



## Public Health Outcomes Framework, February 2017

This summary presents the key messages from selected indicators updated in the Public Health Outcomes Framework, February 2017.

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 (page 2).

The high-level outcomes are supported by four domains of indicators – wider determinants of health (page 3), health improvement (page 4), health protection (page 5), and healthcare public health and preventing preventable mortality (page 6).

### Life expectancy and healthy life expectancy have remained static

Life expectancy at birth and life expectancy at 65 years have shown little change in 2013-15, after consistent increases since 2001-03.

### More children have excess weight and live in low income families...

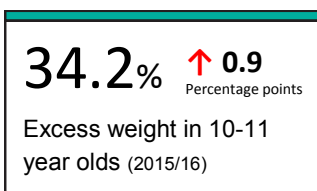
The percentage of children living in low income families has increased, as has the proportion of children with excess weight in both reception year and year 6. There have also been reductions in vaccination uptake for 1 and 2 year olds, and the 2nd dose of MMR vaccine for 5 year olds.

### ...but some outcomes for children have improved

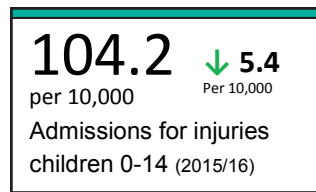
The number of children achieving a good level of development has increased. There have been also been reductions in hospital admissions for children's injuries.

### There have been improvements in adult screening, with notable exceptions

Coverage of abdominal aortic aneurysm, breast cancer and bowel cancer screening increased, but cervical cancer screening decreased.



children with excess weight in both reception year and year 6. There have also been reductions in



### What's new?

This update includes a new indicator on **antibiotic prescribing in primary care**, following the recent review of the Framework.

Some definitions have also been changed (for example **life expectancy**, **healthy life expectancy** and **prisoners with mental illness**).

A further 38 indicators have been updated in this release, including **sickness absence**, **child injuries**, **cancer and non-cancer screening** and **air pollution**.

### Contact us

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# Overarching indicators

High level outcomes we want to achieve across the public health system and beyond

## Life and healthy life expectancy in England has not changed significantly

Healthy life expectancy at birth remained static for both males and females, continuing the trend of slight (not statistically significant) fluctuations since 2009-11.

Life expectancy at birth and at 65 remained similar to the previous period for both males and females. Previously there had been significant increases for life expectancy at birth and at 65 for both males and females since 2001-03.

Data for these indicators have been revised to include a change in the method used in the calculation.

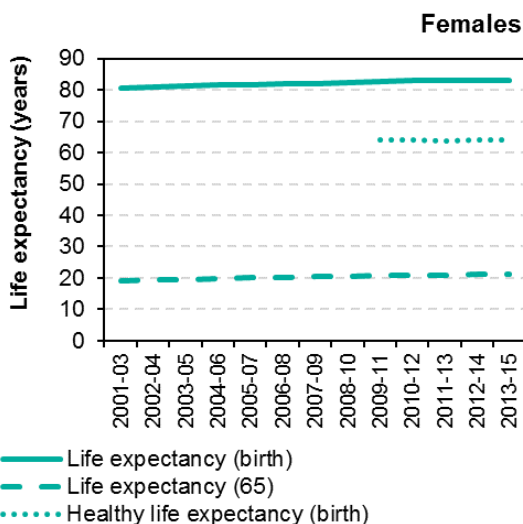
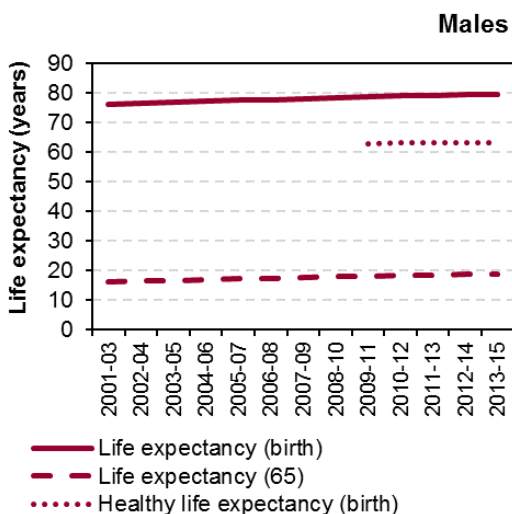
### Life expectancy and healthy life expectancy varied by region

Residents in regions in the North of England had significantly lower life and healthy life expectancy than those living in the South.

Residents in the North East had the lowest healthy life expectancy at birth in 2013-15, whilst residents in the South East had the highest healthy life expectancy at birth, for both males and females, a difference of 6.4 years and 6.6 years respectively between regions. Similarly, for both life expectancy at birth and at 65, residents in the North East region had the lowest estimates for both males and females. Male residents in the South East region had the highest life expectancy at birth and at 65 whereas female residents in London had the highest estimates for both indicators.

### Life expectancy at birth was lowest in Blackpool and highest in Kensington and Chelsea

The local authority with the lowest life expectancy at birth was Blackpool for both males (74.3 years) and females (79.4 years), 5.1 and 3.7 years lower than England respectively. The area with highest life expectancy at birth was Kensington and Chelsea for both males (83.4 years) and females (86.4 years), 3.9 and 3.3 years higher than England respectively.



## Key facts

This column includes summary information for the indicators mentioned.

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

**63.4** **No change**  
years  
Healthy life expectancy at birth - males (2013-15)

**64.1** **↑ 0.2**  
years  
years  
Healthy life expectancy at birth - females (2013-15)

**79.5** **No change**  
years  
Life expectancy at birth - males (2013-15)

**83.1** **No change**  
years  
Life expectancy at birth - females (2013-15)

**18.7** **No change**  
years  
Life expectancy at 65 - males (2013-15)

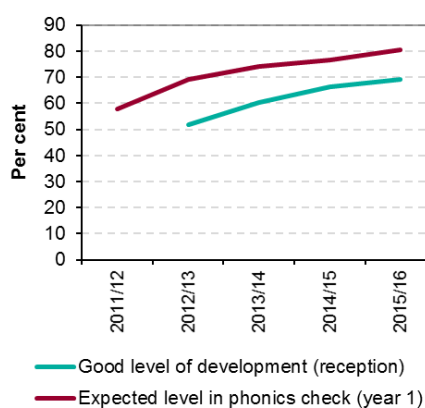
**21.1** **No change**  
years  
Life expectancy at 65 - females (2013-15)

# Wider determinants of health

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

**Increase in proportion of dependent children under the age of 20 and under 16 in low income families** – The proportion of all dependent children under 20 who lived in low income families rose from 18.0% in 2013 to 19.9% in 2014. For the same period, the proportion of children under 16 living in low income families also rose from 18.6% to 20.1%. Following five consecutive reductions since 2009, this is the first year to have seen an increase.

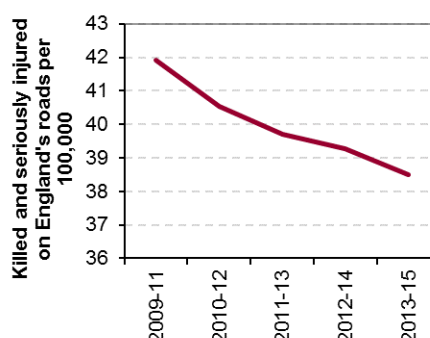
**Continued increase in pupils achieving good development by the end of reception and Year 1 children achieving the expected level in the phonics screening check** – The proportion of children finishing reception with good development rose in 2015/16. The proportion of children in Year 1 achieving a good level in the phonics screening test increased for the fourth consecutive year to 80.5%. These national improvements mask significant inequalities by area and population group.



**A new data source indicates that 8.8% of people in prison had a mental or significant mental illness in 2015/16** - Values are not comparable to previous years.

**No change in percentage of working days lost due to sickness absence, and in percentage of employees who had at least one day off in the previous week** - The percentage of working days lost due to sickness absence was 1.5%, and the percentage of employees who took time off in the previous week was 2.4% in 2012-14.

**Continued reduction in rate of killed or seriously injured (KSI) casualties on England's roads** - There was a significant reduction in the rate of casualties who were killed or seriously injured on England's roads in 2013-15. This continues a reduction that has been seen over the past 5 periods.



**A significant reduction in percentage of offenders who re-offend, however the average number of re-offences per offender was unchanged** - The percentage of offenders who re-offended saw a significant reduction in 2014. This followed an increase in 2013, and the percentage is now lower than every year since 2010. However there was no change in the average number of re-offences committed per offender (0.82).

**20.1%** ↑ 1.5  
Percentage points

Children under 16 in low income families (2014)

**69.3%** ↑ 3.0  
Percentage points

Children achieving a good level of development at end of reception (2015/16)

**8.8%** New Source

Prisoners with mental or significant mental illness (2015/16)

**38.5** ↓ 0.8  
per 100,000  
Per 100,000

Killed or seriously injured on roads (2013-15)

**25.4%** ↓ 0.9  
Percentage points

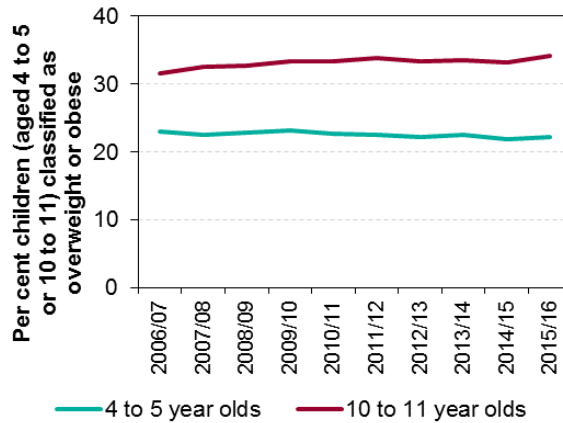
Offenders who re-offend (2014)

# Health improvement

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

## Excess weight in children

**increased significantly** - The percentage of children classified as overweight or obese increased significantly for both children aged 4 to 5 and children aged 10 to 11. In both age groups, the percentages were higher in more deprived areas and for males, compared to females.



**22.1%** ↑ 0.3  
Percentage points  
Excess weight in 4-5 year olds (2015/16)

**34.2%** ↑ 0.9  
Percentage points  
Excess weight in 10-11 year olds (2015/16)

## Admissions to hospital caused by unintentional and deliberate injuries to children decreased

The crude rate of admissions due to injury decreased significantly in 2015/16 for both children aged 0 to 14, and children aged 0 to 4, continuing a trend of significantly decreasing rates since 2010/11. Admissions for injury in younger people aged 15 to 24 years had also been significantly decreasing since 2010/11 to 2014/15, although the figure in 2015/16 was higher than that seen in the previous year, but not significantly.

**104.2** ↓ 5.4  
per 10,000 Per 10,000  
Admissions for injuries children 0-14 (2015/16)

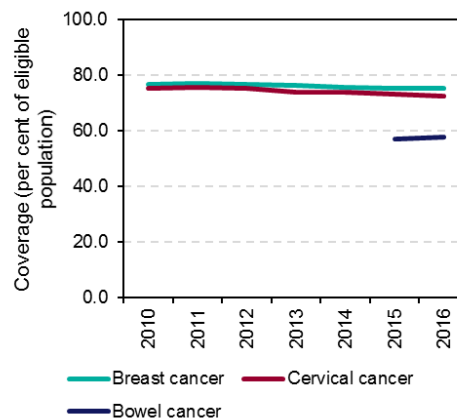
## Average difficulties score for looked after children moved to borderline cause for concern

In 2015/16, the average difficulties score for children aged 5-16 who have been in care for at least 12 months rose by 0.1 to 14. This placed it into the borderline cause for concern category (which ranges from 14 to 16).

**14.0** ↑ 0.1  
Average difficulties score - children in care for at least 12 months (2015/16)

## Breast and bowel cancer screening coverage significantly increased, cervical significantly decreased

The value of 75.5% coverage in 2016 for breast cancer screening was a statistically significant increase from the previous year. However, the coverage since 2011 has been decreasing. 2016 was the second year of reporting for bowel cancer screening which increased significantly to 57.9% coverage. However, there was a statistically significant decrease in cervical cancer screening coverage.



**72.7%** ↓ 0.7  
Percentage points  
Cervical cancer screening coverage (2016)

## There were increases in coverage in a number of other screening programmes, but coverage of newborn blood spot screening fell

The coverage of screening for Abdominal Aortic Aneurysm (AAA), HIV in pregnancy, sickle cell and thalassaemia all increased in 2015/16, along with newborn hearing screening, and newborn and infant physical examination screening. However, in the same period, coverage of the newborn blood spot screening reduced significantly from 95.8% to 95.6%.

**79.9%** ↑ 0.5  
Percentage points  
AAA screening coverage (2015/16)



# Health protection

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

**There was a second consecutive reduction in the fraction of mortality attributable to particulate air pollution** - the fraction of mortality attributable to air pollution reduced from 5.1% in 2014 to 4.7% in 2015. This is the second year in a row to see an improvement in mortality attributable to air pollution.

**Significant decreases in vaccination uptake for children aged under 1** - Coverage of the Dtap/IPV/Hib (for diphtheria, tetanus, whooping cough, polio and haemophilus influenza type b), and PCV (for pneumococcal infections) vaccinations for children before their 1st birthday significantly reduced from 2014/15 to 2015/16. Both of these decreases continued trends of three successive years of reductions. Data for MenC (meningococcal C) vaccination has also been added, but for data quality reasons, no England value is available.

**Reduction in vaccination uptake for children before their second birthday** - Coverage of a number of vaccination programmes for 2 year olds fell significantly from 2014/15 to 2015/6. Dtap/IPV/Hib vaccination reduced to 95.2%, although this was still achieving the defined benchmark of 95% coverage. The proportion of the 2 year old population receiving the Hib/MenC Booster vaccination reduced for a third consecutive year, as did the proportion receiving the PCV booster. The proportion of 2 year olds receiving the MMR (measles, mumps and rubella) vaccination fell for the second consecutive year, to 91.9%.

**Increased uptake in Hib/MenC booster and one dose MMR at 5 years old, but decrease in two doses MMR** -

The proportion of the 5 year old population receiving the Hib/MenC booster vaccination rose in 2015/16, increasing for the fourth consecutive year. In 2015/16, the proportion of 5 year olds receiving the MMR vaccination for one dose increased for the fifth consecutive year, to 94.8%. However, the proportion of 5 year olds receiving the MMR vaccination for two doses in 5 year olds reduced to 88.2% in 2015/16, following increases over the previous 4 years.

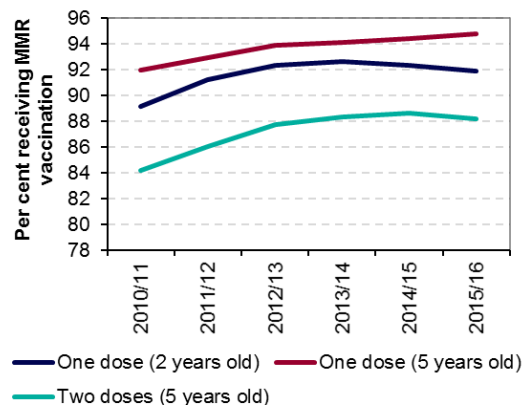
**Significant reduction in proportion of 70 year old population receiving the shingles vaccination** - The proportion of 70 year olds receiving the shingles vaccination fell from 59.0% in 2014/15 to 54.9% in 2015/16.

**A new indicator of antibiotic prescribing** - An indicator of the number of antibiotic items prescribed in primary care in the NHS per STAR-PU (Specific Therapeutic Group - Prescribing Unit, an adjusted unit for age and sex) has been added in this update. In England, in 2015, 1.10 items were prescribed per STAR-PU. This is lower than the England mean prescribing in 2013/14.

**4.7%** ↓ 0.4  
Percentage points  
Mortality attributable to air pollution (2015)

**93.6%** ↓ 0.7  
Percentage points  
Dtap / IPV / Hib coverage - 1 year old (2015/16)

**91.5%** ↓ 0.7  
Percentage points  
PCV booster coverage (2015/16)



**92.6%** ↑ 0.2  
Percentage points  
Hib / MenC booster coverage - 5 years old (2015/16)

**1.10** New indicator  
items per STAR-PU  
Adjusted antibiotic prescribing in primary care by the NHS (2015)

# 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

## Increase in the proportion of adults in contact with secondary mental health services, and the under 75 mortality in adults with serious mental illness was higher than the general population

The proportion of adults in contact with secondary mental health services increased significantly to 5.4% in 2014/15. The first data point for this indicator was 2013/14 (5.3%).

Mortality in those aged under 75 with serious mental illness was 3.7 times higher than the general population in 2014/15.

**5.4%** ↑ **0.1**  
Percentage points

Adults In contact with secondary mental health services (2014/15)

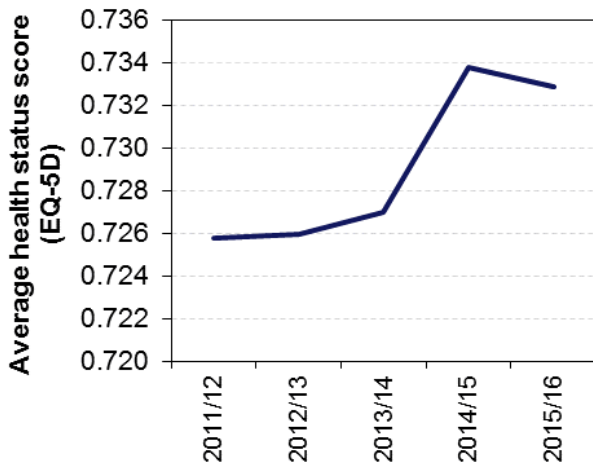
## Health related quality of life for older people did not change significantly

- This indicator is calculated using survey questions which cover 5 dimensions: mobility, self-care, usual activities, pain/discomfort and anxiety/depression. A score closer to 1 is better than one closer to 0. The value of 0.733 in 2015/16 was not significantly different from the previous period. The score had shown little change from 2011/12 to 2013/14, but increased significantly in 2014/15.

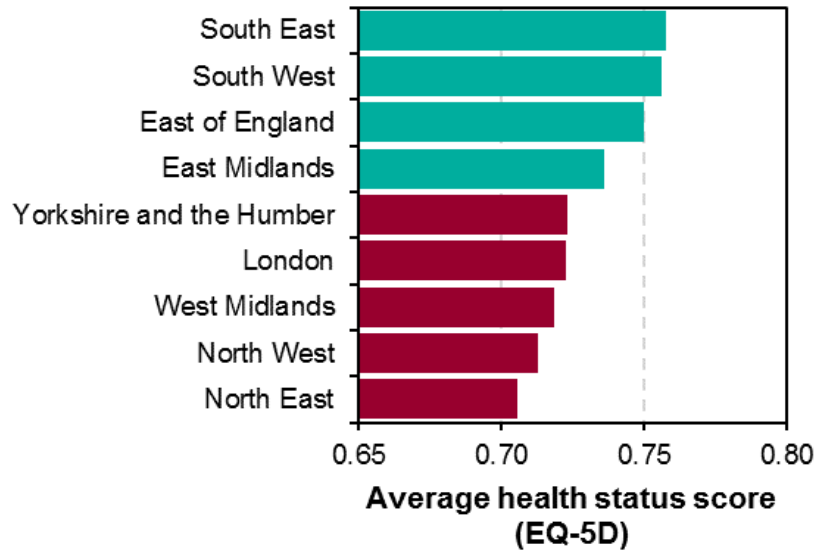
Health related quality of life for older people varies by region. The lowest average score is recorded in the North East (0.71). The highest average score was recorded in the South East (0.76).

**0.733** ↓ **0.001**

Health related quality of life score for older people (2015/16)



— Health related quality of life for older people



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