

# Agenda Item 29.

<b>TITLE</b>	<b>Public Health Outcomes Framework</b>
<b>FOR CONSIDERATION BY</b>	Health and Wellbeing Board on 10 August 2017
<b>WARD</b>	None Specific
<b>DIRECTOR/ KEY OFFICER</b>	Judith Wright, Interim Strategic Director of Public Health for Berkshire

<b>Reason for consideration by Health and Wellbeing Board</b>	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.
<b>Relevant Health and Wellbeing Strategy Priority</b>	All.
<b>What (if any) public engagement has been carried out?</b>	Not Necessary The PHOF is, like all Public Health England (PHE) health profiles, available for full public access.
<b>State the financial implications of the decision</b>	None directly. Investigation and new initiatives to change outcomes with which the Board is concerned may require shifts in resources for partners directly involved.

<b>OUTCOME / BENEFITS TO THE COMMUNITY</b> 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.
<b>RECOMMENDATION</b> That the Health and Wellbeing Board notes the changes in performance outcomes contained in the Public Health Outcomes Framework (PHOF).
<b>SUMMARY OF REPORT</b> Significant exceptions highlighted by this report are: <ul style="list-style-type: none"><li>• An increase in the emergency hospital admissions for intentional self-harm; and</li><li>• Increases across a range of emergency hospital admissions due to falls in people aged 65 and over.</li></ul> Both areas would warrant investigation in an attempt to reduce these incidents through interventions which prevent further such incidents.

## Background

The PHOF profile for Wokingham was last updated on 15 June 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 June 2017, two new indicators for BCG vaccination coverage for areas offering universal BCG (3.03ii) and HPV vaccination coverage for two doses (females 13-14 years old) (3.03xvi) were added.

Updates were made to 25 indicators and sub-indicators including 0.2i – Slope index of Inequality in life expectancy at birth, 0.2v – Slope index of Inequality in healthy life expectancy at birth, utilisation of outdoor space for exercise/health reasons (1.16), and cancer diagnosed at early stage (2.19).

Changes to 18 indicators to take account of revisions to the underlying data or changes in methods. This includes a change in the data source for 1.11 – Domestic abuse related incidents and crimes – current method (this data is not comparable with the previous data source, although this is also presented), and a change in calculation method with revised backdated data for 0.2i, 0.2ii, 0.2iii & 0.2vii –slope index of inequality in life expectancy, 0.2v – slope index of inequality in healthy life expectancy, 1.12i - Violent crime (including sexual violence) - hospital admissions for violence and 2.24 - Injuries due to falls in people aged 65 and over.

A population view has now been added to the page tabs for each local area showing a population pyramid based on the latest ONS population estimates.

## Analysis of Issues

The indicators which have shown significant changes since they were last reported are:

Indicator	Period	Value	Unit	Change from previous	Recent trend
2.04 - Under 18 conceptions	2015	8.1	Crude rate per 1,000	↔	↓
2.10ii - Emergency Hospital Admissions for Intentional Self-Harm	2015/16	176.3	DSR* per 100,000	↑	
2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Persons)	2015/16	2237	DSR per 100,000	↑	
2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Male)	2015/16	1853	DSR per 100,000	↑	
2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Female)	2015/16	2536	DSR per 100,000	↑	
2.24ii - Emergency hospital admissions due to falls in people aged 65 and over - aged 65-79 (Persons)	2015/16	1030	DSR per 100,000	↑	
2.24ii - Emergency hospital admissions due to falls in people aged 65 and over - aged 65-79 (Male)	2015/16	760	DSR per 100,000	↔	
2.24ii - Emergency hospital admissions due to falls in people aged 65 and over - aged 65-79 (Female)	2015/16	1273	DSR per 100,000	↔	
2.24iii - Emergency hospital admissions due to falls in people aged 65 and over - aged 80+ (Persons)	2015/16	5738	DSR per 100,000	↑	
2.24iii - Emergency hospital admissions due to falls in people aged 65 and over - aged 80+ (Male)	2015/16	5022	DSR per 100,000	↔	
2.24iii - Emergency hospital admissions due to falls in people aged 65 and over - aged 80+ (Female)	2015/16	6199	DSR per 100,000	↔	

3.08 - Adjusted antibiotic prescribing in primary care by the NHS	2016	1.10	Rate per STAR-PU*	↓	
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\*DSR or Direct Standardised Rate is the rate of an event compared with a theoretical population of standardised age. This enables populations with different age structures e.g. Wokingham Borough with Reading, to be compared.

\*STAR-PU is the Specific Therapeutic group Age-sex Related Prescribing Unit - a value calculated to reflect not only the number of patients in a practice, but also the age and sex mix of that group.

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.

Teenage conception rates show a downward change since last reported, continuing this positive trend. There is evidence of a slight increase in those conceptions under 16, however this is not seen as statistically significant.

Emergency Hospital Admissions for Intentional Self-Harm have shown an increase from 91.1 to 176.3. This is still below the England value of 196.5, but is concerning and investigating self-harm will form part of the HWB Strategy Action Plan, and Nationally the next guidance on suicide prevention will support us in understanding self-harm.

Emergency hospital admissions due to falls in people aged 65 and over show increases across five of nine indicators. These could warrant an investigation.

Antibiotic prescribing in primary care by the NHS shows a welcome decrease.

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

<b>List of Background Papers</b>
PHOF Wokingham Borough Profile 2017 PHOF Wokingham Borough Profile 2017 PHE PHOF Indicators at a glance (May 2017)

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