

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

### 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 November 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.  
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## CAMBRIDGESHIRE

### Wider determinants of health

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



**1.09i - Sickness absence - the percentage of employees who had at least one day off in the previous week**

Data updated to 2014-16. The percentage fell in Cambridgeshire, returning to a level statistically similar to the England average.

**1.09ii - Sickness absence - the percent of working days lost due to sickness absence**

Data updated to 2014-16. The percentage fell in Cambridgeshire to a level statistically significantly lower than the England average.

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



**1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate**

Data updated to 2016/17. The gap increased in Cambridgeshire, becoming statistically significantly higher than the England average.

## Health improvement

Indicators with revised source and methodology



**2.11i - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)**  
**2.11ii - Average number of portions of fruit consumed daily (adults)**  
**2.11iii - Average number of portions of vegetables consumed daily (adults)**

Newly published data for 2015/16 from the Active Lives Survey.



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

Newly published data for 2015/16 from the Active Lives Survey.



**2.13i - Percentage of adults physically active**  
**2.13i - Percentage of adults physically inactive**

Newly published data for 2015/16 from the Active Lives Survey.

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



**2.15i - Successful completion of drug treatment - opiate users**

Data updated to 2016. The percentage completing treatment improved, returning to a level statistically similar to the England average.

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

Data updated to 2016. The percentage completing treatment improved slightly, returning to a level statistically similar to the England average.

RAG-rating changes with the November 2017 update – ‘worse’



### 2.15iii - Successful completion of alcohol treatment

Data updated to 2016. The percentage completing treatment declined, returning to a level statistically similar to the England average.

## Health protection

### Indicators with updates and revised benchmarking



### 3.05i - Treatment completion for TB

Data source revised, updated to 2015 and newly benchmarked against the national average. The percentage completing treatment in Cambridgeshire increased in 2015, returning to a level statistically similar to England.

### 3.05ii - Incidence of TB

Data source revised, updated to 2014-16 and newly benchmarked against the national average.

RAG-rating changes with the November 2017 update: ‘better’

None.

RAG-rating changes with the November 2017 update: ‘worse’

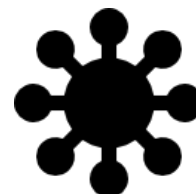


### 3.04 – HIV late diagnosis

Data updated to 2014-16. The percentage increased slightly in Cambridgeshire, returning to a level statistically significantly higher than the England average.

## Healthcare public health and premature mortality

RAG-rating changes with the November 2017 update: ‘better’



### 4.08 - Mortality rate from a range of specified communicable diseases, including influenza (Female)

Data updated to 2014-16. The rate of mortality from communicable disease fell in Cambridgeshire females to a level statistically similar to the England average.



### 4.10 - Suicide rate (Persons)

Data updated to 2014-16. The suicide rate among Cambridgeshire persons fell, returning to a rate statistically significantly lower than the England average.



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

Data updated to Aug 2015 - Jul 2016. Excess winter deaths in Cambridgeshire persons fell to a level statistically significantly lower than the England average.

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

Data updated to Aug 2013 - Jul 2016. 3-yr average excess winter deaths in Cambridgeshire males fell to a level statistically significantly lower than the England average.

#### RAG-rating changes with the November 2017 update: 'worse'

None.

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

- 2.18 - 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
- 2.24iii - 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)
- 3.04 HIV late diagnosis
- 4.09ii - Proportion of adults in the population in contact with secondary mental health services

Note: Indicator 2.03 Smoking status at time of delivery is also red in PHOF for Cambridgeshire but this 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 November 2017 update: 'better'



#### 1.09ii - Sickness absence - the percent of working days lost due to sickness absence

Data updated to 2014-16. The percentage fell in Cambridge to a level statistically significantly lower than the England average.



#### 1.17 - Fuel poverty<sup>1</sup>

Data updated to 2015. The percentage of households in fuel poverty has fallen in Cambridge to a level below the England average.

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

None.

## Health improvement

Indicators with revised source and methodology



- 2.11i - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)
- 2.11ii - Average number of portions of fruit consumed daily (adults)
- 2.11iii - Average number of portions of vegetables consumed daily (adults)

Newly published data for 2015/16 from the Active Lives Survey.



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

Newly published data for 2015/16 from the Active Lives Survey.



- 2.13i - Percentage of adults physically active
- 2.13i - Percentage of adults physically inactive

Newly published data for 2015/16 from the Active Lives Survey.

RAG-rating changes with the November 2017 update

None.

<sup>1</sup> RAG-rating applied locally for guidance only. PHE have removed RAG-ratings in PHOF for this indicator due to methodological issues.

## Health protection

### Indicators with updates and revised benchmarking



#### 3.05ii - Incidence of TB

Data source revised, updated to 2014-16 and newly benchmarked against the national average.

### RAG-rating changes with the November 2017 update

None.

## Healthcare public health and premature mortality

### RAG-rating changes with the November 2017 update: 'better'



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

#### 4.15ii - Excess winter deaths index (single year, age 85+) (Persons, Females)

Data updated to Aug 2015 - Jul 2016. Excess winter deaths in Cambridge fell notably, returning to a levels statistically similar to England in all age females, and in persons and females aged 85+.

### RAG-rating changes with the November 2017 update: 'worse'

None.

## List of all red rated indicators as at November 2017

- 1.03 – Pupil absence
- 1.14i - The rate of complaints about noise
- 1.15i - Statutory homelessness - Eligible homeless people not in priority need
- 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
- 4.11 Emergency readmissions within 30 days of discharge from hospital (Female)

## EAST CAMBRIDGESHIRE

### Wider determinants of health

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



#### 1.08iv - Percentage of people aged 16-64 in employment

Data updated to 2016/17. The percentage increased in East Cambridgeshire, returning to a level statistically significantly higher than the England average.

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

None.

### Health improvement

Indicators with revised source and methodology



- 2.11i - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)
- 2.11ii - Average number of portions of fruit consumed daily (adults)
- 2.11iii - Average number of portions of vegetables consumed daily (adults)

Newly published data for 2015/16 from the Active Lives Survey.



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

Newly published data for 2015/16 from the Active Lives Survey.



#### 2.13i - Percentage of adults physically active

#### 2.13i - Percentage of adults physically inactive

Newly published data for 2015/16 from the Active Lives Survey.

RAG-rating changes with the November 2017 update

None.

### Health protection

Indicators with updates and revisions



#### 3.05ii - Incidence of TB

Data source revised, updated to 2014-16 and newly benchmarked against the national average.

RAG-rating changes with the November 2017 update

None.

### Healthcare public health and premature mortality

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



#### 4.05ii - Under 75 mortality rate from cancer considered preventable (Females)

Data updated to 2014-16. The rate of preventable premature mortality due to cancer decreased in East Cambridgeshire females to a level statistically significantly lower than the England average.



#### 4.06ii - Under 75 mortality rate from liver disease considered preventable (Persons and Males)

Data updated to 2014-16. Rates of preventable premature mortality due to liver disease decreased in East Cambridgeshire persons and males to levels statistically significantly lower than the England averages.



#### 4.07i - Under 75 mortality rate from respiratory disease (Males)

#### 4.07ii - Under 75 mortality rate from respiratory disease considered preventable (Males)

Data updated to 2014-16. Rates of premature mortality and preventable premature mortality due to respiratory disease decreased in East Cambridgeshire males to levels statistically significantly lower than the England averages.



#### 4.10 - Suicide rate (Persons)

Data updated to 2014-16. The suicide rate among East Cambridgeshire persons fell to a rate statistically significantly lower than the England average.

#### RAG-rating changes with the November 2017 update: 'worse'



#### 4.04i - Under 75 mortality rate from all cardiovascular diseases (Persons and Males)

Data updated to 2014-16. Rates of premature mortality due to CVD increased in East Cambridgeshire to levels statistically similar to the England average, in persons and males.

#### 4.04ii - Under 75 mortality rate from all cardiovascular diseases considered preventable (Males)

Data updated to 2014-16. The rate of preventable premature mortality due to CVD increased in East Cambridgeshire males to a level statistically similar to the England average.



#### 4.07i - Under 75 mortality rate from respiratory disease (Females)

Data updated to 2014-16. The rate of premature mortality due to respiratory disease increased in East Cambridgeshire females to a level statistically similar to the England average.

#### List of all red rated indicators as at November 2017

- 1.10 - Killed and seriously injured (KSI) casualties on England's roads
- 2.10ii - Emergency Hospital Admissions for Intentional Self-Harm
- 2.12 - Percentage of adults (aged 18+) classified as overweight or obese
- 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)
- 4.16 – Estimated dementia diagnosis rate (aged 65+)



## FENLAND

### Wider determinants of health

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



**1.09i - Sickness absence - the percentage of employees who had at least one day off in the previous week**

Data updated to 2014-16. The percentage fell in Fenland, returning to a level statistically similar to the England average.

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



**1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate**

Data updated to 2016/17. The gap increased in Fenland returning to a level statistically significantly higher than the England average.

### Health improvement

Indicators with revised source and methodology



**2.11i - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)**  
**2.11ii - Average number of portions of fruit consumed daily (adults)**  
**2.11iii - Average number of portions of vegetables consumed daily (adults)**

Newly published data for 2015/16 from the Active Lives Survey.



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

Newly published data for 2015/16 from the Active Lives Survey.



**2.13i - Percentage of adults physically active**  
**2.13i - Percentage of adults physically inactive**

Newly published data for 2015/16 from the Active Lives Survey.

RAG-rating changes with the November 2017 update

None.

### Health protection

Indicators with updates and revised benchmarking



**3.05ii - Incidence of TB**

Data source revised, updated to 2014-16 and newly benchmarked against the national average.

RAG-rating changes with the November 2017 update

None.

## Healthcare public health and premature mortality

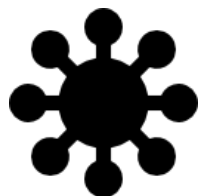
### RAG-rating changes with the November 2017 update: 'better'



#### 4.04ii - Under 75 mortality rate from all cardiovascular diseases considered preventable (Persons)

Data updated to 2014-16. The rate of preventable premature mortality due to CVD decreased in Fenland to a level statistically similar to the England average.

### RAG-rating changes with the November 2017 update: 'worse'



#### 4.08 - Mortality rate from a range of specified communicable diseases, including influenza (Persons)

Data updated to 2014-16. The rate of mortality from communicable diseases increased in Fenland to a level statistically significantly higher than the England average.

### List of all red rated indicators as at November 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)
- 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
- 2.02ii - 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 - Percentage of adults (aged 18+) classified as overweight or obese
- 2.14 - Smoking Prevalence in adults - 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)
- 3.04 - HIV late diagnosis
- 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)
- 4.16 - Estimated dementia diagnosis rate (aged 65+)

## HUNTINGDONSHIRE

### Wider determinants of health

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



**1.09i - Sickness absence - the percentage of employees who had at least one day off in the previous week**

Data updated to 2014-16. The percentage fell in Huntingdonshire to a level statistically significantly lower than the England average.

**1.09ii - Sickness absence - the percent of working days lost due to sickness absence**

Data updated to 2014-16. The percentage fell in Huntingdonshire to a level statistically significantly lower than the England average.

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



**1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate**

Data updated to 2016/17. The gap increased in Huntingdonshire returning to a level statistically significantly higher than the England average.

**1.08iv - Percentage of people aged 16-64 in employment (Persons and Females)**

Data updated to 2016/17. The percentages decreased slightly in Huntingdonshire persons and females to levels statistically similar to the England averages.

### Health improvement

Indicators with revised source and methodology



**2.11i - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)**  
**2.11ii - Average number of portions of fruit consumed daily (adults)**  
**2.11iii - Average number of portions of vegetables consumed daily (adults)**

Newly published data for 2015/16 from the Active Lives Survey.



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

Newly published data for 2015/16 from the Active Lives Survey.



**2.13i - Percentage of adults physically active**  
**2.13i - Percentage of adults physically inactive**

Newly published data for 2015/16 from the Active Lives Survey.

RAG-rating changes with the November 2017 update

None.

## Health protection

### Indicators with updates and revised benchmarking



#### 3.05ii - Incidence of TB

Data source revised, updated to 2014-16 and newly benchmarked against the national average.

### RAG-rating changes with the November 2017 update

None.

## Healthcare public health and premature mortality

### RAG-rating changes with the November 2017 update: 'better'



#### 4.01 Infant mortality

Data updated to 2014-16. Rates of infant mortality fell to a rate statistically significantly lower the England average.



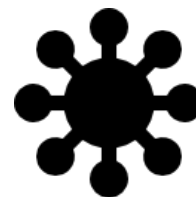
#### 4.06ii - Under 75 mortality rate from liver disease considered preventable (Females)

Data updated to 2014-16. The rate of preventable premature mortality due to liver disease decreased in Huntingdonshire females to a level statistically significantly lower than the England average.



#### 4.07i - Under 75 mortality rate from respiratory disease (Females)

Data updated to 2014-16. The rate of premature mortality due to respiratory disease decreased in Huntingdonshire females to a level statistically significantly lower than the England average.



#### 4.08 - Mortality rate from a range of specified communicable diseases, including influenza (Persons and Females)

Data updated to 2014-16. Rates of mortality from communicable diseases decreased in Huntingdonshire persons and females to levels statistically similar to the

England average.



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

Data updated to Aug 2013 - Jul 2016. 3-yr average excess winter deaths in Huntingdonshire persons fell to a level statistically significantly lower than the England average.

### RAG-rating changes with the November 2017 update: 'worse'



#### 4.05i - Under 75 mortality rate from cancer (Males)

Data updated to 2014-16. The rate of premature mortality from cancer in Huntingdonshire men increased slightly to a level statistically similar to the England average.



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

Data updated to Aug 2013 - Jul 2016. 3-yr average excess winter deaths in Huntingdonshire females fell very slightly but a greater fall in national rates saw the districts RAG-rating return to a level statistically similar to England.

#### List of all red rated indicators as at November 2017

- 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
- 2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)
- 2.10ii - Emergency hospital admissions for intentional self-harm
- 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 2017 update: 'better'



#### 1.08iv - Percentage of people aged 16-64 in employment (Male)

Data updated to 2016/17. The employment rate increased in South Cambridgeshire males to a level statistically significantly higher than the national average.

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



#### 1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate

Data updated to 2016/17. The gap increased in South Cambridgeshire returning to a level statistically significantly higher than the England average.

### Health improvement

Indicators with revised source and methodology



- 2.11i - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)
- 2.11ii - Average number of portions of fruit consumed daily (adults)
- 2.11iii - Average number of portions of vegetables consumed daily (adults)

Newly published data for 2015/16 from the Active Lives Survey.



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

Newly published data for 2015/16 from the Active Lives Survey.



- 2.13i - Percentage of adults physically active
- 2.13i - Percentage of adults physically inactive

Newly published data for 2015/16 from the Active Lives Survey.

RAG-rating changes with the November 2017 update

None.

### Health protection

Indicators with updates and revised benchmarking



#### 3.05ii - Incidence of TB

Data source revised, updated to 2014-16 and newly benchmarked against the national average.

RAG-rating changes with the November 2017 update

None.

## Healthcare public health and premature mortality

### RAG-rating changes with the November 2017 update

None.

### List of all red rated indicators as at November 2017

- 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
- 3.02 - Chlamydia detection rate (15-24 year olds)
- 4.16 - Estimated dementia diagnosis rate (aged 65+)

## All indicators updated in November 2017 (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
- 1.15 Statutory homelessness
- 1.17 Fuel poverty
- 1.18 Social isolation

### Health improvement

- 2.03 Smoking status at time of delivery
- 2.09 Smoking prevalence – 15 year olds
- 2.11 Diet
- 2.12 Excess weight in adults
- 2.13 Proportion of physically active and inactive adults
- 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
- 2.2 National screening programmes

### Health protection

- 3.03 Population vaccination coverage
- 3.04 HIV late diagnosis
- 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 (including heart disease and stroke)
- 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



## 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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