



Department
of Health

Improving outcomes and supporting transparency

Part 1A: A public health outcomes
framework for England, 2013-2016

November 2013

DH INFORMATION READER BOX

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Improving outcomes and supporting transparency

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Executive summary

The responsibility to improve and protect our health lies with us all – government, local communities and with ourselves as individuals

There are many factors that influence public health over the course of a lifetime. They all need to be understood and acted upon. Integrating public health into local government will allow that to happen – services are being planned and delivered in the context of the broader social determinants of health, like poverty, education, housing, employment, crime and pollution. The NHS, social care, the voluntary sector and communities are working together to make this happen.

The updated Public Health Outcomes Framework is in three parts. Part 1 – this document – introduces the overarching vision for public health, the outcomes we want to achieve and the indicators that will help us understand how well we are improving and protecting health. Part 2 specifies all the technical details we can currently supply for each public health indicator and indicates where we will conduct further work to fully specify all indicators. Part 3 consists of the impact assessment and equalities impact assessment.

We received many responses to our consultation on outcomes in 2011. There was widespread welcome for our approach, including the focus on the wider determinants of health combined with many constructive

proposals for improving it. In this framework, we also bring further clarity to the alignment across the NHS, Public Health and Adult Social Care Outcome Frameworks, while recognising the different governance and funding issues that relate to these.

In [*Healthy Lives, Healthy People: Update and way forward*](#) the Government promised to produce a number of policy updates setting out more detail on the new public health system. The Public Health Outcomes Framework is part of this series of updates that set out what we would want to achieve in a new and reformed public health system.

The whole system is now focused on achieving positive health outcomes for the population and reducing inequalities in health, rather than on process targets, and will not be used to performance manage local areas. This Public Health Outcomes Framework sets the context for the system, from local to national level. The framework sets out the broad range of opportunities to improve and protect health across the life course and to reduce inequalities in health that still persist.

The framework is focused on the two high-level outcomes we want to achieve across the public health system and beyond. These two outcomes are:

1. Increased healthy life expectancy.
2. Reduced differences in life expectancy and healthy life expectancy between communities.

These outcomes reflect the focus not only on how long we live – our life expectancy, but on how well we live – our healthy life expectancy, at all stages of the life course. Our second outcome focuses attention on reducing health inequalities between people, communities and areas in our society. We are using both a measure of life expectancy and healthy life expectancy so that we are able to use the most reliable information available to understand the nature of health inequalities both within areas and between areas.

While we will be able to provide information on the performance against both these outcomes, the nature of public health is such that the improvements in these outcomes will take years – sometimes even decades – to see marked change. So we have developed a set of supporting public health indicators that help focus our understanding of how well we are doing year by year nationally and locally on those things that matter most to public health, which we know will help improve the outcomes stated above.

These indicators are grouped into four domains:

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

Indicators have been included that cover the full spectrum of what we understand public health to be, and what we can realistically measure at the moment. We do intend to improve a small number of indicators and we have set out in this document how we are doing that, with the continued engagement and involvement of our partners at the local and national levels.

Delivering these outcomes will require the collective efforts of all parts of the public health system, and across public services and wider society. This framework focuses on the respective role of local government, the NHS and Public Health England, and their delivery of improved health and wellbeing outcomes for the people and communities they serve.

1. Introduction: improving outcomes across a locally-led system

The new public health system

- 1.1 The Government created a new, integrated and professional public health system designed to be more effective and to give clear accountability for the improvement and protection of the public's health. The new system embodies localism, with new responsibilities and resources for local government, within a broad policy framework set by the Government, to improve the health and wellbeing of their populations. It also gives central government the key responsibility of protecting the health of the population, reflecting the core accountability of government to safeguard its people against all manner of threats.
- 1.2 Public Health England is the new national delivery organisation of the public health system. It is working with partners across the public health system and in wider society to:
 - deliver support and enable improvements in health and wellbeing in the areas set out in this outcomes framework
 - design and maintain systems to protect the population against existing and future threats to health.
- 1.3 The NHS remains critical to protecting and improving the population's health. It is charged with delivering some public

health services, and with promoting health through all its clinical activity, striving to use the millions of patient contacts that take place each day as opportunities to promote healthier living – “making every contact count”¹.

- 1.4 The NHS clinical contribution is therefore central. But outside the clinical arena the key responsibility for improving the health of local populations, including reducing health inequalities, rests with democratically accountable upper tier and unitary local authorities. [The Health and Social Care Act 2012](#) gives 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 in local authorities have a key leadership role for public health at the local level. Local authorities set up statutory health and wellbeing boards to drive local commissioning and integration of all health services, based upon local needs, giving new opportunities to improve the health and wellbeing of local communities right across the life course.

¹ The NHS Future Forum's recommendations can be found at: <https://www.gov.uk/government/publications/nhs-future-forum-recommendations-to-government-on-nhs-modernisation>

- 1.5 Local authorities commission public health services on their populations' behalf, resourced by a ring-fenced grant, and put health and wellbeing at the heart of all their activity. They also take on key roles in supporting the public health system as a whole: thus they are responsible for promoting preparation of health protection plans to protect the health of their populations, and support the NHS with public health advice on clinical commissioning, ensuring that the needs of the whole population are driving local clinical commissioning. Directors of Public Health are appointed to be the key health advisers for local authorities and to exercise the new functions on their behalf; they are also statutory members of health and wellbeing boards. Last but not least, Public Health England supports and advises Directors of Public Health and local authorities across the range of their responsibilities to help ensure consistency and excellence across the public health system, for example through a single authoritative web portal on public health information and evidence.
- 1.6 In this new system, the Secretary of State for Health sets the strategic direction, through this Public Health Outcomes Framework, and through leading for health across government. The Secretary of State allocated ring-fenced public health budgets to local authorities, and will incentivise delivery of some outcomes through a health premium. Public Health England supports the Secretary of State in considering how the Government can best achieve its strategic objectives across the system, working in partnership with local government and the NHS.

2. A new framework for public health outcomes

2.1 In this section, we provide further details on the updated Public Health Outcomes Framework that supports the whole public health system. In July 2011, we published a summary of the responses received to our consultation document [Healthy Lives, Healthy People: Transparency in Outcomes](#) as part of the overall consultation response to the Public Health White Paper. The outcomes framework set out in this document has been shaped by these responses.

Overarching outcomes, domains and indicators

2.2 The Public Health Outcomes Framework consists of two overarching outcomes that set the vision for the whole public health system of what we all want to achieve for the public's health. The outcomes are:

- increased healthy life expectancy, which takes account of the health quality as well as the length of life;
- reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)².

2.3 This framework is not just about extending life: it also covers the factors that contribute to healthy life

expectancy, including, importantly, what happens at the start of life and how well we live across the life course. The two outcomes together will underpin our overall vision to improve and protect the nation's health while improving the health of the poorest fastest.

2.4 Therefore, these outcomes will be delivered through improvements across a broad range of public health indicators grouped into four domains relating to the three pillars of public health: health protection, health improvement, and healthcare public health (and preventing premature mortality); and improving the wider determinants of health.

2.5 The diagram overleaf sets out a model for understanding the Public Health Outcomes Framework.

2.6 Over the next few pages, we set out the full range of indicators for public health. Part 2 of this document, The Public Health Indicator Set: Technical specification (published separately) sets out in detail the technical specifications – they provide the rationale and technical information that support each indicator. In some cases further development is required over the next 12 months. Indicators requiring further development are denoted below in italics.

2.7 The public health indicators are grouped into the four domains to which they most relate and arranged in order of their likely impact across the life course. An “at a glance” summary of all public health indicators is provided at Annex A.

² Healthy life expectancy is used as the key headline measure to reflect our focus on morbidity as well as mortality. Life expectancy is also included in the second outcome to enable us to measure within-area inequalities as well as between-area inequalities in health (it is not feasible to collect data on within-area differences in healthy life expectancy).

Public Health Outcomes Framework

OUTCOMES

Vision: To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest

Outcome 1: Increased healthy life expectancy

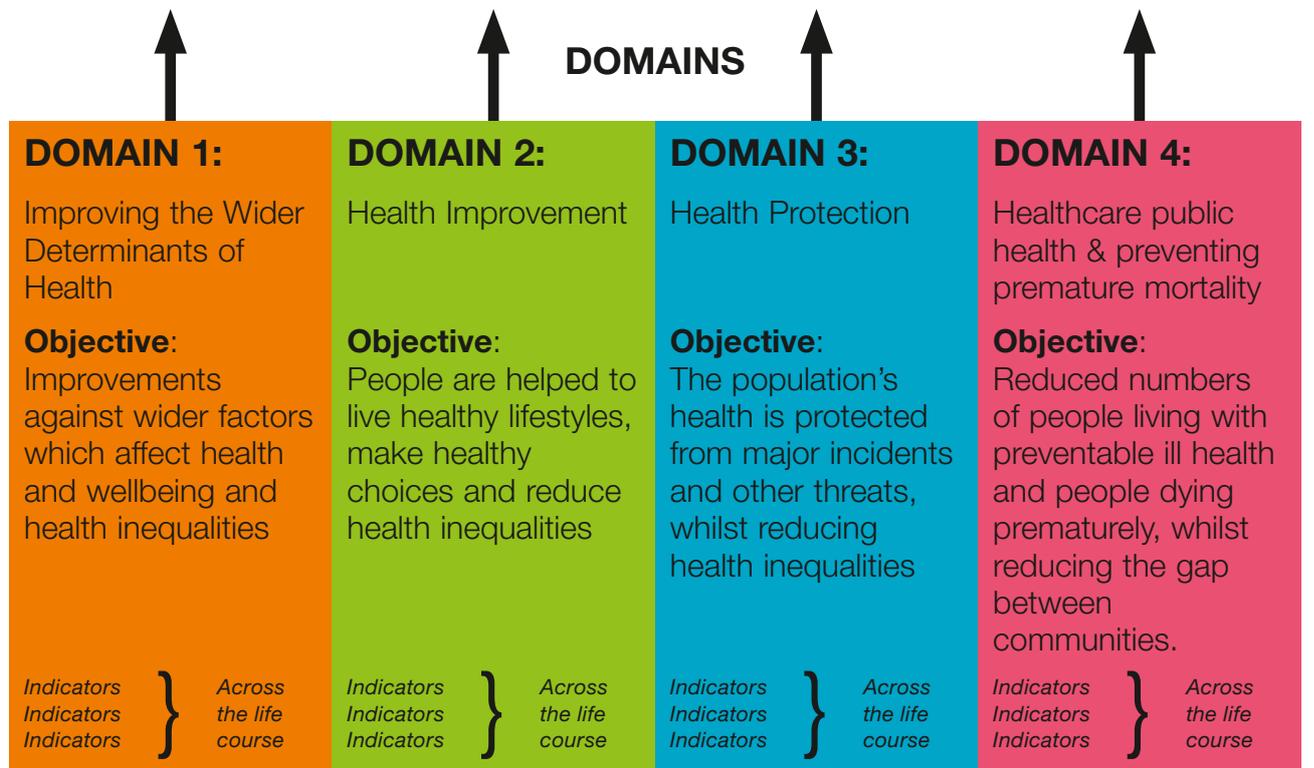
Taking account of the health quality as well as the length of life

(Note: This measure uses a self-reported health assessment, applied to life expectancy.)

Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities

Through greater improvements in more disadvantaged communities

(Note: These two measures would work as a package covering both morbidity and mortality, addressing within-area differences and between area differences)



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
- Pupil absence
- First-time entrants to the youth justice system
- 16-18 year olds not in education, employment or training
- Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation
- People in prison who have a mental illness or a significant mental illness
- Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services
- Sickness absence rate
- Killed and seriously injured casualties on England's roads
- Domestic abuse
- Violent crime (including sexual violence)
- Re-offending levels
- The percentage of the population affected by noise
- Statutory homelessness
- Utilisation of green space for exercise/health reasons
- Fuel poverty
- Social isolation
- Older people's perception of community safety

2.8 In improving the wider determinants of health, we have included a range of indicators that reflect factors that can have a significant impact on our health and wellbeing. These indicators are in line with those recommended by Sir Michael Marmot in his report Fair Society, Healthy Lives in 2010, and focus on the "causes of the causes" of health inequalities. Wherever possible, the indicators follow the formulation published by the Marmot Review team.

2.9 Local authorities with their partners, including the police and criminal justice system, schools, employers, and the business and voluntary sectors, all have a significant role to play in improving performance against these indicators.

2 Health improvement

Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators

- Low birth weight of term babies
- Breastfeeding
- Smoking status at time of delivery
- Under 18 conceptions*
- *Child development at 2-2½ years (under development)*
- Excess weight in 4-5 and 10-11 year olds*
- Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years
- Emotional well-being of looked after children
- *Smoking prevalence – 15 year olds (placeholder)*
- Self-harm
- Diet
- 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
- 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 people aged 65 and over

2.10 Domain 2 focuses on actions to help people make healthy choices and lead healthy lifestyles. Improvements in these indicators will, in the main, be led locally through health improvement programmes commissioned by local authorities. However, for some, the core role for the delivery of related services might lie with the NHS. For example, the NHS has responsibility for the delivery of

screening services according to specifications set by Public Health England. More on the way in which the NHS will be held to account for their part in improving public health outcomes follows later in Chapter 4.

2.11 Indicators are arranged in this and other domains where possible in order of their impact through the life course.

3 Health protection

Objective

The population's health is protected from major incidents and other threats, while reducing health inequalities

Indicators

- Fraction of mortality attributable to particulate 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 (TB)
- Public sector organisations with board-approved sustainable development management plan
- Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies*

2.12 Domain 3 includes a critical range of indicators focusing on those essential actions to be taken to protect the public's health. While Public Health England has a core role to play in delivering improvements in these indicators, this will be in support of the NHS's and local authorities' responsibility in health protection locally.

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
- Excess under 75 mortality in adults with serious mental illness
- Suicide rate
- Emergency readmissions within 30 days of discharge from hospital
- Preventable sight loss
- Health-related quality of life for older people
- Hip fractures in people aged 65 and over
- Excess winter deaths
- Estimated diagnosis rate for people with dementia

2.13 Improvements in indicators in this domain are being delivered by the whole public health system. Under 75 mortality indicators are shared with the NHS Outcomes Framework, where contributions focus on avoiding early deaths through healthcare interventions. Public health contributions are led by local authorities, supported by Public Health England, to prevent early death as a result of health improvement actions – such as those reflected in indicators in preceding domains.

3. Developing the public health indicator set

Design principles

3.1 The development of the Public Health Outcomes Framework has been firmly based on a set of principles that were developed through consultation with stakeholders (and with our partners).

The Public Health Outcomes Framework covers the three pillars of public health

3.2 One of the overwhelming responses to the consultation was that the use of domains was a helpful and powerful means to group public health priorities.

3.3 However, the existing and already acknowledged spectrum of public health known as the “three pillars” of public health, were thought to be a better way of describing the breadth of public health. We have therefore included domains that reflect these three pillars while including an additional domain on the wider determinants of health.

Alignment across the Public Health, Adult Social Care and NHS Outcomes Frameworks will be clear and meaningful

3.4 The proposals we made on alignment between the three outcomes frameworks were well received by respondents who acknowledged the need for three separate frameworks, recognising the different governance and accountability arrangements for Public Health England, local authorities

and the NHS. Responses during the consultation encouraged us to develop our plans for alignment across the three frameworks based on a series of shared or complementary indicators. The NHS Future Forum made recommendations to the Secretary of State for Health to ensure that where relevant, indicators were twinned across the NHS and Public Health Outcome Frameworks, focusing on shared goals and common priorities.

3.5 Therefore, we created alignment with the NHS Outcomes Framework through a shared set of indicators that straddle domain 4 of the Public Health Outcomes Framework (Healthcare Public Health and Preventing Premature Mortality) and domain 1 of the NHS Outcomes Framework (Preventing People from Dying Prematurely).

3.6 We share a set of indicators focused on premature mortality from specific disease areas. These consist of measures that are shared with the NHS on mortality rates from cancer, cardiovascular disease, respiratory disease and liver disease, and on excess premature mortality amongst people who suffer from serious mental illness and on infant mortality. In the case of the Public Health Outcomes Framework, we also include preventable mortality for cancer, cardiovascular disease, respiratory disease and liver disease. The NHS Outcomes

Framework aims to measure the NHS's role in reducing mortality for cardiovascular disease, respiratory disease and liver disease, in the same way that survival rates can be used to measure the NHS's role in reducing mortality from cancer.

- 3.7 In addition, a range of indicators are complementary across the NHS, Public Health and Adult Social Care Outcomes Frameworks, for example where we wish to focus on improving outcomes for specific client groups. These might include those with mental illness, learning disabilities or long-term conditions. Other more specific areas where we align across the NHS, Public Health and Adult Social Care Outcomes Frameworks include a focus on quality of life for older people, and hospital readmissions.
- 3.8 The NHS Outcomes Framework was first published in December 2010 and the Adult Social Care Outcomes Framework was first published in March 2011. Both of these Frameworks are refreshed annually. They should be read alongside this framework, including a complementary description of alignment.
- 3.9 Additionally, the [Education Outcomes Framework](#) supports the whole system – health, public health and social care – to achieve its objectives by helping to create a health and care workforce in the right numbers, with the right training, skills and attributes. It is central to the relationship between the Department of Health and the whole health and public health system and supports delivery of all outcomes frameworks. However, we have not restricted the concept of alignment to the Department of Health sponsored outcomes frameworks.

Indicators focused on the wider determinants of health offer an opportunity to align this framework with any that may emerge from other Government departments or indeed at local level across a range of related public services. We are also considering how the frameworks work together to improve outcomes in specific areas. The development of an outcomes strategy for children and young people's health and wellbeing (see paragraph 3.12) will be the first example of such a coordinated approach.

- 3.10 [The Government's response to Professor Eileen Munro's review of child protection in England](#) referred to the further development of a suite of performance information for safeguarding children, which will include health information, building on the work undertaken in the review. This same response recognises the significance and potential for alignment with the Public Health Outcomes Framework. In addition, the children's services sector has, through the Children's Improvement Board (membership of which includes the Association for Directors of Children's Services, the Society of Local Authority Chief Executives and the Local Government Association), commissioned work to develop children's services data profiles to provide a means for local benchmarking to support local authority sector-led improvement.

The Public Health Outcomes Framework supports health improvement and protection at all stages and across the life course, and especially in the early years

- 3.11 In presenting this approach and confirming the detail of the framework, we are clear that this is not just about extending life – it covers factors that

contribute to healthy life expectancy including, importantly, what happens at the start of life and how well we live across the life course. The two outcomes together will ensure our overall vision to improve and protect the nation's health while improving the health of the poorest fastest.

- 3.12 Addressing and improving health and wellbeing across the life course is essential particularly in the early years where we are more likely to make the greatest impact on achieving healthy life expectancy across the social gradient as advised by Sir Michael Marmot. This was a strong theme in [Healthy Lives, Healthy People](#), and the outcomes framework consultation showed strong support in particular for specific coverage of children and young people. The framework includes a large number of indicators on children and young people's health and, along with the NHS Outcomes Framework, sets a clear direction for children's health. We will develop an outcomes strategy for children and young people's health and wellbeing to ensure the outcomes measured are the ones that matter most to children, young people and their families, and the professionals that support them, and set out how different parts of the system will contribute to delivery of these outcomes. The strategy development will be led by a Children and Young People's Forum, who will advise on outcomes and approaches to delivery.
- 3.13 The life course approach is an integral part of each domain, reflecting the extent to which action at different ages can contribute to the top level outcomes, and enabling a robust analysis of how outcomes are improving at all ages.

The Public Health Outcomes Framework focuses attention on reducing health inequalities to promote equality

- 3.14 It is clear from the work of Sir Michael Marmot's independent review³ that health is not experienced equally across our society. For example, data from 2008-2010 shows that, in England, the gap between local authorities with the highest and lowest life expectancy is around 11 years for both males and females.
- 3.15 The high-level outcome of reduced differences in life expectancy and healthy life expectancy between communities is the key element in addressing health inequalities within this framework.
- 3.16 The indicators included in domain 1 – improving the wider determinants of health – present an important opportunity to get to grips with the most detrimental factors on health inequalities. However, the majority of indicators in this framework have potential to impact on inequalities and we aspire to make it possible for all indicators to be disaggregated by protected characteristics and by socioeconomic analysis wherever possible in order to support work locally to reduce in-area health inequalities where these persist. Annex C describes the extent to which each indicator can be disaggregated in this way.

Technical development

- 3.17 We selected indicators using a set of criteria we consulted on in 2011, which were subsequently improved and refined

³ The Marmot Review Team (2010) Fair Society, Healthy Lives: The Marmot Review. Strategic Review of Health Inequalities post-2010. Available at www.marmotreview.org

with expert input to ensure they provided a comprehensive means of assessing the suitability of each candidate indicator. The final sift criteria and more detailed information setting out the process for selection of indicators is set out in full in Annex B.

- 3.18 Our starting point was to focus on the 62 indicators that were included in the original Public Health Outcomes Framework consultation document, plus a further 25 indicators that were proposed by stakeholders in response to the consultation – either suggested as improvements to existing indicators or as brand new indicators.
- 3.19 Based on this rigorous criteria assessment, a number of indicators were deemed not suitable for inclusion within the final framework. These are included at Annex B.
- 3.20 In addition to assessing each measure against the criteria, we have also assessed whether indicators could be disaggregated by any or all of the inequalities and equalities dimensions. Further information on this is included at Annex C.
- 3.21 As part of this selection process, we worked with our partners across Whitehall in a series of workshops and bilateral discussions over the summer of 2011. These were complemented by a series of workshops and discussions with wider stakeholders, including those representing public health professionals, local government, the NHS and the voluntary and community sector.

3.22 The life course approach is an integral part of the design of each domain, reflecting the extent to which action at different ages can contribute to the top level outcomes, and enabling a robust analysis of how outcomes are improving at all ages. Within each domain, the indicators at Annex A are listed in order of their potential to have impact across the life course for communities and the population.

3.23 In particular, the NHS Outcomes Framework sets out our intention to ensure alignment with the Public Health Outcomes Framework through the inclusion of shared or complementary indicators relating to under-75 mortality. These related indicators are also included within domain 4, Healthcare Public Health and Preventing Premature Mortality, to satisfy this commitment.

4. Transparency and accountability

4.1 The main purpose of this framework is to provide transparency and accountability across the public health system. As governance and accountability for Public Health England, local government and for the NHS differ from each other, so does their relationship to demonstrating performance towards improving public health outcomes.

Local government

4.2 Guiding the relationship between national and local government is the principle of localism. It is 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](#)). It is therefore envisaged that specific progress against the measures in the framework will be built into the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy as appropriate.

4.3 It is also critical for us to understand that many of the services that will affect progress against indicator measures operate at a range of levels. In areas in the country with a two-tier local government system, many of these services operate at a lower local

authority tier. Given that public health leadership, in the form of the Director of Public Health, sits at the upper tier, it is imperative that district and city councils are able to play their part in driving health improvements through close collaboration.

4.4 The use of the data within the outcomes frameworks for benchmarking makes the Public Health Outcomes Framework an essential tool alongside the NHS, Adult Social Care and other sectors' frameworks for driving local sector led improvement. There is widespread support from within the sector for the principle of using the framework to drive improvement and this will need to be developed further. This would be led by local authorities themselves, much as they have done for other areas such as for adult and children's social care services.

4.5 In addition, some indicators reflect those services we require all local authorities to commission under powers set out in the [Health and Social Care Act 2012](#). These are marked in the text with an asterisk.

4.6 There will be a strong link between the Public Health Outcomes Framework and the Health Premium Incentive Scheme. Building on the breadth of the outcomes framework, the health premium will highlight, and incentivise action on, a small number of indicators that reflect

national or local strategic priorities. We will set out further details on our plans for a health premium as part of an update shortly.

- 4.7 [Section 31 of the Health and Social Care Act 2012](#) inserted the new section 73B(1) into the NHS Act 2006. Under this new section, a local authority exercising the new public health function under the Act must have regard to any document published by the Secretary of State for Health for the purposes of Section 73B(1). In May 2013, the Public Health Outcomes Framework was published under Section 73 (B). Local authorities have a statutory duty to have regard to this document under the Health and Social Care Act 2012.

The NHS

- 4.8 The NHS will continue to play a major role in public health, both in terms of delivering specific health programmes such as immunisations or screening, as well as in maximising opportunities to make every patient contact count through providing health improvement advice. The Government's Mandate to NHS England sets out expectations of the NHS, including ambitions for reducing preventable mortality.
- 4.9 An agreement between the Secretary of State for Health and NHS England⁴ enables the NHS to deliver services funded from the ring-fenced public health budget, such as national screening and immunisation programmes. The NHS England is accountable for the NHS contribution to

improvements against specific indicators for these services. For example, the NHS will aim to deliver improvements against cancer screening coverage in domain 2.

- 4.10 At the local level, Clinical Commissioning Groups are full statutory members of local Health and Wellbeing Boards and subject to local accountability and scrutiny by HealthWatch and local authority health scrutiny committees. Clinical Commissioning Groups work alongside local partners on Health and Wellbeing Boards, including Directors of Public Health, to agree the Joint Health and Wellbeing Strategies and to reflect those strategies in their local commissioning plans.
- 4.11 We share a small number of indicators across the Public Health and NHS outcomes frameworks where there is a strong argument for a shared approach. These are mostly concentrated in domain 4 of the Public Health Outcomes Framework, Healthcare Public Health and Preventing Premature Mortality, but not exclusively. For example, both the NHS and Public Health frameworks including an indicator on infant mortality, however the NHS will be responsible for the delivery of healthcare services that preserve and improve the health of babies in their first year of life through antenatal and neonatal services and offer treatment to mothers who have mental

⁴ The agreement is made under the new section 7A of the NHS Act 2006, as set out in the Health and Social Care Act 2012, which provides for arrangements for the delegation of the Secretary of State's public health responsibilities.

health problems⁵. Wider circumstances such as the mother's socioeconomic background and health behaviour will have a significant impact on the health of an infant, and will be best influenced by public health interventions led by local authorities.

Public Health England

- 4.12 As well as having a central role on behalf of the wider public health system in publishing national and local data on progress against the outcomes, Public Health England has a primary role in delivering a number of the outcomes. In 2011 we published an operating model for Public Health England, which sets out the responsibilities for Public Health England in relation to the Public Health Outcomes Framework.
- 4.13 Public Health England is accountable to Government as an executive agency, through an agreed business plan setting out the objectives we expect Public Health England to achieve each year. The role of Public Health England in supporting the improvement of outcomes is central to setting objectives.
- 4.14 Public Health England, in partnership with agencies such as the National

Institute for Health and Clinical Excellence, will ensure provision of expertise and knowledge of the latest developments and best practice in public health to the rest of the public health delivery system, including the NHS and local government, in order to support their contribution to improving public health outcomes.

- 4.15 Public Health England is publishing data on the indicator measures, including the disaggregation of data to local authority level, and by key equality and inequality characteristics – where available. Public Health England also publishes tools that support benchmarking of outcomes between and within local areas to provide insights into performance. We expect this information to assist local leaders in developing and implementing their strategies to improve health and wellbeing, and the wider public as they seek to understand how well their local services are supporting them.

⁵ A phrase used in this strategy as an umbrella term to denote the full range of diagnosable mental illnesses and disorders, including personality disorder. Mental health problems may be more or less common and acute or longer lasting, and may vary in severity. They manifest themselves in different ways at different ages and may present as behavioural problems (for example, in children and young people). Some people object to the use of terms such as "mental health problem" on the ground that they medicalise ways of thinking and feeling and do not acknowledge the many factors that can prevent people from reaching their potential. We recognise these concerns and the stigma attached to mental ill health, however there is no universally acceptable terminology that we can use as an alternative.

5. Next steps and future development

- 5.1 The Public Health Outcomes Framework is a multi-year framework, with a built-in expectation that it should be updated each year as data quality improves, technical capability across the public health system develops, and importantly as we maintain an aligned approach across the NHS, local authorities and Public Health England.
- 5.2 We worked in partnership with Public Health England to finalise the definitions for 12 placeholder indicators. There are 2 indicators which require further development and improvement. These are marked in the text with italics.
- 5.3 As mentioned in the previous chapter, the Public Health Outcomes Framework was published for the purposes of section 73B(1) of the NHS Act 2006. Section 73B(1) is a new section of the 2006 Act that was inserted by Section 31 of the Health and Social Care Act 2012. We [re-published this document formally](#) in order for it to have the desired legal effect in May 2013.

