LONDON BOROUGH OF HAVERING

Public Health Outcomes Framework

2017

Summary for Havering

Comparison report based on May 2017 data

Version 1.0 (November 2017) By Public Health Intelligence London Borough of Havering

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Introduction

This report summarises indicators on the health and wellbeing of residents of Havering and compares them with London and England. They have been prepared nationally for the Public Health Outcomes Framework¹ (PHOF) and describe:

- Overarching health (e.g. life expectancy)
- The determinants of health (e.g. education, employment and environment)
- Health improvement (e.g. obesity, diet and smoking)
- Health protection (e.g. vaccination)
- Healthcare and preventing early death (e.g. deaths under age 75 from heart disease)

The five areas cover 66 outcomes with a total of 219 indicators. Many are descriptive and not suitable as performance indicators as they relate to a whole lifetime, for example early death from lung cancer caused by 50 years of smoking. Others are more immediately changeable, for instance rates of attending screening for cancer. But action to achieve any change may be easier locally (school readiness) or nationally (childhood obesity). The detail of all the indicators and their rankings is given in the appendix, along with additional technical guidance and web links.

Indicator highlights

For Havering the indicators are generally good. About 50% are the same as London or England, 35% are better and 15% are worse. Those that are worse are summarised by area below and some of those areas where Havering is better are also highlighted. The detail for all 219 indicators is in Appendix 2.

Overarching health – focuses on life expectancy and life expectancy in good health. All these indicators are the same as London. In comparison with England life expectancy tends to be better in Havering. To increase these all the indicators in the other areas need to improve.

Improving the determinants of health – Havering is significantly worse than London and England for pupil absence and for level of development at the end of Reception year for those receiving free school meals. These are probably alterable locally in the medium term. The third poor outcome is the proportion of adults with learning disability who live in stable and appropriate accommodation. This should be modifiable locally in the short term.

Havering is significantly better in some areas, particularly those related to crime and children living in low income families. Statutory homelessness is significantly better than London but still worse than England.

Health improvement –Locally the healthy behaviours that are significantly poor are: mothers who smoke during pregnancy and around delivery, initiating breast feeding, newborn hearing tests, children aged 10-11 years and adults who are overweight, eating *5-a-day*, attending bowel cancer screening, completing alcohol misuse treatment, released prisoners attending alcohol and drug services, and invitations and attendance at NHS Health Checks. These are modifiable locally in the short to medium term, apart from obesity that requires long term national action.

¹ Public Health Outcomes Framework, Public Health England. <u>http://www.phoutcomes.info</u> (accessed 25.08.17)

Havering is better than London and England for admission for alcohol related conditions, emergency admissions for self-harm, admissions for falls, and cancer screening rates.

Health protection –Havering has a significantly low rate of detecting Chlamydia in young people, and of vaccinating against a number of diseases (cervical cancer, pneumococcal disease, flu and shingles). Antibiotic prescribing rates are also significantly poor. All of these are modifiable locally in the short term.

Havering is significantly better than London (ranked 1 or 2) and England for childhood vaccination rates. For a London borough we have very low rates of TB, but we are similar to England as a whole.

Healthcare related to public health and preventing early death –The outcomes that are worse than London or England are the premature mortality rate from cancer (requires long-term solutions), the rate of emergency readmissions within 30 days of discharge from hospital (short-term measures would address this), the rate of hip fractures in people aged 65+ years and the rate of *excess* winter deaths in females aged 85+ years (both alterable in the medium term).

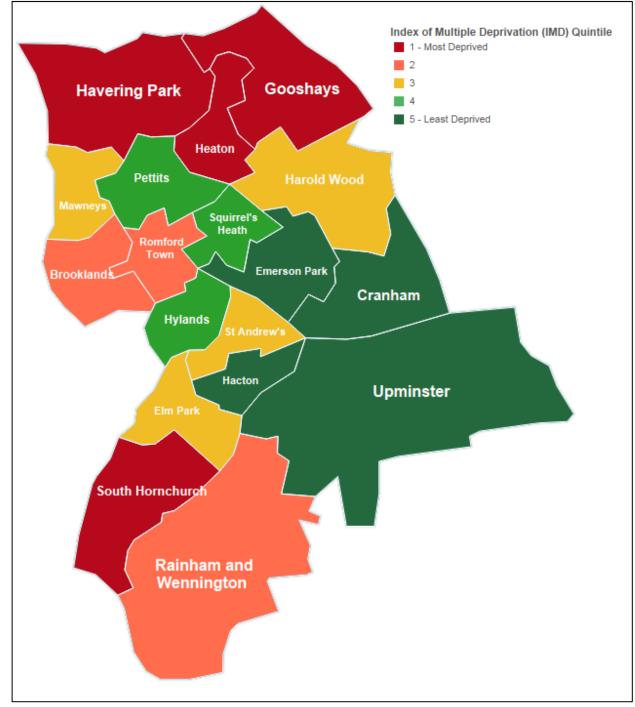
Reflecting better life expectancy in Havering compared with England (though similar to London), Havering has the lowest infant mortality in London and is also better than London and England for mortality form causes that are considered preventable. Most individual conditions therefore tend to have low premature mortality, though not necessarily significantly so.

Domain		London			England	
Domain	Better	Same	Worse	Better	Same	Worse
Overarching indicators	0	8 (100%)	0	5 (63%)	3 (38%)	0
Improving the wider determinants of health	13 (28%)	27 (59%)	6 (13%)	17 (37%)	23 (50%)	6 (13%)
Health improvement	20 (35%)	24 (42%)	13 (23%)	25 (44%)	19 (33%)	13 (23%)
Health protection	12 (55%)	7 (32%)	3 (14%)	9 (41%)	5 (23%)	8 (36%)
Healthcare public health and preventing premature mortality	12 (19%)	43 (69%)	7 (11%)	14 (23%)	45 (73%)	3 (5%)
Total	57 (29%)	109 (56%)	29 (15%)	70 (36%)	95 (49%)	30 (15%)

Table 1: Havering PHOF indictors in comparison to London and England

These indicators are all presented at Local Authority level and with few exceptions are not available at a lower level. However, nationally, as deprivation increases almost all the indicators get worse, and some of the indicators are used to determine how deprived an area is. The value of an indicator is an average for Havering, and within Havering all of the significantly poor indictors described will be worse than the average in the more deprived areas. The map below shows levels of deprivation in Havering.





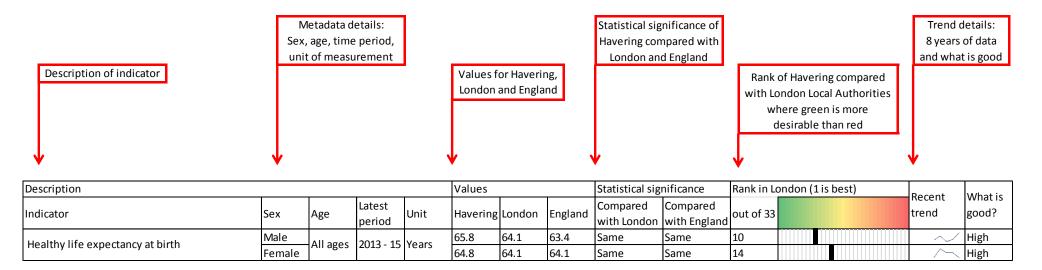
Source: Index of Multiple Deprivation (IMD 2015)

Indicators

All indicators require context in order to understand them. In general, the indicator values are somewhat abstract, and have much greater usefulness when they are presented in comparison with other values of the same indicator. Here, indicators are presented showing changes over time and whether *high* or *low* is good for the population (or potential lower need for services). Each indicator for Havering is compared with values from all other geographical areas in London by ranking and a visual **R G** status.

Tables in the appendix provide a summary of the Havering PHOF indicators² showing comparisons with London and England.

How to read the tables



² Public Health Outcomes Framework, Havering. <u>http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000049/pat/6/par/E12000007/ati/102/are/E09000016</u> (accessed 25.08.17)

Domain - Overarching indicators

Description					Values			Statistical sig	nificance	Rank in Lo	ondon (1 is best)	Recent	What is
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	Compared with London	Compared with England	out of 33		trend	good?
Healthy life expectancy at high	Female	All ages	2013 - 15	Voarc	64.8	64.1	64.1	Same	Same	14		\sim	High
Healthy life expectancy at birth	Male	All ages	2015 - 15	reals	65.8	64.1	63.4	Same	Same	10		\sim	High
Life expectancy at birth	Female		2013 - 15	Voars	84.1	84.1	83.1	Same	Better	15		~	High
	Male	All ages	2013 - 13	Teals	80.2	80.2	79.5	Same	Better	15			High
Life expectancy at 65	Female	65	2013 - 15	Voarc	21.6	21.7	21.1	Same	Better	15			High
Life expectancy at 65	Male	05	2015 - 15	reals	18.9	19.1	18.7	Same	Same	17			High
Gap in life expectancy at birth between each	Female	All ages	2013 - 15	Voars	1.0	1.0	0.0	Same	Better	15		\sim	High
local authority and England as a whole	Male	All ages	2015 - 15	Teals	0.8	0.8	0.0	Same	Better	15		\langle	High

Domain - Improving the wider determinants of health

Description					Values			Statistical sig	nificance	Rank in Lo	ndon (1 is be	st)	Recent	What is
Indicator	Sex	Age	Latest period	Unit	Havering	London	Fngland	Compared with London	Compared with England	out of 33				trend	good?
Children in low income families (all dependent children under 20)	Persons	0-19 yrs	2014	%	18.5	23.9	19.9	Better	Better	10				\sum	Low
Children in low income families (under 16s)	Persons	<16 yrs	2014	%	19.1	23.4	20.1	Better	Better	10				$\langle \rangle$	Low
School Readiness: the percentage of children	Female				78.9	78.0	76.8	Same	Same	13					High
achieving a good level of development at the	Male	5 yrs	2015/16	%	63.4	64.7	62.1	Same	Same	19					High
end of reception	Persons				70.8	71.2	69.3	Same	Same	17				/	High
School Readiness: the percentage of children	Female				63.5	69.5	63.5	Same	Same	29				(High
with free school meal status achieving a good	Male	5 yrs	2015/16	%	45.0	53.7	45.8	Worse	Same	31				/	High
level of development at the end of reception	Persons				54.1	61.4	54.4	Worse	Same	31					High
School Readiness: the percentage of Year 1	Female				87.7	86.2	84.3	Same	Better	12					High
pupils achieving the expected level in the	Male	6 yrs	2015/16	%	81.6	80.0	76.9	Same	Better	9				/	High
phonics screening check	Persons				84.6	83.0	80.5	Better	Better	10				/	High
School Readiness: the percentage of Year 1	Female				79.1	79.3	74.0	Same	Same	14				/	High
pupils with free school meal status achieving	Male	6 yrs	2015/16	%	67.2	71.2	63.6	Same	Same	26				/	High
the expected level in the phonics screening	Persons				73.6	75.1	68.6	Same	Better	19				/	High
Pupil absence	Persons	5-15 yrs	2014/15	%	4.9	4.5	4.6	Worse	Worse	33				5	Low
First time entrants to the youth justice	Persons	10-17 yrs	2015	per 100,000	270 7	416.5	368.6	Better	Better	6					
system	r ersons	10-17 812	2013	per 100,000	213.1	410.2	506.0	Detter	Dellei	0					Low
16-18 year olds not in education	Persons	16-18 yrs	2015	%	3.4	3.1	4.2	Same	Better	24					
employment or training	1 6130113	10-10 Å12	2013	70	5.4	J.1	4.2	Jame	Detter	24				\backslash	Low

Description					Values			Statistical sig	nificance	Rank in Lo	ondon (1 is best)	Description	
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	Compared with London	Compared with England	out of 33		Recent trend	What is good?
Adults with a learning disability who live in	Female				64.3	71.9	75.6	Worse	Worse	29			High
stable and appropriate accommodation	Male	18-64 yrs	2015/16	%	62.7	68.9	74.9	Worse	Worse	27		<i></i>	High
	Persons				63.3	70.1	75.4	Worse	Worse	28			High
Adults in contact with secondary mental	Female				85.3	76.1	60.0	Better	Better	9		\sim	High
health services who live in stable and	Male	18-69 yrs	2015/16	%	82.2	71.8	57.4	Better	Better	8		\langle	High
appropriate accommodation	Persons				83.6	73.5	58.6	Better	Better	7		\langle	High
Gap in the employment rate between those												/	
with a long-term health condition and the overall employment rate	Persons	16-64 yrs	2015/16	% point	11.3	9.7	8.8	Same	Same	21			Low
Gap in the employment rate between those	Female				61.3	59.5	63.6	Same	Same	19			Low
with a learning disability and the overall	Male	18-64 yrs	2015/16	%	75.3	72.0	73.0	Same	Same	22			Low
employment rate	Persons	10 01 ,13	2013/10		68.3	65.7	68.1	Same	Same	21			Low
Gap in the employment rate for those in	Female				62.2	60.7	60.8	Same	Same	22		\sim	Low
contact with secondary mental health	Male	18-69 yrs	2015/16	%	78.7	75.4	73.7	Same	Same	30		· · ·	Low
services and the overall employment rate	Persons	,	,	/ -	70.5	68.2	67.2	Same	Same	26		·	Low
	Female				70	67	69	Same	Same	9			High
Percentage of people aged 16-64 in	Male	16-64 yrs	2015/16	%	82.8	79.7	79.2	Same	Same	6			High
employment	Persons	, .	, -		76.4	73.2	73.9	Same	Same	7			High
Sickness absence - the percentage of employees who had at least one day off in the previous week	Persons	16+ yrs	2012 - 14	%	2.8	2.2	2.4	Same	Same	26		\bigwedge	Low
Sickness absence - the percent of working days lost due to sickness absence	Persons	16+ yrs	2012 - 14	%	1.8	1.2	1.5	Same	Same	29		7	Low
Killed and seriously injured (KSI) casualties on England's roads	Persons	All ages	2013 - 15	per 100,000	22.2	25.7	38.5	Same	Better	16			Low
Domestic abuse - historic method	Persons	16+ yrs	2014/15	per 1,000	21.6	21.6	20.4	Not compared	Not compared	2			Low
Domestic abuse-related incidents and crimes - current method	Persons	16+ yrs	2015/16	per 1,000	22.5	22.5	22.1	Not compared	Not compared	1			Low
Violent crime (including sexual violence) -	Female		2013/14 -		8.5	17.0	17.6	Better	Better	1			Low
hospital admissions for violence	Male	All ages	2013/14 - 15/16	per 100,000	39.7	71.8	71.8	Better	Better	3			Low
	Persons		17) 10		23.8	44.4	44.8	Better	Better	2			Low
Violent crime (including sexual violence) - violence offences per 1,000 population	Persons	All ages	2015/16	per 1,000	18.4	21.8	17.2	Not compared	Not compared	11			Low
Rate of sexual offences per 1,000 population	Persons	All ages	2015/16	per 1,000	1.3	1.7	1.7	Not compared	Not compared	8		\int	Low

Description					Values			Statistical sig	nificance	Rank in Lo	ndon (1 is	best)	Recent	What is
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	•	Compared with England	out of 33			trend	good?
Re-offending levels - percentage of offenders who re-offend	Persons	All ages	2014	%	20.3	25.7	25.4	Not compared	Not compared	1			\square	Low
Re-offending levels - average number of re- offences per offender	Persons	All ages	2014	number	0.6	0.8	0.8	Not compared	Not compared	2			\bigwedge	Low
First time offenders	Persons	All ages	2015	per 100,000	226.9	315.3	242.4	Not compared	Not compared	3			/	Low
The rate of complaints about noise	Persons	All ages	2014/15	per 1,000	2.6	16.8	7.1	Better	Better	1			\sim	Low
The % population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime	Persons	All ages	2011	%	5.0	11.5	5.2	Not compared	Not compared	1				Low
The % population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time	Persons	All ages	2011	%	7.1	15.3	8.0	Not compared	Not compared	2				Low
Statutory homelessness - Eligible homeless people not in priority need	Dorsons	Not applicable	2015/16	per 1,000	1	1	1	Same	Worse	22				Low
Statutory homelessness - households in temporary accommodation	Persons	All ages	2015/16	per 1,000	7.0	14.9	3.1	Better	Worse	8				Low
Utilisation of outdoor space for exercise/health reasons	Persons	16+ vrs	Mar 2015 - Feb 2016	%	22.0	18.0	17.9	Same	Same	5			\sim	High
Fuel poverty	Persons	All ages	2014	% of households	8.4	10.6	10.6	Better	Better	4			L	Low
Social Isolation: percentage of adult social care users who have as much social contact as they would like	Persons	18+ yrs	2015/16	%	42.3	41.1	45.4	Same	Same	10			\bigvee	High
Social Isolation: percentage of adult carers who have as much social contact as they would like	Persons	18+ yrs	2014/15	%	39.4	35.5	38.5	Same	Same	5				High

Domain - Health improvement

Description					Values			Statistical sig	nificance	Rank in Lo	ndon	(1 is	best))	Recent	What is
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	Compared with London	Compared with England	out of 33					trend	good?
Low birth weight of term babies	Persons	>=37 wks gestation	2015	%	2.6	3.0	2.8	Same	Same	11					\bigvee	Low
Breastfeeding - breastfeeding initiation	Female	All ages	2014/15	%	73.3	86.1	74.3	Worse	Same	24						High
Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth - historical method	Persons	6-8 weeks	2012/13	%	41.6	68.5	43.8	Not compared	Not compared	18					/	High
Smoking status at time of delivery	Female	All ages	2015/16	%	7.7	5.0	10.6	Worse	Better	22					(Low
Under 18 conceptions	Female	<18 yrs	2015	per 1,000	22.3	19.2	20.8	Same	Same	24					/	Low
Under 18 conceptions: conceptions in those aged under 16	Female	<16 yrs	2015	per 1,000	4.1	3.2	3.7	Same	Same	23					\sim	Low
Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds	Persons	4-5 yrs	2015/16	%	23.2	22.0	22.1	Same	Same	20					\sim	Low
Child excess weight in 4-5 and 10-11 year olds - 10-11 year olds	Persons	10-11 yrs	2015/16	%	37.3	38.1	34.2	Same	Worse	13					$\overline{}$	Low
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	Persons	<15 yrs	2015/16	per 10,000	84.9	80.8	104.2	Same	Better	18					\mathbb{A}	Low
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	Persons	0-4 yrs	2015/16	per 10,000	97.7	97.6	129.6	Same	Better	16					\bigwedge	Low
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	Persons	15-24 yrs	2015/16	per 10,000	73.9	97.5	134.1	Better	Better	3						Low
Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March	Persons	5-16 yrs	2015/16	score	13.9	13.3	14.0	Not compared	Not compared	23					\square	Low
Percentage of children where there is a cause for concern	Persons	5-16 yrs	2015/16	%	35.6	32.9	37.8	Same	Same	21						Low
Smoking prevalence at age 15 - current smokers (WAY survey)	Persons	15 yrs	2014/15	%	5.8	6.1	8.2	Same	Better	15						Low
Smoking prevalence at age 15 - regular smokers (WAY survey)	Persons	15 yrs	2014/15	%	3.5	3.4	5.5	Same	Better	16						Low
Smoking prevalence at age 15 - occasional smokers (WAY survey)	Persons	15 yrs	2014/15	%	2.2	2.7	2.7	Same	Same	13						Low
Emergency Hospital Admissions for	Female				104.9	120.1	247.8	Same	Better	9					~~_	Low
Intentional Self-Harm	Male	All ages	2015/16	per 100,000	49.3	68.3	147.1	Better	Better	6					<	Low
	Persons				77.7	93.8	196.5	Better	Better	9					<	Low

Description					Values			Statistical sig	nificance	Rank in Lo	ondon (1 is be	st)		
Indicator	Sex	Age	Latest period	Unit	Havering	London	England		Compared with England	out of 33			Recent trend	What is good?
Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	Persons	16+ yrs	2015	%	42.1	49.4	52.3	Worse	Worse	30				High
Average number of portions of fruit consumed daily (adults)	Persons	16+ yrs	2015	number	2.1	2.5	2.5	Worse	Worse	32				High
Average number of portions of vegetables consumed daily (adults)	Persons	16+ yrs	2015	number	2.1	2.2	2.3	Worse	Worse	25				High
Proportion of the population meeting the recommended "5-a-day" at age 15	Persons	15 yrs	2014/15	%	49.2	56.2	52.4	Worse	Worse	30				High
Average number of portions of fruit consumed daily at age 15 (WAY survey)	Persons	15 yrs	2014/15	number	2.3	2.6	2.4	Worse	Worse	32				High
Average number of portions of vegetables consumed daily at age 15 (WAY survey)	Persons	15 yrs	2014/15	number	2.3	2.6	2.4	Worse	Worse	31				High
Excess weight in Adults	Persons	16+ yrs	2013 - 15	%	66.1	58.8	64.8	Worse	Same	30			1	Low
Percentage of physically active and inactive adults - active adults	Persons	16+ yrs	2015	%	55.4	57.8	57.0	Same	Same	22			\bigvee	High
Percentage of physically active and inactive adults - inactive adults	Persons	16+ yrs	2015	%	30.4	28.1	28.7	Same	Same	27				Low
Smoking Prevalence in adults - current	Female Male	18+ yrs	2016	%	13.9 16.0	11.9 18.5	13.7 17.4	Same Same	Same Same	24 12				Low Low
smokers (APS)	Persons				14.9	15.2	15.5	Same	Same	18				Low
Smoking Prevalence in adult in routine and manual occupations - current smokers (APS)	Persons	18-64 yrs	2016	%	30.0	23.9	26.5	Same	Same	27			\square	Low
Successful completion of drug treatment - opiate users	Persons	18-75 yrs	2015	%	7.9	7.6	6.7	Same	Same	16			M	High
Successful completion of drug treatment - non-opiate users	Persons	18-75 yrs	2015	%	40.1	40.1	37.3	Same	Same	17			\sim	High
Successful completion of alcohol treatment	Persons	18-75 yrs	2015	%	34.8	41.3	38.4	Worse	Same	24			\sim	High
Adults with substance misuse treatment														
need who successfully engage in community- based structured treatment following release from prison	Persons	18+ yrs	2015/16	%	20.7	20.1	30.3	Same	Worse	14				High
Recorded diabetes	Persons	17+ yrs	2014/15	%	6.0	6.1	6.4	Lower	Lower	16				Low
Admission episodes for alcohol-related	Female				302.1	378.0	482.7	Better	Better	4			\sim	Low
conditions - narrow definition	Male	All ages	2015/16	per 100,000	610.9	734.0	829.5	Better	Better	4				Low
	Persons				443.7	545.1	646.6	Better	Better	3			\sim	Low

Description					Values			Statistical sig	nificance	Rank in Lo	ondon (1 is best)	Descet	
to d'acteur.	C		Latest	11.21			En el en el	Compared	Compared			Recent	What is
Indicator	Sex	Age	period	Unit	Havering	London	England	with London	with England	out of 33		trend	good?
Cancer diagnosed at early stage	D	A 11	2015	0/	40.7	50.2	F2 4	Not	Not	24		1	111-1-
(experimental statistics)	Persons	All ages	2015	%	43.7	50.2	52.4	compared	compared	31		\sim	High
Cancer screening coverage - breast cancer	Female	53-70 yrs	2016	%	76.4	69.2	75.5	Better	Better	3		\sim	High
Cancer screening coverage - cervical cancer	Female	25-64 yrs	2016	%	75.3	66.7	72.7	Better	Better	2		\sim	High
Cancer screening coverage - bowel cancer	Persons	60-74 yrs	2016	%	52.4	48.8	57.9	Better	Worse	7		1	High
Abdominal Aortic Aneurysm Screening -		6-	2015/16	o/	05.4	74.6	70.0			2			
Coverage	Male	65	2015/16	%	85.4	74.6	79.9	Better	Better	2		\vee	High
Newborn Blood Spot Screening - Coverage	Persons	< 1 yr	2015/16	%	98.5	96.4	95.6	Better	Better	10			High
Newborn Hearing Screening - Coverage	Persons	< 1 yr	2015/16	%	96.1	98.5	98.7	Worse	Worse	32		\sim	High
Cumulative percentage of the eligible			2012/14										
population aged 40-74 offered an NHS Health	Persons	40-74 yrs	2013/14 -	%	49.0	67.2	56.4	Worse	Worse	28			High
Check			15/16										
Cumulative % of the eligible pop. aged 40-74			2012/14										
offered an NHS Health Check who received	Persons	40-74 yrs	2013/14 -	%	47.4	47.1	48.6	Same	Worse	20			High
one			15/16										
Cumulative percentage of the eligible			2012/14										
population aged 40-74 who received an NHS	Persons	40-74 yrs	2013/14 -	%	23.2	31.6	27.4	Worse	Worse	28			High
Health check			15/16										
Self-reported wellbeing - people with a low	Dorsons	16	2015/16	0/	Low	4.6	4.6	Not	Not	1			Low
satisfaction score	Persons	T0+ ÅL2	2015/10	70	Low	4.0	4.0	compared	compared	1			Low
Self-reported wellbeing - people with a low	Persons	16	2015/16	0/	7.0	8.3	8.8	Same	Same	3		\wedge	Low
happiness score	Persons	10+ yi s	2015/10	70	7.0	0.5	0.0	Same	Same	5		\backslash	LOW
Self-reported wellbeing - people with a high	Dorsons	16	2015/16	0/	18.0	20.0	19.4	Sama	Samo	9		-~	low
anxiety score	Persons	T0+ ÅL2	2015/10	70	18.0	20.0	19.4	Same	Same	9		\setminus	Low
Emergency hospital admissions due to falls	Female				1806.9	2492.1	2471.3	Better	Better	1		/	Low
in people aged 65 and over	Male	65+ yrs	2015/16	per 100,000	1342.4	1887.1	1733.4	Better	Better	3		\sim	Low
in people aged 05 and over	Persons				1621.8	2252.7	2169.4	Better	Better	1		<	Low
Emergency hospital admissions due to falls	Female				893.0	1218.2	1177.5	Better	Better	2		\sim	Low
in people aged 65 and over - aged 65-79	Male	65-79 yrs	2015/16	per 100,000	625.9	994.3	825.4	Better	Better	2		\sim	Low
in people aged of and over - aged 05-79	Persons				773.0	1115.8	1012.1	Better	Better	1		\sim	Low
Emergency hospital admissions due to falls	Female				4457.3	6186.5	6223.3	Better	Better	1			Low
	Male	80+ yrs	2015/16	per 100,000	3420.0	4476.2	4366.5	Better	Better	3		\sim	Low
in people aged 65 and over - aged 80+	Persons]			4083.3	5549.6	5525.6	Better	Better	2		/	Low

Domain - Health protection

Description					Values			Statistical sign	ificance	Rank in Lo	ondon (1 is best)	Decent	What is
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	Compared with London	Compared with England	out of 33		Recent trend	good?
Fraction of mortality attributable to particulate air pollution	Persons	30+ yrs	2015	%	5.1	5.6	4.7	Not compared	Not compared	8		$\overline{}$	Low
	Persons				1206.4	2308.8	1882.3	Worse	Worse	31		\sim	High
Chlamydia detection rate (15-24 year olds)	Female	15-24 yrs	2016	-	1582.8	2851.2	2479.1	Not compared	· · · · · · · · · · · · · · · · · · ·			\sim	High
	Male				841.0	1648.9	1268.9	Not compared	Not compared	31		<u></u>	High
Population vaccination coverage - Dtap / IPV / Hib (1 year old)	Persons	1 yr	2015/16	%	96.1	89.2	93.6	Better	Better	1		\sim	High
Population vaccination coverage - Dtap / IPV / Hib (2 years old)	Persons	2 yrs	2015/16	%	96.8	92.2	95.2	Better	Better	2		\sim	High
Population vaccination coverage - MenC	Persons	1 yr	2015/16	%	97.6	89.9	93.9	Not compared	Not compared	2		\sim	High
Population vaccination coverage - MMR for one dose (5 years old)	Persons	5 yrs	2015/16	%	96.2	91.1	94.8	Better	Better	2			High
Population vaccination coverage - PCV	Persons	1 yr	2015/16	%	95.8	90.0	93.5	Better	Better	1		\sim	High
Population vaccination coverage - Hib / MenC booster (2 years old)	Persons	2 yrs	2015/16	%	94.5	85.9	91.6	Better	Better	1		\sim	High
Population vaccination coverage - Hib / Men C booster (5 years old)	Persons	5 yrs	2015/16	%	95.6	88.7	92.6	Better	Better	1		\sim	High
Population vaccination coverage - PCV booster	Persons	2 yrs	2015/16	%	94.3	85.6	91.5	Better	Better	1		\sim	High
Population vaccination coverage - MMR for one dose (2 years old)	Persons	2 yrs	2015/16	%	94.2	86.4	91.9	Better	Better	1		\sim	High
Population vaccination coverage - MMR for	Persons	5 yrs	2015/16	%	90.3	81.7	88.2	Better	Better	2		\sim	High
Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old)	Female	12-13 yrs	2015/16	%	84.6	83.9	87.0	Same	Worse	16			High
Population vaccination coverage - PPV	Persons	65+ yrs	2015/16	%	67.3	65.3	70.1	Better	Worse	13		\geq	High
Population vaccination coverage - Flu (aged 65+)	Persons	65+ yrs	2015/16	%	66.6	66.4	71.0	Same	Worse	16		\sim	High
Population vaccination coverage - Flu (at risk individuals)	Persons	6 months- 64 yrs	2015/16	%	39.1	43.7	45.1	Worse	Worse	29		\bigwedge	High
Population vaccination coverage - HPV vaccination coverage for two doses (females 13-14 years old)	Female	13-14 yrs	2015/16	%	86.3	80.7	85.1	Better	Same	8			High

Description					Values			Statistical sign	ificance	Rank in Lo	ndon (1	is best	:)	Recent	What is
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	Compared with London	Compared with England	out of 33				trend	good?
Population vaccination coverage - Shingles vaccination coverage (70 years old)	Persons	70 yrs	2015/16	%	47.5	47.1	54.9	Same	Worse	17				\	High
Population vaccination coverage - Flu (2-4 years old)	Persons	2-4 yrs	2015/16	%	25.3	25.7	34.4	Same	Worse	21				\	High
HIV late diagnosis	Persons	15+ yrs	2013 - 15	%	37.5	33.5	40.1	Same	Same	19				/	Low
Treatment completion for TB	Persons	All ages	2014	%	88.9	87.2	84.4	Same	Same	11				\sim	High
Incidence of TB	Persons	All ages	2013 - 15	per 100,000	10.4	30.4	12.0	Better	Same	5				\langle	Low
NHS organisations with a board approved sustainable development management plan	Not ap	plicable	2015/16	%	100.0	70.1	66.2	Same	Same	1				\sim	High
Adjusted antibiotic prescribing in primary care by the NHS	Persons	All ages	12016	per STAR- PU	1.1	0.9	1.1	Worse	Worse	32				\	Low

Domain - Healthcare public health and preventing premature mortality

Description					Values			Statistical sign	ificance	Rank in London (1 is best)	Recent	What is
Indicator	Sex	Age	Latest period	Unit	Havering	London	Fngland	Compared with London	Compared with England	out of 33	trend	good?
Infant mortality per 1,000 live births	Persons	< 1 yr	2013 - 15	per 1,000	2.0	3.4	3.9	Better	Better	1	\sim	Low
Proportion of five year old children free from dental decay	Persons	5 yrs	2014/15	%	80.0	72.6	75.2	Better	Same	6		High
Mortality rate from causes considered	Female				115.5	125.2	139.6	Same	Better	11		Low
preventable	Male	All ages	2013 - 15	per 100,000	203.5	221.2	232.5	Better	Better	13		Low
preventable	Persons				156.9	170.8	184.5	Better	Better	11		Low
Under 75 mortality rate from all	Female				37.2	47.7	46.2	Better	Better	5		Low
cardiovascular diseases	Male	<75 yrs	2013 - 15	per 100,000	92.9	110.0	104.7	Better	Same	8		Low
	Persons				63.5	77.4	74.6	Better	Better	7		Low
Under 75 mortality rate from cardiovascular	Female				19.7	25.8	25.0	Better	Same	4		Low
diseases considered preventable	Male	<75 yrs	2013 - 15	per 100,000	69.0	73.7	72.5	Same	Same	11		Low
diseases considered preventable	Persons				43.1	48.7	48.1	Same	Same	10		Low
	Female				114.7	113.8	123.9	Same	Same	16		Low
Under 75 mortality rate from cancer	Male	<75 yrs	2013 - 15	per 100,000	162.9	147.7	154.8	Worse	Same	23	\sim	Low
	Persons				137.1	129.7	138.8	Same	Same	21		Low

Description					Values			Statistical sign	ificance	Rank in London (1 is best)	Descrit) A /b at is
Indicator	Sex	Age	Latest period	Unit	Havering			Compared	Compared		Recent	What is
						London	England	with London	with England	out of 33	trend	good?
Under 75 mortality rate from cancer considered preventable	Female	<75 yrs	2013 - 15	per 100,000	69.5	68.6	74.5	Same	Same	17	$\langle \rangle$	Low
	Male				82.8	83.6	88.4	Same	Same	17		Low
	Persons				75.6	75.6	81.1	Same	Same	18	\sim	Low
Under 75 mortality rate from liver disease	Female	<75 yrs	2013 - 15	per 100,000	11.6	10.4	12.5	Same	Same	11		Low
	Male				23.2	24.0	23.7	Same	Same	15		Low
	Persons				17.1	17.0	18.0	Same	Same	17		Low
Under 75 mortality rate from liver disease considered preventable	Female		2013 - 15		8.8	8.8	10.6	Same	Same	5	\sim	Low
	Male	<75 yrs			21.2	21.9	21.4	Same	Same	16		Low
	Persons				14.7	15.1	15.9	Same	Same	15		Low
Lindor 75 mortality rate from recoiratory	Female			per 100,000	25.7	23.7	28.0	Same	Same	16		Low
Under 75 mortality rate from respiratory disease	Male	<75 yrs	2013 - 15		30.9	37.8	38.5	Same	Better	7	$\langle \rangle$	Low
	Persons				28.1	30.4	33.1	Same	Better	13	\sim	Low
Linder 75 mortality rate from respiratory	Female		2013 - 15	per 100,000	14.4	12.8	16.1	Same	Same	12		Low
Under 75 mortality rate from respiratory disease considered preventable	Male	<75 yrs			16.7	20.7	20.3	Same	Same	7	\sim	Low
	Persons	1			15.5	16.5	18.1	Same	Same	14	\sim	Low
Mortality rate from a range of specified communicable diseases, including influenza	Female		2013 - 15	per 100,000	5.5	9.9	9.6	Better	Better	1	\langle	Low
	Male	All ages			Low	12.3	11.5	Not compared	Not compared	1	\backslash	Low
	Persons				6.1	11.0	10.5	Better	Better	1	\langle	Low
Excess under 75 mortality rate in adults with serious mental illness	Persons	18-74 yrs	2014/15	%	238.1	327.2	370.0	Not compared	Not compared	2	\sim	Low
Proportion of adults in the population in contact with secondary mental health services	Persons	18-74 yrs	2014/15	%	3.0	4.7	5.4	Better	Better	4		Low
Suicide rate	Female	10+ yrs	2013 - 15	per 100,000	Low	4.1	4.7	Not compared	Not compared	1		Low
	Male				13.5	13.4	15.8	Same	Same	15	\sim	Low
	Persons				7.5	8.6	10.1	Same	Better	11	\sim	Low
Emergency readmissions within 30 days of discharge from hospital	Female		2011/12	%	12.1	11.7	11.5	Same	Worse	22		Low
	Male	All ages			11.9	12.6	12.1	Better	Same	10	~	Low
	Persons				12.0	12.1	11.8	Same	Same	14		Low
Preventable sight loss - age related macular degeneration (AMD)	Persons	65+ yrs	2014/15	per 100,000	79.0	84.9	118.1	Same	Better	17	M	Low
Preventable sight loss - glaucoma	Persons	40+ yrs	2014/15	per 100,000	12.9	13.7	12.8	Same	Same	17	\sim	Low
Preventable sight loss - diabetic eye disease	Persons	12+ yrs	2014/15	per 100,000	3.9	3.8	3.2	Not compared	Not compared	1	\land	Low
Preventable sight loss - sight loss certifications	Persons		2014/15	per 100,000		30.0	42.4	Same	Better	20	$ \sim$	Low

Description					Values			Statistical significance		Rank in London (1 is best)		Decent	What is
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	Compared with London	Compared with England	out of 33			good?
Health related quality of life for older people	Persons	65+ yrs	2015/16	score	0.7	0.7	0.7	Same	Same	17		\sim	High
1 1 5	Female	65+ yrs	2015/16	per 100,000	679.9	606.4	710.4	Same	Same	25		\leq	Low
	Male				519.1	361.3	416.4	Worse	Worse	30		\sim	Low
	Persons				614.5	508.6	589.5	Worse	Same	28		\langle	Low
laged 65-79	Female			5 per 100,000	347.1	267.4	311.3	Same	Same	18		\sim	Low
	Male	65-79 yrs	2015/16		201.3	160.5	168.3	Same	Same	3		\sim	Low
	Persons				283.0	218.4	244.2	Worse	Same	27		\sim	Low
Hip fractures in people aged 65 and over - aged 80+	Female			16 per 100,000	1645.2	1589.3	1867.6	Same	Same	19		\langle	Low
	Male	80+ yrs	2015/16		1440.5	943.5	1135.7	Worse	Same	19		\sim	Low
	Persons				1576.0	1350.0	1590.7	Worse	Same	28		\langle	Low
Excess winter deaths index (single year, all ages)	Female	IAII ages	Aug 2014	g 2014 JI 2015	35.2	31.1	31.6	Same	Same	25		\sim	Low
	Male				21.8	22.2	23.6	Same	Same	14		$\sim \sim$	Low
	Persons		- Jul 2015		28.7	26.7	27.7	Same	Same	24		\leq	Low
Excess winter deaths index (single year, age 85+)	Female	85+ yrs	Aug 2014 - Jul 2015	20	53.6	44.1	42.4	Same	Same	23		\leq	Low
	Male				30.4	35.8	36.3	Same	Same	15		$\sim \sim$	Low
	Persons				44.3	40.9	40.1	Same	Same	21		\sim	Low
Excess winter deaths index (3 years, all ages)	Female		Aug 2012	2 5	27.9	21.1	22.4	Same	Same	29		\langle	Low
	Male	All ages	Aug 2012		17.6	16.1	16.6	Same	Same	23		\sim	Low
	Persons]	- Jul 2015		23.1	18.6	19.6	Same	Same	27		\sim	Low
Excess winter deaths index (3 years, age 85+)	Female		Aug 2012	2 5	47.5	30.0	29.2	Worse	Worse	32		\sim	Low
	Male	85+ yrs	Aug 2012		21.2	26.8	26.5	Same	Same	11		$\sim \sim$	Low
	Persons	1	- Jul 2015		37.5	28.8	28.2	Same	Same	27		\sim	Low

Appendix 2: Information about PHOF

The Public Health Outcomes Framework³ (PHOF) sets out a high-level overview of public health outcomes, at national and local level, supported by a broad set of indicators. The indicators cover the full spectrum of what is understood as public health and what can be measured at the moment. The PHOF is published by Public Health England (PHE) under section 73B of the NHS Act 2006 as guidance that Local Authorities must pay due regard. The PHOF concentrates on⁴:

- increased healthy life expectancy
- increased life expectancy
- reduced differences in healthy life expectancy between communities

The PHOF is used as a tool for local transparency and accountability, providing a means for benchmarking progress within each Local Authority and across authorities, and driving sector-led improvement where a Local Authority improves by learning from the experiences of peers. Alongside the NHS Outcomes Framework and Adult Social Care Outcomes Framework, the PHOF reflects the Government's focus on improving health outcomes for the population and reducing inequalities in health, setting expectations for what the system as a whole wants to achieve.

The PHOF was first published in 2012 and there was a commitment not to make any changes for three years to allow it to become established during the transfer of public health responsibilities from the NHS to Local Authorities. The PHOF indicators were refreshed in May 2016, following a consultation in 2015; the amended PHOF indicator set has allowed PHE to make sure that the PHOF is still as relevant and as useful as possible, now that three years has passed.

Whilst information is provided on performance against the overarching outcomes, the nature of public health is such that the improvements in these outcomes will take years, even decades to see marked change. So, PHE have developed a set of indicators that help focus understanding of how well we are doing year by year nationally and locally on those things that matter most to public health that we know will help improve the overarching outcomes.

Indicators have been included in the PHOF as they cover the full spectrum of what PHE understand public health to be, and what can realistically be measured at the moment. PHE have been able to, and will continue to, clarify and expand the technical specifications to reflect ongoing development work. The 66 outcomes of the PHOF consist of a total of 219 indicators; there is more than one indicator associated with some outcomes because there may be a number of sub-indicators, e.g. based on sex and/or age.

³ Public Health Outcomes Framework, Public Health England. <u>http://www.phoutcomes.info</u> (accessed 25.08.17)

⁴ Public Health Outcomes Framework 2016 to 2019.

https://www.gov.uk/government/publications/public-health-outcomes-framework-2016-to-2019 (accessed 25.08.17)

The distribution of the number of outcomes across the different domains are shown in Table 2.

Domain	Description	Outcomes
Overarching indicators	High level public health outcomes	2
Improving the wider determinants of health	Wider factors that affect health and wellbeing	18
Health improvement	Protecting the population's health from major incidents and other threats	23
Health protection	Helping people to live healthy lifestyles and make healthy choices	7
Healthcare public health and preventing premature mortality	Reducing numbers of people living with preventable ill health and people dying prematurely	16
Total	•	66

Table 2: Number of PHOF outcomes by domain