



Health Profiles – August 2016

About this summary

Data for the indicators summarised below were added to the Health Profiles data tool as part of the August 2016 update - see fingertips.phe.org.uk/profile/health-profiles. This document summarises the key points from the data for these indicators.

Summary

Our communities indicators

3 – 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 online 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.

Adults' health and lifestyle indicators

12 – 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 Health Profiles 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. 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%).

13 – Percentage of physically active 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%. Males show higher levels of activity (62.1% physically active compared with 52.2% of females in 2015) and the least deprived decile experienced the highest levels of activity (61.9%).

Disease and poor health indicators

16 – Cancer diagnosed at early stage, experimental statistics (*new indicator*) – Between 2013 and 2014 there was a significant increase in the percentage of cancers that were diagnosed at an early stage (N.B. for the purposes of this indicator, not all cancers are included. For more information, please see [here](#)). This increased from 45.7% to 50.7%. It is difficult to tell whether this increase is a genuine improvement in the process of diagnosing cancers earlier or an improvement in the recording of such data. This is why this indicator is classed as 'experimental statistics'. Supporting information presented alongside this indicator shows that coverage continues to improve. Only a handful of local authorities have missing data indicating that for residents of these areas fewer than 70% of cancers had staging data submitted to the National Cancer Registration Service in Public Health England. For the whole of England, 87.6% of new cancers had staging information known, a significant increase from 2013, where 79.2% of new cancers had staging information.

22 – New sexually transmitted infections (STIs) (exc Chlamydia aged under 25) (*updated indicator*) – The rate of new sexually transmitted infections in those aged 15 to 64 for England decreased significantly from 2014 to 2015 (from 832 to 815 per 100,000 population aged 15 to 64). The rate in 2015 is the lowest seen since the first reported time period for this indicator (820 per 100,000 population aged 15 to 64 in 2012). The rate was significantly higher in the London region compared to all others (more than double that of any other region in 2015), this significant difference has been seen between London and other regions in each year of reporting.

Life expectancy and causes of death indicators

24 – 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 and this new definition has also been adopted by the Health Profiles.

26 – 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).

27 – Deaths from drug misuse (*new indicator*) – 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.

Background

Health Profiles have been developed by Public Health England (PHE) to improve availability and accessibility of health and health-related information. The Profiles provide a snapshot overview of health for each local authority in England. They are intended to help local government and health services make plans to improve local people's health and reduce health inequalities.

Health Profiles include a set of indicators that show how the area compares to the England average. These include some factors that affect health and some important health outcomes. They are reviewed each year to reflect important public health topics.

Health Profiles are presented as pdf documents and an online tool containing interactive maps, charts and tables. The pdf documents are updated annually and were last updated in July 2015. The pdfs will next be updated in September 2016.

The Health Profiles are produced at local authority level because they are intended for use by elected Councillors, Directors of Public Health, Council Officers and other members of the Joint Strategic Needs Assessment (JSNA) process, and by members of the Health and Wellbeing Boards. Health Profiles are now an established part of planning for health improvement.

A list of indicators updated in the most recent online tool updates can be found in the Health Profiles: [August 2016 data update](#) within www.gov.uk.

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