



Department
of Health

Improving outcomes and supporting transparency

Part 1B: Public health outcomes framework
for England, 2013-2016 – Appendices

DH INFORMATION READER BOX

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Improving outcomes and supporting transparency

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Appendix A – Public health outcomes framework 2013–2016

Public Health Outcomes Framework 2013–2016

At a glance

Alignment across the Health and Care System

- * Indicator shared with the NHS Outcomes Framework.
 - ** Complementary to indicators in the NHS Outcomes Framework
 - † Indicator shared with the Adult Social Care Outcomes Framework
 - †† Complementary to indicators in the Adult Social Care Outcomes Framework
- Indicators in italics are placeholders, pending development or identification*

VISION

To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest

Outcome measures

- Outcome 1) Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life
- Outcome 2) Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)

1 Improving the wider determinants of health	2 Health improvement	3 Health protection	4 Healthcare public health and preventing premature mortality
<p>Objective</p> <p>Improvements against wider factors which affect health and wellbeing and health inequalities</p> <p>Indicators</p> <ul style="list-style-type: none"> 1.1 Children in poverty 1.2 School readiness 1.3 Pupil absence 1.4 First time entrants to the youth justice system 1.5 16-18 year olds not in education, employment or training 1.6 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation* (ASCOF 1G and 1H) 1.7 People in prison who have a mental illness or a significant mental illness 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 *(/NHSOF 2.2) ††(/i-ASCOF 1E) **(/i-NHSOF 2.5) †† (/i-ASCOF 1F) 1.9 Sickness absence rate 1.10 Killed and seriously injured casualties on England's roads 1.11 Domestic abuse 1.12 Violent crime (including sexual violence) 1.13 Re-offending levels 1.14 The percentage of the population affected by noise 1.15 Statutory homelessness 1.16 Utilisation of outdoor space for exercise / health reasons 1.17 Fuel poverty 1.18 Social isolation † (ASCOF 1i) 1.19 Older people's perception of community safety †† (ASCOF 4A) 	<p>Objective</p> <p>People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p> <p>Indicators</p> <ul style="list-style-type: none"> 2.1 Low birth weight of term babies 2.2 Breastfeeding 2.3 Smoking status at time of delivery 2.4 Under 18 conceptions 2.5 Child development at 2 – 2 ½ years 2.6 Excess weight in 4-5 and 10-11 year olds 2.7 Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years 2.8 Emotional well-being of looked after children 2.9 <i>Smoking prevalence – 15 year olds (Placeholder)</i> 2.10 Self-harm 2.11 Diet 2.12 Excess weight in adults 2.13 Proportion of physically active and inactive adults 2.14 Smoking prevalence – adults (over 18s) 2.15 Successful completion of drug treatment 2.16 People entering prison with substance dependence issues who are previously not known to community treatment 2.17 Recorded diabetes 2.18 Alcohol-related admissions to hospital 2.19 Cancer diagnosed at stage 1 and 2 2.20 Cancer screening coverage 2.21 Access to non-cancer screening programmes 2.22 Take up of the NHS Health Check programme – by those eligible 2.23 Self-reported well-being 2.24 Injuries due to falls in people aged 65 and over 	<p>Objective</p> <p>The population's health is protected from major incidents and other threats, whilst reducing health inequalities</p> <p>Indicators</p> <ul style="list-style-type: none"> 3.1 Fraction of mortality attributable to particulate air pollution 3.2 Chlamydia diagnoses (15-24 year olds) 3.3 Population vaccination coverage 3.4 People presenting with HIV at a late stage of infection 3.5 Treatment completion for TB 3.6 Public sector organisations with board approved sustainable development management plan 3.7 Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies 	<p>Objective</p> <p>Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities</p> <p>Indicators</p> <ul style="list-style-type: none"> 4.1 Infant mortality* (NHSOF 1.6i) 4.2 Tooth decay in children aged 5 4.3 Mortality rate from causes considered preventable** (NHSOF 1a) 4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)* (NHSOF 1.1) 4.5 Under 75 mortality rate from cancer* (NHSOF 1.4i) 4.6 Under 75 mortality rate from liver disease* (NHSOF 1.3) 4.7 Under 75 mortality rate from respiratory diseases* (NHSOF 1.2) 4.8 Mortality rate from communicable diseases 4.9 Excess under 75 mortality rate in adults with serious mental illness* (NHSOF 1.5) 4.10 Suicide rate 4.11 Emergency readmissions within 30 days of discharge from hospital* (NHSOF 3b) 4.12 Preventable sight loss 4.13 Health-related quality of life for older people 4.14 Hip fractures in people aged 65 and over 4.15 Excess winter deaths 4.16 Estimated diagnosis rate for people with dementia* (NHSOF 2.6i)

Appendix B – Indicator criteria assessment

We selected indicators using a set of criteria we consulted on in 2011, which were subsequently improved and refined with expert input to ensure they provided a comprehensive means of assessing the suitability of each candidate indicator. The final sift criteria are set out below.

Sift criteria	Y	P	N	?
	Criterion fully or largely met	Criterion partly met	Criterion not met	Information not available
Measure of health outcome or factor closely correlated to a health outcome	Mostly or completely a measure of health outcome, i.e. one that measures a change in the length and / or quality of life, or a factor closely correlated to a health outcome	Partly an outcome measure and partly a process measure	Completely a measure of health process and not closely correlated to a health outcome	Information is not sufficient to make a current judgement about this criterion
Aligns with the government's direction for public health	In line with the government's direction for public health and is one of the government's commitments (eg. is a Public Health national ambition)	In line with the direction for public health but not one of the government's commitments	Not in line with the direction for public health	Information is not sufficient to make a current judgement about this criterion

Sift criteria	Y	P	N	?
	Criterion fully or largely met	Criterion partly met	Criterion not met	Information not available
Aligns with OGD priorities/ strategies	Completely in line with OGD priorities / strategies	Partially in line with OGD priorities / strategies	Not in line with OGD priorities / strategies	Information is not sufficient to make a current judgement about this criterion or this criterion is not applicable
Evidence-based interventions to support the measure	Substantial evidence to suggest that interventions exist which would have a positive impact on this measure	Some evidence to suggest that interventions exist which would have a positive impact on this measure	Evidence that interventions have a negative impact on this measure	No / insufficient evidence that interventions have a positive impact on this measure
Amenable to public health intervention, e.g. by PH professionals, Local Authorities, PHE, NHS	Public health interventions are the most important way to make progress on this measure	Public health interventions are one of two or more factors that have a positive impact on progress against this measure	Public health interventions have minimal or no impact on progress against this measure	Information is not sufficient to make a current judgement about this criterion
Major cause of premature mortality or avoidable ill health	Recognised as a major cause of premature mortality or avoidable ill health	Not a major cause but recognised as a contributing factor to premature mortality or avoidable ill health	Not a cause of, or contributing factor to, premature mortality or avoidable ill health	Information is not sufficient to make a current judgement about this criterion

Sift criteria	Y	P	N	?
	Criterion fully or largely met	Criterion partly met	Criterion not met	Information not available
Improvements in this measure will improve health-related quality of life (including mental health)	Evidence that improvements in this measure would improve health-related quality of life	Some evidence to suggest that improvements in this measure may improve health-related quality of life	Evidence that improvements in this measure do not improve health-related quality of life	No / insufficient evidence that improvements in this measure improve health-related quality of life
Improvement in this measure will help reduce inequalities in health	Evidence that improvement in this measure could help reduce health inequalities at population level significantly, e.g. where there is a strong social gradient and large numbers of people affected by the inequality or where it has high impact on length or quality of life	Evidence that improvement in this measure could help reduce health inequalities for moderate or low numbers of people or in few areas and / or with low impact on length and / or quality of life	Evidence that improvements in this measure do not reduce health inequalities	No / insufficient evidence that improvements in this measure reduce health inequalities
Improvement in this measure will help improve healthy life expectancy	Substantial evidence to suggest that improvement in this measure would improve healthy life expectancy	Some evidence to suggest that improvement in this measure may improve healthy life expectancy	Evidence that improvements in this measure do not improve healthy life expectancy	No / insufficient evidence that improvements in this measure would improve healthy life expectancy

Sift criteria	Y	P	N	?
	Criterion fully or largely met	Criterion partly met	Criterion not met	Information not available
Meaningful to, and likely to be perceived as important by, the public	The public understand the principle of the measure, the intended direction of travel and perceive the measure as important	The public only partly understand the principle of the measure or there is some uncertainty regarding the importance of the measure to the public	The principle of the measure is not understood by the public or they do not think it is important	Information is not sufficient to make a current judgement about this criterion
Meaningful to, and likely to be perceived as important by, local authorities	Local authorities understand the principle of the measure, the intended direction of travel and perceive the measure as important	Local authorities only partly understand the principle of the measure or there is some uncertainty regarding the importance of the measure to local authorities	The principle of the measure is not understood by local authorities or they do not think it is important	Information is not sufficient to make a current judgement about this criterion
Existing system to collect data required to monitor the measure	Existing system in place to collect at least national and local authority data and there are no plans to cease collection	Existing system in place to collect national but not local authority data and there are no plans to cease collection	No system currently in place to collect required data or system currently in place but there are plans to cease collection	Information is not sufficient to make a current judgement about this criterion

Sift criteria	Y	P	N	?
	Criterion fully or largely met	Criterion partly met	Criterion not met	Information not available
Statistically appropriate, fit for purpose*	The measure satisfies all four of the "fit for purpose" criteria	The measure satisfies two or three of the "fit for purpose" criteria	The measure satisfies only one or none of the "fit for purpose" criteria	Information is not sufficient to make a current judgement about this criterion

*The fit for purpose criteria were:

1. Does it measure what it is intended to measure?
2. Will the measure allow change over time to be detected, i.e. is it possible to measure year to year progress?
3. Will data be available (by April 2013) at least annually to monitor the measure?
4. The measure is not vulnerable to perverse incentives that might lead to the wrong public health behaviours

The Selection Process

The initial list of candidate indicators was developed using the following criteria:

- HM Treasury Transparency Framework criteria
- Are there evidence-based interventions to support this indicator?
- Does this indicator reflect a major cause of premature mortality or avoidable ill health?
- By improving on this indicator, can you help to reduce inequalities in health?
- Use indicators which are meaningful to people and communities
- Is this indicator likely to have a negative / adverse impact on any particular groups? (If yes, can this be mitigated?)
- Is it possible to set measures, SMART objectives and targets against the indicator to monitor progress in both the short and medium term?
- Are there existing systems to collect the data required to monitor this indicator and;

- Is it available at the appropriate spatial level (e.g. Local Authority)?
- Is the time lag for data short, preferably less than one year?
- Can data be reported quarterly in order to report progress?

DH held a formal 12-week publication consultation on the proposal to introduce a Public Health Outcomes Framework in which respondents were invited to comment on the proposed structure and composition of the framework.

Post-consultation the list of criteria was refined in consultation with leads for PHOF indicators. These policy and analytical leads (in DH and other government departments) were then asked to conduct an assessment against the set of criteria – this was done for all 62 indicators included in the original consultation and the 25 that were subsequently suggested in consultation responses. This criteria assessment was quality assured by analysts in the department.

To conduct a first sift of the indicators we identified a number of key criteria (from the full list of criteria), namely whether a candidate indicator:

- Aligns with the government’s direction for public health
- Is amenable to public health intervention, e.g. by PH professionals, Local Authorities, PHE. NHS
- Represents a major cause of premature mortality or avoidable ill health [NB. If indicators in the improving the wider determinants of health domain did not meet this criterion then they were not sifted out]
- Is linked to improvements in health-related quality of life (including mental health)
- Is linked to helping reduce inequalities in health
- Is linked to helping improve healthy life expectancy
- Is statistically appropriate, fit for purpose
- Is at least feasible at national level
- Is at least feasible at local authority level

Indicators were sifted out if they had been assessed as “criterion not met” on any of the key criteria as part of the criteria assessment exercise.

Those indicators that were deemed suitable for consideration for the final list of public health indicators after this process were then allocated to domains on the basis of their likely impact meeting the objectives of each

domain. We then worked with key public health colleagues in DH, other government departments and the public health system to develop the final set of indicators via a series of stakeholder engagement workshops.

Once a draft final set of indicators was decided upon we carried out some additional pieces of analysis – these are included in the full Impact Assessment that accompanies this framework.

Calibration: One of the key criteria considers if improvements in an indicator will improve healthy life expectancy (one of the overarching outcomes of the framework). To try to quantify this criterion an assessment was made, where possible, of incremental contribution of indicators to improving life expectancy (which is a component of healthy life expectancy). In addition to aiding the selection of indicators, presenting this analysis will provide a means by which local authorities, with knowledge of the costs of interventions, can apportion cost to benefits at a later stage and make an informed decision on which indicators they might want to prioritise in their local area. Further details of how this assessment was carried out can be found in **Annex 5 of the Impact Assessment**.

Assessment of comprehensiveness: It is important that the set of indicators is comprehensive and constitutes a life course approach to public health. Therefore comprehensiveness was considered in terms of assessing the number of indicators that

covered each of the different life stages. Further details of the comprehensiveness assessment can be found in **Annex 3 of the Impact Assessment**.

Risk-adjustment: Underlying characteristics (e.g. socio-economic profile) could impact on achievement at a local level against indicators. This will pose challenges for comparing indicators between areas. For a number of illustrative examples (**see Annex 2 of the Impact Assessment**) we considered for what factors it may be appropriate to risk adjust. Work on risk adjustment will need to be taken forward in the future when considering how the indicators will be monitored.

Equalities

For each breakdown policy leads were asked to indicate whether data is available now / feasible in future / not feasible / unsure. The breakdown areas were as follows:

- Socio-economic group
- Area deprivation (or postcode)
- Age
- Disability
- Ethnicity
- Gender
- Religion
- Sexual Orientation

In order to conduct this assessment exercise, policy leads from DH and OGDs consulted

with voluntary and independent sector organisations (experts in the field of each indicator) to ascertain the appropriateness of the data sources that support each indicator – as well as the equalities impact of having each measure, and the existing evidence on the appropriateness of each measure.

Engagement on equalities issues has been built into the development of the outcomes framework from the project's inception. Indeed the consultation document contained the following specific question in regards to equality:

“How can we ensure that the Outcomes Framework, along with the Local Authority Public Health allocation, and the health premium are designed to ensure they contribute fully to health inequality reduction and advancing equality?”

Full details of the equalities issues that have been considered in the development of the framework can be found in the Equalities Impact Assessment which has been published alongside this document. A table detailing the data breakdowns (including those for equalities strands) that are currently available for each indicator is found in Appendix C.

For note, during 2013 leads were further asked to supply the same information for three additional equality breakdown areas:

- Marriage / Civil Partnership
- Gender Reassignment
- Pregnancy & Maternity

Appendix C – Breakdown of indicators: local disaggregation, inequalities and equalities characteristics

An assessment has been made of whether **national and upper tier local authority level breakdowns** are currently available for each of the indicators included in the Public Health Outcomes Framework. We will extend this work in the future to consider the availability of data at lower geographical levels, e.g. lower tier local authorities, clinical commissioning groups, and to consider the feasibility of producing particular geographical breakdowns for indicators where they are not already available.

The Department of Health has made tackling health inequalities a priority. The Health and Social Care Act 2012 has placed legal duties on the Secretary of State for Health, NHS England and Clinical Commissioning Groups to have regard to the need to reduce health inequalities. There is also a legal obligation to promote equality across the equality strands protected in the Equality Act 2010. It is therefore a matter of principle in the way it is designed and a legal requirement that the introduction of the Public Health Outcomes Framework will not cause any group to be disadvantaged. We have used the **equalities and inequalities breakdowns** to assess data availability in order to monitor this commitment. Data collection is more complete for some of the strands than others; for example, there is generally better coverage for age and gender than for religion or sexual orientation.

Please note:

1. The assessment presented in this appendix is likely to change as further information becomes available as we develop the Public Health Outcomes Framework indicators
2. In this appendix, we outline data that is currently available. For many of the indicators there may already be work in progress to extend data collections to produce additional geographical, equalities or inequalities breakdowns but this information is not captured in this table.
3. The information presented in the table relating to equalities and inequalities breakdowns is related to national level data only. This work will be extended in the future to consider the availability of these data at local authority level.

Availability of breakdowns for PHOF indicators

KEY

Y	Currently collected and published
N	Not currently collected
P	The breakdown itself is not currently published but is collected (or can be constructed from data that is already collected)
TBC	Further work is required to determine if the breakdown is available
N/A	Not applicable to this indicator
*	A star next to one of the above ratings (e.g. Y*) indicates that although a breakdown is available, it should be treated with caution, e.g. may be issues with reliability of the data or the statistical validity of a particular breakdown

	Geographical		Equalities and inequalities strands (national level)										Further Information		
	National	Upper tier LA	Area deprivation (or postcode)	Socioeconomic group	Age	Disability	Ethnicity	Gender	Religion or belief	Sexual orientation	Marriage/Civil Partnership	Gender Reassignment		Pregnancy & Maternity	
Indicators corresponding to the overarching outcomes															
0.1: Healthy life expectancy															
0.1.i: Healthy life expectancy at birth	Y	Y	P	Y*	Y	N	N	N	Y	N	N	N	N	N	National data on HLE by NSSEC is possible but only at Census time
0.1.iii: Life expectancy at birth	Y	Y	Y	Y	Y	N	N	N	Y	N	N	N	N	N	
0.2: Difference in life expectancy and healthy life expectancy between communities															
0.2.i: Slope index of inequality (SII) in life expectancy at birth based on national deprivation deciles of Lower Super Output Areas (LSOAs) within England [National level]	Y	N/A	Y	N	P	N	N	N	Y	N	N	N	N	N	
0.2.ii: Number of upper tier local authorities for which the local SII in life expectancy (as defined in 0.2.iii) has decreased [National level]	P	P	P	N	P	N	N	N	P	N	N	N	N	N	
0.2.iii: SII in life expectancy at birth within each English upper tier local authority, based on local deprivation deciles of LSOAs [LA level]	N/A	Y	Y	N	P	N	N	N	Y	N	N	N	N	N	
0.2.iv: Gap in life expectancy at birth between each local authority and England as a whole [LA level]	N/A	Y	P	N	P	N	N	N	Y	N	N	N	N	N	

	Geographical		Equalities and inequalities strands (national level)										Further Information		
	National	Upper tier LA	Area deprivation (or postcode)	Socioeconomic group	Age	Disability	Ethnicity	Gender	Religion or belief	Sexual orientation	Marriage/Civil Partnership	Gender Reassignment		Pregnancy & Maternity	
0.2v: SII in healthy life expectancy at birth based on national deprivation deciles of LSOAs within England [National level]	P	N	P	N	P	N	N	N	P	N	N	N	N	N	
Domain 1: Improving the wider determinants of health															
1.1: Children in poverty	Y	Y1	P1	P2	Y	Y	Y2	P	P2	P2	Y	N	N	N	
NB: 1 Local area proxy 2 Based on head of household															
1.2: School readiness															
1.2i: The percentage of children achieving a good level of development at the end of reception	Y	Y	Y	Y	N/A	Y	Y	Y	N	N/A	Y	Y	N/A	N/A	N/A
1.2ii: The percentage of Year 1 pupils achieving the expected level in the phonics screening check	Y	Y	N	Y	N/A	Y	Y	Y	N	N/A	Y	Y	N/A	N/A	N/A
1.3: Pupil absence	Y	Y	Y	N	Y	N	Y	Y	N	N/A	Y	Y	N/A	N/A	N/A
1.4: First time entrants to the youth justice system	Y	Y	N	N	P	N	P	Y	N	N	Y	Y	N	N	N
1.5: 16-18 year olds not in education, employment or training	Y	Y	P	N	Y	P	P	P	N	N	P	P	N	N	N

For note, the national level can also be generated via the local measure, however this is different from the national publication and should not be used.

Area deprivation data is collected by top 30% most deprived national areas. For socioeconomic group data is collected by eligible for free school meals. For disability the data is collected by special educational needs.

	Geographical		Equalities and inequalities strands (national level)										Further Information	
	National	Upper tier LA	Area deprivation (or postcode)	Socioeconomic group	Age	Disability	Ethnicity	Gender	Religion or belief	Sexual orientation	Marriage/Civil Partnership	Gender Reassignment		Pregnancy & Maternity
	Adults with a learning disability/in contact with secondary mental health services who live in stable and appropriate accommodation													
1.6i: Percentage of all adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family	Y	Y	N	N	N	N	N	Y	N	N	N	N	N	N
1.6ii: Percentage of adults receiving secondary mental health services living independently at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting	Y	Y	P	N	P	N	P*	P	N	N	N	N	N	N
1.7: People in prison who have a mental illness or a significant mental illness	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
	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													
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	Y	Y	P*	Y	Y	P*	Y	Y	Y	P*	N	N	N	N

	Geographical		Equalities and inequalities strands (national level)										Further Information		
	National	Upper tier LA	Area deprivation (or postcode)	Socioeconomic group	Age	Disability	Ethnicity	Gender	Religion or belief	Sexual orientation	Marriage/Civil Partnership	Gender Reassignment		Pregnancy & Maternity	
1.10: Killed and seriously injured casualties on england's roads	Y	Y	N	N	Y	N	N	N	P	N	N	N	N	N	
1.11: Domestic abuse	Y	Y	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	
1.12: Violent crime (including sexual violence)															
1.12i: Age-standardised rate of emergency hospital admissions for violence per 100,000 population	Y	Y	P	N	P	N	P	P	P	N	N	N	N	N	N
1.12ii: Rate of violence against the person offences based on police recorded crime data, per 1,000 population	Y	Y	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	N
1.12iii: Sexual violence	Y	Y	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	N
1.13: Re-offending levels (all sub-indicators)	Y	Y	P	N	Y	N	Y	Y	Y	N	N	N	N	N	N
1.14: The percentage of the population affected by noise (all sub-indicators)	P	P*	P*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N
1.15: Statutory homelessness (all sub-indicators)	Y	Y	N	N	Y	N	Y	Y	Y	N	N	N	N	N	N

	Geographical		Equalities and inequalities strands (national level)										Further Information		
	National	Upper tier LA	Area deprivation (or postcode)	Socioeconomic group	Age	Disability	Ethnicity	Gender	Religion or belief	Sexual orientation	Marriage/Civil Partnership	Gender Reassignment		Pregnancy & Maternity	
1.16: Utilisation of outdoor space for exercise/health reasons	Y	Y	P	P	P	P	P	P	N	N	N	N	N	N	
1.17: Fuel poverty	Y	Y	Y*	N	Y	Y	N	N	N	N	N	N	N	N	Area Deprivation has a Y* value since the data is currently published to LSOA level but there is little confidence with the results due to low sample sizes.
1.18: Social isolation	Y	Y	N	N	P	N	P	P	P*	P*	N	N	N	N	
1.19: Older people's perception of community safety	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	
Domain 2: Health Improvement															
2.1: Low birth weight of term babies	Y	Y	P	P	P	N	P	N/A	N	N/A	N	N	N/A	N/A	Gender changed to N/A because the intervention would related to the mother.
2.2: Breastfeeding (all sub-indicators)	Y	Y	N	N	N	N	N/A	N	N	N/A	N	N	N/A	N/A	Table filled in based on the NHS England quarterly data collection
2.3: Smoking status at time of delivery	Y	Y	N	N	N	N	N/A	N	N	N/A	N	N	N/A	N/A	Table filled in based on the PHE commissioned HSCIC quarterly data collection

	Equalities and inequalities strands (national level)											Further Information		
	Geographical	Area deprivation (or postcode)	Socioeconomic group	Age	Disability	Ethnicity	Gender	Religion or belief	Sexual orientation	Marriage/Civil Partnership	Gender Reassignment		Pregnancy & Maternity	
2.4: Under 18 conceptions	Y	P	N	P	N	N	Y	N	N	N	N	N	N	
2.5: Child development at 2-2½ years	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	N/A	N/A	N/A	N/A	N/A	
2.6: Excess weight in 4-5 and 10-11 year olds (all sub-indicators)	Y	Y	N	Y	N	Y	Y	N	N/A	N	N	N	N	Obesity prevalence by IMD decile (of child residence) and ethnic group published by NCMP.
2.7: Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years	Y	P	N	Y	N	P	P	N	N	N	N	N	N	
2.8: Emotional well-being of looked after children	Y	P	P	P	P	P	P	N	N/A	N	N	N	N	
2.9: Smoking prevalence – 15 year olds (Placeholder)	Y	N	N	Y	N	P	Y	N	N	N	N	N	N	Table completed based upon the Smoking, Drinking and Drug Use survey (SDD). Note this is not the data source for 2.9 but this information will not be available until at least 2015.

	Equalities and inequalities strands (national level)											Further Information		
	Geographical	Area deprivation (or postcode)	Socioeconomic group	Age	Disability	Ethnicity	Gender	Religion or belief	Sexual orientation	Marriage/Civil Partnership	Gender Reassignment		Pregnancy & Maternity	
2.10: Self-harm	National	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	From late 2014 onwards this data will be collected within the Active People Survey and as such some equality breakdowns should be available (e.g. disability, religion, sexual orientation)
2.11: Diet (all sub-indicators)	National	N	N	N	N	N	N	N	N	N	N	N	N	LA level data to be published using new data from the Active People Survey, which includes questions on disability, religion, and sexual orientation. National data published using Health Survey for England
2.12: Excess weight in adults	National	Y	Y	Y	Y	Y	Y	P	P	P	P	P	P	Table filled in based on the ONS Integrated household survey.
2.13: Proportion of physically active and inactive adults (all sub-indicators)	National	Y	N	Y	Y	Y	Y	Y	P	P	P	P	P	
2.14: Smoking prevalence – adults (over 18s)	National	Y	Y	Y	P	P*	P	P	N/A	N	N	N	N	
2.15: Successful completion of drug treatment	National	Y	N	N	P	P	P	P	N	N	N	N	N	

	Geographical		Equalities and inequalities strands (national level)										Further Information	
	National	Upper tier LA	Area deprivation (or postcode)	Socioeconomic group	Age	Disability	Ethnicity	Gender	Religion or belief	Sexual orientation	Marriage/Civil Partnership	Gender Reassignment		Pregnancy & Maternity
2.16: People entering prison with substance dependence issues who are previously not known to community treatment	P	N	N	N	P	N	P	P	N	N	N	N	N	
2.17: Recorded diabetes	Y	Y	P	N	P	N	P	P	N	N	N	N	N	
2.18: Alcohol-related admissions to hospital	P	P	P	N	P	N	P	P	N	N	N	N	N	Table filled in based on HES.
2.19: Cancer diagnosed at stage 1 and 2	P*	P*	P*	N	P*	N	P*	P*	N	N	N	N	N	
2.20: Cancer screening coverage (all sub-indicators)	Y	Y	P	N	Y	N	N	Y	N	N	N	N	N	
2.21: Access to non-cancer screening programmes														

	Geographical		Equalities and inequalities strands (national level)										Further Information	
	National	Upper tier LA	Area deprivation (or postcode)	Socioeconomic group	Age	Disability	Ethnicity	Gender	Religion or belief	Sexual orientation	Marriage/Civil Partnership	Gender Reassignment		Pregnancy & Maternity
Domain 3: Health protection														
3.1: Fraction of mortality attributable to particulate air pollution	Y	Y	P	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
3.2: Chlamydia diagnoses (15-24 year olds)	Y	Y	P	N	Y	N	P	Y	N	N	N	N	N	N
3.3: Population vaccination coverage (all sub-indicators) NB: 1 For some age groups	Y	Y2	N	N	Y1	N	N	N	N	N	N	N	N	N
3.4: People presenting with HIV at a late stage of infection	Y	Y	P	N	Y	N	Y	Y	N	Y	N	N	N	N
3.5: Treatment completion for tuberculosis (TB)														
3.5i: The percentage of people completing treatment for tuberculosis within 12 months prior to 31st December, of all those whose case was notified the previous year	Y	Y*	P	N	Y	N	P	P	N	N	N	N	N	N
3.5ii: TB incidence per 100,000 population	Y	Y*	P	N	Y	N	Y	P	N	N	N	N	N	N

Caveat placed over fact that not all indicators are yet available and that LA-level data is estimated by PCT data available

Note that 'Y*' here means that some of the variables collected cannot be published for some local areas because of small cell volumes and the potential deductive disclosure risk.

	Geographical		Equalities and inequalities strands (national level)										Further Information		
	National	Upper tier LA	Area deprivation (or postcode)	Socioeconomic group	Age	Disability	Ethnicity	Gender	Religion or belief	Sexual orientation	Marriage/Civil Partnership	Gender Reassignment		Pregnancy & Maternity	
4.4ii: Age-standardised rate of mortality that is considered preventable from all cardiovascular diseases (including heart disease and stroke) in persons less than 75 years of age per 100,000 population	Y	Y	P	N	P	N	N	N	P	N	N	N	N	N	N
4.5: Under 75 mortality rate from cancer															
4.5i: Age-standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population	Y	Y	P	N	Y	N	N	Y	N	N	N	N	N	N	N
4.5ii: Age-standardised rate of mortality that is considered preventable from all cancers in persons less than 75 years of age per 100,000 population	Y	Y	P	N	P	N	N	P	N	N	N	N	N	N	N
4.6: Under 75 mortality rate from liver disease															
4.6i: Age-standardised rate of mortality from liver disease in persons less than 75 years of age per 100,000 population	Y	Y	P	N	Y	N	N	Y	N	N	N	N	N	N	N
4.6ii: Age-standardised rate of mortality that is considered preventable from liver disease in persons less than 75 years of age per 100,000 population	Y	Y	P	N	P	N	N	P	N	N	N	N	N	N	N

	Geographical		Equalities and inequalities strands (national level)										Further Information		
	National	Upper tier LA	Area deprivation (or postcode)	Socioeconomic group	Age	Disability	Ethnicity	Gender	Religion or belief	Sexual orientation	Marriage/Civil Partnership	Gender Reassignment		Pregnancy & Maternity	
4.7: Under 75 mortality rate from respiratory diseases															
4.7i: Age-standardised rate of mortality from respiratory diseases in persons less than 75 years of age per 100,000 population	Y	Y	P	N	Y	N	N	Y	N	N	N	Y	N	N	N
4.7ii: Age-standardised rate of mortality that is considered preventable from respiratory diseases in persons less than 75 years of age per 100,000 population	Y	Y	P	N	P	N	N	P	N	N	N	P	N	N	N
4.8: Mortality rate from communicable diseases	Y	Y	P	N	P	N	N	P	N	N	N	P	N	N	N
4.9: Excess under 75 mortality rate in adults with serious mental illness	Y	Y	P*	N	Y	N	N	Y	N	N	N	Y	N	N	N
4.10: Suicide rate	Y	Y	P*	N	P	N	N	P	N	N	N	Y	N	N	N
4.11: Emergency readmissions within 30 days of discharge from hospital	Y	P	Y	N	P	N	N	P	N	N	N	Y	N	N	N

