# Refreshing the Public Health Outcomes Framework

Stakeholder engagement

Ref: **2615**

Date: October 2015



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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 local authorities' contributions to 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 progress in protecting and improving people's health 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, and the "value" of providing treatment and support to older 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 are more integrated around people's needs. For example, this could involve linking measures to person-centred outcomes, following the model of the integrated outcomes framework in Scotland or building upon National Voices' series of 'I statements'.
- 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?***

☑ *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, and in people's expectations of health in later life.

Over recent decades we have seen a slow but steady increase in life expectancy in the UK. In 1980-82, a newly born baby boy could expect to live 70.8 years on average and a new baby girl could expect to live 76.8 years[i]. By 2012-14, life expectancy at birth reached 79.1 years for men and 82.8 for women[ii]. For the first time in human history, it is becoming increasingly normal in many parts of Britain for people to live into their 80s. A woman aged 75 can today expect to live another 13 years, while a man can expect another 11 years[iii]. And this upward trend is set to continue. Over the 20 years between 2015 and 2035, the number of people aged 85 and over is projected to increase by 122.4 per cent from 1.3 million to 2.9 million[iv].

Given these significant changes to life expectancy, both at birth and at age 75, we can see no valid rationale for keeping age 75 as a threshold in "premature" mortality indicators. As such, we propose that all existing under-75 indicators relating to premature mortality are revised to better reflect current trends (see our proposals below).

To a large extent, we believe that under-75 indicators have the potential effect of undermining the principle of health as a fundamental right for all, regardless of age, and

* Please note that our proposed changes also apply to the following indicators:
- 4.05 – Under 75 mortality rate from cancer
- 4.06 – Under 75 mortality rate from liver disease
- 4.07 – Under 75 mortality rate from respiratory diseases
- 4.09 – Excess under 75 mortality rate in adults with serious mental illness

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, and that there's nothing that can be done to prevent avoidable deaths 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 overall nation's health. Likewise, maintaining healthy behaviours throughout the life 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 as they age, and if we want to achieve more ambitious targets to reduce overall mortality and morbidity.

The NHS has a long way to go in establishing age equal practices and part of this process should be to overturn deeply entrenched cultural attitudes towards the "value" of treating older people. When it comes to cancer, for example, we know that older people can find that health professionals are less willing to investigate symptoms, and are less likely to access treatment than other age groups, despite the majority of cancer diagnoses occurring in people over 65 (and indeed over a third are in the over 75s). At the very least, the age-75 threshold risks further entrenching these attitudes within our health service.

Age UK therefore proposes amending all under-75 mortality indicators in the PHOF so that their ethical and scientific validity is strengthened, and that more effective steps can be subsequently taken to tackle avoidable mortality and morbidity at all ages. In principle, we believe that an age-based threshold should be removed altogether. However, we accept the argument for adjusting measurements in later old age – for example through establishing a reasonable rate of decline for mortality indicators. We also recognise that there may be some practical challenges in removing existing upper age limits on condition-specific mortality indicators.

A potential short-term solution would be to move the threshold from 75 to 85, given the fact that life expectancy at 85 is increasingly matching that of age 75 thirty years ago. At the beginning of the eighties, men aged 75 had, on average, 9.3% of their average number of years of life left and women 11.9%[viii]. Today, men have 13.0% of their lives left and women have 14.8%[ix]. Thirty years ago, men aged 85 had 4.9% of their lives left and women 5.9%, whereas today men have 6.4% of their lives left at age 85, and women have 7.4%[x]. This proposal would be more in line with current trends in life expectancy, although it would again impose an upper age limit with potential limitations for the future. However, it would only be acceptable to retain the threshold, even if increased, if there is a commitment to further work to establish targets that can be used to incentivise action to reduce avoidable deaths above age 85, and to track progress.

In *Living well for longer: A call to action to reduce premature mortality*, the Secretary of State for Health set out his ambition to avoid 30,000 premature deaths by 2020[xi]. The strategy noted that although the measures focused on under-75 mortality, the Department of Health intended to maintain efforts to prevent avoidable deaths in older age. Despite

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 Department of Health's 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 working towards reducing populations' overall mortality and morbidity throughout the life course.

We believe these data would be easily available from existing publications from the Office for National Statistics (ONS) and the Health and Social Care Information Centre (HSCIC) and would therefore not involve an extensive use of extra resources or the collection of additional data.

- ***Please give the source of any alternative data requirement (including the web link).***

These would be derived from mortality figures as currently published by the ONS and HSCIC and utilised by Public Health England.

- ***If this is a new data collection please set out how this will be funded***

N/A

- ***Is this data available at upper tier local authority level (ie county, unitary authority, London borough or metropolitan county district)?***

Yes.

## 3. Aligning outcomes frameworks

- ***Do you have any suggestions on how the alignment across public health, adult social care and the NHS outcomes frameworks might be improved? Is there potential to rationalise any of the indicator or sub-indicator definitions in the three frameworks?***

Age UK welcomes the commitment to aligning all three outcomes frameworks as a means to work towards enforcing joint accountability across all relevant agencies. Under this approach, a local authority could not be seen as achieving their objectives with regards to

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 launched an integrated 'National Health and Wellbeing Outcomes Framework' which revolves around a number of key person-centred outcomes focusing, for example, on individuals' circumstances, their ability to look after 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 its practicality as well as its impact on integration of services have yet to be fully assessed – we believe it would be worth exploring the potential benefits of enforcing a similar model of integrated outcomes frameworks. An alternative approach would be to look into how current outcomes indicators across all public health, NHS and social care outcomes frameworks could be better linked to National Voices' series of 'I statements' such as "I have information and support to use it" or "my care was joined-up"[xiii]. For each outcome, there could be a set of national indicators relevant to several different agencies, encouraging an integrated response.

Overall, we consider that person-centred outcomes would not only be more meaningful to individuals who use health and social care services, they could also focus the minds of the teams, organisations and partnerships, including those involving the voluntary sector, on the impact their services have on people's lives and experiences.

## 4. Reviewing the PHOF

- ***Aside from necessary technical updates, we plan to review the PHOF again in three years to make sure that the indicators are still relevant. Do you agree with this proposal?***

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 around individuals' needs. As part of this, it would be important to take steps to involve the public – including service users and carers – throughout the process of measuring performance and reviewing the framework to ensure outcomes are effectively improving on the ground and in the long term.

On the whole, we would also recommend a greater emphasis on the longer-term vision for public health, which may include setting a timeline of 5-10 years with a set of key milestones to achieve. The frameworks should set out a clear roadmap for achieving this long-term vision as well as an expectation of continuous improvement.

## References


[i] Office for National Statistics, *National Life Tables – United Kingdom, 1980-82 to 2012-14,* September 2015
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[ix] Office for National Statistics, *National Life Tables – United Kingdom, 1980-82 to 2012-14,* September 2015
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[xi] Department of Health, *Living well for longer: A call to action to reduce premature mortality,* March 2013
[xii] The Scottish Government, *National Health and Wellbeing Outcomes: Framework*, February 2015
[xiii] National Voices, *A Narrative for Person-Centred Coordinated Care*, May 2013