



Briefing Paper: *Healthy Lives, Healthy People: Improving outcomes and supporting transparency (Public Health Outcomes Framework)*

January 2012

Context

Assuming royal assent of the Health and Social Care Bill, the majority of public health functions will be transferred from the NHS to local government in April 2013. Recent publications (Public Health in Local Government; Public Health England's Operating Model) began to set out some of the detail of the new public health system and expectations of roles and responsibilities of local authorities, NHS commissioners and Public Health England. The Public Health Outcomes Framework is a further update in this 'series' and sets out what government wants to achieve through the new public health system. This briefing summarises the Public Health Outcomes Framework from its vision to specific indicators, outlining their level of 'readiness', broad responsibilities for delivery and alignment with the NHS and Adult Social Care Outcomes Frameworks.

KEY POINTS:

- The Public Health Outcomes Framework sets out what Government wants to achieve through the new public health system.
- It is set out in three parts: 1) the vision, outcomes and indicators; 2) technical details of each indicator; 3) impact and equalities impact assessments.
- It recognises that the factors influencing public health are wide ranging, occur over the life-course and require collective action.
- Its aim is to deliver the high-level vision for public health to, '*improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest*'.
- This vision is underpinned by two over-arching outcomes:
 1. Increased life expectancy (considering health quality as well as length of life)
 2. Reduced differences in life expectancy and healthy life expectancy between communities.
- The indicators of the outcomes framework are split across four domains (three corresponding to the pillars of public health): 1) Improving the wider determinants of health; 2) Health improvement; 3) Health protection; 4) Healthcare public health and preventing premature mortality.
- There is a continued commitment to alignment with the NHS and Adult Social Care Outcomes Frameworks and wider, for example, a Children and Young People's Outcomes Strategy is in development. There are, however, fewer shared indicators.
- The local authority, NHS, Public Health England and wider partners will have some responsibility and accountability for the delivery of the public health outcomes.
- It is a multi-year framework but will be annually updated.
- Indicators are in a range of stages of development – from 'ready now' to some not expected to be ready for a number of years.
- It is stated that the framework will 'not be used to performance manage local areas'.

Introduction

In December 2010, the Department of Health published *Healthy Lives, Healthy People: Transparency in Outcomes* a proposed outcomes framework for public health. Following consultation, the first public health outcomes framework has now been published setting out the expectations of the new public health system.

The public health outcomes framework is set out in three parts:

- Part 1: sets out the vision, outcomes and indicators
- Part 2: specifies the technical details for each indicator
- Part 3: is the impact assessment and equalities impact assessment.

There is clear recognition that the factors influencing public health are wide-ranging, occur across the life course and are the responsibility of all. Through collective action, the new public health system is expected to deliver the high-level vision for public health, *'to improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest'*.

Structure

In the original consultation document, this vision for public health was underpinned by indicators set across five domains. In the revised public health outcomes framework, this vision instead focuses on two high-level, overarching outcomes:

1. Increased life expectancy (considering health quality as well as length of life)
2. Reduced differences in life expectancy and healthy life expectancy between communities.

The focus of the framework is intended to go beyond extending life but also focuses on those factors contributing to healthy life expectancy throughout the life course. The indicators supporting this overall vision and delivery of the two overarching outcomes are grouped into four domains (three relating to the three pillars of public health):

- Domain 1: Improving the wider determinants of health
- Domain 2: Health improvement
- Domain 3: Health protection
- Domain 4: Healthcare public health and preventing premature mortality.

Appendix 1 outlines all the indicators within the Public Health Outcomes Framework, including their data source, anticipated frequency of reporting, readiness of the indicator, whether it is also in the NHS or Adult Social Care Outcomes Framework along with any other relevant comments.

Alignment

The commitment to the alignment of the Public Health Outcomes Framework with the NHS and Adult Social Care Outcomes Framework stated in the public health outcomes framework consultation document is retained in the final outcomes framework. There are, however, fewer overlapping indicators across the three frameworks.

1.1 NHS Outcomes Framework

It is intended that there will be an alignment between the Public Health Outcomes Framework and the NHS Outcomes Framework. This will be through a shared set of indicators focusing on:

- Premature mortality from specific diseases: cardiovascular disease; respiratory disease; liver disease; and cancer
- Premature mortality amongst people who suffer serious mental illness
- Infant mortality.

1.2 NHS and Adult Social Care Outcomes Frameworks

A range of indicators will be complementary across the NHS, Public Health and Adult Social Care Outcomes Frameworks, particularly focusing on improving outcomes for specific client groups e.g. mental illness, learning disabilities and long-term conditions. Further intended areas of alignment will include quality of life for older people and hospital readmissions.

1.3 Wider alignment

It is anticipated that there will be an 'opportunity' for wider alignment, particularly in relation to the wider determinants of health to other frameworks from different Government departments.

Further, consideration is also being given to how different frameworks work together to improve outcomes in specific areas e.g. children and young people's health and wellbeing (an outcomes strategy is in development).

Transparency and accountability

The purpose of the outcomes framework is to 'provide a framework for transparency and accountability across the public health system'. Demonstrating performance towards improving public health outcomes will vary for local government, the NHS and Public Health England.

1.4 Local government

Local authorities, in partnership with Health and Wellbeing Boards will need to demonstrate improvements in public health outcomes – through improvements in those indicators reflecting local health need (as identified in the Joint Strategic Needs Assessment and reflected in the Health and Wellbeing Strategy).

It is anticipated that the data within the outcomes framework is used for benchmarking and driving sector-led improvements and led by the local authority as it has done for adult and children social care services.

The Health Premium will be linked to the Public Health Outcomes Framework. It will highlight and incentivise action on a small number of indicators that reflect national or local strategic priorities. Further details around plans for a health premium will be set out as part of the upcoming finance update.

It is intended that the Public Health Outcomes Framework will be published for the purposes of the new section 73B(1) of the NHS Act 2006. Assuming passage of the Health and Social Care Bill, this will mean local authorities will have a statutory duty to have regard of the Public Health Outcomes Framework.

1.5 The NHS

The NHS will continue to have a major role in public health, particularly through its delivery of specific health programmes such as immunisation and screening and through maximising opportunities to make every patient contact count. The NHS Commissioning Board will be given clear expectations including reducing preventable mortality.

The NHS Commissioning Board will be accountable for the NHS contribution to improvements against services it commissions and associated indicators, for example, cancer screening coverage.

Clinical Commissioning Groups will be statutory members of Health and Wellbeing Boards and will have a role in agreeing Joint Health and Wellbeing Strategies and will need to reflect these strategies in their local commissioning plans.

There will be a number of shared indicators across public health and NHS outcomes frameworks (described above).

1.6 Public Health England

Public Health England will have a primary role in delivery of a number of the outcomes. It will also play a key role in publishing local and national progress data against the outcomes and will have a role (with others such as the National Institute for Health and Clinical Excellence) to provide expertise and knowledge on developments and best practice as well as provision of tools to support benchmarking.

1.7 Performance management

It is not planned for the Public Health Outcomes Framework to be used to performance manage local areas.

Next steps

The Public Health Outcomes Framework is a multi-year framework but with an expectation that it is refreshed annually.

Further development of the outcomes framework will continue during 2012/13. The NHS Operating Framework for 2012/13 is intended to provide a 'smooth transition' to the new Public Health Outcomes Framework including headline performance measures (however, there are only two public health performance measures: smoking quitters; and coverage of NHS Health Checks) of services expected to be commissioned by the NHS in the future and those that will become the responsibility of the local authority. There is to be an indicator developed through 2012/13 on 'Completed transfers of public health functions to local authorities'.

1.8 Key dates

Date	Action
Early 2012	<ul style="list-style-type: none">▪ A Public Health Workforce Strategy which will be accompanied by a formal public consultation▪ Public Health Resources (Staff and Ring-fenced "Hypothecated" Budgets).
2012/13	<ul style="list-style-type: none">▪ Continued development of indicators▪ NHS Operating Framework provides means for 'smooth transition' with headline performance measures▪ Public Health Outcomes Framework to be re-published formally when Health and Social Care Bill is passed to bring new section 73B(1) clause into force
Autumn 2012	<ul style="list-style-type: none">▪ Full set of baselines planned to be available to support local service planning
April 2013	<ul style="list-style-type: none">▪ Transfer of the majority of public health functions from the NHS to local government▪ Public Health Outcomes Framework in place

Local considerations/ implications

1. **Accountability and responsibility:** The indicators outlined in the Public Health Outcomes Framework are broad and wide-ranging. Whilst it is acknowledged that these will require collective delivery, further work is required nationally and locally to identify lead responsibility and levels of accountability in improving the various outcomes.
2. **Reporting:** in recent Department of Health publications, the Health and Wellbeing Board has been cited as the place that brings the three outcomes frameworks together and takes a lead in tackling health inequalities and the wider determinants of health. Further consideration needs to be given to the reporting of the progress towards the indicators set out in the Public Health Outcomes Framework – what is to be reported to the Health and Wellbeing Board, what to the local authority and local NHS, what to other local Strategic Boards etc.
3. **Frequency of reporting:** many of the indicators are only expected to be reported annually (a small number currently less frequently). This will mean it will be challenging at a local level to assess ongoing progress and how this progress benchmarks to other areas.
4. **Indicator readiness:** the indicators outlined are in various stages of readiness, in terms of data source, indicator definition and reporting level – for example, many of the indicators are not currently able to be reported at local authority level. This has implications locally in terms of how and when the framework is taken forward.
5. **Inequalities:** one of the key drivers of the changing public health system is to improve health inequalities. There is, however, significant variation across the indicator set into how far the data can be broken down into geographical, socioeconomic and deprivation groupings as well as the range of inequalities strands. This will have implications on our ability to understand local need and our impact on tackling inequalities.
6. **Performance management:** whilst it is made clear in the framework that it is not intended as a tool to performance manage local areas, it is likely that the indicators will be used, to some extent as measures of performance. Local consideration needs to be given to this, particularly in terms of the issues prioritised, targets for improvement and local monitoring arrangements.

References

Department of Health (December 2010) *Healthy Lives, Healthy People: Transparency in Outcomes*.
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_123113.pdf

Department of Health (December 2011) *Public Health in Local Government Factsheets/ Public Health England's Operating Model Factsheets*.
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131904.pdf

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Title	Healthy Lives, Healthy People: Improving outcomes and supporting transparency
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Appendix 1: The public health outcomes framework indicators by domain

Key:

Bold	New indicator added since consultation document
<i>Italics</i>	'Placeholder' – requires 'major' development
	Indicator not ready yet
	In other framework – 'NHS' denotes indicator is in the NHS Outcomes Framework whilst 'ASC' denotes the indicator is also in the Adult Social Care Outcomes Framework.

Overarching outcomes						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
0.1	Healthy life expectancy	ONS	TBC	TBC	No*	Data source is ready but indicator definition needs further development. Likely to be healthy life expectancy or disability-free life expectancy.
0.2	Differences in life expectancy and healthy life expectancy between communities	ONS	TBC	TBC	No*	Data source is ready but indicator definition needs further development. It will measure inequalities in life expectancy and health expectancy by area deprivation.

* there are, however, life expectancy indicators within the NHS Outcomes Framework but appears to be a different indicator definition.

Domain 1: Improving the wider determinants of health

Summary: a total of 19 indicators (but with a total of 27 component measures). 10 are ready now, 2 requiring development over the next 10-12 months, 7 require major development.

Responsibility for delivery: Local authorities with their partners, including the police and criminal justice system, schools, employers, and business and voluntary sectors will have a significant role to play in improving performance.

Domain 1: Improving the wider determinants of health						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
1.1	Children in poverty	Dept. Work and Pensions	Annual	Now	No	Currently measured as % of children living in families receiving means tested benefits
1.2	<i>School readiness (Placeholder)</i>	<i>Needs further development</i>	<i>Annual</i>	<i>TBC</i>	No	<i>A new Early Years Foundation Stage Profile (EYFSP) being developed for 2012/13 academic year on which this indicator will be based</i>
1.3	Pupil absence	The School Census (ready)	Termly (LA level)	TBC	No	Indicator definition is ready - % of half days missed by pupils due to overall absence. (In previous PH outcomes framework was Truancy)
1.4	First time entrants to the youth justice system	MoJ criminal justice statistics dataset (needs further development)	LA data annually	Now	No	Rate of 10-17 year olds receiving their first reprimand, warning or conviction per 100,000 population
1.5	16-18 year olds not in education, employment or training	Client Caseload Information System (CCIS) (ready)	Annual	Now	No	% of 16-18 year olds not in education, employment or training (NEET). Was NI117
1.6	People with mental illness and or disability in settled accommodation (1.6i & 1.6ii)	Adult Social Care Activity Return (ASC-CAR)/ Mental Health Minimum Dataset (MHMDS) – NHS IC (ready)	Quarterly	Now	ASC	1.6i % adults with learning disabilities known to social services assessed or reviewed during last year who were in settled accommodation (NEW) 1.6ii % adults receiving secondary mental health services known to be in settled accommodation
1.7	<i>People in prison who have a mental illness or a significant mental illness (Placeholder)</i>	<i>TBC – needs further development. Potential System1 prison IT system</i>	<i>TBC</i>	<i>TBC</i>	<i>No</i>	<i>NEW – indicator requires further development.</i>
1.8	Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness	Labour Force Survey (Ready)	Quarterly	TBC	NHS/ASC	Was two separate indicators in consultation framework. Three component parts: 1.8i gap between employment rate for those with long-term

Domain 1: Improving the wider determinants of health						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
						condition and overall rate 1.8ii gap between employment rate for those with learning difficulty/disability and overall rate 1.8iii gap between employment rate for those with a mental illness and overall rate
1.9	Sickness absence rate	(i & ii) Labour Force Survey (Ready) (iii) Electronic Fit Note (DWP) – not yet exist	TBC	1.9i Now 1.9ii Now 1.9iii TBC	No	1.9i % employees who had at least one day off sick in previous week 1.9ii number of working days lost to sickness absence 1.9iii rate of fit notes issued per quarter
1.10	Killed and seriously injured casualties on England's road	STATS 19 (DfT) (Ready)	Annual	Now	No	Number of people reported killed or seriously injured on the roads, all ages, per 100,000 resident population
1.11	<i>Domestic abuse (Placeholder)</i>	TBC	TBC	TBC	No	<i>Discussions ongoing with Home Office</i>
1.12	<i>Violent crime (including sexual violence) (Placeholder)</i>	TBC	TBC	TBC	No	<i>Discussions ongoing with Home Office. Currently recorded in Police statistics?</i>
1.13	Re-offending	MoJ dataset (Ready)	Quarterly	Now	No	Indicator has two component parts: 1.13i proportion of offenders who re-offend from a rolling 12 month cohort 1.13ii average number of re-offences committed per offender from a rolling 12 month cohort
1.14	<i>Percentage of population affected by noise (Placeholder)</i>	CIEH and DEFRA	TBC	TBC	No	<i>Indicator requires further development. Split into two component parts: 1.14i number of complaints per year per LA about noise per 1,000 population 1.14ii proportion of the population exposed to transport noise of more than dB(A) per LA</i>
1.15	Statutory homelessness	P1E-Local Authority Returns (DCLG)	Quarterly	Now	No	Indicator split into two component parts: 1.15i homelessness acceptances per 1,000 households 1.15ii households in temporary accommodation per 1,000 households.
1.16	Utilisation of green space for exercise/health reasons	Monitor of Engagement with the Natural Environment (MENE) Survey	Annual (monthly updates)	Now	No	Indicator and data source ready.

Domain 1: Improving the wider determinants of health						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
1.17	Fuel poverty	English Housing Survey (DCLG) Domestic Fuels Inquiry (DECC)	Annual	Now	No	Indicator and data source ready. Well established and classified as a 'National Statistic'.
1.18	<i>Social connectedness (Placeholder)</i>	<i>TBC – possibly DCLG citizenship survey</i>	<i>TBC</i>	<i>TBC</i>	<i>No</i>	<i>Indicator and data source require further development.</i>
1.19	<i>Older people's perception of community safety (Placeholder)</i>	<i>TBC – potentially British Crime Survey</i>	<i>TBC</i>	<i>TBC</i>	<i>No</i>	<i>Indicator and data source require further development.</i>

Domain 2: Health improvement

Summary: a total of 24 indicators (but with a total of 31 component measures). 15 are ready now (although some only at national level), 4 requiring development over the next 10-12 months, 5 require major development.

Responsibility for delivery: In the main it is expected that improvements in these indicators will be led locally through health improvement programmes commissioned by local authorities. The core role for the delivery of related services may lie with the NHS for some e.g. screening programmes

Domain 2: Health improvement						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
2.1	Low birth weight of term babies	ONS (Ready)	TBC	Now	No	ONS currently only publishes data at the national
2.2	Breastfeeding	DH via UNIFY2 (needs further development)	Quarterly	Now (national)	No	Indicator ready at national level now – data to be collected at LA level in due course. The indicator is split into two component parts: 2.2i breastfeeding initiation 2.2ii breastfeeding prevalence at 6-8 weeks after birth
2.3	Smoking status at time of delivery	NHS IC Omnibus (needs further development)	Quarterly	Now (national & PCT)	No	Indicator available now at national and PCT level, to be available at LA level in due course. Indicator: Rate of smoking at time of delivery per 100 maternities
2.4	Under 18 conceptions	ONS (Ready)	Quarterly	Now	No	Indicator ready. Total conceptions to all women aged under 18 (denominator female population aged 15-17)
2.5	<i>Child development at 2-2.5 years (Placeholder)</i>	<i>Needs further development</i>	<i>TBC</i>	<i>2014-15</i>	<i>No</i>	<i>Study under way to see whether a relevant measure can be collected via the Healthy Child Programme review.</i>
2.6	Excess weight in 4-5 and 10-11 year olds	National Child Measurement Programme (NCMP)	Annual	Now	No	Indicator and data source ready. Indicator split into two component parts: 2.6i proportion of children aged 4-5 classified as overweight or obese 2.6ii proportion of children aged 10-11 classified as overweight or obese
2.7	Hospital admissions caused by unintentional injury and deliberate injuries in under 18s	Hospital Episode Statistics (HES)	Annual	Now	No	Final indicator ready. Crude rate of hospital emergency admissions caused by unintentional and deliberate injuries in age 0-17 years per 10,000 resident population
2.8	<i>Emotional wellbeing of looked after children (Placeholder)</i>	<i>SSDA903 data collection (Ready)</i>	<i>Annual</i>	<i>TBC</i>	<i>No</i>	<i>NEW -The indicator definition needs further development – looking at different options within the current SSDA903 data collection.</i>

Domain 2: Health improvement						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
2.9	Smoking prevalence – 15 year olds (Placeholder)	TBC	TBC	TBC	No	NEW -Indicator definition requires further development. Information on smoking for 11-15 year olds collected in survey in smoking, drinking and drug use among young people but sample size not sufficient. DH currently assessing feasibility.
2.10	Hospital admissions as a result of self-harm	Hospital Episode Statistics (HES)	Annual	Now	No	Indicator and data source ready. Indicator – age-sex standardised rate of emergency hospital admissions for intentional self harm per 100,000 population
2.11	Diet (Placeholder)	National Diet & Nutrition Survey (national)	TBC	TBC	No	NEW -Indicator and data source needs further development. It will be a multi-component indicator. National survey exists but data source at a local authority level yet to be confirmed
2.12	Excess weight in adults	Nationally – Health Survey for England, LA - TBC	TBC	Now (national)	No	Indicator ready now at a national level and likely to be Jan (TBC) 2012 at LA level. It is likely that Sport England’s Active People Survey will be used and reported on a six-monthly basis.
2.13	Proportion of physically active and inactive adults	Sport England Active People Survey (Ready)	6 monthly	Jan 2012	No	Definition and data source ready, final indicator expected to be ready in January 2012. Indicator split into two component parts: 2.13i proportion of adults achieving at least 150 minutes of physical activity per week 2.13ii proportion of adults classified as ‘inactive’
2.14	Smoking prevalence – adults (over 18s)	Integrated Household Survey (Ready)	Quarterly	Now	No	Indicator and data source ready. Prevalence of smoking among persons aged 18 years and over. Data reported quarterly for a rolling 12 month period.
2.15	Successful completion of drug treatment	National Drug Treatment Monitoring Service	Monthly	Now	No	Indicator and data source ready. Aligns with Government Drug Strategy.
2.16	People entering prison with substance dependence issues who are previously not known to community treatment	Needs development, potentially through System1 prison system	Monthly (TBC)	TBC	No	NEW -Indicator and data source need further development, Expected data will be captured via System1 and reported to National Treatment Agency (NTA) – data source being installed in 2011/12 and will be fully in place by 2013/14. First data expected Jun 2012.
2.17	Recorded diabetes	QOF via Quality Management Analysis System (QMAS)	Annual	Now	No	Data source ready. Further work required on definition to appropriately produce at a LA level.
2.18	Alcohol-related admissions to hospital	Hospital Episode Statistics (HED)	Quarterly	Now	No	Data source ready. Indicator definition needs further development – consultation on measurement of alcohol-related admissions, preference for indicator based just on alcohol-related primary diagnosis. North West PHO consulting on measure.

Domain 2: Health improvement						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
2.19	Cancer diagnosed at stage 1 and 2 (Placeholder)	New source required	TBC	Oct 2013	No	A new data source is required and definition needs further development.
2.20	Cancer screening coverage	IC – PCT KC63 return & KC53	Annual	Now	No	Indicator definition and data source ready. Lack of clarity as yet as to whether data collection will move to being on a CCG or LA basis. Indicator will have two component parts: 2.20i % of women in a population eligible for breast screening at a given point in time who were screened adequately 2.20ii % of women in a population eligible for cervical screening at a given point who were screened adequately.
2.21	Access to non-cancer screening programmes	TBC	TBC	Now (national)	No	NEW - Data source requires further development to report at LA level – a range of data sources identified. The indicator has seven component parts: 2.21i HIV coverage 2.21ii Syphilis, hepatitis B and susceptibility to rubella uptake 2.21iii proportion of pregnant women eligible for antenatal sickle cell and thalassaemia screening 2.21iv proportion of babies registered eligible for newborn blood spot screening 2.21v proportion of babies eligible for newborn hearing screening 2.21vi proportion of babies eligible for newborn physical examination 2.21vii proportion of those offered screening for diabetic retinopathy attending a digital screening event
2.22	Take up of the NHS Health Check Programme	DH via UNIFY 2 data collection IPMR_1	Quarterly	Now (national)	No	Data source and indicator definition ready. Reporting of NHS Health Check will become responsibility of LA in 2013 – expected that data will be collected at LA level.
2.23	Self-reported wellbeing	WEMWBS	TBC	TBC	No	Useable (national) data available now. Current measure uses the average Warwick-Edinburgh Mental Wellbeing Scale for adults (16+) over 14 items. This will be used until 2013. From 2013 a measure currently being developed by the ONS will be used.
2.24	Falls and fall injuries in the over 65s	Hospital Episode Statistics (HES)	TBC	TBC	No	The data source is ready but the indicator definition requires further development. Limited data has been published by the NHS Information Centre but does not match the definition.

Domain 3: Health protection

Summary: a total of 7 indicators (but with a total of 21 component measures). 6 are ready now (although some only at national level), 1 requires major development.

Responsibility for delivery: Public Health England will have a core role to play in delivering improvements in these indicators, however, this will be in support of the NHS's and local authority's responsibility for health protection locally.

Domain 3: Health protection						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
3.1	Air pollution	DEFRA	TBC	Now (national)	No	Data source and indicator ready now at a national level, further work required to enable calculation at local authority level. The indicator measures the mortality effect of anthropogenic particulate air pollution per 100,000 population.
3.2	Chlamydia diagnosis	Health Protection Agency	Annual	Now	No	Data source and definition ready.
3.3	Population vaccination coverage	COVER ImmForm system KC50	Monthly - Annual	Now	No	Data source is ready although will need further development to take account of restructuring of primary care. Data not collected at LA level – yet to be determined whether data collection will be collected at CCG or LA level. Data should be extractable by LA. The indicator is split into 15 component parts: 3.3i Hepatitis B vaccination coverage 3.3ii BCG vaccination coverage 3.3iii DTap/IPV/Hib vaccination coverage 3.3iv MenC vaccination coverage 3.3v PCV vaccination coverage 3.3vi Hib/MenC booster vaccination coverage 3.3vii PCV booster vaccination coverage 3.3viii MMR vaccination coverage for one dose (2 yrs) 3.3ix MMR vaccination coverage for one dose (5 yrs) 3.3x MMR vaccination coverage for two doses 3.3xi Td/IPV booster vaccination coverage 3.3xii HPV vaccination coverage 3.3xiii PPV vaccination coverage 3.3xiv Flu vaccination coverage (over 65s) 3.3xv Flu vaccination coverage (at risk individuals).

Domain 3: Health protection						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
3.4	People presenting with HIV at a late stage of infection	Health Protection Agency	Annual	Now	No	Data source and indicator definition ready now.
3.5	Treatment completion for tuberculosis	Health Protection Agency	Annual	Now	No	Data source and indicator definition ready now. Data not currently published at LA level but this should be possible.
3.6	Public sector organisations with board-approved sustainable development management plan	TBC	Annual	Now (national)	No	Indicator ready now at a national level for NHS organisations. This is currently a question in the NHS Sustainability reporting template. Intention that it is developed to cover all public sector organisations. Further work required to develop data source.
3.7	<i>Comprehensive, agreed inter-agency plans for responding to public health incidents (Placeholder)</i>	TBC	TBC	TBC	No	<i>Indicator definition requires further work and a new data source required – Public Health England and Directors of Public Health are possible data sources. Aim of the indicator is to provide an indication of the preparedness of organisations to respond to emergencies and outbreaks of infection.</i>

Domain 4: Healthcare public health and preventing premature mortality

Summary: a total of 16 indicators (but with a total of 20 component measures). 9 are ready now (at least in part), 2 requiring development over the next 10-12 months, 5 require major development.

Responsibility for delivery: indicators across this domain will be delivered by the whole public health system. Under 75 mortality indicators are shared with the NHS Outcomes Framework where contributions will focus on avoiding early deaths through healthcare interventions. Public health contributions will be made locally through the local authority supported by Public Health England by preventing early death as a result of health improvement actions.

Domain 4: Healthcare public health and preventing premature mortality						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
4.1	Infant mortality	ONS	Annual	Now	NHS	Data source and indicator definition are ready. Measure: crude rate of infant deaths (persons aged less than one year) per 1,000 live births. Available at LA level.
4.2	Tooth decay in children aged five	TBC NHS dental epidemiology survey	Aim annual (currently every 4 yrs)	Now	No	Indicator definition is ready but the data source requires further development to produce annual data (survey currently conducted only every 4 years). There is a possibility that this data will be available on an annual basis from 2014/15.
4.3	Mortality from causes considered preventable	ONS	TBC	TBC	No	Data source is ready but the indicator definition requires further development. ONS currently developing a definition of preventable mortality which this indicator will align to.
4.4	Mortality from all cardiovascular diseases (including heart disease and stroke)	ONS	TBC	4.4i Now 4.4ii TBC	NHS	Data source is ready but indicator definition for 4.4ii requires further development (as 4.3 above). Indicator split into two component parts: 4.4i age-standardised rate of mortality from all cardiovascular diseases in persons less than 75 years per 100,000 population 4.4ii age-standardised mortality considered preventable from all cardiovascular diseases in persons less than 75 years per 100,000 population.
4.5	Mortality from cancer	ONS	TBC	4.5i Now 4.5ii TBC	NHS	Data source is ready but indicator definition for 4.5ii requires further development (as 4.3 above). Indicator split into two component parts: 4.5i age-standardised rate of mortality from all cancers in persons less than 75 years per 100,000 population 4.5ii age-standardised mortality considered preventable from all cancers in persons less than 75 years per 100,000 population.

Domain 4: Healthcare public health and preventing premature mortality						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
4.6	Mortality from liver disease	ONS	TBC	4.6i Now 4.6ii TBC	NHS	Data source is ready but indicator definition for 4.6ii requires further development (as 4.3 above). Indicator split into two component parts: 4.6i age-standardised rate of mortality from liver disease in persons less than 75 years per 100,000 population 4.6ii age-standardised mortality considered preventable from liver disease in persons less than 75 years per 100,000 population.
4.7	Mortality from respiratory disease	ONS	TBC	4.7i Now 4.7ii TBC	NHS	Data source is ready but indicator definition for 4.7ii requires further development (as 4.3 above). Indicator split into two component parts: 4.7i age-standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population 4.7ii age-standardised mortality considered preventable from respiratory disease in persons less than 75 years per 100,000 population.
4.8	<i>Mortality from communicable diseases (Placeholder)</i>	ONS	TBC	TBC	No	<i>Data source is ready but indicator definition requires further development to determine full range of diseases that will be included.</i>
4.9	<i>Excess mortality in adults with serious mental illness (Placeholder)</i>	<i>Mental Health Minimum Dataset/ ONS</i>	TBC	April 2012	NHS	<i>Indicator definition and data source require further development. Information Centre carrying out a development project to set up routine production of this indicator. Intention is that this definition will align to the NHS Outcomes Framework definition.</i>
4.10	Suicide	ONS	TBC	Now	No	Data source and indicator definition ready. Measure: age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population.
4.11	<i>Emergency readmissions within 30 days of discharge from hospital (Placeholder)</i>	<i>Hospital Episode Statistics</i>	TBC	TBC	NHS	<i>Data source ready but indicator definition requires further development. It is intended that the definition will align with that of the NHS Outcomes Framework.</i>
4.12	Preventable sight-loss	Certificate of Visual Impairment registrations	TBC	TBC	No	NEW - Data source is ready but indicator definition requires further development. It relates to three main eye diseases that can result in sight loss if not diagnosed and treated in time. The data for this indicator is collected and held centrally but not currently published.
4.13	<i>Health-related quality of life for older people (Placeholder)</i>	TBC	TBC	TBC	NHS	<i>Data source needs further development – likely to be through EQ-5D data collected via Health Survey for England or English Longitudinal Survey of Ageing. Data on this indicator not</i>

Domain 4: Healthcare public health and preventing premature mortality						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
						<i>currently published. A new indicator definition is required. Intended that this will align to a similar indicator on the NHS Outcomes Framework.</i>
4.14	Hip fractures in over 65s	Hospital Episode Statistics	Annual	Now	No	NEW - Data source and indicator definition ready now.
4.15	Excess winter deaths	ONS	Annual	Now	No	Data source and indicator definition ready now.
4.16	<i>Dementia and its impacts (Placeholder)</i>	<i>TBC</i>	<i>TBC</i>	<i>TBC</i>	<i>No</i>	<i>NEW - Data source and indicator definition require further development. There is an 'enhancing quality of life for people with dementia' planned for development in the NHS Outcomes Framework.</i>

Appendix 2: Excluded indicators

The table below outlines those indicators that were in the original Public Health Outcomes Framework consultation document but are not included in the newly issued outcomes framework:

Indicator number	Indicator
D1.2	Systems in place to ensure effective and adequate surveillance of health protection risks and hazards
D2.3	Housing overcrowding rates
D2.9	Proportion of people in long-term unemployment
D2.21	Cycling participation
D4.12	Smoking rate of people with serious mental illness

Appendix 3: Summary of the public health outcome framework indicators

<p>Vision</p> <p>To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.</p> <p>Outcome measures</p> <p>Outcome 1: Increased healthy life expectancy, ie taking account of the health quality as well as the length of life.</p> <p>Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities).</p>	
<p>1 Improving the wider determinants of health</p>	<p>2 Health improvement</p>
<p>Objective</p> <p>Improvements against wider factors that affect health and wellbeing and health inequalities</p>	<p>Objective</p> <p>People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p>
<p>Indicators</p> <ul style="list-style-type: none"> • 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 connectedness (Placeholder) • Older people's perception of community safety (Placeholder) 	<p>Indicators</p> <ul style="list-style-type: none"> • Low birth weight of term babies • Breastfeeding • Smoking status at time of delivery • Under 18 conceptions • Child development at 2-2.5 years (Placeholder) • 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 (Placeholder) • Smoking prevalence – 15 year olds (Placeholder) • Hospital admissions as a result of self-harm • Diet (Placeholder) • 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 (Placeholder) • 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
<p>3 Health protection</p>	<p>4 Healthcare public health and preventing premature mortality</p>
<p>Objective</p> <p>The population's health is protected from major incidents and other threats, while reducing health inequalities</p>	<p>Objective</p> <p>Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities</p>
<p>Indicators</p> <ul style="list-style-type: none"> • 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 plans • Comprehensive, agreed inter-agency plans for responding to public health incidents (Placeholder) 	<p>Indicators</p> <ul style="list-style-type: none"> • Infant mortality • Tooth decay in children aged five • 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)

Appendix 4: Summary of the NHS outcome framework indicators

<p>1 Preventing people from dying prematurely</p> <p>Overarching indicators</p> <p>1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare 1b Life expectancy at 75 i males ii females</p> <p>Improvement areas</p> <p>Reducing premature mortality from the major causes of death 1.1 Under 75 mortality rate from cardiovascular disease* 1.2 Under 75 mortality rate from respiratory disease* 1.3 Under 75 mortality rate from liver disease* Cancer 1.4 i One-and ii five-year survival from colorectal cancer iii One-and iv five-year survival from breast cancer v One-and vi five-year survival from lung cancer vii under 75 mortality rate from cancer*</p> <p>Reducing premature death in people with serious mental illness 1.5 Excess under 75 mortality rate in adults with serious mental illness*</p> <p>Reducing deaths in babies and young children 1.6.i Infant mortality* ii Neonatal mortality and stillbirths</p> <p>Reducing premature death in people with learning disabilities 1.7 An indicator needs to be developed</p>	<p>2 Enhancing quality of life for people with long-term conditions</p> <p>Overarching indicator 2 Health-related quality of life for people with long-term conditions**</p> <p>Improvement areas</p> <p>Ensuring people feel supported to manage their condition 2.1 Proportion of people feeling supported to manage their condition**</p> <p>Improving functional ability in people with long-term conditions 2.2 Employment of people with long-term conditions*</p> <p>Reducing time spent in hospital by people with long-term conditions 2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s</p> <p>Enhancing quality of life for carers 2.4 Health-related quality of life for carers**</p> <p>Enhancing quality of life for people with mental illness 2.5 Employment of people with mental illness **</p> <p>Enhancing quality of life for people with dementia 2.6 An indicator needs to be developed</p>	<p>3 Helping people to recover from episodes of ill health or following injury</p> <p>Overarching indicators 3a Emergency admissions for acute conditions that should not usually require hospital admission 3b Emergency readmissions within 30 days of discharge from hospital</p> <p>Improvement areas</p> <p>Improving outcomes from planned procedures 3.1 Patient Reported Outcomes Measures (PROMs) for elective procedures i Hip replacement ii Knee replacement iii Groin hernia iv Varicose veins</p> <p>Preventing lower respiratory tract infections (LRTI) in children from becoming serious 3.2 Emergency admissions for children with LRTI</p> <p>Improving recovery from injuries and trauma 3.3 An indicator needs to be developed.</p> <p>Improving recovery from stroke 3.4 An indicator to be derived based on the proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months</p> <p>Improving recovery from fragility fractures 3.5 The proportion of patients recovering to their previous levels of mobility / walking ability at i 30 and ii 120 days</p> <p>Helping older people to recover their independence after illness or injury 3.6 Proportion of older people (65 and over) who were i still at home 91 days after discharge into rehabilitation*** ii offered rehabilitation following discharge from acute or community hospital ***</p>
<p>One framework <i>defining how the NHS will be accountable for outcomes</i></p> <p>Five domains <i>articulating the responsibilities of the NHS</i></p> <p>Twelve overarching indicators <i>covering the broad aims of each domain</i></p> <p>Twenty-seven improvement areas <i>looking in more detail at key areas within each domain</i></p> <p>Sixty indicators in total <i>measuring overarching and improvement area outcomes</i></p> <p>The NHS Outcomes Framework 2012/13 at a glance</p> <p><small>*Shared responsibility with the public health system and Public Health England and local authorities - subject to final publication of the Public Health Outcomes Framework.</small></p> <p><small>** A complementary indicator is included in the Adult Social Care Outcomes Framework</small></p> <p><small>***Indicator replicated in the Adult Social Care Outcomes Framework</small></p> <p><small>Indicators in <i>italics</i> are placeholders, pending development or identification of a suitable indicator.</small></p>	<p>4 Ensuring that people have a positive experience of care</p> <p>Overarching indicators 4a Patient experience of primary care i GP services ii GP Out of Hours services iii NHS Dental Services 4b Patient experience of hospital care</p> <p>Improvement areas</p> <p>Improving people's experience of outpatient care 4.1 Patient experience of outpatient services</p> <p>Improving hospitals' responsiveness to personal needs 4.2 Responsiveness to in-patients' personal needs</p> <p>Improving people's experience of accident and emergency services 4.3 Patient experience of A&E services</p> <p>Improving access to primary care services 4.4 Access to i GP services and ii NHS dental services</p> <p>Improving women and their families' experience of maternity services 4.5 Women's experience of maternity services</p> <p>Improving the experience of care for people at the end of their lives 4.6 An indicator to be derived from the survey of bereaved carers</p> <p>Improving experience of healthcare for people with mental illness 4.7 Patient experience of community mental health services</p> <p>Improving children and young people's experience of healthcare 4.8 An indicator to be derived from a Children's Patient Experience Questionnaire</p>	<p>5 Treating and caring for people in a safe environment and protecting them from avoidable harm</p> <p>Overarching indicators 5a Patient safety incidents reported 5b safety incidents involving severe harm or death</p> <p>Improvement areas</p> <p>Reducing the incidence of avoidable harm 5.1 Incidence of hospital-related venous thromboembolism (VTE) 5.2 Incidence of healthcare associated infection (HCAI) i MRSA ii C. difficile 5.3 Incidence of newly-acquired category 2, 3 and 4 pressure ulcers 5.4 Incidence of medication errors causing serious harm</p> <p>Improving the safety of maternity services 5.5 Admission of full-term babies to neonatal care</p> <p>Delivering safe care to children in acute settings 5.6 Incidence of harm to children due to 'failure to monitor'</p>

Appendix 5: Summary of the adult social care outcome framework indicators

- 1A Social care-related quality of life
- 1B The proportion of people who use service who have control over their daily life
- 1C Proportion of people using social care who receive self-directed support, and those receiving direct payments
- 1D Care-reported quality of life
- 1E Proportion of adults with learning disabilities in paid employment
- 1F Proportion of adults in contact with secondary mental health services in paid employment
- 1G Proportion of adults with learning disabilities who live in their own home or with their family
- 1H Proportion of adults in contact with secondary mental health services who live independently, with or without support
- 2A Permanent admissions to residential and nursing care homes per 1,000 population
- 2B Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
- 2C Delayed transfers of care from hospital, and those which are attributable to adult social care
- 3A Overall satisfaction of people who use services with their care and support
- 3B Overall satisfaction of carers with social services
- 3C The proportion of carers who report that they have been included or consulted in discussion about the person they care for
- 3D The proportion of people who use services and carers who find it easy to find information about services
- 4A The proportion of people who use services who feel safe
- 4B The proportion of people who use services who say that those services have made them feel safe and secure



Briefing Paper: *NHS; Public Health and Adult Social Care Outcomes Framework – UPDATE*

February 2012

Context

The Government has made clear its intent to move away from ‘top-down targets’ and process measures and move instead to outcome measures. The implementation of this intention, was demonstrated in 2010 with the publication of the NHS Outcomes Framework 2011/12 and the consultation documents ‘Transparency in outcomes: a framework for adult social care’ and ‘Healthy Lives, Healthy People: Transparency in Outcomes’.

In March 2011 the first adult social care outcomes framework - *Transparency in Outcomes: a Framework for Quality in Adult Social Care* was published. This was followed by a revised version of the NHS outcomes framework – *NHS Outcomes Framework 2012/13* and finally in March 2012, the first public health outcomes framework – *Healthy Lives, Healthy People: Improving Outcomes and Supporting Transparency* was also published.

This briefing paper reviews these three outcomes frameworks, their purpose and alignment. Appendix 1 provides a high level overview of each of the frameworks and Appendix 2 presents detail of all the indicators in the three frameworks.

KEY POINTS:

- Aim to abolish ‘top-down’ centrally driven targets and create local accountability.
- Emphasis on outcome-focussed measures.
- Purpose to deliver transparency and accountability.
- Driving quality improvement is a key aim across all of the frameworks.
- There remains an importance placed on the alignment of the three frameworks. There is, however, also an emphasis on the need to reflect the different roles and responsibilities, the different delivery systems and accountability models for the NHS, for public health and for adult social care.
- Alignment is now less explicit as the shared ‘impact’ indicators across the three frameworks are no longer referred to – there is now just one shared measure. There is more emphasis on ‘complementary’ shared indicators.
- There are some inconsistencies across the frameworks – with frameworks not accurately reflecting the status of the other the frameworks, referring to shared indicators that have actually been dropped from the other framework(s).
- Each of the frameworks will be reviewed and refreshed on an annual basis.
- There is potential future alignment to other, developing outcomes frameworks e.g. NHS Commissioning Outcomes Framework and Children and Young People Outcomes Strategy.
- Clear expectation in each of the frameworks that the Health and Wellbeing Board will play a key role in improving the integration of services with the Health and Wellbeing Strategy focusing on shared outcomes across the whole community.

The Frameworks

1.1 Key themes

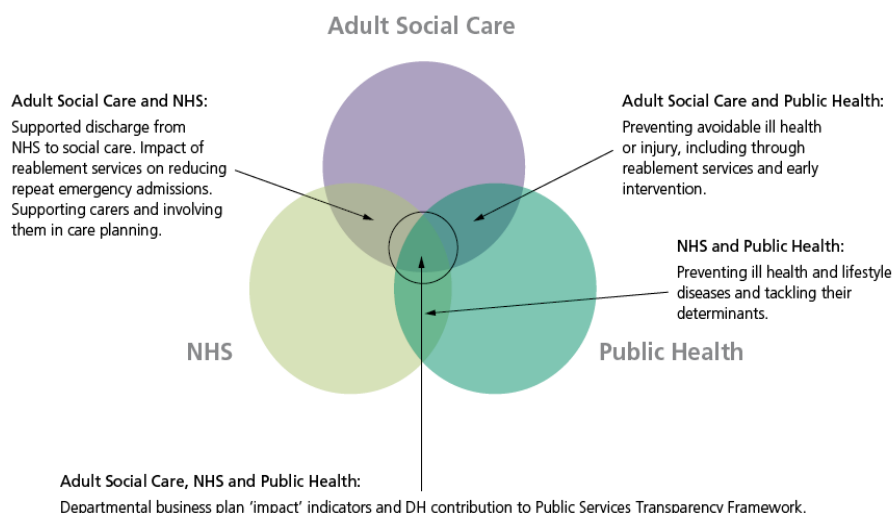
There remain a number of shared themes that cut across the three Outcomes Frameworks:

- Move away from top-down targets to local accountability
- A focus on measuring outcomes
- Drive towards quality improvement
- Mechanism to support improved transparency and accountability.
- Reduction in inequalities (particularly NHS and Public Health frameworks).
- Requirement to be some alignment between the three frameworks
- That the Health and Wellbeing Board plays a key role in improving the integration of services particularly through the identification of shared priorities.

1.2 Relationship between frameworks

In the original versions of the three outcomes frameworks, there was clarity that there would be alignment between them and that there would be a set of 'impact' indicators that would be shared across all three frameworks. In addition to these, there would also be indicators that would be shared between two of the frameworks. This original alignment is demonstrated in Figure 1 below:

Figure 1: The overlapping frameworks for the NHS, public health and adult social care services in 2011/12 (source: The NHS Outcomes Framework 2011/12, page 7).



The latest versions of the three frameworks all continue to express the importance of alignment. There is, however, also clarity that there are different roles, responsibilities and accountabilities between the NHS, public health and adult social care and that these distinctions should remain.

There are no longer a core set of 'impact' indicators, instead there are 'replicated and complimentary' indicators. Rather than shared indicator across all three frameworks (of which there is now just one), there is greater focus on the relative relationships between the frameworks on a one-to-one basis i.e. the alignment of indicators between the NHS Outcomes Framework and the Public Health Outcomes Framework; the Public Health Outcomes Framework and the Adult Social Care Outcomes Framework etc. These alignments of specific indicators will remain fluid going forward with the annual refresh of each of the frameworks and potential changes in indicators. Current alignment of indicators is reflected in Table 1 overleaf:

Table 1: The alignment of the outcomes frameworks for the NHS, public health and adult social care services in 2012/13.

Indicators shared between NHS; Public Health and Adult Social Care	
Measure	Comments
Employment of people with mental illness	This is part of a combined measure in the PH framework A different definition and data source in the ASC framework
Indicators shared between NHS and Public Health	
Measure	Comments
Mortality from cardiovascular disease	
Mortality from respiratory disease	
Mortality from liver disease	
Mortality from cancer	
Excess mortality in adults with serious mental illness	A placeholder in the PH framework
Infant mortality	
Employment of people with long-term conditions	Part of a combined indicator in the PH framework
Emergency readmissions within 30 days of discharge from hospital	
Indicators shared between NHS and Adult Social Care	
Measure	Comments
Proportion of older people who were still at home 91 days after discharge from hospital into rehabilitation services	
Carer quality of life	Different definition and data sources used
Indicators shared between Public Health and Adult Social Care	
Measure	Comments
People with mental illness in settled accommodation	Different definition and data sources used. ASC indicator refers to living independently
People with a learning disability in settled accommodation	Different definition and data sources used. ASC indicator refers to living at home or with family

Each of the frameworks emphasises the expectation that the Health and Wellbeing Board will be a conduit to the alignment of the frameworks through its role to improve the integration of services, particularly between the NHS and local authority. There is also an expectation that the Health and Wellbeing Strategy will highlight shared priorities and outcomes derived from the Joint Strategic Needs Assessment. There is also a hope that the three outcomes frameworks will be used, in conjunction with local information as the basis on which to develop local community-wide outcomes frameworks.

In addition to alignment between the NHS, adult social care and public health outcomes frameworks, there is potential further alignment as other outcomes frameworks are developed. For example, a NHS Commissioning Outcomes Framework is being developed which will be the framework by which the NHS Commissioning Board will hold clinical commissioning

groups to account. It is intended that the Commissioning Outcomes Framework will reflect all of the outcomes the NHS Outcomes Framework shares with the Public Health Outcomes Framework or which are replicated in the Adult Social Care Outcomes Framework. Consideration is also being given to how different frameworks work together to improve outcomes in other areas e.g. children and young people's health and wellbeing. A Children and Young People's Outcome Strategy is currently in development.

1.3 Implications/ considerations

- 1 There are potential issues of continuity going forward with each of the three frameworks being reviewed annually. This could cause difficulty in assessing change over time.
- 2 As the frameworks refresh each year, this could mean how the frameworks align in terms of shared indicators will change year-on-year. This is already an issue in the current versions of the frameworks, with some indicators stated as being in one of the other frameworks when they are not due to them being refreshed and indicators dropped.
- 3 There are potential local implications of only one of the outcomes frameworks (NHS) being used explicitly as a performance management tool with expected 'improvements/ambitions' (targets). This will be a particular issue with shared indicators across frameworks – with potential discrepancies between partner prioritisation and improvement targets.
- 4 Implications of the application of the Health Premium and the potential of effectively using outcomes frameworks to manage performance with the likelihood of those indicators linked to the Health Premium being targeted. This could have implications for localism by enforcing a focus on certain outcomes that are associated with the premium. Obviously if the linkage between indicators and the Health Premium is solely a local determination, then this will not be an issue.
- 5 Whilst the three frameworks have been kept separate with some alignment to allow for different responsibilities and accountabilities, there are potential issues in how this will be managed locally and what will be the relative roles and relationships between the Secretary of State and central government; NHS Commissioning Board; Health and Wellbeing Board; and HealthWatch etc.
- 6 The status of indicators is an issue. Many of the indicators, most notably within the Public Health Outcomes Framework aren't ready yet. All of the frameworks have 'placeholders' – indicators which are in need of major development and not necessarily guaranteed to become measures at all. Further, many of the indicators are not yet available at local authority level and many are only expected to be reported on an annual basis which will make it difficult to monitor progress.
- 7 The publishing of data across the three outcomes frameworks may require consideration. Some data relating to the NHS Outcomes Framework indicators is now published by the NHS Information Centre whilst it is intended that the Public Health Outcomes Framework indicators intended will be published by Public Health England. There may be disparities in terms of methodologies; reporting issues such as. geographies; groupings; frequency etc.
- 8 Many of the indicators are only expected to be reported annually (a small number currently less frequently). This will mean it will be challenging at a local level to assess ongoing progress and how this progress benchmarks to other areas.
- 9 One of the key drivers of the changing public health system is to improve health inequalities. There is, however, significant variation across the indicator set into how far the data can be broken down into geographical, socioeconomic and deprivation groupings

as well as the range of inequalities strands. This will have implications on our ability to understand local need and our impact on tackling inequalities.

- 10 In recent Department of Health publications, the Health and Wellbeing Board has been cited as the place that brings the three outcomes frameworks together and takes a lead in tackling health inequalities and the wider determinants of health. Further consideration needs to be given to the reporting of the progress towards the indicators set out in the different frameworks – what is to be reported to the Health and Wellbeing Board, what to the local authority and local NHS, what to other local Strategic Boards etc.

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Appendix 1 – overview of the three outcomes frameworks

The tables below provide an overview of each of the frameworks in terms of their purpose, accountability and structure:

The NHS Outcomes Framework 2012/13	
Purpose/ Function:	<ul style="list-style-type: none"> • National level overview of how well NHS is performing • Provides an accountability mechanism between the Secretary of State for Health and the NHS Commissioning Board • To act as a catalyst for driving quality improvement and outcome measurement • Encourage a change in culture and behaviour, including a stronger focus on tackling health inequalities • Alongside the other Outcomes Frameworks, support the increased integration of services.
Accountability	<p>Means by which Secretary of State for Health will hold the NHS Commissioning Board to account.</p> <p>A Commissioning Outcomes Framework is in development (engagement document published in Nov 2011) to enable the NHS Commissioning Board to hold Clinical Commissioning Groups to account.</p>
Structure:	<p>Outcomes and indicators split across five domains (which remain the same as the 2011/12 NHS Outcomes Framework):</p> <ol style="list-style-type: none"> 1. Preventing people from dying prematurely. 2. Enhancing quality of life for people with long-term conditions. 3. Helping people to recover from episodes of ill health or following injury. 4. Ensuring that people have a positive experience of care. 5. Treating and caring for people in a safe environment and protecting them from avoidable harm. <p>Each domain has overarching indicator(s) and a group of improvement areas and indicators.</p>
Review:	Refined annually to make sure indicators remain fit-for-purpose.

Improving Outcomes and Supporting Transparency: A Public Health Outcomes Framework for England, 2013-2016

<p>Purpose/ Function:</p>	<ul style="list-style-type: none"> • Sets out what Government wants to achieve through the new public health system • To provide a framework for transparency and accountability across the public health system • To drive local sector-led improvement through the use of benchmarking information • A tool to incentivise action (on a small number of indicators that reflect national or local strategic priorities) through the health premium.
<p>Accountability</p>	<p>It will be for local authorities, in partnership with health and wellbeing boards, to demonstrate improvements in public health outcomes.</p> <p>It is envisaged that specific progress against the measures in the framework will be being built into the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.</p>
<p>Structure:</p>	<p>The Framework has a high-level vision, to ‘improve and protect the nation’s health and wellbeing, and improve the health of the poorest fastest’. This vision is underpinned by two over-arching outcomes:</p> <ol style="list-style-type: none"> 1. Increased life expectancy (considering health quality as well as length of life) 2. Reduced differences in life expectancy and healthy life expectancy between communities. <p>The indicators within the framework are split across four domains (change from consultation document) three of which reflect the three domains of public health:</p> <ol style="list-style-type: none"> 1. Improving the wider determinants of health 2. Health improvement 3. Health protection 4. Healthcare public health and preventing premature mortality.
<p>Review:</p>	<p>Intended to be a ‘multi-year’ framework but with annual refreshes to take account of data quality improvements etc.</p>

Transparency in Outcomes: a Framework for Quality in Adult Social Care (2011/12)	
<i>Purpose/ Function:</i>	<ul style="list-style-type: none"> • To be broad, transparent and outcome-focussed • Tool to demonstrate the achievements of adult social care • To enable local improvement of adult social care • Alongside Quality Standards support quality improvement • Help local government understand trends and highlight risks in keeping with its responsibility for improvement in councils • To allow benchmarking and comparison between areas • Support councils to manage their service improvement.
<i>Accountability</i>	The Adult Social Care Outcomes Framework is to support local accountability. Alongside local information this will form part of the 'local account'.
<i>Structure:</i>	<p>The Framework remains structured across four domains (although slightly amended from the consultation version):</p> <ol style="list-style-type: none"> 1. Enhancing quality of life for people with care and support needs 2. Delaying and reducing the need for care and support 3. Ensuring that people have a positive experience of care and support 4. Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm <p>Each domain is split into an overarching measure(s) with supporting outcome and quality measures.</p>
<i>Review:</i>	There will an annual process, whereby national and local government agree changes to the Adult Social Care Outcomes Framework.

A full list of the indicators proposed in each of the frameworks is shown within Appendix 2.

Appendix 2 - Indicator list by Outcomes Framework

The following tables show the indicators currently identified within:

- NHS Outcomes Framework 2012/13
- Improving Outcomes and Supporting Transparency: A Public Health Outcomes Framework for England, 2013-2016
- Transparency in Outcomes: a Framework for Quality in Adult Social Care.

Within the tables, the Framework and domain that the indicator sit in are identified along with its proposed data source, reporting frequency, whether they are in more than one of the Frameworks and any other comments.

Key:

Bold	New indicator added since consultation document
<i>Italics</i>	'Placeholder' – requires 'major' development
	Indicator not ready yet
In other framework	'NHS' denotes indicator is in the NHS Outcomes Framework; 'PH' denotes indicator is in the Public Health Outcomes Framework and 'ASC' denotes the indicator is also in the Adult Social Care Outcomes Framework.

NHS Outcomes Framework 2011/12

Domain 1: Preventing people from dying prematurely

Domain 1: Preventing people from dying prematurely						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
1a	Potential years of life lost (PYLL) from causes considered amenable to health care	ONS	Annual	Autumn 2012	No	Method of calculation still to be finalised. 2011 data will be available by Autumn 2012
1b	Life Expectancy at age 75, males and females	ONS	Every 2 calendar years	Now	No*	1b.i Life expectancy at age 75 males 1b.ii Life expectancy at age 75 males 2011 data will be available by Autumn 2012
1.1	Under 75 mortality rate from cardiovascular disease	ONS	Annual	Now	PH	2011 data will be available by Autumn 2012
1.2	Under 75 mortality rate from respiratory disease	ONS	Annual	Now	PH	2011 data will be available by Autumn 2012
1.3	Under 75 mortality rate from liver disease	ONS	Annual	Now	PH	2011 data will be available by Autumn 2012
1.4 (i-vi)	Cancer Survival	ONS	Annual	Now	No	1.4.i-vi - One year survival - colorectal cancer Five-year survival - colorectal cancer One year survival - breast cancer Five-year survival - breast cancer One year survival - lung cancer Five-year survival - lung cancer 2011 data will be available by Autumn 2012
1.4.vii	Under 75 mortality rate from cancer	ONS	Annual	Now	PH	NEW - indicator added since 2011/12 shared with public health. 2011 data will be available by Autumn 2012
1.5	Excess under 75 mortality rate in adults with serious mental illness	ONS / Mental Health Minimum Dataset (MHMDS)	Annual	TBC	PH	Indicator renamed, previously - Under 75 mortality rate in people with serious mental illness. Indicator format to be finalised. Method for linking mortality data with MHMDS to be finalised. Mortality data available from Autumn 2012 and 2011/12 MHMDS data available by January 2013.

Domain 1: Preventing people from dying prematurely						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
						This is a shared indicator with public health (although this is a 'placeholder' in the public health outcomes framework).
1.6.i	Infant mortality	ONS	Annual	Now	PH	Data for 2011 will be available in Autumn 2012.
1.6.ii	Neonatal mortality and stillbirths	ONS	Annual	Now	No	Indicator definition extended from original 'Perinatal mortality (including stillbirths)'. Data for 2011 will be available in Autumn 2012.
1.7	<i>Premature mortality in people with learning disabilities (Placeholder)</i>	<i>TBC</i>	<i>TBC</i>	<i>TBC</i>	<i>No</i>	<i>NEW - Indicator to be developed.</i>

Domain 2: Enhancing quality of life for people with long-term conditions

Domain 2: Enhancing quality of life for people with long-term conditions						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
2	Health-related quality of life for people with long-term-conditions	GP Patient Survey	Bi-annual	TBC	No	Research currently being evaluated to identify appropriate method to make case mix adjustments. Data for 2011/12 will be available in summer 2012.
2.1	Proportion of people feeling supported to manage their condition	GP Patient Survey	Bi-annual	TBC	No	Research currently being evaluated to identify appropriate method to make case mix adjustments. Data for 2011/12 will be available in summer 2012. Was previously included in the Adult Social Care outcomes framework.
2.2	Employment of people with long-term conditions	Labour Force Survey	Quarterly	Now	PH	Definition slightly amended.
2.3.i	Unplanned hospitalisations for chronic ambulatory care sensitive conditions	Hospital Episode Statistics / ONS	Monthly	Now	No	HES data reported monthly, ONS population figures annually.
2.3.ii	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19's	Hospital Episode Statistics / ONS	Monthly	Now	No	HES data reported monthly, ONS population figures annually. Rates for each condition were considered separately in previous definition.
2.4	Health-related quality of life for carers	GP Patient Survey	Bi-annual	TBC	No	Research currently being evaluated to identify appropriate method to make case mix adjustments. Data for 2011/12 will be available in summer 2012.
2.5	Employment of people with mental-illness	Labour Force Survey	Quarterly	Autumn 2011	PH/ASC	Indicator shared with public health and adult social care. Measure part of a combined indicator within public health. Definition and data source different in adult social care.
2.6	Improved quality of life for those with dementia	TBC	TBC	TBC	No	New 'dementia and its impacts' placeholder indicator included in the public health outcomes framework.

Domain 3: Helping people to recover from episodes of ill health or following injury

Domain 3: Helping people to recover from episodes of ill health or following injury						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
3a	Emergency admissions for acute conditions that should not usually require hospital admission	Hospital Episode Statistics / ONS	Monthly	Now	No	HES reports provisional monthly data, ONS data available annually. Definition updated to reflect current clinical thinking.
3b	Emergency readmissions within 30 days of discharge from hospital	Hospital Episode Statistics	Monthly	Now	PH	Indicator definition changed from 'Emergency readmissions within 28 days of discharge from hospital', detail of definition also reviewed and amended. This is currently a placeholder in the PH framework but has currently been dropped from the Adult Social Care framework but with a view for potential inclusion in the future. A placeholder in public health.
3.1	Patient-reported outcomes measures (PROMs) for elective procedures	Hospital Episode Statistics	Monthly	Now	No	There are currently four sets of procedures for which PROMs collected and will form four separate indicators: i. Unilateral hip replacements ii. Unilateral knee replacements iii. Groin hernia surgery iv. Varicose vein surgery. It is intended that a fuller range of elective procedures will be added.
3.2	Emergency admissions for children with lower respiratory tract infections (LRTs)	Hospital Episode Statistics / ONS	Monthly (provisional) / Quarterly	Now	No	Definition originally included children aged 0-15 years, this has been extended to children aged 0-18 years.
3.3	An indicator on improving recovery from injuries/ trauma (to be developed)	Trauma Audit Research Network (TARN)	Monthly	TBC	No	Indicator requires extensive development.
3.4	Proportion of stroke patients reporting an improvement in activity/ lifestyle on the Modified Rankin Scale at 6 months	Sentinel Stroke National Audit Programme (SSNAP)	Annual	April 2013	No	SSNAP audit to replace the Stroke Improvement national Audit Programme (SINAP). The definition is ready but development is ongoing with audit being piloted in April 2012 with data available from April 2013.
3.5	The proportion of patients with fragility fracture recovering to their previous levels of mobility/ walking ability at i) 30 days and ii) 120 days	National Hip Fracture Database	Annually	Now	No	Data completeness remains an issue which it is hoped inclusion in the NHS outcomes framework will help improve. It is anticipated that a combination of audits will allow the inclusion of two other common fragility fractures - vertebral and wrist. This was previously included in the Adult Social Care framework but is excluded from the current one but expected to be included in future years.

Domain 3: Helping people to recover from episodes of ill health or following injury						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
3.6	The proportion of older people (65 and older) who were still at home 91 days after discharge from hospital into rehabilitation services	Adult Social Care Combined Activity Return (ASC-CAR)/ Hospital Episode Statistics	Annual	Now	ASC	This indicator is split into two component parts: i). Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into rehabilitation services ii). Proportion of older people aged 65 and over offered rehabilitation services following discharge from acute or community hospital. Data for ii). not yet published - will be available in Autumn 2012. Work ongoing to expand measure.

Domain 4: Ensuring that people have a positive experience of care

Domain 4: Ensuring that people have a positive experience of care						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
4a	Patient experience of primary care	GP Patient Survey	Annual	June 2012	No	This indicator has been split into three component parts: i). GP services ii). GP Out of Hours services iii). NHS Dental services. 2011/12 survey will provide first data due for publication in June 2012. Data will be published on a rolling six-monthly basis but with the indicator being published annually. Further work ongoing to remove sources of bias.
4b	Patient experience of hospital care	Care Quality Commission (CQC) Audit Inpatient Survey	Annual	Now	No	Data available around April/ May 2012.
4.1	Patient experience of outpatient services	CQC Outpatient Survey	Ad-hoc rolling basis	Now	No	Last survey now published. Data for this specific indicator not currently published in this form, although all individual questions routinely calculated.

Domain 4: Ensuring that people have a positive experience of care						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
4.2	Responsiveness to in-patient' personal needs	CQC Adult Inpatient Survey	Annual	Now	No	The underlying data source currently published. The indicator is currently used as a national CQUIN goal. 2011 data available around April/ May 2012.
4.3	Patient experience of A&E services	CQC A&E Survey	Ad-hoc rolling basis	Now	No	Last survey (2008) results currently available. Next survey due to be run in 2012.
4.4.i-ii	Access to i). GP services Access to ii). NHS dental services	GP Patient Survey	Rolling six-monthly basis	June 2012	No	Split into two component parts: i). Access to GP services ii). Access to NHS dental services. TGP Patient Survey has been redesigned and includes new questions including GP access. The 2011/12 survey will provide first data and will be available in June 2012.
4.5	Women's experience of maternity services	CQC Maternity Survey	Ad-hoc rolling basis	Now	No	Underlying data source is currently published, however, no composite indicator yet exists.
4.6	Survey of bereaved carers	VOICES Survey	Annual	TBC	No	Definition still to be finalised with questions to form indicator still under consultation.
4.7	Patient experience of community mental health services	CQC Mental Health Services Survey	Annual	TBC	No	Definition still to be finalised with questions to form indicator still under consultation.
4.8	An indicator on children and young people's experience of care	Children's patient Experience Questionnaire	TBC	TBC	No	Still in early stages of development, with further development of the survey planned`

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

Domain 5: Treating and caring from people in a safe environment and protecting them from avoidable harm						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
5a	Patient safety incident reporting	National Reporting and Learning Service (NRLS) and ONS	Quarterly	Now	No	Definition changed to become population-based rather than hospital activity based.
5b	Safety incidents involving severe harm or death	NRLS/ ONS	Quarterly	Now	No	Definition changed to become population-based rather than hospital activity based.
5.1	Incidences of healthcare-related venous thromboembolism (VTE)	NHS Safety Thermometer/ Hospital Episode Statistics/ ONS	Monthly	TBC	No	Definition changed from 'incidences of hospital-related venous thromboembolism (VTE)'. NHS Safety Thermometer data not yet publicly available. Whether this is the appropriate source for this indicator is still being considered. Alternative data sources still being considered.
5.2i	Incidences of healthcare associated infection: MRSA bacteraemia	Health Protection Agency (mandatory surveillance)	Monthly	Now	No	
5.2ii	Incidences of healthcare associated infection: C difficile	Health Protection Agency (mandatory surveillance)	Monthly	Now	No	
5.3	Incidence of newly-acquired category 2, 3 and 4 pressure ulcers	Hospital Episode Statistics/ NHS Safety Thermometer	Quarterly	TBC	No	NHS Safety Thermometer data not yet publicly available. Whether this is the appropriate source for this indicator is still being considered. Alternative data sources still being considered.
5.4	Incidence of medication errors causing serious harm	NRLS/ ONS	Quarterly	Now	No	Indicator now proposed to be population-based rather than hospital activity based.
5.5	Admission of full-time babies to neonatal care	HES	Quarterly	Now	No	
5.6	Incidence of harm to children due to 'failure to monitor'	NRLS	Quarterly (TBC)	April 2011	No	A new indicator definition is being proposed (subject to methodological review).

Improving outcomes and supporting transparency: Public Health Outcomes Framework 2012

Overarching outcomes

Overarching outcomes						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
0.1	Healthy life expectancy	ONS	TBC	TBC	No*	Data source is ready but indicator definition needs further development. Likely to be healthy life expectancy or disability-free life expectancy.
0.2	Differences in life expectancy and healthy life expectancy between communities	ONS	TBC	TBC	No*	Data source is ready but indicator definition needs further development. It will measure inequalities in life expectancy and health expectancy by area deprivation.

* there are, however, life expectancy indicators within the NHS Outcomes Framework but appears to be a different indicator definition.

Domain 1: Improving the wider determinants of health

Domain 1: Improving the wider determinants of health						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
1.1	Children in poverty	Dept. Work and Pensions	Annual	Now	No	Currently measured as % of children living in families receiving means tested benefits
1.2	School readiness (Placeholder)	<i>Needs further development</i>	<i>Annual</i>	<i>TBC</i>	No	<i>A new Early Years Foundation Stage Profile (EYFSP) being developed for 2012/13 academic year on which this indicator will be based</i>
1.3	Pupil absence	The School Census (ready)	Termly (LA level)	TBC	No	Indicator definition is ready - % of half days missed by pupils due to overall absence. (In previous PH outcomes framework was Truancy)
1.4	First time entrants to the youth justice system	MoJ criminal justice statistics dataset (needs further development)	LA data annually	Now	No	Rate of 10-17 year olds receiving their first reprimand, warning or conviction per 100,000 population

Domain 1: Improving the wider determinants of health						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
1.5	16-18 year olds not in education, employment or training	Client Caseload Information System (CCIS) (ready)	Annual	Now	No	% of 16-18 year olds not in education, employment or training (NEET). Was NI117
1.6	People with mental illness and or disability in settled accommodation (1.6i & 1.6ii)	Adult Social Care Activity Return (ASC-CAR)/ Mental Health Minimum Dataset (MHMDS) – NHS IC (ready)	Quarterly	Now	ASC	1.6i % adults with learning disabilities known to social services assessed or reviewed during last year who were in settled accommodation (NEW) 1.6ii % adults receiving secondary mental health services known to be in settled accommodation. Different definition in adult social care.
1.7	People in prison who have a mental illness or a significant mental illness (Placeholder)	TBC – needs further development. Potential System1 prison IT system	TBC	TBC	No	NEW – indicator requires further development.
1.8	Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness	Labour Force Survey (Ready)	Quarterly	TBC	NHS/ASC	Was two separate indicators in consultation framework. Three component parts: 1.8i gap between employment rate for those with long-term condition and overall rate 1.8ii gap between employment rate for those with learning difficulty/disability and overall rate 1.8iii gap between employment rate for those with a mental illness and overall rate. Different definition in adult social care.
1.9	Sickness absence rate	(i & ii) Labour Force Survey (Ready) (iii) Electronic Fit Note (DWP) – not yet exist	TBC	1.9i Now 1.9ii Now 1.9iii TBC	No	1.9i % employees who had at least one day off sick in previous week 1.9ii number of working days lost to sickness absence 1.9iii rate of fit notes issued per quarter
1.10	Killed and seriously injured casualties on England's road	STATS 19 (DfT) (Ready)	Annual	Now	No	Number of people reported killed or seriously injured on the roads, all ages, per 100,000 resident population
1.11	<i>Domestic abuse (Placeholder)</i>	TBC	TBC	TBC	No	<i>Discussions ongoing with Home Office</i>
1.12	<i>Violent crime (including sexual violence) (Placeholder)</i>	TBC	TBC	TBC	No	<i>Discussions ongoing with Home Office. Currently recorded in Police statistics?</i>

Domain 1: Improving the wider determinants of health						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
1.13	Re-offending	MoJ dataset (Ready)	Quarterly	Now	No	Indicator has two component parts: 1.13i proportion of offenders who re-offend from a rolling 12 month cohort 1.13ii average number of re-offences committed per offender from a rolling 12 month cohort
1.14	<i>Percentage of population affected by noise (Placeholder)</i>	<i>CIEH and DEFRA</i>	<i>TBC</i>	<i>TBC</i>	<i>No</i>	<i>Indicator requires further development. Split into two component parts: 1.14i number of complaints per year per LA about noise per 1,000 population 1.14ii proportion of the population exposed to transport noise of more than dB(A) per LA</i>
1.15	Statutory homelessness	P1E-Local Authority Returns (DCLG)	Quarterly	Now	No	Indicator split into two component parts: 1.15i homelessness acceptances per 1,000 households 1.15ii households in temporary accommodation per 1,000 households.
1.16	Utilisation of green space for exercise/health reasons	Monitor of Engagement with the Natural Environment (MENE) Survey	Annual (monthly updates)	Now	No	Indicator and data source ready.
1.17	Fuel poverty	English Housing Survey (DCLG) Domestic Fuels Inquiry (DECC)	Annual	Now	No	Indicator and data source ready. Well established and classified as a 'National Statistic'.
1.18	<i>Social connectedness (Placeholder)</i>	<i>TBC – possibly DCLG citizenship survey</i>	<i>TBC</i>	<i>TBC</i>	<i>No</i>	<i>Indicator and data source require further development.</i>
1.19	<i>Older people's perception of community safety (Placeholder)</i>	<i>TBC – potentially British Crime Survey</i>	<i>TBC</i>	<i>TBC</i>	<i>No</i>	<i>Indicator and data source require further development.</i>

Domain 2: Health improvement

Domain 2: Health improvement						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
2.1	Low birth weight of term babies	ONS (Ready)	TBC	Now	No	ONS currently only publishes data at the national
2.2	Breastfeeding	DH via UNIFY2 (needs further development)	Quarterly	Now (national)	No	Indicator ready at national level now – data to be collected at LA level in due course. The indicator is split into two component parts: 2.2i breastfeeding initiation 2.2ii breastfeeding prevalence at 6-8 weeks after birth
2.3	Smoking status at time of delivery	NHS IC Omnibus (needs further development)	Quarterly	Now (national & PCT)	No	Indicator available now at national and PCT level, to be available at LA level in due course. Indicator: Rate of smoking at time of delivery per 100 maternities
2.4	Under 18 conceptions	ONS (Ready)	Quarterly	Now	No	Indicator ready. Total conceptions to all women aged under 18 (denominator female population aged 15-17)
2.5	<i>Child development at 2-2.5 years (Placeholder)</i>	<i>Needs further development</i>	<i>TBC</i>	<i>2014-15</i>	<i>No</i>	<i>Study under way to see whether a relevant measure can be collected via the Healthy Child Programme review.</i>
2.6	Excess weight in 4-5 and 10-11 year olds	National Child Measurement Programme (NCMP)	Annual	Now	No	Indicator and data source ready. Indicator split into two component parts: 2.6i proportion of children aged 4-5 classified as overweight or obese 2.6ii proportion of children aged 10-11 classified as overweight or obese
2.7	Hospital admissions caused by unintentional injury and deliberate injuries in under 18s	Hospital Episode Statistics (HES)	Annual	Now	No	Final indicator ready. Crude rate of hospital emergency admissions caused by unintentional and deliberate injuries in age 0-17 years per 10,000 resident population
2.8	<i>Emotional wellbeing of looked after children (Placeholder)</i>	<i>SSDA903 data collection (Ready)</i>	<i>Annual</i>	<i>TBC</i>	<i>No</i>	<i>NEW -The indicator definition needs further development – looking at different options within the current SSDA903 data collection.</i>
2.9	<i>Smoking prevalence – 15 year olds (Placeholder)</i>	<i>TBC</i>	<i>TBC</i>	<i>TBC</i>	<i>No</i>	<i>NEW -Indicator definition requires further development. Information on smoking for 11-15 year olds collected in survey in smoking, drinking and drug use among young people but sample size not sufficient. DH currently assessing feasibility.</i>

Domain 2: Health improvement						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
2.10	Hospital admissions as a result of self-harm	Hospital Episode Statistics (HES)	Annual	Now	No	Indicator and data source ready. Indicator – age-sex standardised rate of emergency hospital admissions for intentional self harm per 100,000 population
2.11	<i>Diet (Placeholder)</i>	<i>National Diet & Nutrition Survey (national)</i>	<i>TBC</i>	<i>TBC</i>	<i>No</i>	<i>NEW -Indicator and data source needs further development. It will be a multi-component indicator. National survey exists but data source at a local authority level yet to be confirmed</i>
2.12	Excess weight in adults	Nationally – Health Survey for England, LA - TBC	TBC	Now (national)	No	Indicator ready now at a national level and likely to be Jan (TBC) 2012 at LA level. It is likely that Sport England’s Active People Survey will be used and reported on a six-monthly basis.
2.13	Proportion of physically active and inactive adults	Sport England Active People Survey (Ready)	6 monthly	Jan 2012	No	Definition and data source ready, final indicator expected to be ready in January 2012. Indicator split into two component parts: 2.13i proportion of adults achieving at least 150 minutes of physical activity per week 2.13ii proportion of adults classified as ‘inactive’
2.14	Smoking prevalence – adults (over 18s)	Integrated Household Survey (Ready)	Quarterly	Now	No	Indicator and data source ready. Prevalence of smoking among persons aged 18 years and over. Data reported quarterly for a rolling 12 month period.
2.15	Successful completion of drug treatment	National Drug Treatment Monitoring Service	Monthly	Now	No	Indicator and data source ready. Aligns with Government Drug Strategy.
2.16	People entering prison with substance dependence issues who are previously not known to community treatment	Needs development, potentially through System1 prison system	Monthly (TBC)	TBC	No	NEW -Indicator and data source need further development, Expected data will be captured via System1 and reported to National Treatment Agency (NTA) – data source being installed in 2011/12 and will be fully in place by 2013/14. First data expected Jun 2012.
2.17	Recorded diabetes	QOF via Quality Management Analysis System (QMAS)	Annual	Now	No	Data source ready. Further work required on definition to appropriately produce at a LA level.
2.18	Alcohol-related admissions to hospital	Hospital Episode Statistics (HED)	Quarterly	Now	No	Data source ready. Indicator definition needs further development – consultation on measurement of alcohol-related admissions, preference for indicator based just on alcohol-related primary diagnosis. North West PHO consulting on measure.
2.19	<i>Cancer diagnosed at stage 1 and 2 (Placeholder)</i>	<i>New source required</i>	<i>TBC</i>	<i>Oct 2013</i>	<i>No</i>	<i>A new data source is required and definition needs further development.</i>

Domain 2: Health improvement						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
2.20	Cancer screening coverage	IC – PCT KC63 return & KC53	Annual	Now	No	Indicator definition and data source ready. Lack of clarity as yet as to whether data collection will move to being on a CCG or LA basis. Indicator will have two component parts: 2.20i % of women in a population eligible for breast screening at a given point in time who were screened adequately 2.20ii % of women in a population eligible for cervical screening at a given point who were screened adequately.
2.21	Access to non-cancer screening programmes	TBC	TBC	Now (national)	No	NEW - Data source requires further development to report at LA level – a range of data sources identified. The indicator has seven component parts: 2.21i HIV coverage 2.21ii Syphilis, hepatitis B and susceptibility to rubella uptake 2.21iii proportion of pregnant women eligible for antenatal sickle cell and thalassaemia screening 2.21iv proportion of babies registered eligible for newborn blood spot screening 2.21v proportion of babies eligible for newborn hearing screening 2.21vi proportion of babies eligible for newborn physical examination 2.21vii proportion of those offered screening for diabetic retinopathy attending a digital screening event
2.22	Take up of the NHS Health Check Programme	DH via UNIFY 2 data collection IPMR_1	Quarterly	Now (national)	No	Data source and indicator definition ready. Reporting of NHS Health Check will become responsibility of LA in 2013 – expected that data will be collected at LA level.
2.23	Self-reported wellbeing	WEMWBS	TBC	TBC	No	Useable (national) data available now. Current measure uses the average Warwick-Edinburgh Mental Wellbeing Scale for adults (16+) over 14 items. This will be used until 2013. From 2013 a measure currently being developed by the ONS will be used.
2.24	Falls and fall injuries in the over 65s	Hospital Episode Statistics (HES)	TBC	TBC	No	The data source is ready but the indicator definition requires further development. Limited data has been published by the NHS Information Centre but does not match the definition.

Domain 3: Health protection

Domain 3: Health protection						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
3.1	Air pollution	DEFRA	TBC	Now (national)	No	Data source and indicator ready now at a national level, further work required to enable calculation at local authority level. The indicator measures the mortality effect of anthropogenic particulate air pollution per 100,000 population.
3.2	Chlamydia diagnosis	Health Protection Agency	Annual	Now	No	Data source and definition ready.
3.3	Population vaccination coverage	COVER ImmForm system KC50	Monthly - Annual	Now	No	Data source is ready although will need further development to take account of restructuring of primary care. Data not collected at LA level – yet to be determined whether data collection will be collected at CCG or LA level. Data should be extractable by LA. The indicator is split into 15 component parts: 3.3i Hepatitis B vaccination coverage 3.3ii BCG vaccination coverage 3.3iii DTap/IPV/Hib vaccination coverage 3.3iv MenC vaccination coverage 3.3v PCV vaccination coverage 3.3vi Hib/MenC booster vaccination coverage 3.3vii PCV booster vaccination coverage 3.3viii MMR vaccination coverage for one dose (2 yrs) 3.3ix MMR vaccination coverage for one dose (5 yrs) 3.3x MMR vaccination coverage for two doses 3.3xi Td/IPV booster vaccination coverage 3.3xii HPV vaccination coverage 3.3xiii PPV vaccination coverage 3.3xiv Flu vaccination coverage (over 65s) 3.3xv Flu vaccination coverage (at risk individuals).
3.4	People presenting with HIV at a late stage of infection	Health Protection Agency	Annual	Now	No	Data source and indicator definition ready now.
3.5	Treatment completion for tuberculosis	Health Protection Agency	Annual	Now	No	Data source and indicator definition ready now. Data not currently published at LA level put this should be possible.

Domain 3: Health protection						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
3.6	Public sector organisations with board-approved sustainable development management plan	TBC	Annual	Now (national)	No	Indicator ready now at a national level for NHS organisations. This is currently a q question in the NHS Sustainability reporting template. Intention that it is developed to cover all public sector organisations. Further work required to develop data source.
3.7	<i>Comprehensive, agreed inter-agency plans for responding to public health incidents (Placeholder)</i>	TBC	TBC	TBC	No	<i>Indicator definition requires further work and a new data source required – Public Health England and Directors of Public Health are possible data sources. Aim of the indicator is to provide an indication of the preparedness of organisations to respond to emergencies and outbreaks of infection.</i>

Domain 4: Healthcare public health and preventing premature mortality

Domain 4: Healthcare public health and preventing premature mortality						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
4.1	Infant mortality	ONS	Annual	Now	NHS	Data source and indicator definition are ready. Measure: crude rate of infant deaths (persons aged less than one year) per 1,000 live births. Available at LA level.
4.2	Tooth decay in children aged five	TBC NHS dental epidemiology survey	Aim annual (currently every 4 yrs)	Now	No	Indicator definition is ready but the data source requires further development to produce annual data (survey currently conducted only every 4 years). There is a possibility that this data will be available on an annual basis from 2014/15.
4.3	Mortality from causes considered preventable	ONS	TBC	TBC	No	Data source is ready but the indicator definition requires further development. ONS currently developing a definition of preventable mortality which this indicator will align to.
4.4	Mortality from all cardiovascular diseases (including heart disease and stroke)	ONS	TBC	4.4i Now 4.4ii TBC	NHS	Data source is ready but indicator definition for 4.4ii requires further development (as 4.3 above). Indicator split into two component parts: 4.4i age-standardised rate of mortality from all cardiovascular diseases in persons less than 75 years per 100,000 population 4.4ii age-standardised mortality considered preventable from all

Domain 4: Healthcare public health and preventing premature mortality						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
						cardiovascular diseases in persons less than 75 years per 100,000 population.
4.5	Mortality from cancer	ONS	TBC	4.5i Now 4.5ii TBC	NHS	Data source is ready but indicator definition for 4.5ii requires further development (as 4.3 above). Indicator split into two component parts: 4.5i age-standardised rate of mortality from all cancers in persons less than 75 years per 100,000 population 4.5ii age-standardised mortality considered preventable from all cancers in persons less than 75 years per 100,000 population.
4.6	Mortality from liver disease	ONS	TBC	4.6i Now 4.6ii TBC	NHS	Data source is ready but indicator definition for 4.6ii requires further development (as 4.3 above). Indicator split into two component parts: 4.6i age-standardised rate of mortality from liver disease in persons less than 75 years per 100,000 population 4.6ii age-standardised mortality considered preventable from liver disease in persons less than 75 years per 100,000 population.
4.7	Mortality from respiratory disease	ONS	TBC	4.7i Now 4.7ii TBC	NHS	Data source is ready but indicator definition for 4.7ii requires further development (as 4.3 above). Indicator split into two component parts: 4.7i age-standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population 4.7ii age-standardised mortality considered preventable from respiratory disease in persons less than 75 years per 100,000 population.
4.8	<i>Mortality from communicable diseases (Placeholder)</i>	ONS	TBC	TBC	No	<i>Data source is ready but indicator definition requires further development to determine full range of diseases that will be included.</i>
4.9	<i>Excess mortality in adults with serious mental illness (Placeholder)</i>	<i>Mental Health Minimum Dataset/ ONS</i>	TBC	April 2012	NHS	<i>Indicator definition and data source require further development. Information Centre carrying out a development project to set up routine production of this indicator. Intention is that this definition will align to the NHS Outcomes Framework definition.</i>
4.10	Suicide	ONS	TBC	Now	No	Data source and indicator definition ready. Measure: age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population.

Domain 4: Healthcare public health and preventing premature mortality						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
4.11	Emergency readmissions within 30 days of discharge from hospital (Placeholder)	Hospital Episode Statistics	TBC	TBC	NHS	Data source ready but indicator definition requires further development. It is intended that the definition will align with that of the NHS Outcomes Framework.
4.12	Preventable sight-loss	Certificate of Visual Impairment registrations	TBC	TBC	No	NEW - Data source is ready but indicator definition requires further development. It relates to three main eye diseases that can result in sight loss if not diagnosed and treated in time. The data for this indicator is collected and held centrally but not currently published.
4.13	Health-related quality of life for older people (Placeholder)	TBC	TBC	TBC	No	Data source needs further development – likely to be through EQ-5D data collected via Health Survey for England or English Longitudinal Survey of Ageing. Data on this indicator not currently published. A new indicator definition is required. Intended that this will align to a similar indicator on the NHS Outcomes Framework.
4.14	Hip fractures in over 65s	Hospital Episode Statistics	Annual	Now	No	NEW - Data source and indicator definition ready now.
4.15	Excess winter deaths	ONS	Annual	Now	No	Data source and indicator definition ready now.
4.16	Dementia and its impacts (Placeholder)	TBC	TBC	TBC	No	NEW - Data source and indicator definition require further development. There is an 'enhancing quality of life for people with dementia' planned for development in the NHS Outcomes Framework.

Transparency in outcomes: a framework for quality in adult social care

Domain 1: *Enhancing quality of life for people with care and support needs*

Domain 1: Enhancing quality of life for people with care and support needs						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
1A	Social care-related quality of life	Adult Social Care Survey (ASCS)	Annual	Now	No	Composite measure incorporating eight outcomes. To be further developed to include a 'value-added' measure to quantify the contribution of social services to quality of life.
1B	The proportion of people who use social care who have control over their daily life	Adult Social Care Survey (ASCS)	Annual	Now	No	No further development of this measure currently outlined.
1C	Proportion of people using social care who receive self-directed support, and those receiving direct payments	Referrals, Assessments and Packages of care (RAP)	Annual	Now	No	Measure has been amended to draw out sub-section of people receiving direct payments. This is an interim amendment, further work is required to increase robustness - timetable for amendment TBC.
1D	Carer-reported quality of life	Carers Survey	Biennial	2012/13	NHS	First collection of the Carers Survey to take place in 2012/13 with results to be published within year. Length and frequency of the survey under review. Different definition and data source in NHS.
1E	Proportion of adults with learning disabilities in paid employment	Adult Social Care Combined Activity Return (ASC-CAR)	Annual	Now	PH	Amended version of existing measure to clarify focus and expand scope. This measure will be replaced with 'the proportion of working age adults in contact with social services who are in paid employment' combining all adults - learning disabilities element would continue to be available through disaggregation of data.
1F	Proportion of adults in contact with secondary mental health services in paid employment	Mental Health Minimum Data Set v4 (MHMDS)	Annually (from quarterly returns)	Now	NHS/PH	This measure will be replaced with 'the proportion of working age adults in contact with social services who are in paid employment' combining all adults - learning disabilities element would continue to be available through disaggregation of data. Part of a combined indicator in public health. Different definition and data source in NHS and public health.
1G	Proportion of adults with learning disabilities who live in their own home or with their family	Adult Social Care Combined Activity Return (ASC-CAR)	Annual	Now	PH	Amended version of existing measure. Further work underway to improve the scope of the measure - this will be considered as part of the review following full year's implementation. Different definition in public health - 'settled accommodation'.
1H	Proportion of adults in contact with secondary mental health services living independently, with or without support	Mental Health Minimum Data Set v4 (MHMDS)	Annual	Now	PH?	Amended and refocused on the outcome of living independently. Further work underway to improve the scope of the measure - this will be considered as part of the review following full year's implementation. Different definition in public health.

Domain 1: Enhancing quality of life for people with care and support needs

Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
XX	<i>Proportion of working age adults in contact with social services in paid employment (Placeholder)</i>	TBC	TBC	TBC	TBC	To replace 1E and 1F.

Domain 2: Delaying and reducing the need for care and support

Domain 2: Delaying and reducing the need for care and support						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
2A	Permanent admissions to residential and nursing care homes, per 100,000 population	Adult Social Care Combined Activity Return (ASC-CAR)	Annual	Now	No	Measure will be weighted according to age and need to improve comparability. No further developments to measure proposed. Second overarching measure on emergency admissions to hospital has been dropped pending further work.
2B	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	Adult Social Care Combined Activity Return (ASC-CAR)	Annual	Now	NHS	Amended measure to reflect volume of people receiving services. Aim for future development of measure to include all those offered reablement service beyond those discharged from hospital.
2C	Delayed transfers of care from hospital, and those which are attributable to adult social care per 100,000 population	UNIFY2 (DH)/ ONS	Annual	Now	No	Existing measure, no changes proposed. Not in NHS Outcomes Framework.
XX	<i>Effectiveness of prevention/ preventative services (Placeholder)</i>	TBC	TBC	TBC	TBC	To demonstrate effectiveness of universal preventative services.
XX	<i>Effectiveness of early diagnosis, intervention and reablement: reducing hospital admissions (Placeholder)</i>	TBC	TBC	TBC	TBC	
XX	<i>Effectiveness of reablement: regaining independence (Placeholder)</i>	TBC	TBC	TBC	TBC	

Domain 3: Ensuring people have a positive experience of care and support

Domain 3: Ensuring people have a positive experience of care and support						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
3A	Overall satisfaction of people who use service with their care and support	Adult Social Care Survey	Annual	Now	No	No further development planned.
3B	Overall satisfaction of carers with social services	Carers Survey	Biennial	2012/13	No	First collection of the Carers Survey to take place in 2012/13 with results to be published within year. Length and frequency of the survey under review.
3C	The proportion of carers who report that they have been included or consulted in discussion about the person they care for	Carers Survey	Biennial	2012/13	No	First collection of the Carers Survey to take place in 2012/13 with results to be published within year. Length and frequency of the survey under review.
3D	The proportion of people who use services and carers who find it easy to find information about services	Adult Social Care Survey/ Carers Survey	Annual/ Biennial	2012/13	No	Measure to be broadened to include self-funders and people with low level services. First collection of the Carers Survey to take place in 2012/13 with results to be published within year. Length and frequency of the survey under review.
XX	<i>Treating people with respect and dignity (Placeholder)</i>	<i>Adult Social Care Survey</i>	<i>TBC</i>	<i>TBC</i>	<i>TBC</i>	<i>Questions in survey to be reviewed.</i>

Domain 4: Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

Domain 4: Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable care						
Indicator number	Indicator	Data source	Frequency	Indicator ready from	In other framework?	Comments
4A	The proportion of people who use services who feel safe	Adult Social Care Survey	Annual	Now	No	A broader 'value-added' measure which quantifies the contribution of social services to be developed. Not in public health framework.
4B	The proportion of people who use services who say that those services have made them feel safe and secure	Adult Social Care Survey	Annual	Now	No	A broader 'value-added' measure which quantifies the contribution of social services to be developed.
XX	<i>Effectiveness of safeguarding services (Placeholder)</i>	<i>TBC</i>	<i>TBC</i>	<i>TBC</i>	<i>No</i>	<i>To be developed.</i>