



Public Health Outcomes Framework, August 2017

This summary presents the key messages from selected indicators updated in the Public Health Outcomes Framework, August 2017.

The Framework *Healthy lives, healthy people: Improving outcomes and supporting transparency*, sets out a vision for public health, desired outcomes and indicators to aid understanding of how well public health is being improved and protected.

The framework concentrates on two high-level outcomes – increased healthy life expectancy and reduced differences in life expectancy and healthy life expectancy between communities.

The high-level outcomes are supported by four domains of indicators – wider determinants of health (page 2), health improvement (page 3), health protection (page 4), and healthcare public health and preventing preventable mortality (page 5).

Reductions in first time offending...

Rates of first time entrants to the youth justice system and first time offending at all ages have reduced in 2016.

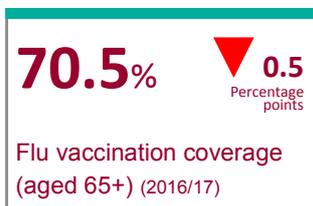


...and a fall in absence from school and sickness absence from work.

The proportion of sessions missed by school children reduced, along with the proportion of working days lost due to sickness.

Decrease in flu vaccinations for those aged 65+, but an increase for children and those at risk

Vaccination coverage increased in 2016/17 for those aged 2-4 and those in clinical at risk groups.



However, for those aged 65 and over, coverage fell.

NHS Health Checks have been taken up by around half who were offered them...

In the last four years, nearly three quarters of the eligible population had been offered an NHS Health Check, with around half taking up the offer.

... whilst it is estimated that around two thirds of cases of dementia have been diagnosed.

What's new?

This update includes a new data source and definition for the **estimated dementia diagnosis rate**, allowing data to be presented at local authority level.

A further 19 indicators have been updated, including **sickness absence**, **NHS Health Checks**, vaccination coverage for **hepatitis B** and **flu**, and **sight loss**.

The **gap in employment rate for those with long-term health conditions** has been **revised** due to changes in the source data.

Contact us

Responsible statistician:
Dave Jephson

phoutcomes.info

gov.uk/government/collections/public-health-outcomes-framework

phof.enquiries@phe.gov.uk

[@phoutcomes](https://twitter.com/phoutcomes)

Wider determinants of health

Indicators for tracking progress in wider factors that affect health and wellbeing

Key facts

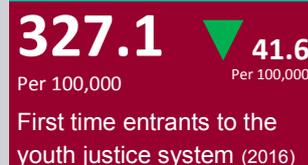
This column includes summary information for the indicators mentioned.

Arrows compare to previous time point: red = significant worsening, green = significant improving, blue = significant change, amber = no significant change, white = not possible to check significance

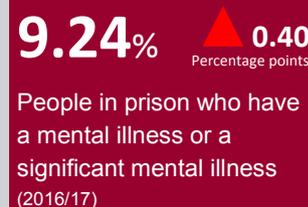
Improvement in school pupil absence - The percentage of half days missed by children of compulsory school age (aged 5 to 15 at the start of the school year) decreased in 2015/16, compared to the previous academic year. The trend based on the five most recent years has also been decreasing. Pupil absence varies by ethnic group, ranging from 2% in the Chinese group to 5% in the Mixed group. Absence is higher in boys than girls.



Fall in first time entrants to the youth justice system - The rate of first time entrants to the youth justice system (10-17 year olds receiving their first conviction or youth caution) improved in 2016, decreasing compared with 2015. However, there were still over 15,000 new entrants to the system. The trend based on the five most recent years has also been improving. The rate in the most deprived areas is more than double that in the least deprived areas.



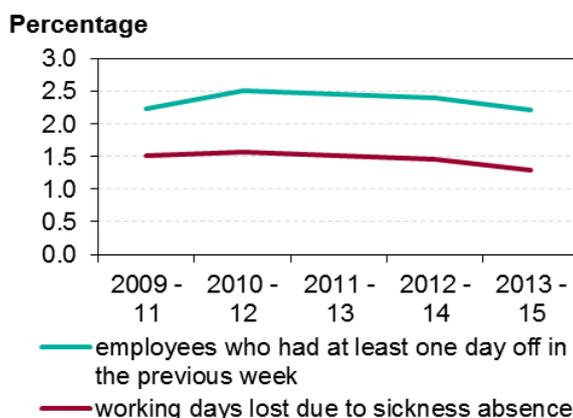
Increase in mental illness amongst people in prison - The percentage of people in prison with a mental illness increased in 2016/17 compared with 2015/16. Data for this indicator are only available for England. A historical method (using a previous prison IT system) containing data from 2010/11 to 2013/14 is available for reference but is not comparable to the current method.



Gap in employment indicator revised - The gap in employment rate between those with a long term condition and overall has been revised. This is due to ONS revising the source data due to an undercount on the economically inactive data. Following the revision, the employment rate was 29.6 percentage points lower in those with a long-term health condition (lasting over 12 months) compared with the overall rate. The back series data were also updated to reflect the changes and the gap in 2015/16 did increase compared with 2014/15, but not significantly.



Reduction in sickness absence - Sickness absence improved in 2013-15, compared with 2012-14, decreasing for the percentage of employees who had at least one day off in the previous week and for the percentage of working days lost due to sickness absence compared with the previous period.



Fall in first time offending - The rate of first time offenders decreased in 2016 when compared with the previous year, although there were still nearly 120,000 new offenders. This was the second consecutive year where the rate reduced significantly. The rate differs by deprivation with the more deprived areas having higher rates than the less deprived areas.



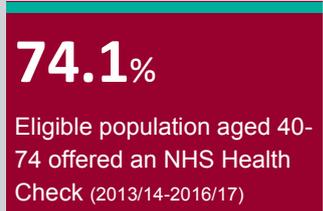
Health improvement

Indicators for tracking progress in helping people to live healthy lifestyles and make healthy choices

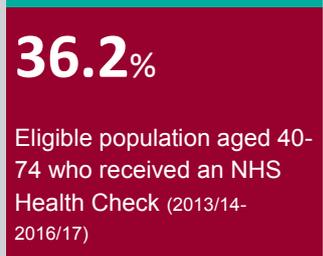
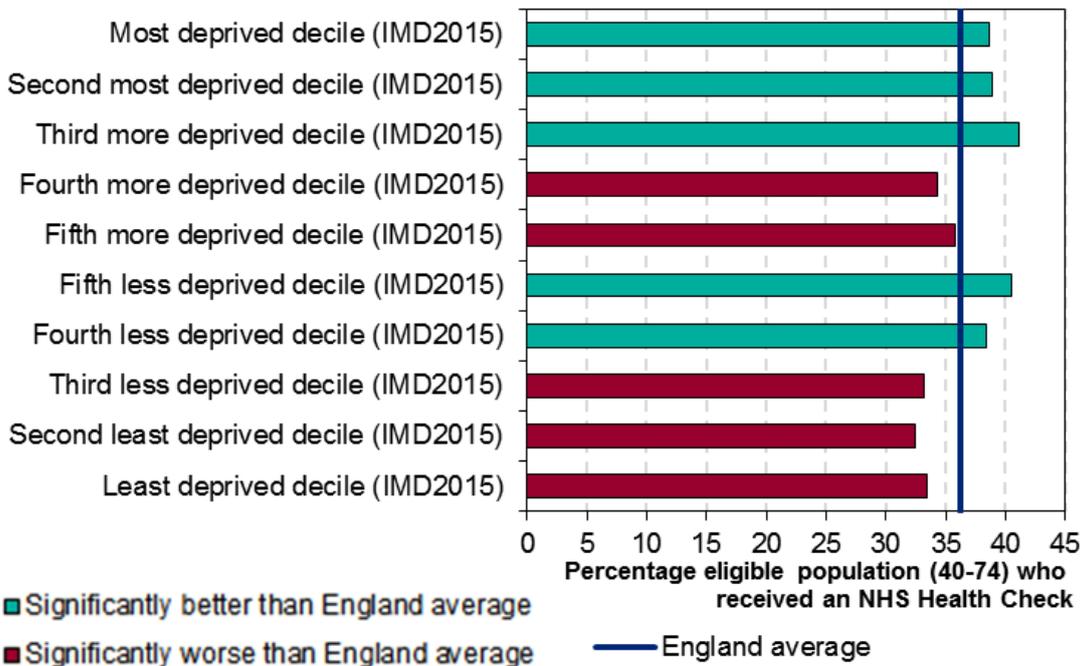
Smoking prevalence fell to the lowest recorded - In 2016, of all adult survey respondents in England, 15.5% smoked which equates to around 6.7 million in the population. Smoking prevalence was higher among men (17.4%) than women (13.7%).



Around half of those offered an NHS Health Check have received one - In year 4 of the first 5 year period of the NHS Health Check programme nearly three quarters of the eligible population have been offered an NHS Health Check. The eligible population includes everyone aged between 40 and 74, who have not already been diagnosed with heart disease, stroke, diabetes, kidney disease and certain types of dementia.



Of those offered an NHS Health Check, just under half have received a check, meaning over five and a half million checks have been carried out. This is just over a third (36%) of the eligible population. The percentage of people being offered and taking up the offer of an NHS Health Check varied by deprivation decile with no discernible pattern, whilst the percentage of all the eligible population who received a Health Check was highest in the three most deprived decile group and lowest in the three least deprived decile group.



Health protection

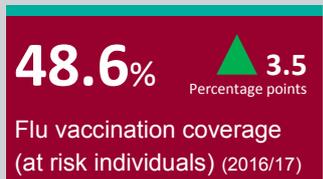
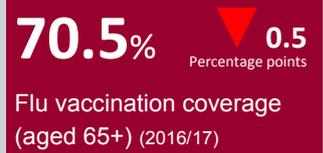
Indicators for tracking progress in protecting the population's health from major incidents and other threats

Small decline in chlamydia detection rate - In 2016, over 1.4 million chlamydia tests were carried out in England among young people aged 15 to 24 years. A total of 128,098 chlamydia diagnoses were made among this age group, equivalent to a detection rate of 1,882 per 100,000 population. In the five years since the Chlamydia Testing Activity Dataset (CTAD) was implemented there has been a decline in the detection rate.

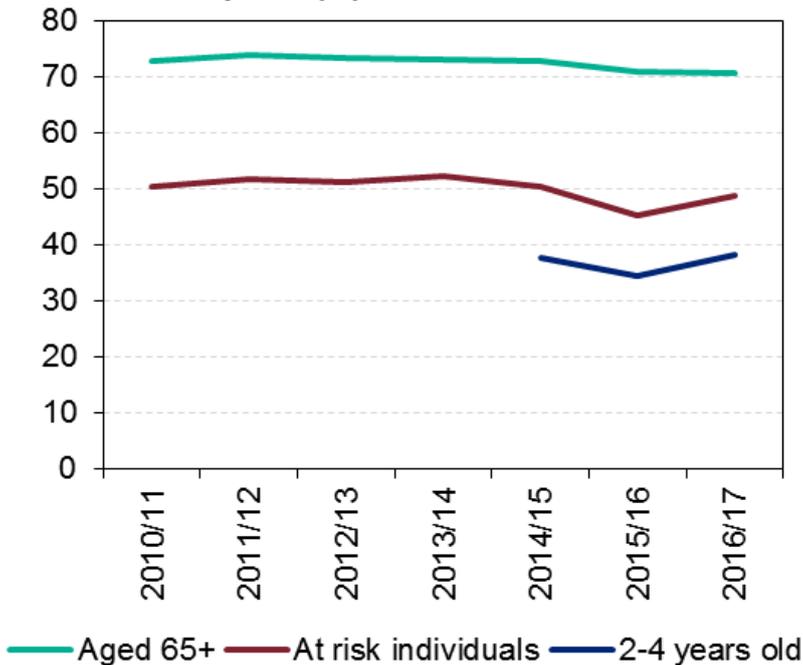


Flu vaccination decreased for those 65 and over, but increased for at risk individuals and children aged 2-4 - Vaccination coverage for flu in those aged 65+ reduced compared with 2015/16 and the trend based on the five most recent time points has also been decreasing. The ambition for the immunisation programme of 75% uptake was not met.

Similar ambitions for at risk individuals (55%) and children aged 2-4 (65%) were not met, although coverage improved for both groups in the last year, with coverage in 2-4 year olds the highest it has been for the three years this indicator has been reported. However, for at risk individuals the trend based on the five most recent time points has been decreasing.



Flu vaccine uptake (%)



Healthcare public health and preventing premature mortality

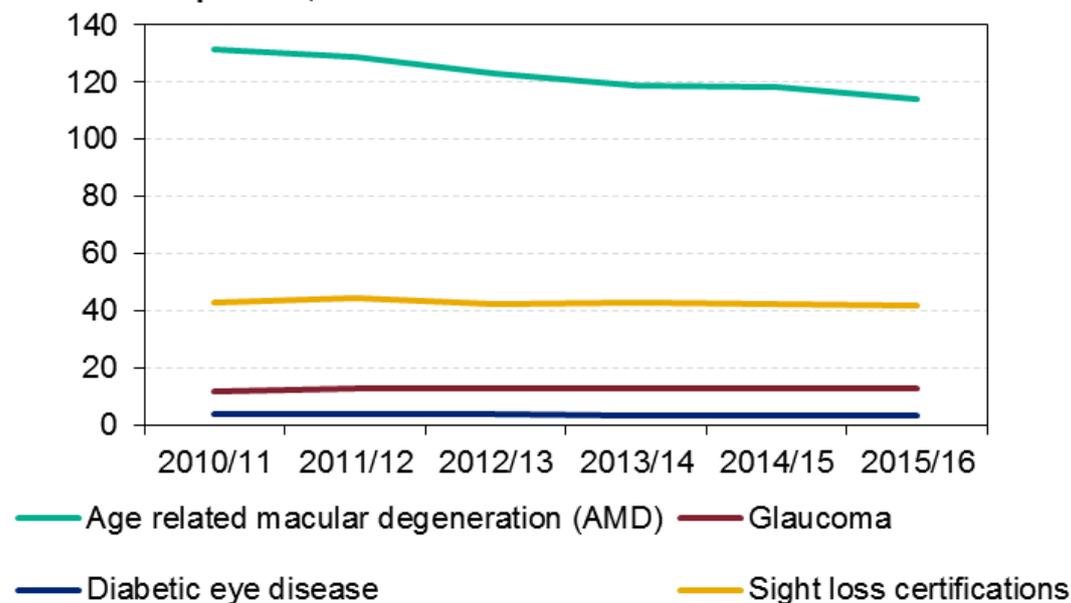
Indicators for tracking progress in reducing numbers of people living with preventable ill health and people dying prematurely

Small reduction in certifications of sight loss - Certifications of sight loss decreased in 2015/16 compared with 2014/15, but not significantly. There were also reductions in certifications from age related macular degeneration (aged 65+), and diabetic eye disease (aged 12+), although this is not significant. The trend for these indicators based on the five most recent time points has been decreasing.

The rate of certifications of sight loss from glaucoma (aged 40+) did not change from 2014/15 to 2015/16 and the trend based on the six most recent time points has also shown no significant change.

The sight loss indicators vary by deprivation decile with no clear pattern, although values are lower compared with the England average amongst the least deprived areas for all 4 indicators.

Crude rate - per 100,000



114.0
Per 100,000
New certifications of age related macular degeneration (aged 65+) (2015/16)
▼ **4.1**
Per 100,000

12.8
Per 100,000
New certifications of glaucoma (aged 40+) (2015/16)
No change

2.9
Per 100,000
New certifications of diabetic eye disease (aged 12+) (2015/16)
▼ **0.3**
Per 100,000

41.9
Per 100,000
New certifications of sight loss (all ages) (2015/16)
▼ **0.4**
Per 100,000

Approximately two thirds of estimated cases of dementia have been diagnosed in 2017 - The estimated dementia diagnosis rate (aged 65+) is the first publication of this indicator in PHOF using a revised definition and new data source. This indicator is benchmarked against the national ambition to have diagnosed more than two thirds of estimated cases of dementia. The rate varied by region with the lowest rate of 63% in the South West, and the highest rate of 76% in the North East, which was the only region diagnosing significantly more than two thirds of cases.

67.9% New definition
Estimated dementia diagnosis rate (aged 65+) (2017)

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