

Public Health Outcomes Framework

January 2012

1. Background

- 1.1 The Public Health Outcomes Framework for England, 2013-2016 was published on 23 January by the Department of Health. This follows a consultation paper on the proposed Public Health Outcomes Framework which was published in December 2010.
- 1.2 The framework sets the context and 'strategic direction' for the new public health system with the vision of 'improving and protecting the nation's health while improving the health of the poorest fastest'.

2. High-Level Outcomes

- 2.1 The framework has two high-level outcomes which underpin the vision:
- Increased healthy life expectancy
 - Reduced differences in life expectancy and healthy life expectancy between communities (including differences between and within local authorities).
- 2.2 These indicators, in common with the majority within the framework have not been fully finalised and require further development both in terms of definition and data source over the next year.

3. Domains and Indicators

- 3.1 Alongside the two high-level outcomes, the framework is comprised of 66 indicators across four domains. The domains are set out in the table below:

Table 1: Public Health Outcomes Framework Domains	
Domain	Definition
1. Improving the wider determinants of health	Focuses on 'causes of causes', and underpinning partnership work on reducing health inequalities.
2. Health improvement	Measures impact of health improvement programmes commissioned by local authorities
3. Health protection	Measures national and local efforts to protect the population from major incidents and threats
4. Healthcare public health and preventing premature mortality	Measures impact of whole public health system on preventable ill health and mortality

- 3.2 Domains 2 to 4 are focused on the three pillars of public health (health protection, health improvement, health care), whilst domain 1 focuses on the wider determinants of health, with indicators relating to education, employment, crime, environment and housing. The wider determinants domain is intended to support partnership work on health and wellbeing led by local authorities, with the criminal justice system, schools, the voluntary sector, employers and other local bodies all having significant roles to play.
- 3.3 The full list of indicators across the four domains is included in appendix 1 of this report. 16 indicators have not been fully defined and do not have a data source currently available, and these are shown in italics and are marked 'to be defined'. The framework has been given a life course focus with a particular focus on early years, and the indicators within each domain shown in appendix 1 have been ordered by age.
- 3.4 The initial consultation document on the framework suggested that the number of proposed indicators would be reduced. However, the number of indicators actually increased from 65 in the consultation to 68 in the final framework. The table below lists indicators which were added, dropped or combined between the consultation and final framework.

Status	Indicators
Added	<ul style="list-style-type: none"> • People in prison who have a mental illness or significant mental illness • Emotional wellbeing of looked-after children • Smoking prevalence – 15 year olds • Diet • People entering prison with substance dependence issues who are previously not known to community treatment • Mortality from causes considered preventable • Preventable sight loss • Hip fractures in over 65s • Dementia and its impacts
Dropped	<ul style="list-style-type: none"> • Systems in place to ensure effective and adequate surveillance of health protection risks and hazards • Housing overcrowding rates • Cycling participation • Proportion of people in long-term unemployment • Smoking rate of people with serious mental illness
Merged or Split	<ul style="list-style-type: none"> • Indicators on employment for people with long term conditions and for people with learning disabilities or mental illness were merged. • Emergency admissions for unintentional or deliberate injuries to under 5s and 5-18 have been combined in an under 18s measure • Screening has been divided into cancer and non-cancer indicators.

- 3.5 As noted above, 16 indicators require further development both in terms of definition and data source. Further to this there are another 16 indicators where a data source is available but further development is needed on the indicator definition, and seven with an established definition but with further development needed on the data source. This means that only 29 of the 68 indicators are fully ready.
- 3.6 As well as being made available at national and upper-tier local authority levels, where possible indicators will also be disaggregated by equalities characteristics and socioeconomic categories. This will be done on a national basis and will include categories for age, disability, ethnicity, gender, religion or belief, sexual orientation, socio-economic group, and area deprivation.

4. The framework within the new public health system

- 4.1 It is proposed that progress on measures within the framework should be built into the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, and resultantly inform the work of Health and Wellbeing Boards. The guidance states:
- “It will be for local authorities, in partnership with health and wellbeing boards, to demonstrate improvements in public health outcomes through achieving progress against those indicators that best reflect local health need (as set out in the Joint Strategic Needs Assessment, and reflected in the Joint Health and Wellbeing Strategy).” (p21)
- 4.2 Some indicators will carry a ‘health premium’ to incentivise delivery of some outcomes. Further details of the ‘health premium’, and the outcomes it applies to, will be made available in the forthcoming finance update for public health.
- 4.3 Responsibilities under the framework will cover the full breadth of the public health system, including Health and Wellbeing Boards, local authorities, NHS Commissioning Boards, and Public Health England. Clinical Commissioning Groups, as members of Health and Wellbeing Boards, will also have responsibilities under the framework. The guidance also highlights that collaboration and joint working with lower tier district councils is a vital component of the framework and new public health system, particularly in relation to the wider determinants of health.
- 4.4 The framework document outlines linkages with NHS and Adult Social Care outcomes frameworks, although whilst some overlap is evident in indicators and domains (particularly between domain 1 of the NHS outcomes framework ‘preventing people from dying prematurely’ and domain 4 of the public health outcomes framework), exact linkages and responsibilities are still to be determined. For these measures it is envisaged that whilst some indicators are shared, the different frameworks would relate to different interventions, such as preventative work underpinning the public health framework, and the quality of healthcare underpinning the NHS framework. Health and Wellbeing Boards will also play an important role in coordinating work across all frameworks.

- 4.5 Public Health England will have specific responsibility for publishing national and local data on framework indicators, and to deliver improvements against them. This includes responsibility for national disaggregation of data into equality characteristics and socio-economic categories, benchmarking tools and framework development.

5. Next steps nationally

- 5.1 Once the Health and Social Care Bill is passed, the framework will be republished in order for it to gain appropriate legal status.
- 5.2 Further to this, further developments are planned during 2012-13, ahead of the framework coming into effect in April 2013. This includes baselines for all indicators being established by Autumn 2012, and final technical specifications for all indicators being published during 2012-13.
- 5.3 The outcomes framework and associated documents are available here: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358

6. Next steps in Devon

- 6.1 Whilst upper-tier local authority data will be published nationally, a substantial amount of the data collection for the indicators happens locally. Due to this, there will be scope to produce local figures for many of the measures once detailed specifications become available. In most cases, local data will be available earlier than national data, and local disaggregation for localities, lower-tier local authorities, and smaller geographic areas will be possible.
- 6.2 Whilst there are plans for national disaggregation according to equality characteristics and socio-economic categories, there will also be scope to do this locally, which will provide an additional means of comparing outcomes for particular population groups in Devon with the rest of the country.
- 6.2 The Devon Public Health Performance Report will be developed during 2012 to reflect changes to the Public Health system, and to include outcomes indicators from the framework as they become available.
- 6.3 The Devon Joint Strategic Needs Assessment will be developed during 2012-13 to provide tools to monitor progress against the emerging Public Health Outcomes Framework and other associated frameworks. This will support and underpin the future work of the Health and Wellbeing Board.

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Domain 1 – Improving the wider determinants of health

- Children in poverty
- *School readiness (to be defined)*
- Pupil absence
- First-time entrants to the youth justice system
- 16-18 year olds not in education, employment or training
- People with mental illness or disability in settled accommodation
- *People in prison who have a mental illness or significant mental illness (to be defined)*
- Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness
- Sickness absence rate
- Killed or seriously injured casualties on England's roads
- *Domestic violence (to be defined)*
- *Violent crime (including sexual violence) (to be defined)*
- Re-offending
- *The percentage of the population affected by noise (to be defined)*
- Statutory homelessness
- Utilisation of green space for exercise/health reasons
- Fuel poverty
- *Social contentedness (to be defined)*
- *Older people's perception of community safety (to be defined)*

Domain 2 – Health Improvement

- Low birth weight of term babies
- Breastfeeding
- Smoking status at time of delivery
- Under 18 conceptions
- *Child development at 2-2.5 years (to be defined)*
- Excess weight in 4-5 and 10-11 year olds
- Hospital admissions caused by unintentional and deliberate injuries in under 18s
- *Emotional wellbeing of looked-after children (to be defined)*
- Smoking prevalence – 15 year olds
- Hospital admissions as a result of self-harm
- *Diet (to be defined)*
- Excess weight in adults
- Proportion of physically active and inactive adults
- Smoking prevalence – adult (over 18s)
- Successful completion of drug treatment
- People entering prison with substance dependence issues who are previously not known to community treatment
- Recorded diabetes
- Alcohol-related admissions to hospital
- *Cancer diagnosed at stage 1 and 2 (to be defined)*
- Cancer screening coverage
- Access to non-cancer screening programmes
- Take up of the NHS Health Check Programme – by those eligible
- Self-reported wellbeing
- Falls and injuries in the over 65s

Domain 3 – Health protection

- Air pollution
- Chlamydia diagnoses (15-24 year olds)
- Population vaccination coverage
- People presenting with HIV at a late stage of infection
- Treatment completion for tuberculosis
- Public sector organisations with board-approved sustainable development management plan
- *Comprehensive, agreed inter-agency plans for responding to public health incidents (to be defined)*

Domain 4 – Healthcare public health and preventing premature mortality

- Infant mortality
- Tooth decay in children aged 5
- Mortality from causes considered preventable
- Mortality from all cardiovascular diseases (including heart disease and stroke)
- Mortality from cancer
- Mortality from liver disease
- Mortality from respiratory diseases
- *Mortality from communicable diseases (to be defined)*
- *Excess under 75 mortality in adults with serious mental illness (to be defined)*
- Suicide
- *Emergency readmissions within 30 days of discharge from hospital (to be defined)*
- Preventable sight loss
- *Health-related quality of life for older people (to be defined)*
- Hip fractures in over 65s
- Excess winter deaths
- *Dementia and its impacts (to be defined)*