

TITLE	Public Health Outcomes Framework
FOR CONSIDERATION BY	Health & Wellbeing Board on 12 October 2017
WARD	None Specific
DIRECTOR/ KEY OFFICER	Judith Wright, Interim Director of Public Health for Berkshire

Reason for consideration by Health and Wellbeing Board	It is agreed, as part of the performance metrics for the board, to update the Board when the quarterly update to the Public Health Outcomes Framework (PHOF) is received.
Relevant Health and Wellbeing Strategy Priority	All.
What (if any) public engagement has been carried out?	Not Necessary The PHOF is, like all Public Health England (PHE) health profiles, available for full public access.
State the financial implications of the decision	None directly. Investigation and new initiatives to change outcomes with which the Board is concerned may require shifts in resources for partners directly involved.

OUTCOME / BENEFITS TO THE COMMUNITY Monitoring the PHOF will inform the Board of areas where performance is improving or deteriorating, and thus services and partners can be asked to intervene where necessary.
RECOMMENDATION That the Board notes the changes in performance outcomes contained in the Public Health Outcomes Framework.
SUMMARY OF REPORT Significant exceptions highlighted by this report are: <ul style="list-style-type: none"> No significant improvement in the cumulative percentage of the eligible population aged 40-74 who were offered a Health Check; and No significant change in Chlamydia detection rate in population aged 15-24. <p>Work is underway to invite the remaining eligible population to an NHS Health Check. The chlamydia detection rate will always be low in an area of low prevalence such as Wokingham Borough.</p>

Background

The PHOF profile for Wokingham was last updated on 1st August 2017, and contains a number of indicators where performance had changed since the previous update. Updates are generally all based on annual measures, which are reported at different

periods throughout the year, meaning that in each quarterly update there is usually some exception to report upon where performance has changed.

New indicators are sometimes added, or those that have formed part of the PHOF are updated. In the August 2017 there were no new indicators.

Updates were made to two indicators for all geographic areas. These indicators were 1.09i – Sickness absence – the percentage of employees who had at least one day off in the previous week, and 1.09ii – Sickness absence – the percentage of working days lost due to sickness absence.

Updates were made to six indicators for England, regions and Upper tier LAs only. The indicators that were updated were: 4.12 – Preventable sight loss, 1.04 – First time entrants to the youth system, 1.13iii – First time offenders, 2.22 Take up of the NHS Health Check programme, 3.03xiv – Population vaccination coverage – Flu (aged 65+), 3.03xiv – Population vaccination coverage – Flu (at risk individuals).

Indicator 1.07 - People in prison aged 18 or over who have a mental illness or a significant mental illness was updated only for England and indicators 3.03i – Population vaccination coverage – Hepatitis B (1 year old), 3.03i – Population vaccination coverage – Hepatitis B (2 years old) were updated for Upper tier LAs only.

Three indicators were updated partially. An update on the inequalities data by gender, ethnicity and income deprivation affecting children index decile was added to indicator 1.03 - Pupil absence. Similarly, an update on inequalities data by ethnicity, religion, socioeconomic class, age and gender was added to indicator 2.14 – Smoking Prevalence in adults – current smokers (APS). Indicator 3.02 – Chlamydia detection rate (15-24 year olds) had an update on inequalities data by gender.

Changes to four indicators to take account of revisions to the underlying data or changes in methods. Indicator 1.08i – Gap in the employment rate between those with a long-term health condition and the overall employment rate was revised due to changes in the source data. Confidence limits data was added to Indicator 1.08ii – Gap in the employment rate between those with learning disability and the overall employment rate. Confidence limits to existing persons data, and additional back series data for males and females were added to indicator 1.08iii – Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate. The definition of indicator 4.16 Estimated diagnosis rate for people with dementia was revised due to new data source as outlined in policy refresh.

Analysis of Issues

The table below shows the changes in the indicators that have been updated/modified:

Indicator Name	Period	Value	Unit	Change from previous	Recent Trend	Compared to England value or percentiles
1.03 - Pupil absence	2015/16	4.1	Proportion%	↔	↑	Better
1.04 - First time entrants to the youth justice system	2016	204.8	Crude rate per 100,000	↑	↔	Better
1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate	2015/16	19.7	Percentage point*	↑	CBC*	Better
1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate	2015/16	66.4	Percentage point	↔	CBC	Same
1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	2015/16	62.4	Percentage point	↔	CBC	Same
1.09i - Sickness absence - the percentage of employees who had at least one day off in the previous week	2013 - 15	1.8	Proportion%	↔	CBC	Same
1.09ii - Sickness absence - the percent of working days lost due to sickness absence	2013 - 15	1.0	Proportion%	↔	CBC	Same
2.14 - Smoking Prevalence in adults - current smokers (APS)	2016	9.5	Proportion%	↔	CBC	Better
2.22iii - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check	13/14 - 16/	48.1	Proportion%	CBC	CBC	Worse
2.22iv - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	13/14 - 16/	44.1	Proportion%	CBC	CBC	Worse
2.22v - Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check	13/14 - 16/	21.2	Proportion%	CBC	CBC	Worse
3.02 - Chlamydia detection rate (15-24 year olds)	2016	1169.6	Crude rate per 100,000	↔	↔	Not compared
3.03i - Population vaccination coverage - Hepatitis B (2 years old)	2015/16	62.5	Proportion%	↑	↔	Not compared
3.03xiv - Population vaccination coverage - Flu (aged 65+)	2016/17	72.3	Proportion%	↑	↑	Better
3.03xv - Population vaccination coverage - Flu (at risk individuals)	2016/17	50.5	Proportion%	↑	↑	Better
3.03xviii - Population vaccination coverage - Flu (2-4 years old)	2016/17	49.6	Proportion%	↑	CBC	Better
4.12i - Preventable sight loss - age related macular degeneration (AMD)	2015/16	122.9	Crude rate per 100,000	↑	↔	Same
4.12iv - Preventable sight loss - sight loss certifications	2015/16	31.2	Crude rate per 100,001	↑	↔	Better
4.16 - Estimated dementia diagnosis rate (aged 65+)	2017	66.3	Proportion%	CBC	CBC	Same

Red arrows indicate that the increase or decrease in a measure show a negative impact on the public health outcome.

Green arrows indicate that the increase or decrease in a measure show a positive impact on the public health outcome.

Amber arrows indicate that the increase or decrease in a measure show no significant change on the public health outcome.

*CBC stands for Cannot Be Calculated.

*The indicator is constructed as outlined below: Numerator for employment rate of people with a long-term condition: Number of people with a health problem or disabilities that they expect will last for more than a year (based on response to Q1 of Annual Population Survey (APS)) and who are in employment (either as an employee, self-employed, in government employment and training programmes or an unpaid family worker – ILO definition of basic economic activity) and are of working age (aged 16-64). Denominator for employment rate of people with a long-term condition: Number of people with a physical or mental health conditions or illness that they expect will last for more than a year (based on response to Q1 in APS) and are of working age (aged 16-64). Numerator for employment rate of population as a whole: Number of people who are in employment (either as an employee, self-employed, in government employment and training programmes or an unpaid family worker – ILO definition of basic economic activity) and are of working age (aged 16-64). Denominator for employment rate of population as a whole: Number of people who are of working age (aged 16-64). The indicator is

constructed by calculating the percentage points gap between the employment rate for those with a long-term condition and the population as a whole.

The proportion of eligible population aged 40-74 who are offered a Health Check is still worse than the national average.

There is no significant change in the Chlamydia detection rate in 15-24 year olds.

Smoking prevalence in adults – current smokers (APS) has not changed since the last update.

The gap in the employment rate between those with learning disabilities and also those in contact with secondary mental health services and the overall employment rate has not changed significantly since the last update.

Partner Implications
Partners are advised to note changes in the outcomes that affect their objectives and / or populations served.
Reasons for considering the report in Part 2
None.

List of Background Papers
PHOF Wokingham Borough Profile 2017 PHE PHOF Indicators at a glance (August 2017)

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