Public Health England

Protecting and improving the nation's health

Public Health Outcomes Framework – August 2016

Key messages

- The August 2016 update to the Public Health Outcomes Framework shows that there has been a statistically significant improvement in smoking prevalence in England, in both the general adult population and those that work in routine and manual occupations. Data shows that smoking prevalence in England currently stands at 16.9%. There have also been statistically significant improvements in levels of 16-18 year olds not in education, employment or training (NEETs), adults in employment, complaints about noise, completion of alcohol treatment and abdominal aortic aneurysm screening (AAA) coverage.
- However, this update also shows that there have been statistically significant reductions in the uptake of flu vaccination and chlamydia detection. The three indicators related to flu vaccine (looking at uptake in the over 65s, at risk individuals and 2-4 year olds) all show a statistically significant reduction in the uptake between 2014/15 and 2015/16. Chlamydia detection rates show a statistically significant reduction for both males and females.
- This update of the Public Health Outcomes Framework is the first since the publication of the response by the Department of Health to the recent consultation reviewing the indicators within the PHOF. More information on this consultation and the subsequent response can be found here. As a result, new indicators have been published for the first time (including data on first time offenders and emergency hospital admissions for self-harm) and denoted with "new indicator" in brackets after the indicator title. Some definitions have also been changed to bring them in line with other sources of data (for example infant mortality and suicide) and have been denoted with "revised indicator" in brackets after the indicator title. All other indicators have been denoted with "updated data". Full details can be found within the PHOF collection on www.gov.uk available here. Also note that all comparisons between local authorities within this summary refer to upper tier local authorities. Data for lower tier local authorities are also available for some indicators at www.phoutcomes.info .

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Summary

Wider determinants of health

1.03 – Pupil absence (*updated data*) – In the academic year 2014/15, the percentage of half days missed by pupils (due to both authorised and unauthorised absences) was 4.6%. Compared to 2013/14, this was a small but statistically significant rise (from 4.5%), though still a significant reduction compared to 2010/11 (5.8%, the first year of data in the PHOF data tool). The percentage of half days missed varies geographically (ranging from 5.8% in Middlesbrough to 3.4% in Rutland), though all but one upper tier local authorities in England have experienced an improvement in the long-term trend in recent years. There are differences by ethnicity, with those of White (4.7%) and Mixed (4.9%) ethnicity having a significantly higher percentage of half days missed compared with England, while those of Asian (4.4%), Black (3.4%) and Chinese (2.2%) ethnicity all have a significantly lower percentage of half days missed compared with England.

1.05 – 16-18 year olds not in education, employment or training (NEETs) (*updated data)* – The percentage of 16-18 year olds not in education, employment or training fell from 4.7% in 2014 to 4.2% in 2015. This was a statistically significant reduction, and the fourth year in a row that the percentage of 16-18 year old NEETs has fallen. The figure was 6.1% in 2011.

1.08iv – The percentage of people aged 16-64 in employment (*new indicator)* – In 2014/15 the percentage of adults aged 16-64 in employment was 72.9%, the fourth year in a row that this has increased. In 2011/12, the first year of data in the PHOF data tool, the figure was 70.2%. The trend is the same for both males and females, though males in this age group are more likely to be employed than females (78.2% compared to 67.6%). The percentage of adults in employment varies geographically, ranging from 83% in West Berkshire to 60% in Liverpool.

1.13iii – First time offenders (*new indicator)* – In 2014, the rate of first time offenders in England was 262.6 per 100,000 population. Rates in England vary from 517 per 100,000 in Barking and Dagenham to 154.3 per 100,000 in Solihull. Rates also vary by deprivation decile, with those local authorities that experience higher levels of deprivation experiencing higher rates of first time offenders than more affluent local authorities (the rate is 333.5 per 100,000 in the most deprived decile of local authorities compared to 216.5 in the least deprived decile).

1.14i – The rate of complaints about noise *(updated indicator)* – In 2014/15, the rate of complaints about noise was 7.1 per 1,000 in England. Compared to both 2013/14 (the previous time point) and 2010/11 (the first year of data within the PHOF data tool) the reduction was statistically significant (from 7.4 and 7.8 complaints per 1,000 population

respectively). The rate of complaints about noise is primarily worse in more urban local authorities; the 10 local authorities with the highest rate of complaints about noise were all in London in 2014/15.

1.15i – Statutory homelessness: eligible people not in priority need (*new indicator)* – In England in 2014/15 the rate of eligible homeless people not in priority need per 1,000 households was 0.9. This rate shows a small but statistically significant fall compared to 2013/14, and also 2010/11 (the first year of data in the PHOF data tool). The rates of eligible statutory homeless people not in priority need vary by region, with London and the West Midlands having the highest rates (1.4 per 1,000 population and 1.3 per 1,000 population respectively) and the South West and East of England (both 0.4 per 1,000 population) having the lowest rates.

Health improvement

2.08ii – Looked after children: % of children where there is a cause for concern *(new indicator)* – In 2014/15, 37% of children aged 5-16 who had been in care for at least 12 months in England had a score in the *Strengths and Difficulties Questionnaire* (SDQ) that indicate a cause for concern. The SDQ is a brief behavioural screening questionnaire with a total score of 40. Those scoring 17 or over are considered a cause for concern. The percentage varies between local authorities in England, ranging from 56% in Reading to 19% in Rochdale.

2.10ii – Emergency hospital admissions for intentional self-harm *(new indicator)* – In 2014/15 the directly standardised rate for hospital admissions for intentional self-harm in England was 191.4 per 100,000 population. Compared with 2013/14, this was a statistically significant decrease from 204 emergency admissions per 100,000, though compared with 2012/13 (which is the first year of data in the PHOF data tool) this is actually a statistically significant increase from 188 admissions per 100,000. The rate of emergency admissions for females in 2014/15 was higher (239.7 per 100,000) than it was for males (143.2 per 100,000).

2.11iv – Proportion of the population meeting the recommended '5-a-day' at age 15 *(new indicator)* – In 2014/15 the percentage of 15 year olds in England meeting the recommended level of consumption of portions of fruit and vegetables was 52.4%. The percentage was highest in Kensington and Chelsea with more than two-thirds (67.6%) meeting the recommended '5-a-day'. The local authority with the lowest levels of 15 year olds meeting the '5-a-day' recommendation was Halton with 39.9%. Levels of consumption of fruit and vegetables varied by deprivation, with the four most deprived deciles of local authorities in England all having levels of consumption significantly lower than the England average, while the two most affluent deciles of local authorities had levels of consumption

significantly above the England average. There was little difference between the level of consumption between males and females.

2.13 – Physically active and inactive adults: 2.13i – physically active adults *(updated indicator)* & 2.13ii – physically inactive adults *(updated indicator)* – In 2015, the percentage of adults achieving at least 150 minutes of physical activity per week in line with the Chief Medical Officer's guidelines remained constant at 57%. In contrast, the percentage of adults achieving less than 30 minutes per week increased from 27.7% to 28.7%. For these indicators, males show higher levels of activity (62.1% physically active compared with 52.2% of females in 2015). The most deprived decile of local authorities experienced the highest levels of inactivity in 2015 (35%) and the least deprived decile experienced the highest levels of activity (61.9%).

2.14 – Smoking prevalence in adults *(updated indicator)* – Between 2014 and 2015, the prevalence of smoking in adults fell from 17.8% to 16.9% in England. These data come from the Annual Population Survey for England (APS) and replaces the previous smoking prevalence indicator within the PHOF which came from the Integrated Household Survey (IHS). Some differences in survey coverage, imputation and weighting methodology may result in some discontinuity between the IHS and APS and as a result the two datasets should not be directly compared. ONS have drafted a note (www.tobaccoprofiles.info/documents/IHS_v_APS_Note_on_differences.docx) to explain the differences further. Data from the APS go back to 2012 and show a statistically significant reduction every year (see figure 1). Smoking prevalence in adults in routine and manual occupations also shows a statistically significant reduction over the same period from 28% in 2014 to 26.5% in 2015. Inequalities in smoking prevalence remain in England ranging from 26.8% in Kingston upon Hull to 9.5% in Wokingham. Smoking prevalence is higher in males (19.1%), and those from White (17.6%) and Mixed (22.4%) ethnicities compared to females (14.9%) and other ethnicities. There is also a relationship between smoking and deprivation, with smoking prevalence in the most deprived decile of local authorities more than a third higher than in the least deprived decile of local authorities (20.4% compared to 14.3%).

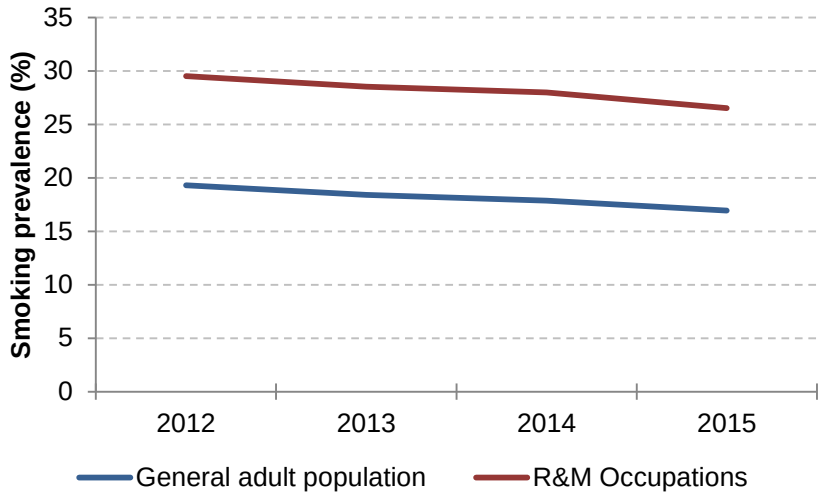

Figure 1 – smoking prevalence in the general adult population and in routine and manual occupational groups, England, 2012-2015

2.15 – Successful completion of drug and alcohol treatment: 2.15iii – successful completion of alcohol treatment *(new indicator)* and 2.15iv – deaths from drug misuse *(new indicator)* – In 2014 the percentage of alcohol users that left treatment successfully and didn't represent within 6 months was 38.7%, which represented a small but statistically significant increase compared to 2013 (38%). This is the fourth year in a row that has seen an increase from 31.9% in 2010. This percentage of those successfully completing treatment does not appear to have a significant relationship with deprivation, with values in 2014 for the most deprived decile and least deprived decile of local authorities very similar (39.2% and 39.5% respectively). For deaths from drug misuse, there is a clear gradient in rates of death by deprivation decile. In the period 2012-14, the most deprived decile of local authorities in England had a directly age standardised rate of deaths from drug misuse more than 2.5 times that of the least deprived decile (4.8 deaths per 100,000 compared to 1.8 deaths per 100,000). In this period there was a statistically significant increase in England as a whole to 3.4 deaths per 100,000 from 3.1 deaths per 100,000 in 2011-13.

2.20 – National screening programmes: 2.20iv – Abdominal Aortic Aneurysm (AAA) screening coverage *(new indicator)*, 2.20v – Diabetic eye screening uptake *(new indicator)* & 2.20xii – Newborn hearing screening coverage *(updated indicator)*, 2.20xiii – Newborn and infant physical examination screening *(new indicator)* – In 2014/15, the AAA screening coverage was 79.4% in England. Compared with 2013/14 this is a statistically significant improvement from 77.4%. AAA screening is offered to men aged 65. There is an acceptable threshold related to this indicator of 75% and an achievable threshold of 85% related to this indicator. In 2014/15 more than a quarter (42 out of 152, 27.6%) of local authorities in England did not reach the acceptable threshold. Newborn hearing screening coverage remained constant between 2013/14 and 2014/15 at 98.5%. There was some variation between local authorities, though coverage was generally high; Greenwich had the lowest coverage at 93.5%. For diabetic eye screening and newborn and infant

physical examination screening, data are only available at England and regional level. In 2014/15 (the only year of data available for both indicators) the screening uptake rates were 82.9% and 93.3% respectively. For both indicators there was variation by region. Rates of diabetic eye screening ranged from 87.1% in the West Midlands to 81% in the South East while rates of the newborn and infant physical examination screening ranged from 99% in the South East to 85.7% in the East of England.

2.22 – NHS Health Checks: 2.22iii – cumulative % of the eligible population aged 40-74 offered an NHS health check *(updated indicator)*, 2.22iv – cumulative % of the eligible population aged 40-74 offered an NHS heath check who received an NHS health check *(updated indicator)*, 2.22v – cumulative % of the eligible population aged 40-74 who received an NHS health check *(updated indicator)* – In each 5 year period, it is expected that a local authority will make arrangements to provide an NHS health check to 100% of the eligible population. This is currently the third year of the first 5 year period and shows that 56.4% of the eligible population in England aged 40-74 have been offered an NHS health check, with 27.4% of the eligible populations having received an NHS health check. There is wide variation in the offering and take up of NHS health checks between local authorities in England, though this may be influenced by data quality issues in some areas. The three most deprived deciles of upper tier local authorities all have a cumulative percent of the eligible population who have received an NHS health check significantly higher than the England average.

Health Protection

3.02 – Chlamydia detection rate (15-24 year olds) *(updated indicator)* – In 2015, the chlamydia detection rate in 15-24 year olds in England was 1,887 per 100,000. This was a statistically significant reduction compared to 2014 (2,035 per 100,000). There is an acceptable threshold related to this indicator of a detection rate of 1,900 per 100,000, which this indicator has now fallen below. The detection rate was significantly higher in females than males (2,492 per 100,000 compared with 1,276 per 100,000 in males), though both genders saw significant reductions compared to 2014 (from 2,701 per 100,000 and 1,368 per 100,000 respectively). Over half of local authorities in England (82 out of 152, 53.9%) did not reach the acceptable level of a detection rate of 1,900 per 100,000 15 to 24 year olds. Around a fifth of local authorities reached the achievable level of a detection rate of 2,300 per 100,000 15-24 year olds (31 out of 152, 20.4%), with the local authorities with the highest rates in the country all in London.

3.03 – Population vaccination coverage: 3.03xii – Human Papilloma Virus (HPV) coverage for one dose (females 12-13 year old) *(new indicator)*, 3.03xiv – Flu (aged 65+) *(updated indicator)*, 3.03xv – Flu (at risk individuals) *(updated indicator)*, 3.03xvii – Shingles (70 years old) *(new indicator)*, 3.03xviii – Flu (2-4 years old) *(new indicator)* – A range of indicators related to population vaccination coverage have either been added

for the first time or updated with this release of the PHOF data tool. The HPV coverage for one dose for females aged 12-13 was 89.4% for England in 2014/15, while for Shingles in 70 year olds it was 59%. For both of these indicators, coverage rates are lowest in London (83.8% and 48.7% respectively). For the indicators related to flu, data for 2015/16 show there was a significant reduction in the coverage for all three indicators compared to 2014/15 (see figure 2): from 72.7% to 71% for those aged 65+, from 50.3% to 45.1% for those considered at risk and from 37.6% to 34.4% for 2-4 year olds. With these updated vaccination indicators, London had coverage that was the lowest or amongst the lowest in the country.

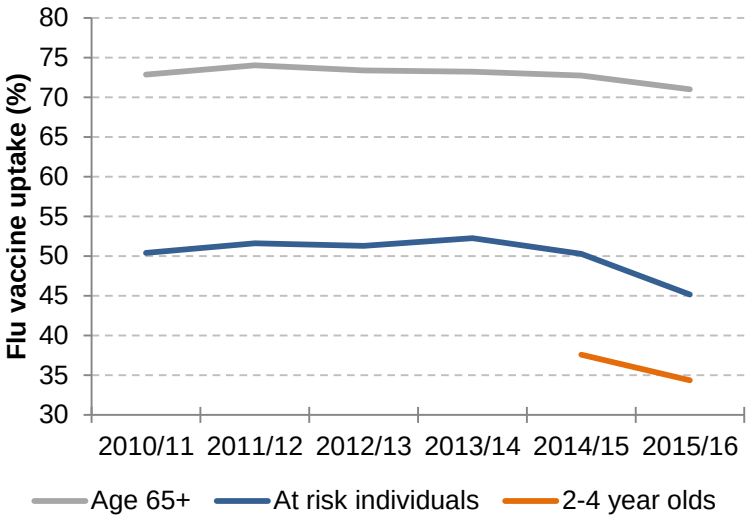

Figure 2: flu vaccine uptake in those aged 65+, at risk individuals and 2-4 year olds, England, 2010/11 to 2015/16

Healthcare and premature mortality

4.01 – Infant mortality *(revised and updated indicator)* – In the period 2012-14, the infant mortality rate fell from 4.1 deaths per 1,000 live births to 4.0 deaths per 1,000 live births. Although this reduction is not statistically significant, it is the tenth period in a row that has seen a reduction (from 5.4 deaths per 1,000 live births in 2001-03). However, the latest figures for 2012-14 show that the rate in the most deprived decile of upper tier local authorities was still higher than this level (5.6 deaths per 1,000 live births), whereas the rate in the most affluent decile of local authorities was 3.1 deaths per 1,000 live births. There is also wide variation between local authorities, with rates ranging from 7.2 deaths per 1,000 live births in Birmingham to 1.6 deaths per 1,000 live births in Bromley. Please note that the definition of this indicator has been revised following the recent Department of Health consultation looking at the Public Health Outcomes Framework refresh.

4.02 – Proportion of 5 year old children free from dental decay *(new indicator)* – Figures from 2014/15 show that more than three-quarters (75.2%) of 5 year old children

were free from dental decay. This percentage varied by local authority, ranging from 85.9% in South Gloucestershire to 43.9% in Blackburn with Darwen. As with many other indicators, those more affluent local authorities experienced higher levels of 5 year old children free from tooth decay compared to more deprived local authorities, with 80.7% of 5 year olds in the most affluent decile of local authorities free from tooth decay compared to 69.8% in the most deprived decile of local authorities. The percentage also varied by ethnicity, with those of White (78.1%) and Black (78.6%) ethnicity having a significantly higher proportion of 5 year old children free of dental decay. Children of Asian (63.3%) and Chinese (48.7%) ethnicity by contrast had a significantly lower proportion of children free from tooth decay compared with England.

4.08 – Mortality rate from a range of specified communicable diseases including influenza *(revised indicator)* – This indicator has been revised following the outcome of the recent consultation run by the Department of Health concerning the PHOF refresh. No new data points have been added this time though the data have been revised for all time points. Figures for England in 2012-14 show a directly standardised mortality rate of 10.2 per 100,000, a statistically significant reduction compared to 2011-13.

4.09ii – Proportion of adults in contact with secondary mental health services *(new indicator)* – This indicator is a new addition following the outcome of the recent consultation run by the Department of Health concerning the PHOF refresh, and the aim is to provide context for indicator 4.09i – excess under 75 mortality rate in adults with serious mental illness. Figures for 2013/14 show that 5.3% of adults aged 18-74 were in contact with secondary mental health services. This varied by local authority ranging from 14.6% in Blackburn with Darwen to 2.4% in South Gloucestershire.

4.10 – Suicide rate *(revised indicator)* - This indicator has been revised following the outcome of the recent consultation run by the Department of Health concerning the PHOF refresh. No new data points have been added this time though the data have been revised for all time points. Figures for England show a directly standardised mortality rate of 10 per 100,000 for 2012-14, a small but not statistically significant increase compared to 2011-13 (9.8 per 100,000).

4.12 – Preventable sight loss: 4.12i – Age related macular degeneration (AMD) *(updated indicator)*, 4.12ii – Glaucoma *(updated indicator)*, 4.12iii – Diabetic eye disease *(updated indicator)*, 4.12iv – sight loss certifications *(updated indicator)* – In 2014/15 there were small but not statistically significant reductions in all four of the preventable sight loss indicators compared to 2013/14; from 118.8 to 118.1 per 100,000 adults aged 65+ for AMD, from 12.9 to 12.8 per 100,000 adults aged 40+ for glaucoma, from 3.4 to 3.2 per 100,000 population aged 12+ for diabetic eye disease, and from 42.5 to 42.4 per 100,000 for total sight loss certifications. Rates of sight loss certifications were highest in the North East (53.1 per 100,000), Yorkshire and Humber (51.5 per 100,000) and North West (45.7 per 100,000) regions. Rates of diabetic eye disease were also significantly higher

in London (3.8 per 100,000) compared with England. Barnsley had the highest rates of AMD (402.1 per 100,000), diabetic eye disease (19.6 per 100,000) and total sight loss certifications (99.2 per 100,000) in the country.

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