Public Health Outcomes Framework 2019/20: a consultation.

Government response.

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SUSTAINABLE DEVELOPMENT GOALS

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1. Executive summary

In January 2019 Public Health England (PHE) published proposals for changes to the Public Health Outcomes Framework (PHOF). Indicators that were to be revised, added or removed, with a rationale for each, were outlined in Proposed changes to the Public Health Outcomes Framework from 2019/20: A consultation.

PHE used an online survey to gather feedback which was live from 21 January 2019 to 22 February 2019.

There were 271 responses to the online stakeholder survey as well as 17 written responses from a broad range of organisations. Analysis of these responses has informed the decisions on the changes to the PHOF from 2019/20.

This document summarises the responses to the Proposed changes to the Public Health Outcomes Framework from 2019/20: A consultation and outlines the changes to the PHOF from 2019/20:

- 10 indicators will remain but will have a change to either the method or the data
- 8 indicators will be replaced with different indicator(s) on the same topic (including 1 vaccination indicator)
- removal of 17 indicators (including 2 vaccination indicators)
- an additional 21 indicators (including 5 vaccination indicators)

To ensure that the PHOF continues to be relevant and meets the needs of users, these changes will start to be implemented in November 2019. From 2019/20, there will be 75 high level indicator categories which include 161 individual indicators. A full list of the indicators from 2019/20 is available in Annex C.

2. Background

The Public Health Outcomes Framework (PHOF) sets out a high-level overview of public health outcomes, at national and local level, supported by a broad set of indicators. An interactive web tool makes the PHOF data available publicly. This allows local authorities to assess progress in comparison to national averages and their peers, and develop their work plans accordingly.

Purpose of the PHOF

The PHOF is used as a tool for local transparency and accountability, providing a means for benchmarking progress within each local authority and across authorities.

Alongside the NHS Outcomes Framework[1] and Adult Social Care Outcomes Framework,[2] the PHOF reflects the focus on improving health outcomes for the population and reducing inequalities in health, setting expectations for what the system as a whole wants to achieve.

Reasons for review

The PHOF was first published in 2012. At that time there was a commitment not to make any changes for 3 years to allow it to become established during the transfer of public health responsibilities from the NHS to local authorities. There was a review and refresh of the PHOF indicators during 2015[3] in order to ensure that the PHOF remained relevant and useful.

PHE is responsible for formally reviewing and refreshing the indicators included in the framework every 3 years.

PHOF 2016/19

The current version of the PHOF consists of 66 high level indicator categories which include 159 individual indicators. The indicators are grouped into overarching indicators and 4 supporting domains:

- overarching indicators (high level outcomes of life expectancy)
- wider determinants of health
- health improvement
- health protection
- healthcare public health and premature mortality

The indicators cover the full spectrum of measures of public health. The PHOF is published under section 73B of the NHS Act 2006[4] as guidance that local authorities must have regard to.

The document 'Proposed changes to the Public Health Outcomes Framework from 2019/20: A consultation'[5] set out how PHE reviewed the 2016/19 PHOF indicators and the proposed changes to indicators from 2019/20.

3.   What we did

PHE worked with colleagues from the Department of Health and Social Care (DHSC), and other government departments (OGDs)[a] to review the framework indicators and identify existing indicators where:

- the data source had changed or the way in which data were recorded or reported had changed
- the indicator could be improved with a different method
- the data source was obsolete or a one-off
- data were no longer available to produce the indicator
- data had not become available for placeholder indicators, or an appropriate source or methodology had not been identified
- the treatment or intervention had changed, for example vaccination schedules
- new topic areas that require measurement had been identified, and it was feasible to add a new indicator, namely if a data source exists and the appropriate method could be defined

Web usage statistics from Google Analytics and statistical analysis of associations between indicators were used to inform the decision-making process. The indicators that were less frequently used or where the statistical analysis showed a high level of correlation with another indicator were considered for removal, to allow for the addition of new indicators that may be more relevant.

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[a] Department for Work and Pensions, Ministry of Justice, Department for Education, Home Office, Ministry of Housing, Communities and Local Government, Department for Environment, Food and Rural Affairs, Department for Business, Energy and Industrial Strategy, Department for Transport, Department for Digital, Culture, Media and Sport

The proposal document was divided into 6 themes:

1. Indicators that will remain the same
2. Indicators that will remain but will have a change to either the method or data source
3. Indicators that will be replaced with an alternative indicator(s) on the same topic
4. Indicators proposed for removal from 2019/20
5. Indicators proposed for inclusion from 2019/20
6. Indicators added, replaced or removed to reflect the changes in the immunisation/vaccination schedule

Stakeholder survey

PHE conducted an online stakeholder survey from 21 January 2019 to 22 February 2019. The survey was made available via the pages on the gov.uk website and the front page of the PHOF webtool. It was also promoted through PHE Twitter accounts.

The survey asked for comments on indicators that were proposed to remain the same, have a change to either the method or data source, or be replaced with an alternative indicator. The survey respondents were asked to 'agree', 'disagree' or remain 'neutral' about the proposed removal or inclusion of indicators, and to include comments where appropriate. They were also asked to consider the top 5 most important indicators for inclusion in the PHOF from 2019/20. A list of the survey questions can be found at Annex A.

In collaboration with DHSC colleagues, criteria for the removal and inclusion of addition indicators were agreed. The survey responses were analysed against these criteria and the decisions are set out in the document below.

4. Who responded?

A total of 586 individuals started a response to the consultation survey, of these 271 respondents went on to complete the survey.

Table 1 shows the breakdown of respondents by organisation. Local authorities accounted for 35.4% of respondents who completed the survey. In addition, there were 17 written responses from specific organisations. These are listed in Annex B. Table 2 lists the public health topic areas represented by respondents.

Table 1: respondents by organisation

Organisation	Respondents			
	Total		Completed the survey	
	No.	%	No.	%
Local Authority	143	24.4	96	35.4
Voluntary/Charitable organisation	70	11.9	46	17.0
Other	56	9.5	35	13.0
Other Government Department	170	29.0	34	12.5
NHS	86	14.7	27	10.0
Public Health England/Department of Health and Social Care	39	6.7	21	7.7
Research organisation/body	22	3.8	12	4.4
Total	**586**	**100**	**271**	**100**

Table 2: public health topic areas represented by respondents

Public health topic	No.	%*
General public health	134	31.9
Other	108	25.7
Wider determinants of health	99	23.6
Physical activity	96	22.9
Child health	94	22.4
Mental health	76	18.1
Healthy weight	73	17.4
Vulnerable populations	71	16.9
Maternal health	65	15.5
Sexual health	61	14.5
Health protection	53	12.6
Alcohol and drugs	52	12.4
Productive healthy ageing	47	11.2
Smoking	46	11.0
Community engagement/development	44	10.5
Screening	26	6.2
Environmental health	24	5.7
Total	**420**	

* will not add up to 100%

5.   What will change?

From 2019/20, there will be 75 high level indicator categories which include 161 individual indicators. A full list of the indicators from 2019/20 is available in Annex C.

Indicators that will remain the same

Survey respondents were asked to comment on the indicators that will remain the same from 2019/20. There were comments from 90 respondents. The majority of these confirmed that they agreed with the proposal for the indicators to remain.

Some respondents made suggestions for alternative data sources or a revision to the methods used to calculate the indicator. These suggestions have been shared with the relevant topic leads for consideration and may influence future methodological changes. Any future changes to indicators, resulting from these suggestions, will be communicated via gov.uk prior to any changes to indicator data. In addition, several respondents requested more data on protected characteristics for the indicators.

All indicators that were proposed to remain will continue to be presented within the PHOF from 2019/20.

Indicators that will remain but will have a change to either the method or data source

Survey respondents were asked to comment on the indicators that will remain but will have a change to either the method or the data source. Comments were received from 73 respondents. The majority of these confirmed that they agreed with the changes proposed.

The most frequent comment was to consider the impact a new data source or change to the method would have on the trend data. Revisions to time series are routinely considered during the production of indicators for the PHOF and an assessment of impact on trends will be undertaken as part of this process.

In summary, 10 changes were proposed within this section and all will be included within the PHOF from 2019/20.

Indicators that will be replaced with an alternative indicator(s) on the same topic

Survey respondents were asked to comment on the indicators that will be replaced by an alternative indicator(s) on the same topic. Comments were received from 83 respondents. The majority of these confirmed that they agreed with indicators that will be replaced.

All 7 proposed alternative indicators will be presented within the PHOF from 2019/20.

Indicators proposed for removal from 2019/20

A total of 21 indicators were proposed for removal. Survey respondents were asked to select whether they 'agree', 'disagree' or were 'neutral' with the proposed indicators for removal. A rationale for removal was included for each indicator in the proposal document[5]. Respondents were also given the opportunity to provide further comments.

Indicators were removed if more than 85% of respondents 'agreed' or were 'neutral' about its removal. There were 16 indicators that met this criterion. This included Indicator 1.16 'utilisation of outdoor space for exercise/health reasons'. 89.1% of respondents agreed with this removal, however several respondents commented that they would want this indicator to be included if the sample size was to improve or if an alternative measure should be sourced. Therefore, this indicator will remain in the PHOF and will continue to be updated if the sample size improves sufficiently to produce reliable data at a local authority level.

There were 5 indicators where less than 85% of respondents selected 'agree' or 'neutral' in relation to their removal. Before agreeing the removal of these indicators, the comments received on these indicators were considered. As a result, all of the indicators will be retained (see Table 3).

In summary, of the 21 indicators proposed for removal:
- the 4 indicators measuring mortality in people aged under 75 will be retained
- the indicator 'attendances at A&E for self-harm' will remain
- the indicator 'utilisation of outdoor space for exercise/health reasons will remain
- 15 indicators will be removed. These are listed in Annex D, along with the 2 vaccination indicators that will be removed (see Table 6).

Table 3: indicators where less than 85% of respondents selected 'agree' or 'neutral' to proposal for their removal

Indicator	% 'agree' or 'neutral'	Comments	Decision
2.10i -Attendances at A&E for self-harm per 100,000 population	82.4	This indictor was a placeholder and has never been produced due to several methodological issues and problems with data quality. Respondents noted the problems but were keen that an indicator on self-harm be retained in the PHOF, highlighting the need for better data on self-harm to inform policy and practice to reduce rates of suicide. PHE will investigate the potential of using the new Emergency Care Data Set for this indicator and will work towards developing a robust indicator.	Remain
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable	82.8	Although the correlation analysis showed that these indicators are highly correlated with their corresponding indicator for mortality in people aged under 75, respondents felt that these indicators should remain. Respondents reported that they use these indicators to highlight the impact of public health interventions and they are useful for targeting services such as health checks.	Remain
4.05ii - Under 75 mortality rate from cancer considered preventable	82.1		Remain
4.06ii - Under 75 mortality rate from liver disease considered preventable	83.1		Remain
4.07ii - Under 75 mortality rate from respiratory disease considered preventable	83.5		Remain

Indicators proposed for inclusion from 2019/20

Survey respondents were asked to 'agree', 'disagree' or remain 'neutral' with the proposed indicators for inclusion. A rationale for inclusion was included for each indicator in the proposal document[5]. Respondents were also asked to '…identify those indicators (indicators on a single issue) or group of indicators (alcohol treatment, drug

treatment, maternity, sexual health) that you consider the top 5 most important for inclusion in the PHOF.' The respondents were asked to rank the indicators from Priority 1 (most important) to Priority 5 and provide any further comments.

The top 5 indicators, or indicator groups, overall and within Priority 1, 2 and 3 were considered for inclusion (identified in bold in Table 4). The individual indicator responses were examined for these indicators to review the comments and to identify whether the majority (50%) of respondents agreed with their inclusion (see Table 5).

Given the importance of the best start in life for ensuring improvements in the health of the population, PHE reviewed the proposed indicator on school readiness. In total, 52.4% of respondents selected 'agree' to the inclusion of this indicator.

Following consultation with other government departments (OGDs), the 2 proposed indicators on school readiness will be included within the PHOF 2019/20:

- school readiness: children achieving the expected level of development in communication and language skills at the end of Reception
- school readiness: children achieving the expected level of development in communication, language and literacy skills at the end of Reception

In summary, 16 indicators will be added to the PHOF from 2019/20.

Table 4: prioritisation of indicators by rank

Indicator/Indicator group	Priority 1	Priority 2	Priority 3	Overall priority
Maternity indicators	**1**	**1**	**3**	**1**
Percentage reporting a long-term musculoskeletal (MSK) problem	**2**	14	10	11
Alcohol treatment indicators	**3**	8	**4**	**5**
Loneliness measure	**4**	**2**	1	**2**
Disability free life expectancy (DFLE)	**5**	6	**2**	**4**
Sexual health indicators	6	**4**	6	**3**
Drug treatment indicators	7	3	7	7
School readiness - communication, language and literacy	8	9	9	9
Percentage of children aged 5 to 16 sufficiently active	9	**5**	**5**	6
Under 75 mortality rate - all causes	10	10	11	10
Prevalence of patients classified as frail	11	7	8	8
Gap in employment rate between disabled and non-disabled	12	12	12	12
Smoking prevalence in adults – socio economic gap	13	11	14	13
Average attainment 8 score per pupil	14	13	15	14
Avoidable cardiovascular disease (CVD) deaths amenable to healthcare	15	15	13	15

Table 5: percentage of respondents for individual indicators proposed for inclusion

Indicator group	Indicator	Agree (%)	Comments	Decision
Maternity indicators	Maternal smoking at booking	57.9	All comments received were supportive of the inclusion of these indicators. There were some concerns raised about the variability of the data quality of the maternity dataset, which will need to be addressed before the indicators are added.	Include when data quality has improved.
	Maternal alcohol use at booking	57.9		Include when data quality has improved.
	Maternal obesity at booking	56.5		Include when data quality has improved.
	Percentage of completed New Birth Visits (NBV)	49.8		Include when data quality has improved.
Indicator on a single issue	Percentage reporting a long-term MSK problem	54.6	All comments received on this indicator were in favour of it being added.	Included
Alcohol treatment	Deaths in alcohol treatment, mortality ratio	48.0	The majority of comments received included concerns about the methods used, the interpretation and the fact that these indicators do not measure outcomes.	Not included
	Proportion waiting over 3 weeks for alcohol treatment	45.0		Not included
	Proportion of alcohol users not in treatment	44.6		Not included

Indicators on a single issue	Loneliness measures (5 indicators in total):
	1. UCLA Loneliness measure
	  1.1 How often do you feel that you lack companionship?
	  1.2 How often do you feel left out?
		64.2	Most comments received on these indicators were in favour of them being added. Respondents also made suggestions on how this indicator should be presented and alternative data sources. These will be considered as part of the indicator development.	Included

	1.3 How often do you feel isolated from others? 2. How often do you feel lonely?			
	Disability free life expectancy (DFLE)	59.0	Comments received on this indicator were generally in favour of it being added. Respondents noted that including DFLE may confuse users because the PHOF already contains a measure of Healthy Life Expectancy (HLE), but this will be addressed through the indicator metadata.	Included
Sexual health indicators	New sexually transmitted infection (STIs) diagnoses (excluding chlamydia)	58.5	Comments received on the STI indicators expressed the view that one indicator would be sufficient. There were issues raised with interpretation of the testing rate indicator, especially, for rural areas.	Included
	Sexually transmitted infections (STI) testing rate (excluding chlamydia in the u-25s)	54.4		Not included
	HIV testing coverage	57.0	Comments on this indicator were mixed. Some supported inclusion and some stated that the indicator is difficult to interpret and is a measure of service provision rather than outcome.	Not included

			As the indicator is a measure of service provision rather an outcome this indicator will not be included	
	Rate of prescribing of long-acting reversible contraception (LARC), excluding injections, in females aged 15-44	49.8	Most comments were in favour of an indicator on reproductive health. However, there were some concerns about the data source, especially as the landscape for commissioning contraceptive services is changing. These will be addressed through the metadata to clearly state any limitations.	Included
Drug treatment	Proportion of opiate users not in treatment Deaths in drug treatment, mortality ratio Proportion waiting over 3 weeks for drug treatment	48.0 47.2 46.5	The majority of comments received included concerns about the methods used, the interpretation and the fact that these indicators do not measure outcomes.	Not included Not included Not included
Indicator on a single issue	Percentage of children aged 5-16 sufficiently physically active for good health	56.5	All comments received on this indicator were in favour of it being added. Respondents note that this is a very useful and important indicator.	Included

Indicators added, replaced or removed to reflect the changes in the immunisation/vaccination schedule

The following changes were not included in the consultation survey as they were a result of changes to immunisation/vaccination programmes[6] and the NHS public health functions agreement.[7]

Table 6: changes to vaccination indicators from 2019/20

Existing indicator number	Indicator description	Action
3.03iv	Population vaccination coverage - Meningococcal group C (MenC)	Removed
3.03vi	Population vaccination coverage - Haemophilus influenzae type b and meningococcal group C (Hib / MenC) booster 2 years old and 5 years old	Removed
3.03xi	Population vaccination coverage - Tetanus, diphtheria and polio (Td/IPV) booster (13-18 year olds)	Replaced
--	Population vaccination coverage - Meningococcal groups A, C, W and Y disease (MenACWY) (14-15 yrs old)	Replaces Td/IPV booster
--	Population vaccination coverage - Meningococcal group B (MenB) (1 year)	New
--	Population vaccination coverage - Rotavirus (1 year)	New
--	Population vaccination coverage - Meningococcal group B (MenB) booster (2 years)	New
--	Population vaccination coverage - Diphtheria, tetanus, pertussis and polio (DTaP/IPV) (5 years old)	New
--	Population vaccination coverage - Flu (primary school aged children (reception to year 6))	New

6. Summary of changes

There were 271 responses to the online stakeholder survey as well as 17 written responses from a broad range of organisations. Analysis of these responses has informed the decisions on the changes to the PHOF from 2019/20:

- 10 indicators will remain but will have a change to either the method or the data
- 8 indicators will be replaced with different indicator(s) on the same topic (including 1 vaccination indicator)
- removal of 17 indicators (including 2 vaccination indicators)
  inclusion of 21 additional indicators (including 5 vaccination indicators)

7. Equality impact assessment

The Public Sector Equality Duty[8] (under the Equality Act 2010) requires that public bodies have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act and to advance equality of opportunity and foster good relations between people who share a protected characteristic and those that do not. Annex E summarises the potential impact that changes to the Public Health Outcomes Framework (PHOF) indicators may have on groups with protected characteristics.

There is no reason to believe that the proposed changes to the PHOF will have a differential impact regarding age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, religion and belief, sex or sexual orientation.

8. References

1. NHS Digital. NHS Outcomes Framework. nd. Available at: https://digital.nhs.uk/data-and-information/publications/ci-hub/nhs-outcomes-framework [accessed 11 June 2019].
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6. Public Health England. Complete routine immunisation schedule. 2018. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741543/Complete_immunisation_schedule_sept2018.pdf [accessed 04 July 2019].
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Annex A: Online survey questions

About you

1. What type of organisation do you currently, or did you most recently work for?

- Department of Health and Social Care
- local authority
- NHS
- other government department
- member of public
- private company
- Public Health England
- research organisation/body
- voluntary/charitable organisation
- other, please specify

2. What is your main area of interest/expertise or what area of public health are you currently working in/on?

- alcohol and drugs
- child health
- community engagement/development
- environmental health
- health protection
- healthy weight
- maternal health
- mental health
- physical activity
- protective healthy ageing
- screening
- sexual health
- smoking
- vulnerable populations
- wider determinants of health
- general public health
- other, please specify

Indicators that will remain the same

3. It is proposed that the majority of indicators in the PHOF will remain the same. A list of these indicators is provided on pages 8 to 11 of the consultation document.

If you have any comments or alternative suggestions, please use the box below. If you are making a comment about a specific indicator(s) it would be useful to include the indicator number or name.

Indicators that will remain but will have a change to either the method or data

4. It has been necessary to amend the way that some of the indicators are calculated. The reasons for the changes and the indicators affected can be found on page 12 of the consultation document.

If you have any comments or alternative suggestions, please use the box below. If you are making a comment about a specific indicator(s) it would be useful to include the indicator number or name.

Indicators that will be replaced with an alternative indicator(s) on the same topic

5. The existing indicators listed on pages 13 to 14 of the consultation document, will be replaced with a new indicator that provides a better measure.

If you have any comments or alternative suggestions, please use the box below. If you are making a comment about a specific indicator(s) it would be useful to include the indicator number or name.

Indicators proposed for removal from 2019

As a result of the review of the indicators currently within the PHOF a number of indicators have been suggested for removal. The consultation document provides more detail on the reasons for removal on pages 15 to 16.

For the purpose of this consultation we have grouped the indicators into categories as follows:

- data are for England only
- indicator analysis showed little additional benefit or use
- the indicator was a placeholder and has never been produced
- insufficient sample size in source data
- the data source is no longer available

Please indicate if you agree or disagree with the removal of each indicator, within each of the categories. If you don't have a strong opinion either way, please choose 'Neutral'.

6. Data are for England only: This indicator has 2 gender-based figures per year for England only. PHOF is designed as a local area framework. These data can still be

made available as part of the slope of index of inequality in life expectancy supporting data.

Indicator name	Selection
0.2ii - Number of upper tier local authorities (UTLAs) where inequality in life	Agree
	Disagree
	Neutral

7. If you disagree and would like to comment, please use the box below.

8. Indicator analysis showed little additional benefit or use: Web usage statistics from Google Analytics and statistical analysis of associations between indicators were used to inform the decision-making process. Those indicators that are less frequently used, or where the correlation analysis showed that indicators were providing similar results, were considered for removal.

The indicators listed below are those that are being suggested for removal.

Indicator name	Selection
0.2iv - Gap in life expectancy at birth between each local authority and England as a whole	Agree
	Disagree
	Neutral
2.08i - Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March	Agree
	Disagree
	Neutral
2.11ii - Average number of portions of fruit consumed daily (adults)	Agree
	Disagree
	Neutral
2.11iii - Average number of portions of vegetables consumed daily (adults)	Agree
	Disagree
	Neutral
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable	Agree
	Disagree
	Neutral
4.05ii - Under 75 mortality rate from cancer considered preventable	Agree
	Disagree
	Neutral
4.06ii - Under 75 mortality rate from liver disease considered preventable	Agree
	Disagree
	Neutral
4.07ii - Under 75 mortality rate from respiratory disease considered preventable	Agree
	Disagree
	Neutral
4.15iii - Excess Winter Deaths Index (3 years, all ages)	Agree
	Disagree
	Neutral

4.15iv - Excess Winter Deaths Index (3 years, age 85+)	Agree
	Disagree
	Neutral

9. If you disagree and would like to comment, please use the box below. If you are making a comment about a specific indicator(s) it would be useful to include the indicator number or name.

10. The indictor was a placeholder and has never been produced: These indicators were considered for inclusion after the 2016 PHOF refresh. However, it has not been possible to produce these indicators as there have been difficulties in obtaining appropriate data sources and/or developing robust methodologies. It is therefore proposed that these indicators are removed.

Indicator name	Selection
1.09iii - Rate of fit notes issued	Agree
	Disagree
	Neutral
2.10i - Attendances at A&E for self-harm per 100,000 population	Agree
	Disagree
	Neutral

11. If you disagree and would like to comment, please use the box below. If you are making a comment about a specific indicator(s) it would be useful to include the indicator number or name.

12. Insufficient sample size in source data: The data for this indicator is sourced from the Monitor of Engagement with the Natural Environment (MENE). The sample size in the most recent (2016/17) survey was around 10,000 in England and is not sufficient to produce reliable estimates at a local authority level. Natural England are reviewing the MENE. The sample size of the survey is being considered as part of the review. If the sample size is increased sufficiently the indicator could be reconsidered for inclusion.

Indicator name	Selection
1.16 - Utilisation of outdoor space for exercise/health reasons	Agree
	Disagree
	Neutral

13. If you disagree and would like to comment, please use the box below.

14. The data source is no longer available. The 'What about Youth' (WAY) survey was a one-off data collection and there are no plans to re-run the survey. The data for the health related quality of life for older people indicator came from questions on

the GP patient survey. These questions are no longer being asked and the indicator can no longer be produced.

Indicator name	Selection
2.09i - Smoking prevalence at age 15 - current smokers (WAY survey)	Agree
	Disagree
	Neutral
2.09ii - Smoking prevalence at age 15 - regular smokers (WAY survey)	Agree
	Disagree
	Neutral
2.09iii - Smoking prevalence at age 15 - occasional smokers (WAY survey)	Agree
	Disagree
	Neutral
2.11iv - Proportion of the population meeting the recommended "5-a-day" at age 15 (WAY survey)	Agree
	Disagree
	Neutral
2.11v - Average number of portions of fruit consumed daily at age 15 (WAY survey)	Agree
	Disagree
	Neutral
2.11vi - Average number of portions of vegetables consumed daily at age 15 (WAY survey)	Agree
	Disagree
	Neutral
4.13 - Health related quality of life for older people	Agree
	Disagree
	Neutral

15. If you disagree and would like to comment, please use the box below. If you are making a comment about a specific indicator(s) it would be useful to include the indicator number or name.

Indicators proposed for inclusion from 2019/20 - part 1 of 2

The following indicators have been suggested as possible additions to the 2019/20 PHOF. The rationale for these being proposed is detailed on pages 17 to 22 of the consultation document.

Indicators have been grouped into the following themes:

- indicators on a single issue
- alcohol treatment indicators
- drug treatment indicators
- maternity indicators
- sexual health indicators

Please let us know your views on the inclusion of these indicators by agreeing, disagreeing or remaining neutral.

At the end of this section you will be asked to select your top 5 indicators/themes for inclusion.

16. Indicators on a single issue

Proposed indicator	Selection
Disability free life expectancy (DFLE)	Agree
	Disagree
	Neutral
School readiness - Communication, language and literacy - Early Years Foundation Stage Profile (EYFSP)	Agree
	Disagree
	Neutral
Average Attainment 8 score per pupil	Agree
	Disagree
	Neutral
Gap in employment rate between disabled and non-disabled people and the overall employment rate	Agree
	Disagree
	Neutral
Percentage of children aged 5-16 sufficiently physically active for good health	Agree
	Disagree
	Neutral
Smoking prevalence in adults - socio-economic gap in current smokers (APS)	Agree
	Disagree
	Neutral
Percentage reporting a long-term MSK problem	Agree
	Disagree
	Neutral
Under 75 mortality - all causes	Agree
	Disagree
	Neutral
Avoidable CVD deaths amenable to health care	Agree
	Disagree
	Neutral
Prevalence of patients classified as mild, moderately or severely frail	Agree
	Disagree
	Neutral
Loneliness measure	Agree
	Disagree
	Neutral

17. Alcohol treatment indicators proposed

Proposed indicator	Selection
Proportion of alcohol users not in treatment	Agree
	Disagree
	Neutral
Proportion waiting over 3 weeks for alcohol treatment	Agree
	Disagree
	Neutral
Deaths in alcohol treatment, mortality ratio	Agree
	Disagree
	Neutral

18. Drug treatment indicators proposed

Proposed indicator	Selection
Proportion of opiate users not in treatment	Agree
	Disagree
	Neutral
Proportion waiting over 3 weeks for drug treatment	Agree
	Disagree
	Neutral
Deaths in drug treatment, mortality ratio	Agree
	Disagree
	Neutral

19. Maternity indicators proposed

Proposed indicator	Selection
Maternal obesity at booking – from the maternity services dataset	Agree
	Disagree
	Neutral
Alcohol use at booking – from the maternity services dataset	Agree
	Disagree
	Neutral
Smoking at booking - from the maternity services dataset	Agree
	Disagree
	Neutral
Percentage of completed New Birth Visits (NBV)	Agree
	Disagree
	Neutral

20. Sexual Health indicators proposed

Proposed indicator	Selection
Rate of prescribing of long-acting reversible contraception (LARC) excluding injections in females aged 15-44	Agree
	Disagree
	Neutral
Sexually transmitted infections (STI) testing rate (excluding chlamydia in the u-25s)	Agree
	Disagree
	Neutral
New sexually transmitted infection (STIs) diagnoses (excluding chlamydia)	Agree
	Disagree
	Neutral
HIV testing coverage	Agree
	Disagree
	Neutral

Indicators proposed for inclusion from 2019/20 - part 2 of 2

It will not be possible to include all of the indicators that have been proposed. We would like you to identify those indicators (indicators on a single issue) or group of indicators (alcohol treatment, drug treatment, maternity, sexual health) that you consider the top 5 most important for inclusion in the PHOF. The grouped indicators appear at the top of the list:

1. Highest priority (1st choice)
2. Rank 2 (2nd choice)
3. Rank 3 (3rd choice)
4. Rank 4 (4th choice)
5. Rank 5 (5th choice)

The selections for each ranking are listed below:

- alcohol treatment indicators
- drug treatment indicators
- maternity indicators
- sexual health indicators
- average attainment 8 score per pupil
- avoidable CVD deaths amenable to healthcare
- disability free life expectancy (DFLE)
- gap in employment rate between disabled
- loneliness measure
- percentage of children aged 5-16 sufficiently active
- percentage reporting a long-term MSK
- prevalence of patients classified as frail
- school readiness - communication, language and literacy
- smoking prevalence in adults - SE gap
- under 75 mortality - all causes

Annex B: Written responses

In addition to the responses gathered through the online survey, a further 17 written responses were received from various organisations. The comments contained in these responses were used to inform the decisions on the removal of indicators and the proposed new indicators.

Written responses were received from following organisations:

- Action for Children
- Advisory Group on Contraception
- Alzheimer's Society
- Campaign to End Loneliness
- GambleAware
- Independent Age
- Local Government Association
- National AIDS Trust
- National Cardiovascular Intelligence Network
- Nutricia
- Pancreatic Cancer UK
- Royal College of Nursing
- Sefton Council
- Southampton City Council
- The Faculty of Sexual and Reproductive Health
- The Health Foundation
- The Royal College of Midwives

Annex C: PHOF Indicators from 2019

The list is available as an open source spreadsheet on the PHOF pages of gov.uk

Annex D: Indicators that will be removed from PHOF 2019/20

Indicator number	Indicator description	Rationale for removal
0.2ii	Number of upper tier local authorities (UTLAs) where inequality in life expectancy at birth has decreased	**Data are for England only**: This indicator has 2 figures per year for England only – 1 for males and 1 for females. PHOF is designed as a local area framework. These data can still be made available as part of the slope of index of inequality in life expectancy supporting data.
0.2iv	Gap in life expectancy at birth between each local authority and England as a whole	**Indicator analysis showed little additional benefit or use:** The correlation analysis revealed that this indicator shows the same information as indicator 0.1ii. This indicator can be calculated from the other measures in the framework by a simple calculation of the difference between the local value and the England value.
1.09iii	Rate of fit notes issued	**The indictor was a placeholder and has never been produced:** The indicator cannot be produced from the existing data source as the definition is to measure those who are economically active and 'economic activity' is not collected on the fit notes data. No alternative data source has been identified.
2.08i	Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March	**Indicator analysis showed little additional benefit or use:** Interpretation is difficult - the score is not easy to understand, and feedback shows that the accompanying indicator on the proportion of children where there is cause for concern is of more use. This latter indicator (2.08ii) will be retained.
2.09i	Smoking prevalence at age 15 - current smokers (WAY survey)	**Data source is no longer available:** The 'What About Youth Survey' was a one-off data collection in 2014/15 and will not be re-run. These indicators therefore cannot be updated. Indicators 2.09iv and 2.09v, smoking prevalence at age 15 years, from the Smoking, Drinking and Drug Use Among Young People in England survey (SDD) will remain and are updated bi-annually.
2.09ii	Smoking prevalence at age 15 - regular smokers (WAY survey)	
2.09iii	Smoking prevalence at age 15 - occasional smokers (WAY survey)	
2.11ii	Average number of portions of fruit consumed daily (adults)	**Indicator analysis show little additional benefit or use:** These 2 indicators are currently sub-indicators of the overall adult '5-a-day' indicator (2.11i) which will remain. These sub-indicators are not as relevant to users as the overall 2.11i indicator.
2.11iii	Average number of portions of vegetables consumed daily (adults)	

2.11iv	Proportion of the population meeting the recommended "5-a-day" at age 15 (WAY survey)	**Data source is no longer available:** These three indicators were compiled from the results of the 'What About Youth' survey in 2014/15. This was a one-off survey which will not be re-run.
2.11v	Average number of portions of fruit consumed daily at age 15 (WAY survey)	
2.11vi	Average number of portions of vegetables consumed daily at age 15 (WAY survey)	
3.03iv	Population vaccination coverage - Meningococcal group C (MenC)	These indicators were removed due to changes in the immunisation schedule
3.03vi	Population vaccination coverage - Haemophilus influenzae type b and meningococcal group C (Hib / MenC) booster 2 years old and 5 years old	
4.13	Health related quality of life for older people	**Data source is no longer available:** The questions in the GP Patient Survey used to calculate this indicator are no longer being asked.
4.15iii	Excess Winter Deaths Index (3 years, all ages)	**Indicator analysis show little additional benefit or use:** These particular indicators are not as highly valued as the indicators based on a single winter – 4.15i and 4.15ii which will remain.
4.15iv	Excess Winter Deaths Index (3 years, age 85+)	

Annex E: Equality impact assessment

The Public Sector Equality Duty (under the Equality Act 2010) requires that public bodies have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act and to advance equality of opportunity and foster good relations between people who share a protected characteristic and those that do not. Annex E summarises the potential impact that changes to the Public Health Outcomes Framework (PHOF) indicators may have on groups with protected characteristics.

The aim of this assessment is to identify and summarise the potential impact that changes to the Public Health Outcomes Framework (PHOF) indicators, following the consultation, may have on groups with protected equalities characteristics, including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Where possible indicators within the PHOF contain equality breakdowns, by age, sex, sexual orientation, ethnicity and religion.

Summary of changes

The following changes will be made to the PHOF from 2019/20:

- 10 indicators will remain but will have a change to either the method or the data
- 8 indicators will be replaced with different indicator(s) on the same topic (including 1 vaccination indicator)
- removal of 17 indicators (including 2 vaccination indicators)
- an additional 21 indicators (including 5 vaccination indicators)

Potential impact of changes

Indicators that will remain but will have a change to either the method or the data

It is not expected that these changes will have an impact on groups with protected characteristics. Of the 10 indicators in this group, 8 do not have an equality breakdown and this is not expected to change.

Two of the indicators provide an equality breakdown:

- 2.19 Cancer diagnosed at an early stage currently presents data by ethnic group

- 4.11 Emergency readmissions within 30 days of discharge from hospital provides data by sex at an England level

The change in methodology for these indicators will not impact on the ability for data to be presented by protected characteristics.

Indicators that will be replaced with different indicator(s) on the same topic

It is not expected that these changes will have an impact on groups with protected characteristics. Of the 8 indicators in this group, 6 do not have an equality breakdown and this is not expected to change.

Two indicators provide an equality breakdown by sex, this data is expected to continue to be available (Table 1).

Indicators that will be removed

Table 2 explains the reasons for removal of the 17 indicators and lists the inequality dimensions that will therefore no longer be available in PHOF. In most cases, the decision to remove is due to the source data discontinuing or limited use of the indicator.

Five of the 17 indicators that will be removed from 2019/20 do not provide an inequality breakdown or are placeholders with no data:

- 0.2iv - Gap in life expectancy at birth between each local authority and England as a whole
- 1.09iii - Rate of fit notes issued
- 2.08i - Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March
- 3.03iv - Population vaccination coverage - Meningococcal group C (MenC)
- 3.03vi - Population vaccination coverage - Haemophilus influenzae type b and meningococcal group C (Hib / MenC) booster 2 years old and 5 years old

Six of the 17 indicators that have data on protected characteristics will be available elsewhere (see Table 2):

- 0.2ii - Number of upper tier local authorities (UTLAs) where inequality in life expectancy at birth has decreased.
- 2.09i - Smoking prevalence at age 15 - current smokers (WAY survey)
- 2.09ii - Smoking prevalence at age 15 - regular smokers (WAY survey)
- 2.09iii - Smoking prevalence at age 15 - occasional smokers (WAY survey)
- 2.11iv - Proportion of the population meeting the recommended "5-a-day" at age 15 (WAY survey)

- 4.13 - Health related quality of life for older people

Six of the 17 indicators that have data on protected characteristics will be removed and will no longer be available:

- 2.11ii - Average number of portions of fruit consumed daily (adults)
- 2.11iii - Average number of portions of vegetables consumed daily (adults)
- 2.11v - Average number of portions of fruit consumed daily at age 15 (WAY survey)
- 2.11vi - Average number of portions of vegetables consumed daily at age 15 (WAY survey)
- 4.15iii - Excess Winter Deaths Index (3 years, all ages)
- 4.15iv - Excess Winter Deaths Index (3 years, all 85+)

An extract of the indicator data, for those indicators that will be removed and not available elsewhere, will be provided on the further information page of the PHOF fingertips tool.

Indicators that will be added

Table 3 lists the indicators that will be added to the PHOF 2019/20 and the potential or known inequality breakdowns that will be provided. Of the 21 indicators, 7 will provide at least 1 inequality breakdown. For 2 indicators further work is required to identify potential inequality breakdowns.

Table 1: indicators that will be replaced

Indicator number	Old indicator	New indicator	Inequality dimension
1.15i	Statutory homelessness - eligible homeless people not in priority need	Homelessness - Number of households owed a duty under the Homelessness Reduction Act	No change to data by protected characteristics
		Homelessness - Number of Rough Sleepers	No change to data by protected characteristics
2.05i	Proportion of children aged 2-2½ years who received an assessment as part of the Healthy Child Programme or an integrated review (using any tool)	Percentage of children at or above expected level of development in all five areas of development at 2-2½ years	No change to data by protected characteristics
2.05ii	Proportion of children aged 2-2½ years offered ASQ-3 as part of the Healthy Child Programme or integrated review	Percentage of children at or above expected level of development in communication skills at 2-2½ years	No change to data by protected characteristics
		Percentage of children at or above expected level of development in personal-social skills at 2-2½ years	No change to data by protected characteristics
2.20ii	Cancer screening coverage - cervical cancer	Cancer screening coverage: cervical screening – coverage (under 50)	No change to data by protected characteristics
		Cancer screening coverage: cervical screening – coverage (50 years and above)	
3.03xi	Population vaccination coverage – Tetanus, diphtheria and polio (Td/IPV) booster (13-18 year olds)	Population vaccination coverage - Meningococcal groups A, C, W and Y disease (MenACWY) (14-15 yrs old)	No change to data by protected characteristics
4.02	Proportion of five-year-old children free from dental decay	Proportion of five-year-old children with dental decay	No change to data by protected characteristics
4.09i	Excess under 75 mortality rate in adults with serious mental illness	Premature mortality rate for people with mental health problems	Data by sex will remain
4.09ii	Proportion of adults in the population in contact with secondary mental health services	Excess premature mortality ratio for people with mental health problems	Data by sex will remain

Table 2: indicators that will be removed

Indicator number	Indicator description	Rationale for removal	Inequality dimension removed
0.2ii	Number of upper tier local authorities (UTLAs) where inequality in life expectancy at birth has decreased	Data are for England only: this indicator has 2 figures per year for England only – 1 for males and 1 for females. PHOF is designed as a local area framework.	Sex These data will still be made available as part of the slope of index of inequality in life expectancy supporting data.
0.2iv	Gap in life expectancy at birth between each local authority and England as a whole	Indicator analysis showed little additional benefit or use: correlation analysis showed that this indicator shows the same information as indicators 0.1ii. This indicator can be calculated from the other measures in the framework by a simple calculation of the difference between the local value and the England value.	No data by protected characteristics
1.09iii	Rate of fit notes issued	The indictor was a placeholder and has never been produced: The indicator cannot be produced from the existing data source as the definition is to measure those who are economically active and 'economic activity' is not collected on the fit notes data. No alternative data source has been identified.	There is no data for this indicator
2.08i	Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March	Indicator analysis showed little additional benefit or use: Interpretation is difficult - the score is not easy to understand, and feedback shows that the accompanying indicator on the proportion of children where there is cause for concern is of more use. This latter indicator (2.08ii) will be retained.	No data by protected characteristics
2.09i	Smoking prevalence at age 15 - current smokers (WAY survey)	Data source is no longer available: The 'What About Youth Survey' was a one-off data collection in 2014/15 and will not be re-run. These indicators therefore cannot be updated. Indicators 2.09iv and 2.09v, smoking prevalence at age 15 years, from the	Sexual orientation Ethnicity
2.09ii	Smoking prevalence at age 15 - regular smokers (WAY survey)		Sex

2.09iii	Smoking prevalence at age 15 - occasional smokers (WAY survey)	Smoking, Drinking and Drug Use Among Young People in England survey (SDD) will remain and are updated bi-annually.	Historical data will still be available from the Local Tobacco Control profile.
2.11ii	Average number of portions of fruit consumed daily (adults)	Indicator analysis show little additional benefit or use: These two indicators are currently sub indicators of the overall adult '5-a-day' indicator (2.11i) which is proposed to remain. These sub-indicators are not as relevant to users as the overall 2.11i indicator.	Disability Ethnicity Age Sex
2.11iii	Average number of portions of vegetables consumed daily (adults)		
2.11iv	Proportion of the population meeting the recommended "5-a-day" at age 15 (WAY survey)	Data source is no longer available: These three indicators were compiled from the results of the 'What About Youth' survey in 2014/15. This was a one-off survey which will not be re-run.	Sexual orientation Ethnicity Sex Historical data for indicator 2.11iv will still be available from NCMP and Child Obesity profile.
2.11v	Average number of portions of fruit consumed daily at age 15 (WAY survey)		
2.11vi	Average number of portions of vegetables consumed daily at age 15 (WAY survey)		
3.03iv	Population vaccination coverage - Meningococcal group C (MenC)	These indicators have been removed to reflect changes in the immunisation/vaccination schedule.	No data by protected characteristics
3.03vi	Population vaccination coverage - Haemophilus influenzae type b and meningococcal group C (Hib / MenC) booster 2 years old and 5 years old		No data by protected characteristics
4.13	Health related quality of life for older people	Data source is no longer available: The questions in the GP Patient Survey used to calculate this indicator are no longer being asked.	Ethnicity Religion Sexual orientation Sex Historical data will still be available from the

			Productive Health Ageing profile.
4.15iii	Excess Winter Deaths Index (3 years, all ages)	Indicator analysis show little additional benefit or use: These particular indicators are not as highly valued as the indicators based on a single winter – 4.15i and 4.15ii which will remain.	Sex
4.15iv	Excess Winter Deaths Index (3 years, all 85+)		

Table 3: New indicators

Indicator	Potential inequality breakdowns
Maternal smoking at booking	The maternity services data set provides data on ethnicity and age. These will be considered as the indicator methodology is developed and where possible inequality breakdowns will be provided.
Maternal alcohol use at booking	The maternity services data set provides data on ethnicity and age. These will be considered as the indicator methodology is developed and where possible inequality breakdowns will be provided.
Maternal obesity at booking	The maternity services data set provides data on ethnicity and age. These will be considered as the indicator methodology is developed and where possible inequality breakdowns will be provided.
Percentage of completed New Birth Visits (NBV)	There are no data by protected characteristics.
Percentage reporting a long-term MSK problem	This indicator is in the Musculoskeletal Diseases profile and is available by: Ethnicity Religion Sexual orientation Sex Age

Loneliness measure – (5 indicators)
1. Loneliness measure
    1.1 How often do you feel that you lack companionship?
    1.2 How often do you feel left out?
    1.3 How often do you feel isolated from others?
2. How often do you feel lonely?
	The data source for these indicators are still being scoped. It will be a national survey. Inequality breakdowns will be dependent on the sample size of the survey. If the preferred data source 'Active Lives Survey' is used, then inequality breakdowns are likely to be possible.

Disability free life expectancy (DFLE)	This indicator will be available by: Sex At age 65+
New sexually transmitted infection (STIs) diagnoses (excluding chlamydia)	This indicator is in the Sexual and Reproductive Health Profiles. There are no data by protected characteristics.
Rate of prescribing of long-acting reversible contraception (LARC), excluding injections, in females aged 15-44	This indicator is in the Sexual and Reproductive Health Profiles. There are no data by protected characteristics.
Percentage of children aged 5-16 sufficiently physically active for good health	At this stage it is not possible to identify the equality breakdowns that will be available.
School readiness: children achieving the expected level of development in communication and language skills at the end of Reception	This indicator will be available by: Sex
School readiness: children achieving the expected level of development in communication, language and literacy skills at the end of Reception	This indicator will be available by: Sex
Population vaccination coverage - Meningococcal group B (MenB) (1 year)	There are no data by protected characteristics.
Population vaccination coverage - Rotavirus (1 year)	There are no data by protected characteristics.
Population vaccination coverage - Meningococcal group B (MenB) booster (2 years)	There are no data by protected characteristics.

Population vaccination coverage - Diphtheria, tetanus, pertussis and polio (DTaP/IPV) (5 years old)	There are no data by protected characteristics.
Population vaccination coverage - Flu (primary school aged children [reception to year 6])	There are no data by protected characteristics.