

**DERBYSHIRE COUNTY COUNCIL**

**CABINET**

**20 February 2012**

**Report of the Strategic Director – Policy and Community Safety**

**THE PUBLIC HEALTH OUTCOMES FRAMEWORK FOR ENGLAND,  
2013-2016  
(Public Health)**

**1. Purpose of the Report**

To inform Cabinet of the Public Health Outcomes Framework for England, 2013-16, published on 23 January 2012 and the implications for the County Council.

**2. Information and Analysis**

Previous reports to Cabinet have updated Members on developments in relation to the Government's new Public Health system, in particular the Public Health responsibilities that will transfer to the County Council by April 2013. This paper provides an update on those developments, following the recent publication of the *Public Health Outcomes Framework for England*.

The Public Health Outcomes Framework is one of a series of policy updates that sets out what the Government wants to achieve in the new and reformed Public Health system. It sets out how the new system will embody localism, as local government takes on the key responsibility for improving the health of local populations, including reducing health inequalities. The Health and Social Care Bill will, subject to Parliament, give each unitary and upper tier local authority the duty to "take such steps as it considers appropriate for improving the health of the people in its area". Elected Members will take leadership for public health at the local level.

The new responsibilities for the County Council include commissioning public health services on behalf of the local population, which will be resourced by a ring-fenced grant, and taking on key roles in supporting the public health system as a whole, such as ensuring that there are robust plans in place to protect the health of the local population and support the NHS with public health advice on clinical commissioning. The whole system will be refocused around achieving positive health outcomes for the population and reducing inequalities in health.

## The Framework

The new Public Health Outcomes Framework sets the context for the new system, from local to national level. It introduces the overarching vision for public health, the outcomes that need to be achieved and the indicators that will be used to assess progress.

The framework identifies the broad range of opportunities to improve and protect health across the life course and to reduce inequalities in health that still persist. Appendix A shows a summary of the Framework in a graphical form.

The framework focuses on two high-level outcomes:

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

Although information on the performance of these outcomes will be available, it may take many years before improvements can be demonstrated, therefore a set of supporting public health indicators that help show performance on a year by year basis have been developed.

These indicators are grouped into four domains:

- improving the wider determinants of health
- health improvement
- health protection
- healthcare public health and preventing premature mortality.

The list of indicators for each domain is attached at Appendix B. They cover the full spectrum of what the Department of Health (DoH) understand public health to be and what can realistically be measured at the moment. There are 66 indicators in total, 29 of which have been finalised. The rest require further work which will be carried out over the coming year and will be done with the continued engagement and involvement of DoH partners, at both local and national levels.

Those indicators marked “placeholders” and shown in italics will require the most work. The Public Health Outcomes Framework will be aligned to the Adult Social Care and the NHS frameworks that have already been published. A framework is also being developed for Children and Young People and will be done so in alignment with the Public Health Outcomes Framework.

Delivering these outcomes will require the collective efforts of all parts of the public health system, and across public services and wider society. The County Council, in partnership with the Health and Wellbeing Board, will be required to demonstrate improvements in public health outcomes through achieving progress against those indicators that best reflect local health need. Specific progress against the measures in the framework will be built into the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy as appropriate.

In Derbyshire, a Shadow Health and Wellbeing Board was established in July 2011 and is currently identifying priorities for the Joint Health and Wellbeing Strategy, taking into account evidence from the JSNA. The Board will ensure that the outcomes framework is incorporated into the development of both the draft strategy, which is due to be published in June 2012 for consultation, and the JSNA which is currently being reviewed and refreshed. The requirements of the outcomes framework will be incorporated into the Council's Performance and Improvement Framework and its approach to self-regulation.

Working closely with local and national partners will be essential to ensuring good performance against these indicators. In areas with a two-tier system of local government, like Derbyshire, some of the services required to deliver the outcomes operate at a lower local authority level. Therefore, district and borough councils must be fully engaged and able to contribute to driving health improvements through close collaboration. District and borough council representatives are members of the Derbyshire Shadow Health and Wellbeing Board.

### **Health Premium**

In addition to the ring-fenced budget for Public Health, the Secretary of State will also incentivise delivery of some outcomes through a health premium. The premium will highlight and incentivise action on a small number of indicators that reflect national or local strategic priorities. It is currently unclear how this will work in practice, further details will be provided as part of a finance update shortly.

### **Progress of Public Health transition to the Council**

The Council has been working closely with the Primary Care Trusts to manage the transition of Public Health into the authority. A Transition Steering Group has been established to manage the process and meets regularly. Two Away Days for the staff that will be moving over to the Council have been held and it is expected staff will be in place by April 2012, prior to the formal transfer in April 2013. Significant issues around terms and conditions and pensions are still being debated nationally.

### **3. Considerations (to be specified individually where appropriate)**

In preparing this report the relevance of the following factors has been considered: financial, legal, prevention of crime and disorder, equality and diversity, human resources, environmental, health, property and transport considerations.

### **4. Key Decision**

No

### **5. Call-in**

Is it required that call-in be waived in respect of the decisions proposed in the report? No

## **6. Background Papers**

Public Health White Paper – Cabinet Report (25 January 2011)

Public Health Proposals – Cabinet Report (29 March 2011)

Health and Social Care Bill – Cabinet Report (12 July 2011)

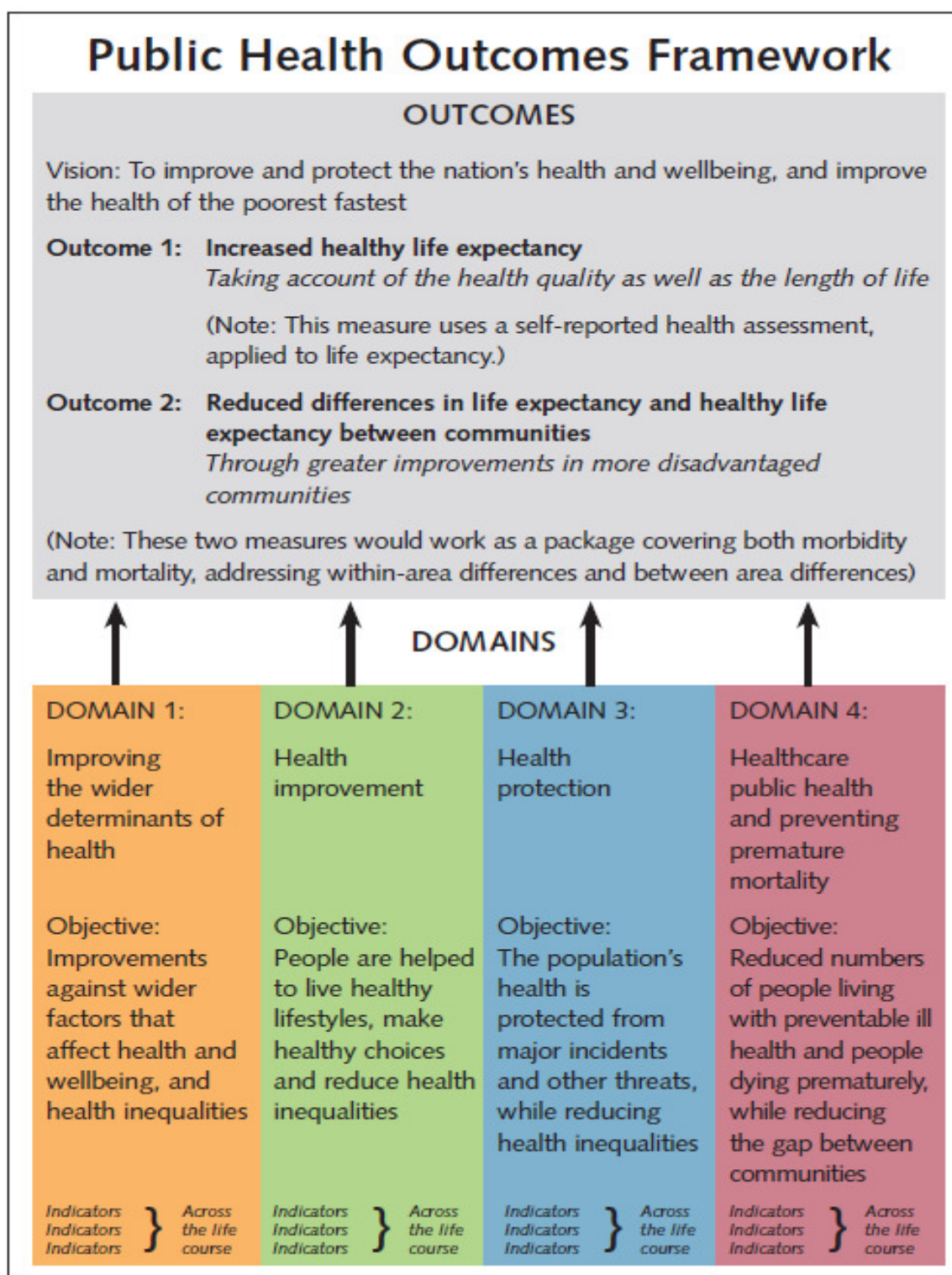
Healthy Lives, Healthy People: Update and way forward (Department of Health)

Health and Social Care Bill (currently within Parliamentary process)

## **7. OFFICER'S RECOMMENDATIONS**

1. That the publication of the Public Health Outcomes Framework 2013 - 2016 and the implications for the County Council be noted.
2. That further reports be brought to Cabinet as more details about the Public Health system are published.

**David Lowe**  
**Strategic Director**  
**Policy and Community Safety**



## The domains

**1 Improving the wider determinants of health**

## Objective

Improvements against wider factors that affect health and wellbeing and health inequalities

## Indicators

- Children in poverty
- *School readiness (Placeholder)*
- 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 (Placeholder)*
- 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 abuse (Placeholder)*
- *Violent crime (including sexual violence) (Placeholder)*
- Re-offending
- *The percentage of the population affected by noise (Placeholder)*
- Statutory homelessness
- Utilisation of green space for exercise/health reasons
- Fuel poverty
- *Social contentedness (Placeholder)*
- *Older people's perception of community safety (Placeholder)*

2 Health Improvement
<p><b>Objective</b></p> <p>People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p>
<p><b>Indicators</b></p> <ul style="list-style-type: none"> <li>• Low birth weight of term babies</li> <li>• Breastfeeding</li> <li>• Smoking status at time of delivery</li> <li>• Under 18 conceptions</li> <li>• <i>Child development at 2-2.5 years (Placeholder)</i></li> <li>• Excess weight in 4-5 and 10-11 year olds</li> <li>• Hospital admissions caused by unintentional and deliberate injuries in under 18s</li> <li>• <i>Emotional wellbeing of looked-after children (Placeholder)</i></li> <li>• Smoking prevalence – 15 year olds</li> <li>• Hospital admissions as a result of self-harm</li> <li>• <i>Diet (Placeholder)</i></li> <li>• Excess weight in adults</li> <li>• Proportion of physically active and inactive adults</li> <li>• Smoking prevalence – adult (over 18s)</li> <li>• Successful completion of drug treatment</li> <li>• People entering prison with substance dependence issues who are previously not known to community treatment</li> <li>• Recorded diabetes</li> <li>• Alcohol-related admissions to hospital</li> <li>• <i>Cancer diagnosed at stage 1 and 2 (Placeholder)</i></li> <li>• Cancer screening coverage</li> <li>• Access to non-cancer screening programmes</li> <li>• Take up of the NHS Health Check Programme – by those eligible</li> <li>• Self-reported wellbeing</li> <li>• Falls and injuries in the over 65s</li> </ul>

3 Health protection
<p><b>Objective</b></p> <p>The population's health is protected from major incidents and other threats, while reducing health inequalities</p>
<p><b>Indicators</b></p> <ul style="list-style-type: none"> <li>• Air pollution</li> <li>• Chlamydia diagnoses (15-24 year olds)</li> <li>• Population vaccination coverage</li> <li>• People presenting with HIV at a late stage of infection</li> <li>• Treatment completion for tuberculosis</li> <li>• Public sector organisations with board-approved sustainable development management plan</li> <li>• <i>Comprehensive, agreed inter-agency plans for responding to public health incidents (Placeholder)</i></li> </ul>



#### 4 Healthcare public health and preventing premature mortality

##### Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities.

##### Indicators

- 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 (Placeholder)*
- *Excess under 75 mortality in adults with serious mental illness (Placeholder)*
- Suicide
- *Emergency readmissions within 30 days of discharge from hospital (Placeholder)*
- Preventable sight loss
- *Health-related quality of life for older people (Placeholder)*
- Hip fractures in over 65s
- Excess winter deaths
- *Dementia and its impacts (Placeholder)*