



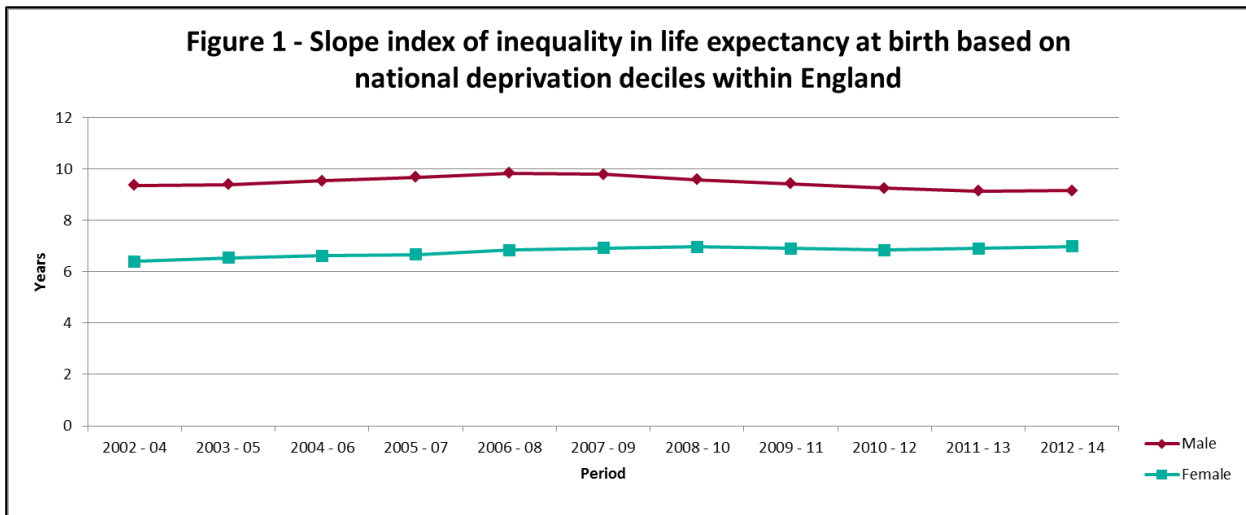
Public Health Outcomes Framework – February 2016

Summary

Overarching Indicators

0.1ii – Life Expectancy at birth & Life Expectancy at age 65 – between 2011-13 and 2012-14, life expectancy at birth increased from 79.4 to 79.5 years for males and from 83.1 to 83.2 years for females. Both of these improvements were statistically significant. Life expectancy at age 65 also increased for both males (from 18.7 to 18.8 years) and females (from 21.1 to 21.2 years) over the same period. Again, these improvements were statistically significant.

0.2i – Slope index of inequality (SII) in life expectancy at birth based on national deprivation deciles of Lower Super Output Areas (LSOAs) within England – between 2011-13 and 2012-14 the SII in life expectancy within England increased for both males (from 9.1 years to 9.2 years) and females (from 6.9 to 7 years). However, neither of these changes were statistically significant (see figure 1).



0.2ii – Number of upper tier local authorities for which the local SII in life expectancy (as defined in 0.2iii) has decreased – between 2011-13 and 2012-14, the number of upper tier local authorities for which the SII in life expectancy decreased reduced for both males (from 81 to 80) and females (from 74 to 67).

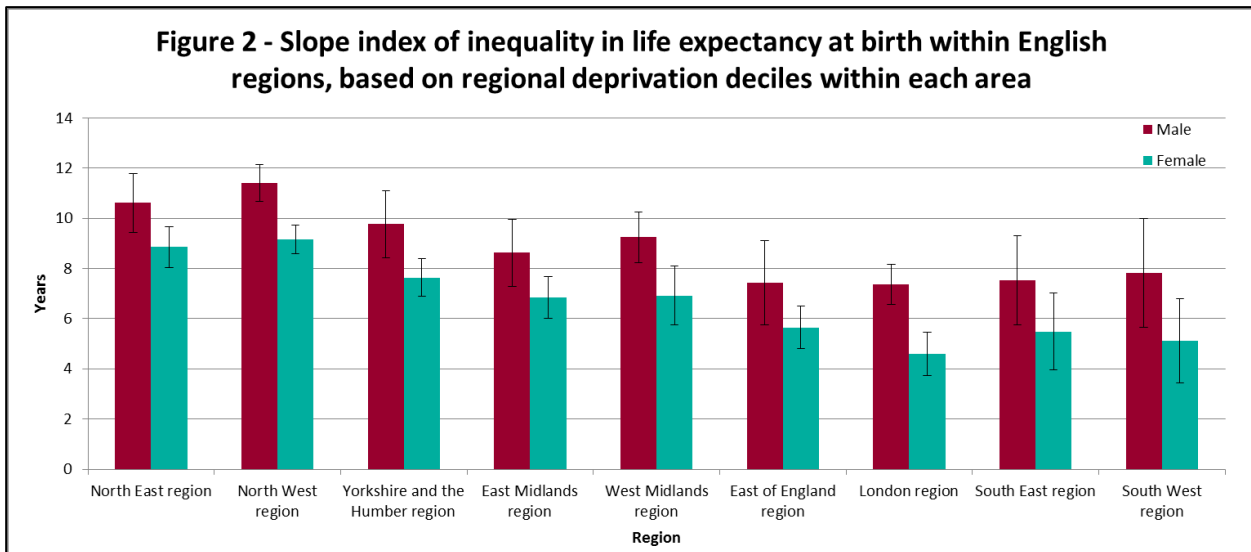
0.2iii – Slope index of inequality (SII) in life expectancy at birth within English local authorities, based on local deprivation deciles – In 2012-14 there was wide variation in

the SII in life expectancy at birth within local authorities for both males and females. Stockton-on-Tees had the highest SII for both genders (16.6 years for males and 12.2 years for females). Barking and Dagenham had the smallest SII for males (2.5 years) while for females it was Bracknell Forest (1.8 years).

0.2iv – The gap in years between overall life expectancy at birth in each local authority and life expectancy at birth for England as a whole – The gap in years in life expectancy between local authorities and England as a whole ranged from 3.8 years higher than England in Kensington and Chelsea to 4.8 years lower than England in Blackpool for males in 2012-14 and from 3.5 years higher than England in Camden to 3.4 years lower than England in Middlesbrough for females.

0.2vi – Slope index in inequality (SII) in healthy life expectancy (HLE) at birth based on Middle Super Output Areas within each upper tier local authority – In 2009-13 there was wide variation in the SII in healthy life expectancy at birth within local authorities for both males and females. For males, this ranged from 24.6 years in Kensington and Chelsea to 3.8 years in Newham, while for females this ranged from 22.1 years in Bradford to 2.8 years in Shropshire.

0.2vii – Slope index of inequality (SII) in life expectancy at birth within English regions, based on national deprivation deciles – In 2012-14 the SII in life expectancy at birth ranged from 11.4 years in the North West to 7.4 years in London for males and from 9.2 years in the North West to 4.6 years in London for females (see figure 2). Compared to 2011-13 there has been no significant change for any of the English regions.



Wider determinants of health

1.01i – Children in poverty (all dependent children under 20) - Between 2012 and 2013 there was a statistically significant reduction in the percentage of dependent children under the age of 20 living in poverty in England, from 18.6% to 18%. This percentage has improved every year since 2009. There is however a wide variation within local authorities in England, ranging from 35.5% in Tower Hamlets to 5.9% in Wokingham.

1.01ii – Children in poverty (under 16s) - In England in 2013, the percentage of under 16s living in poverty was 18.6%. This is significantly lower than the value of 19.2% in 2012. As with 1.01i, the percentage of under 16s living in poverty has improved every year since 2009.

1.02i – School readiness: the percentage of children achieving a good level of development at the end of reception – In 2014/15, the percentage of children in England achieving a good level of development at the end of reception was 66.3%. This was a statistically significant improvement compared to the 2013/14 percentage of 60.4%. Over the same period there was also a statistically significant improvement for males (from 52.4% to 58.6%), females (from 68.7% to 74.3%) and for children with free school meal status (from 44.8% to 51.2%).

1.02ii – School readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check – Between 2013/14 and 2014/15 there was a statistically significant improvement in the percentage of year 1 pupils achieving the expected level in the phonics screening check, up from 74.2% to 76.8%. In the same time period, there was also a significant improvement for males (from 70.4% to 73%), females (from 78.1% to 80.8%) and for children with free school meal status (from 61.3% to 64.7%).

1.06i – Adults with a learning disability who live in stable and appropriate accommodation – between 2013/14 and 2014/15 there was a significant reduction in the % of adults with learning difficulties living in stable and appropriate accommodation, from 74.9% to 73.3%. This significant reduction was also seen for both males (from 74.5% to 73.2%) and females (from 75.4% to 73.1%).

1.06ii – Adults in contact with secondary mental health services who live in stable and appropriate accommodation – between 2013/14 and 2014/15 there was also a reduction in the percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation from 60.8% to 59.7%. This reduction was also seen in both males (from 59.4% to 58.4%) and females (from 62.4% to 61.3%). It is not possible to calculate whether these changes have been statistically significant.

1.08i – Gap in the employment rate between those with a long-term health condition and the overall employment rate – Between 2013/14 and 2014/15, the gap in the employment rate between those with a long term health condition and the overall employment rate remained constant at 8.6 percentage points. There was, however, wide variation within local authorities within England, ranging from 21.2 percentage points in Liverpool to a negative gap of 8.4 percentage points in Rutland (one of two local authorities in England in 2014/15 where the employment rate in those with long term conditions was actually higher than the general population).

1.08ii – Gap in the employment rate between those with a learning disability and the overall employment rate – In 2014/15, the gap in the employment rate between those with a learning disability and the overall employment rate widened from 65 percentage points to 66.9 percentage points. This gap has been widening every year since 2011/12 when the gap was 63.2 percentage points. The increase in gap was seen for both males (69.5 to 71.8 percentage points) and females (60.7 to 62.3 percentage points). It is not possible to calculate whether these changes have been statistically significant.

1.08iii – Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate – In 2014/15, the gap in the employment rate between those in contact with secondary mental health services and the overall employment rate also widened from 64.7 to 66.1 percentage points. This has also been widening every year since 2011/12 (where the gap was 61.4 percentage points). It is not possible to calculate whether these changes have been statistically significant.

1.13i – Re-offending levels: percentage of offenders who re-offend – Between 2012 and 2013, the percentage of offenders who re-offended rose from 25.9% to 26.4%. This increase was statistically significant. There was a wide range of values in English local authorities in 2013, ranging from 35.5% in Newcastle-upon-Tyne to 15% in the City of London.

1.13ii – Re-offending levels: average number of re-offences per offender – Between 2012 and 2013, the average number of re-offences per offender increased from 0.77 to 0.82, a rise which was statistically significant. The three local authorities with the highest average number of re-offences per offender were all in the North East in Middlesbrough (1.36 re-offences per offender), Newcastle-upon-Tyne (1.28 re-offences per offender) and Darlington (1.21 re-offences per offender).

1.15i – Statutory homelessness: homelessness acceptances – In 2014/15, the rate of homelessness acceptances was 2.4 per 1,000 households. This was a statistically significant increase compared to 2013/14 (2.3 per 1,000 households). In 2014/15, 12 out of the 15 local authorities with the highest rates of homelessness acceptances were in London.

1.15ii – Statutory homelessness: households in temporary accommodation – In 2014/15, the rate of households who are living in temporary accommodation increased to 2.8 per 1,000 households, compared to 2.6 in 2013/14. This was a statistically significant increase. The rate has increased consistently since 2010/11 when the rate was 2.2.

1.18i – Social isolation: percent of adult social care users who have as much social contact as they would like – Between 2013/14 and 2014/15, the percentage of adult social care users who had as much social contact as they would like rose from 44.5% to 44.8%. However, this improvement was not statistically significant. Generally, those in white and mixed ethnic groups, those in younger age groups and males experienced less social isolation.

1.18ii – Social isolation: percent of adult carers who have as much social contact as they would like – In 2014/15, the percentage of adult carers who had as much social contact as they would like was 38.5%. This was a statistically significant reduction from the previous time point (41.3% in 2012/13). Within local authorities in England, the percentage of adult carers who had as much social contact as they would have liked ranged from 52.6% in Hartlepool to 18.2% in Liverpool.

1.19i – Older people's perception of community safety: safe in local area during the day – In 2014/15, the percentage of people aged 65+ that felt safe in their local area during the day increased from 96.9% in 2013/14 to 97.6%. Since 2010/11, there have been no statistically significant changes in the percentage. In 2014/15, those that lived in more deprived areas, those in the 85+ age group and females felt less safe in their local area during the day compared to those living in less deprived areas, those in younger age groups and males, though none of these differences were statistically significant.

1.19ii – Older people's perception of community safety: safe in local area after dark – Between 2013/14 and 2014/15, the percent of people aged 65+ who felt safe in their local area after dark increased from 62.8% to 67.6%. This improvement, however, was not statistically significant. As with indicator 1.19i, those that lived in more deprived areas, those in older age groups and females felt less safe in their local area after dark. However, unlike indicator 1.19i, the differences were statistically significant.

1.19iii – Older people's perception of community safety: safe in own home at night – In 2014/15, the percentage of adults aged 65 and over that felt safe in their own home at night increased from 93.3% in 2013/14 to 94.3%, though this improvement was not statistically

significant. As with indicators 1.19i and 1.19ii, those that lived in more deprived areas and females felt less safe in their own homes at night, with these differences being statistically significant. There was no significant difference by age group.

Health Improvement

2.06i – Excess weight in 4-5 and 10-11 year olds: 4-5 year olds – Between 2013/14 and 2014/15 there was a statistically significant decrease in the percentage of 4-5 year olds who were either overweight or obese, from 22.5% to 21.9%. More deprived areas had higher percentages of 4-5 year olds classified as either overweight or obese, as did those in the White British ethnic group, those in any of the Black ethnic group categories, along with the White and Black African, and White and Black Caribbean ethnic groups. The percentage of males classified as overweight or obese was also significantly higher than females.

2.06ii – Excess weight in 4-5 and 10-11 year olds: 10-11 year olds – In 2014/15, the percentage of 10-11 year olds classified as overweight or obese fell from 33.5% in 2013/14 to 33.2% in 2014/15. This fall was statistically significant. As with indicator 2.06i, those in more deprived areas, and males were also likely to be classified as either overweight or obese. Those whose ethnicity was in any of the Black or Asian ethnic group categories, along with the White and Black African, and White and Black Caribbean ethnic groups were significantly higher than the England average.

2.17 – Recorded diabetes – The percentage of GP registered patients aged 17+ who were recorded as having a diagnosis of diabetes increased in 2014/15 to 6.4% from 6.2% in 2013/14. This was a statistically significant increase. The local authority with the highest percentage was Leicester with 8.9%, while the lowest was City of London with 2.8%.

2.21i – Antenatal infectious disease screening – HIV coverage – In 2014/15, the percentage of pregnant women eligible for infectious disease screening who were tested for HIV reduced to 98.93%, from 98.86% in 2013/14. This was a statistically significant decrease. Within the English regions, the percentage ranged from 99.8% in London to 97.7% in the West Midlands.

2.21iii – Antenatal sickle cell and thalassaemia screening – coverage – In 2014/15, the percentage of pregnant women eligible for sickle cell and thalassaemia screening who were screened remained constant at 98.9%. Within the English regions, screening coverage ranged from 99.8% in London to 97.6% in the North East.

2.21iv – Newborn bloodspot screening – coverage – In 2014/15, the percentage of newborn babies eligible for bloodspot screening who were screened rose from 93.5% in 2013/14 to 95.8%; a statistically significant improvement. Within local authorities in England, the values ranged from 99.8% in Torbay to 79.1% in Brighton and Hove. It is important to note that there were 38 local authorities for which no data was available.

2.21viii – Abdominal aortic aneurysm screening – Between 2013/14 and 2014/15, the percentage of men eligible for abdominal aortic aneurysm screening who had an initial offer for screening rose from 95.9% to 97.4%. This improvement was statistically significant. Within local authorities in England there was wide variation. Over 30 local authorities achieved 100%. Comparatively the percentage was as low as 33.6% in Sefton and 37.1% in St Helens.

2.23i – Self-reported well-being: people with a low satisfaction score – In 2014/15 the percentage of adults reporting a low life satisfaction score fell from 5.6% to 4.8%. This fall

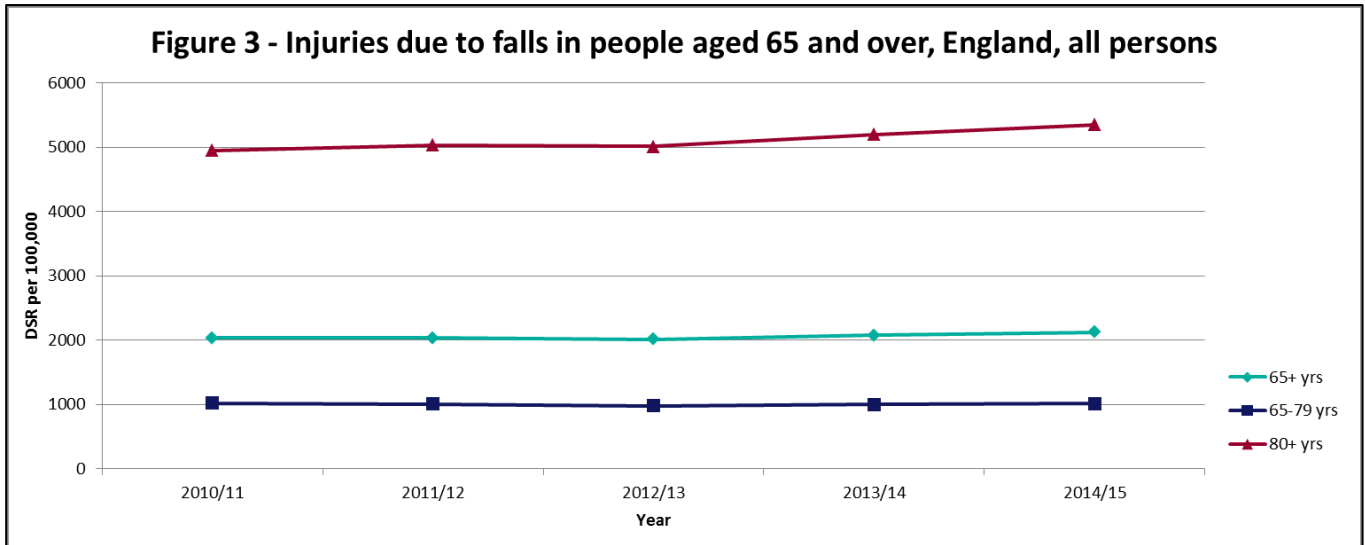
was statistically significant. Between 2011/12 and 2014/15, the percentage of adults reporting low life satisfaction scores has improved every year. However, there are significant disparities between different groups. For example, those who were unemployed or economically inactive; had fair, bad or very bad self-reported health; were between the ages of 45 and 59; or were described as having Black ethnicity were more likely to report a low satisfaction score.

2.23ii – Self-reported well-being: people with a low worthwhile score - In 2014/15 the percentage of adults reporting a low worthwhile score fell from 4.2% to 3.8%. This improvement was statistically significant. Between 2011/12 and 2014/15, the percentage of adults reporting low worthwhile scores fell every year. As with indicator 2.23i there are significant disparities between different groups, with the same groups as indicator 2.23i reporting low worthwhile scores. In addition males and those aged 80+ also had significantly higher percentages of those with low worthwhile scores when compared to the England average.

2.23iii – Self-reported well-being: people with a low happiness score – As with indicators 2.23i and 2.23ii, the percentage of people with a low happiness score fell between 2013/14 and 2014/15 from 9.7% to 9%. This is a statistically significant improvement. As with indicators 2.21i and 2.23ii the percentage of people with a low happiness score has fallen every year since 2011/12, and those with fair, bad or very bad self-reported health, those aged between 45 and 59 and the unemployed or economically inactive are more likely to report a low happiness score than other groups. However, unlike the previous indicators, females are more likely to report a lower happiness score, and there is no ethnic group which had a significantly higher percentage of people with a low happiness score.

2.23iv – Self-reported well-being: people with a high anxiety score – Between 2013/14 and 2014/15 there was a statistically significant reduction in the percentage of adults reporting a high anxiety score from 20% to 19.4%. As with the other well-being indicators, there has been an improvement every year since 2011/12. The similarity also extends to the inequality characteristics, with the unemployed or economically inactive, those with fair, bad or very bad self-reported health, those between the ages of 40-59 and females having significantly higher percentages reporting high anxiety scores.

2.24i – Injuries due to falls in people aged 65 and over – In 2014/15, the directly standardised rate of emergency admissions to hospital due to falls in those aged 65 was 2,125 per 100,000. This is a significant increase compared to 2013/14 (2,072 per 100,000). The rate of emergency hospital admissions due to falls in those aged 65 and over also increased significantly for both males (from 1,678 per 100,000 in 2013/14 to 1,740 per 100,000 in 2014/15) and females (from 2,477 per 100,000 in 2013/14 to 2,509 per 100,000 in 2014/15) (see figure 3).



2.24ii – Injuries due to falls in people aged 65-79 – The pattern of emergency hospital admissions due to falls in those aged 65-79 in 2014/15 closely resembled that of those aged 65 and over: there was a statistically significant rise compared to 2013/14 (from 994 per 100,000 to 1012 per 100,000) (see figure 3). There was also a statistically significant increase for males (from 803 per 100,000 to 826) between 2013/14 and 2014/15. There was a rise in the rate of admissions among females over the same period (from 1,186 per 100,000 to 1,198 per 100,000). However, this increase was not statistically significant.

2.24iii – Injuries due to falls in people aged 80+ - As with indicators 2.24i and 2.24ii, there was a significant increase in the rate of emergency hospital admissions due to falls in those aged 80+ between 2013/14 and 2014/15 (see figure 3). The rate increased from 5,198 per 100,000 to 5,351 per 100,000. Over the same period, there was also a statistically significant increase in the rate of hospital admissions for both males and females.

Health Protection

3.03i – Population vaccination coverage: Hepatitis B (1 year old) – In 2014/15, there was wide variation within local authorities in the percentage of eligible children who received 3 doses of the Hepatitis B vaccine by their first birthday, ranging from 100% to 0%. There are also many local authorities for which there is no value. Please note that these are classed as experimental statistics by the HSCIC and there is no England value.

3.03i – Population vaccination coverage: Hepatitis B (2 years old) – As with the indicator looking at Hepatitis B in 1 year olds, there was wide variation in 2014/15 in the percentage of eligible children who received 4 doses of the Hepatitis B vaccine by their second birthday, again ranging from 100% to 0%. As with Hepatitis B vaccination in 1 year olds, these data are classed as experimental statistics by the HSCIC and there is no England value.

3.03iii – Population vaccination coverage: Dtap/IPV/Hib (1 year old) – Between 2013/14 and 2014/15 the percentage of eligible children who received 3 doses of the Dtap/IPV/Hib vaccine (a vaccine for protection from diphtheria, pertussis (whooping cough), tetanus, haemophilus influenzae type b and polio) by their first birthday fell slightly from 94.3% to 94.2%. However, this decrease was not statistically significant.

3.03iii – Population vaccination coverage: Dtap/IPV/Hib (2 years old) – Between 2013/14 and 2014/15 the percentage of eligible children who had received 3 doses of the

Dtap/IPV/Hib vaccine by their second birthday fell from 96.1% to 93.2%. This fall was statistically significant. Only 5 local authorities in England did not reach the goal of 90% coverage for this indicator in 2014/15 and 4 of these were in London.

3.03v – Population vaccination coverage: PCV – In 2014/15, 93.9% of eligible children had received a complete course of PCV vaccine (which protects against pneumococcal infections that can cause pneumonia, septicaemia or meningitis) by their first birthday. This was a statistically significant reduction compared to 2013/14 (94.1%). Of the 12 local authorities within England which did not achieve the goal of 90% coverage for this vaccine in 2014/15, eight were in London.

3.03vi – Population vaccination coverage: Hib/Men C booster (2 years) – Between 2013/14 and 2014/15 there was a statistically significant fall in the percentage of eligible children who had received one booster dose of Hib/Men C vaccine (which protects against Haemophilus influenzae type b and meningococcal group C) by their 2nd birthday from 92.5% to 92.1%. As with other population vaccination indicators, coverage was generally lower in London compared to the rest of the country. Nine of the ten local authorities with the lowest uptake came from this region.

3.03vi – Population vaccination coverage: Hib/Men C booster (5 years) – Between 2013/14 and 2014/15, the percentage of eligible children who had received a booster dose of the Hib/Men C vaccine by their 5th birthday increased from 91.9% to 92.4%. This improvement was statistically significant. Nine out of the ten local authorities with the lowest uptake were in London, the exception being Surrey.

3.03vii – Population vaccination coverage: PCV booster – In 2014/15, the percentage of eligible children who had received one booster dose of the PCV vaccine by their second birthday fell from 92.4% in 2013/14, to 92.2%. The fall was statistically significant. Of the twenty local authorities in England with the lowest uptake, nineteen were in London.

3.03viii – Population vaccination coverage: MMR for one dose (2 years old) – between 2013/14 and 2014/15, there was a fall in the percentage of eligible children who had received one dose of the MMR (measles, mumps and rubella) vaccine on or after their first birthday (and anytime up to their second birthday) from 92.7% to 92.3%. This was a statistically significant fall. However, compared to the baseline of 2010/11 for this indicator, uptake has improved significantly from 89.1%.

3.03ix – Population vaccination coverage: MMR for one dose (5 years old) – Unlike indicator 3.03viii, in 2014/15 there was a statistically significant increase in the percentage of eligible children who had received one dose of the MMR vaccine on or after their first birthday (and anytime up to their 5th birthday) from 94.1% in 2013/14 to 94.4%. Since 2010/11, there has been an improvement every year in this indicator value.

3.03x – Population vaccination coverage: MMR for two doses (5 years old) – As with indicator 3.03ix, in 2014/15 there was a statistically significant increase in the percentage of eligible children who had received two doses of the MMR vaccine on or after their first birthday (and anytime up to their fifth birthday) from 88.3% in 2013/14 to 88.6%. However, the overall uptake in England is still below the goal for this indicator of 90%.

3.03xiii – Population vaccination coverage: PPV – In 2014/15 the uptake of the PPV (which protects against a number of pneumococcal infections) vaccine among eligible adults aged 65+ increased from 68.9% to 69.8%. This improvement was statistically significant. Compared to the baseline of 2010/11, the uptake of this vaccine has fallen significantly from 70.5%.

Healthcare and premature mortality

4.09 – Excess under 75 mortality in adults with serious mental illness – In 2013/14, the mortality in those aged under 75 with serious mental illness was 351.8% higher than the general population. Though not statistically significant, this is an increase compared to 2012/13 (347.2%). This indicator has in fact been increasing every year since 2009/10 (326.7%).

4.14i – Hip fractures in people aged 65 and over – In 2014/15 the rate of emergency admissions to hospital due to hip fractures in those aged 65 and over was 571 per 100,000. This was a statistically significant improvement compared to 583 per 100,000 in 2013/14. The rate of admissions also fell significantly for females over the same period (from 741 per 100,000 to 718 per 100,000). Among males, it remained fairly constant.

4.14ii – Hip fractures in people aged 65-79 – In 2014/15, the rate of emergency hospital admissions due to hip fracture in those aged 65-79 was 239 per 100,000. This rate has remained fairly constant since 2010/11. In 2014/15, the rate of hospital admissions was significantly higher among females compared to males and in more deprived areas compared to less deprived areas.

4.14iii – Hip fractures in people aged 80+ - Between 2013/14 and 2014/15, the rate of emergency admissions due to hip fracture in those aged 80+ fell from 1,575 per 100,000 to 1,535 per 100,000. This improvement was statistically significant. As with indicator 4.14ii, the rate of admissions was significantly higher among females than among males (1,895 per 100,000 compared to 1,174 per 100,000), though unlike indicator 4.14ii there was little difference between areas that were more deprived and less deprived.

4.15i - Excess winter deaths index (single year, all ages) – between the periods August 2012-July 2013 and August 2013-July 2014, the excess winter deaths index fell from 20.1 to 11.6 for all persons. This was a statistically significant improvement, and the latest period is the lowest value for any period published in the PHOF (which has data from August 2001-July 2002 onwards). The excess winter mortality index was significantly higher in females (13.2) compared to males (10.0).

4.15ii - Excess winter deaths index (single year, age 85+) – as with indicator 4.15i, there was a statistically significant reduction in the excess winter deaths index for those aged 85+, between the periods August 2012-July 2013 and August 2013-July 2014, falling from 28.2 to 15.8. This was again the lowest value for any period published in the PHOF.

4.15iii - Excess winter deaths index (3 years, all ages) – for time periods covering 3 winters, similar reductions were seen to those in the equivalent single year indicator (4.15i). There was a statistically significant improvement in the index between the periods August 2010-July 2013 and August 2011-July 2014, with the index falling from 17.4 to 15.6. Again the index was significantly higher in females (17.5) than males (13.7).

4.15iv - Excess winter deaths index (3 years, age 85+) – as with indicator 4.15iii, there was a statistically significant reduction for the excess winter deaths index for those aged 85+, between the periods August 2010-July 2013 and August 2011-July 2014, falling from 24.1 to 22.3.

Background

The Public Health Outcomes Framework *Healthy lives, healthy people: Improving outcomes and supporting transparency* sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected.

The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four 'domains' that cover the full spectrum of public health. The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life.

The data published in the tool are the baselines for the Public Health Outcomes Framework, with more recent and historical trend data where these are available. The baseline period is 2010 or equivalent, unless these data are unavailable or not deemed to be of sufficient quality.

A list of indicators updated, for the most recent and previous releases can be found in the [Public Health Outcomes Framework Collection](#) within www.gov.uk.

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First published: February 2016

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