joanna Saunders (Rotherham) and Jacqui Wiltschinsky (Doncaster)



Methodology

Analysed a wide range of indicators for the starting well life course

- Identified 'cluster groups' of 10 LAs with similar characteristics to the LA (see slide 33)
- Analysed wide range of national data to identify indicators where the LA is below a benchmark value for that indicator and thus has an opportunity to improve (see slide 7)
- Identified indicators where the LA is in the worst quintile within its cluster for that indicator

Identified key opportunities for value improvement and quantified potential impact

- Quantified opportunity for the LA if indicators below the benchmark were moved to the benchmark
- Quantification does not mean that the 'saving' or improvement can actually be made but may answer the question 'Is it going to be worth focussing on this area?'

Reviewed national evidence base to identify potential interventions linked to opportunities

- Pulled together examples of 'what works' against 'opportunity' areas
- Identified best performing LAs from the cluster to support potential service review

This approach was repeated for the CCG(s) that are within the local authority.



For each indicator, the benchmark is calculated as the average of the best performing 5 LA's in the cluster group, i.e. approximately the 75th percentile (figure 1).

The benchmark has been agreed in consultation with the steering group and has deliberately been chosen to be challenging to encourage overall improvement in outcomes.

The worst quintile is defined as the lowest ranked 2 performing LA's in the cluster group (figure 2).

The best quintile is defined as the highest ranked 2 performing LA's in the cluster group (figure 2).

Benchmark

Figure 1

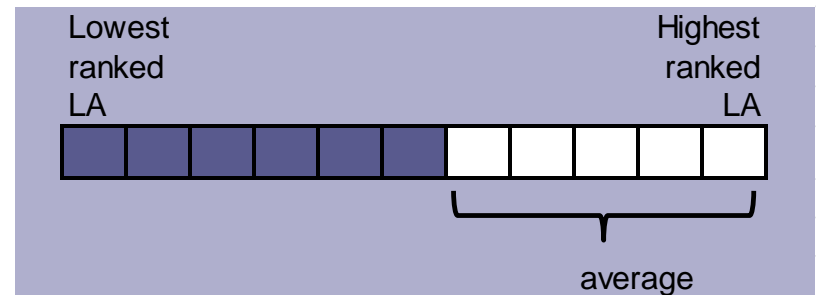
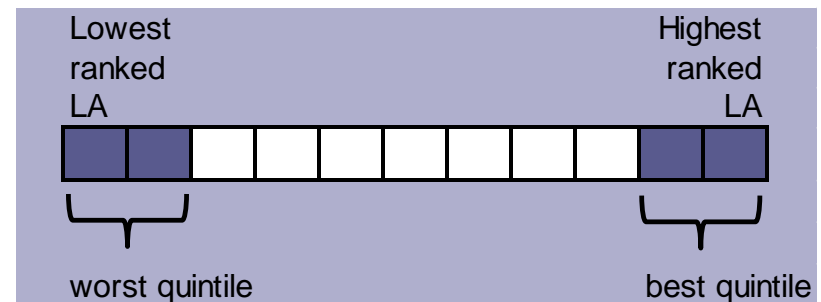


Figure 2





Public Health
England

Local authority section



Key findings:

Pregnancy & birth and pre-school

Pregnancy and birth

11 out of 14 pregnancy and birth indicators are worse than the benchmark.
The following indicator is in the worst quintile, the potential benefits based on achieving the benchmark shown in brackets:

Infant mortality (19 fewer infant deaths)

Pre-school

11 out of 11 population vaccination indicators are worse than the benchmark.
1 indicator is in the worst quintile.
6 out of 7 hospital admission indicators are worse than the benchmark.
There are no indicators in the worst quintile.

Note, for indicators marked with an * see slide 65 for information on how to interpret the opportunity



Key findings:

School aged and young adults

School-aged

17 out of 19 school-age indicators are worse than the benchmark.

The following 5 indicators are in the worst quintile, the potential benefits of achieving the benchmark shown in brackets:

Pupil absence (141,593 fewer half days)

Children with one or more decayed, missing or filled teeth (1172 fewer children)

GCSE achieved (5A*-C inc. English and maths) (474 more children)

Average class size at Key Stage 2 (1.44 average class size)

Average class size at Key Stage 1 (1.42 average class size)

Young people

8 out of 11 young adult indicators are worse than the benchmark.

The following 2 indicators are in the worst quintile, the potential benefits of achieving the benchmark shown in brackets:

Chlamydia diagnoses (15 to 24 years) Female* (575 more diagnoses)

Chlamydia diagnoses (15 to 24 years) Male* (354 more diagnoses)



Key findings:

All age children indicators

All ages

12 out of 16 all age children indicators are worse than the benchmark.

The following 2 indicators are in the worst quintile, the potential benefits of achieving the benchmark shown in brackets:

Parents in drug treatment* (72 people)

Child mortality (1 to 17 years) (9 fewer children)



Analysis

by pathway stage (LA)

Pathway	Number of indicators			Indicators in the worst quintile - difference between the LA and the benchmark in brackets	Opportunity - if the LA were to equal the benchmark
	Total	Below benchmark	Worst quintile		
Pregnancy and Birth	14	11	1	Infant mortality (47 % higher)	19 fewer infant deaths
Pre-school	18	17	1	Children in care immunisations (-10.7 % lower)	71 more vaccinations
School aged	19	17	5	GCSE achieved (5A*-C inc. English and maths) (-13.7 % lower) Children with one or more decayed, missing or filled teeth (46.9 % higher) Average class size at Key Stage 1 (5.2 % higher) Average class size at Key Stage 2 (5.4 % higher) Pupil absence (13.1 % higher)	474 more children 1172 fewer children 1.42 average class size 1.44 average class size 141,593 fewer half days
Young adults	11	8	2	Chlamydia diagnoses (15 to 24 years) Female* (-42.7 % lower) Chlamydia diagnoses (15 to 24 years) Male* (-52.2 % lower)	575 more diagnoses 354 more diagnoses



Analysis

by pathway stage (LA)

Pathway	Number of indicators			Indicators in the worst quintile - difference between the LA and the benchmark in brackets	Opportunity - if the LA were to equal the benchmark
	Total	Below benchmark	Worst quintile		
All age children and young person indicators	16	12	2	Child mortality (1 to 17 years) (43.9 % higher) Parents in drug treatment* (52.9 % higher)	9 fewer children 72 people



Bringing it all together (LA)

Where to focus	Who should we speak to?*	What could work
High infant mortality	Peterborough	The NHS England and Public Health England guide to the early years profiles (March 2014) includes effective interventions to improve outcomes for this indicator. http://www.england.nhs.uk/wp-content/uploads/2014/03/hv-ey-hlth-prof.pdf
Low population vaccination coverage	Kirklees	NICE public health guidance 21 reducing differences in the uptake of vaccinations http://publications.nice.org.uk/reducing-differences-in-the-uptake-of-immunisations-ph21
Low percentage of GCSE's achieved (5A*-C inc. English and maths)	Calderdale	NICE antisocial behaviour disorder and conduct pathway and quality standard http://guidance.nice.org.uk/QS59 is expected to contribute to improvements to this indicator
High numbers of children with one or more decayed, missing or filled teeth	Walsall	The NHS England and Public Health England guide to the early years profiles (March 2014) includes effective interventions to improve outcomes for this indicator. http://www.england.nhs.uk/wp-content/uploads/2014/03/hv-ey-hlth-prof.pdf
High rate of pupil absence (including authorised and unauthorised absence)	Calderdale	NICE antisocial behaviour disorder and conduct pathway and quality standard http://publications.nice.org.uk/antisocial-behaviour-and-conduct-disorders-in-children-and-young-people-qs59
High chlamydia diagnoses	Walsall	NICE has a pathway on preventing sexually transmitted infections and under 18 conceptions http://pathways.nice.org.uk/pathways/preventing-sexually-transmitted-infections-and-under-18-conceptions
High numbers of parents in drug or alcohol treatment	Kirklees	NICE has a drug misuse pathway http://pathways.nice.org.uk/pathways/drug-misuse . The National Treatment Agency has a guide on parents with drug problems http://www.nta.nhs.uk/uploads/families2012vfinali.pdf

*Based on the highest ranked LA in the cluster. It is not known whether the LA has taken specific actions in this area but there maybe something to learn from a conversation about their approach.



CCG section: NHS Bradford Districts CCG

The proportion of the CCG that is within the LA is 100%



Key findings:

Pregnancy & birth and pre-school

Pregnancy and birth

8 out of 9 pregnancy and birth indicators are worse than the benchmark.

The following 2 indicators are in the worst quintile, the potential benefits based on achieving the benchmark shown in brackets:

Smoking status at time of delivery (297 fewer women)

Early access to maternity services (614 more women)

Pre-school

10 out of 10 population vaccination indicators are worse than the benchmark.

There are no indicators in the worst quintile.

2 out of 6 hospital admission indicators are worse than the benchmark.

The following indicator is in the worst quintile, the potential benefits based on achieving the benchmark shown in brackets:

Tonsillectomy procedures (0 to 4 years) (47 fewer procedures)

Note, for indicators marked with an * see slide 65 for information on how to interpret the opportunity



Key findings:

School aged and young adults

School - aged

6 out of 11 school-age indicators are worse than the benchmark.

The following 3 indicators are in the worst quintile, the potential benefit of achieving the benchmark shown in brackets:

- Myringotomy procedures (5 to 9 years) (107 fewer procedures)

- Tonsillectomy procedures (10 to 19 years) (38 fewer procedures)

- Myringotomy procedures (10 to 19 years) (18 fewer procedures)

Young people

2 out of 2 young adult indicators are worse than the benchmark.

There are no indicators in the worst quintile.



Public Health
England

Key findings:

All age children indicators

All ages

5 out of 10 all age children indicators are worse than the benchmark.
There are no indicators in the worst quintile.



Analysis

by pathway stage (CCG)

Pathway	Number of indicators			Indicators in the worst quintile - difference between the CCG and the benchmark in brackets	Opportunity - if the CCG were to equal the benchmark
	Total	Below benchmark	Worst quintile		
Pregnancy and Birth	9	8	2	Smoking status at time of delivery (43.2 % higher) Early access to maternity services (-13.8 % lower)	297 fewer women 614 more women
Pre-school	16	12	1	Tonsillectomy procedures (0 to 4 years) (77.1 % higher)	47 fewer procedures
School aged	11	6	3	Myringotomy procedures (5 to 9 years) (128.6 % higher) Myringotomy procedures (10 to 19 years) (96.5 % higher) Tonsillectomy procedures (10 to 19 years) (65.3 % higher)	107 fewer procedures 18 fewer procedures 38 fewer procedures
Young adults	2	2	0	No indicators in the worst quintile	No indicators in the worst quintile



Analysis

by pathway stage (CCG)

Pathway	Number of indicators			Indicators in the worst quintile - difference between the CCG and the benchmark in brackets	Opportunity - if the CCG were to equal the benchmark
	Total	Below benchmark	Worst quintile		
All age children and young person indicators	10	5	0	No indicators in the worst quintile	No indicators in the worst quintile



Bringing it all together (CCG)

Where to focus	Who should we speak to?*	What could work
High number of pregnant women who smoke at the time of delivery	NHS Walsall CCG	NICE has public health guidance 26 smoking in pregnancy and following childbirth http://publications.nice.org.uk/quitting-smoking-in-pregnancy-and-following-childbirth-ph26 and quality standard 43 http://guidance.nice.org.uk/QS43
High rate of tonsillectomy procedures	NHS Bury CCG	The NICE Clinical Knowledge Summaries for sore throat (2012) has advice about when to refer for tonsillectomy http://cks.nice.org.uk/sore-throat-acute#!scenarioirecommendation:3
High rate of myringotomy procedures	NHS Walsall CCG	The NICE guideline (CG60) surgical management of otitis media with effusion in children http://guidance.nice.org.uk/cg60 has advice about identifying children with OME who may benefit from surgery.

*Based on the highest ranked CCG in the cluster. It is not known whether the CCG has taken specific actions in this area but there maybe something to learn from a conversation about their approach.



CCG section: NHS Bradford City CCG

The proportion of the CCG that is within the LA is 100%



Key findings:

Pregnancy & birth and pre-school

Pregnancy and birth

7 out of 9 pregnancy and birth indicators are worse than the benchmark.

The following 2 indicators are in the worst quintile, the potential benefits based on achieving the benchmark shown in brackets:

Low birth weight of babies (35 fewer births)

Early access to maternity services (207 more women)

Pre-school

10 out of 10 population vaccination indicators are worse than the benchmark.

There are no indicators in the worst quintile.

6 out of 6 hospital admission indicators are worse than the benchmark.

There are no indicators in the worst quintile.

Note, for indicators marked with an * see slide 65 for information on how to interpret the opportunity



Key findings:

School aged and young adults

School - aged

11 out of 11 school-age indicators are worse than the benchmark.

The following 2 indicators are in the worst quintile, the potential benefit of achieving the benchmark shown in brackets:

Myringotomy procedures (5 to 9 years) (34 fewer procedures)

Myringotomy procedures (10 to 19 years) (14 fewer procedures)

Young people

2 out of 2 young adult indicators are worse than the benchmark.

The following indicator is in the worst quintile, the potential benefit of achieving the benchmark shown in brackets:

Elective admissions (15 to 19 years) (145 fewer admissions)



Public Health
England

Key findings:

All age children indicators

All ages

9 out of 10 all age children indicators are worse than the benchmark.
There are no indicators in the worst quintile.



Analysis by pathway stage (CCG)

Pathway	Number of indicators			Indicators in the worst quintile - difference between the CCG and the benchmark in brackets	Opportunity - if the CCG were to equal the benchmark
	Total	Below benchmark	Worst quintile		
Pregnancy and Birth	9	7	2	Low birth weight of babies (23.6 % higher) Early access to maternity services (-13.8 % lower)	35 fewer births 207 more women
Pre-school	16	16	0	No indicators in the worst quintile	No indicators in the worst quintile
School aged	11	11	2	Myringotomy procedures (5 to 9 years) (144.5 % higher) Myringotomy procedures (10 to 19 years) (329.8 % higher)	34 fewer procedures 14 fewer procedures
Young adults	2	2	1	Elective admissions (15 to 19 years) (58.4 % higher)	145 fewer admissions



Analysis

by pathway stage (CCG)

Pathway	Number of indicators			Indicators in the worst quintile - difference between the CCG and the benchmark in brackets	Opportunity - if the CCG were to equal the benchmark
	Total	Below benchmark	Worst quintile		
All age children and young person indicators	10	9	0	No indicators in the worst quintile	No indicators in the worst quintile



CCG section: NHS Airedale, Wharfedale and Craven CCG

The proportion of the CCG that is within the LA is 68.8%



Key findings:

Pregnancy & birth and pre-school

Pregnancy and birth

8 out of 9 pregnancy and birth indicators are worse than the benchmark.

The following indicator is in the worst quintile, the potential benefits based on achieving the benchmark shown in brackets:

Early access to maternity services (225 more women)

Pre-school

10 out of 10 population vaccination indicators are worse than the benchmark.

There are no indicators in the worst quintile.

5 out of 6 hospital admission indicators are worse than the benchmark.

The following indicator is in the worst quintile, the potential benefits based on achieving the benchmark shown in brackets:

Emergency gastroenteritis admissions (0 to 4 years) (101 fewer admissions)

Note, for indicators marked with an * see slide 65 for information on how to interpret the opportunity



Key findings:

School aged and young adults

School - aged

9 out of 11 school-age indicators are worse than the benchmark.

The following indicator is in the worst quintile the potential benefits of achieving the benchmark shown in brackets:

Myringotomy procedures (5 to 9 years) (31 fewer procedures)

Young people

1 out of 2 young adult indicators are worse than the benchmark.

There are no indicators in the worst quintile.



Key findings:

All age children indicators

All ages

9 out of 10 all age children indicators are worse than the benchmark.

6 indicators are in the worst quintile. The 5 with the biggest potential benefits to children based on achieving the benchmark are shown in brackets:

Outpatient first attendances (<18 years) (2,314 more attendances)

Emergency admissions (<18 years) (1,347 fewer admissions)

Admissions due to injury (<18 years) (110 fewer admissions)

Emergency respiratory admissions (<18 years) (75 fewer admissions)

Emergency asthma, diabetes or epilepsy admissions (53 fewer admissions)



Analysis

by pathway stage (CCG)

Pathway	Number of indicators			Indicators in the worst quintile - difference between the CCG and the benchmark in brackets	Opportunity - if the CCG were to equal the benchmark
	Total	Below benchmark	Worst quintile		
Pregnancy and Birth	9	8	1	Early access to maternity services (-13.8 % lower)	225 more women
Pre-school	16	15	1	Emergency gastroenteritis admissions (0 to 4 years) (117 % higher)	101 fewer admissions
School aged	11	9	1	Myringotomy procedures (5 to 9 years) (68.5 % higher)	31 fewer procedures
Young adults	2	1	0	No indicators in the worst quintile	No indicators in the worst quintile



Analysis

by pathway stage (CCG)

Pathway	Number of indicators			Indicators in the worst quintile - difference between the CCG and the benchmark in brackets	Opportunity - if the CCG were to equal the benchmark
	Total	Below benchmark	Worst quintile		
All age children and young person indicators	10	9	6	Emergency admissions (<18 years) (72.4 % higher) Emergency respiratory admissions (<18 years) (80.6 % higher) Emerg asthma, diabetes or epilepsy admissions (57.7 % higher) Admissions due to injury (<18 years) (31.6 % higher) Outpatient first attendances (<18 years) (-28.3 % lower) DNA rate for outpatient appointments (2.6 % higher)	1,347 fewer admissions 75 fewer admissions 53 fewer admissions 110 fewer admissions 2,314 more attendances 2.6 % lower



Bringing it all together (CCG)

Where to focus	Who should we speak to?*	What could work
High emergency admissions for children	NHS West Essex CCG	A Child Health and Maternity Partnership (CHaMP) report (2011) on the fundamentals of commissioning health services for children: http://www.chimat.org.uk/resource/view.aspx?RID=106744 has examples of how improvements have been made.
High hospital admissions for gastroenteritis	NHS West Essex CCG	NICE has a pathway for diarrhoea and vomiting due to gastroenteritis in children under 5 http://pathways.nice.org.uk/pathways/diarrhoea-and-vomiting-in-children that states that most children with gastroenteritis can be safely managed at home.
High emergency respiratory admissions	NHS Ashford CCG	NICE pathway and guidance for respiratory tract infections has guidance for antibiotic prescribing for respiratory tract infections, identifying patients at risk of complications http://guidance.nice.org.uk/CG69 .
High emerg admissions for asthma, diabetes or epilepsy	NHS South West Lincolnshire	NICE quality standards describe high quality cost effective care for children and young people relating to asthma http://guidance.nice.org.uk/QS25 and epilepsy http://guidance.nice.org.uk/QS27
High hospital admissions due to injury	NHS Ashford CCG	NICE (2010) has a quick reference guide: preventing unintentional injuries among under-15s. Available at: http://guidance.nice.org.uk/PH30/QuickRefGuide/pdf/English
High rate of myringotomy procedures	NHS South Kent Coast CCG	The NICE guideline (CG60) surgical management of otitis media with effusion in children http://guidance.nice.org.uk/cg60 has advice about identifying children with OME who may benefit from surgery.

*Based on the highest ranked CCG in the cluster. It is not known whether the CCG has taken specific actions in this area but there maybe something to learn from a conversation about their approach.



Local data

LAs working with CCGs may want to consider adding local intelligence to triangulate with the intelligence in this pack.

This may include;

- Joint Strategic Needs Assessment (JSNA)
- Preventative activity commissioned by local authorities – e.g. smoking cessation programmes for pregnant women
- Data on inequalities
- Up to date intelligence from providers
- Contract monitoring data
- Local prescribing data

Local data can be particularly useful when;

- Testing the size of the opportunities identified from the national data in this pack
- Linking to identified needs of the population
- Testing whether plans introduced since these data were collected have worked
- Testing whether commissioned services are accessed by those greatest in need

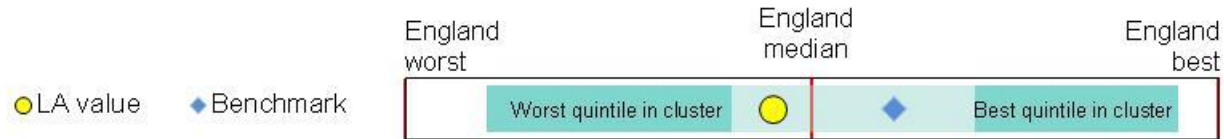


Public Health
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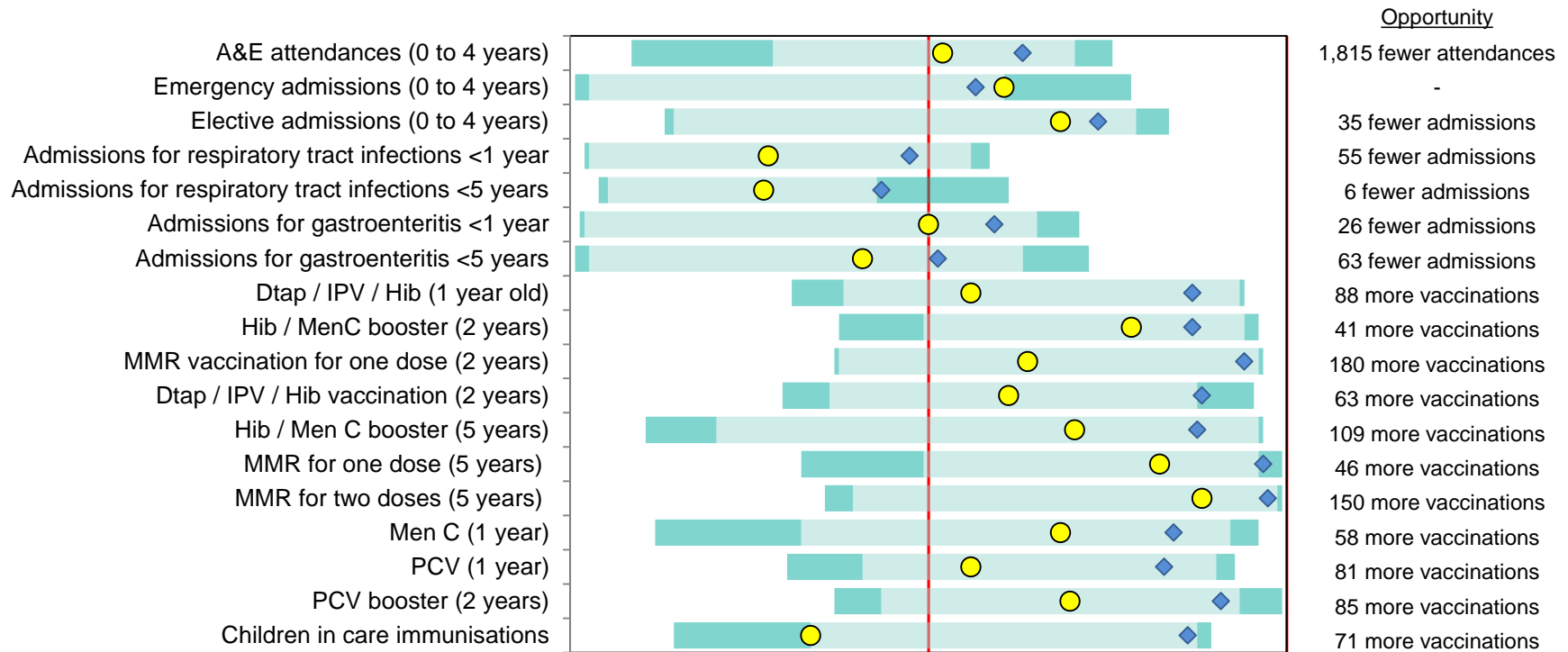
Annexes



Annex 1: Spine charts: Local Authority

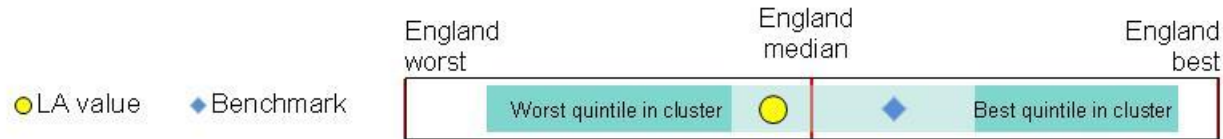


Pre-school

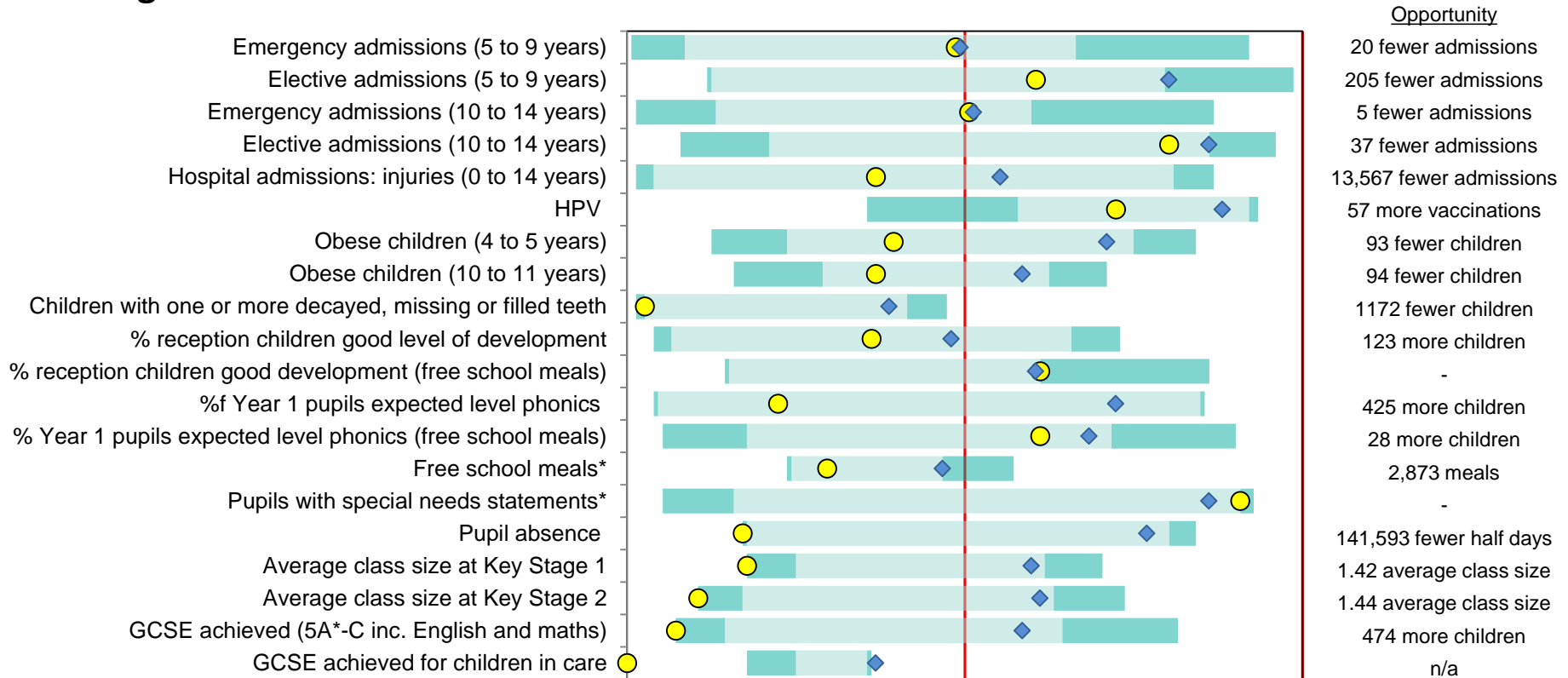




Annex 1: Spine charts: Local Authority

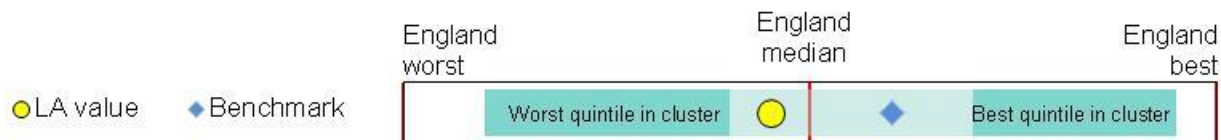


School aged

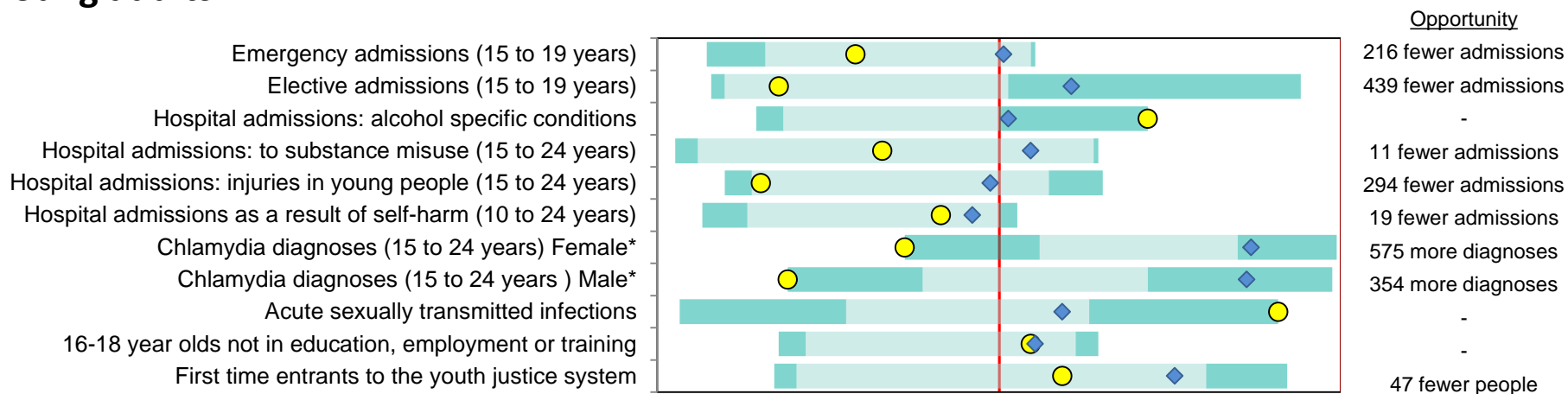




Annex 1: Spine charts: Local Authority

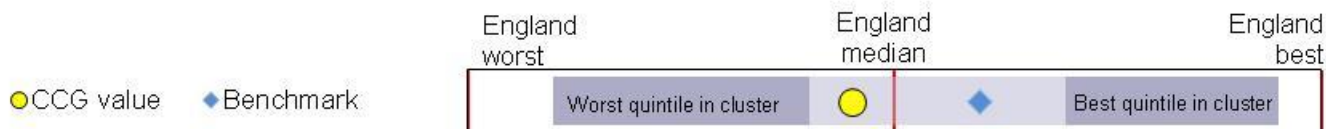


Young adults

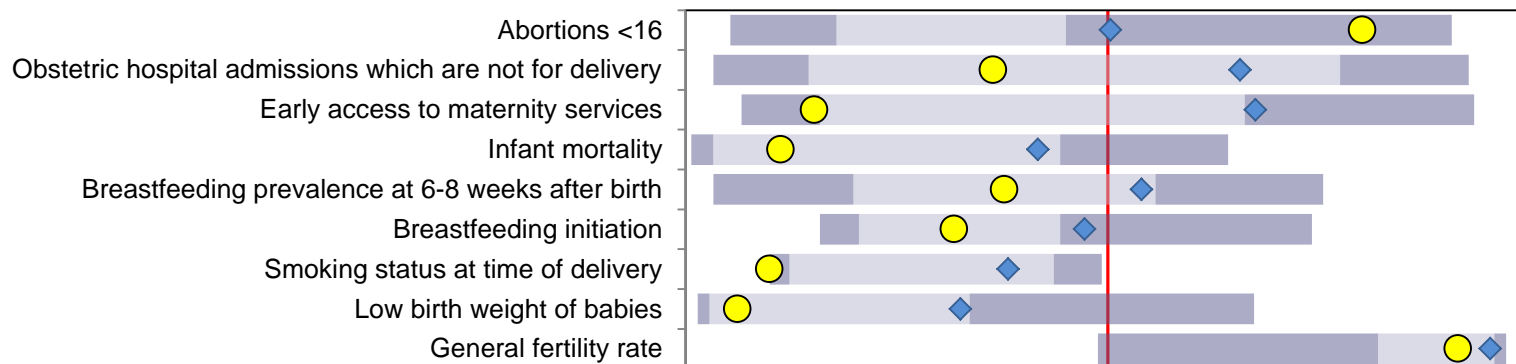




Annex 2: Spine charts: NHS Bradford Districts CCG



Pregnancy and Birth

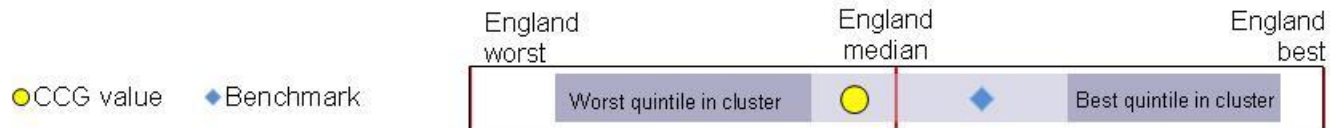


Opportunity

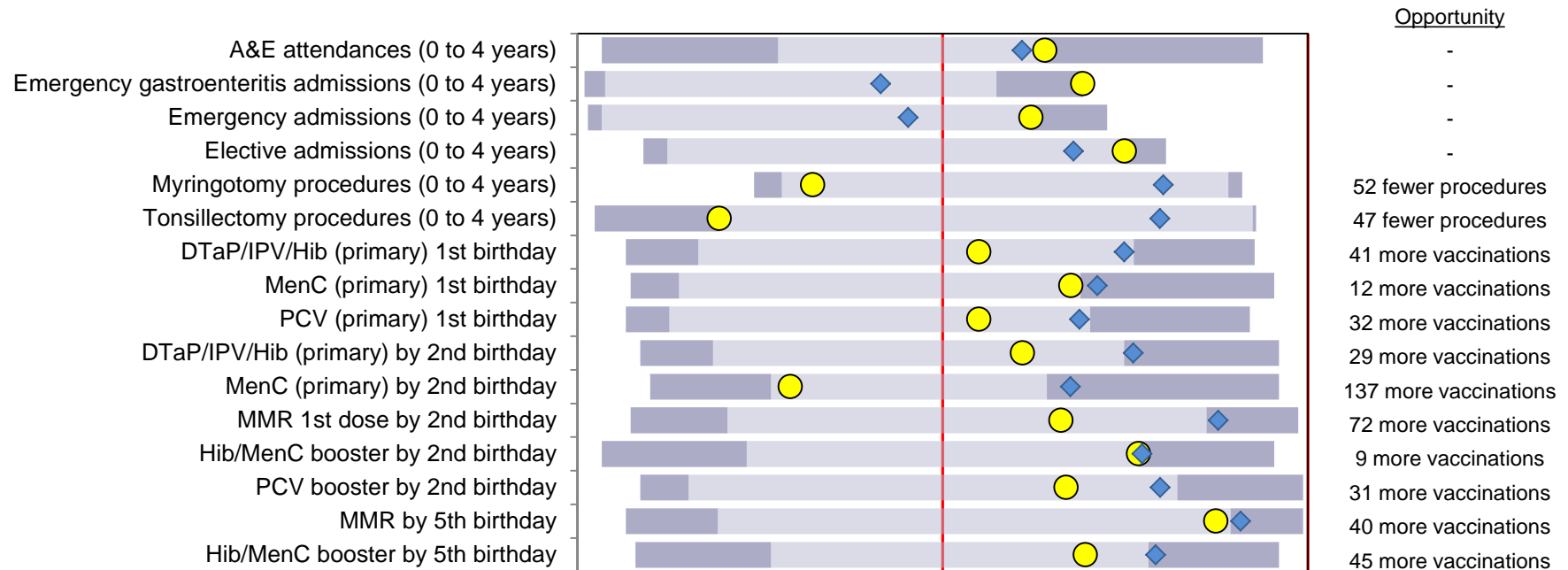
-
- 3,300 fewer admissions
- 614 more women
- 9 fewer infant deaths
- 332 more women
- 207 more women
- 297 fewer women
- 61 fewer births
- 204 live births



Annex 2: Spine charts: NHS Bradford Districts CCG

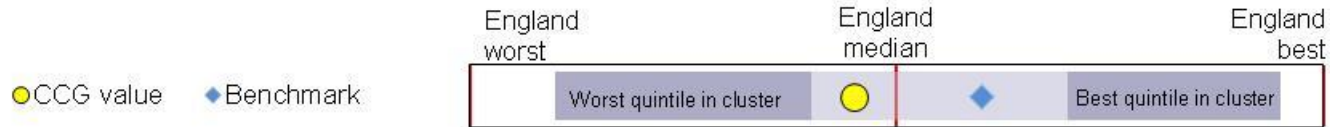


Pre-school

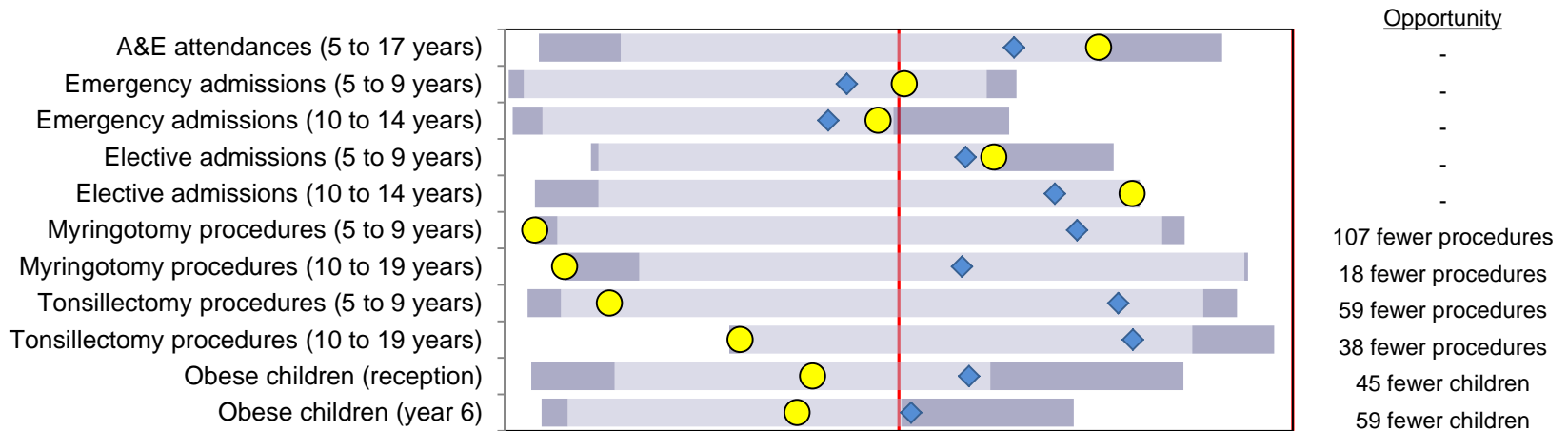




Annex 2: Spine charts: NHS Bradford Districts CCG



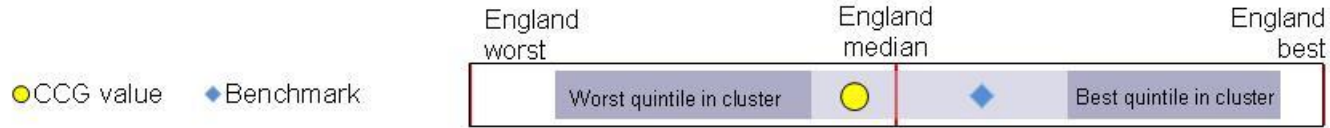
School aged





Annex 2: Spine charts:

NHS Bradford Districts CCG



Young adults

Elective admissions (15 to 19 years)

Emergency admissions (15 to 19 years)



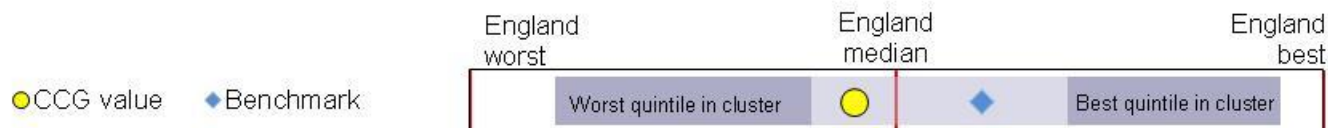
Opportunity

217 fewer admissions

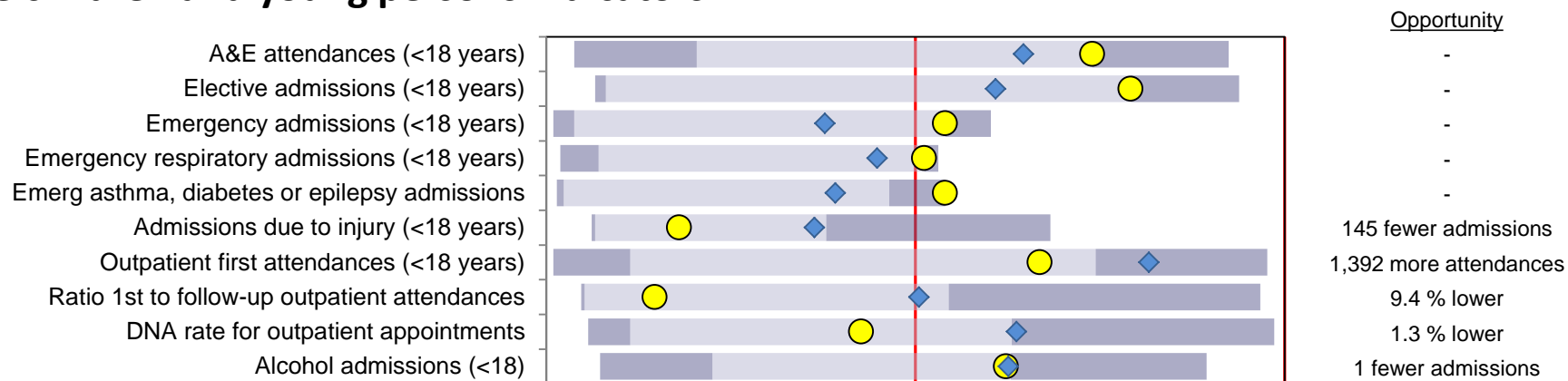
207 fewer admissions



Annex 2: Spine charts: NHS Bradford Districts CCG



All age children and young persons indicators

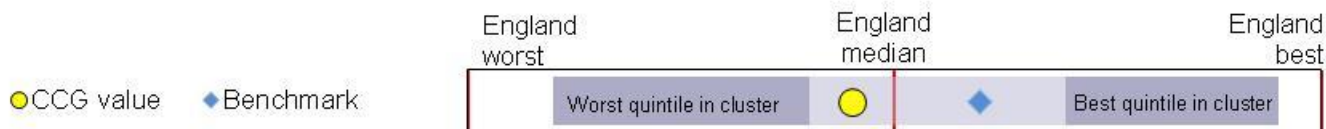


Note 1, where the opportunity equals "N/A" there is no data for this indicator

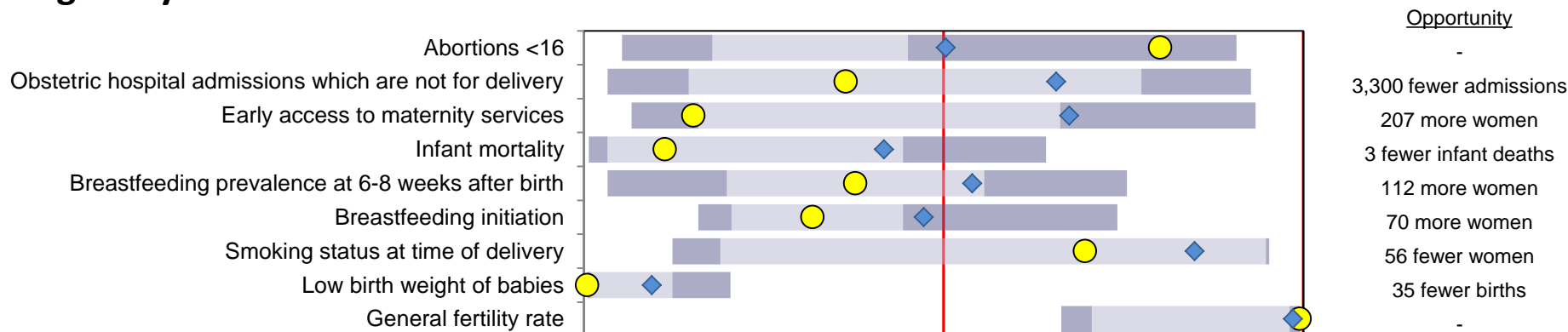
Note 2, for indicators marked with an * see slide 65 for information on how to interpret the opportunity



Annex 2: Spine charts: NHS Bradford City CCG



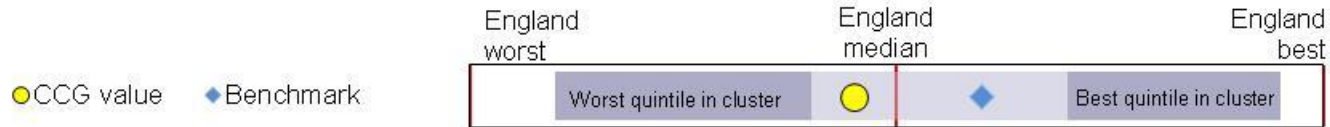
Pregnancy and Birth



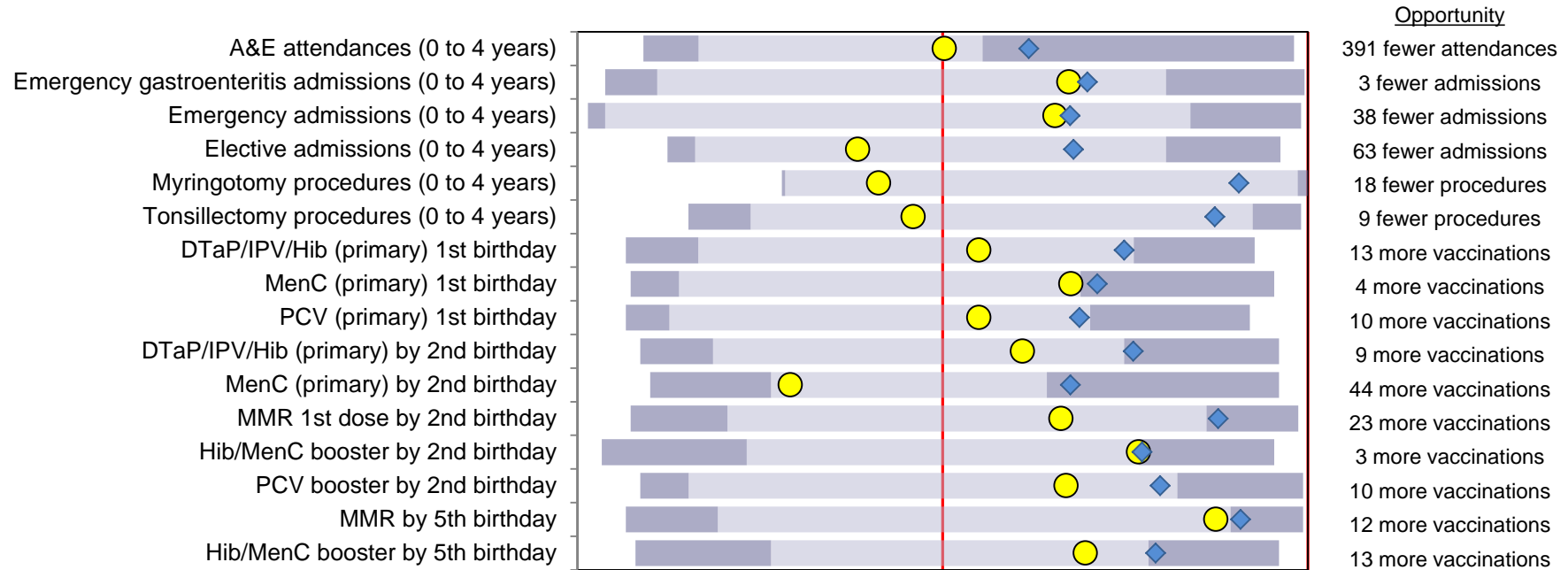


Annex 2: Spine charts:

NHS Bradford City CCG

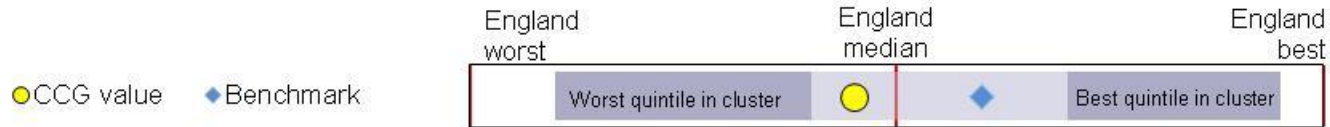


Pre-school

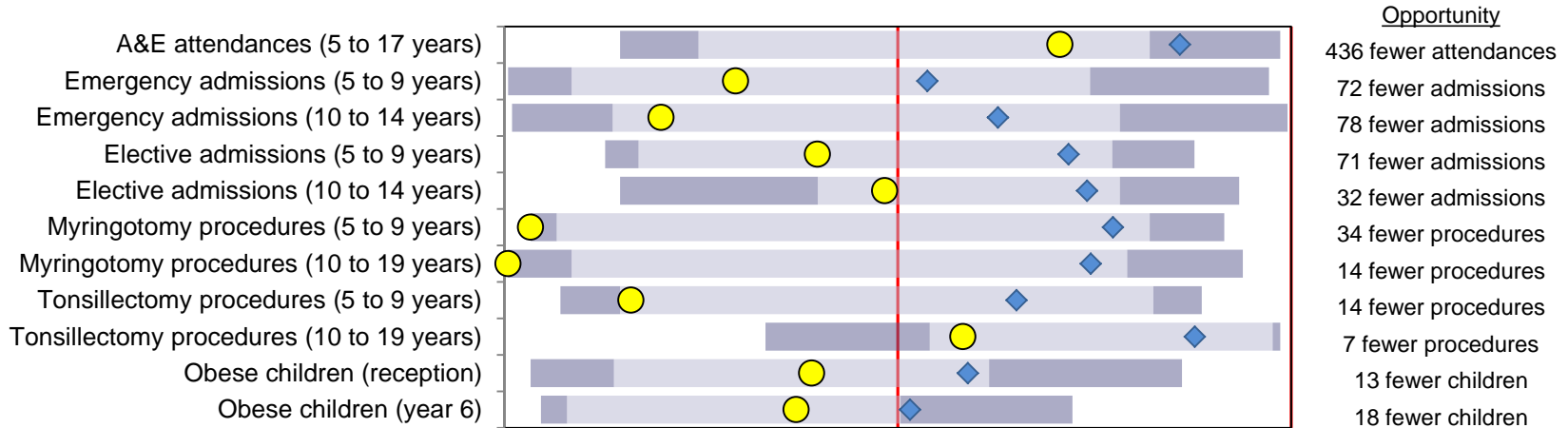




Annex 2: Spine charts: NHS Bradford City CCG

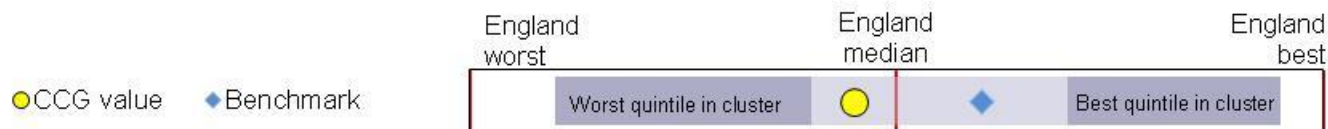


School aged





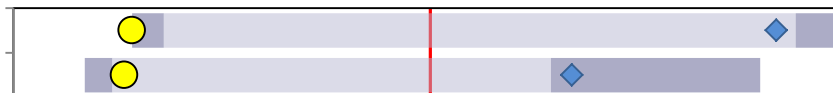
Annex 2: Spine charts: NHS Bradford City CCG



Young adults

Elective admissions (15 to 19 years)

Emergency admissions (15 to 19 years)

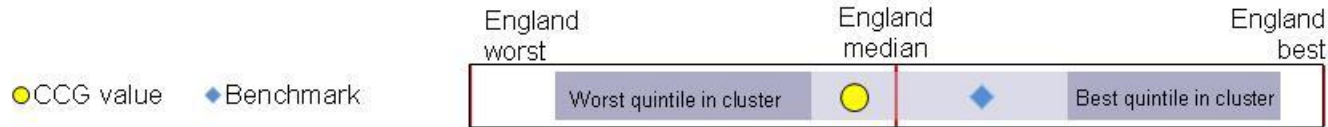


Opportunity
145 fewer admissions
110 fewer admissions

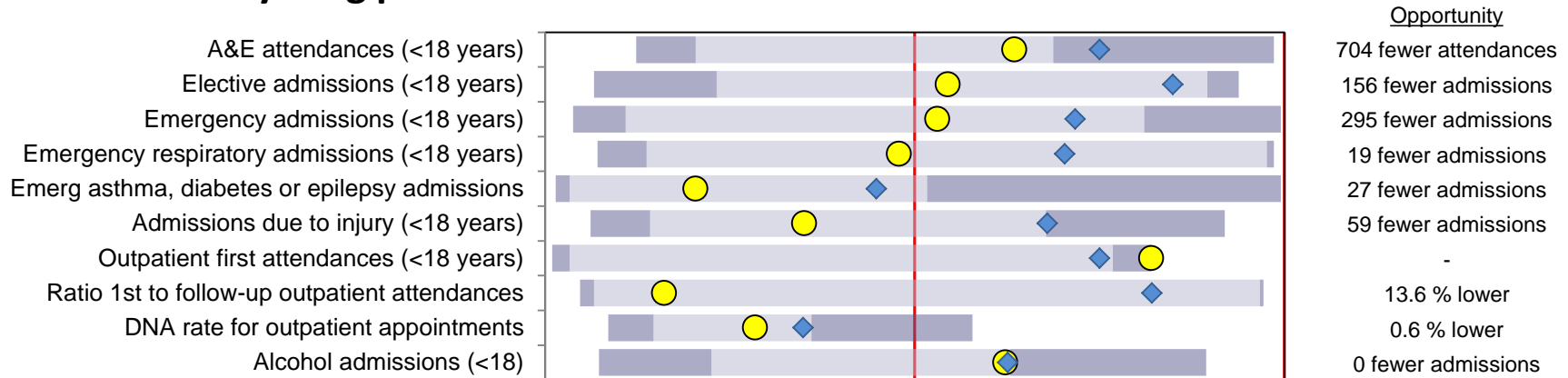


Annex 2: Spine charts:

NHS Bradford City CCG



All age children and young persons indicators

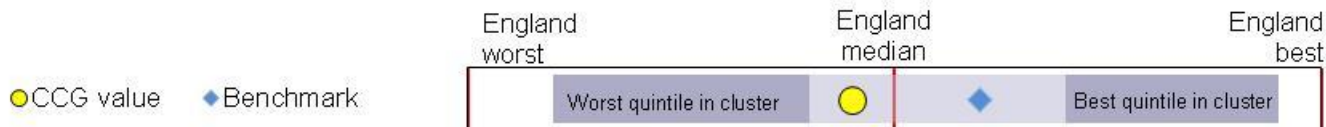


Note 1, where the opportunity equals “N/A” there is no data for this indicator

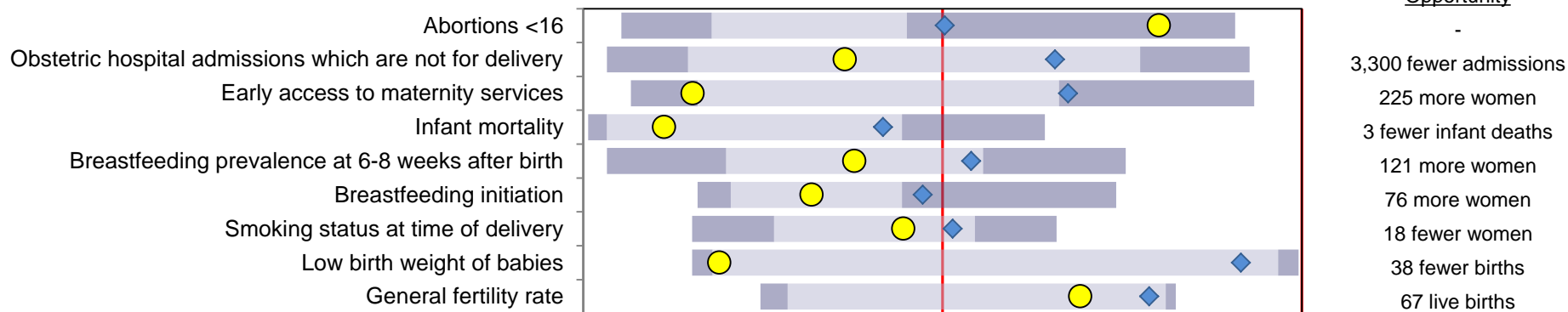
Note 2, for indicators marked with an * see slide 65 for information on how to interpret the opportunity



Annex 2: Spine charts: NHS Airedale, Wharfedale and Craven CCG

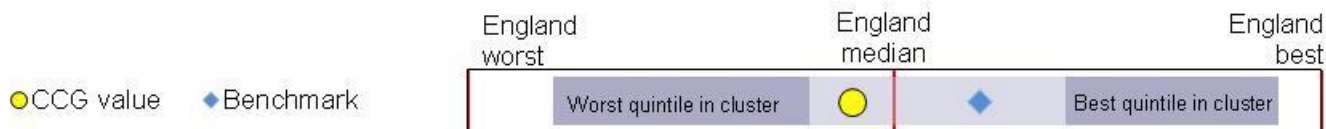


Pregnancy and Birth

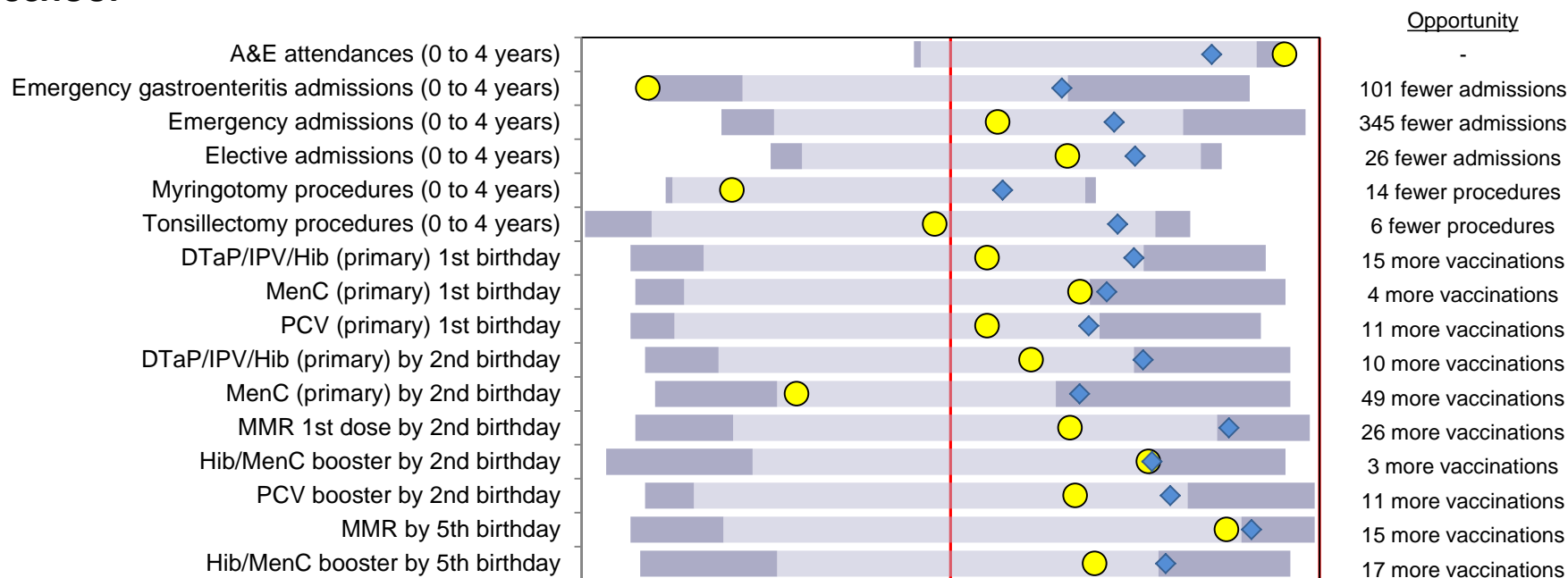




Annex 2: Spine charts: NHS Airedale, Wharfedale and Craven CCG

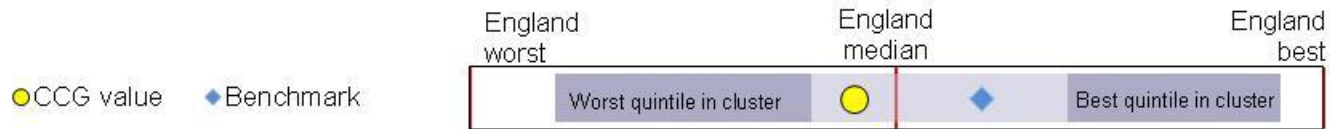


Pre-school

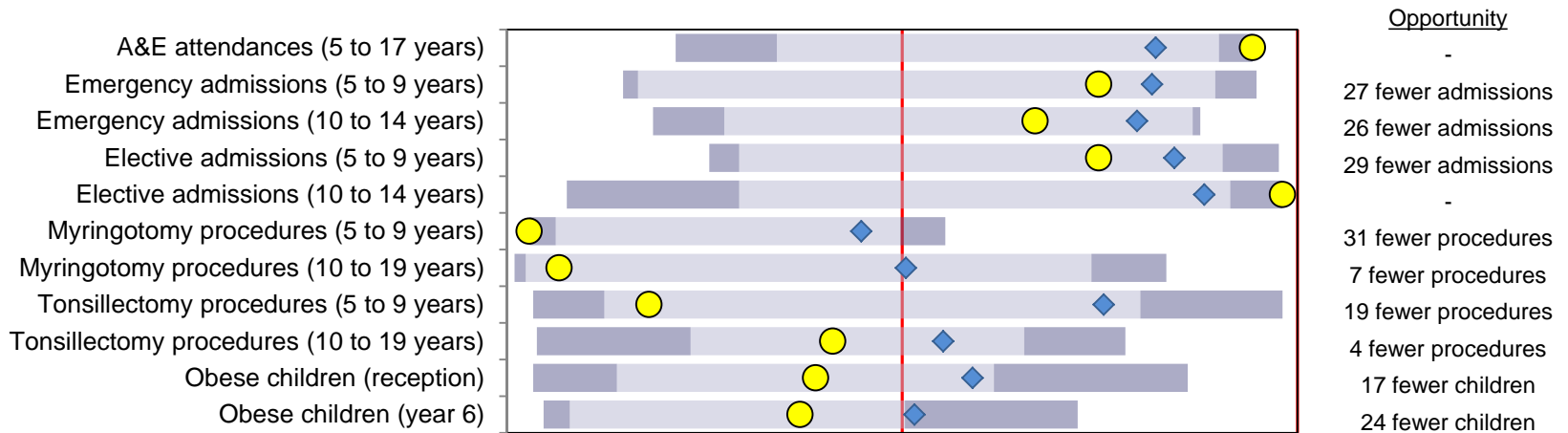




Annex 2: Spine charts: NHS Airedale, Wharfedale and Craven CCG

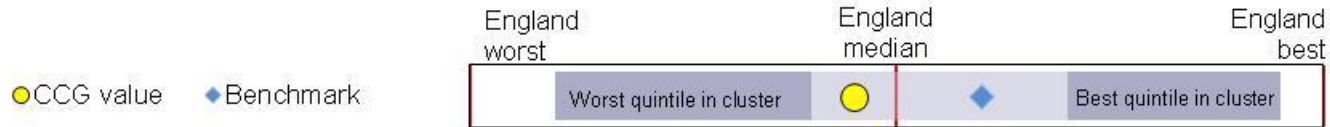


School aged





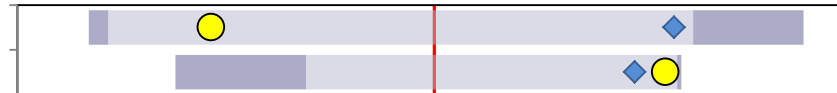
Annex 2: Spine charts: NHS Airedale, Wharfedale and Craven CCG



Young adults

Elective admissions (15 to 19 years)

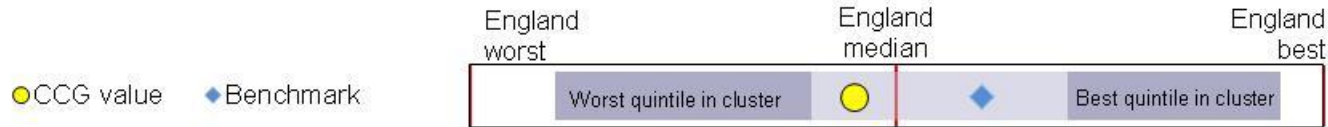
Emergency admissions (15 to 19 years)



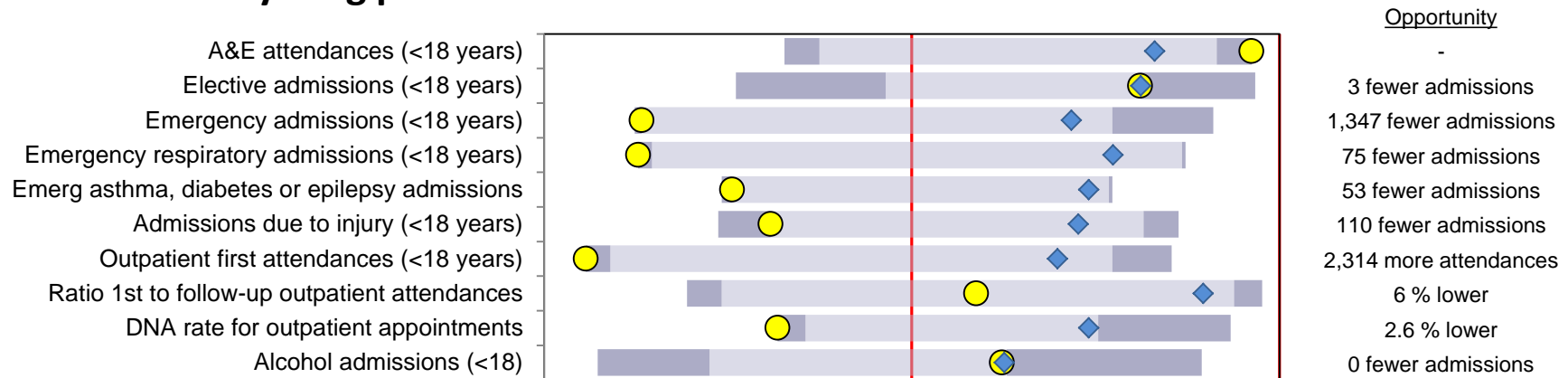
Opportunity
129 fewer admissions
-



Annex 2: Spine charts: NHS Airedale, Wharfedale and Craven CCG



All age children and young persons indicators



Note 1, where the opportunity equals "N/A" there is no data for this indicator

Note 2, for indicators marked with an * see slide 65 for information on how to interpret the opportunity



Public Health
England

Annex 3: Local Authority cluster

The 10 most similar local authorities to Bradford are:

Rochdale

Oldham

Blackburn with Darwen

Kirklees

Walsall

Bolton

Derby

Coventry

Calderdale

Peterborough

For information on the methodology please go to:

http://media.education.gov.uk/assets/files/xls/c/childrens_services_statistical_neighbour_benchmarking_tool.xls



Annex 4: CCG cluster

The 10 most similar CCGs to NHS Bradford Districts CCG are:

NHS Oldham CCG

NHS Bolton CCG

NHS Heywood, Middleton and Rochdale CCG

NHS Walsall CCG

NHS North Kirklees CCG

NHS Blackburn with Darwen CCG

NHS East Lancashire CCG

NHS Leeds South and East CCG

NHS Bury CCG

NHS Stoke on Trent CCG

For information on the methodology please go to:

<http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/>



Annex 4: CCG cluster

The 10 most similar CCGs to NHS Bradford City CCG are:

NHS Slough CCG
NHS Birmingham South and Central CCG
NHS Luton CCG
NHS Blackburn with Darwen CCG
NHS Leicester City CCG
NHS Redbridge CCG
NHS Sandwell and West Birmingham CCG
NHS North Kirklees CCG
NHS Tower Hamlets CCG
NHS Oldham CCG

For information on the methodology please go to:

<http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/>



Annex 4: CCG cluster

The 10 most similar CCGs to NHS Airedale, Wharfedale and Craven CCG are:

NHS Calderdale CCG
NHS South Kent Coast CCG
NHS East Staffordshire CCG
NHS Ashford CCG
NHS Harrogate and Rural District CCG
NHS West Essex CCG
NHS South West Lincolnshire CCG
NHS Great Yarmouth and Waveney CCG
NHS South Worcestershire CCG
NHS Newark & Sherwood CCG

For information on the methodology please go to:

<http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/>



Annex 5: Statistical methodology

Statistical methodology

The methodology used in this pack consisted of the following steps:

For each indicator:

- Data are ranked within the cluster.
- A benchmark value is calculated from the best 5 ranked values
- The opportunity that could be gained if the CCG were to improve to the benchmark value is calculated
- The worst quintile is identified as the worst 2 ranked values
- If the indicator lies in the worst quintile then it is highlighted as a potential area for investigation

This is a non-parametric statistical approach which is designed to be easy to understand and interpret. It is also insensitive to the presence of outlying or extreme values. While the comparison does not necessarily prove statistical significance it does provide a robust indication of the most promising areas for further investigation.



Annex 6: Notes on data

Indicator	Notes
Percentage of deliveries aged over 35	Any opportunity that is indicated refers to the increased risk of pregnancy-related complications and health problems and the extra resources that this involves, not a suggested reduction in deliveries.
Chlamydia diagnoses (15 to 24 years) Male / Female	This indicator represents the diagnosis rate amongst under 25 year olds and is a measure of chlamydia control activities. Increasing diagnostic rates indicates increased control activity: it is not a measure of morbidity. PHE recommends that LA's should be working towards achieving a diagnosis rate of at least 2,300 per 100,000.
Free school meals	Any opportunity that is indicated refers to an increased number of children from poorer backgrounds who are more at risk of poorer development and the extra resource that this involves, not a suggested reduction in free school meals.
Pupils with special needs statements	Any opportunity that is indicated refers to an increased number of pupils with special needs statements and the extra resource that this involves, not a suggested reduction in statements.
Parents in drug or alcohol treatment	Parents in treatment is not a measure of the number of substance misusing parents in an area. Any opportunity that is indicated refers to an increased number of children with parents in drug or alcohol treatment who are more at risk, not a suggested reduction in parents in treatment.



Annex 7: Data sources

Data sources used:

LA

- Children and Young persons benchmarking tool, data downloaded June 2014, PHE
- Child Health profiles, March 2014, PHE
- Breastfeeding profiles, 2013, PHE
- Early years profiles, 2014, PHE
- Hospital Episode Statistics (HES), Copyright © 2014, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
- Department for Education, 2013
- Annual Population Survey Household datasets, 2012
- Office for National Statistics, 2012
- School census, 2013
- Health & Wellbeing – Alcohol & Drugs, 2012/13, Public Health England



Annex 7: Data sources

Data sources used:

CCG

- National general practice profiles, data downloaded May 2014, PHE
- Copyright © 2014, Health and Social Care Information Centre. All Rights Reserved.
- Department of Health, Integrated Performance Measure Return
- National Statistics, Copyright © 2014, Health and Social Care Information Centre. All Rights Reserved.
- Department of Health and National Statistics Copyright © 2014, Health and Social Care Information Centre. All Rights Reserved.
- COVER: Copyright © 2013, Health and Social Care Information Centre. All Rights Reserved.
- The Health and Social Care Information Centre, Lifestyle Statistics / Public Health England, Children, Young People and families NCMP Dataset Copyright © 2013. The Health and Social Care Information Centre, Lifestyle Statistics. All Rights Reserved.
- Local Alcohol Profiles for England (LAPE), 2008-10
- Integrated Performance Measures Monitoring/ Maternity, Department of Health.



Annex 8: Glossary

- Dtap/IPV/Hib A single vaccine which protects against diphtheria, pertussis, tetanus, Haemophilus influenzae type b and polio.
- Men C Meningococcal C
- PCV Pneumococcal
- HPV Two high-risk HPV types – 16 and 18
- MMR Measles, mumps and rubella vaccine