



## Public Health Outcomes Framework, November 2017

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

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).

**Preventable mortality has fallen, as have premature death rates from cardiovascular disease and cancer.**

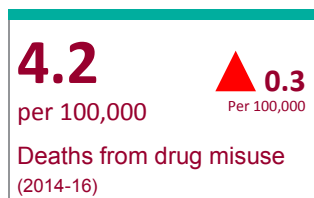


**But early deaths from respiratory disease increased.**

**Employment rates increased, whilst sickness absence decreased.**

The rate of households in temporary accommodation increased, however, and the percentage of adult carers who have as much social contact as they would like reduced.

**Deaths from drug use increased.**



**Smoking in pregnancy reduced.**

There was also a slight fall in the percentage of 15-year olds smoking regularly.

**And there was a fall in TB incidence.**

There was, however, a slight reduction in treatment completion for TB.

### What's new?

This update includes a new data source and definition for the indicators of **diet** and **excess weight** for adults.

The method used to calculate **smoking in pregnancy** has also been revised.

A further **38** indicators have been **updated**, including **sickness absence**, **homelessness**, and **fuel poverty**.

**TB** incidence and treatment have also been updated, along with **mortality rates** for a variety of causes.

### Contact us

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# Wider determinants of health

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

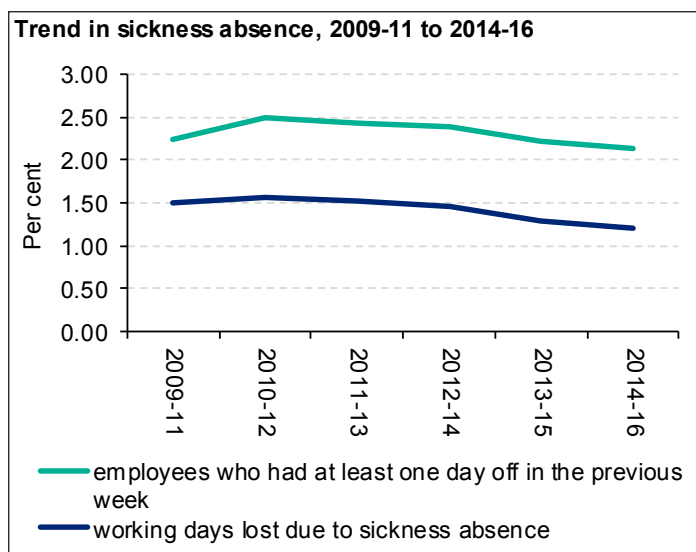
### Increase in employment, with small reduction in gap in employment rate for those with a long-term condition

- The percentage of people in employment increased by 0.5 percentage points to 74.4% in 2016/17. A greater percentage of males are employed than females. The trend based on the five most recent years shows improvement for males, females and persons.

For those with a long-term health condition (lasting over 12 months), the employment rate was 29.4 percentage points lower than the overall rate. The gap reduced, but not significantly, by 0.2 percentage points compared with 2015/16.

### Reduction in sickness absence

**absence** – The percentage of working days lost due to sickness absence improved in 2014-16 compared with 2013-15, reducing by 0.1 percentage points to 1.2%. The percentage of employees who had at least one day off in the previous week also fell, but not significantly, to 2.1%.



**Mixed picture of homelessness** – The rate of eligible homeless people not in priority need decreased, but not significantly, in 2016/17 compared with 2015/16 to 0.8 per 1,000 estimated total households. The five most recent time points show a decreasing trend for this indicator. The rate of households in temporary accommodation increased by 0.2 to 3.3 per 1,000 estimated total households and has increased each year since 2010/11.

**Increase in fuel poverty** - The proportion of households that experience fuel poverty rose to 11%, an increase in 2015 compared with 2014. It is not possible to test whether this is a significant change. The five most recent time points show an increasing trend for this indicator.

**Mixed picture of social isolation for social care users and carers** – The percentage of adult social care users who have as much social contact as they would like remained unchanged in 2016/17 at 45.4% of respondents to the Adult Social Care Users Survey.

The percentage of adult carers who have as much social contact as they would like fell to 35.5% of respondents to the Personal Social Services Carers Survey, a decrease of 3 percentage points in 2016/17 compared with 2014/15 (note this indicator is biennial).

### 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

**74.4%**  **0.5**  
Percentage points

Employment (2016/17)

**1.2%**  **0.1**  
Percentage points

Working days lost due to sickness (2014-16)

**3.3**  **0.2**  
Per 1,000

Households in temporary accommodation (2016/17)

**11.0%**  **0.5**  
Percentage points

Fuel poverty (2015)

**35.5%**  **3.0**  
Percentage points

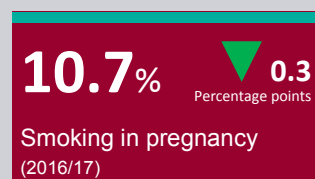
Adult carers with as much social contact as they would like (2016/17)

# Health improvement

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

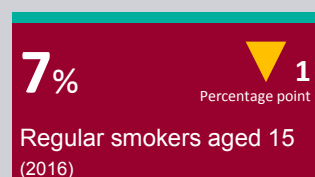
## New definition for smoking in pregnancy indicator shows reduction -

The indicator of smoking status at time of delivery for mothers has been revised so that mothers with an unknown smoking status are not included in the denominator. The intention is to encourage reporting of smoking status, as previously, the unknowns would be effectively categorised as non-smokers. The latest data shows a continued reduction in smoking in pregnancy.



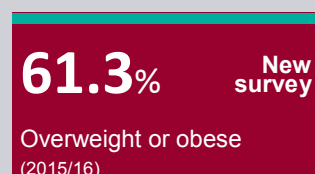
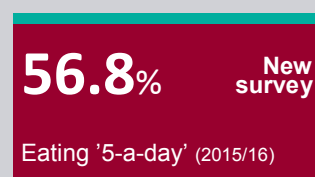
## Seven percent of 15-year olds smoke regularly -

The smoking, drinking and drug use among young people survey estimates that in 2016, 7% of 15-year olds smoked regularly, whilst 8% were occasional smokers. The percentage of regular smokers reduced from 8% in the previous survey in 2014, but not significantly, whereas occasional smoking increased from 5%.

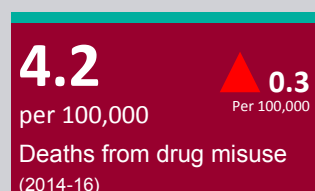


## The diet and excess weight indicators have been updated to use a new survey – the Active Lives Survey -

In 2015/16, it was estimated that 56.8% of adults ate the recommended 5 portions of fruit and vegetables on a usual day. It also estimated that 61.3% of adults were classified as overweight or obese. The primary purpose of this survey is to provide local data, so the national values should be treated with caution, as more robust methods have been applied in other surveys to provide more reliable estimates for England.

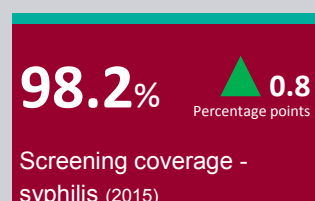


**Increase in deaths from drug misuse** - The rate of deaths from drug misuse rose in 2014-16 to the highest recorded rate (data back to 2001-03).



## Infectious disease in pregnancy screening coverage increased for both syphilis and hepatitis B -

Of those pregnant women eligible for infectious disease screening in 2015, 98.1% received a screening result for hepatitis B on the day of report, and 98.2% received a result for syphilis. For both indicators, this was an increase from 2014.



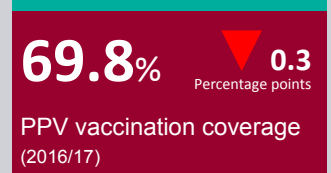
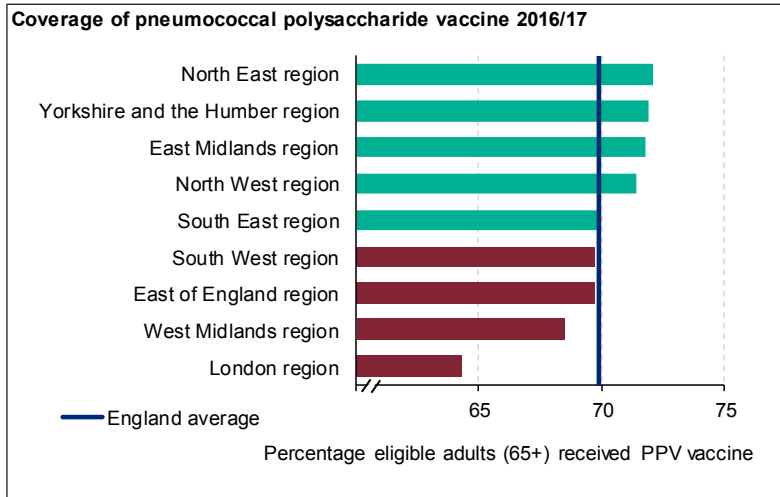
# Health protection

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

**Decrease in PPV vaccination coverage** – vaccination coverage for pneumococcal polysaccharide vaccine (PPV), a vaccination for diseases caused by pneumococcal bacteria, in those aged 65+ fell to 69.8%, a decrease of 0.3 percentage points in 2016/17 compared with 2015/16.

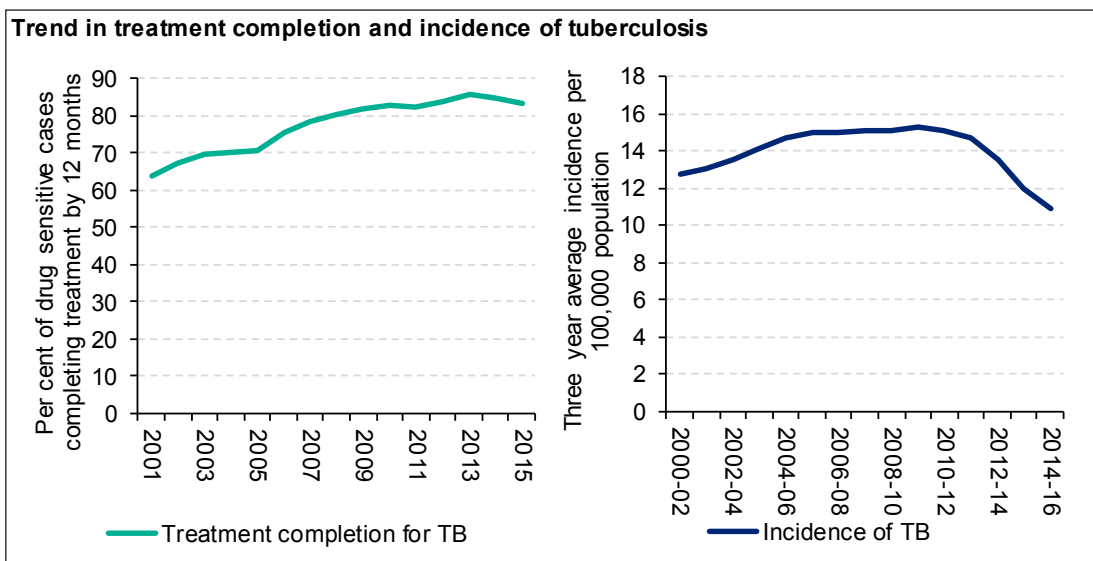
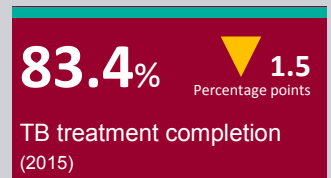
However, the five most recent time points show an increasing trend for this indicator.

London has significantly lower coverage than other regions (64.3%) with the next lowest being the West Midlands (68.5%) and the highest being the North East (72.1%).



**Decrease in treatment completion and incidence of TB** – treatment completion for tuberculosis (TB) decreased, but not significantly, in 2015 compared with 2014, to 83.4% of drug sensitive cases completing treatment by 12 months. However, the six most recent time points show an increasing trend for this indicator.

Incidence of TB fell to 10.9 per 100,000 population, a decrease of 1.1 per 100,000 in 2014-16 compared with 2013-15, a third consecutive decrease since 2011-13.



# Healthcare public health and preventing premature mortality

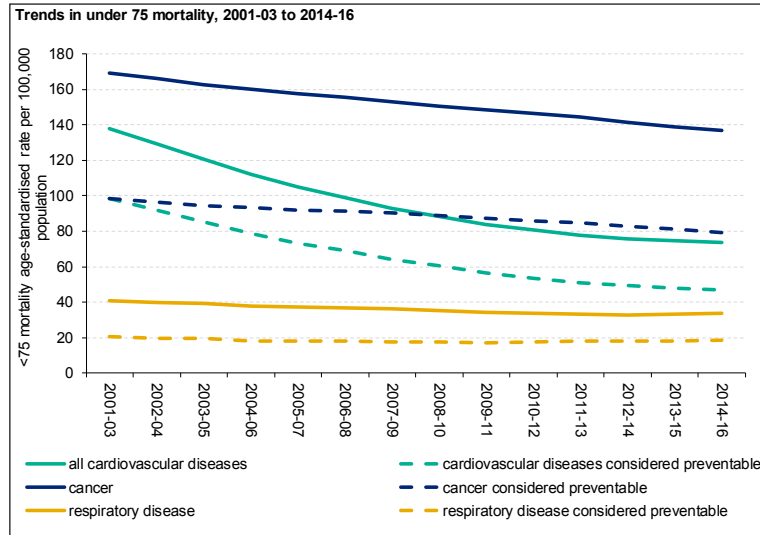
Indicators for tracking progress in reducing numbers of people living with preventable ill health and people dying prematurely

**Infant mortality remains at lowest level recorded** - In 2014-16, the rate of infant mortality remained unchanged at 3.9 deaths of infants aged under 1, per 1,000 live births. This is the lowest recorded in the PHOF, where data goes back to 2001-03. Despite this, an average of over 2,500 babies aged under 1 year died each year in the most recent period.

**Rate of preventable mortality fell to new low** - The rate of mortality from causes considered preventable (those causes which in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause could potentially be avoided by public health interventions in the broadest sense), fell to the lowest levels recorded in the PHOF. However, the rate of 182.8 deaths per 100,000 in 2014-16 represented over 90,000 preventable deaths each year.

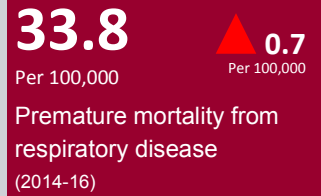
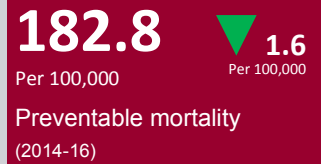
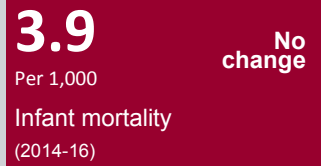
**Premature mortality from cardiovascular disease and cancer fell, but premature mortality from respiratory diseases rose** - There was a continued fall in the premature mortality rate from cardiovascular disease (including preventable cardiovascular disease) and from cancer (including preventable cancer) in 2014-16. These reductions were seen in the rates for males and females separately, although the rates for males were significantly higher than for females.

Rates of premature mortality from respiratory disease increased in 2014-16, along with the premature mortality rate from respiratory diseases considered preventable. An increase in the rate of premature mortality from liver disease was also seen, but this increase was not statistically significant. Again, rates for males were significantly higher than for females.



The mortality rate from communicable disease, including influenza, increased in 2014-16, although not significantly. Over 5,000 deaths occurred each year from these diseases, with the rate for men higher than that for women. The suicide rate fell in 2014-16, although not significantly. The rate for men was higher than for women, with over 3,500 deaths for men, which is more than three times the number for women.

**Fall in excess winter deaths in the winter of 2015/16** - The excess winter deaths index fell in the winter of 2015/16, when compared to the previous winter. This was also the case for excess winter deaths in those aged 85+. When comparing three year pooled periods, these decreases were also seen.



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