



Department
of Health

Interim updates to Part 2: Summary technical specifications of public health indicators – July 2013

This document includes a number of interim updates and corrections to the Part 2 document, “Part 2: Summary technical specifications of public health indicators – updated November 2012”. Another update of this type was published in April 2013. This document replaces the April update, as it includes the updates published in both periods. This document should be read in conjunction with the previously published complete Part 2 document. Further interim updates (as required) will be published in this format as outstanding indicator definitions continue to be finalised. All updates and corrections will be published together in a revised version of the complete document during the Autumn refresh that will take place in November 2013.

The table below indicates the indicators for which there are updates and summarises the nature and rationale for changes. On the proceeding pages, there are full technical specifications for the affected indicators, which supersede those published in November 2012, with any changes to the previous wording indicated in **blue** font if updated in April and **red** font if updated in July.

July 26th 2013

Summary and explanation of changes presented in this interim update

Indicator	Detail and explanation of changes
1.8: Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services	<p><u>April</u> Data source clarified as the Annual Population Survey (APS) rather than Labour Force Survey (LFS)</p> <p><u>July</u> Updates to 'baseline period' for all three sub-indicators from 2010/11 to 2012 (1.8i) and 2011/12 (1.8ii and iii) in response to changes to the MHMDS data source.</p>
1.9: Sickness absence rate	<p><u>July</u> Removal of 'TBC' on 1.9i and 1.9ii where these indicators have now been confirmed. Amendment to name of indicator 1.9ii to 'Percentage of working days lost due to sickness absence'.</p>
1.12: Violent crime (including sexual violence)	<p><u>April</u> Baseline period for sub-indicator 1.12i updated to 2009/10-2011/12 (previously 2010/11) to reflect a decision to use 3 year rather than single year figures for this indicator</p>
1.18 Social Isolation (placeholder)	<p><u>April</u> The definition of this indicator has been amended. The indicator will be based upon two questions, though the indicator as a whole is still under development. Minor updates have also been made to information in the "Publication of source data" and the "Baseline period" box to reflect that baseline data will be expected in August 2013.</p>
2.7 Hospital admissions caused by unintentional and deliberate injuries in under 18s	<p><u>July</u> This indicator has now been split into two sub-indicators for those aged 0-14yrs and 15-24yrs. The update also details the final decisions made on the ICD10 codes used to calculate this indicator.</p>
2.15 Successful completion of drug treatment	<p><u>April</u> The definition of this indicator has been amended. The indicator will now be presented as two sub-indicators to present separately the rates of treatment completion for users of opiates and those for users of all other drugs. The outcomes for these two groups vary markedly as do the proportions of the two groups in treatment in each local authority. Separation of the two groups will therefore enable more meaningful comparison to be made. Minor updates have also been made to information in the "Publication of source data" box.</p>
3.2 Chlamydia	<p><u>July</u> This indicator has been split into two sub-indicators. Indicator 3.2i is the original indicator with baseline year of 2010. This indicator will not be updated beyond 2011. Indicator 3.2ii is a new sub-indicator with a baseline year of 2012. This is in response to changes to the data source. The local ambitions have also been updated.</p>
4.8 Mortality from communicable diseases	<p><u>April</u> The title and description of this indicator has been</p>

	corrected to “Mortality from communicable diseases” (previously “Mortality from certain infectious and parasitic diseases”) to reflect more accurately the conditions that are included within the agreed definition for the indicator.
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Updated technical specifications

Domain 1: Improving the wider determinants of Health

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

Rationale	The 2005 evidence review “Is work good for your health and well-being” concluded that work was generally good for both physical and mental health and well-being. The strategy for public health takes a life course approach and this indicator provides a good indication of the impact of long-term illness on employment among those in the 'working well' life stage. It also provides a link to indicators in the NHS and Adult Social Care Outcomes Frameworks.
Baseline period	2012 (1.8i) 2011/12 (1.8ii and 18.iii)
Indicator definition	<p><i>The indicator definition needs further development (for sub-indicator 1.8iii)</i></p> <p>1.8i Percentage of respondents in the Labour Force Survey (LFS) who have a long-term condition who are classed as employed using the International Labour Organisation (ILO) definition of employment, compared to the percentage of all respondents classed as employed</p> <p><i>This indicator is shared with indicator 2.2 in the NHS Outcomes Framework.</i></p> <p>In the Labour Force Survey (LFS), a long-term condition is defined as a health problem or disability that is expected to last more than a year. The survey asks:</p> <p><i>Q1 “Do you have any health problems or disabilities that you expect will last for more than a year?”</i></p> <p>The indicator is constructed as outlined below:</p> <p><u>Numerator for employment rate of people with a long-term condition:</u> Number of people with a health problem or disabilities that they expect will last for more than a year (based on response to Q1 of LFS) and who are in employment (either as an employee, self-employed, in government employment and training programmes or an unpaid family worker – ILO definition of basic economic activity) and are of working age (aged 16-64)</p> <p><u>Numerator for employment rate of population as a whole:</u> Number of people who are in employment (either as an employee, self-employed, in government employment and training programmes or an unpaid family worker – ILO definition of basic economic activity) and are of working age (aged 16-64)</p> <p><u>Denominator for employment rate of people with a long-term condition:</u> Number of people with a health problem or disabilities that they expect will</p>

last for more than a year (based on response to Q1 in LFS) **and** are of working age (aged 16-64)

Denominator for employment rate of population as a whole: Number of people who are of working age (aged 16-64)

The indicator is constructed by calculating the percentage points gap between the employment rate for those with a long-term condition and the population as a whole.

1.8ii Percentage of adults with a learning disability in paid employment, compared to the percentage of all respondents to the Labour Force Survey classed as employed (TBC)

This indicator is complementary to indicator 1E in the Adult Social Care Outcomes Framework, which measures the proportion of adults with a learning disability in paid employment.

The indicator is constructed as outlined below:

Numerator for employment rate of adults with a learning disability: Number of working age (aged 18-64) learning disabled clients known to CASSRs who are in paid employment within the financial year. This includes:

- those who are assessed or reviewed in the financial year and have received a service
- those who are assessed or reviewed in the financial year and have not received a service, and;
- those who should have been reviewed in the financial year but were not.

Numerator for employment rate of population as a whole: Number of people responding to LFS who are in employment (either as an employee, self-employed, in government employment and training programmes or an unpaid family worker – ILO definition of basic economic activity) **and** are of working age (aged 16-64)

Denominator for employment rate of adults with a learning disability: Number of working-age (aged 18-64) learning disabled clients known to CASSRs during the financial year. This includes:

- those who are assessed or reviewed in the financial year and have received a service
- those who are assessed or reviewed in the financial year and have not received a service, and;
- those who should have been reviewed in the financial year but were not.

Denominator for employment rate of population as a whole: Number of people responding to LFS who are of working age (aged 16-64)

The indicator is constructed by calculating the percentage points gap between the employment rate for adults with a learning disability and the population as a whole.

Notes on the employment rate of adults with a learning disability:

- The definition of individuals 'known to the council' is restricted to those adults with a learning disability (with a primary client group of LD) who

have been assessed or reviewed by the council during the year (irrespective of whether or not they receive a service) or who should have been reviewed but were not.

- The rate is focused on 'paid' employment, to be clear that voluntary work is to be excluded for the purposes of this measure. Paid employment includes working as a paid employee or self-employed (16 or more hours per week) or working as a paid employee or self-employed (up to 16 hours per week)
- Working age is defined as ages 18-64 because the data are collected through adult social care services, who are not responsible for the care of those aged 16 and 17 (and therefore individuals aged 16-17 are not captured in this measure).

1.8iii Percentage of adults in contact with secondary mental health services in paid employment, compared to the percentage of all respondents to the Labour Force Survey classed as employed (TBC)

This indicator is complementary to:

- *Indicator 1F in the Adult Social Care Outcomes Framework, which measures the proportion of adults in contact with secondary mental health services in paid employment*
- *Indicator 2.5 in the NHS Outcomes Framework, which measures the percentage of respondents in the Labour Force Survey (LFS) who have a mental illness who are classed as employed compared to the percentage of all respondents classed as employed. [Note: this measure is not used in the PHOF as the sample size for LFS does not allow the calculation of robust local authority level figures for the employment rate of adults who have a mental illness]*

The indicator is constructed as outlined below:

Numerator for employment rate of adults in contact with secondary mental health services: Number of working age adults (aged 18-69) who are receiving secondary mental health services and who are on the Care Programme Approach recorded as being in employment during the financial year. The most recent record of employment status for the person during the financial year is used.

Numerator for employment rate of population as a whole: Number of people responding to LFS who are in employment (either as an employee, self-employed, in government employment and training programmes or an unpaid family worker – ILO definition of basic economic activity) **and** are of working age (aged 16-64)

Denominator for employment rate of adults in contact with secondary mental health services: Number of working age adults (aged 18-69) who have received secondary mental health services and who were on the Care Programme Approach at any point during the financial year.

Denominator for employment rate of population as a whole: Number of people responding to LFS who are of working age (aged 16-64)

The indicator is constructed by calculating the percentage points gap between the employment rate for adults in contact with secondary mental health services and the population as a whole.

	<p>Notes on the employment rate of adults in contact with secondary mental health services:</p> <ul style="list-style-type: none"> • Adults 'in contact with secondary mental health services' is defined as those aged 18 to 69 who are receiving secondary mental health services and who are on the Care Programme Approach (CPA). • The measure is focused on 'paid' employment, to be clear that voluntary work is to be excluded for the purposes of this measure. • Working age is defined as ages 18-69. This matches the age range for a measure that has been used historically and therefore maintains a time series. <p>Sub-indicator 1.8i is ready for use but further work is required to finalise the methodology to produce sub-indicators 1.8ii and 1.8iii.</p>
Data source	<p><i>The data source is ready</i></p> <p><u>1.8i</u>: Annual Population Survey (APS), Office for National Statistics</p> <p><u>1.8ii</u>: Adult Social Care Combined Activity Return (ASC-CAR), the Health and Social Care Information Centre and Annual Population Survey (APS), Office for National Statistics</p> <p><u>1.8iii</u>: Mental Health Minimum Dataset (MHMDS), the Health and Social Care Information Centre and Annual Population Survey (APS), Office for National Statistics</p> <p><i>Note: The Annual Population Survey (APS) combines results from the Labour Force Survey (LFS) and the English, Welsh and Scottish LFS boosts. The increased sample size of the survey provides enhanced local authority and national estimates on key social and socio-economic variables.</i></p>
Publication of source data	<p>APS data is reported by the Office for National Statistics (ONS) on a quarterly basis</p> <p>http://www.ons.gov.uk/ons/rel/lms/labour-market-statistics/index.html</p> <p>ASC-CAR data is reported annually by the Health and Social Care Information Centre.</p> <p>2010/11 data</p> <p>http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/social-care-and-mental-health-indicators-from-the-national-indicator-set-2010-11-final-release</p> <p>MHMDS data is reported annually by the Health and Social Care Information Centre:</p> <p>http://www.mhmdsonline.ic.nhs.uk/</p>

1.9 Sickness absence rate	
Rationale	The independent review of sickness absence (published December 2011) was commissioned by government to help combat the 140 million days lost to sickness absence every year. The review provided an important analysis of the sickness absence system in the UK; of the impact of sickness absence on employers, the State and individuals; and of the factors which cause and prolong sickness. This is in line with the Government's strategy for public health, which adopts a life-course approach and includes a focus on the working-age population in the 'working well' stage to help people with health conditions to stay in or return to work.
Baseline period	2009-11
Indicator definition	<p><i>The indicator definition needs further development</i></p> <p>1.9i Percentage of employees who had at least one day off sick in the previous week (TBC)</p> <p><u>Numerator</u>: Number of employees aged 16 and over who had at least one period of sickness absence in the previous week</p> <p><u>Denominator</u>: Employees aged 16 and over</p> <p>A period of sickness absence is at least one day off work because of sickness or injury during an interviewee's reference week. The distribution of reference weeks across any particular month is random.</p> <p>1.9ii Percentage of working days lost due to sickness absence (TBC)</p> <p><u>Numerator</u>: Number of working days lost due to sickness absence</p> <p><u>Denominator</u>: Number of working days</p> <p>Further work is required to determine the frequency of updates to these indicators.</p> <p>1.9iii Rate of Fit Notes issued per quarter (TBC)</p> <p><u>Numerator</u>: Number of Electronic Fit Notes issued per quarter to those who are economically active</p> <p><u>Denominator</u>: The economically active population</p> <p>Definition of 1.9iii TBC - DH are working with DWP to explore whether the Electronic Fit Note data can be used to provide a useful measure</p>
Data source	<p><i>The data source needs further development</i></p> <p><u>Data source for 1.9i and 1.9ii</u>: Labour Force Survey (ONS) (TBC)</p> <p><u>Data source for 1.9iii</u>: Electronic Fit Note (E-med) data from DWP (TBC) – does not yet exist</p>
Publication of	<u>1.9i and 1.9ii</u> : ONS publish sickness absence data at a national level; breakdowns by age and gender are also available. The latest figures can be

source data	<p>found at:</p> <p>http://www.ons.gov.uk/ons/rel/lmac/sickness-absence-in-the-labour-market/february-2011/index.html</p> <p>1.9iii: Publication of Electronic Fit Note (E-med) data TBC</p>
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1.12 Violent crime (including sexual violence)	
Rationale	The inclusion of this indicator enables a focus on the interventions that are effective and evidence-based including a greater focus on prevention and treatment, which need to be considered alongside criminal justice measures for a balanced response to the issue.
Baseline period	<p>1.12i: 2009/10-2011/12</p> <p><u>Expected publication date of PHOF baseline:</u> Early 2013</p> <p>1.12ii: 2010/11</p> <p>PHOF baseline data now published</p> <p>1.12iii: TBC</p>
Indicator definition	<p><i>The indicator definition needs further development</i></p> <p>1.12i Age-standardised rate of emergency hospital admissions for violence per 100,000 population</p> <p><u>Numerator:</u> Emergency hospital admissions for violence defined by external cause codes for the resident population (ICD10 codes X85 to Y09)</p> <p><u>Denominator:</u> ONS mid-year population estimates</p> <p>Note: this indicator may be replaced or complemented by an indicator based on A&E attendances once the data source is available for general use.</p> <p>1.12ii Rate of violence against the person offences based on police recorded crime data, per 1,000 population</p> <p><u>Numerator:</u> Number of violence against the person offences</p> <p><u>Denominator:</u> ONS mid-year population estimates</p> <p>Note: Indicator 1.12i is based on emergency hospital admissions for a local area's resident population irrespective of the location of the incident whilst Indicator 1.12ii is based on police recorded crime data for a local area irrespective of the home address of those involved in the violent offence.</p> <p>1.12iii Sexual violence (TBC)</p> <p>Exact definition TBC</p> <p>Work is progressing on identifying an indicator which looks at the proportion of violent offences that can be defined as sexual violence and the data sources that may underpin the indicator.</p>

Data source	<p><i>The data source needs further development</i></p> <p><u>1.12i</u>: Hospital Episode Statistics (HES)</p> <p><u>1.12ii</u>: Police recorded crime - Office for National Statistics (ONS)</p> <p><u>1.12iii</u>: TBC</p>
Publication of source data	<p>ONS publish police recorded crime annually at local authority and Basic Command Unit and Community Safety Partnership level:</p> <p>2010/11 and 2011/12 data:</p> <p>http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/period-ending-march-2012/rft-recorded-crime-tables-2011-12.xls</p>

1.18 Social isolation (Placeholder)

Rationale	<p>There is a clear link between loneliness and poor mental and physical health. A key element of the Government's vision for social care, set out in the Care and Support White Paper, is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to friends and family. The White Paper sets out steps to support these aims, and makes a commitment to develop, with local government, suitable measures of loneliness and isolation for inclusion in the Adult Social Care Outcomes Framework (ASCOF) and the Public Health Outcomes Framework (PHOF).</p> <p>Initially, this indicator will focus on social care users and carers, rather than the broader population. However, the problems of loneliness and social isolation are not limited to these groups, and all parts of the health and care system have a role to play in preventing and reducing social isolation and loneliness in the broader population. The Department of Health (DH) will therefore continue to pursue development of a population based measure of loneliness, with a view to including this in both the ASCOF and PHOF in future years.</p> <p><i>Note: In January 2012 this indicator 1.18 was a placeholder measure entitled "Social Connectedness". It has since been refined to be focused specifically on levels of social isolation (using levels of social contact as a proxy), in particular to align with the Adult Social Care Outcomes Framework, with which the indicator is shared. The refined indicator will assist local authorities in focusing on some of the most vulnerable people in their communities.</i></p>
Baseline period	<p>2010/11 for the initial indicator</p> <p>Expected publication date of PHOF baseline: August 2013</p>
Indicator definition	<p><i>The indicator definition needs further development</i></p> <p>In the short term, this indicator will cover users of social care and carers based on a question in the Adult Social Care Survey and Carers Survey.</p>

	<p>The first part will be based on the responses to question 8a from the Adult Social Care Survey:</p> <p>“Thinking about how much contact you’ve had with people you like, which of the following statements best describes your situation?</p> <ul style="list-style-type: none"> • A) I have as much social contact as I want with people I like • B) I have adequate social contact with people • C) I have some social contact with people, but not enough • D) I have little social contact with people and feel socially isolated” <p>The indicator will be presented as the percentage of respondents who answered A) to the above question.</p> <p>The second part will be based on responses to question: “By thinking about social contact you’ve had with people you like, which statement best describes your present social situation?</p> <ul style="list-style-type: none"> • A) I have as much social contact as I like • B) I have some social contact but not enough • C) I have little social contact and I feel isolated” <p>The indicator will be presented as the percentage of respondents who answered A) to the above question.</p> <p>In the longer term, DH will pursue the development of a population-based measure focused on loneliness, in recognition of the wider incidence of loneliness and social isolation.</p> <p><i>This indicator is shared with indicator 11 in the Adult Social Care Outcomes Framework</i></p>
Data source	<p><i>The data source needs further development</i></p> <p><u>Initial indicator:</u> Adult Social Care Survey (annually) and Carers Survey (biennially from 2012/13 onwards)</p> <p><u>Final population-based indicator:</u> Data source TBC</p>
Publication of source data	<p>Initial indicator: This indicator will be based on data from the Adult Social Care Survey. Results for 2010/11 and 2011/12 have already been published:</p> <p>http://data.gov.uk/dataset/personal-social-services-adult-social-care-survey-england-final-2010-2011 and http://data.gov.uk/dataset/adult-social-care-survey-england-2011-12-final</p> <p>Final population-based indicator: TBC</p>

Domain 2: Health improvement

2.7 Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years

Rationale	<p>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.</p> <p>The inclusion of this indicator is key for cross-sectoral and partnership working to reduce injuries, including child safeguarding.</p>
Baseline period	<p>2010/11</p> <p>Publication date of PHOF baseline: August 2013</p>
Indicator definition	<p><i>The indicator definition is ready</i></p> <p>2.7i Crude rate of hospital emergency admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 years, per 10,000 resident population</p> <p><u>Numerator</u>: The number of finished in-year 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 or V01-Y36 in any of the diagnostic fields).</p> <p><u>Denominator</u>: ONS mid-year population estimate for age 0-14 years.</p> <p>2.7ii Crude rate of hospital emergency admissions caused by unintentional and deliberate injuries in children and young people aged 15-24 years, per 10,000 resident population</p> <p><u>Numerator</u>: The number of finished in-year emergency admissions of children and young people aged 15-24 years to hospital as a result of unintentional and deliberate injuries (ICD10 codes S00-T79 or V01-Y36 in any of the diagnostic fields).</p> <p><u>Denominator</u>: ONS mid-year population estimate for age 15-24 years.</p>
Data source	<p><i>The data source is ready</i></p> <p>Hospital Episode Statistics (HES), Health and Social Care Information Centre</p>
Publication of source data	<p>Public Health England's 'Injury Profiles' tool contains national and local authority level 2010/11 figures based on underlying cause codes ICD10: V01-Y98 excluding X33-X39 & X52 (forces of nature) for age groups 0-4, 5-17 and 0-17 years.</p> <p>This was the historical 'National Indicator 70' definition. Future updates will match the Public Health Outcomes Framework definition.</p> <p>See: http://www.apho.org.uk/default.aspx?QN=INJURY_DEFAULT</p>

Domain 3: Health protection

3.2 Chlamydia diagnoses (15-24 year olds)	
Rationale	Chlamydia is the most commonly diagnosed sexually transmitted infection. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. The chlamydia diagnosis rate amongst under 25 year olds is a measure of chlamydia control activities. It represents infections identified (reducing risk of sequelae in those patients and interrupting transmission on to others.) Increasing diagnostic rates indicates increased control activity: it is not a measure of morbidity. Inclusion of this indicator in the Public Health Outcomes Framework allows monitoring of progress to control chlamydia.
Baseline period	2010 (3.2i) 2012 (3.2ii)
Indicator definition	<p><i>The indicator definition is ready</i></p> <p>Indicator 3.2i has been replaced by indicator 3.2ii due to changes in the data source. Existing PHOF data for 3.2i will remain in the PHOF but will have no further data added after the period 2011.</p> <p>3.2i Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 (discontinued after 2011)</p> <p><u>Numerator</u>: Number of adults aged 15-24 who are diagnosed with chlamydia</p> <p><u>Denominator</u>: Office for National Statistics mid-year resident population estimate for age 15-24 years</p> <p>3.2ii Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24</p> <p><u>Numerator</u>: Number of positive chlamydia tests in people aged 15-24</p> <p><u>Denominator</u>: Office for National Statistics mid-year resident population estimate for age 15-24 years</p> <p>PHE recommends that local authorities should be working towards achieving a diagnosis rate of at least 2,300 per 100,000 population</p>
Data source	<p><i>The data source is ready</i></p> <p>PHE</p>
Publication of source data	<p>Annual and quarterly data on chlamydia testing among 15-24 year olds are published on the National Chlamydia Screening Programme (NCSP) website. Data are published by lower tier local authority, upper tier local authority, PHE Centres and PHE Regions.</p> <p>http://www.chlamydia-screening.nhs.uk/ps/data.asp</p> <p>Data on chlamydia diagnoses in all age groups are published on the PHE</p>

	<p>website:</p>
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	<p>http://www.phe.gov.ukhttp://www.chlamydiaSCREENING.nhs.uk/ps/data.asp</p>
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Domain 4: Healthcare public health and preventing premature mortality

4.8 Mortality rate from communicable diseases	
Rationale	Inclusion of this indicator in the Public Health Outcomes Framework reinforces how seriously the Government takes the control of communicable diseases and prevention of avoidable deaths. Prevention of spread of communicable diseases is an important issue for Public Health. There is evidence that rapid identification, treatment and prevention of spread can reduce mortality
Baseline period	2009-11 PHOF baseline data now published
Indicator definition	<i>The indicator definition is ready</i> 4.8 Age-standardised mortality rate from communicable diseases per 100,000 population Rates are based on pooled data for three-year periods. <u>Numerator:</u> Number of deaths from certain infectious and parasitic diseases (classified by underlying cause of death recorded as ICD10 codes A00-B99, J09-J18) registered in the respective calendar years <u>Denominator:</u> Office for National Statistics (ONS) mid-year population estimates aggregated across three years
Data source	<i>The data source is ready</i> ONS death registrations and mid-year population estimates
Publication of source data	The Health and Social Care Information Centre (HSCIC) publish annual data on mortality rates from infectious and parasitic diseases (based on ICD10 codes A00-B99) and from pneumonia (ICD10 J12-J18) – i.e. not for the exact indicator defined above - at national and local authority level on the HSCIC Indicator Portal: https://indicators.ic.nhs.uk/webview/