

LONDON BOROUGH OF HAVERING

Public Health Outcomes Framework

2018

Summary for Havering

Report based on June
2018 data

By LBH Public Health Service

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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 208 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 half are the same as London or England, a third are better and a fifth 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 since the last reported period other than the Male life expectancy at 65, which is reported as significantly worse compared with London. In comparison with England life expectancy tends to be same or 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 also significantly worse in terms of gap in the employment rate between those with a long-term health condition and the overall employment rate when compared to London and also in terms of days lost due to sickness absence, and the percentage of employees who had at least one day off in the previous week, Havering is significantly worse when compared to both London and England.

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.

¹ Public Health Outcomes Framework, Public Health England. <http://www.phoutcomes.info> (accessed 25.08.18)

Health improvement –Locally the health related behaviours that are significantly poor are: Under 18 conceptions, mothers who smoke during pregnancy and around delivery, initiating breast feeding, children aged 4-5 and 10-11 years and adults who are overweight, eating *5-a-day*, average number of portions of vegetables consumed daily at age 15, physically activity among adults, recorded diabetes, attending bowel cancer screening, 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.

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

Health protection –Havering has a significantly low rate of detecting Chlamydia in young people, and of vaccinating against a number of diseases (cervical cancer (13-14 years old), pneumococcal disease, flu and shingles).

Havering is significantly better than London (mostly ranked 1st or 2nd) and England for childhood vaccination rates covering age 1 to 5 years. 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 hip fractures in people aged 65+ years and the rate of *excess* winter deaths in females all ages; while it is largely same for males compared to London and England (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 same as London and better than England for mortality from causes that are considered preventable.

Havering is performing significantly better than both London and England for mortality rate from a range of specified communicable diseases and adults in contact with secondary mental health services and also performing either same or better than both London and England for preventable sight loss.

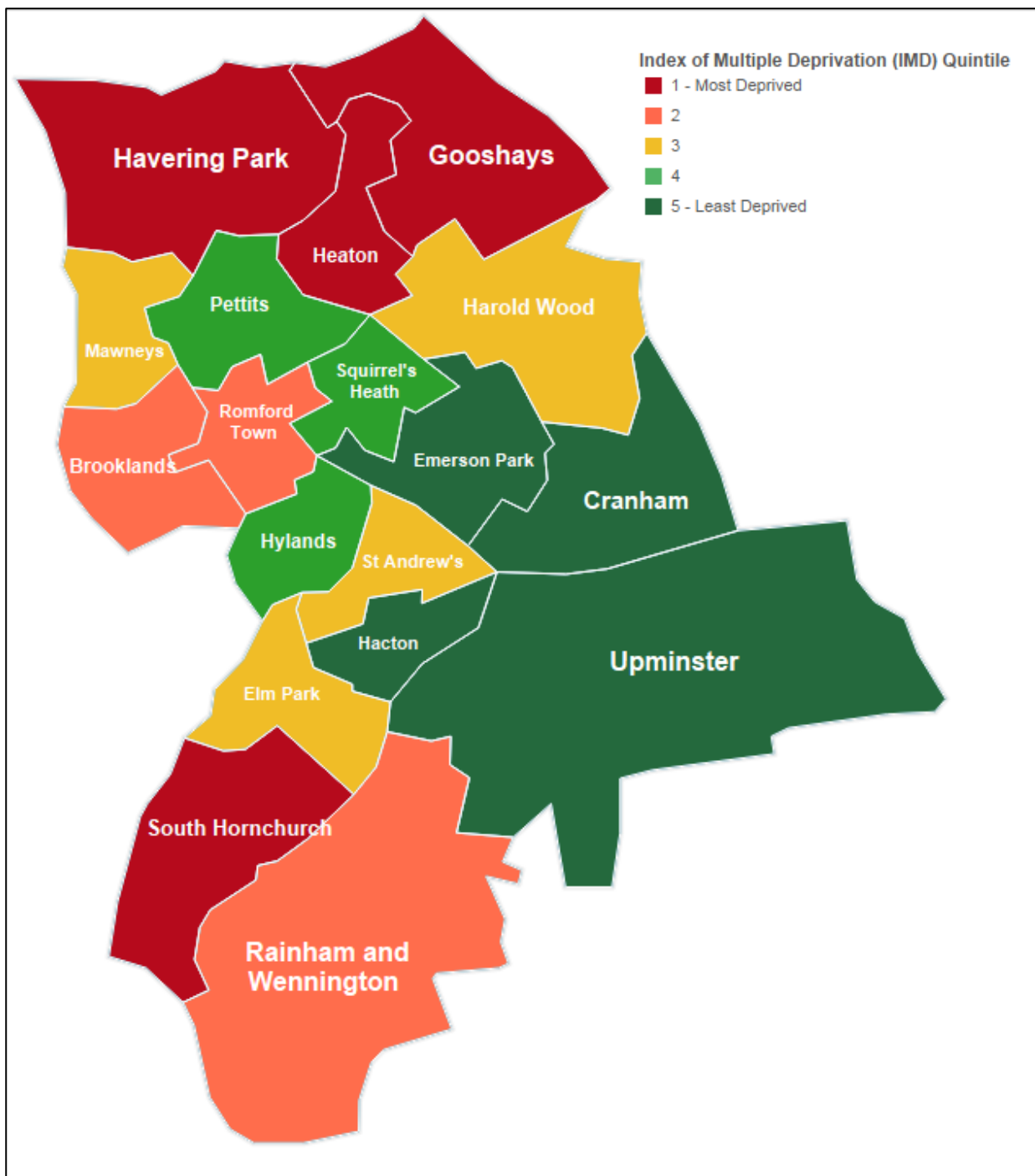
Most individual conditions therefore tend to have low premature mortality, though not necessarily significantly so.

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

Domain	London			England		
	Better	Same	Worse	Better	Same	Worse
Overarching indicators	0	7 (88%)	1(12%)	6 (75%)	2 (25%)	0
Improving the wider determinants of health	14 (31%)	22 (49%)	9 (20%)	16 (36%)	23 (51%)	6 (13%)
Health improvement	19 (35%)	25 (46%)	10 (19%)	24 (44%)	17 (31%)	14 (26%)
Health protection	15 (75%)	2 (10%)	3 (15%)	9 (45%)	4 (20%)	7 (35%)
Healthcare public health and preventing premature mortality	9 (15%)	39 (64%)	13 (21%)	11 (18%)	44 (72%)	6 (10%)
Total	57 (30%)	95 (51%)	36 (19%)	66 (35%)	90 (48%)	33 (17%)

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 indicators described will be worse than the average in the more deprived areas. The map below shows levels of deprivation in Havering.

Map 1: Deprivation by ward in the London Borough of Havering (IMD 2015 Quintiles).



Source: Index of Multiple Deprivation (IMD 2015)

Appendix 1: Ranking of all PHOF indicators

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 **RAG** status, where red is worse, amber is similar and green is better than the England average.























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

Domain - Overarching indicators





















Description					Values			Statistical significance		Rank in London out of 33 LA's	RAG Rating	Recent trend	What is good?
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	Compared with London	Compared with England				
Healthy life expectancy at birth	Female	All ages	2014 - 16	Years	64.1	64.4	63.9	Same	Same	16			High
	Male				65.7	63.5	63.3	Same	Better	7			High
Life expectancy at birth	Female	All ages	2014 - 16	Years	84.2	84.2	83.1	Same	Better	16			High
	Male				80.1	80.4	79.5	Same	Better	17			High
Life expectancy at 65	Female	65	2014 - 16	Years	21.6	21.9	21.1	Same	Better	18			High
	Male				18.9	19.3	18.8	Worse	Same	19			High
Gap in life expectancy at birth between each local authority and England as a whole	Female	All ages	2014 - 16	Years	1.1	1.1	0.0	Same	Better	14			High
	Male				0.6	0.9	0.0	Same	Better	16			High

² Public Health Outcomes Framework, Havering. <http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000049/pat/6/par/E12000007/ati/102/are/E09000016> (accessed 25.08.18)








Domain - Improving the wider determinants of health

Description					Values			Statistical significance		Rank in London out of 33 LA's	RAG Rating	Recent trend	What is good?
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	Compared with London	Compared with England				
Children in low income families (all dependent children under 20)	Persons	0-19 yrs	2015	%	15.3	19.2	16.6	Better	Better	10	 		Low
Children in low income families (under 16s)	Persons	<16 yrs	2015	%	15.8	18.8	16.8	Better	Better	11	 		Low
School Readiness: the percentage of children achieving a good level of development at the end of reception	Female	5 yrs	2016/17	%	78.4	79.5	77.7	Same	Same	22	 		High
	Male				65.3	66.8	64.0	Same	Same	22	 		High
	Persons				71.7	73.0	70.7	Same	Same	20	 		High
School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception	Female	5 yrs	2016/17	%	62.2	71.7	64.4	Worse	Same	32	 		High
	Male				51.4	56.1	48.1	Same	Same	27	 		High
	Persons				56.8	63.6	56.0	Worse	Same	31	 		High
School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check	Female	6 yrs	2016/17	%	88.7	87.0	84.8	Same	Better	7	 		High
	Male				81.8	80.9	77.6	Same	Better	13	 		High
	Persons				85.1	83.9	81.1	Same	Better	10	 		High
School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening	Female	6 yrs	2016/17	%	77.8	80.0	73.9	Same	Same	22	 		High
	Male				69.1	70.9	63.2	Same	Same	18	 		High
	Persons				73.3	75.3	68.4	Same	Better	22	 		High
Pupil absence	Persons	5-15 yrs	2015/16	%	4.7	4.5	4.6	Worse	Same	28	 		Low
First time entrants to the youth justice system	Persons	10-17 yrs	2016	per 100,000	341.1	407.3	327.1	Same	Same	11	 		Low
16-18 year olds not in education employment or training	Persons	16-17 yrs	2016	%	3.6	5.3	6.0	Better	Better	10	 		Low
Adults with a learning disability who live in stable and appropriate accommodation	Female	18-64 yrs	2016/17	%	68.5	72.4	76.8	Same	Worse	28	 		High
	Male				64.1	70.7	75.8	Worse	Worse	29	 		High
	Persons				65.8	71.3	76.2	Worse	Worse	30	 		High
Adults in contact with secondary mental health services who live in stable and appropriate accommodation	Female	18-69 yrs	2016/17	%	86.0	57.0	56.0	Better	Better	6	 		High
	Male				79.0	53.0	53.0	Better	Better	8	 		High
	Persons				82.0	55.0	54.0	Better	Better	7	 		High
Gap in the employment rate between those with a long-term health condition and the overall employment rate	Persons	16-64 yrs	2016/17	%	30.5	24.5	29.4	Worse	Same	29	 		Low
Gap in the employment rate between those with a learning disability and the overall employment rate	Female	18-64 yrs	2016/17	%	67.1	60.6	64.5	Same	Same	28	 		Low
	Male				73.9	72.7	73.3	Same	Same	21	 		Low
	Persons				70.4	66.6	68.7	Same	Same	23	 		Low











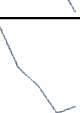





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Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	Female	18-69 yrs	2016/17	%	67.0	60.4	60.5	Worse	Same	27			Low
	Male				75.7	75.1	73.5	Same	Same	22			Low
	Persons				71.3	67.8	67.4	Same	Same	24			Low
Percentage of people aged 16-64 in employment	Female	16-64 yrs	2016/17	%	75	67	70	Better	Same	5			High
	Male				81.7	80.1	79.5	Same	Same	13			High
	Persons				78.3	73.8	74.4	Better	Same	6			High
Sickness absence - the percentage of employees who had at least one day off in the previous week	Persons	16+ yrs	2014 - 16	%	4.0	2.2	2.1	Worse	Worse	32			Low
Sickness absence - the percent of working days lost due to sickness absence	Persons	16+ yrs	2014 - 16	%	2.3	1.1	1.2	Worse	Worse	32			Low
Killed and seriously injured (KSI) casualties on England's roads	Persons	All ages	2014 - 16	per 100,000	25.8	26.0	39.7	Same	Better	21			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	2016/17	per 1,000	22.9	22.9	22.5	Not compared	Not compared	1			Low
Violent crime (including sexual violence) - hospital admissions for violence	Female	All ages	2014/15 - 16/17	per 100,000	8.1	16.9	17.2	Better	Better	1			Low
	Male				42.7	69.6	68.4	Better	Better	3			Low
	Persons				24.9	43.3	42.9	Better	Better	2			Low
Violent crime (including sexual violence) - violence offences per 1,000 population	Persons	All ages	2016/17	per 1,000	20.7	22.2	20.0	Not compared	Not compared	12			Low
Rate of sexual offences per 1,000 population	Persons	All ages	2016/17	per 1,000	1.4	1.8	1.9	Not compared	Not compared	6			Low
Re-offending levels - percentage of offenders who re-offend	Persons	All ages	2014	%	20.3	25.7	25.4	Not compared	Not compared	1			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			Low
First time offenders	Persons	All ages	2016	per 100,000	228.4	278.6	218.4	Not compared	Not compared	10			Low
The rate of complaints about noise	Persons	All ages	2015/16	per 1,000	2.2	14.6	6.3	Better	Better	1			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





















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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	Persons	Not applicabl	2016/17	per 1,000	0	1	1	Better	Better	7			Low
Statutory homelessness - households in temporary accommodation	Persons	Not appli	2016/17	per 1,000	7.2	15.1	3.3	Better	Worse	8			Low
Utilisation of outdoor space for exercise/health reasons	Persons	16+ yrs	Mar 2015 - Feb 2016	%	22.0	18.0	17.9	Same	Same	5			High
Fuel poverty	Persons	All ages	2015	% of households	7.8	10.1	11.0	Not compared	Not compared	6			Low
Social Isolation: percentage of adult social care users who have as much social contact as they would like	Persons	18+ yrs	2016/17	%	41.9	41.0	45.4	Same	Same	13			High
Social Isolation: percentage of adult carers who have as much social contact as they would like	Persons	18+ yrs	2016/17	%	34.6	35.6	35.5	Same	Same	11			High


Domain - Health improvement

Description					Values			Statistical significance		Rank in London out of 33 LA's	RAG Rating	Recent trend	What is good?
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	Compared with London	Compared with England				
Low birth weight of term babies	Persons	>=37 weeks	2016	%	2.3	3.0	2.8	Same	Better	3			Low
Breastfeeding - breastfeeding initiation	Female	All ages	2016/17	%	59.7	86.1	74.5	Worse	Not compared	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	2016/17	%	7.6	4.9	10.7	Better	Worse	30			Low
Under 18 conceptions	Female	<18 yrs	2016	per 1,000	24.3	17.1	18.8	Worse	Worse	29			Low
Under 18 conceptions: conceptions in those aged under 16	Female	<16 yrs	2016	per 1,000	3.2	2.4	3.0	Same	Same	20			Low
Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds	Persons	4-5 yrs	2016/17	%	25.1	22.3	22.6	Worse	Worse	28			Low
Child excess weight in 4-5 and 10-11 year olds - 10-11 year olds	Persons	10-11 yrs	2016/17	%	38.9	38.5	34.2	Worse	Same	16			Low
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	Persons	<15 yrs	2016/17	per 10,000	71.0	78.1	101.5	Better	Same	14			Low
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	Persons	0-4 yrs	2016/17	per 10,000	90.0	94.8	126.3	Better	Same	14			Low
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	Persons	15-24 yrs	2016/17	per 10,000	75.8	96.5	129.2	Better	Better	5			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	2016/17	score	12.8	13.7	14.1	Not compared	Not compared	12			Low
Percentage of children where there is a cause for concern	Persons	5-16 yrs	2016/17	%	30.4	35.5	38.1	Same	Same	8			Low
Smoking prevalence at age 15 - current smokers (WAY survey)	Persons	15 yrs	2014/15	%	5.8	6.1	8.2	Better	Same	15			Low
Smoking prevalence at age 15 - regular smokers (WAY survey)	Persons	15 yrs	2014/15	%	3.5	3.4	5.5	Better	Same	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

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














Emergency Hospital Admissions for Intentional Self-Harm	Female	All ages	2016/17	per 100,000	88.3	108.7	233.7	Better	Better	8			Low
	Male				63.8	60.4	138.8	Better	Same	22			Low
	Persons				75.4	84.1	185.3	Better	Same	12			Low
Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	Persons	16+ yrs	2016/17	%	57.1	56.7	57.4	Same	Same	18			High
Average number of portions of fruit consumed daily (adults)	Persons	16+ yrs	2016/17	number	2.5	2.7	2.6	Same	Same	29			High
Average number of portions of vegetables consumed daily (adults)	Persons	16+ yrs	2016/17	number	2.7	2.7	2.7	Same	Same	18			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	18+ yrs	2016/17	%	57.6	55.2	61.3	Same	Same	22			Low
Percentage of physically active and inactive adults - active adults	Persons	19+ yrs	2016/17	%	59.0	64.6	66.0	Worse	Worse	6			Low
Percentage of physically active and inactive adults - inactive adults	Persons	19+ yrs	2016/17	%	28.1	22.9	22.2	Worse	Worse	26			Low
Smoking Prevalence in adults - current smokers (APS)	Female	18+ yrs	2016	%	13.9	11.9	13.7	Same	Same	24			Low
	Male				16.0	18.5	17.4	Same	Same	12			Low
	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	%	17.3	16.4	17.7	Same	Same	22			Low
Successful completion of drug treatment - opiate users	Persons	18-75 yrs	2016	%	5.0	7.2	6.7	Same	Same	30			High
Successful completion of drug treatment - non-opiate users	Persons	18-75 yrs	2016	%	35.3	38.7	37.1	Same	Same	23			High
Successful completion of alcohol treatment	Persons	18-75 yrs	2016	%	40.1	40.6	38.7	Same	Same	16			High
Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	Persons	18+ yrs	2016/17	%	19.5	21.0	30.3	Worse	Same	18			High

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Recorded diabetes	Persons	17+ yrs	2017	%	73.0	71.2	77.1	Worse	Same	16			High
Admission episodes for alcohol-related conditions - narrow definition	Female	All ages	2016/17	per 100,000	297.7	372.7	473.2	Better	Better	5			Low
	Male				599.9	707.2	818.4	Better	Better	3			Low
	Persons				434.7	529.4	636.4	Better	Better	3			Low
Cancer diagnosed at early stage (experimental statistics)	Persons	All ages	2016	%	49.3	51.9	52.6	Not compared	Not compared	26			High
Cancer screening coverage - breast cancer	Female	53-70 yrs	2017	%	77.8	69.4	75.4	Better	Better	3			High
Cancer screening coverage - cervical cancer	Female	25-64 yrs	2017	%	74.0	65.7	72.0	Better	Better	2			High
Cancer screening coverage - bowel cancer	Persons	60-74 yrs	2017	%	50.7	49.6	58.8	Worse	Better	14			High
Abdominal Aortic Aneurysm Screening - Coverage	Male	65	2016/17	%	85.7	76.0	80.9	Better	Better	1			High
Newborn Blood Spot Screening - Coverage	Persons	< 1 yr	2015/16	%	98.5	96.2	96.5	Not compared	Not compared	10			High
Newborn Hearing Screening - Coverage	Persons	< 1 yr	2015/16	%	96.1	98.0	98.4	Not compared	Not compared	32			High
Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check	Persons	40-74 yrs	2013/14 - 16/17	%	58.3	85.0	74.1	Worse	Worse	28			High
Cumulative % of the eligible pop. aged 40-74 offered an NHS Health Check who received one	Persons	40-74 yrs	2013/14 - 16/17	%	48.5	48.1	48.9	Same	Same	18			High
Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check	Persons	40-74 yrs	2013/14 - 16/17	%	28.3	40.9	36.2	Worse	Worse	29			High
Self-reported wellbeing - people with a low satisfaction score	Persons	16+ yrs	2014/15	%	6.3	4.3	4.5	Not compared	Not compared	2			Low
Self-reported wellbeing - people with a low happiness score	Persons	16+ yrs	2015/16	%	7.0	7.7	8.5	Not compared	Not compared	3			Low
Self-reported wellbeing - people with a high anxiety score	Persons	16+ yrs	2016/17	%	17.7	20.8	19.9	Same	Same	6			Low
Emergency hospital admissions due to falls in people aged 65 and over	Female	65+ yrs	2016/17	per 100,000	1705.7	2420.6	2395.6	Better	Better	1			Low
	Male				1273.3	1874.4	1714.9	Better	Better	1			Low
	Persons				1535.7	2201.1	2113.8	Better	Better	1			Low
Emergency hospital admissions due to falls in people aged 65 and over - aged 65-79	Female	65-79 yrs	2016/17	per 100,000	784.6	1210.1	1152.5	Better	Better	1			Low
	Male				605.5	1000.5	813.8	Better	Better	1			Low
	Persons				706.9	1114.4	993.3	Better	Better	1			Low
Emergency hospital admissions due to falls in people aged 65 and over - aged 80+	Female	80+ yrs	2016/17	per 100,000	4376.8	5931.1	6000.9	Better	Better	2			Low
	Male				3209.9	4408.8	4328.4	Better	Better	3			Low
	Persons				3939.2	5352.5	5363.2	Better	Better	2			Low

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Domain - Health protection

Description					Values			Statistical significance		Rank in London out of 33 LA's	RAG Rating	Recent trend	What is good?
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	Compared with London	Compared with England				
Fraction of mortality attributable to particulate air pollution	Persons	30+ yrs	2016	%	6.0	6.4	5.3	Not compared	Not compared	3			Low
Chlamydia detection rate (15-24 year olds)	Persons	15-24 yrs	2017	per 100,000	939.4	2199.4	1881.9	Worse	Worse	33			High
	Female				1178.7	2791.2	2501.8	Not compared	Not compared	32			High
	Male				707.0	1574.4	1263.6	Not compared	Not compared	33			High
Population vaccination coverage - Dtap / IPV / Hib (1 year old)	Persons	1 yr	2016/17	%	95.1	88.8	93.4	Better	Better	1			High
Population vaccination coverage - Dtap / IPV / Hib (2 years old)	Persons	2 yrs	2016/17	%	96.7	91.6	95.1	Better	Better	1			High
Population vaccination coverage - MenC	Persons	1 yr	2015/16	%	97.6	89.9	93.9	Not compared	Not compared	2			High
Population vaccination coverage - MMR for one dose (5 years old)	Persons	5 yrs	2016/17	%	96.3	91.1	95.0	Better	Better	1			High
Population vaccination coverage - PCV	Persons	1 yr	2016/17	%	95.2	89.2	93.5	Better	Better	1			High
Population vaccination coverage - Hib / MenC booster (2 years old)	Persons	2 yrs	2016/17	%	93.8	84.2	91.5	Better	Better	1			High
Population vaccination coverage - Hib / Men C booster (5 years old)	Persons	5 yrs	2016/17	%	95.1	88.2	92.6	Better	Better	1			High
Population vaccination coverage - PCV booster	Persons	2 yrs	2016/17	%	93.3	84.5	91.5	Better	Better	2			High
Population vaccination coverage - MMR for one dose (2 years old)	Persons	2 yrs	2016/17	%	93.0	85.1	91.6	Better	Better	1			High
Population vaccination coverage - MMR for two doses (5 years old)	Persons	5 yrs	2016/17	%	89.4	79.5	87.6	Better	Better	1			High
Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old)	Female	12-13 yrs	2016/17	%	88.6	83.8	87.2	Better	Same	7			High
Population vaccination coverage - PPV	Persons	65+ yrs	2016/17	%	65.3	64.3	69.8	Better	Worse	11			High
Population vaccination coverage - Flu (aged 65+)	Persons	65+ yrs	2016/17	%	65.7	65.1	70.5	Better	Worse	14			High
Population vaccination coverage - Flu (at risk individuals)	Persons	6 months-64 yrs	2016/17	%	42.6	47.1	48.6	Worse	Worse	28			High
































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Population vaccination coverage - HPV vaccination coverage for two doses (females 13-14 years old)	Female	13-14 yrs	2016/17	%	75.1	77.7	83.1	Worse	Worse	24			High
Population vaccination coverage - Shingles vaccination coverage (70 years old)	Persons	70	2016/17	%	44.9	41.2	48.3	Better	Worse	10			High
Population vaccination coverage - Flu (2-4 years old)	Persons	2-4 yrs	2016/17	%	30.9	29.2	38.1	Better	Worse	9			High
HIV late diagnosis	Persons	15+ yrs	2014 - 16	%	37.5	33.7	40.1	Same	Same	20			Low
Treatment completion for TB	Persons	All ages	2015	%	85.0	86.9	83.4	Same	Same	20			High
Incidence of TB	Persons	All ages	2014 - 16	per 100,000	9.8	27.0	10.9	Better	Same	5			Low
NHS organisations with a board approved sustainable development management plan	Not applicable		2015/16	%	100.0	70.1	66.2	Same	Same	1			High
Adjusted antibiotic prescribing in primary care by the NHS	Persons	All ages	2016	per STAR-PU	1.1	0.9	1.1	Worse	Worse	32			Low

Domain - Healthcare public health and preventing premature mortality

Description					Values			Statistical significance		Rank in	RAG	Recent	What is
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	Compared with London	Compared with England	London out of 33 LA's	Rating	trend	good?
Infant mortality per 1,000 live births	Persons	< 1 yr	2014 - 16	per 1,000	1.7	3.2	3.9	Better	Better	2			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 preventable	Female	All ages	2014 - 16	per 100,000	120.4	122.2	138.5	Same	Better	13			Low
	Male				212.6	218.0	230.4	Same	Better	15			Low
	Persons				163.5	167.7	182.8	Same	Better	15			Low
Under 75 mortality rate from all cardiovascular diseases	Female	<75 yrs	2014 - 16	per 100,000	37.1	46.7	45.8	Better	Better	6			Low
	Male				92.8	105.7	102.7	Better	Same	10			Low
	Persons				63.6	74.9	73.5	Better	Better	9			Low
Under 75 mortality rate from cardiovascular diseases considered preventable	Female	<75 yrs	2014 - 16	per 100,000	20.0	24.6	24.3	Same	Same	7			Low
	Male				66.8	69.6	70.4	Same	Same	11			Low
	Persons				42.3	46.2	46.7	Same	Same	10			Low
Under 75 mortality rate from cancer	Female	<75 yrs	2014 - 16	per 100,000	123.7	111.4	122.6	Worse	Same	26			Low
	Male				167.0	144.3	152.1	Worse	Worse	26			Low
	Persons				144.0	126.8	136.8	Worse	Same	25			Low
Under 75 mortality rate from cancer considered preventable	Female	<75 yrs	2014 - 16	per 100,000	76.9	66.5	73.4	Worse	Same	28			Low
	Male				90.4	81.7	85.9	Same	Same	23			Low
	Persons				83.2	73.5	79.4	Worse	Same	23			Low
Under 75 mortality rate from liver disease	Female	<75 yrs	2014 - 16	per 100,000	13.4	10.5	12.8	Same	Same	28			Low
	Male				25.9	23.4	23.9	Same	Same	22			Low
	Persons				19.4	16.8	18.3	Same	Same	23			Low
Under 75 mortality rate from liver disease considered preventable	Female	<75 yrs	2014 - 16	per 100,000	10.4	9.0	10.9	Same	Same	24			Low
	Male				23.3	21.3	21.5	Same	Same	21			Low
	Persons				16.6	14.9	16.1	Same	Same	22			Low
Under 75 mortality rate from respiratory disease	Female	<75 yrs	2014 - 16	per 100,000	28.0	23.7	28.7	Same	Same	27			Low
	Male				34.4	37.7	39.2	Same	Same	15			Low
	Persons				31.1	30.3	33.8	Same	Same	17			Low
Under 75 mortality rate from respiratory disease considered preventable	Female	<75 yrs	2014 - 16	per 100,000	14.4	12.7	16.5	Same	Same	21			Low
	Male				16.7	20.7	20.8	Same	Same	12			Low
	Persons				15.5	16.5	18.6	Same	Same	14			Low
Mortality rate from a range of specified communicable diseases, including influenza	Female	All ages	2014 - 16	per 100,000	6.7	9.9	9.9	Better	Better	7			Low
	Male				8.1	12.2	11.6	Same	Same	6			Low
	Persons				7.2	11.0	10.7	Better	Better	5			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			Low

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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	2011 - 13	per 100,000	4.3	4.2	4.8	Not compared	Not compared	17			Low
	Male				14.8	13.4	15.3	Same	Same	24			Low
	Persons				8.1	8.7	9.9	Same	Same	13			Low
Emergency readmissions within 30 days of discharge from hospital	Female	All ages	2011/12	%	12.1	11.7	11.5	Same	Worse	22			Low
	Male				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	2016/17	per 100,000	69.2	82.3	111.3	Same	Better	11			Low
Preventable sight loss - glaucoma	Persons	40+ yrs	2016/17	per 100,000	7.2	14.0	13.1	Better	Same	3			Low
Preventable sight loss - diabetic eye disease	Persons	12+ yrs	2015/16	per 100,000	3.9	2.6	3.1	Not compared	Not compared	1			Low
Preventable sight loss - sight loss certifications	Persons	All ages	2016/17	per 100,000	32.4	30.0	42.4	Same	Better	23			Low
Health related quality of life for older people	Persons	65+ yrs	2016/17	score	0.7	0.7	0.7	Same	Same	17			High
Hip fractures in people aged 65 and over	Female	65+ yrs	2016/17	per 100,000	648.6	595.7	693.2	Same	Same	23			Low
	Male				438.2	356.6	407.9	Same	Same	30			Low
	Persons				564.2	498.7	575.0	Worse	Same	29			Low
Hip fractures in people aged 65 and over - aged 65-79	Female	65-79 yrs	2016/17	per 100,000	280.3	271.7	306.3	Same	Same	12			Low
	Male				176.6	163.4	166.3	Same	Same	2			Low
	Persons				236.4	222.3	240.6	Same	Same	24			Low
Hip fractures in people aged 65 and over - aged 80+	Female	80+ yrs	2016/17	per 100,000	1716.7	1535.2	1815.2	Same	Same	28			Low
	Male				1196.9	916.8	1108.4	Same	Same	18			Low
	Persons				1514.8	1300.2	1544.5	Worse	Same	31			Low
Excess winter deaths index (single year, all ages)	Female	All ages	Aug 2015 - Jul 2016	%	30.2	12.4	16.2	Worse	Same	31			Low
	Male				13.9	16.1	13.9	Same	Same	15			Low
	Persons				22.3	14.2	15.1	Same	Same	29			Low
Excess winter deaths index (single year, age 85+)	Female	85+ yrs	Aug 2015 - Jul 2016	%	37.8	18.0	17.8	Same	Same	30			Low
	Male				28.8	21.1	17.5	Same	Same	20			Low
	Persons				34.6	19.2	17.7	Same	Worse	30			Low
Excess winter deaths index (3 years, all ages)	Female	All ages	Aug 2013 - Jul 2016	%	30.8	18.5	20.2	Worse	Worse	30			Low
	Male				15.3	15.8	15.4	Same	Same	19			Low
	Persons				23.4	17.2	17.9	Worse	Same	27			Low
Excess winter deaths index (3 years, age 85+)	Female	85+ yrs	Aug 2013 - Jul 2016	%	48.4	27.1	25.3	Worse	Worse	32			Low
	Male				22.0	25.0	23.3	Same	Same	15			Low
	Persons				38.5	26.3	24.6	Worse	Worse	31			Low
Estimated dementia diagnosis rate (aged 65+)	Persons	65+ yrs	2017	%	60.3	71.1	67.9	Worse	Worse	31			High

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. <http://www.phoutcomes.info> (accessed 25.08.18)

⁴ Public Health Outcomes Framework 2016 to 2019.

<https://www.gov.uk/government/publications/public-health-outcomes-framework-2016-to-2019> (accessed 25.08.18)

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

Table 2: Number of PHOF outcomes by domain

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