Public Health Outcomes Framework – Key changes and updates for Cambridgeshire and its districts: May 2018

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 November 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-outcomesframework-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, November 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 <u>benchmarked</u> against the <u>England average</u>, 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:

- Provides an overview of the overarching life expectancy indicators
- Highlights indicators with newly published/revised data or changed RAG-ratings
- Provides a summary of new indicators or new definitions introduced
- Lists all indicators which rate <u>statistically significantly</u> worse than the England average or below the national target (red rated indicators) at May 2018
- 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.

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CAMBRIDGESHIRE

Wider determinants of health

RAG-rating changes with the May 2018 update

None.

Indicators with updates and revised benchmarking



1.11 Domestic abuse-related incidents and crimes

Data updated to 2016/17. Confidence intervals for local authority areas have been removed so this indicator is no longer RAG-rated/compared. Note that Cambridgeshire is issued the rate of the Cambridgeshire and Peterborough Constabulary (21.1 per 1,000 v. 22.5 per 1,000 for England).

Health improvement

RAG-rating changes with the May 2018 update: 'better'

2.11ii Average number of portions of fruit consumed daily (adults)

Data added for 2016/17. Rates in Cambridgeshire have improved and are now statistically significantly better than England.

RAG-rating changes with the May 2018 update: 'worse'



2.04 Under 18 Conceptions: conceptions in those aged under 16

Dated updated to 2016. The rate for Cambridgeshire has increased and is now statistically similar than England.



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

Data updated to 2016/17. The percentage in Cambridgeshire has increased and is statistically significantly worse than England.

2.11iii Average number of portions of vegetables consumed daily (adults)

Data updated to 2016/17. Average daily quantity has decreased to a level that is statistically similar to the rate for England.

Newly published indicators

2.17 Estimated diagnosis rate for people with diabetes mellitus

The percentage in Cambridgeshire is statistically similar to England. This indicator, expressed as a percentage, is defined as the observed number of people with a formal diagnosis of diabetes as a proportion of the estimated number with diabetes. Interpretation would be that a value close to 100% indicates a small gap between the observed prevalence and estimated prevalence, indicating that a system is good at proactively identifying people with hitherto undiagnosed diabetes.

Other indicator updates

2.08i Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31 March

Data updated to 2016/17. The score for Cambridgeshire has increased and remains above the England value (15.3 v. 14.1). This indicator is not RAGrated/compared.

2.19 Cancer diagnosed at early stage (experimental statistics)

Data updated to 2016. The percentage for Cambridgeshire is slightly above England (56.3% v. 52.6%), and the recent trend has no significant change. This indicator is not RAG-rated/compared.

Health protection

RAG-rating changes with the May 2018 update

None.

Other indicator updates

3.01 Fraction of mortality attributable to particulate air pollution Data updated to 2016. The published percentages for Cambridgeshire and England are the same (5.3%). This indicator is not RAG-rated/compared.

Healthcare public health and premature mortality

RAG-rating changes with the May 2018 update: 'better'

4.12ii - Preventable sight loss - glaucoma

Data updated to 2016/17. The rate in Cambridgeshire has reduced and is now statistically significantly better than England.

RAG-rating changes with the May 2018 update: 'worse'

4.12i – Preventable sight loss – age related macular degeneration (AMD)

Data updated to 2016/17. Rates in Cambridgeshire have increased and are now statistically similar to England.

List of all red rated indicators as at May 2018

- 1.02i School readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception
- 1.02ii School readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check

- 1.02ii School readiness: the percentage of Year 1 pupils with free meal status achieving the expected level in the phonics screening check
- 1.06i Adults with a learning disability who live in stable and appropriate accommodation
- 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
- 1.10 Killed and seriously injured (KSI) casualties on England's roads
- 2.03[^] Smoking status at time of delivery current method
- 2.08ii Percentage of children where there is a cause for concern
- 2.10ii Emergency hospital admissions for intentional self-harm
- 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
- 2.24iii Emergency hospital admissions due to falls in people aged 80+
- 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)
- 3.04 HIV late diagnosis
- 4.09ii Proportion of adults in the population in contact with secondary mental health services

Note: ^ 2.03 - Smoking status at time of delivery. There is a data quality issue for the value of this indicator. The value is based on the percentage for Cambridgeshire and Peterborough CCG. The CCG rate is strongly influenced by higher rates in the north of the CCG and so not an accurate reflection of rates in Cambridgeshire.

CAMBRIDGE

Wider determinants of health

RAG-rating changes with the May 2018 update

None.

Health improvement

RAG-rating changes with the February 2018 update: 'better'

2.04 - Under 18 Conceptions

Data updated to 2016. Rates for Cambridge have decreased. Rates are now statistically significantly better than England.



2.11ii Average number of portions of fruit consumed daily (adults)

Data added for 2016/17. Average daily quantity consumed has improved and is now statistically significantly better than England.

RAG-rating changes with the February 2018 update: 'worse'

2.11iii Average number of portions of vegetables consumed daily (adults)

Data updated to 2016/17. Average daily quantity consumed has decreased to a level that is statistically similar to the rate for England.

Newly published indicators

2.17 Estimated diagnosis rate for people with diabetes mellitus

The percentage in Cambridge is statistically significantly worse than England. This indicator, expressed as a percentage, is defined as the observed number of people with a formal diagnosis of diabetes as a proportion of the

estimated number with diabetes. Interpretation would be that a value close to 100% indicates a small gap between the observed prevalence and estimated prevalence, indicating that a system is good at proactively identifying people with hitherto undiagnosed diabetes.

Other indicator updates



2.19 Cancer diagnosed at early stage (experimental statistics)

Data updated to 2016. The percentage for Cambridge is above England (59.5% v. 52.6%), and the recent trend has no significant change. This indicator is not RAGrated/compared.

Health protection

RAG-rating changes with the May 2018 update

None.

Other indicator updates

3.01 Fraction of mortality attributable to particulate air pollution Data updated to 2016. The published percentage for Cambridge is slightly higher than England (5.5% v. 5.3%). This indicator is not RAGrated/compared.

Healthcare public health and premature mortality

RAG-rating changes with the May 2018 update

None.

- 1.03 Pupil absence
- 1.14i The rate of complaints about noise
- 1.15i Statutory homelessness Eligible homeless people not in priority need
- 2.10ii Emergency hospital admissions for intentional self-harm
- 2.17 Estimated diabetes diagnosis rate
- 2.18 Admission episodes for alcohol-related conditions narrow definition
- 2.20i Cancer screening coverage breast cancer
- 2.20ii Cancer screening coverage cervical cancer
- 2.20iii Cancer screening coverage bowel cancer
- 2.20iv Abdominal aortic aneurysm screening coverage
- 2.24i Emergency hospital admissions due to falls in people aged 65 and over
- 2.24ii Emergency hospital admissions due to falls in people aged 65-79
- 2.24iii Emergency hospital admissions due to falls in people aged 80+
- 3.02 Chlamydia detection rate (15-24 year olds)

EAST CAMBRIDGESHIRE

Wider determinants of health

RAG-rating changes with the May 2018 update

None.

Health improvement

RAG-rating changes with the February 2018 update: 'better'



2.12 – Percentage of adults (aged 18+) classified as overweight or obese

Data updated to 2016/17. The percentage for East Cambridgeshire has declined and is now statistically similar to England.

RAG-rating changes with the February 2018 update: 'worse'

None.

Newly published indicators

2.17 Estimated diagnosis rate for people with diabetes mellitus

The percentage in East Cambridgeshire is statistically significantly better than England.

This indicator, expressed as a percentage, is defined as the observed number of people with a formal diagnosis of diabetes as a proportion of the estimated number with diabetes. Interpretation would be that a value close to 100% indicates a small gap between the observed prevalence and estimated prevalence, indicating that a system is good at proactively identifying people with hitherto undiagnosed diabetes.

Other indicator updates



2.19 Cancer diagnosed at early stage (experimental statistics)

Data updated to 2016. The percentage for East Cambridgeshire is above England (59.8% v. 52.6%), and the recent trend has no significant change. This indicator is not RAG-rated/compared.

Health protection

RAG-rating changes with the May 2018 update

None.

Other indicator updates

 ${\bf 3.01}\ Fraction\ of\ mortality\ attributable\ to\ particulate\ air\ pollution$

Data updated to 2016. The published percentage for East Cambridgeshire is slightly lower than England (5.2% v. 5.3%). This indicator is not RAGrated/compared.

Healthcare public health and premature mortality

RAG-rating changes with the May 2018 update

None.

- 1.10 Killed and seriously injured (KSI) casualties on England's roads
- 2.10ii Emergency Hospital Admissions for Intentional Self-Harm
- 3.02 Chlamydia detection rate (15-24 year olds)
- 4.16 Estimated dementia diagnosis rate (aged 65+)

FENLAND

Wider determinants of health

RAG-rating changes with the May 2018 update

None.

Health improvement

RAG-rating changes with the February 2018 update: 'better'

None.

RAG-rating changes with the February 2018 update: 'worse'



2.11ii Average number of portions of fruit consumed daily (adults)

Data added for 2016/17. Average daily quantity consumed in Fenland has decreased and is now statistically similar to England.

Newly published indicators

2.17 Estimated diagnosis rate for people with diabetes mellitus

The percentage in Fenland is statistically significantly better than England. This indicator, expressed as a percentage, is defined as the observed number of people with a formal diagnosis of diabetes as a proportion of the estimated number with diabetes. Interpretation would be that a value close to 100% indicates a small gap between the observed prevalence and estimated prevalence, indicating that a system is good at proactively identifying people with hitherto undiagnosed diabetes.

Other indicator updates



2.19 Cancer diagnosed at early stage (experimental statistics)

Data updated to 2016. The percentage for Fenland is slightly above England (54.6% v. 52.6%), and the recent trend has no significant change. This indicator is not RAGrated/compared.

Health protection

RAG-rating changes with the May 2018 update

None.

Other indicator updates

3.01 Fraction of mortality attributable to particulate air pollution Data updated to 2016. The published percentage for Fenland is the same as England (5.3%). This indicator is not RAG-rated/compared.

Healthcare public health and premature mortality

RAG-rating changes with the May 2018 update

None.

- 0.1ii Life expectancy at birth (Male, Female)
- 0.2iv Gap in life expectancy at birth between each local authority and England as a whole (Male, Female)

- 1.01i Children in low income families (all dependent children under 20)
- 1.01ii Children in low income families (under 16s)
- 1.08i Gap in the employment rate between those with a long-term health condition and the overall employment rate
- 2.02i Breastfeeding breastfeeding initiation
- 2.10ii Emergency Hospital Admissions for Intentional Self-Harm
- 2.12 Percentage of adults (aged 18+) classified as overweight or obese
- 2.13i Percentage of physically active adults
- 2.13ii Percentage of physically inactive adults
- 2.14 Smoking Prevalence in adults current smokers (APS)
- 2.18 Admission episodes for alcohol-related conditions narrow definition
- 2.20iii Cancer screening coverage bowel cancer
- 2.24i Emergency hospital admissions due to falls in people aged 65 and over
- 2.24iii Emergency hospital admissions due to falls in people aged
 65 and over aged 80+
- 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
- 4.03 Mortality rate from causes considered preventable
- 4.08 Mortality rate from a range of specified communicable diseases, including influenza
- 4.16 Estimated dementia diagnosis rate (aged 65+)

HUNTINGDONSHIRE

Wider determinants of health

RAG-rating changes with the May 2018 update

None.

Health improvement

RAG-rating changes with the February 2018 update: 'better'

None.

RAG-rating changes with the February 2018 update: 'worse'



2.04 - Under 18 conceptions

Data updated to 2016. Rates in Huntingdonshire have increased and are now statistically similar to England.

2.12 – Percentage of adults (aged 18+) classified as overweight or obese

Data updated to 2016/17. The percentage for Huntingdonshire has increased and is now statistically significantly worse than England.

Newly published indicators

2.17 Estimated diagnosis rate for people with diabetes mellitus

The percentage in Huntingdonshire is statistically similar to England. This indicator, expressed as a percentage, is defined as the observed number of people with a formal diagnosis of diabetes as a proportion of the estimated number with diabetes. Interpretation would be that a value close to 100% indicates a small gap between the observed prevalence and

estimated prevalence, indicating that a system is good at proactively identifying people with hitherto undiagnosed diabetes.

Other indicator updates



2.19 Cancer diagnosed at early stage (experimental statistics)

Data updated to 2016. The percentage for Huntingdonshire is slightly above England (54.6% v. 52.6%), and the recent trend has no significant change. This indicator is not RAG-rated/compared.

Health protection

RAG-rating changes with the May 2018 update

None.

Other indicator updates

3.01 Fraction of mortality attributable to particulate air pollution Data updated to 2016. The published percentage for Huntingdonshire is slightly higher than England (5.4% v. 5.3%). This indicator is not RAGrated/compared.

Healthcare public health and premature mortality

RAG-rating changes with the May 2018 update

None.

- 1.08i Gap in the employment rate between those with a long-term health condition and the overall employment rate
- 1.10 Killed and seriously injured (KSI) casualties on England's roads
- 2.12 Percentage of adults (aged 18+) classified as overweight or obese
- 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

SOUTH CAMBRIDGESHIRE

Wider determinants of health

RAG-rating changes with the May 2018 update

None.

Health improvement

RAG-rating changes with the February 2018 update: 'better'



2.12 – Percentage of adults (aged 18+) classified as overweight or obese

Data updated to 2016/17. The percentage for South Cambridgeshire has decreased and is now statistically significantly better than England.

RAG-rating changes with the February 2018 update: 'worse'

2.11iii Average number of portions of vegetables consumed daily (adults)

Data updated to 2016/17. Average daily quantity consumed has decreased to a level that is statistically similar to the rate for England.

Newly published indicators

2.17 Estimated diagnosis rate for people with diabetes mellitus

The percentage in South Cambridgeshire is statistically significantly worse than England. This indicator, expressed as a percentage, is defined as the observed number of people with a formal diagnosis of diabetes as a proportion of the estimated number with diabetes. Interpretation would be that a value close to 100% indicates a small gap between the observed prevalence and estimated prevalence, indicating that a system is good at proactively identifying people with hitherto undiagnosed diabetes.

Other indicator updates



2.19 Cancer diagnosed at early stage (experimental statistics)

Data updated to 2016. The percentage for South Cambridgeshire is above England (56.0% v. 52.6%), and the recent trend has no significant change. This indicator is not RAG-rated/compared.

Health protection

RAG-rating changes with the May 2018 update

None.

Other indicator updates

3.01 Fraction of mortality attributable to particulate air pollution Data updated to 2016. The published percentage for South Cambridgeshire is the same as England (5.3%). This indicator is not RAG-rated/compared.

Healthcare public health and premature mortality

RAG-rating changes with the May 2018 update

None.

- 1.08i Gap in the employment rate between those with a long-term health condition and the overall employment rate
- 1.10 Killed and seriously injured (KSI) casualties on England's roads
- 2.17 Estimated diabetes diagnosis rate
- 3.02 Chlamydia detection rate (15-24 year olds)
- 4.16 Estimated dementia diagnosis rate (aged 65+)

All indicators updated in May 2018 (short titles)

Wider determinants of health

- 1.01 Children in low income families
- 1.11 Domestic abuse
- 1.14 The percentage of the population affected by noise

Health improvement

- 2.04 Under 18 conceptions
- 2.08 Emotional well-being of looked after children
- 2.11 Diet
- 2.12 Excess weight in adults
- 2.13* Proportion of physically active and inactive adults
- 2.17 Estimated diagnosis rate for people with diabetes mellitus
- 2.19 Cancer diagnosed at stage 1 and 2

Health protection

3.03 Population vaccination coverage

Healthcare public health and premature mortality

4.12 Preventable sight loss

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.

^{*}Indicator updated in PHOF since the previous update, but before this quarterly update (May 2018).

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.

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