

Public Health Outcomes Framework – Key changes and updates for Peterborough: May 2017

Introduction and overview

The Department of Health first published the Public Health Outcomes Framework (PHOF) for England in January 2012, setting out a vision for progress in public health. The framework was revised in August 2016, presenting a refreshed PHOF for England 2016-2019; a set of [indicators](#) helping us to understand how well public health is being improved and protected.

The latest technical specification can be found at:

<https://www.gov.uk/government/publications/public-health-outcomes-framework-2016-to-2019>

The PHOF focuses on the overarching indicators of **healthy life expectancy** and **life expectancy**, key measures of the overall health of the population.

These overarching indicators are supported by further indicators across four domains, helping local systems to view the context and drivers of healthy life expectancy:

1. Wider determinants of health
2. Health improvement
3. Health protection
4. Healthcare public health and premature mortality

Public Health England present data for the PHOF in an Interactive Fingertips Data Tool at www.phoutcomes.info.

Data in the PHOF are updated quarterly in February, May, August and November. Each update refreshes indicators for which new figures have become available. Few indicators actually show quarterly data, with the majority presenting annual or 3-yearly rolling data, often guided by the stability of the numbers available.

Most indicators in the PHOF are [benchmarked](#) against the [England average](#), but some are compared with a national target, goal or percentile. Indicators in this summary are colour coded to indicate their current rating:

Statistically significantly worse than the England average or below target

Statistically similar to the England average or similar to target

Statistically significantly better than the England average or above target

This local summary:

- Considers all updates to the overarching life expectancy indicators
- Highlights indicators with newly published data or changed [RAG-ratings](#) and, where possible, considers [time trends](#)
- Provides a summary of new indicators or new definitions introduced
- Lists all indicators which rate [statistically significantly](#) worse than the England average or below the national target (red rated indicators) at May 2017
- Lists all indicators updated this quarter

It is important to remember that indicators rating similar to or better than the national average do not necessarily mean that they are not important public health issues as they may affect large numbers of people or disproportionately affect particular vulnerable groups or deprived areas.

Main source: Public Health England. Public Health Outcomes Framework. © Crown Copyright 2017.

Contact: Peterborough City Council Public Health Intelligence: PHI-Team@peterborough.gov.uk

PETERBOROUGH

Overarching Indicators

RAG-rating changes in the May 2017 update

None.

Non-RAG-rated indicators updated in May 2017



0.2iii - Slope index of inequality in life expectancy at birth

This indicator is not RAG-rated as no national average is calculated. Data have, however, been updated to 2013-15 and to use 2015 deprivation data.

In men, life expectancy in the most deprived 10% of areas in Peterborough is 8.4 years shorter than in the least deprived 10%. In women, this figure is 6.1 years. This level of inequality is similar to that seen in Swindon, Peterborough's nearest statistical neighbour with published data.

Recognising the difference in life expectancy within the local authority is an important indicator of inequality at small area level.

Wider determinants of health



Newly published RAG-ratings in the May 2017 update

1.06i - Adults with a learning disability who live in stable and appropriate accommodation (Persons, Males and Females)

Data updated to 2015/16 with the addition of confidence intervals and RAG-ratings.

Maintaining settled accommodation (living in own home or with family) improves outcomes for clients by improving safety and quality of life,

reducing social exclusion, and preventing admission to hospital or residential care.

Recent time trends: The percentage of adults with a learning disability living in stable and appropriate accommodation in Peterborough has **improved** over the last 5 years.

1.06ii - Adults in contact with secondary mental health services who live in stable and appropriate accommodation (Persons and Males)

1.06ii - Adults in contact with secondary mental health services who live in stable and appropriate accommodation (Females)

Data updated to 2015/16 with the addition of confidence intervals and RAG-ratings.

Maintaining settled accommodation (living independently, with or without support) improves outcomes for clients by improving safety and quality of life, reducing social exclusion, and preventing admission to hospital or residential care.



1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate

1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate (Persons, Males and Females)

1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Persons, Males and Females)

Data for the above indicators have been updated to 2015/16 with the addition of confidence intervals and RAG-ratings.

These indicators provides a good indication of the impact that long-term illness, learning disability and mental health have on employment in the area. Work is considered good for both physical and mental health and wellbeing.

It should be noted that employment rate gaps reflect both the level of employment in the general population and the groups of interest.

Indicators with revised definitions



1.11 - Rate of domestic abuse-related incidents and crimes recorded by the police¹

New data have been published for 2015/16 based on a revised definition, including data for 16 and 17 year olds.

The published data relate to the police force area of Cambridgeshire and Peterborough and not Peterborough alone. A local assessment of the RAG-rating against the national average suggests the rate in Cambridgeshire and Peterborough is below the national average. This measure, however, is notably influenced by levels of reporting to and recording by police and so the rating should be interpreted with caution.

Tackling domestic abuse as a public health issue is vital for ensuring that some of the most vulnerable people in our society receive the support, understanding and treatment they deserve.

RAG-rating changes with the May 2017 update

None.

¹ Indicator RAG-rated locally, not included in PHOF

Health improvement

Newly published RAG-ratings in the May 2017 update



2.08ii - Percentage of children where there is a cause for concern

Data updated to 2015/16 with the addition of confidence intervals and RAG-ratings.

This indicator looks at the proportion of looked after children aged 5-16 who are affected by poor emotional wellbeing based on the strengths and difficulties questionnaire (SDQ).

RAG-rating changes with the May 2017 update: 'better'



2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Males)

2.24ii - Emergency hospital admissions due to falls in people aged 65-79 (Persons)

Data updated to 2015/16. Rates of falls admissions in men aged 65+ decreased slightly in 2015/16 in Peterborough, returning to a level similar to the national average, having been higher in 2014/15. Rates also decreased slightly in all people aged 65-79, moving the area's rating to statistically similar to the England average.

Recent time trends: Although not statistically assessed, there does seem to be a general trend of **declining** rates of falls in Peterborough, at least in those aged under 80.

RAG-rating changes with the May 2017 update: 'worse'



2.19 - Cancer diagnosed at early stage (experimental statistics)²

Data updated to 2015. The percentage of invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary and uterus, non-Hodgkin lymphomas, and melanomas of skin, diagnosed at stage 1 or 2, fell slightly in Peterborough in 2015. Coupled with an increase nationally, this resulted in Peterborough moving from a percentage above the national average in 2014 to a percentage similar to the national average in 2015.

This indicator is known to be highly influenced by data completeness on staging, as well the case mix of cancers experienced in different populations, so trends and patterns should be interpreted with caution.



2.24iii - Emergency hospital admissions due to falls in people aged 80+ (Persons, Males)

Data updated to 2015/16. Rates of falls admissions in persons aged 80+ increased in 2015/16 in Peterborough, returning to a level statistically significantly worse than the national average, having been similar in 2014/15; this particularly appears to be due to a rise in males.

Recent time trends: Although not statistically assessed, there did appear to be a **declining** rate of falls in the 80+ in Peterborough but the rates have **risen** slightly in men in the last couple of years.

² Indicator RAG-rated locally, not included in PHOF

Health protection

Newly published indicators



3.03xvi - Population vaccination coverage - HPV vaccination coverage for two doses (females 13-14 years old)

New indicator with data published for 2015/16. Coverage data for Peterborough show a value of 91%, above the 90% target and national average of 85.1%.

RAG-rating changes with the May 2017 update: 'better'

None.

RAG-rating changes with the May 2017 update: 'worse'



3.03xii - Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old)

Data updated to 2015/16. Coverage in Peterborough fell slightly in 2015/16 to 88.3%, below the 90% target, having been 92.1% in 2014/15. Coverage is rated amber between 80 and 90% coverage; coverage is also statistically similar to the national average.

Healthcare public health and premature mortality

RAG-rating changes with the May 2017 update: 'better'



4.14i - Hip fractures in people aged 65+ (Persons, Males)

Data updated to 2015/16. The rates of emergency hospital admissions due to hip fracture in all persons and males aged 65+ decreased in Peterborough, returning rates statistically similar to the England average.

Recent time trends: The admission rates for hip fracture in over 65s in Peterborough fluctuate from year-to-year at levels similar to or slightly above the national average. Numbers are relatively small, particularly in older age groups, and so it is difficult to interpret trends.

RAG-rating changes with the May 2017 update: 'worse'

None.

List of all red rated indicators as at May 2017

- 0.1ii - Life expectancy at birth (Males, Females)
- 0.2iv - Gap in life expectancy at birth between each local authority and England as a whole (Male, Females)
- 1.01i - Children in low income families (all dependent children under 20)
- 1.01ii - Children in low income families (under 16s)
- 1.02i - School readiness: the percentage of children achieving a good level of development at the end of reception (Persons, Males and Females)
- 1.02ii - School readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check (Persons, Males and Females)
- 1.04 - First time entrants to the youth justice system
- 1.05 - 16-18 year olds not in education employment or training
- 1.06ii - Adults in contact with secondary mental health services who live in stable and appropriate accommodation (Persons, Males)
- 1.12i - Violent crime (including sexual violence) - hospital admissions for violence
- 1.15i - Statutory homelessness - Eligible homeless people not in priority need
- 1.18ii - Social Isolation: percentage of adult carers who have as much social contact as they would like
- 2.04 - Under 18 conceptions
- 2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)
- 2.10ii - Emergency hospital admissions for intentional self-harm
- 2.11i - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)
- 2.11iii - Average number of portions of vegetables consumed daily (adults)
- 2.11vi - Average number of portions of vegetables consumed daily at age 15 (WAY survey)
- 2.12 - Excess weight in adults
- 2.13ii - Percentage of physically active and inactive adults - inactive adults
- 2.18 - Admission episodes for alcohol-related conditions - narrow definition (Persons, Males)
- 2.20i - Cancer screening coverage - breast cancer
- 2.20ii - Cancer screening coverage - cervical cancer
- 2.20iii - Cancer screening coverage - bowel cancer
- 2.22iv - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check
- 2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Persons)
- 2.24iii - Emergency hospital admissions due to falls in people aged 80+ (Persons, Males)
- 3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old)

- 3.03x - Population vaccination coverage - MMR for two doses (5 years old)
- 3.03xiv - Population vaccination coverage - Flu (aged 65+)
- 3.03xv - Population vaccination coverage - Flu (at risk individuals)
- 3.03xviii - Population vaccination coverage - Flu (2-4 years old)
- 3.04 - HIV late diagnosis
- 3.05ii - Incidence of TB
- 3.08 - Adjusted antibiotic prescribing in primary care by the NHS
- 4.03 - Mortality rate from causes considered preventable (Persons, Males)
- 4.04i - Under 75 mortality rate from all cardiovascular diseases (Persons, Females)
- 4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Persons, Males and Females)
- 4.05i - Under 75 mortality rate from cancer (Male)
- 4.07i - Under 75 mortality rate from respiratory disease (Persons, Males)
- 4.07ii - Under 75 mortality rate from respiratory disease considered preventable (Male)
- 4.08 - Mortality rate from a range of specified communicable diseases, including influenza (Persons, Females)
- 4.09ii - Proportion of adults in the population in contact with secondary mental health services

All indicators updated in May 2017 (short titles)

Overarching Indicators

0.2 Differences in life expectancy and healthy life expectancy between communities

Wider determinants of health

1.06 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation

1.08 Employment for those with long term health conditions including adults with a learning disability or who are in contact with secondary mental health services

1.11 Domestic abuse

1.12 Violent crime (including sexual violence)

1.16 Utilisation of outdoor space for exercise / health reasons

Health improvement

2.08 Emotional well-being of looked after children

2.10 Self-harm

2.18 Alcohol-related admissions to hospital

2.19 Cancer diagnosed at stage 1 and 2

2.24 Injuries due to falls in people aged 65 and over

Health protection

3.03 Population vaccination coverage

3.06 Public sector organisations with a board approved sustainable development management plan

3.08 Antimicrobial Resistance

Healthcare public health and premature mortality

4.14 Hip fractures in people aged 65 and over

Glossary of Key Terms

Indicator

The term indicator is used to refer to a quantified summary measure of a particular characteristic or health outcome in a population. Indicators are well-defined, robust and valid measures which can be used to describe the current status of what is being measured, and to make comparisons between different geographical areas, population groups or time periods.

Benchmark

The term 'benchmark' refers to the value of an indicator for an agreed area, population group or time period, against which other values are compared or assessed.

National average

The national average for England, which acts as the 'benchmark' for comparison of local values in the PHOF, represents the combined total summary measure for the indicator for all local authorities in England.

Statistical significance

Where possible, comparisons of local values to the national average in PHOF are made through an assessment of 'statistical significance'. For each local indicator value, 95% confidence intervals are calculated which provide a measure of uncertainty around the calculated value which arises due to random variation. If the confidence interval for the local value excludes the value for the benchmark, the difference between the local value and the benchmark is said to be 'statistically significant'.

Recent time trends

A number of PHOF indicators include statistical assessment of recent trends over time. Statistical trends in other indicators have been assessed locally using comparable methods where possible. It is not possible to assess trends for all indicators as there is not always enough time periods or it is not possible because of the measure.

RAG-rating

RAG-rating refers to the colour-coding of local indicator values according to a red-amber-green (RAG) system. Local indicator values that are significantly worse than the national benchmark are colour-coded red and local indicator values that are significantly better than the national benchmark are colour-coded green. Local indicator values that are not significantly different to the national benchmark are colour-coded amber.

[Return to front page](#)