Refreshing the Public Health Outcomes Framework

Stakeholder engagement

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The Department of Health and Public Health England are currently seeking views on how to refresh the Public Health Outcomes Framework (PHOF). This framework was first launched in 2012 to assess improving and protecting public health, as they took on new public health responsibilities. The framework measures high level outcomes to be achieved across the public health system, including reducing variability in life expectancy and healthy life expectancy. This consultation specifically focuses on the indicators that make up the PHOF from April 2016.

1. Introduction and key recommendations

Prevention and public health policies are crucial to a good later life. Increases in healthy life expectancy are not keeping pace with increases in life expectancy, meaning that more of us spend more years living with long-term health conditions and disability in later life. Poor health is not, however, an inevitable part of ageing and there are a number of steps that can be taken throughout the life course, including in older age, to ensure we stay well and healthy for longer. Age UK is working to challenge ongoing perceptions that older age automatically means poor health and higher needs, and welcomes this consultation as an opportunity to fine-tune the ways in which national and local government assess their progres throughout the life course.

Our comments are set out below, and revolve around the following key points:

We do not support the age-75 threshold within premature mortality outcome indicators in light of current life expectancy figures. In fact, we believe this may further entrench stigma and prejudice when it comes to expectations about our health in later life
people.

On the whole, outcomes frameworks are a useful tool to encourage and track progress and inform decision-making, however the challenge will be to see how these frameworks effect change in the long term.

Close involvement of service users, carers, and the public throughout the process of measuring performance would significantly help to address this issue, as well as ensuring that outcomes frameworks
For example, this could involve linking measures to person-centred outcomes, following the model of the integrated outcomes framework in Scotland or building

We would recommend a greater emphasis on the longer-term vision for public health, which may include a timeline of 5-10 years. Crucially, this should come with a clear roadmap for achieving this vision as well as an expectation of continuous improvement.

2. Suggestions to improve existing outcome indicators

2.1. Healthcare public health indicator 4.04: Under 75 mortality rate from all cardiovascular diseases*

What change would you like to make to this indicator?

- [x] *REVISE*
- [ ] *REPLACE*
- [ ] *REMOVE*

Please describe your proposed change, including how this REVISION will improve, strengthen or better align the indicator?

- ( ) *Change data source*
- (•) *Change definition*
- ( ) *Change methodology*
- ( ) *Other*

Age UK does not support the inclusion of age-75 cut-offs in premature mortality indicators within the outcomes frameworks, including the PHOF. We understand that the age-75 threshold relates, in part, to life-long behaviours and a misplaced perception that deaths over 75 are not premature. However, this approach not only lacks scientific validity in light of increasing life expectancy in the UK, but it also risks reinforcing the ageist bias that pervades many elements of health care decision-making
health in later life.

Over recent decades we have seen a slow but steady increase in life expectancy in the

therefore further entrenching bias in the healthcare of older people. As other experts in the field have warned (see for example the recent letter in *The Lancet* by Peter Lloyd-Sherlock, Shah Ebrahim, Martin McKee, Martin Prince, and nine signatories including Baroness Greengross)[v], chronologically exclusive premature mortality indicators may convey the message that years lived beyond the age of 75 are intrinsically less valuable, in those years, which tend to be wrongly perceived as years of inevitable disability and frailty.

Not only are disability and frailty in older age not as common as often thought, there are also steps that can reduce the risk of living with them in later life. In fact, the common conditions that older people are most likely to experience are more amenable to prevention and management than those experienced by younger people[vi], and modifiable factors account for over half of the disease burden in later life[vii]. As such, measuring and addressing avoidable mortality in older age seems central to protecting and improving the

course, including in older age, should be seen as the cornerstone of good public health and an active later life. Such a paradigm shift is crucial if people are to have a higher expectation of their health d thy t12(d)e

this, no measures have been implemented to track progress in reducing avoidable deaths in older age. Without real targets that better encapsulate older age, we feel that the intent may be insufficient to provide a specific steer for healthcare decision makers. Age UK is keen to work with the Department of Health and Public Health England in establishing adequate measures of premature mortality which reflect current trends in life expectancy as well as healthy life expectancy, so that more avoidable deaths can be prevented across all ages.

Please set out how the revised indicator meets the essential criteria (see PHOF Indicator Criteria in 'Related documents' section of this consultation)

We believe our proposed revision would help to ensure the indicator is more scientifically viable and also contribute to tackling entrenched bias towards the healthcare of older people.

Specifically, the revised version of the indicator is less ambiguous as it counters the perception that deaths at the age of 75 and over are not premature. This is particularly important in measuring progress in the health and care that older people receive, while

public health and social care if the NHS in that area has not also met its requirements under the NHS Outcomes Framework, and vice versa.

However, we believe this commitment should be more ambitious, and should aim for a full integration of the frameworks around a set of person-centred outcomes, which would guide all relevant agencies in the planning and delivery of services and potentially encourage further integration of services.

In Scotland the Government recently

revolves around a number of key person-centred outcomes
and improve their own health and their experience of health and social care services.

The new Scottish Health and Wellbeing Outcomes are as follows[xii]:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

Although this framework is still in its infancy and

As set out above, we believe there should be a broader discussion around how we may integrate all three outcomes frameworks to ensure outcomes are more person-centred, and services are encouraged to work more closely together