

Public Health Outcomes Framework Indicator narrative for Audit Committee

There are many factors that influence public health over the course of a lifetime. They all need to be understood and acted upon. The Outcomes Framework is comprised of a number of indicators against which Public Health delivery partners will be encouraged to demonstrate improvement. The Public Health Outcomes Framework (PHOF) sets the context for the system, from local to national level. The framework sets out the broad range of opportunities to improve and protect health across the life course and to reduce inequalities in health that still persist.

Reporting of data within the PHOF is primarily based on the resident population of the area, in this case for Torbay. There are a few outcomes that estimate local authority values based on the proportion of their Clinical Commissioning Group population.

The complete set of PHOF outcome indicators can be accessed at: <http://www.phoutcomes.info/>

Indicator	Latest data	Rationale / purpose of outcome measure	Definition	Source
1.04 - First time entrants to the youth justice system	2014	Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children. This indicator is included to ensure that vulnerable children and young people (aged 10-17) at risk of offending, are included in mainstream planning and commissioning.	Rates of juveniles receiving their first conviction, caution or youth caution per 100,000 10-17 year old population by area of residence.	Police National Computer
1.17 - The percentage % of households that experience fuel poverty based on low income, high cost methodology	2013	There is compelling evidence that the drivers of fuel poverty (low income, poor energy efficiency and energy prices) are strongly linked to living at low temperatures (Wilkinson et al 2001) and the recent Marmot Review Team report showed that low temperatures are strongly linked to a range of negative health outcomes.	The percentage of households in an area that experience fuel poverty based on the "Low income, high cost" methodology	Department for Energy and Climate Change (DECC)
2.06 – Excess weight in 4-5 years olds	2014/15	There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. Studies tracking child obesity into	Proportion of children aged 4-5 years classified as overweight or obese. Children are classified as overweight (including obese) if	Health and Social Care Information Centre, National

		adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.	their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.	Child Measurement Programme
2.15i - % of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months	2014	Individuals achieving this outcome demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.	Number of users of opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment.	National Drug Treatment Monitoring System
2.18 - Hospital admissions for alcohol-related conditions (narrow definition), all ages, directly age standardised rate per 100,000 population European standard population. (persons, male, female)	2014/15	Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.	Admissions to hospital where the primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code.	Health and Social Care Information Centre - Hospital Episode Statistics (HES)
2.22iv - Cumulative percentage of eligible population aged 40-74 offered an NHS Health Check who received an	2013/14-2014/15	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess, raise awareness and support them to manage their risk of cardiovascular disease. A high take up of NHS Health Check is important	The 5 year cumulative percent of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	Public Health England

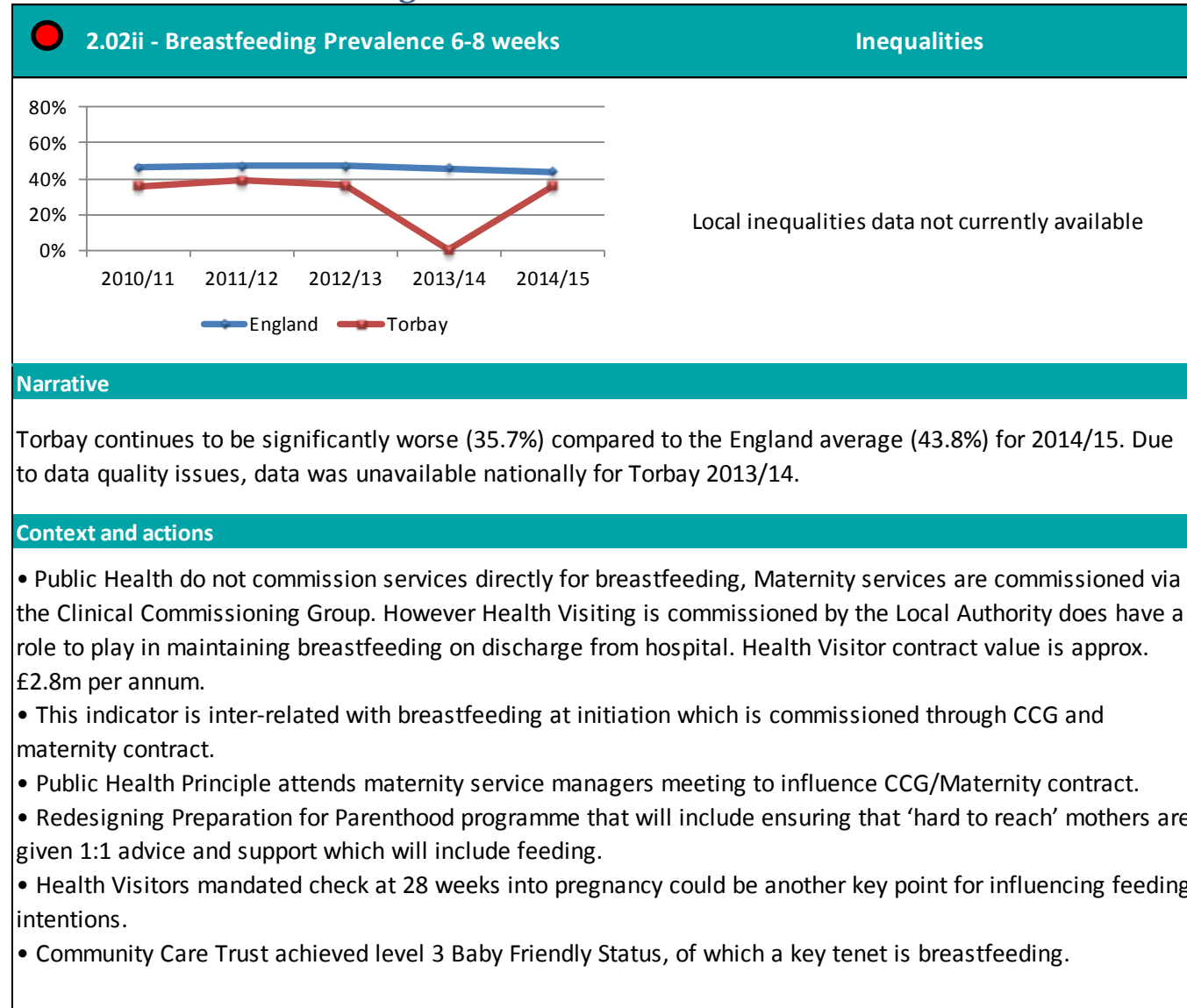
NHS Health Check in the five year period 2013/14 - 2017/18		to identify early signs of poor health leading to opportunities for early interventions.		
2.14 - Prevalence of smoking among persons aged 18 years and over	2014	Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.	Prevalence of smoking among persons aged 18 years and over.	Integrated Household Survey
2.13i - Percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK Chief Medical Officer (CMO) recommended guidelines on physical activity.	2014	Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year.	The number of respondents aged 16 and over, with valid responses to questions on physical activity, doing at least 150 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 16 and over.	Active People Survey, Sport England
2.13ii - The percentage of adults classified as "inactive"	2014		The number of respondents aged 16 and over, with valid responses to questions on physical activity, doing less than 30 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 16 and over.	Active People Survey, Sport England
2.12 - Percentage of	2012-	The Government's "Call to Action" on obesity (published Oct 2011)	Percentage of adults classified	Active People

adults classified as overweight or obese	2014	included national ambitions relating to excess weight in adults, which is recognised as a major determinant of premature mortality and avoidable ill health.	as overweight or obese	Survey, Sport England
0.2iv - The gap in years between overall life expectancy at birth in each English local authority and life expectancy at birth for England as a whole. (Males and Females)	2012-2014	This supporting local level sub-indicator provides context for the local indicator of inequality in life expectancy within local authorities (0.2iii) by giving the difference between life expectancy in a local authority and the overall England value. This provides an indication of overall life expectancy in the local authority relative to the level for England	This indicator measures inequalities in life expectancy between each local authority area and that of England as a whole. It shows the absolute difference in years in life expectancy between the two areas for the given time period. A negative figure means that the life expectancy of the area is lower than England, and a positive figure shows that the area has a higher life expectancy than England.	Life expectancy data from the Office for National Statistics.
1.02i - School Readiness: all children achieving a good level of development at the end of reception as a percentage of all eligible children.	2014/15	This is a key measure of early years development across a wide range of developmental areas. Children from poorer backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life.	Children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children	Department for Education (DfE), EYFS Profile: EYFS Profile statistical series
2.02ii - % of all infants due a 6-8 week check that are totally or partially breastfed	2014/15	Increases in breastfeeding are expected to reduce illness in young children, have health benefits for the infant and the mother and result in cost savings to the NHS through reduced hospital admission for the treatment of infection in infants	This is the percentage of infants that are totally or partially breastfed at age 6-8 weeks. Totally breastfed is defined as infants who are exclusively receiving breast milk at 6-8 weeks of age	Calculated by NHS England.

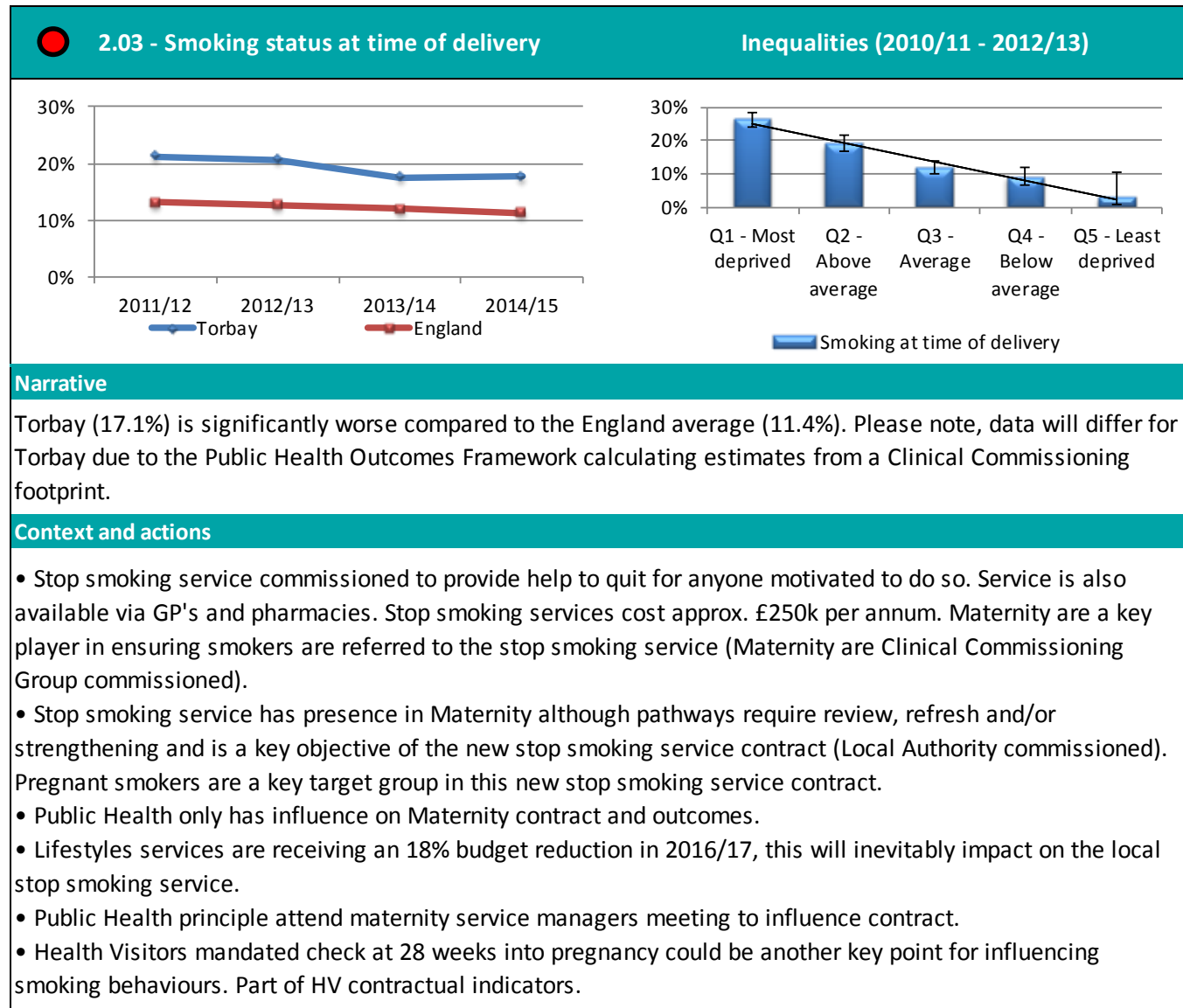
3.03x - % of eligible children who have received two doses of MMR vaccine on or after their 1st birthday and at any time up to their 5th birthday	2014/15	MMR is the combined vaccine that protects against measles, mumps and rubella. Measles, mumps and rubella are highly infectious, common conditions that can have serious complications, including meningitis, swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage. The first MMR vaccine is given to children as part of the routine vaccination schedule, usually within a month of their first birthday. They'll then have a booster dose before starting school, which is usually between three and five years of age.	All children who received two doses of MMR on or after their first birthday and at any time up to their fifth birthday as a percentage of all children whose fifth birthday falls within the time period.	Cover of Vaccination Evaluated Rapidly (COVER) data
2.03 – smoking status at the time of delivery	2014/15	Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes.	Number of women who currently smoke at time of delivery per 100 maternities.	Health and Social Care Information Centre's return on Smoking Status At Time of delivery (SSATOD)
2.09ii - Smoking prevalence at age 15 - regular smokers (WAY survey)	2014/15	Smoking is a major cause of preventable morbidity and premature death. There is a large body of evidence showing that smoking behaviour in early adulthood affects health behaviours later in life. The Tobacco Control Plan sets out the Government's aim to reduce the prevalence of smoking among adults and children and includes a national ambition to reduce rates of regular smoking among 15 year olds in England to 12% or less by the end of 2015.	The percentage of 15 year olds who responded to Q17 in the What About YOUth survey ("Now read the following statements carefully, and tick the box next to the one that best describes you") with the answers "I usually smoke between one and six cigarettes per week" or "I usually smoke more than six cigarettes per week".	What About YOUth (WAY) survey 2015 (HSCIC) Sample of 580 15 year olds in Torbay

Smoking and breastfeeding outcomes for Audit Committee

PHOF2.0iiHI Breastfeeding Prevalence at 6-8 weeks after birth



PHOF2.03HI Smoking status at the time of delivery



PHOF2.09iiHI Smoking prevalence at age 15 – regular smokers (WAY survey)

