Public Health Outcomes Framework

Derby City

2025

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Executive Summary

This report reviews the Public Health Outcomes Framework for Derby City[1] that was published in November 2025. It is intended that this report is updated annually, following the PHOF publications in at the end of each year.

Domain A – Overarching indicators

Overall health outcomes in Derby continue to lag behind England, reflecting longstanding inequalities and pressures across the life course. Life expectancy and healthy life expectancy remain significantly worse than the national average for both males and females, with gaps evident at birth and at age 65. There are no overarching indicators where Derby performs significantly better than England, underlining the cumulative impact of wider determinants, health behaviours, and service access on population health outcomes.

Domain B – Wider determinants of health

Derby faces substantial challenges across several wider determinants, particularly those affecting children, young people, and working-age adults. Educational outcomes and early development are areas of concern, with school readiness at the expected level in the Year 1 phonics screening check ranked among the worst 10% nationally. Social factors also present challenges, including higher levels of loneliness among adults, which is similarly ranked in the worst decile. While Derby performs better than England for some indicators such as youth justice entry rates and homelessness, the overall picture highlights persistent social and economic pressures influencing health.

Domain C – Health improvement

Health behaviours and preventable ill health remain major contributors to poor outcomes in Derby. Adult obesity prevalence is significantly worse than England and is ranked in the worst 10% nationally, alongside very high rates of alcohol-related hospital admissions, affecting the population overall and both males and females specifically. Physical inactivity, low uptake of cancer screening, and higher rates of self-harm admissions further compound risks. Falls related emergency admissions among older people are also a concern, with

[1] Office for Health Improvement and Disparities (2026) *Public health profiles – Public Health Outcomes Framework at a glance summary, Derby*. Available at: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/13/gid/1000049/pat/15/par/E92000001/ati/502/are/E06000015/iid/90362/age/1/sex/1/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0 accessed on 12/01/2026.

indicators for those aged 65 and over and 80+ both in the worst 10% nationally, reflecting growing pressures from frailty and ageing.

Domain D – Health protection

Derby performs significantly worse than England across a wide range of immunisation and vaccination indicators, spanning infancy, childhood, adolescence, and older age groups. Seasonal influenza vaccination uptake is particularly low among at-risk adults and those aged 65 and over, with worsening trends. Tuberculosis incidence remains higher than England, though stable. Positively, Derby performs better than England for HIV late diagnosis, tuberculosis treatment completion, and antibiotic prescribing, demonstrating strengths in infection management and antimicrobial stewardship.

Domain E – Healthcare and premature mortality

Premature mortality remains a major concern. Derby has significantly higher under 75 mortality rates from preventable causes, including cardiovascular disease, cancer, and liver disease. Liver disease mortality (three-year average) and preventable liver disease mortality are both ranked in the worst 10% nationally, highlighting the cumulative impact of alcohol-related harm. Mortality among adults with severe mental illness is markedly higher, with excess under 75 mortality in this group also in the worst decile. Emergency readmissions within 30 days of discharge are significantly higher and worsening, while preventable sight loss due to age-related macular degeneration is also among the worst nationally.

CHRM group, theme and sub-theme overview

Analysis of the 2025 PHOF indicators mapped to the CHRM framework provides additional insight into the pattern of health challenges in Derby. Indicators classified under Health Outcomes show the highest proportion of red ratings, particularly within themes relating to length of life, reinforcing the scale of premature mortality and long-term health inequality. Within Health Factors, a substantial proportion of indicators are also rated red, notably within health behaviours and clinical care, while social and economic factors display a more mixed profile. At sub-theme level, the most adverse patterns are observed for alcohol and drug use and diet and exercise, where indicators are predominantly or entirely rated red. In contrast, indicators mapped to the physical environment, particularly housing and transit, are more likely to be rated green, highlighting areas where outcomes compare more favourably with England.

Overall summary and key areas of concern

Taken together, the PHOF highlights persistent and interconnected health challenges in Derby across the life course. A number of indicators are ranked in the worst 10% of English local authorities, notably school readiness in early childhood, loneliness among adults, adult

obesity, alcohol-related hospital admissions, and falls among older people. Premature mortality remains a significant concern, particularly deaths related to liver disease, preventable liver disease, and excess mortality among adults with severe mental illness. Pressures within healthcare are also evident, with emergency readmissions within 30 days of discharge and preventable sight loss due to age-related macular degeneration performing poorly compared with England. Collectively, these indicators point to substantial and ongoing health inequalities affecting Derby's population.

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1. Domain A – Overarching indicators

1.1. Derby performance in Domain A – Overarching indicators

Derby performs significantly worse than England across almost all core measures of healthy life expectancy and disability-free life expectancy, both at birth and at age 65. This indicates that residents experience shorter lives in good health and spend more years living with illness or disability.

Life expectancy at birth and at age 65 is also significantly lower for females and for males when measured across pooled periods, despite some single-year estimates not differing significantly. Importantly, none of the overarching indicators show a statistically significant improvement or deterioration, suggesting that these inequalities are long-standing and persistent.

There are no indicators in the Overarching domain where Derby performs significantly better than England.

Table 1. PHOF 2025 Domain A - Overarching indicators where values are significantly worse than England (red values)

Indicator	Age	Sex	Period	Derby	England	Change from previous
Healthy life expectancy at birth	All ages	Male	2021–23	56.6	61.5	No significant change
Healthy life expectancy at birth	All ages	Female	2021–23	55.9	61.9	No significant change
Life expectancy at birth	All ages	Male	2021–23	77.7	79.1	No significant change
Life expectancy at birth	All ages	Female	2023	81.7	83.2	No significant change
Life expectancy at birth	All ages	Female	2021–23	81.6	83.1	No significant change
Disability-free life expectancy at birth	All ages	Male	2018–20	57.1	62.4	No significant change
Disability-free life expectancy at birth	All ages	Female	2018–20	54.8	60.9	No significant change

Indicator	Age	Sex	Period	Derby	England	Change from previous
Healthy life expectancy at 65	65	Male	2021–23	8.3	10.1	No significant change
Healthy life expectancy at 65	65	Female	2021–23	8.9	11.2	No significant change
Life expectancy at 65	65	Male	2021–23	18.0	18.7	No significant change
Life expectancy at 65	65	Female	2023	20.4	21.3	No significant change
Life expectancy at 65	65	Female	2021–23	20.3	21.1	No significant change
Disability-free life expectancy at 65	65	Male	2018–20	8.1	9.8	No significant change

Table 2. PHOF 2025 Domain A - Overarching indicators where values are significantly better than England (green values)

Indicator	Age	Sex	Period	Derby	England	Change from previous

1.2. Indicators in the Worst 10% LA ranking

None.

1.3. Tracking changes over time

Table 3. Domain A – Overarching indicators change over time of significance compared to England

PHOF Indicators	2025	2024
A01a - Healthy life expectancy at birth All ages Male		
A01a - Healthy life expectancy at birth All ages Female		

PHOF Indicators	2025	2024
A01b - Life expectancy at birth All ages Male		
A01b - Life expectancy at birth All ages Male		
A01b - Life expectancy at birth All ages Female		
A01b - Life expectancy at birth All ages Female		
A01c - Disability free life expectancy at birth All ages Male		
A01c - Disability free life expectancy at birth All ages Female		
A02a - Inequality in life expectancy at birth All ages Male		
A02a - Inequality in life expectancy at birth All ages Female		
A02c - Inequality in healthy life expectancy at birth LA All ages Male		
A02c - Inequality in healthy life expectancy at birth LA All ages Female		
A01a - Healthy life expectancy at 65 Male		
A01a - Healthy life expectancy at 65 Female		
A01b - Life expectancy at 65 Male		
A01b - Life expectancy at 65 Male		
A01b - Life expectancy at 65 Female		
A01b - Life expectancy at 65 Female		
A01c - Disability-free life expectancy at 65 Male		
A01c - Disability-free life expectancy at 65 Female		
A02a - Inequality in life expectancy at 65 Male		
A02a - Inequality in life expectancy at 65		

The Derby PHOF Domain A Overarching indicators in 2025 had 81% that were red indicators and 19% that were amber indicators. There were no green indicators.

2025 compared to 2024 showed no change in the proportions of red, amber and green indicators.

Table 4. Significance total counts and proportions for Domain A – Overarching indicators change over time

Significance compared to England	2025 % (n)	2024 % (n)
Red	81 (13)	81 (13)
Amber	19 (3)	19 (3)
Green	0 (0)	0 (0)

2. Domain B – Wider determinants of health

2.1. Derby performance in Domain B – Wider determinants of health indicators

Derby performs significantly worse than England across a wide range of wider determinants, particularly in child poverty, early years and school readiness, employment, homelessness, serious violence, and loneliness. The inclusion of loneliness highlights an additional social risk factor that is closely linked to poor mental health, long-term conditions, and increased demand on health and care services.

Educational disadvantage is evident across multiple early years indicators, including phonics attainment and communication, language and literacy development at the end of Reception, suggesting that inequalities emerge early in the life course and may persist into adulthood.

Derby also has significantly higher hospital admission rates due to violence, including sexual violence, and a higher rate of households owed a homelessness duty, reflecting broader social and economic pressures.

Several indicators in this domain show a worsening recent trend, as indicated by red arrows in the *Recent trend* column of the PHOF, reinforcing concerns that inequalities in wider determinants are not only persistent but, for some measures, deteriorating.

Despite these challenges, Derby performs significantly better than England in a number of areas, including lower rates of first-time entrants to the youth justice system, lower proportions of young people who are NEET, lower use of temporary accommodation, and fewer complaints about noise, representing areas of relative strength within the wider determinants domain.

Table 5. PHOF 2025 Domain B – Wider determinants of health indicators where values are significantly worse than England (red values)

Indicator	Age	Sex	Period	Derby	England	Change from previous
Children in absolute low income families (under 16s)	<16	Persons	2023/24	28.2%	19.1%	No significant change
Children in relative low income families (under 16s)	<16	Persons	2023/24	31.9%	22.1%	No significant change
Children in low income families (all dependent children under 20)	0–19	Persons	2016	21.0%	17.0%	No significant change
School readiness – good level of development	5	Persons	2023/24	64.8%	67.7%	No significant change
School readiness – expected level in phonics screening (Year 1)	6	Persons	2023/24	76.8%	80.2%	No significant change
School readiness – expected level in communication and language skills (Reception)	5	Persons	2023/24	77.1%	79.3%	No significant change
School readiness – expected level in communication, language and literacy (Reception)	5	Persons	2023/24	65.6%	69.2%	No significant change
People in employment	16–64	Persons	2024/25	69.9%	75.7%	No significant change
Homelessness – households owed a duty	All	Persons	2023/24	22.6	13.4	No significant change
Violent crime – hospital admissions for violence (including sexual violence)	All	Persons	2021/22–2023/24	41.6	34.2	No significant change
Loneliness – adults who feel lonely often or always	16+	Persons	2022–24	9.5%	7.0%	No significant change

Table 6. PHOF 2025 Domain B – Wider determinants of health indicators where values are significantly better than England (green values)

Indicator	Age	Sex	Period	Derby	England	Change from previous
First time entrants to the youth justice system	10–17	Persons	2024	86.9	137.7	No significant change
16–17 year olds NEET or activity not known	16–17	Persons	2023/24	4.1%	5.4%	No significant change
Adults with a learning disability living in own home or with family	18–64	Persons	2023/24	87.2%	81.6%	No significant change
Adults with secondary mental health services in stable accommodation	18–69	Persons	2020/21	69.0%	58.0%	No significant change
Homelessness – households in temporary accommodation	All	Persons	2023/24	2.9	4.6	No significant change
Rate of complaints about noise	All	Persons	2023/24	3.3	5.9	No significant change

2.2. Indicators in the Worst 10% LA ranking

B02b - School readiness – expected level in phonics screening (Year 1)

B13c – First time offenders

B19 - Loneliness – adults who feel lonely often or always

2.3. Tracking changes over time

Table 7. Domain B – Wider determinants of health indicators change over time of significance compared to England

PHOF Indicators	2025	2024
B01b - Children in absolute low income families (under 16s) <16 yrs Persons		
B01b - Children in relative low income families (under 16s) <16 yrs Persons		
B02a - School readiness: percentage of children achieving a good level of development at the end of Reception 5 yrs Persons		
B02a - School readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception 5 yrs Persons		
B02b - School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1 6 yrs Persons		
B02b - School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1 6 yrs Persons		
B02c - School readiness: percentage of children achieving at least the expected level in communication and language skills at the end of Reception 5 yrs Persons		
B02d - School readiness: percentage of children achieving at least the expected level of development in communication and language and literacy skills at the end of Reception 5 yrs Persons		
B03 - Pupil absence 5-15 yrs Persons		
B04 - First time entrants to the youth justice system 10-17 yrs Persons		
B05 - 16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known 16-17 yrs Persons		
B06a - Adults with a learning disability who live in their own home or with their family 18-64 yrs Persons		
B06b - Adults in contact with secondary mental health services who live in stable and appropriate accommodation 18-69 yrs Persons		
B08a - Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate 16-64 yrs Persons	Discont.	

PHOF Indicators	2025	2024
B08a - The percentage of the population with a physical or mental long term health condition in employment (aged 16 to 64) 16-64 yrs Persons	Discont.	
B08b - Gap in the employment rate between those who are in receipt of long term support for a learning disability (aged 18 to 64) and the overall employment rate 18-64 yrs Persons	Discont.	
B08b - The percentage of the population who are in receipt of long term support for a learning disability that are in paid employment (aged 18 to 64)	Discont.	
B08c - Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate 18-69 yrs Persons	Discont.	
B08c - The percentage of the population who are in contact with secondary mental health services and on the Care Plan Approach, that are in paid employment (aged 18 to 69) 18-69 yrs Persons		
B08d - Percentage of people in employment Persons		
B09a - Sickness absence: the percentage of employees who had at least one day off in the previous week 16+ yrs Persons		
B09b - Sickness absence: the percentage of working days lost due to sickness absence 16+ yrs Persons		
B10 - Killed and seriously injured casualties on England's roads		
B11 - Domestic abuse related incidents and crimes 16+ yrs Persons		
B12a - Violent crime - hospital admissions for violence (including sexual violence) All ages Persons		
B12b - Violent crime - violence offences per 1,000 population All ages Persons		
B12c - Violent crime - sexual offences per 1,000 population All ages Persons		
B13a - Reoffending levels: percentage of offenders who reoffend All ages Persons		
B13b - Reoffending levels: average number of reoffences per reoffender All ages Persons		
B13c - First time offenders 10+ yrs		
B14a - The rate of complaints about noise		

PHOF Indicators	2025	2024
B14b - The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime		
B14c - The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time All ages		
B15a - Homelessness: households owed a duty under the Homelessness Reduction Act		
B15c - Homelessness: households in temporary accommodation		
B16 - Utilisation of outdoor space for exercise or health reasons 16+ yrs Persons		
B17 - Fuel poverty (low income, low energy efficiency methodology)		
B18a - Social Isolation: percentage of adult social care users who have as much social contact as they would like 18+ yrs Persons		
B18b - Social Isolation: percentage of adult carers who have as much social contact as they would like 18+ yrs Persons		
B19 - Loneliness: Percentage of adults who feel lonely often or always 16+ yrs Persons		
1.01i - Children in low income families (all dependent children under 20)		

Five employment related indicators were discontinued in 2025, thereby reducing the indicator count of Domain B – Wider determinants of health.

The Derby PHOF Domain B Wider determinants of health in 2025 had 46% that were red indicators, 31% that were amber indicators, and 23% that were green indicators.

2025 compared to 2024 showed a gain of red indicators (46% from 39%), a gain of green indicators (23% from 19%) and a loss of amber indicators (31% from 42%).

Table 8. Significance total counts and proportions for Domain B – Wider determinants of health indicators change over time

Significance compared to England	2025 % (n)	2024 % (n)
Red	46 (12)	39 (12)
Amber	31 (8)	42 (13)
Green	23 (6)	19 (6)

3. Domain C – Health improvement

3.1. Derby performance in Domain C – Health improvement indicators

Derby performs significantly worse than England across a wide range of health improvement indicators, spanning the life course from pregnancy through to older age. Key areas of concern include smoking in pregnancy, childhood and adult excess weight, physical inactivity, poor diet, mental health and self-harm, substance misuse, alcohol-related harm, cancer screening uptake, NHS Health Check coverage, and falls among older people.

Smoking at the time of delivery remains significantly higher in Derby than nationally, indicating ongoing exposure of infants to avoidable health risks. Levels of overweight and obesity are higher in both children (Year 6) and adults, alongside lower levels of physical activity and higher levels of inactivity, reinforcing the contribution of behavioural risk factors to future morbidity.

Alcohol-related harm is a particular concern. Admission episodes for alcohol-related conditions (narrow definition) are significantly higher for both males and females, and both indicators show a worsening recent trend, suggesting increasing pressure on acute services and highlighting the need for strengthened prevention, early identification and treatment pathways. Emergency hospital admissions for intentional self-harm are also significantly higher than England and show a worsening trend, indicating increasing mental health need.

Preventive service uptake remains lower than England across several indicators. Coverage of cervical and bowel cancer screening is significantly below national levels, and although the cumulative proportion of eligible adults offered an NHS Health Check is increasing, overall offer and uptake remain significantly lower than England, representing missed opportunities for early detection and intervention. Emergency admissions due to falls are significantly higher across all older age groups, increasing demand on health and social care services.

Despite these challenges, Derby performs significantly better than England in several important areas of health improvement. New Birth Visits are completed more promptly, supporting early identification of need in infancy. Early childhood development outcomes for personal and social skills are stronger than the national average. Hospital admissions due to unintentional and deliberate injuries among children aged 0–14 and 0–4 are significantly lower, with improving trends, indicating effective injury prevention and safeguarding. Derby also demonstrates strengths in substance misuse services, with higher successful completion rates for non-opiate drug treatment and improved engagement in treatment following release from prison.

Overall, Domain C highlights a mixed picture: strong performance in early years and selected treatment pathways, alongside persistent and in some cases worsening challenges related to lifestyle risk factors, mental health, alcohol harm, and preventive service uptake.

Table 9. PHOF 2025 Domain C – Health improvement indicators where values are significantly worse than England (red values)

Indicator	Age	Sex	Period	Derby	England	Change from previous
Smoking status at time of delivery	All ages	Female	2024/25	8.0%	6.1%	Decreasing – getting better
Year 6 prevalence of overweight (including obesity)	10–11	Persons	2024/25	38.7%	36.2%	No significant change
Percentage of physically active children and young people	5–16	Persons	2023/24	42.1%	47.8%	No significant change
Percentage of looked after children whose emotional wellbeing is a cause for concern	5–16	Persons	2023/24	48.0%	41.0%	No significant change
Emergency hospital admissions for intentional self-harm	10+	Persons	2023/24	133.1	117.0	Decreasing – getting better
Percentage of adults meeting the '5-a-day' fruit and vegetable recommendations (new method)	16+	Persons	2023/24	24.7%	31.3%	No significant change
Overweight (including obesity) prevalence in adults (adjusted self-reported)	18+	Persons	2023/24	72.0%	64.5%	No significant change
Percentage of physically active adults	19+	Persons	2023/24	63.5%	67.4%	No significant change
Percentage of physically inactive adults	19+	Persons	2023/24	27.7%	22.0%	No significant change

Indicator	Age	Sex	Period	Derby	England	Change from previous
Successful completion of alcohol treatment	18+	Persons	2023/24	29.2%	34.2%	No significant change
Deaths from drug misuse	All ages	Persons	2021–23	7.5	5.5	No significant change
Admission episodes for alcohol-related conditions (narrow)	All ages	Persons	2023/24	756	504	No significant change
Admission episodes for alcohol-related conditions (narrow)	All ages	Male	2023/24	967	686	No significant change
Admission episodes for alcohol-related conditions (narrow)	All ages	Female	2023/24	561	340	No significant change
Cancer screening coverage: cervical cancer	25–49	Female	2024	62.5%	66.1%	Decreasing – getting worse
Cancer screening coverage: cervical cancer	50–64	Female	2024	72.3%	74.3%	Decreasing – getting worse
Cancer screening coverage: bowel cancer	60–74	Persons	2024	69.2%	71.8%	Increasing – getting better
Eligible population aged 40–74 offered an NHS Health Check (cumulative)	40–74	Persons	2020/21–2024/25	58.2%	76.0%	No significant change
Eligible population aged 40–74 who received an NHS Health Check (cumulative)	40–74	Persons	2020/21–2024/25	23.0%	29.6%	No significant change
Emergency hospital admissions due to falls	65+	Persons	2023/24	2,506	1,984	Increasing – getting worse

Indicator	Age	Sex	Period	Derby	England	Change from previous
Emergency hospital admissions due to falls	65–79	Persons	2023/24	1,183	955	No significant change
Emergency hospital admissions due to falls	80+	Persons	2023/24	6,342	4,969	No significant change

Table 10. PHOF 2025 Domain C – Health improvement indicators where values are significantly better than England (green values)

Indicator	Age	Sex	Period	Derby	England	Change from previous
Proportion of New Birth Visits completed within 14 days	<14 days	Persons	2024/25	98.4%	85.2%	No significant change
Child development: expected level in personal social skills	2–2½	Persons	2024/25	93.1%	91.8%	No significant change
Hospital admissions caused by unintentional and deliberate injuries	0–14	Persons	2023/24	42.1	72.7	Decreasing – getting better
Hospital admissions caused by unintentional and deliberate injuries	0–4	Persons	2023/24	55.0	93.2	No significant change
Successful completion of drug treatment – non-opiate users	18+	Persons	2023/24	36.5%	29.5%	No significant change
Adults with substance misuse treatment successfully engaging in treatment after release from prison	18+	Persons	2024/25	63.9%	57.1%	Increasing – getting better

3.2. Indicators in the Worst 10% LA ranking

C16 - Overweight (including obesity) prevalence in adults (adjusted self-reported)

C21 - Admission episodes for alcohol-related conditions (narrow) Persons

C21 - Admission episodes for alcohol-related conditions (narrow) Male

C21 - Admission episodes for alcohol-related conditions (narrow) Female

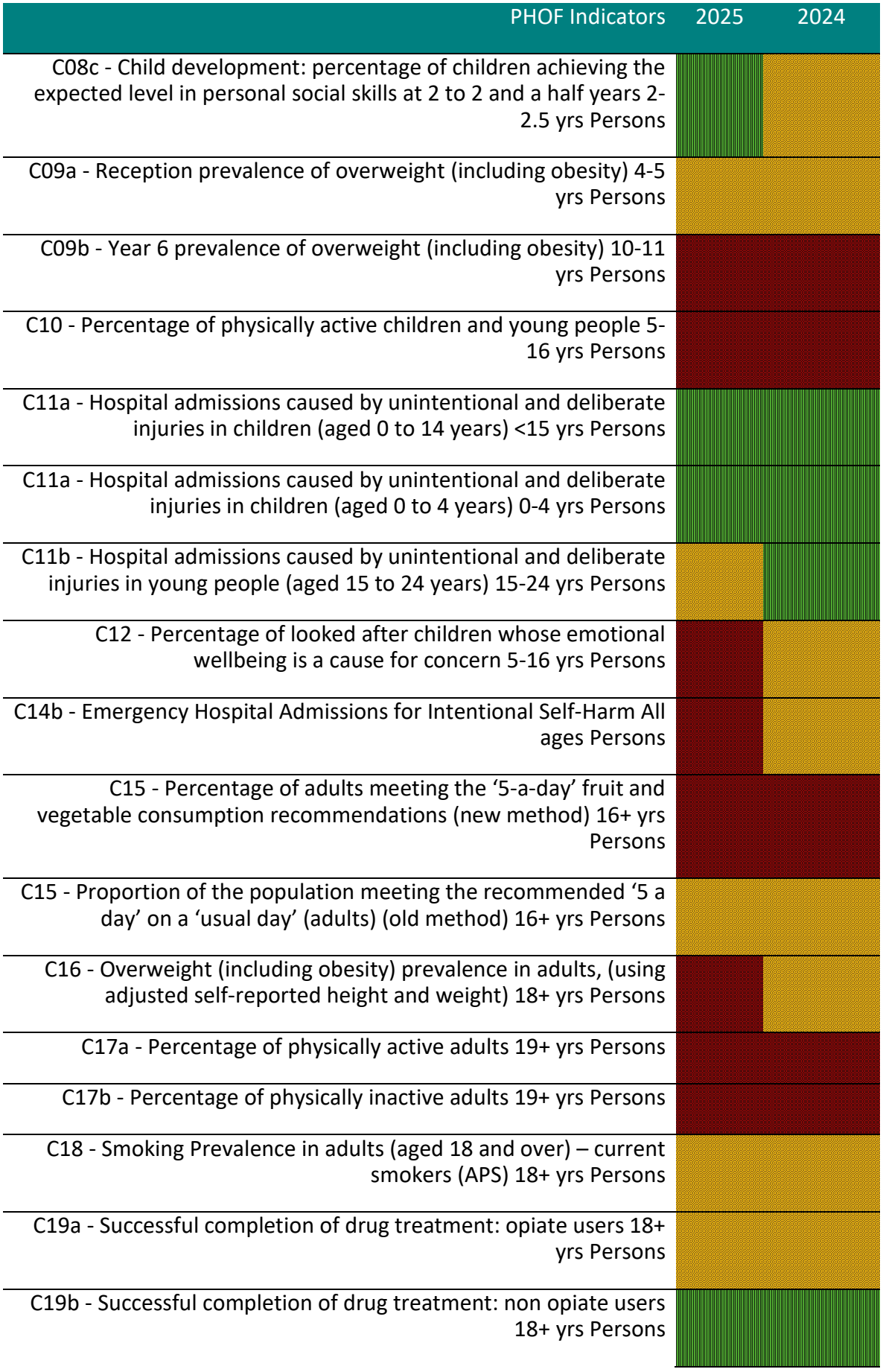
C29 - Emergency hospital admissions due to falls 65 and over

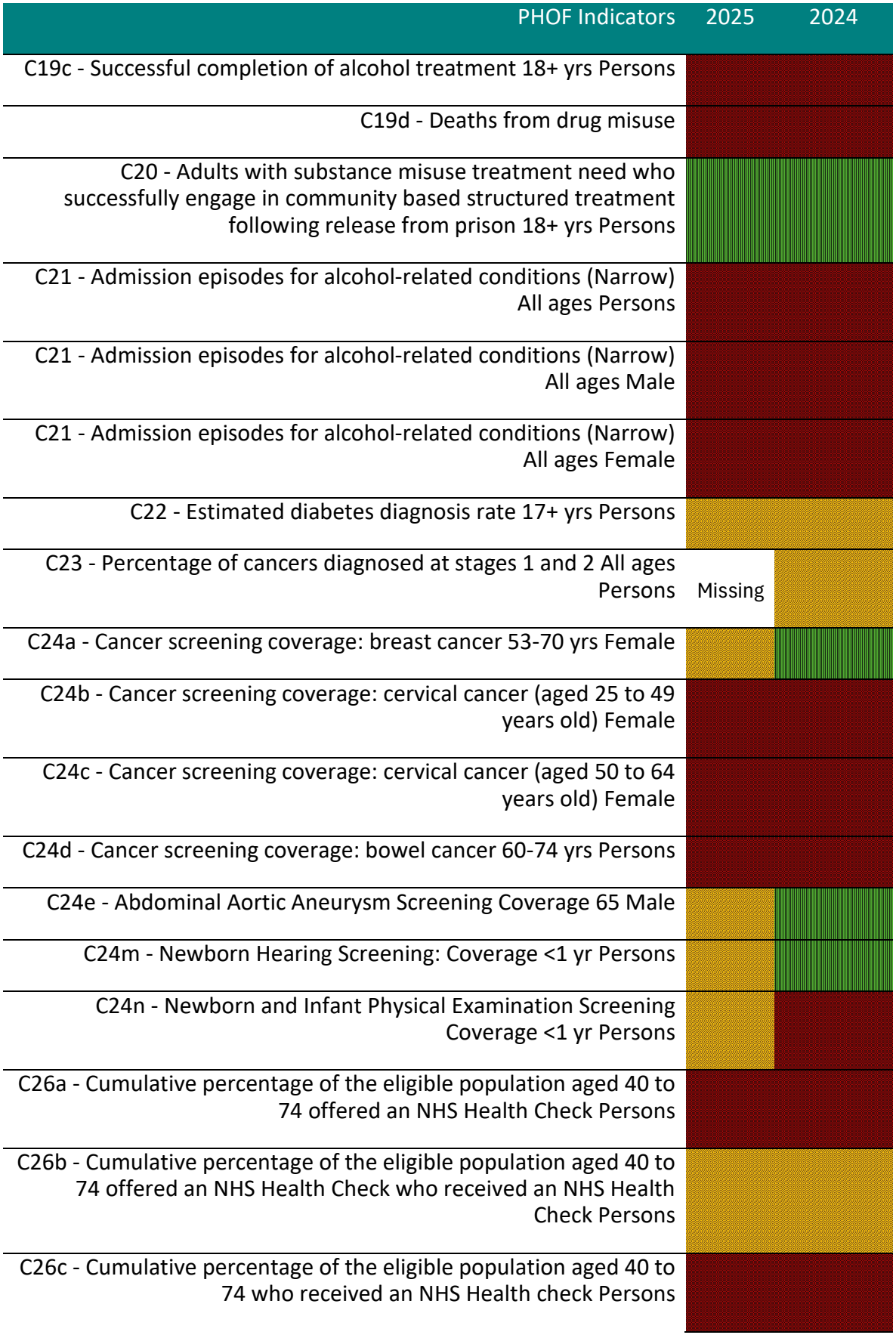
C29 - Emergency hospital admissions due to falls people aged 80+

3.3. Tracking changes over time

Table 11. Domain C – Health improvement indicators change over time of significance compared to England

PHOF Indicators	2025	2024
C01 - Total prescribed LARC excluding injections rate / 1,000 All ages Female		
C02a - Under 18s conception rate <18 yrs Female		
C02b - Under 16s conception rate <16 yrs Female		
C03a - Obesity in early pregnancy All ages Female	Missing	Not introduced
C03c - Smoking in early pregnancy All ages Female	Missing	
C04 - Low birth weight of term babies =37 weeks gestational age at birth Persons		
C05a - Baby's first feed breastmilk Newborn Persons		
C05b - Breastfeeding prevalence at 6 to 8 weeks 6-8 weeks Person		
C06 - Smoking status at time of delivery All ages Female		
C07 - Proportion of New Birth Visits (NBVs) completed within 14 days <14 days Persons		
C08a - Child development: percentage of children achieving a good level of development at 2 to 2 and a half years 2-2.5 yrs Persons		
C08b - Child development: percentage of children achieving the expected level in communication skills at 2 to 2 and a half years 2-2.5 yrs Persons		


PHOF Indicators
2025
2024
C08c - Child development: percentage of children achieving the expected level in personal social skills at 2 to 2 and a half years 2-2.5 yrs Persons
C09a - Reception prevalence of overweight (including obesity) 4-5 yrs Persons
C09b - Year 6 prevalence of overweight (including obesity) 10-11 yrs Persons
C10 - Percentage of physically active children and young people 5-16 yrs Persons
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years) <15 yrs Persons
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years) 0-4 yrs Persons
C11b - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years) 15-24 yrs Persons
C12 - Percentage of looked after children whose emotional wellbeing is a cause for concern 5-16 yrs Persons
C14b - Emergency Hospital Admissions for Intentional Self-Harm All ages Persons
C15 - Percentage of adults meeting the '5-a-day' fruit and vegetable consumption recommendations (new method) 16+ yrs Persons
C15 - Proportion of the population meeting the recommended '5 a day' on a 'usual day' (adults) (old method) 16+ yrs Persons
C16 - Overweight (including obesity) prevalence in adults, (using adjusted self-reported height and weight) 18+ yrs Persons
C17a - Percentage of physically active adults 19+ yrs Persons
C17b - Percentage of physically inactive adults 19+ yrs Persons
C18 - Smoking Prevalence in adults (aged 18 and over) – current smokers (APS) 18+ yrs Persons
C19a - Successful completion of drug treatment: opiate users 18+ yrs Persons
C19b - Successful completion of drug treatment: non opiate users 18+ yrs Persons


PHOF Indicators
2025
2024
C19c - Successful completion of alcohol treatment 18+ yrs Persons
C19d - Deaths from drug misuse
C20 - Adults with substance misuse treatment need who successfully engage in community based structured treatment following release from prison 18+ yrs Persons
C21 - Admission episodes for alcohol-related conditions (Narrow) All ages Persons
C21 - Admission episodes for alcohol-related conditions (Narrow) All ages Male
C21 - Admission episodes for alcohol-related conditions (Narrow) All ages Female
C22 - Estimated diabetes diagnosis rate 17+ yrs Persons
C23 - Percentage of cancers diagnosed at stages 1 and 2 All ages Persons
Missing
C24a - Cancer screening coverage: breast cancer 53-70 yrs Female
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old) Female
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old) Female
C24d - Cancer screening coverage: bowel cancer 60-74 yrs Persons
C24e - Abdominal Aortic Aneurysm Screening Coverage 65 Male
C24m - Newborn Hearing Screening: Coverage <1 yr Persons
C24n - Newborn and Infant Physical Examination Screening Coverage <1 yr Persons
C26a - Cumulative percentage of the eligible population aged 40 to 74 offered an NHS Health Check Persons
C26b - Cumulative percentage of the eligible population aged 40 to 74 offered an NHS Health Check who received an NHS Health Check Persons
C26c - Cumulative percentage of the eligible population aged 40 to 74 who received an NHS Health check Persons

PHOF Indicators	2025	2024
C27 - Percentage reporting a long-term Musculoskeletal (MSK) problem 16+ yrs Persons		
C28a - Self reported wellbeing: people with a low satisfaction score 16+ yrs Persons		
C28b - Self reported wellbeing: people with a low worthwhile score 16+ yrs Persons		
C28c - Self reported wellbeing: people with a low happiness score 16+ yrs Persons		
C28d - Self reported wellbeing: people with a high anxiety score 16+ yrs Persons		
C29 - Emergency hospital admissions due to falls in people aged 65 and over Persons		
C29 - Emergency hospital admissions due to falls in people aged 65 to 79 Persons		
C29 - Emergency hospital admissions due to falls in people aged 80 plus		

The Derby PHOF Domain C Health improvement in 2025 had 43% that were red indicators, 45% that were amber indicators, and 12% that were green indicators.

2025 compared to 2024 showed a gain of red indicators (43% from 42%), a gain of amber indicators (45% from 42%) and a loss of green indicators (12% from 17%).

Table 12. Significance total counts and proportions for Domain C – Health improvement indicators change over time

Significance compared to England	2025 % (n)	2024 % (n)
Red	43 (22)	42 (22)
Amber	45 (23)	42 (22)
Green	12 (6)	17 (9)

4. Domain D – Health protection

4.1. Derby performance in Domain D – Health protection indicators

Derby performs significantly worse than England across a wide range of health protection indicators, with a particular concentration of challenges in population vaccination coverage across infancy, early childhood, school age, adolescence, and older adulthood. Coverage is significantly lower than England for multiple routine childhood immunisations, including MMR and DTaP/IPV at age five, alongside Hib/MenC and PCV boosters, indicating increased vulnerability to vaccine-preventable disease. Of particular concern, uptake of the DTaP/IPV booster is showing a worsening trend, suggesting increasing gaps in protection as children enter school age.

Adolescent immunisation uptake is also an area for attention. HPV vaccination coverage, for both one and two doses, is significantly lower than England for both females and males, with worsening trends observed for completion of the two-dose schedule. Uptake of the MenACWY vaccine is also significantly lower than England, highlighting gaps in protection against serious meningococcal disease and preventable cancers.

Seasonal influenza vaccination coverage is significantly lower than England for primary school-aged children, at-risk individuals aged 6 months to 64 years, and those aged 65 and over. While uptake among primary school-aged children is improving, flu vaccination coverage among at-risk adults and older people is decreasing and getting worse, increasing the risk of avoidable illness, hospitalisation, and additional pressure on health and care services during winter periods.

Sexual health and infectious disease indicators also show areas of concern. The chlamydia detection rate among females aged 15–24 years is significantly worse than England and is decreasing, suggesting lower testing uptake and missed opportunities for early diagnosis and treatment. Tuberculosis incidence, measured as a three-year average, is significantly higher than England, although there has been no significant change from the previous data point, reinforcing the need for sustained case-finding and prevention activity.

Despite these challenges, Derby performs significantly better than England for several key health protection outcomes. Rates of HIV late diagnosis are lower, indicating more timely testing and diagnosis. Among people with drug-sensitive tuberculosis, a higher proportion complete treatment within 12 months, reflecting effective clinical management and follow-up. Derby also has lower adjusted antibiotic prescribing in primary care, with a decreasing and improving trend, supporting antimicrobial stewardship and helping to reduce the risk of antimicrobial resistance.

Table 13. PHOF 2025 Domain D – Health protection indicators where values are significantly worse than England (red values)

Indicator	Age	Sex	Period	Derby	England	Change from previous
Chlamydia detection rate per 100,000	15–24	Female	2024	1828	1589	Decreasing – getting worse
Population vaccination coverage: Rotavirus (Rota)	1 year	Persons	2024/25	89.8%	88.8%	No significant change
Population vaccination coverage: MenB booster	2 years	Persons	2024/25	87.3%	87.3%	No significant change
Population vaccination coverage: MMR – one dose	2 years	Persons	2024/25	89.0%	88.9%	No significant change
Population vaccination coverage: PCV booster	2 years	Persons	2024/25	87.8%	88.0%	No significant change
Population vaccination coverage: Hib / MenC booster	2 years	Persons	2024/25	88.7%	88.6%	No significant change
Population vaccination coverage: DTaP / IPV booster	5 years	Persons	2024/25	77.9%	81.3%	Decreasing – getting worse
Population vaccination coverage: MMR – two doses	5 years	Persons	2024/25	80.2%	83.7%	No significant change
Population vaccination coverage: Flu (primary school aged children)	4–11	Persons	2024	45.5%	54.5%	Increasing – getting better
Population vaccination coverage: HPV – one dose	12–13	Female	2023/24	60.5%	72.9%	No significant change
Population vaccination coverage: HPV – one dose	12–13	Male	2023/24	52.5%	67.7%	No significant change
Population vaccination coverage: HPV – two doses	13–14	Female	2022/23	58.4%	62.9%	Decreasing – getting worse

Indicator	Age	Sex	Period	Derby	England	Change from previous
Population vaccination coverage: HPV – two doses	13–14	Male	2022/23	44.7%	56.1%	Decreasing – getting worse
Population vaccination coverage: MenACWY	14–15	Persons	2023/24	63.5%	73.0%	No significant change
Population vaccination coverage: Flu (at risk individuals)	6m–64yrs	Persons	2024/25	38.4%	40.0%	Decreasing – getting worse
Population vaccination coverage: Flu (aged 65 and over)	65+	Persons	2024/25	74.8%	74.9%	Decreasing – getting worse
TB incidence (three-year average)	All ages	Persons	2021–23	13.4	8.0	No significant change

Table 14. PHOF 2025 Domain D – Health protection indicators where values are significantly better than England (green values)

Indicator	Age	Sex	Period	Derby	England	Change from previous
HIV late diagnosis	15+	Persons	2022–24	22.2%	43.3%	No significant change
Proportion of drug-sensitive TB notifications completing treatment within 12 months	All ages	Persons	2022	92.3%	82.8%	No significant change
Adjusted antibiotic prescribing in primary care by the NHS	All ages	Persons	2024	0.67	0.85	Decreasing – getting better

4.2. Indicators in the Worst 10% LA ranking

None.

4.3. Tracking changes over time

Table 15. Domain D – Health protection indicators change over time of significance compared to England

PHOF Indicators	2025	2024
D01 - Fraction of mortality attributable to particulate air pollution (new method) 30+ yrs Persons		
D02a - Chlamydia detection rate per 100,000 aged 15 to 24 Female		
D02a - Chlamydia detection rate per 100,000 aged 15 to 24 Male		
D02a - Chlamydia detection rate per 100,000 aged 15 to 24 Persons		
D02b - New STI diagnoses (excluding chlamydia aged under 25) per 100,000 Persons		
D03a - Population vaccination coverage BCG: areas offering universal BCG only	Missing	Not introduced
D03b - Population vaccination coverage: Hepatitis B (1 year old) Persons		
D03c - Population vaccination coverage: Dtap IPV Hib HepB (1 year old) Persons		
D03d - Population vaccination coverage: MenB (1 year) Persons		
D03e - Population vaccination coverage: Rotavirus (Rota) (1 year) Persons		
D03f - Population vaccination coverage: PCV 1 yr Persons		
D03g - Population vaccination coverage: Hepatitis B (2 years old) Persons		
D03h - Population vaccination coverage: Dtap IPV Hib HepB (2 years old) Persons		
D03i - Population vaccination coverage: MenB booster (2 years) Persons		
D03j - Population vaccination coverage: MMR for one dose (2 years old) Persons		
D03k - Population vaccination coverage: PCV booster 2 yrs Persons		
D03l - Population vaccination coverage: Flu (2 to 3 years old) Persons		

PHOF Indicators	2025	2024
D03m - Population vaccination coverage: Hib and MenC booster (2 years old) Persons		
D04a - Population vaccination coverage: DTaP and IPV booster (5 years) Persons		
D04b - Population vaccination coverage: MMR for one dose (5 years old) Persons		
D04c - Population vaccination coverage: MMR for two doses (5 years old) Persons		
D04d - Population vaccination coverage: Flu (primary school aged children) Persons		
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) Female		
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) Male		
D04f - Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 years old) Female		
D04f - Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 years old) Male		
D04g - Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years) Persons		
D05 - Population vaccination coverage: Flu (at risk individuals) 6 months-64 yrs Persons		
D06a - Population vaccination coverage: Flu (aged 65 and over)		
D06b - Population vaccination coverage: PPV 65+ yrs Persons		
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years) Persons		
D07 - HIV late diagnosis in people first diagnosed with HIV in the UK 15+ yrs Persons		
D08a - Proportion of drug sensitive TB notifications who had completed a full course of treatment by 12 months All ages Persons		
D08b - TB incidence (three year average) All ages Persons		

PHOF Indicators	2025	2024
D09 - NHS organisations with a board approved sustainable development management plan		
D10 - Adjusted antibiotic prescribing in primary care by the NHS		

The Derby PHOF Domain D Health protection in 2025 had 53% that were red indicators, 38% that were amber indicators, and 9% that were green indicators.

2025 compared to 2024 showed a gain of amber indicators (38% from 30%) and a loss of green indicators (9% from 17%). There was no change in the proportion of red indicators.

Table 16. Significance total counts and proportions for Domain D – Health protection indicators change over time

Significance compared to England	2025 % (n)	2024 % (n)
Red	53 (17)	53 (16)
Amber	38 (12)	30 (9)
Green	9 (3)	17 (5)

5. Domain E - Healthcare and premature mortality

5.1. Derby performance in Domain E - Healthcare and premature mortality indicators

Domain E highlights substantial challenges for Derby in relation to healthcare outcomes and premature mortality, with a wide range of indicators performing significantly worse than England. Rates of preventable mortality under the age of 75 are higher than the national average, including deaths from cardiovascular disease, cancer, and liver disease, both in the most recent single-year figures and pooled multi-year periods. Many of these deaths are considered preventable, indicating ongoing opportunities for earlier intervention, risk factor reduction, and improved access to effective healthcare.

Derby also experiences higher premature mortality among adults with severe mental illness, alongside a markedly higher excess under-75 mortality rate in this group, reinforcing the scale of health inequality faced by people with mental health conditions.

Oral health and injury-related outcomes also remain areas of concern. The proportion of five-year-olds with visually obvious dental decay is significantly higher than England, while hip fracture rates among people aged 65 and over exceed the national average, reflecting risks associated with frailty, falls, and wider determinants of health. Rates of preventable sight loss due to age-related macular degeneration are also significantly worse, suggesting unmet need for early detection and timely treatment.

One indicator shows a clear worsening trend: emergency readmissions within 30 days of hospital discharge are not only significantly higher than England but are increasing and getting worse, pointing to potential issues around discharge planning, continuity of care, or community support.

Despite these challenges, Derby performs significantly better than England for the estimated dementia diagnosis rate among people aged 65 and over, indicating stronger identification of dementia and improved access to diagnostic services compared with the national average.

Table 17. PHOF 2025 Domain E – Healthcare and premature mortality indicators where values are significantly worse than England (red values)

Indicator	Age	Sex	Period	Derby	England	Change from previous
Percentage of 5 year olds with experience of visually obvious dental decay	5 yrs	Persons	2023/24	27.3%	22.4%	No significant change
Under 75 mortality rate from causes considered preventable	<75 yrs	Persons	2024	178.8	145.8	No significant change
Under 75 mortality rate from causes considered preventable	<75 yrs	Persons	2022–24	186.9	151.2	No significant change
Under 75 mortality rate from cardiovascular disease	<75 yrs	Persons	2024	86.8	74.3	No significant change
Under 75 mortality rate from cardiovascular disease	<75 yrs	Persons	2022–24	89.5	76.5	No significant change
Under 75 mortality rate from cardiovascular disease considered preventable	<75 yrs	Persons	2022–24	36.6	30.2	No significant change
Under 75 mortality rate from cancer	<75 yrs	Persons	2024	136.5	117.9	No significant change
Under 75 mortality rate from cancer	<75 yrs	Persons	2022–24	131.1	120.3	No significant change
Under 75 mortality rate from cancer considered preventable	<75 yrs	Persons	2022–24	57.8	48.6	No significant change
Under 75 mortality rate from liver disease	<75 yrs	Persons	2024	27.5	20.1	No significant change
Under 75 mortality rate from liver disease	<75 yrs	Persons	2022–24	31.2	21.1	No significant change

Indicator	Age	Sex	Period	Derby	England	Change from previous
Under 75 mortality rate from liver disease considered preventable	<75 yrs	Persons	2022–24	28.3	18.9	No significant change
Premature mortality in adults with severe mental illness (SMI)	18–74 yrs	Persons	2021–23	164.9	110.8	No significant change
Excess under 75 mortality rate in adults with severe mental illness (SMI)	18–74 yrs	Persons	2021–23	514.0%	383.7%	No significant change
Emergency readmissions within 30 days of discharge from hospital	All ages	Persons	2023/24	18.1%	14.8%	Increasing – getting worse
Preventable sight loss: age-related macular degeneration (AMD)	65+ yrs	Persons	2023/24	157.1	105.1	No significant change
Hip fractures in people aged 65 and over	65+ yrs	Persons	2023/24	623	547	No significant change

Table 18. PHOF 2025 Domain E – Healthcare and premature mortality indicators where values are significantly better than England (green values)

Indicator	Age	Sex	Period	Derby	England	Change from previous
Estimated dementia diagnosis rate	65+	Persons	2025	80.4%	65.6%	No significant change

5.2. Indicators in the Worst 10% LA ranking

E06a - Under 75 mortality rate from liver disease (3 year range)

E06b - Under 75 mortality rate from liver disease considered preventable (3 year range)

E09b - Excess under 75 mortality rate in adults with severe mental illness (SMI) (3 year range)

E11 - Emergency readmissions within 30 days of discharge from hospital

E12a - Preventable sight loss: age-related macular degeneration (AMD)

5.3. Tracking changes over time

Table 19. Domain E – Healthcare and premature mortality indicators change over time of significance compared to England

PHOF Indicators	2025	2024
E01 - Infant mortality rate <1 yr Persons		
E02 - Percentage of 5 year olds with experience of visually obvious dental decay 5 yrs Persons		
E03 - Under 75 mortality rate from causes considered preventable <75 yrs Persons		
E03 - Under 75 mortality rate from causes considered preventable <75 yrs Persons		
E04a - Under 75 mortality rate from cardiovascular disease <75 yrs Persons		
E04a - Under 75 mortality rate from cardiovascular disease <75 yrs		
E04b - Under 75 mortality rate from cardiovascular disease considered preventable <75 yrs Persons		
E05a - Under 75 mortality rate from cancer <75 yrs Persons		
E05a - Under 75 mortality rate from cancer <75 yrs Persons		
E05b - Under 75 mortality rate from cancer considered preventable <75 yrs Persons		
E06a - Under 75 mortality rate from liver disease <75 yrs Persons		
E06a - Under 75 mortality rate from liver disease <75 yrs Persons		
E06b - Under 75 mortality rate from liver disease considered preventable <75 yrs Persons		
E07a - Under 75 mortality rate from respiratory disease <75 yrs Persons		
E07a - Under 75 mortality rate from respiratory disease <75 yrs Persons		
E07b - Under 75 mortality rate from respiratory disease considered preventable <75 yrs Persons		

PHOF Indicators	2025	2024
E08 - Mortality rate from a range of specified communicable diseases, including influenza All ages Persons		
E09a - Premature mortality in adults with severe mental illness (SMI) 18-74 yrs		
E09b - Excess under 75 mortality rate in adults with severe mental illness (SMI) 18-74 yrs Persons		
E10 - Suicide rate 10+ yrs Persons		
E11 - Emergency readmissions within 30 days of discharge from hospital All ages Persons		
E12a - Preventable sight loss: age related macular degeneration (AMD) 65+ yrs Persons		
E12b - Preventable sight loss: glaucoma 40+ yrs Persons		
E12c - Preventable sight loss: diabetic eye disease		Not introduced
E12d - Preventable sight loss: sight loss certifications All ages Persons		
E13 - Hip fractures in people aged 65 and over 65+ yrs Persons		
E13 - Hip fractures in people aged 65 to 79 65-79 yrs Persons		
E13 - Hip fractures in people aged 80 and over 80+ yrs Persons		
E14 - Winter mortality index All ages Persons		
E14 - Winter mortality index (age 85 plus) 85+ yrs Persons		
E15 - Estimated dementia diagnosis rate (aged 65 and older) Persons		

The Derby PHOF Domain E Healthcare and premature mortality in 2025 had 55% that were red indicators, 42% that were amber indicators, and 3% that were green indicators.

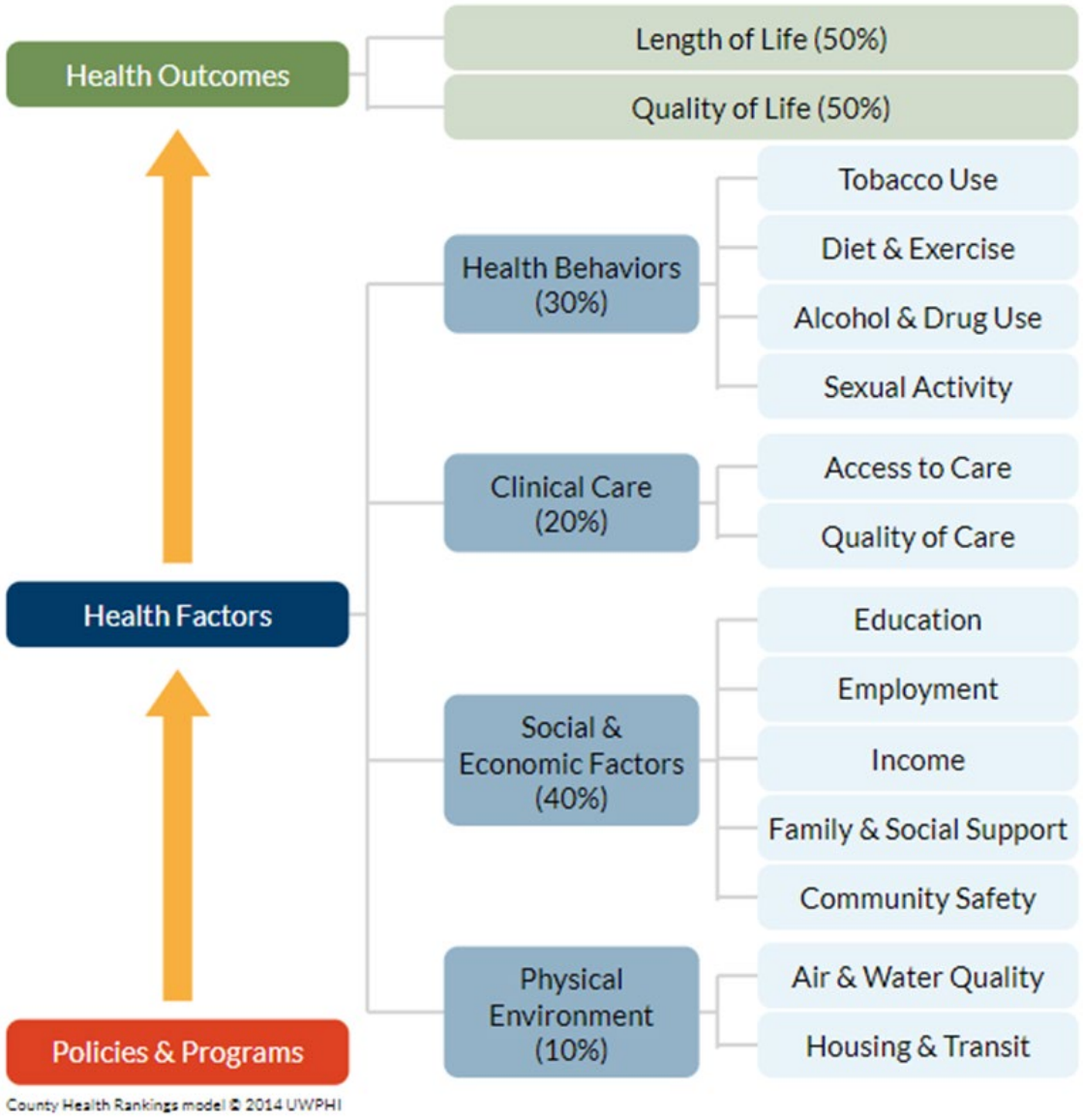
2025 compared to 2024 showed a gain of red indicators (55% from 47%) and a loss of amber indicators (42% from 50%). There was no change in the proportion of green indicators (3%).

Table 20. Significance total counts and proportions for Domain E – Healthcare and premature mortality indicators change over time

Significance compared to England	**2025 % (n)**	2024 % (n)
Red	55 (17)	47 (14)
Amber	42 (13)	50 (15)
Green	3 (1)	3 (1)

6. County Health Rankings Model

The County Health Rankings Model (CHRM) of population health emphasises the many factors that, if improved, can help make communities healthier places to live, learn, work and play[2].

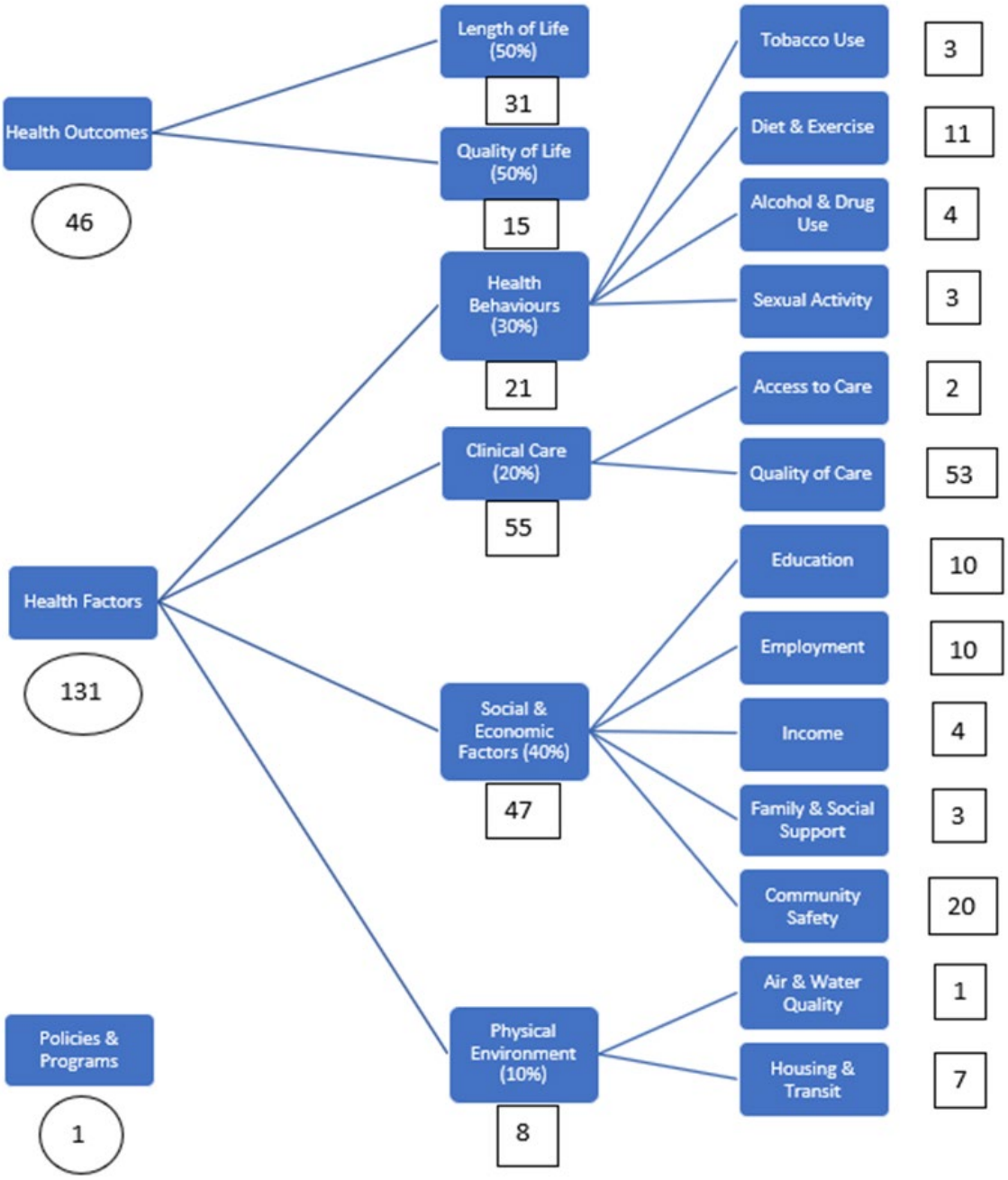


[2] The University of Wisconsin Population Health Institute (2024) *County Health Rankings & Roadmaps*. Available at: www.countyhealthrankings.org accessed on 07/03/2025.

In the following section the Fingertips PHOF indicators are mapped across to the CHRM. There are 189 PHOF indicators in Fingertips. 11 PHOF indicators were not mapped to CHRM (6%).

Key:

- Blue text boxes: CHRM Themes and Sub Themes
- Black circles and boxes: PHOF indicator counts



6.1. Groups

Mapping the 2025 PHOF indicators to the CHRM Groups shows that Health Outcomes account for the highest proportion of indicators rated significantly worse than England, with 59% of indicators coloured red and no indicators rated significantly better. A further third are amber, indicating performance broadly similar to England. This suggests that, overall, Derby's health outcomes compare unfavourably with national averages.

Within Health Factors, red indicators also predominate, accounting for 40%, with a smaller proportion rated green (12%). This reflects a mixed but generally challenging picture across the determinants that influence health outcomes.

Indicators mapped to Policies and Programmes are very limited in number, with a single amber indicator.

The remaining indicators fall into an "Other" or unclassified category, where most are not directly comparable or do not have a statistical significance assigned.

Table 21. The 2025 PHOF indicator colours mapped to the CHRM Groups

Groups	Red % (n)	Amber % (n)	Green % (n)	Other % (n)
Health Outcomes	59 (27)	33 (15)	0 (0)	9 (4)
Health Factors	40 (53)	31 (40)	12 (16)	17 (22)
Policies & Programs	0 (0)	100 (1)	0 (0)	0 (0)
Blank	0 (0)	30 (3)	0 (0)	70 (7)

6.2. Themes

When considered by CHRM Theme, indicators mapped to Length of Life show a particularly adverse profile, with 61% rated red and no indicators rated green. This indicates that mortality-related outcomes in Derby are consistently worse than England across multiple measures. Indicators relating to Quality of Life show a similar pattern, with over half rated red and the remainder amber.

Within Health Factors, indicators associated with Health Behaviours and Clinical Care show substantial proportions of red ratings (57% and 45% respectively). Social and Economic Factors display a more mixed distribution, with red, amber, green, and other indicators all

present, highlighting variability across different aspects of the social environment. Indicators relating to the Physical Environment are fewer in number, but a higher proportion are rated green compared with other themes.

Table 22. The 2025 PHOF indicator colours mapped to the CHRM Themes

Groups	Themes	Red % (n)	Amber % (n)	Green % (n)	Other % (n)
Health Outcomes	**Length of Life**	61 (19)	26 (8)	0 (0)	13 (4)
Health Outcomes	**Quality of Life**	53 (8)	47 (7)	0 (0)	0 (0)
Health Factors	**Health Behaviours**	57 (12)	38 (8)	0 (0)	5 (1)
Health Factors	**Clinical Care**	45 (25)	35 (19)	13 (7)	7 (4)
Health Factors	**Social & Economic Factors**	32 (15)	28 (13)	11 (5)	30 (14)
Health Factors	**Physical Environment**	13 (1)	0 (0)	50 (4)	38 (3)
Blank	**Blank**	0 (0)	36 (4)	0 (0)	64 (7)

6.3. Sub-Themes

At the CHRM sub-theme level, the distribution of PHOF indicator ratings highlights clear variation in performance across specific aspects of health behaviours, clinical care, and wider social and environmental determinants.

Within Health Behaviours, indicators relating to Alcohol and Drug Use present the most adverse profile, with all indicators rated red, indicating consistently worse performance than England. Indicators associated with Diet and Exercise also show a high proportion of red ratings, reflecting poorer outcomes related to obesity, physical activity, and diet. Tobacco Use indicators display a more mixed pattern, while indicators relating to Sexual Activity are predominantly amber, suggesting outcomes broadly similar to England.

Within Clinical Care, the majority of indicators fall under Quality of Care, where almost half are rated red and a further substantial proportion amber. A smaller number of indicators in this sub-theme are rated green, indicating some areas of relative strength alongside widespread challenges in healthcare outcomes and service delivery. Indicators relating to Access to Care are limited in number but include both red and other classifications, highlighting variation in access-related measures.

Indicators mapped to Social and Economic Factors show a mixed pattern across sub-themes. Income-related indicators have a high proportion of red ratings, while Education and Community Safety also show notable concentrations of red and amber indicators. In contrast, indicators related to Employment are more frequently classified as other, reflecting limited or non-comparable measures in this area. Family and Social Support indicators are split between red and amber, indicating poorer outcomes compared with England but with some stability.

Sub-themes within the Physical Environment contain fewer indicators overall and display a comparatively more favourable profile. Indicators relating to Housing and Transit are more likely to be rated green, while Air and Water Quality is represented by a single indicator, which is also rated green. This suggests relatively stronger performance in environmental factors compared with behavioural, clinical, and socio-economic sub-themes.

Table 23. The 2025 PHOF indicator colours mapped to the CHRM Sub-Themes

Groups	Themes	Sub Themes	Red % (n)	Amber % (n)	Green % (n)	Other % (n)
Health Factors	Health Behaviours	Tobacco Use	33 (1)	33 (1)	0 (0)	33 (1)
Health Factors	Health Behaviours	Diet & Exercise	64 (7)	36 (4)	0 (0)	0 (0)
Health Factors	Health Behaviours	Alcohol & Drug Use	100 (4)	0 (0)	0 (0)	0 (0)
Health Factors	Health Behaviours	Sexual Activity	0 (0)	100 (3)	0 (0)	0 (0)
Health Factors	Clinical Care	Access to Care	50 (1)	0 (0)	0 (0)	50 (1)
Health Factors	Clinical Care	Quality of Care	45 (24)	36 (19)	13 (7)	6 (3)

Groups	Themes	Sub Themes	Red % (n)	Amber % (n)	Green % (n)	Other % (n)
Health Factors	Social & Economic Factors	Education	40 (4)	50 (5)	10 (1)	0 (0)
Health Factors	Social & Economic Factors	Employment	10 (1)	20 (2)	10 (1)	60 (6)
Health Factors	Social & Economic Factors	Income	75 (3)	0 (0)	0 (0)	25 (1)
Health Factors	Social & Economic Factors	Family & Social Support	33 (1)	67 (2)	0 (0)	0 (0)
Health Factors	Social & Economic Factors	Community Safety	30 (6)	20 (4)	15 (3)	35 (7)
Health Factors	Physical Environment	Air & Water Quality	0 (0)	0 (0)	100 (1)	0 (0)
Health Factors	Physical Environment	Housing & Transit	14 (1)	0 (0)	57 (4)	29 (2)
Blank	Blank	Blank	47 (27)	33 (19)	0 (0)	19 (11)

7. Points to note on 2025 indicators

7.1. Data missing in PHOF

These health improvement indicators may require follow up conversations with local providers to support the flow of data to Fingertips and visibility in PHOF:

- C03a - Obesity in early pregnancy All ages Female
- C03c - Smoking in early pregnancy All ages Female
- C23 - Percentage of cancers diagnosed at stages 1 and 2 All ages Persons

7.2. Discontinued data

Note that these indicators were discontinued in 2025:

- B08a - Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate 16-64 yrs Persons
- B08a - The percentage of the population with a physical or mental long term health condition in employment (aged 16 to 64) 16-64 yrs Persons
- B08b - Gap in the employment rate between those who are in receipt of long term support for a learning disability (aged 18 to 64) and the overall employment rate 18-64 yrs Persons
- B08b - The percentage of the population who are in receipt of long term support for a learning disability that are in paid employment (aged 18 to 64)
- B08c - Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate 18-69 yrs Persons
- B08c - The percentage of the population who are in contact with secondary mental health services and on the Care Plan Approach, that are in paid employment (aged 18 to 69)

7.3. Introduced data

These indicators were new in 2025:

- C03a - Obesity in early pregnancy All ages Female
- D03a - Population vaccination coverage BCG: areas offering universal BCG only
- E12c - Preventable sight loss: diabetic eye disease