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Plymouth LINK's response to proposals contained in the Consultation **Healthy Lives, Healthy People: Proposals for a Public Health Outcomes** **Framework – A consultation document**

This response is based on feedback themes received by the Plymouth LINK.

Question 1: How can we ensure that the Outcomes Framework enables local partnerships to work together on health and wellbeing priorities, and does not act as a barrier?

Plymouth LINK receives lots of feedback about service provision, such as information, communication and accessibility. In order for services to improve the way they deliver to local people, any outcomes framework needs to cover the outcomes that local people are looking for:

- Flexibility
- Smooth pathway and transition between/among services
- Services that understand and respond to the needs of all sections of the community
- Staff that are aware of people's individual needs

One of the things that Plymouth LINK is aware of is the issues people face moving between health and social care services. Frameworks need to align in order that everyone is working to the same standards, and outcomes and services are comparable against outcomes.

As experts in working with the most vulnerable people in the community, the third sector is a key partner to identify and enable outcomes for public health to address inequalities.

Question 2: Do you feel these are the right criteria to use in determining indicators for public health?

Yes. However, how these are used are important. There may be significant statistical data to indicate the need for one course of action, whereas there may be significant experience of and recognition from local organisations, groups and communities for another, that may not have data attached to it. Criteria should not always focus on statistical evidence at the exclusion of anecdotal/experiential information.

Question 3: How can we ensure that the Outcomes Framework and the health premium are designed to ensure they contribute fully to health inequality reduction and advancing equality?

Where health inequalities are attached to circumstances and situations wider than just individual practice of a healthy lifestyle, an outcomes framework will have to incorporate wider services (housing, police, etc.) to ensure that it addresses the holistic picture influencing health inequalities. Resources will need to improve health in the wider sense.

Question 4: Is this the right approach to alignment across the NHS, Adult Social Care and Public Health frameworks?

Alignment is important and where each area is working towards the same goals – better health, longer life – it seems reasonable that the outcomes are the same for each, although the part to play within the outcomes will be different for public health, health and social care. Shared goals will force partnership to achieve them, as each area will not be successful on its own.

Question 5: Do you agree with the overall framework and domains?

Yes

Question 6: Have we missed out any indicators that you think we should include?

Domain 2 includes indicators covering a wide range of social situations, which is a positive step forward; however, Plymouth LINK receives a lot of feedback around access to healthcare, especially for BME communities, which affects health and wellbeing. Basic access to healthcare for all communities and ages is important in improving the health of local people. Plymouth LINK recommends access to healthcare by BME communities as an indicator.

Health and support of carers is also raised to Plymouth LINK as a recurring theme, whether through flexibility of GP appointments or time out, carers' needs are not being met as well as they need to be. Therefore, carers' support is also a recommended indicator from Plymouth LINK.

Question 7: We have stated in this document that we need to arrive at a smaller set of indicators than we have had previously. Which would you rank as the most important?

No comment.

Question 8: Are there indicators here that you think we should not include?

No comment.

Question 9: How can we improve indicators we have proposed here?

The indicators do not explain how they will be used; for example, 'fuel poverty', where the assumption is that a reduction is expected, but it is not clear what or how it is measured. This may be intentionally left to local determination.

Question 10: Which indicators do you think we should incentivise? (consultation on this will be through the accompanying consultation on public health finance and systems)

As said in Plymouth LINK's response to the consultation on 'Public Health – Commissioning Routes', indicators which are particularly difficult could be incentivised, indicators that cover issues which each area has found more challenging in the past. Incentives should not detract from expected achievements of public health, but support excellence above and beyond.

Question 11: What do you think of the proposal to share a specific domain on preventable mortality between the NHS and Public Health Outcomes Frameworks?

See response to Question 4. Shared outcomes will force partnership working to achieve.

Question 12: How well do the indicators promote a life-course approach to public health?

Although the indicators cover issues connected to different ages and situations, there may be an element missing which supports people to be aware and understand the health implications as they progress through their lives. For example, where there are health issues linked to different ages, informing, raising awareness and supporting people to act preventatively could start earlier and before you reach the stage when it may be needed.