

Protecting and improving the nation's health



Public Health Outcomes Framework, November 2016

This summary presents the key messages from selected indicators updated in the Public **Health Outcomes** Framework. November 2016.

The Framework *Healthy* lives, healthy people: Improving outcomes and supporting transparency, sets out a vision for public health, desired outcomes and indicators to aid understanding of how well public health is being improved and protected.

The framework concentrates on two high -level outcomes increased healthy life expectancy and reduced differences in life expectancy and healthy life expectancy between communities.

The high-level outcomes are supported by four domains of indicators wider determinants of health (page 2), health improvement (page 3), health protection (page 4), and healthcare public health and preventing preventable mortality (page 5).

Death rates continue to fall, for cardiovascular disease and cancer...

Rates of premature death for cardiovascular

disease and cancer have fallen significantly. Rates of infant mortality and preventable mortality

↓ 1.1 Per 100,000 Per 100,000 <75 mortality from cardiovascular diseases (2013-2015)

continued their long term downward trend.

...but deaths from drug misuse have increased

Mortality rates from drug misuse increased significantly, whilst there were small increases in mortality from suicide, certain communicable diseases, liver diseases and respiratory diseases.

Drug treatment completion rates have worsened...

↓ 0.7 Success of drug treatment — Opiate (2015)

Completion rates of treatment for both opiates and non-opiates have declined.

... but improvements have been seen in other areas.

Fewer cases of HIV are being diagnosed at late stage, and incidence of TB has fallen to its lowest level for over 10 years. Fewer women are recorded as smoking in pregnancy, and there were improvements in first time entrants to the youth justice system and employment rates.

What's new?

This update includes **new** indicators of child development, substance misuse treatment on release from prison, and fruit and vegetable consumption at age 15, following the recent review of the Framework.

Some definitions have also been changed (for example preventable mortality and breastfeeding prevalence).

A further 38 indicators have been updated in this release.

Contact us

Responsible statistician: Dave Jephson

phoutcomes.info

gov.uk/government/ collections/public-healthoutcomes-framework



phof.enquiries@phe.gov.uk



@phoutcomes

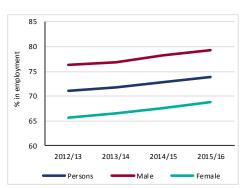
Wider determinants of health

Indicators for tracking progress in wider factors that affect health and wellbeing

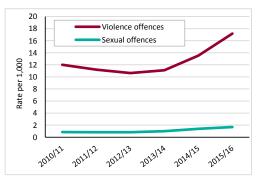
Continued reduction in 10-17 year olds entering the youth justice system for the first time – The rate of new entrants to the youth justice system fell from 409 per 100,000 juveniles aged 10-17 in 2014 to 369 in 2015.

A steady increase in the employment rate, but little change in the gap

in the employment rate between those with a long-term health condition and the overall rate – The overall employment rate for those aged 16-64 increased significantly to 73.9% in 2015/16. However, those with long-term health conditions are less likely to be in employment, with an employment rate of 8.8 percentage points lower than overall.



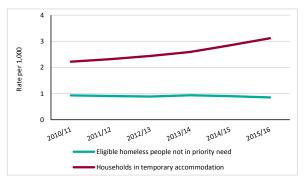
Increases in reporting of violence and sexual offences – Rates of reported violence against the person offences, and reported sexual offences have increased significantly. These significant increases have occurred over the last three financial years, up to 2015/16. From the data, it is not possible to say whether these increases are due to a higher incidence of



these offences, or due to an increase in the reporting of these offences.

Significant drop in rate of first time offending – The rate of first time offenders fell from 263 offenders per 100,000 population in 2014 to 242 in 2015. There is significant regional variation for this indicator, with the highest rates in London, and the lowest in the South West.

Rate of eligible homeless people not in priority need has fallen, but households in temporary accommodation increased – The number of eligible homeless people not in priority need fell significantly from 0.90 per 1,000 to 0.85 in 2015/16. For the same period, the number of households in temporary



accommodation increased to 3.1 per 1,000 households.

Increase in levels of fuel poverty – The proportion of households that experience fuel poverty has increased to 10.6%. Only three regions have lower levels than England (East Midlands, East of England and South East).

Key facts

This column includes summary information for the indicators mentioned.

Arrows: red = significant worsening, green = significant improving, blue = significant change, amber = no significant change, white = not possible to check significance











10.6% + 0.2
Percentage points

Fuel poverty (2014)

Health improvement

Indicators for tracking progress in helping people to live healthy lifestyles and make healthy choices

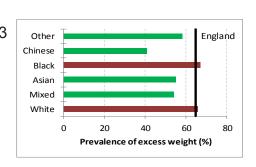
New collection of breastfeeding at 6-8 weeks – In 2015/16 43.2% of newborn infants were breastfed at 6-8 weeks. This varied widely by local authority within England; from 76.5% in Lewisham to 18% in Knowsley. Data has not been published for 78 local authorities due to poor data quality.

Improvement in the level of smoking in pregnancy - In 2015/16, smoking prevalence in mothers at the time of delivery was 10.6%. This is a statistically significant improvement and prevalence has fallen every year since 2010/11, from 13.5%. Poor data quality means figures were not published for 22 local authorities.



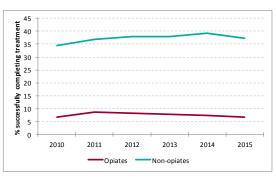
New data for children aged 2-2½ years offered ASQ-3 as part of the healthy child programme or integrated review – 81.3% of children aged 2-2½ were offered the Ages and Stages Questionnaire-3 (ASQ-3) in 2015/16. This percentage varied by local authority, many reported levels of 100%. Data has not been published for 28 local authorities due to poor data quality, and for 30 authorities due to incompleteness of source data.

Steady levels of excess weight in adults, but inequalities remain – In 2013 -15 the percentage of adults classified as overweight or obese rose slightly, but not significantly. Males, those in older age groups, those in white and black ethnic groups, and people with a disability had higher levels of excess weight.



Successful completion of drug treatment for opiate and non-opiate users declined, whilst deaths from drug misuse increased – In 2015,

the level of successful completion of drug treatment stood at 6.7% for opiate users and 37.3% for non-opiate users. This represents a statistically significant decrease from the previous year for both indicators. In 2013-2015, the age-standardised rate of deaths from drug misuse stood at 3.9 deaths per 100,000



population. This is a statistically significant increase compared to 2012-14 (3.4 deaths per 100,000) and the highest rate since 2001-03.

New indicator of adults successfully engaged in community based treatment following release from prison – In 2015/16, 30.3% of adults with substance misuse treatment need successfully engaged with community based structured treatment following release from prison.

43.2% Method change
Breastfeeding at 6-8
weeks (2015/16)



81.3% New indicator
Offered ASQ-3 at 2-2½
years (2015/16)



3.9
Per 100,000 Per 100,000

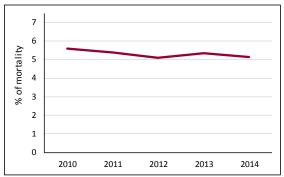
Deaths from drug misuse (2013-2015)

30.3% New indicator Engagement with drug treatment on release from prison (2015/16)

Health protection

Indicators for tracking progress in protecting the population's health from major incidents and other threats

Fraction of mortality attributable to particulate air pollution continues to fluctuate – The estimated fraction of all-cause adult mortality attributable to anthropogenic particulate air pollution in 2015 was 5.1%. There is no obvious trend in this indicator, but the current level is lower



5.1% \$\psi_{\text{Percentage points}}\$

Mortality attributable to air pollution (2014)

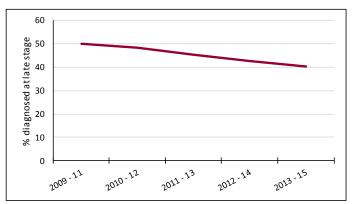
PPV vaccination levels increased, but still not achieving the set goal for coverage – Vaccination of people aged 65 and over with the Pneumococcal Polysaccharide Vaccine (PPV) vaccine increased significantly to 70.1% in 2015/16. The set goal for coverage, set by DH and PHE, is 75%.

70.1% ↑0.3
Percentage points

PPV vaccination coverage (2015/16)

The proportion of cases of HIV diagnosed at a late stage has fallen

significantly for the fourth consecutive period – 40.3% of new cases of HIV were diagnosed at late stage in 2013-15. This was the fourth consecutive improvement, since the first time point included in the PHOF. The set goal for this indicator is for less than

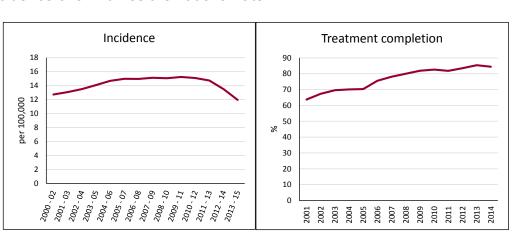


40.3% 2.4
Percentage poi
HIV diagnosed at late
stage (2013-15)

25% of cases to be diagnosed at late stage.

Incidence of TB fell, but the proportion completing treatment fell slightly

– The proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months fell slightly (but not significantly) in 2014, with 84.4% completing the full course. However, the incidence of TB also fell to its lowest level, with 12 new cases per 100,000 population. There is wide variation in the incidence of TB by local authority, with Newham having incidence over 7 times the national rate.



84.4% ↓ 1.0
Percentage points

Completion of full course of TB treatment (2014)

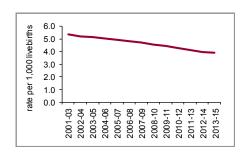
12.0
per 100,000 ↓ 1.5
Per 100,000

Incidence of TB (2013-15)

Healthcare public health and preventing premature mortality

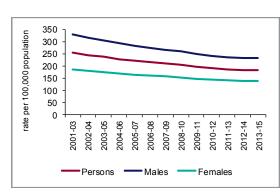
Indicators for tracking progress in reducing numbers of people living with preventable ill health and people dying prematurely

Infant mortality decreased - The rate of deaths in infants (aged under 1 year) decreased during the period 2013-2015 and whilst this was not statistically significant, it was the 12th consecutive decrease since 2001-2003.



The proportion of five year old children free from dental decay has increased significantly – Figures from 2014/15 show that more than three-quarters of 5 year old children were free from dental decay, a significant increase from the previous survey in 2011/12 (72.2%).

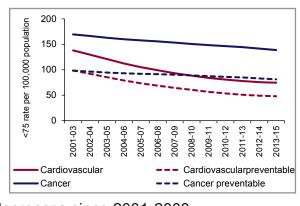
Mortality rate from causes considered preventable decreased, but not significantly – The rate decreased slightly during 2013-2015. Whilst this was not a statistically significant change, it was the 12th consecutive decrease since 2001-2003. This consecutive reduction was



also observed for both males and females. However, the rate for males is significantly higher than for females.

Under 75 mortality fell significantly for cardiovascular disease and

cancer – Mortality from all cardiovascular diseases and from all cancers, plus deaths from these causes that are considered preventable, saw significant decreases compared to 2012-2014. This continues the trend in decreasing rates of deaths from these conditions for all periods in



PHOF, which show 12 consecutive decreases since 2001-2003.

Mortality from suicide and from communicable diseases (including influenza), and premature mortality from liver diseases and respiratory diseases all increased, but not significantly – There was a slight increase in each of these mortality rates during 2013-2015, but none of these increases were significant. There has been a trend of seven consecutive increases in the suicide rate since 2006-2008. The suicide rate is significantly higher in males compared to females – currently over three times higher.

75.2% ↑ 3.0
Percentage points

5 year olds free
from dental decay (2014/15)

184.5
Per 100,000

Mortality from preventable causes (2013-2015)

74.6
Per 100,000

-75 mortality from cardiovascular diseases (2013-2015)

First published: November 2016