InsideOutcomes

Developing Well
Data Dictionary

Introduction

What is Developing Well?

In November 2008, Professor Sir Michael Marmot was asked by the then Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010.

The review produced the report 'Fair Society, Healthy Lives' which proposed a cradle-to-grave approach to reduce inequalities, commonly referred to as the Life Course Framework. This broke down people's lives into a number of different life phases.

It concluded that, to have a significant impact on health inequalities, action needs to be taken on six policy objectives. These policy objectives are listed below against their applicable life phase and focus area:

Policy Objective:	Life Phase:	Focus Area:
Give every child the best start in life.	Starting Well	Pre-Natal - Pre-School
Enable all children, young people and adults to maximise their capabilities and have control over their lives.	Developing Well	School
Create fair employment and good work for all.	Working Well	Training and Employment
Ensure a healthy standard of living for all.	Living Well	Family
Create and develop healthy and sustainable places and communities.	Living Well	Community
Strengthen the role and impact of ill health prevention.	Ageing Well	Retirement

This document is one of a series, with each document in the series referring to a specific life phase.

What is this data dictionary?

The measures defined in this dictionary work with a preventative model of support. One of the most effective methods of measurement, when delivering preventative services, is that of risk and protective factors. The removal of risks and the addition of protective factors provides a statistical basis for evidence of impact.

The definitions in this dictionary result from the analysis of the relevant national outcome frameworks, programmes and clinical guidelines. These have then been combined to form a single document listing all of the measures relevant to the Living Well life stage.

For each measure there is a definition (taken from one or more of the source documents), an explanation of why the measure is recorded, a description of the data that is collected and the survey point(s) at which the data is recorded. There is also a separate table showing which framework or policy records the measure.

The dictionary is separated into three areas of risk: Personal Circumstances, Lifestyle and Behaviour, and finally, Status.

Personal Circumstances - related to the factor(s) that are relevant to the support people need. Personal circumstances are non-clinical factors that are likely to have an adverse effect on health. Many of these types of risk are unchangeable or may take a long time to resolve.

For example: Social isolation is a personal circumstance. Being socially isolated can cause stress and anxiety, increased risk of misusing alcohol or substances, and increased visits to the GP or Accident and Emergency.

Lifestyle and Behavioural factors - something that increases the likelihood of a poor long-term health outcome. These will form the basis of the support provided and are able to be reduced with the right support and services. The removal of this type of risk can be achieved in a shorter period.

For example: smoking is a lifestyle and behavioural factor that increases the risk of heart, lung and respiratory disease.

Status - the result of a lifestyle and behavioural factor. The removal or reduction of these risks is likely to be a long-term outcome.

For example: A person who has been diagnosed as pre-diabetic as a result of poor lifestyle and behavioural factor(s) now has 'pre-diabetic' as a status, however the focus of support will be on the removal and reduction of the lifestyle and behaviour issues.

The data dictionary is a shared reference document that describes what should be recorded. This is because it is important that everybody who collects the data has the same understanding of what is being collected.

The measures to be recorded are taken from the following frameworks:

Organisation:	Framework Title:
National Institute for Health and Clinical Excellence	CG110: Pregnancy and complex social factors CG62: Antenatal Care CG45: Antenatal and Postnatal Mental Health
Department of Health	Improving Outcomes and Supporting Transparency
Department of Work and Pensions	Social Justice Outcomes Framework
Department of Health	CCG Improvement & Assessment Framework
Department of Health	Carers Action Plan
Department of Health	Healthy Child Programme: Pregnancy and the first five years of life
Department of Education	School Attendance

Developing Well – Example Risk Map

Personal circumstances

Current Score : **B**
Score on assessment : **B**
Highest Score : **B**

Accommodation

Housing - homeless — Assign
UNASSIGNED

The client has nowhere to live: someone is not homeless if they are in temporary accommodation

Housing - temporary accommodation — Resolve / Delete
ASSIGNED

The client is living in temporary accommodation, this includes hostel accommodation, sofa surfing, or short-term arrangements outside the family

Housing - unsuitable housing — Assign
UNASSIGNED

The client feels they are living in unsuitable accommodation, this might be because it is unsafe, unsanitary, overcrowded, in disrepair or at risk of domestic abuse.

Domestic abuse

Disclosed domestic violence and abuse — Assign
UNASSIGNED

Client who self-reports that they are or have been subject to domestic violence and abuse. Including physical, mental and emotional abuse.

Family

Meets the troubled family criteria — Assign
UNASSIGNED

Client who lives in a household where a Troubled Family has been identified.

Looked after child/young person — Assign
UNASSIGNED

Children who are in local authority residential care, foster care, residential school or secure unit or with parents supervised by social workers

Young carer — Assign
UNASSIGNED

Someone aged 18 or under who helps look after a relative who has a condition - such as a disability, illness, mental health condition or a drug/alcohol problem

Independence

Recent arrival to the UK — Assign
UNASSIGNED

Client has moved to the UK within the last 12 months

Safeguarding

Safeguarded child — Assign
UNASSIGNED

The client is at risk or classified as in need by Social Care and Health

Social isolation

Social isolation — Assign
UNASSIGNED

Client who is socially isolated or lonley

Behaviour

Current Score : **2**
Score on assessment : **2**
Highest Score : **2**

Alcohol

Alcohol — Assign
UNASSIGNED

The client is drinking more than the recommended units of alcohol per week on average: 14 units for both women and men, 4 units for pregnant women

Attendance

School attendance — Assign
UNASSIGNED

Children who go missing from school particularly on repeat occasions.

Exercise

Physically inactive — Assign
UNASSIGNED

The client is doing less than 30 minutes of moderately intense physical activity per week in bouts of 10 minutes or more

Hospital admission

Hospital Admissions — Resolve / Delete
ASSIGNED

Children aged 5 -16 who were admitted to hospital with unintentional or deliberate injuries

Immunisations

Immunised or vaccinated — Assign
UNASSIGNED

Children aged 5 and 13 who have received the recommended screening programmes

Nutrition

Significant fried and processed food — Assign
UNASSIGNED

The client reports that fried and processed food formed a significant part of their diet in the last week

Dietary deficiencies — Assign
UNASSIGNED

Not meeting the recommended guidelines for nutionally balanced diet

Smoking

Smoking — Assign
UNASSIGNED

The client smoked cigarettes in the last week, regardless of number per day

Substance misuse

Substance misuse — Assign
UNASSIGNED

The client regularly uses intoxicants (excluding alcohol) to an extent where physical dependence or harm is a risk

Status

Current Score : **1**
Score on assessment : **1**
Highest Score : **1**

Criminal activity

First time entrant to the justice system — Assign
UNASSIGNED

10 - 17 year olds receiving their first reprimand, warning, youth caution or conviction

Education

School readiness — Assign
UNASSIGNED

Children at the end of Reception Year who have not reached their early learning goals

General health

Tooth decay — Assign
UNASSIGNED

Children aged 5 years and over who have decayed, missing or filled teeth

Mental health

Low wellbeing (Children) — Assign
UNASSIGNED

Children aged 10 - 15 who reported low levels on 3 measures in the ONS Children and Young People Well-being tool

Eating disorder — Resolve / Delete
ASSIGNED

An adult or children (over the age of 8) who are diagnosed with anorexia, bulimia or binge eating

Sexual health

Teenage preganacy — Assign
UNASSIGNED

Conceptions to young women aged 15 - 17

Chlamydia — Assign
UNASSIGNED

Young people aged 15 - 16 who are diagnosed with chlamydia through screening

Weight

Excess weight in children — Assign
UNASSIGNED

Children classed as obese or overweight

Contents

Personal Circumstances:

Behavioural Factors:

Status Factors:

Personal Circumstances

Personal circumstances are measures of socio-economic factors that are present in a person's life. These can be quite profound factors that are have an impact on a person's ability to manage health lifestyle choices or even to make changes that can change clinical factors.

Measure	Disclosed domestic violence and abuse
Definition	The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: • psychological • physical • sexual • financial • emotional Where this is historic then it will be recorded if that abuse still affects the client's life presently.
Reason for collecting	People experiencing domestic violence and abuse may experience additional physical and mental health needs as a result of abuse. In addition, people may have additional support needs during their training and early employment. Domestic violence and abuse are safeguarding issues where children are involved.
Data collected	Number of people who self-report that they are or have been subject to domestic violence and abuse.

Outcome Framework	Reference
NICE Guidance	PH50 CG110
Healthy Child Programme: Pregnancy and the First Five Years	HCP – P17 HCP – P45
Public Health Outcome Framework	1.11
Social Justice Outcome Framework	KI-1

Measure	**Financial Hardship**
Definition	The client reports that their household are on a low income (60% of average wages before housing costs) Indicators are: 1. The family cannot afford a number of food and clothing items 2. They claim Job Seekers Allowance, Employment Support Allowance or Income Support 3. They have required fuel costs that are above average or, were they to spend that amount, it would leave them with a residual income below the fuel poverty line. 4. They have unmanaged debt; this includes rent arrears
Reason for collecting	Clients may be perceived to be in a 'benefits trap' where they are unable to earn enough to equal or exceed their current rate of benefit. Recent legislation has capped benefits resulting in increased need to obtain employment. Many clients may find the cost of training and work-focused activity difficult to manage.
Data collected	Number of clients who self-disclose that they have unmanaged debt, rent arrears or low income.

Outcome Framework	Reference
Public Health Outcomes Framework	1.1, 1.17
Social Justice Outcomes Framework	KI-4
Healthy Child Programme	HCP – P17

Measure:	Housing - Homeless
Definition:	You may be legally homeless if: 1. You've no legal right to live in accommodation anywhere in the world. 2. You can't get into your home - eg. your landlord has locked you out. It's not reasonable to stay in your home - eg. risk of violence or abuse. 3. You're forced to live apart from your family or people you normally live with because there's no suitable accommodation for you. 4. You're living in very poor conditions - eg. overcrowding. If you're legally homeless, your council must provide you with help – this could range from giving advice to arranging accommodation. The amount of help they give you will depend on things like: ● If you became homeless through no fault of your own ● If you're eligible for assistance ● If you're in priority need
Reason for Collecting:	Being homeless is an indication of social risk. This has implications for financial status.
Data Collected:	Number of people who are homeless and not living in temporary accommodation provided by their local authority.

Outcome Framework:	Reference:
Public Health Outcome Framework	1.15i
Social Justice Outcome Framework	KI-1

Measure: **Housing - Temporary Accommodation**

Definition:	Temporary accommodation includes sofa-surfing, hostel accommodation and short-term arrangements as a non-dependent.
Reason for Collecting:	Living in temporary accommodation is an indication of social risk. It often leads to a period of financial crisis for someone as benefits will usually be delayed.
Data Collected:	Number of clients who are living in temporary accommodation as defined above.

Outcome Framework:	**Reference:**
Public Health Outcome Framework	1.15ii
Healthy Child Programme: Pregnancy and the First Five Years	HCP - P17
Social Justice Outcome Framework	KI -1

Measure: **Housing - Unsuitable Accommodation**

Definition:	Accommodation is self-declared unsuitable by the client.
Reason for Collecting:	Unsuitable accommodation might include housing repairs or overcrowding. Typically, this will have an adverse effect on the client and the wider family's physical and mental health.
Data Collected:	Does the client feel that they are living in unsuitable accommodation? This might be because it is unsafe, unsanitary, overcrowded or in disrepair.

Outcome Framework:	**Reference:**
Public Health Outcome Framework	1.15i
Healthy Child Programme: Pregnancy and the First Five Year	HCP – P17
Social Justice Outcome Framework	KI-1

Measure	Looked After Child/Young Person
Definition	Children in care or 'Looked After Children' are children who have become the responsibility of the local authority. They may be: ● Living with Foster Parents ● In Residential Children's Home ● In a residential setting such as School or Secure Unit ● With parents under Supervision of Social Workers
Reason for collecting	Children who have been (or are) in the care system are more likely than their peers to have problems with drugs, alcohol, mental health and crime
Data collected	Number of 'Looked After Children'.

Outcome Framework	Reference
Healthy Child Programme: Pregnancy and the First Five Year	HCP – P59
Public Health Outcome Framework	2.8

Measure	Recent Arrival to the UK
Definition	People who moved to the UK within the previous 12 months 1. Recent migrants 2. Asylum seekers 3. Refugees
Reason for collecting	People who are recent migrants, asylum seekers or refugees, or who have difficulty reading or speaking English, may not make full use of health and wellbeing services. This may be because of unfamiliarity with the health service, because they find it hard to communicate with healthcare staff or because their arrival status restricts that services they can access.
Data collected	Number of people who moved to the UK within the previous 12 months

Outcome Framework:	Reference:
NICE Guidance	CG110 PH38

Measure	Safeguarded Child
Definition	The family are known to social services and is considered to meet any of the following 1. Unborn child in need 2. Unborn child at risk 3. Either parent is a care leaver 4. Parent assessed as 'Vulnerable Adult' 5. Child attended hospital as a result of non-accidental injury
Reason for collecting	Support workers have a key role of participating in the care plan. They will occasionally be an advocate and at other times be asked to make recommendations.
Data collected	Number of women living in families known to social services and where the unborn child is considered to be in need or at risk

Outcome Framework	Reference
NICE Guidance	CG110 1.17
Healthy Child Programme: Pregnancy and the First Five Years	HCP – P16
Public Health Outcome Framework	2.7

Measure:	Social Isolation - Loneliness
Definition:	An adult is considered to be socially isolated if they have no support from either a partner, family or a friend. The client reports that they do not have as much social contact as they would like.
Reason for Collecting:	Social isolation may be a trigger for mental ill-health problems, reduction in physical activity and the inability to access services. Social isolation is all considered an indicator for higher risk of suicide.
Data Collected:	Number of adults who define themselves as socially isolated or lonely.

Outcome Framework:	Reference:
Public Health Outcome Framework	1.18
Adult Social Care Outcome Framework	1L
Preventing Suicide in England	Reference
WHO - Preventing Suicide - A Global Imperative	Reference

Measure	Meets the Troubled Family Criteria
Definition	'Troubled families' are households who: • Are involved in crime and anti-social behaviour • Have children not in school • Have an adult on out of work benefits • Cause high costs to the public purse
Reason for collecting	Families who have been identified as meeting the Troubled Families criteria often have long standing problems which can lead to a cycle of disadvantage
Data collected	Number of clients who live in a household where a Troubled Family has been identified.

Outcome Framework	Reference
Working with Troubled Families	Reference

Measure	Young Carer
Definition	A young carer is someone aged 18 or under who helps look after a relative who has a condition - such as a disability, illness, mental health condition or a drug/alcohol problem.
Reason for collecting	Caring for a family member can have a detrimental impact on the life of a young carer, including their educational achievement.
Data collected	Number of clients who are young carers.

Outcome Framework	Reference
Carers Action Plan	Reference

Behavioural Factors

These are issues that increase the likelihood of a poor long-term health outcome. These will form the basis of the support provided and are able to be reduced with the right support and services. The removal of this type of risk can be achieved in a shorter period.

Measure:	Alcohol Misuse
Definition:	Clients who regularly exceed the advised maximum amount of alcohol. For both men and women: 2 - 3 units per day (guideline: <14 units per week)
Reason for Collecting:	Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol can be a contributory factor to falls in older people. As the metabolic rate slows down with ageing the effect of alcohol is greater.
Data Collected:	The number of clients who regularly exceed the advised maximum amount of alcohol units per day.

Outcome Framework:	Reference:
NICE Guidance	CG110, CG45, CG100, PH24, CG127
Public Health Outcome Framework	2.1, 2.15
Social Justice Outcome Framework	KI5
Healthy Child Programme: Pregnancy and the First Five Years	HCP – P17 HCP – P45

Measure	Dietary Deficiency
Definition	The proportion of the population not meeting the recommended '5-A-Day' is used as a proxy for the proportion consuming a balanced diet – this is one which is lower in saturated fat, trans fats, sugar, salt and calories and higher in fruit and vegetables. Activities to improve consumers' diets should span these nutrients and foods.
Reason for collecting	Diet and nutrition is a fundamental contributor to public health. Diet makes an important contribution to health outcomes such as the prevalence of obesity, stroke and cardiovascular disease and some cancers. Additionally, a good diet is important during pregnancy to provide the developing baby with essential nutrients.
Data collected	Number of people self-reporting dietary deficiencies

Outcome Framework	Reference:
NICE Guidance	PH47
Public Health Outcome Framework	2.11
Healthy Child Programme: Pregnancy and the First Five Years	HCP – P22 HCP – P18

Measure	Hospital Admissions
Definition	The number of emergency admissions of children and young people aged 0-14 years to hospital as a result of unintentional and deliberate injuries (ICD10 codes S00-T79 -poisoning, injury or external and unintentional causes).
Reason for collecting	Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health problems related to experience(s) of injury.
Data collected	Number of children aged 5 -16 who were admitted to hospital with unintentional or deliberate injuries

Outcome Framework	Reference
Healthy Child Programme: Pregnancy and the First Five Years	HCP – P64
Public Health Outcome Framework	2.7

Measure	Immunised or Vaccinated
Definition	Adolescent Immunisation Programme: Diphtheria (D/d), Tetanus (T), Polio (IPV) and Human Papillomavirus (HPV) [Girls Only]. Children who, at age 5, have received the complete course of DTaP / IPV / Hib vaccine and children at age 5 years who have received one dose of MMR vaccine.
Reason for collecting	Monitoring coverage identifies possible drops in immunity before levels of disease rise.
Data collected	Number of children aged 5 and 13 who have received the recommended screening programmes.

Outcome Framework	Reference:
Public Health Outcome Framework	3.3
Healthy Child Programme: Pregnancy and the First Five Years	HCP – P21 HCP – P50

Measure:	**Nutrition - Significant Fried and Processed Food**
Definition:	Fried and processed food formed a significant portion of diet in the past week.
Reason for Collecting:	High levels of salt in the diet are linked with high blood pressure which, in turn, can lead to stroke and coronary heart disease. High levels of salt in processed food have a major impact on the total amount consumed by the population. Reducing general consumption of saturated fat is crucial to preventing cardiovascular disease (CVD).
Data Collected:	Number of clients who report that last week they ate a high amount of meals that were fried or processed.

Outcome Framework:	Reference:
NICE Guidance	PH25

Measure:	**Physical Activity - Inactive**
Definition:	Adults (16+) who do less than 30 "equivalent" minutes of moderate intensity physical activity per week in bouts of 10 minutes or more. All adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.
Reason for Collecting:	Increasing physical activity has the potential to improve physical and mental health, reduce the risk of developing a life limiting illness and improve life expectancy
Data Collected:	Number of adults (16+) who do less than 30 "equivalent" minutes of moderate intensity physical activity per week in bouts of 10 minutes or more.

Outcome Framework:	Reference:
NICE Guidance	PH17 CG43
Public Health Outcome Framework	2.13
No Health Without Mental Health	Reference

Measure	School Attendance
Definition	Children who go missing from school particularly on repeat occasions. Truanting is being absent from any school session when it is not through illness or without prior permission from the school - persistent truancy is when a pupil misses 15% or more sessions in a year (56 sessions for 5 - 16 and 46 for 15+). Exclusion is for one or more fixed periods (up to 45 days) or permanent exclusion.
Reason for collecting	In the United Kingdom, children between the ages of 5 and 16 are obliged by law to receive a satisfactory level of full-time education - and parents should enforce this.
Data collected	Number of children who have been excluded or identified as persistently truanting

Outcome Framework	Reference
Social Justice Outcome Framework	KI-2
School Attendance	Reference
PHOF	1.3, 1.4

Measure:	Smoking
Definition:	Client who smokes, regardless of number of cigarettes. Also, clients that co-habit with smokers are at increased risk of smoking related disease.
Reason for Collecting:	Smoking is a major cause of preventable morbidity and premature death, accounting for 79,100 deaths in England in 2011 and some 18 per cent of all deaths of adults aged 35 and over.
Data Collected:	Number of clients who smoke, regardless of number per day.

Outcome Framework:	Reference:
NICE Guidance	CG62, PH14, CG127
Public Health Outcome Framework	2.3, 2.9, 2.14
Healthy Child Programme: Pregnancy and the First Five Years	HCP – P18 HCP – P22

Measure:	Substance Misuse
Definition:	Adults who regularly use recreational drugs, misuse over-the-counter medications, misuse prescription medications or misuse volatile substances (such as solvents or inhalants) to an extent whereby physical dependence or harm is a risk.
Reason for Collecting:	Individuals misusing substances pose significant risks in terms of overall health and well-being, reduced life expectancy, increased blood-borne virus transmission and reduced physical and psychological health. Substance misuse can also be risk factor in increased suicide risk.
Data Collected:	Number of adults who report that they misuse substances.

Outcome Framework:	Reference:
NICE Guidance	CG110, NG64
Public Health Outcome Framework	2.15
Social Justice Outcome Framework	KI-5
Healthy Child Programme: Pregnancy and the First Five Years	HCP – P17 HCP – P45
No Health Without Mental Health	Reference
Preventing Suicide in England	Reference

Status

Status measures are generally more intractable issues such as clinical diagnosis or issues relating to skills and employment. These issues are likely to be heavily dependent on the resolution of things relating to healthy behaviours and socio-economic factors.

Measure	Chlamydia
Definition	Young people aged 15 - 16 diagnosed with chlamydia through screening.
Reason for collecting	Chlamydia is the most commonly diagnosed sexually transmitted infection. It causes avoidable sexual and reproductive ill-health.
Data collected	Number of young people aged 15 - 16 who are diagnosed with chlamydia through screening.

Outcome Framework	Reference
A Framework for Sexual Health in England	Reference
Public Health Outcome Framework	3.2

Measure:	Eating Disorder
Definition:	People who are diagnosed with either: ● Anorexia: a condition in where someone refuses to eat adequate calories out of an intense and irrational fear of becoming fat. ● Bulimia: a condition in where someone grossly overeats (binging) and then purges the food by vomiting or using laxatives to prevent weight gain. ● Binge eating: a condition in where someone may gorge rapidly on food, but without purging.
Reason for Collecting:	The impact of a person's eating disorder on home and family life is often considerable, and family members may carry a heavy burden over a long period of time.
Data Collected:	The number people who are diagnosed with either; anorexia, bulimia or binge eating.

Outcome Framework:	Reference:
Healthy Child Programme: Pregnancy and the First Five Years	HCP – P50 HCP – P54
NICE Guidance	NG69
No Health Without Mental Health: Delivering Better Mental Health Outcomes For People Of All Ages	Reference

Measure:	**Excess Weight**
Definition:	The published figures define a child as overweight (including obese) if their BMI is greater than or equal to the 85th centile of the British 1990 (UK90) growth reference.
Reason for Collecting:	Obesity is a priority area for Government. The Government's "Call to Action" on obesity (published Oct 2011) included national ambitions relating to excess weight in children. Excess weight (overweight and obesity) in children often leads to excess weight in adults, and this is recognised as a major determinant of premature mortality and avoidable ill health.
Data Collected:	Number of children classed as obese or or overweight.

Outcome Framework	Reference
A Framework for Sexual Health in England	Reference
Public Health Outcome Framework	2.12
NICE Guidance	CG62
Healthy Child Programme: Pregnancy and the First Five Years	HCP – P18

Measure	**First Time Entrant to the Youth Justice System**
Definition	10-17 year olds receiving their first reprimand, warning, youth caution or conviction.
Reason for collecting	Children and young people at risk of offending, or within the Youth Justice System, often have more unmet health needs than other children. This indicator is included to ensure that vulnerable children and young people (aged 10-17) at risk of offending, are included in mainstream planning.
Data collected	Number of 10-17 year olds receiving their first reprimand, warning, youth caution or conviction.

Outcome Framework	Reference
Social Justice Outcome Framework	KI3
Public Health Outcome Framework	1.4

Measure:	Low Reported Wellbeing
Definition:	1. Scoring 40 or less on the Warwick-Edinburgh Mental Well-being Scale. 2. Scoring 16 or less on the Short Warwick-Edinburgh Mental Well-being Scale 3. Low sense of Wellbeing. 4. ONS Measuring National Well-being Programme.
Reason for Collecting:	Low sense of wellbeing is an indicator of social risk.
Data Collected:	1. Number of people scoring 40 or less on the Warwick-Edinburgh Mental Well-being Scale. 2. Number of people scoring 16 or less on the Short Warwick-Edinburgh Mental Well-being Scale 3. Number of people scoring 4 measures on ONS programme. 4. Self-reported stress.

Outcome Framework:	Reference:
Public Health Outcome Framework	2.23 2.24
Healthy Child Programme: Pregnancy and the First Five Years	HCP – P17
No Health Without Mental Health	Reference

Measure	School Readiness
Definition	Children who at the end of Reception Year have not reached: 1) The early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language). 2) The early learning goals in the specific areas of mathematics and literacy. 3) The expected level of phonics.
Reason for collecting	This is a key measure of early years' development across a wide range of developmental areas. Children from poorer backgrounds are more at risk of poorer development and the evidence shows that differences from social background emerge early in life.
Data collected	Number of children at the end of Reception Year who have not reached their early learning goals.

Outcome Framework:	Reference:
Public Health Outcome Framework	1.2

Measure	Teenage Pregnancy
Definition	Conceptions to all young women aged 15 - 17.
Reason for collecting	Reducing conceptions in young women under the age of 18 has important benefits for short and long-term health outcomes. Teenage parents are at increased risk of postnatal depression and poor mental health in the 3 years following birth.
Data collected	Number of conceptions to young women aged 15 - 17

Outcome Framework:	Reference:
NICE Guidance	CG110
Public Health Outcome Framework	2.4
Healthy Child Programme: Pregnancy and the First Five Years	HCP – P17
No Health Without Mental Health	Reference

Measure	Tooth Decay
Definition	Children aged 5 years and over who have teeth which were either actively decayed or had been filled or extracted.
Reason for collecting	Tooth decay is a predominantly preventable disease. Significant levels remain (31% of 12 year old children have observable decay) - resulting in pain, sleep loss, time off school and, in a few cases, treatment under general anaesthetic.
Data collected	Number of children aged 5 years and over who have decayed, missing or filled teeth.

Outcome Framework:	Reference:
Public Health Outcome Framework	4.2

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