Public Health Outcomes Framework – Key changes and updates for Cambridgeshire and its districts: May 2017

Cambridgeshire County Council

PUBLIC HEALTH intelligence

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.

Contact: Cambridgeshire County Council Public Health Intelligence: PHI-Team@cambridgeshire.gov.uk

CAMBRIDGESHIRE

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 Cambridgeshire is 6.0 years shorter than in the least deprived 10%. In women, this figure is 4.7 years. These figures are slightly better compared to re-calculated data for 2012-14.

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.

Recent time trends: It is difficult to accurately assess change over time for this indicator as it is known to have been highly influenced by a change in data collection and definition. The data for 2014/15 only include those whose reviews were completed in the previous year in the numerator and so data are not strictly comparable over time.[1] The trend indicator in PHOF should be disregarded for Cambridgeshire due to this effect but it remains important to recognise its current RAG-rating.

1.06ii - Adults in contact with secondary mental health services 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.

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.

It should be noted that employment rate gaps in Cambridgeshire may be adversely affected by the county's generally higher than average employment rate in the general population.

[1] Communication with CFA Information Management Service, Feb 2016

Indicators with revised definitions

1.11 - Rate of domestic abuse-related incidents and crimes recorded by the police[2]

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 Cambridgeshire 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.

RAG-rating changes with the May 2017 update

None.

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'

2.01 - Low birth weight of term babies

Updated to 2015. The percentage of babies in Cambridgeshire with a recorded birth weight under 2500g decreased in 2015, returning to a percentage statistically significantly lower than the national average.

Recent time trends: The percentage of babies with low birth weight is considered statistically stable based on 11 years of data from 2005-2015.

2.04 - Conceptions in those aged under 16

Data updated to 2015. The rate of conceptions in under 16s in Cambridgeshire fell in 2015 to a level statistically significantly below the national average, having been similar in 2014.

Recent time trends: The under 16 conception rate is considered to have statistically significantly fallen over the 7 years from 2009 to 2015.

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

2.18 - Admission episodes for alcohol-related conditions - narrow definition (Persons)

2.18 - Admission episodes for alcohol-related conditions - narrow definition (Female)

Data updated to 2015/16. The rate of admissions in all persons in Cambridgeshire increased in 2015/16 to a level statistically similar to the England average, having previously been better. This appears to be due to the rate increasing in women to a level worse than the national average.

[2] Indicator RAG-rated locally, not included in PHOF

Recent time trends: Although not statistically assessed, the rates of admissions appear to be increasing slightly in Cambridgeshire, across males and females, following national trends.

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

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

Data updated to 2015/16. Rates of falls admissions in people aged 65-79 increased slightly in 2015/16 in Cambridgeshire, returning to a level similar to the national average, having been lower in 2014/15. Rates also increased slightly in the over 80s, moving the county's rating to statistically significantly worse than the England average; this particularly appears to be due to a rise in females.

Recent time trends: Although not statistically assessed, there does seem to be a slight increase in falls admissions in the over 80s, both in Cambridgeshire and nationally.

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 Cambridgeshire show a value of 86.6%, below the 90% target but slightly above the national average of 85.1%.

RAG-rating changes with the May 2017 update

None.

Healthcare public health and premature mortality

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

None.

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

4.14iii - Hip fractures in people aged 80+ (Persons)

Data updated to 2015/16. The rate of emergency hospital admissions due to hip fracture in people aged 80+ increased slightly in Cambridgeshire, returning to a rate statistically similar to the England average.

Recent time trends: Although not statistically assessed, the admission rates for hip fracture in Cambridgeshire, across both sexes and all 65+ age groups, appear stable and in line with national trends.

List of all red rated indicators as at May 2017

- 1.02i - School readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception (Persons, Females)
- 1.02ii - School readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check (All children and children with free school meal status) (Persons, Males and Females)
- 1.06i - Adults with a learning disability who live in stable and appropriate accommodation (Persons, Males and Females)
- 1.06ii - Adults in contact with secondary mental health services who live in stable and appropriate accommodation (Persons, Males and Females)
- 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)
- 1.09i - Sickness absence - the percentage of employees who had at least one day off in the previous week
- 1.09ii - Sickness absence - the percent of working days lost due to sickness absence
- 1.10 - Killed and seriously injured (KSI) casualties on England's roads
- 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
- 2.15 - Successful completion of drug treatment - opiate users
- 2.15ii - Successful completion of drug treatment - non-opiate users
- 2.18 - Admission episodes for alcohol-related conditions - narrow definition (Female)
- 2.20ii - Cancer screening coverage - cervical cancer
- 2.22iv - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check
- 2.22v - Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check
- 2.24iii - Emergency hospital admissions due to falls in people aged 80+ (Persons, Females)
- 3.02 - Chlamydia detection rate (15-24 year olds)
- 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)
- 3.05i - Treatment completion for TB
- 4.08 - Mortality rate from a range of specified communicable diseases, including influenza (Female)
- 4.09ii - Proportion of adults in the population in contact with secondary mental health services

CAMBRIDGE

Overarching indicators

RAG-rating changes with the May 2017 update

None.

Non-RAG-rated indicators updated in May 2017

0.2iii - Slope index of inequality in life expectancy at birth
Although this indicator is not RAG-rated, as no national average is calculated, data have been updated to 2013-15 and to use 2015 deprivation data.

In men, life expectancy in the most deprived 10% of areas in Cambridge is 9.3 years shorter than in the least deprived 10%. In women, this figure is 7.4 years. These figures are slightly better compared to re-calculated data for 2012-14. However, the inequalities are still notably wider than the Cambridgeshire averages.

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

Wider determinants of health

Non-RAG-rated indicators updated in May 2017

1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate
Data updated to 2015/16. The percentage point gap has increased in Cambridge from -3.3 in 2014/15 to 9.3, slightly above the England average of 8.8.

This indicator provides a good indication of the impact long-term illness has on employment in the area. Work is considered good for both physical and mental health and wellbeing.

RAG-rating changes with the May 2017 update

None.

Health improvement

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

None.

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

2.18 - Admission episodes for alcohol-related conditions - narrow definition (Female)
Data updated to 2015/16. The rate of admissions in females in Cambridge increased in 2015/16 to a level statistically worse than the England average, having previously been similar.

Recent time trends: Although not statistically assessed, the rate of admission in females in Cambridge did appear to be falling in recent years, but the figure for 2015/16 represents a notable increase. The rate in men remains worse than the national average and appears to be increasing.

2.19 - Cancer diagnosed at early stage (experimental statistics) [3]
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, appears stable in Cambridge, but has moved from a percentage above the national

[3] Indicator RAG-rated locally, not included in PHOF

average in 2014 to a percentage similar to the national average in 2015 due to increases nationally.

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.

2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Male, Females)
2.24ii - Emergency hospital admissions due to falls in people aged 65-79 (Persons)
2.24iii - Emergency hospital admissions due to falls in people aged 80+ (Persons)

Data updated to 2015/16. RAG-ratings for these indicators moved from being similar to the England average in 2014/15 to statistically significantly worse in 2015/16 due to small increases in local rates and small decreases in national rates.

Recent time trends: Although not statistically assessed, rates of falls in Cambridge appear relatively stable but at levels similar to or worse than the England averages.

Health protection

RAG-rating changes with the May 2017 update

None.

Healthcare public health and premature mortality

RAG-rating changes with the May 2017 update

None.

List of all red rated indicators as at May 2017

- 1.14i - The rate of complaints about noise
- 1.15i - Statutory homelessness - Eligible homeless people not in priority need
- 1.17 - Fuel poverty
- 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
- 2.18 - Admission episodes for alcohol-related conditions - narrow definition (Persons, Males and Females)
- 2.20i - Cancer screening coverage - breast cancer
- 2.20ii - Cancer screening coverage - cervical cancer
- 2.20iii - Cancer screening coverage - bowel cancer
- 2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Persons, Males and Females)
- 2.24ii - Emergency hospital admissions due to falls in people aged 65-79 (Persons)
- 2.24iii - Emergency hospital admissions due to falls in people aged 80+ (Persons)
- 3.02 - Chlamydia detection rate (15-24 year olds)
- 3.04 - HIV late diagnosis
- 3.05ii - Incidence of TB
- 4.11 Emergency readmissions within 30 days of discharge from hospital (Female)
- 4.15i - Excess winter deaths index (single year, all ages) (Female)
- 4.15ii - Excess winter deaths index (single year, age 85+) (Persons, Females)

EAST CAMBRIDGESHIRE

Overarching indicators

RAG-rating changes with the May 2017 update

None.

Non-RAG-rated indicators updated in May 2017

0.2iii - Slope index of inequality in life expectancy at birth
Although this indicator is not RAG-rated, as no national average is calculated, data have been updated to 2013-15 and to use 2015 deprivation data.

In men, life expectancy in the most deprived 10% of areas in East Cambridgeshire is 3.9 years shorter than in the least deprived 10%. In women, this figure is 1.5 years.

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

Wider determinants of health

Non-RAG-rated indicators updated in May 2017

1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate
Data updated to 2015/16. The percentage point gap has decreased in East Cambridgeshire from 2.7 in 2014/15 to -3.9, below the England average of 8.8.

This indicator provides a good indication of the impact long-term illness has on employment in the area. Work is considered good for both physical and mental health and wellbeing.

RAG-rating changes with the May 2017 update

None.

Health improvement

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

None.

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

2.19 - Cancer diagnosed at early stage (experimental statistics) [4]
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 in East Cambridgeshire in 2015. Coupled with an increase nationally, this resulted in East Cambridgeshire 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.

[4] Indicator RAG-rated locally, not included in PHOF

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

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

Data updated to 2015/16. The rate of admissions for falls increased in males in East Cambridgeshire to a rate similar to the national average, having been better in 2014/15. This increase is particularly apparent in men aged 65-79 where rates jumped notably from a rate better than the average in 2014/15 to worse than the average in 2015/16.

Recent time trends: Although not assessed statistically, rates of falls in East Cambridgeshire appear to be increasing.

Health protection

RAG-rating changes with the May 2017 update

None.

Healthcare public health and premature mortality

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

4.14iii - Hip fractures in people aged 80+ (Persons)

Data updated to 2015/16. The rates of emergency hospital admissions due to hip fracture in all persons aged 80+ decreased in East Cambridgeshire to a rate statistically significantly better than the England average

Recent time trends: Although not statistically assessed, the admission rates for hip fracture in over 80s in East Cambridgeshire appear to have fallen over the last 4 years. Having said that, it is difficult to be certain of trends as numbers are small.

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

None.

List of all red rated indicators as at May 2017

- 1.10 - Killed and seriously injured (KSI) casualties on England's roads
- 2.10ii - Emergency Hospital Admissions for Intentional Self-Harm
- 2.12 - Excess weight in adults
- 2.24ii - Emergency hospital admissions due to falls in people aged 65 and over - aged 65-79 (Male)
- 3.02 - Chlamydia detection rate (15-24 year olds)

FENLAND

Overarching indicators

RAG-rating changes with the May 2017 update

None.

Non-RAG-rated indicators updated in May 2017

0.2iii - Slope index of inequality in life expectancy at birth
Although this indicator is not RAG-rated, as no national average is calculated, data have been updated to 2013-15 and to use 2015 deprivation data.

In men, life expectancy in the most deprived 10% of areas in Fenland is 5.9 years shorter than in the least deprived 10%. In women, this figure is 1.0 years.

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

Wider determinants of health

Non-RAG-rated indicators updated in May 2017

1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate
Data updated to 2015/16. The percentage point gap has increased in Fenland from 5.8 in 2014/15 to 12.3, higher the England average of 8.8.

This indicator provides a good indication of the impact long-term illness has on employment in the area. Work is considered good for both physical and mental health and wellbeing.

RAG-rating changes with the May 2017 update

None.

Health improvement

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

None.

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

2.19 - Cancer diagnosed at early stage (experimental statistics) [5]
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, appears stable in Fenland, but has moved from a percentage above the national average in 2014 to a percentage similar to the national average in 2015 due to increases nationally.

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.

[5] Indicator RAG-rated locally, not included in PHOF

2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Persons, Males, Females)
2.24iii - Emergency hospital admissions due to falls in people aged 80+ (Persons, Males)

Data updated to 2015/16. The rates of admissions for falls in all aged 65 in Fenland increased to a level statistically significantly worse than the national average in 2015/16 having been similar to England in the previous five years. This increase appears particularly in men aged 80+.

Recent time trends: Although not assessed statistically, the rates of falls admissions in Fenland appear to be relatively stable and around the national average between 2010/11 and 2014/15; 2015/16's figures represent an unusual increase.

Health protection

RAG-rating changes with the May 2017 update

None.

Healthcare public health and premature mortality

RAG-rating changes with the May 2017 update

None.

List of all red rated indicators as at May 2017

- 0.1ii - Life expectancy at birth (Male)
- 0.2iv - Gap in life expectancy at birth between each local authority and England as a whole (Male)
- 1.01i - Children in low income families (all dependent children under 20)
- 1.01ii - Children in low income families (under 16s)
- 2.02i - Breastfeeding - breastfeeding initiation
- 2.02ii - Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth - historical method
- 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
- 2.12 - Excess weight in Adults
- 2.13i - Percentage of physically active and inactive adults - active adults
- 2.13ii - Percentage of physically active and inactive adults - inactive adults
- 2.14 - Smoking Prevalence in adults - current smokers (APS)
- 2.14 - Smoking Prevalence in adult in routine and manual occupations - current smokers (APS)
- 2.18 - Admission episodes for alcohol-related conditions - narrow definition (Persons, Females)
- 2.20iii - Cancer screening coverage - bowel cancer
- 2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Persons, Males and Females)
- 2.24iii - Emergency hospital admissions due to falls in people aged 65 and over - aged 80+ (Persons, Males)
- 3.02 - Chlamydia detection rate (15-24 year olds)
- 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)
- 4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Persons)
- 4.08 - Mortality rate from a range of specified communicable diseases, including influenza (Female)

HUNTINGDONSHIRE

Overarching indicators

RAG-rating changes with the May 2017 update

None.

Non-RAG-rated indicators updated in May 2017

0.2iii - Slope index of inequality in life expectancy at birth
Although this indicator is not RAG-rated, as no national average is calculated, data have been updated to 2013-15 and to use 2015 deprivation data.

In men, life expectancy in the most deprived 10% of areas in Huntingdonshire is 3.9 years shorter than in the least deprived 10%. In women, this figure is 5.3 years. The inequality in Huntingdonshire appears to be reducing in men but not in women.

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

Wider determinants of health

Non-RAG-rated indicators updated in May 2017

1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate
Data updated to 2015/16. The percentage point gap has decreased in Huntingdonshire from 8.2 in 2014/15 to 1.8, below the England average of 8.8.

This indicator provides a good indication of the impact long-term illness has on employment in the area. Work is considered good for both physical and mental health and wellbeing.

RAG-rating changes with the May 2017 update

None.

Health improvement

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

2.01 - Low birth weight of term babies
Updated to 2015. The percentage of babies in Huntingdonshire with a recorded birth weight under 2500g decreased in 2015, returning to a percentage statistically significantly lower than the national average.

Recent time trends: The percentage of babies with low birth weight is considered statistically stable based on 11 years of data from 2005-2015.

2.24ii - Emergency hospital admissions due to falls in people aged 65 and over - aged 65-79 (Male)
Data updated to 2015/16. Rates of falls admissions in men aged 65-79 decreased slightly in 2015/16 in Huntingdonshire, returning to a level better than the national average, having been similar in 2014/15.

Recent time trends: Although not statistically assessed, rates of falls in Huntingdonshire appear to be increasing slightly, as they are nationally, but remain below or similar to the England average.

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

2.10ii - Emergency Hospital Admissions for Intentional Self-Harm

Data updated to 2015/16. The rate of admissions for self-harm in Huntingdonshire increased in 2015/16 from a level similar to the national average in 2014/15 to worse than the national average in 2015/16.

Mental health and well-being is an important aspect of public health. Self-harm is an expression of personal distress which can have a variety of causes. Those who self-harm are often repeat attenders to accident and emergency departments and are at significant and persistent risk of future suicide.

Recent time trends: Although not statistically assessed, the rate appears to be increasing in Huntingdonshire, having been below the national average in 2011/12. It should be noted, however, that hospital admission indicators can be influenced by changes in recording and coding.

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

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

Data updated to 2015/16. Rates of falls admissions in 65+ increased slightly in 2015/16 in Huntingdonshire, returning to a level similar to the national average in persons and females, having been better in 2014/15. The increase seems to be particularly in females aged 80+.

Recent time trends: Although not statistically assessed, rates of falls in Huntingdonshire appear to be increasing slightly, as they are nationally, but remain below or similar to the England average.

Health protection

RAG-rating changes with the May 2017 update

None.

Healthcare public health and premature mortality

RAG-rating changes with the May 2017 update

None.

List of all red rated indicators as at May 2017

- 1.09i - Sickness absence - the percentage of employees who had at least one day off in the previous week
- 1.10 - Killed and seriously injured (KSI) casualties on England's roads
- 2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)
- 2.10ii - Emergency hospital admissions for intentional self-harm
- 2.12 - Excess weight in adults
- 3.02 - Chlamydia detection rate (15-24 year olds)
- 3.04 - HIV late diagnosis
- 3.08 - Adjusted antibiotic prescribing in primary care by the NHS
- 4.08 - Mortality rate from a range of specified communicable diseases, including influenza (Persons, Females)

SOUTH CAMBRIDGESHIRE

Overarching indicators

RAG-rating changes with the May 2017 update

None.

Non-RAG-rated indicators updated in May 2017

0.2iii - Slope index of inequality in life expectancy at birth
Although this indicator is not RAG-rated, as no national average is calculated, data have been updated to 2013-15 and to use 2015 deprivation data.

In men, life expectancy in the most deprived 10% of areas in Huntingdonshire is 3.9 years shorter than in the least deprived 10%. In women, this figure is 0.7 years.

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

Wider determinants of health

Non-RAG-rated indicators updated in May 2017

1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate
Data updated to 2015/16. The percentage point gap has decreased in South Cambridgeshire from 3.2 in 2014/15 to 2.0, below the England average of 8.8.

This indicator provides a good indication of the impact long-term illness has on employment in the area. Work is considered good for both physical and mental health and wellbeing.

RAG-rating changes with the May 2017 update

None.

Health improvement

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

2.10ii - Emergency Hospital Admissions for Intentional Self-Harm
Data updated to 2015/16. The rate of admissions for self-harm in South Cambridgeshire decreased in 2015/16 from a level worse than the national average in 2014/15 to similar to the national average in 2015/16.

Mental health and well-being is an important aspect of public health. Self-harm is an expression of personal distress which can have a variety of causes. Those who self-harm are often repeat attenders to accident and emergency departments and are at significant and persistent risk of future suicide.

Recent time trends: Although not statistically assessed, the rate appears to be relatively stable in South Cambridgeshire. It should be noted that hospital admission indicators can be influenced by changes in recording and coding.

2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Male)
2.24ii - Emergency hospital admissions due to falls in people aged 65-79 (Male)
2.24iii - Emergency hospital admissions due to falls in people aged 80+ (Persons, Females)

Data updated to 2015/16. Rates of falls admissions in 65+ men decreased slightly in 2015/16 in South Cambridgeshire, returning to a level below the national average, having been similar in 2014/15. The decrease seems to be particularly in men aged 65-79. Rates also decreased in persons and women aged 80+ to statistically similar levels to England, having been worse based on 2014/15 data.

Recent time trends: Although not statistically assessed, rates of falls admissions in South Cambridgeshire appear to be falling slightly in 65-79s but increasing slightly in those aged 80+.

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

Health protection

RAG-rating changes with the May 2017 update

None.

Healthcare public health and premature mortality

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

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

Data updated to 2015/16. The rates of emergency hospital admissions due to hip fracture in men aged 65+ decreased in South Cambridgeshire to a rate statistically significantly better than the England average.

Recent time trends: Although not statistically assessed, the admission rates for hip fracture 65+ men in South Cambridgeshire appear relatively stable and around the national average; the 2015/16 rate is a notable decrease. Having said that, interpreting trends is difficult due to small numbers.

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

None.

List of all red rated indicators as at May 2017

- 1.09i - Sickness absence - the percentage of employees who had at least one day off in the previous week
- 1.10 - Killed and seriously injured (KSI) casualties on England's roads
- 3.02 - Chlamydia detection rate (15-24 year olds)

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