

## **Public Health Outcomes Framework**

### **SUMMARY**

- 1.1 In March 2012 the first Public Health Outcomes Framework (PHOF) was published.
- 1.2 This, along with the NHS Outcomes Framework and Adult Social Care Outcomes Framework, demonstrated a move away from 'top-down targets' and process measures and move instead to focus on outcomes.
- 1.3 The PHOF includes a wide range of measures to support understanding of how well public health is being improved and protected. It is not intended, however, that the PHOF is used to performance manage local authorities.
- 1.4 Public Health England now collate and publish data against the PHOF indicators at Upper Tier Local Authority Area and enables comparison to England and regional values.
- 1.5 This report provides an overview of current performance in the city against available indicators.

### **RECOMMENDATION**

- 2.1 To note the relative local performance against a range of PHOF indicators particularly areas of notably good or poor performance.
- 2.2 That the Board receives a more detailed update on specific PHOF indicators (identified by the Board), that it would like to receive more detailed information on, such as:
  - Historical/ trend information
  - Relative performance against family comparator group
  - Identification of factors influencing current performance
  - Overview of actions underway/ planned to improve/ maintain performance as appropriate.
- 2.3 That the Board receives performance updates on the three aligned outcomes frameworks:
  - Public Health Outcomes Framework
  - NHS Outcomes Framework
  - Adult and Social Care Outcomes Framework.

2.4 That the Board receives twice-yearly updates:

- July – annual summary
- November – mid-year review.

With additional detail and exception reporting as required/ by request.

## **REASONS FOR RECOMMENDATION**

3.1 To ensure the Board has appropriate oversight of current performance against the Public Health Outcomes Framework.

## **SUPPORTING INFORMATION**

- 4.1 In March 2012 the first Public Health Outcomes Framework (PHOF) was published.
- 4.2 This, along with the NHS Outcomes Framework and Adult Social Care Outcomes Framework, demonstrated a move away from ‘top-down targets’ and process measures and move instead to focus on outcomes and enable oversight of the health and social care system.
- 4.3 The PHOF includes a wide range of measures to support understanding of how well public health is being improved and protected. In addition to a number of overarching measures, there are four domains:
- Wider determinants of health
  - Health improvement
  - Health protection
  - Healthcare and premature mortality.
- 4.4 Since April 1<sup>st</sup> 2013, Public Health England has been responsible for collating and publishing PHOF data. Data is currently published for Upper Tier Local Authorities and England. The data presented allows Local Authorities to compare to other authorities in the region and benchmark against the England value.
- 4.5 It should be noted, however, that the PHOF is not intended to be used to performance manage Local Authorities. Further, the PHOF aims to provide an indication of how the public health system of an area is working as a whole, including functions that are not the responsibility of the Local Authority.
- 4.6 The data currently published within the PHOF forms the baseline data. First data was published in November 2012 with further data added throughout the last year. A number of indicators do not yet have any published data.
- 4.7 Whilst some indicators have published data in addition to the baselines, this is limited and therefore there is currently very restricted trend availability.
- 4.8 The PHOF will not be changed until 2016. However, individual indicators are constantly being reviewed, updated and amended, including the changing of definitions which can impact on understanding of performance, presentation and trend analysis.
- 4.9 Public Health England routinely produce Local Authority area profiles. Performance

against indicators is presented against the England and regional values. Derby's published area profile is attached for information.

- 4.10 Whilst the nationally published data shows whether the local value is significantly different to England and regional comparators, it does not indicate whether this is significantly 'better' or 'worse'. To support the Health and Wellbeing Board to have an indication of relative local performance, Derby's value against each available indicator is ranked in relation to the other 152 local authorities, where 1 is 'worst' and 153 is 'best'.
- 4.11 Derby is in the top 20% of all 153 local authorities for 14 indicators. These include:
- Sickness absence
  - Vaccination coverage (Dtap/IPV/Hib; PPV; MMR; HPV; Hib/Men C booster)
  - Health Checks offered
  - Preventable sight loss
  - Successful completion of drug treatment (opiate users)
  - Excess winter deaths
  - Excess weight in 4-5 year olds
  - % population affected by noise.
- 4.12 Derby is in the bottom 20% of all 153 local authorities for 18 indicators. These include:
- Emergency readmissions within 30 days of discharge from hospital
  - Slope index of inequality in life expectancy at birth (males/ females)
  - Emotional wellbeing of looked after children
  - Fuel poverty
  - Successful completion of drug treatment (non-opiate users)
  - Low birth rate of term babies
  - Infant mortality
  - Utilisation of space for exercise/ health reasons
  - Recorded diabetes
  - Treatment completion for TB
  - Health Check take-up
  - 16-18 year olds not in education , employment or training
  - Under 18s conception
  - Access to non-cancer screening programmes – diabetic retinopathy
  - Violent crime (including sexual violence) – hospital admissions for violence.
- 4.13 In addition to those indicators falling within the top or bottom 20%, it is worth noting a number of indicators where Derby can be considered to be performing better than expected given the levels of deprivation in the city, for example:

- Smoking prevalence – adults
  - Excess weight in 10-11 year olds
  - Gap in employment rate between those with a long-term condition and overall employment rate.
- 4.14 Whilst some of the indicators used in the PHOF are well established and robust, others are relatively new or in development. The availability, quality and robustness of these datasets have not yet been determined.
- 4.15 Whilst the crude ranking of local authority values provides an indication to Board regarding the relative local performance against individual indicators, further work is required to understand the validity and reasons for the relative ranking of individual indicators.
- 4.16 An area profile of the city produced by Public Health England and locally produced overview ranking Derby's position relative to the other 152 local authorities both overall and within in each domain are attached for further information.

<b>OTHER OPTIONS CONSIDERED</b>
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5.1 No other options considered.

**This report has been approved by the following officers:**

<b>Legal officer</b>	None
<b>Financial officer</b>	None
<b>Human Resources officer</b>	None
<b>Service Director(s)</b>	Derek Ward – Director of Public Health
<b>Other(s)</b>	Heather Greenan, Head of Performance and Improvement

<b>For more information contact:</b>	Alison Wynn, 01332 643106, <a href="mailto:Alison.Wynn@nhs.net">Alison.Wynn@nhs.net</a> .
<b>Background papers:</b>	None
<b>List of appendices:</b>	Appendix 1 – Implications

## IMPLICATIONS

### **Financial and Value for Money**

- 1.1 Performance against individual and groups of indicators can provide an insight into the value being achieved in outcomes in relation to expenditure.

### **Legal**

- 2.1 There is no statutory requirement that the Health and Wellbeing Board has oversight or accountability of the PHOF, but it is expected that the Board has some means of understanding local performance and progress in improving the health and wellbeing of its population and reducing health inequalities.

### **Personnel**

- 3.1 No issues directly arising.

### **Equalities Impact**

- 4.1 A number of PHOF indicators are specifically to gain a measurement of health inequality.

### **Health and Safety**

- 5.1 No issues directly arising.

### **Environmental Sustainability**

- 6.1 No issues directly arising.

### **Asset Management**

- 7.1 No issues directly arising.

### **Risk Management**

- 8.1 This paper gives an overview of performance against a range of PHOF indicators which will provide the Board with a view of potential poor performance which may result in increased external scrutiny and reputational risk.

### **Corporate objectives and priorities for change**

9.1 Indicators within the PHOF will support in understanding delivery against the Council Plan; Derby Plan; Health and Wellbeing Strategy.