



Association of Directors of Public Health (UK)

Association of Directors of Public Health – submission to the Department of Health Refreshing the NHS Outcomes Framework 2015-16 Consultation.

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through DPH development, sharing good practice, and policy and advocacy programmes.

www.adph.org.uk

Directors of Public Health (DsPH) are the frontline leaders of public health working across health improvement, health protection, and health care service planning and commissioning. ADPH has a strong track record of collaboration with other stakeholders in public health, including those working within the NHS, local authorities and other sectors. We have worked closely with colleagues in local authorities- particularly Directors of Adult Social Services (DASS) and Children’s Services (DCS).

ADPH response to the consultation

Refreshing the NHS Outcomes Framework 2015/16

ADPH believes that using outcomes measures to drive improvements in the health and care system is effective.

Mental Health

Mental health is a crucial area for many factors affecting health and wellbeing including coping with disease and stress. There are clear indicators for mental health that merely lack a national data collection system to assemble the data. We support the Department of Health’s proposals to measure mortality in people with both common and serious mental illness and reflect the quality of life for people with mental health problems in the NHS Outcomes Framework. These proposals are key to supporting the role of the NHS in prevention, particularly with regards to the prevention of avoidable physical health.

Children and Young People

‘Every Child Matters’ provides a sensible and comprehensive range of indicators in support of Children and Young People. We also strongly support the Marmot Review Team report *Fair Society, Healthy Lives*¹ and the associated list of indicators which encompass the wider factors affecting health and well being.

¹ The Marmot Review Team (2010) Fair Society, Healthy Lives: The Marmot Review. Strategic Review of Health Inequalities post- 2010 www.marmotreview.org

Inequalities

ADPH would welcome an emphasis on the fact that the NHS has a considerable role within improving health inequalities, and the duty for the NHS along with Public Health and Local Authorities to take account of population health, and to work together on this agenda. We would also welcome the close linkage to PH outcomes/ social care outcomes in relation to partnership working. Partnership targets are key and should be incorporated in the outcomes frameworks. Often collective or co-ordinated action is a pre-requisite to achieving public health outcomes. Finally we would support a framework approach that ensures integration and overlap- across health, public health, social care and children/ young people.

The highest impacts are through equal access and universal quality provision. However there would be improved impact if prevention was highlighted as an integral and essential NHS duty of care.

The outcomes framework should consider different outcomes for adults and children and a life course approach identifying key life transition stages. Early life outcomes are of particular importance due to their impact on health in both early and later life.

Health inequality outcomes should be paramount. The NHS Equality Delivery System should be used to ensure that public health and health inequalities are featured across the NHS, social care and public health outcomes frameworks.

The outcomes framework will also need to reflect the fact that in order to achieve the desired outcomes, the right inputs and processes will need to be put in place. In this regard, activities such as smoking cessation and smoking status lend themselves to monitoring. Due to the leading role of smoking in preventable deaths and inequalities in life expectancy, we also recommend improvement areas to include smoking prevalence, smoking attributable deaths from key disease groups and preventable admissions attributable to smoking.

It is important that the indicators can be disaggregated and outcomes reported for key groups including the most vulnerable.

Improving Indicator Robustness

NICE public health guidance should be the touchstone of quality assessments of commissioner and provider levels.

ADPH are aware that robust, validated indicators already exist in many areas of public health practice (e.g. through WHO work on non-communicable diseases) and we encourage use of these wherever possible.

Furthermore, and although not included within the consultation, the method of publishing NHSOF data could be greatly improved by adopting the method that is used for PHOF data, which can be downloaded in one go and can be manipulated interactively online.

Alignment

ADPH welcomes a focus on outcomes and believes that all outcomes frameworks for health and social care should be designed to support a life course approach and be consistently aligned to the six health inequalities priorities identified in the Marmot Review report Fair Society, Healthy Lives.

We would support greater emphasis on ensuring that Outcomes Frameworks are relevant to all sectors – with greater emphasis on linkage across the NHS, Social Care and Public Health outcomes frameworks. For example the frameworks should support the following:

- The NHS role in personal behaviour change
- NHS and social care roles in supporting health improvement.

We would welcome greater consistency between the Outcomes Frameworks and the basket of indicators which WHO has developed for the monitoring and management of non-communicable diseases. This process would help to more easily identify the interventions which can impact on these outcomes and so would direct local efforts to improve health. It would also help in understanding the financial implication of improving health outcomes as many of the WHO interventions have been costed.

There is considerable evidence that NHS care has a high impact on primary and secondary prevention. A focus on “prevention outcomes” is essential in order to incentivise primary care commissioning to take a greater role in public health. Such a focus might address deaths amenable to primary prevention as well as avoidable hospital admissions and markers of unhealthy behaviours.

**Association of Directors of Public Health
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