

Public Health Outcomes Framework – Key changes and updates for Cambridgeshire and its districts: November 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.

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:

- 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 November 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 November 2018 update – ‘better’

None.

RAG-rating changes with the November 2018 update – ‘worse’

1.09ii The percentage of working days lost due to sickness absence

Data updated to 2015-2017. The published percentage of sickness absence in Cambridgeshire has increased to a level statistically significantly similar to England.

Other indicator updates

1.12ii Violence offences per 1,000 population

Data updated and back series revised 2013/14 to 2017/18. The rate in Cambridgeshire increased from 13.7 per 1,000 in 2016/17 to 16.3 per 1,000 in 2017/18. The corresponding rates for England are 20.0 and 23.7 per 1,000. This indicator is not RAG-rated.

1.12iii Rate of sexual offences per 1,000 population

Data updated and back series revised 2013/14 to 2017/18. The rate in Cambridgeshire increased from 1.4 per 1,000 in 2016/17 to 1.6 per 1,000 in 2017/18. The corresponding rates for England are 1.9 and 2.4 per 1,000. This indicator is not RAG-rated.

1.17 Fuel Poverty

Data updated to 2016. The percentage in Cambridgeshire increased from 7.5% in 2015 to 9.3% in 2016. The 2016 rate for England is 11.1%. This indicator is not RAG-rated.

Health improvement

RAG-rating changes with the November 2018 update – ‘better’

2.15i Successful completion of drug treatment - opiate users

Data updated to 2017. Completion has increased to a level statistically significantly better than England.

RAG-rating changes with the November 2018 update – ‘worse’

2.05ii Proportion of children aged 2-2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review

Data updated to 2017/18. The proportion in Cambridgeshire has decreased and has changed from being statistically significantly better than England, to statistically significantly worse.

2.15ii Successful completion of drug treatment – non-opiate users

Data updated to 2017. The percentage in Cambridgeshire has decreased to a level statistically significantly worse than England.

Health protection

RAG-rating changes with the November 2018 update – ‘better’

3.03vi Population vaccination coverage - Hib / MenC booster (5 years old)

Data updated to 2017/18. The percentage of eligible children vaccinated in Cambridgeshire increased to 91.0% and is statistically similar to the benchmark goal (benchmark 90-95%).

3.03ix Population vaccination coverage - MMR for one dose (5 years old)

Data updated to 2017/18. The percentage of eligible children vaccinated in Cambridgeshire increased to 95.4%, which is statistically significantly better than the benchmark goal (benchmark 90-95%).

RAG-rating changes with the November 2018 update – ‘worse’

3.04 HIV late diagnosis

Data updated and back series revised 2009-11 to 2014-16. Proportions in Cambridgeshire have increased to a level statistically significantly worse than the benchmark goal (benchmark 25-50%).

Other indicator updates

3.03i Population vaccination coverage - Hepatitis B (1 year old)

Data updated to 2017/18. The 2017/18 percentage for Cambridgeshire is 83.3%. This indicator is not RAG-rated.

3.03i Population vaccination coverage - Hepatitis B (2 years old)

Data updated to 2017/18. The 2017/18 percentage for Cambridgeshire is 71.4%. This indicator is not RAG-rated.

3.05i Treatment completion for TB

Data updated and back series revised 2001 to 2016. Cambridgeshire remains statistically similar to England.

3.05ii Incidence of TB

Data updated and back series revised 2000-2002 to 2015-17. Cambridgeshire remains statistically significantly better than England.

Healthcare public health and premature mortality

RAG-rating changes with the November 2018 update: ‘better’

4.10 Suicide rate

Data updated and back series revised 2010-12 to 2015-17. The rate in Cambridgeshire has decreased to a level statistically significantly better than England.

RAG-rating changes with the November 2018 update: ‘worse’

4.15i Excess winter deaths index (single year, all ages)

Data updated Aug 2016 – July 2017. The ratio of deaths has increased and is statistically similar to England.

Other indicator updates

The following indicators have had data updated and back series revised 2010-2012 to 2015-2017, but with no RAG-rating change for Cambridgeshire:

- 4.03 Mortality rate from causes considered preventable
- 4.04i Under 75 mortality rate from all cardiovascular diseases
- 4.04ii Under 75 mortality rate from cardiovascular diseases considered preventable
- 4.05i Under 75 mortality rate from cancer
- 4.05ii Under 75 mortality rate from cancer considered preventable
- 4.06i Under 75 mortality rate from liver disease
- 4.06ii Under 75 mortality rate from liver disease considered preventable
- 4.07i Under 75 mortality rate from respiratory diseases
- 4.07ii Under 75 mortality rate from respiratory disease considered preventable
- 4.08 Mortality rate from a range of specified communicable diseases, including influenza

List of all red rated indicators as at November 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
- 2.05ii - Proportion of children aged 2-2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review
- 2.08ii – Percentage of children where there is a cause for concern
- 2.10ii - Emergency hospital admissions for intentional self-harm
- 2.15ii - Successful completion of drug treatment - non-opiate users
- 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)
- 3.03x - 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
- 4.16 - Estimates dementia diagnosis rate (aged 65+)

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.

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

CAMBRIDGE

Wider determinants of health

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

None.

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

1.09ii The percentage of working days lost due to sickness absence

Data updated to 2015-17. The percentage of days lost has increased in Cambridge to a level statistically similar to England.

Other indicator updates

1.12ii Violence offences per 1,000 population

Data updated and back series revised 2013/14 to 2017/18. The rate in Cambridge increased from 21.2 per 1,000 in 2016/17 to 24.0 per 1,000 in 2017/18. The corresponding rates for England are 20.0 and 23.7 per 1,000. This indicator is not RAG-rated.

1.12iii Rate of sexual offences per 1,000 population

Data updated and back series revised 2013/14 to 2017/18. The rate in Cambridge increased from 1.9 per 1,000 in 2016/17 to 2.4 per 1,000 in 2017/18. The corresponding rates for England are 1.9 and 2.4 per 1,000. This indicator is not RAG-rated.

1.17 Fuel Poverty

Data updated to 2016. The percentage in Cambridge increased from 10.7% in 2015 to 11.5% in 2016. The 2016 rate for England is 11.1%. This indicator is not RAG-rated.

Health improvement

RAG-rating changes with the November 2018 update

None.

Health protection

RAG-rating changes with the November 2018 update

None.

Other indicator updates

3.04 HIV late diagnosis

Data updated and back series revised 2009-11 to 2014-16. Proportions in Cambridge remain statistically similar to the benchmark goal (benchmark 25-50%).

3.05ii Incidence of TB

Data updated and back series revised 2000-2002 to 2015-17. Cambridge remains statistically similar to England.

Healthcare public health and premature mortality

RAG-rating changes with the November 2018 update – 'better'

None.

RAG-rating changes with the November 2018 update – ‘worse’

4.06i Under 75 mortality rate from liver disease

Data updated and back series revised 2010-12 to 2015-17. The rate per 100,000 in Cambridge has increased and is now statistically similar to England.

4.07ii Under 75 mortality rate from respiratory disease considered preventable

Data updated and back series revised 2010-12 to 2015-17. The rate per 100,000 in Cambridge has increased to a level statistically similar to England.

The following indicators have had data updated and back series revised 2010-2012 to 2015-2017, but with no RAG-rating change for Cambridge:

- 4.03 Mortality rate from causes considered preventable
- 4.04i Under 75 mortality rate from all cardiovascular diseases
- 4.04ii Under 75 mortality rate from cardiovascular diseases considered preventable
- 4.05i Under 75 mortality rate from cancer
- 4.05ii Under 75 mortality rate from cancer considered preventable
- 4.06ii Under 75 mortality rate from liver disease considered preventable
- 4.07i Under 75 mortality rate from respiratory diseases
- 4.08 Mortality rate from a range of specified communicable diseases, including influenza
- 4.10 Suicide rate

List of all red rated indicators as at November 2018

- 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 November 2018 update –‘better’

None.

RAG-rating changes with the November 2018 update –‘worse’

1.08iv Percentage of people aged 16-64 in employment

Data updated to 2017/18. The percentage in East Cambridgeshire has fallen to a level statistically similar to England.

1.09ii The percentage of working days lost due to sickness absence

Data updated to 2015-17. The percentage in East Cambridgeshire has increased. It is statistically significantly worse than England.

1.15i Eligible homeless people not in priority need

Data updated to 2017/18. The rate per 1,000 in East Cambridgeshire has increased and is now statistically similar to England.

Other indicator updates

1.12ii Violence offences per 1,000 population

Data updated and back series revised 2013/14 to 2017/18. The rate in East Cambridgeshire increased from 8.9 per 1,000 in 2016/17 to 10.4 per 1,000 in 2017/18. The corresponding rates for England are 20.0 and 23.7 per 1,000. This indicator is not RAG-rated.

1.12iii Rate of sexual offences per 1,000 population

Data updated and back series revised 2013/14 to 2017/18. The rate in East Cambridgeshire is 1.1 per 1,000 in 2016/17 and 2017/18. The corresponding rates for England are 1.9 and 2.4 per 1,000. This indicator is not RAG-rated.

1.17 Fuel Poverty

Data updated to 2016. The percentage in East Cambridgeshire increased from 7.3% in 2015 to 8.5% in 2016. The 2016 rate for England is 11.1%. This indicator is not RAG-rated.

Health improvement

RAG-rating changes with the November 2018 update

None.

Health protection

RAG-rating changes with the November 2018 update

None.

Other indicator updates

3.04 HIV late diagnosis

Data updated and back series revised 2009-11 to 2014-16. No data is available for East Cambridgeshire due to small numbers.

3.05ii Incidence of TB

Data updated and back series revised 2000-2002 to 2015-17. East Cambridgeshire remains statistically significantly better than England.

Healthcare public health and premature mortality

RAG-rating changes with the November 2018 update –‘better’

None.

RAG-rating changes with the November 2018 update –‘worse’

4.04ii Under 75 mortality rate from cardiovascular diseases considered preventable

Data updated and back series revised 2010-2012 to 2015-2017. Rate per 100,000 has increased to a level statistically similar to England.

Other indicator updates

The following indicators have had data updated and back series revised 2010-2012 to 2015-2017, but with no RAG-rating change for East Cambridgeshire:

- 4.03 Mortality rate from causes considered preventable
- 4.04i Under 75 mortality rate from all cardiovascular diseases
- 4.05i Under 75 mortality rate from cancer
- 4.05ii Under 75 mortality rate from cancer considered preventable
- 4.06i Under 75 mortality rate from liver disease
- 4.06ii Under 75 mortality rate from liver disease considered preventable
- 4.07i Under 75 mortality rate from respiratory diseases
- 4.07ii Under 75 mortality rate from respiratory disease considered preventable
- 4.08 Mortality rate from a range of specified communicable diseases, including influenza
- 4.10 Suicide rate

List of all red rated indicators as at November 2018

- 1.09ii The percentage of working days lost due to sickness absence
- 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 November 2018 update

None.

Other indicator updates

1.12ii Violence offences per 1,000 population

Data updated and back series revised 2013/14 to 2017/18. The rate in Fenland increased from 17.1 per 1,000 in 2016/17 to 21.8 per 1,000 in 2017/18. The corresponding rates for England are 20.0 and 23.7 per 1,000. This indicator is not RAG-rated.

1.12iii Rate of sexual offences per 1,000 population

Data updated and back series revised 2013/14 to 2017/18. The rate in Fenland is 1.7 per 1,000 in 2016/17 and 2017/18. The corresponding rates for England are 1.9 and 2.4 per 1,000. This indicator is not RAG-rated.

1.17 Fuel Poverty

Data updated to 2016. The percentage in Fenland increased from 7.0% in 2015 to 10.8% in 2016. The 2016 rate for England is 11.1%. This indicator is not RAG-rated.

Health improvement

RAG-rating changes with the November 2018 update

None.

Health protection

RAG-rating changes with the November 2018 update

None.

Other indicator updates

3.04 HIV late diagnosis

Data updated and back series revised 2009-11 to 2014-16. No data is available for Fenland due to small numbers.

3.05ii Incidence of TB

Data updated and back series revised 2000-2002 to 2015-17. Fenland remains statistically significantly better than England.

Healthcare public health and premature mortality

RAG-rating changes with the November 2018 update – ‘better’

None.

RAG-rating changes with the November 2018 update – ‘worse’

4.07i Under 75 mortality rate from respiratory diseases

Data updated and back series revised 2010-12 to 2015-17. The rate for Fenland has increased to a level statistically significantly worse than England.

4.07ii Under 75 mortality rate from respiratory disease considered preventable

Data updated and back series revised 2010-12 to 2015-17. The rate for Fenland has increased. It is statistically significantly worse than England.

Other indicator updates

The following indicators have had data updated and back series revised 2010-2012 to 2015-2017, but with no RAG-rating change for Fenland:

- **4.03 Mortality rate from causes considered preventable**
- **4.04i Under 75 mortality rate from all cardiovascular diseases**
- **4.04ii Under 75 mortality rate from all cardiovascular diseases considered preventable**
- **4.05i Under 75 mortality rate from cancer**
- **4.05ii Under 75 mortality rate from cancer considered preventable**
- **4.06i Under 75 mortality rate from liver disease**
- **4.06ii Under 75 mortality rate from liver disease considered preventable**
- **4.08 Mortality rate from a range of specified communicable diseases, including influenza**
- **4.10 Suicide rate**

- 2.13ii – Percentage of physically inactive adults
- 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)
- 3.08 - 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 diseases
- 4.07ii Under 75 mortality rate from respiratory disease considered preventable
- 4.08 - Mortality rate from a range of specified communicable diseases, including influenza
- 4.16 – Estimated dementia diagnosis rate (aged 65+)

List of all red rated indicators as at November 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)
- 1.08i - 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

HUNTINGDONSHIRE

Wider determinants of health

RAG-rating changes with the November 2018 update – ‘better’

1.08iv Percentage of people aged 16-64 in employment

Data updated to 2017/18. The percentage employed in Huntingdonshire has increased and is statistically significantly better than England.

RAG-rating changes with the November 2018 update – ‘worse’

1.09i The percentage of employees who had at least one day off in the previous week

Data updated to 2015-17. The percentage has increased in Huntingdonshire to a level statistically similar to England.

1.09ii The percentage of working days lost due to sickness absence

Data updated to 2015-17. The percentage of lost workdays has increased in Huntingdonshire, making it statistically similar to England.

Other indicator updates

1.12ii Violence offences per 1,000 population

Data updated and back series revised 2013/14 to 2017/18. The rate in Huntingdonshire increased from 12.5 per 1,000 in 2016/17 to 14.8 per 1,000 in 2017/18. The corresponding rates for England are 20.0 and 23.7 per 1,000. This indicator is not RAG-rated.

1.12iii Rate of sexual offences per 1,000 population

Data updated and back series revised 2013/14 to 2017/18. The rate in Huntingdonshire is 1.4 per 1,000 in 2016/17 and 2017/18. The corresponding rates for England are 1.9 and 2.4 per 1,000. This indicator is not RAG-rated.

1.17 Fuel Poverty

Data updated to 2016. The percentage in Huntingdonshire increased from 6.1% in 2015 to 8.3% in 2016. The 2016 rate for England is 11.1%. This indicator is not RAG-rated.

Health improvement

RAG-rating changes with the November 2018 update

None.

Health protection

RAG-rating changes with the November 2018 update

None.

Other indicator updates

3.04 HIV late diagnosis

Data updated and back series revised 2009-11 to 2014-16. Huntingdonshire remains statistically significantly worse than the benchmark goal (benchmark 25-50%).

3.05ii Incidence of TB

Data updated and back series revised 2000-2002 to 2015-17. Huntingdonshire remains statistically significantly better than England.

Healthcare public health and premature mortality

RAG-rating changes with the November 2018 update – ‘better’

4.10 Suicide rate

Data updated and back series revised 2010-12 to 2015-17. The suicide rate in Huntingdonshire has fallen to a level statistically significantly better than England.

RAG-rating changes with the November 2018 update – ‘worse’

4.01 Infant Mortality

Data updated to 2015-17. The rate in Huntingdonshire has increased to a level statistically similar to England.

4.07ii Under 75 mortality rate from respiratory disease considered preventable

Data updated and back series revised 2010-12 to 2015-17. The rate for Huntingdonshire has increased to a level statistically similar to England.

4.15iii Excess winter deaths index (3 years, all ages)

Data updated Aug 2014 – July 2017. The ratio of deaths has increased in Huntingdonshire, returning it to a level statistically similar to England.

Other indicator updates

The following indicators have had data updated and back series revised 2010-2012 to 2015-2017, but with no RAG-rating change for Huntingdonshire:

- 4.03 Mortality rate from causes considered preventable
- 4.04i Under 75 mortality rate from all cardiovascular diseases
- 4.04ii Under 75 mortality rate from all cardiovascular diseases considered preventable

- 4.05i Under 75 mortality rate from cancer
- 4.05ii Under 75 mortality rate from cancer considered preventable
- 4.06i Under 75 mortality rate from liver disease
- 4.06ii Under 75 mortality rate from liver disease considered preventable
- 4.07i Under 75 mortality rate from respiratory disease
- 4.08 Mortality rate from a range of specified communicable diseases, including influenza

List of all red rated indicators as at November 2018

- 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 November 2018 update

None.

Other indicator updates

1.12ii Violence offences per 1,000 population

Data updated and back series revised 2013/14 to 2017/18. The rate in South Cambridgeshire increased from 9.6 per 1,000 in 2016/17 to 11.6 per 1,000 in 2017/18. The corresponding rates for England are 20.0 and 23.7 per 1,000. This indicator is not RAG-rated.

1.12iii Rate of sexual offences per 1,000 population

Data updated and back series revised 2013/14 to 2017/18. The rate in South Cambridgeshire increased from 1.1 per 1,000 in 2016/17 to 1.3 per 1,000 in 2017/18. The corresponding rates for England are 1.9 and 2.4 per 1,000. This indicator is not RAG-rated.

1.17 Fuel Poverty

Data updated to 2016. The percentage in South Cambridgeshire increased from 7.2% in 2015 to 8.0% in 2016. The 2016 rate for England is 11.1%. This indicator is not RAG-rated.

Health improvement

RAG-rating changes with the November 2018 update

None.

Health protection

RAG-rating changes with the November 2018 update

None.

Other indicator updates

3.04 HIV late diagnosis

Data updated and back series revised 2009-11 to 2014-16. South Cambridgeshire remains statistically similar to the benchmark goal (benchmark 25-50%).

3.05ii Incidence of TB

Data updated and back series revised 2000-2002 to 2015-17. South Cambridgeshire remains statistically significantly better than England.

Healthcare public health and premature mortality

RAG-rating changes with the November 2018 update

None.

Other indicator updates

The following indicators have had data updated and back series revised 2010-2012 to 2015-2017, but with no RAG-rating change for South Cambridgeshire:

- 4.03 Mortality rate from causes considered preventable
- 4.04i Under 75 mortality rate from all cardiovascular diseases
- 4.04ii Under 75 mortality rate from all cardiovascular diseases considered preventable
- 4.05i Under 75 mortality rate from cancer

- 4.05ii Under 75 mortality rate from cancer considered preventable
- 4.06i Under 75 mortality rate from liver disease
- 4.06ii Under 75 mortality rate from liver disease considered preventable
- 4.07i Under 75 mortality rate from respiratory disease
- 4.07ii Under 75 mortality rate from respiratory disease considered preventable
- 4.08 Mortality rate from a range of specified communicable diseases, including influenza
- 4.10 Suicide rate

List of all red rated indicators as at November 2018

- 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 November 2018 (short titles)

Wider determinants of health

- 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
- 1.09 Sickness absence rate
- 1.12 Violent crime (including sexual violence)
- 1.15 Statutory homelessness
- 1.17 Fuel poverty
- 1.18 Social isolation

Health improvement

- 2.02 Breastfeeding
- 2.05 Child development at 2 – 2 1/2 years
- 2.15 Drug and alcohol treatment completion and drug misuse deaths
- 2.16 Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison
- 2.20 National screening programmes

Health protection

- 3.03 Population vaccination coverage
- 3.04 People presenting with HIV at a late stage of infection*
- 3.05 Treatment completion for Tuberculosis (TB)*

Healthcare public health and premature mortality

- 4.01 Infant mortality
- 4.03 Mortality rate from causes considered preventable
- 4.04 Under 75 mortality rate from cardiovascular diseases
- 4.05 Under 75 mortality rate from cancer
- 4.06 Under 75 mortality rate from liver disease

- 4.07 Under 75 mortality rate from respiratory diseases
- 4.08 Mortality rate from a range of specified communicable diseases, including influenza
- 4.10 Suicide rate
- 4.15 Excess winter deaths

**Indicator updated in PHOF since the previous update, but before this quarterly update (November 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.

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