

## Public Health Outcomes Framework – Key changes and updates for Peterborough: 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-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](http://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 [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:

- 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 [statistically significantly](#) 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.

**Main source:** Public Health England. Public Health Outcomes Framework. © Crown Copyright 2018.

**Contact:** Peterborough City Council Public Health Intelligence: [PHI-Team@peterborough.gov.uk](mailto:PHI-Team@peterborough.gov.uk)

## PETERBOROUGH

### 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 Peterborough 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'

None.

#### 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 Peterborough has increased and is now 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 significantly lower than England.

#### 2.13ii Percentage of physically inactive adults

Data updated to 2016/17. The percentage of physically inactive adults has increased in Peterborough, and is now statistically significantly worse than England.

#### Newly published indicators

#### 2.17 Estimated diagnosis rate for people with diabetes mellitus

The percentage in Peterborough 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 Peterborough has decreased and is now below the England value (13.6 v. 14.1). This indicator is not RAG-rated/compared.

#### 2.19 Cancer diagnosed at early stage (experimental statistics)

Data updated to 2016. The percentage for Peterborough is slightly above England (54.0% 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: 'better'

None.

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



#### 3.03xvi Population vaccination coverage – HPV vaccination coverage for two doses (female 13-14 year olds)

Data updated to 2016/17. Coverage rates have fallen in Peterborough, below the goal of 90% but remain slightly higher than the England average (85.2% v. 83.1%).

#### 3.03xvii Population vaccination coverage – Shingles vaccination coverage (70 years old)

Data updated to 2016/17. Rates in Peterborough have declined and are now below the goal of 50% and slightly below the England average (46.8% v 48.3%).

### Other indicator updates

#### 3.01 Fraction of mortality attributable to particulate air pollution

Data updated to 2016. The percentages for Peterborough and England are similar (5.5% v. 5.3%). This indicator is not RAG-rated/compared.

## Healthcare public health and premature mortality

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

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

Data updated to 2016/17. Rates in Peterborough have fallen and are now statistically significantly better than England.

#### 4.12iv – Preventable sight loss – sight loss certifications

Data updated to 2016/17. Rates in Peterborough have declined and are now statistically significantly better than England.

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

None.

## List of all red rated indicators as at May 2018

- 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)
- 1.02i - School readiness: the percentage of children 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
- 1.05 - 16-18 year olds not in education employment or training
- 1.12i - Violent crime (including sexual violence) - hospital admissions for violence
- 1.15i - Statutory homelessness - Eligible homeless people not in priority need
- 2.02i - Breastfeeding – breastfeeding initiation
- 2.04 - Under 18 conceptions
- 2.04 - Under 18 conceptions: conceptions in those aged under 16
- 2.05ii – Proportion of children aged 2-2 ½ years offered ASQ-3 as part of Healthy Child Programme or integrated review

- 2.06ii – Child excess weight in 4-5 and 10-11 year olds: 10-11 year olds
- 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
- 2.11iii - Average number of portions of vegetables consumed daily (adults)
- 2.11vi - Average number of portions of vegetables consumed daily at age 15 (WAY survey)
- 2.13i - Percentage of adults physically active
- 2.13ii - Percentage of physically inactive adults
- 2.15i – Successful completion of drug treatment – opiate users
- 2.15ii – Successful completion of drug treatment – non-opiate users
- 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
- 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)
- 3.03xvii – Population vaccination coverage - Shingles vaccination coverage (70 years old)
- 3.03xviii - Population vaccination coverage - Flu (2-4 years old)
- 3.04 - HIV late diagnosis
- 3.05i – Treatment completion for TB
- 3.05ii - Incidence of TB
- 3.08 - Adjusted antibiotic prescribing in primary care by the NHS
- 4.03 Mortality rate from causes considered preventable
- 4.07i - Under 75 mortality rate from respiratory disease

- 4.08 - Mortality rate from a range of specified communicable diseases, including influenza
- 4.09ii - Proportion of adults in the population in contact with secondary mental health services

## 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

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

## 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](#)