

**PUBLIC HEALTH
OUTCOMES FRAMEWORK:**
Quarterly report (February 2014)



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I. Introduction

The Public Health Outcomes Framework (PHOF) for England, 2013-2016 was published in January 2012 by the Department of Health. It outlines the overarching vision for public health “to improve and protect the nation’s health and wellbeing, and improve the health of the poorest fastest.” The framework is focused on two high-level outcomes:

1. Increased healthy life expectancy.

This focuses on not only on how long we live (our life expectancy), but on how well we live (our healthy life expectancy), at all stages of the life course.

2. Reduced differences in life expectancy and healthy life expectancy between communities.

This focuses on reducing health inequalities between people, communities and areas.

To understand how well health is being improved and protected these outcomes are complemented by 66 indicators (many with multiple parts). The indicators are grouped into four domains:

1. Improving the wider determinants of health.

Improvements against wider factors that affect health and wellbeing, and health inequalities (e.g. children in poverty, violent crime, fuel poverty).

2. Health improvement.

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities (e.g. smoking, diet, alcohol consumption).

3. Health protection.

The population’s health is protected from major incidents and other threats, while reducing health inequalities (e.g. vaccination coverage, emergency planning).

4. Healthcare public health and preventing premature mortality.

Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities (e.g. infant mortality, emergency re-admissions, excess Winter mortality).

Analysis of the PHOF highlights the need for Public Health to have influence across Plymouth City Council as a whole and with partners to ensure that performance can be maintained or improved against the indicators that public health both leads and influences.

The PHOF is not a performance management tool for local authorities. Instead PHOF data will enable local authorities to benchmark and compare their own outcomes with other local authorities.

2. Links to other frameworks

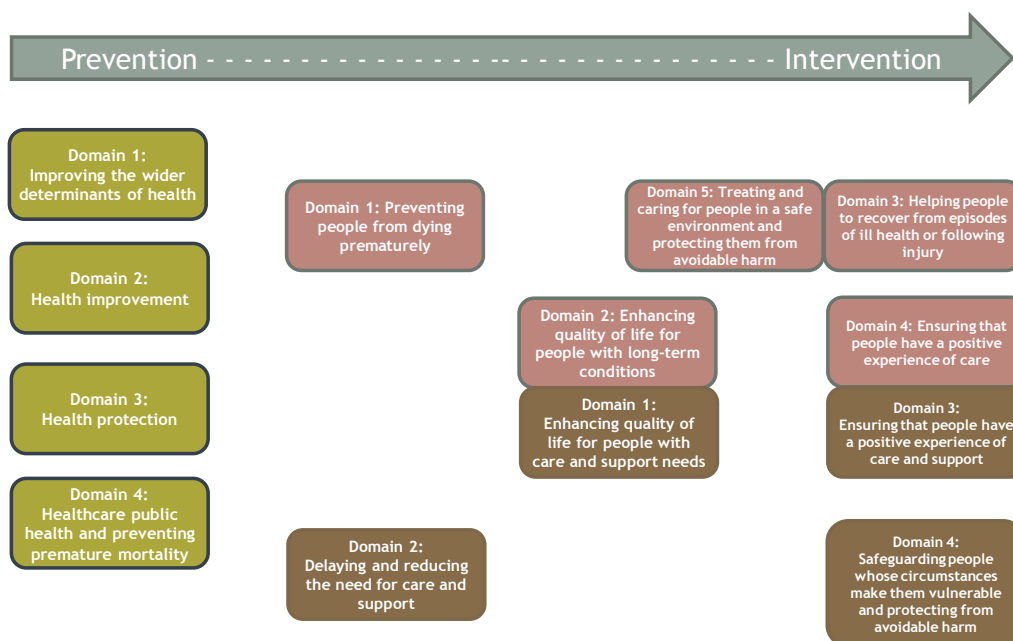
As well as the PHOF, there is also an NHS Outcomes Framework and an Adult Social Care Outcomes Framework. Figure 1 below shows the domains of each of the three outcomes frameworks:

Figure 1: The domains included in each of the three outcomes frameworks

Public Health	NHS	Adult Social Care
1 Improving the wider determinants of health	1 Preventing people from dying prematurely	1 Enhancing quality of life for people with care and support needs
2 Health improvement	2 Enhancing quality of life for people with long term conditions	2 Delaying and reducing the need for care and support
3 Health protection	3 Helping people to recover from ill health or injury	3 Ensuring people have a positive experience of care and support.
4 Healthcare public health and preventing premature mortality	4 Ensuring that people have a positive experience of care	4 Safeguarding vulnerable people & protecting from avoidable harm
	5 Safe environment & protecting from avoidable harm	

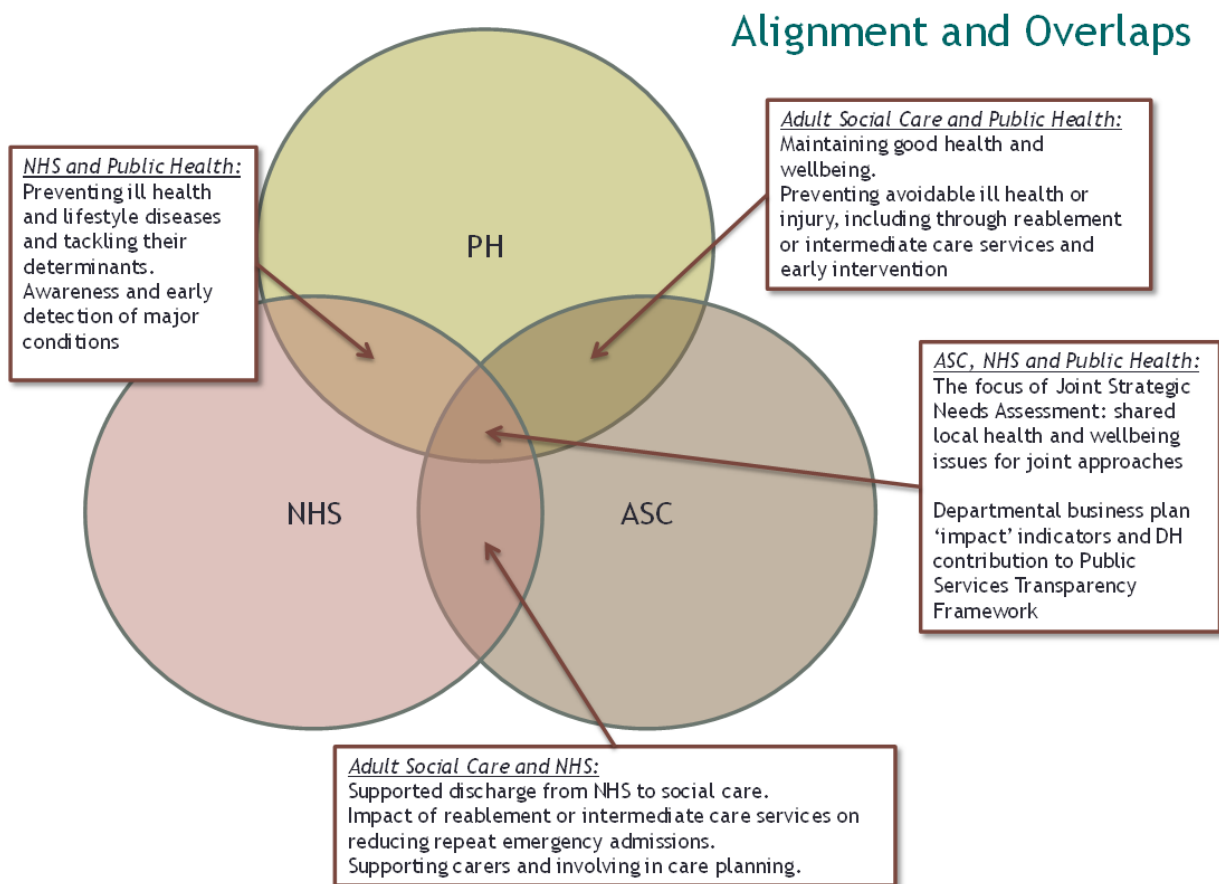
The domains included in these frameworks cover a range of indicators across a continuum from prevention to intervention. As can be seen from figure 2 below, the four domains of the PHOF are situated at the prevention end of the continuum.

Figure 2: The outcome framework domains and the continuum from prevention to intervention



It is clear that there is significant alignments and overlaps between the three outcomes frameworks. This is shown in figure 3.

Figure 3: Alignments and overlaps between the three outcome frameworks



3. Plymouth's comparator group explained



























The national PHOF tool (<http://www.phoutcomes.info/>) allows comparisons to be made between each local authority, the other local authorities in the same region and the England average. Comparing Plymouth with the other local authorities in the South West is not the most logical approach, therefore it was decided that when investigating Plymouth's performance against the PHOF indicators an alternative classification should be used. Plymouth's performance is therefore compared locally with ten other 'regional centres.' The classification of certain areas into 'regional centres' is part of the official 2001 ONS area classification (of health areas) and is produced by grouping similar local authorities together on the basis of 42 variables. The ten other authorities in this group are Newcastle, Salford, Portsmouth, Southampton, Brighton & Hove, Leeds, Sheffield, Liverpool, Bristol, and Bournemouth & Poole.

In each of the following tables, the values in the column headed 'comparator rank' show Plymouth's position compared to the ten other comparator areas. Values from one to five tend to indicate that Plymouth's is doing better than the majority of its comparators, values from seven to eleven tend to indicate that Plymouth is doing worse than the majority of its comparators.

4. Trend graphs explained

The trend graphs in the tables below show the trend for the last five time periods (where available). The Plymouth values are shown in blue; the latest England value is shown in red. The time period represented by each bar varies according to the indicator. Some represent years whereas others represent quarters. The full definitions can be found here www.phoutcomes.info It is also necessary to bear in mind that as there is no axis shown on the graphs, the patterns should be interpreted with caution.

5. Indicators where Plymouth's position is significantly better than the national average









Indicator	Sub-indicator	Comparator Rank (1=best 11= worst)	Trend Graph (Blue = Plymouth, Red = England)
1.2 - School readiness (Placeholder)	1.02i - School Readiness: The percentage of children achieving a good level of development at the end of reception	10	
1.2 - School readiness (Placeholder)	1.02i - School Readiness: The percentage of children with free school meal status achieving a good level of development at the end of reception	10	
1.2 - School readiness (Placeholder)	1.02ii - School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check	10	
1.10 - Killed and seriously injured casualties on England's roads		1	
1.13 Re-offending	1.13ii - Re-offending levels - average number of re-offences per offender	1	
1.14 The percentage of the population affected by noise (Placeholder)	1.14i - The percentage of the population affected by noise - Number of complaints about noise	3	
1.15 Statutory homelessness	1.15i - Statutory homelessness - homelessness acceptances	6	
1.15 Statutory homelessness	1.15ii - Statutory homelessness - households in temporary accommodation	9	
1.17 Fuel poverty		2	
1.18 - Social Isolation	1.18ii - Loneliness and Isolation in adult carers	8	
2.17 - Recorded diabetes		8	
2.20 Cancer screening coverage	2.20i - Cancer screening coverage - breast cancer	1	
2.20 Cancer screening coverage	2.20ii - Cancer screening coverage - cervical cancer	1	
2.22 Take up of the NHS Health Check Programme – by those eligible	2.22ii - Take up of NHS Health Check programme by those eligible - health check take up	1	
3.3 Population vaccination coverage	3.03iii - Population vaccination coverage - Dtap / IPV / Hib (1 year old)	2	
3.3 Population vaccination coverage	3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old)	2	
3.3 Population vaccination coverage	3.03iv - Population vaccination coverage - MenC	1	
3.3 Population vaccination coverage	3.03v - Population vaccination coverage - PCV	3	
3.3 Population vaccination coverage	3.03vi - Population vaccination coverage - Hib / Men C booster (5 years)	6	
3.3 Population vaccination coverage	3.03ix - Population vaccination coverage - MMR for one dose (5 years old)	3	
3.3 Population vaccination coverage	3.03xiii - Population vaccination coverage - PPV	5	
3.3 Population vaccination coverage	3.03xiv - Population vaccination coverage - Flu (aged 65+)	6	
3.3 Population vaccination coverage	3.03xv - Population vaccination coverage - Flu (at risk individuals)	5	
3.5 Treatment completion for tuberculosis	3.05ii - Treatment completion for TB - TB incidence	1	
4.2 Tooth decay in children aged 5		2	
4.11 - Emergency readmissions within 30 days of discharge from hospital		1	

6. Indicators where Plymouth's position is not significantly different from the national average

Indicator	Sub-indicator	Comparator Rank (1=best 11= worst)	Trend Graph (Blue = Plymouth, Red = England)
1.2 - School readiness (Placeholder)	1.02ii - School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening check	10	
1.13 Re-offending	1.13i - Re-offending levels - percentage of offenders who re-offend	4	
1.16 - Utilisation of outdoor space for exercise/health reasons		5	
1.18 - Social Isolation	1.18i - Social Isolation: % of adult social care users who have as much social contact as they would like	2	
2.01 - Low birth weight of term babies		6	
2.04 - Under 18 conceptions	2.04 - Under 18 conceptions: conceptions in those aged under 16	6	
2.6 Excess weight in 4-5 and 10-11 year olds	2.06ii - Excess weight in 4-5 and 10-11 year olds - 10-11 year olds	3	
2.7 Hospital admissions caused by unintentional and deliberate injuries in under 18s	2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)	5	
2.12 Excess weight in adults		6	
2.13 Proportion of physically active and inactive adults	2.13i Proportion of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity.	4	
2.13 Proportion of physically active and inactive adults	2.13ii Proportion of adults classified as "inactive".	5	
2.14 - Smoking Prevalence	2.14 - Smoking prevalence - routine & manual	9	
2.15 Successful completion of drug treatment	2.15i - Successful completion of drug treatment - opiate users	10	
2.15 Successful completion of drug treatment	2.15ii - Successful completion of drug treatment - non-opiate users	8	
2.23 Self-reported wellbeing	2.23i - Self-reported well-being - people with a low satisfaction score	2	
2.23 Self-reported wellbeing	2.23ii - Self-reported well-being - people with a low worthwhile score	8	
2.23 Self-reported wellbeing	2.23iii - Self-reported well-being - people with a low happiness score	4	
2.23 Self-reported wellbeing	2.23iv - Self-reported well-being - people with a high anxiety score	9	
2.24 Falls and injuries in the over 65s	2.24i - Injuries due to falls in people aged 65 and over (Persons)	2	

Indicator	Sub-indicator	Comparator Rank (1=best 11= worst)	Trend Graph (Blue = Plymouth, Red = England)
2.24 Falls and injuries in the over 65s	2.24ii - Injuries due to falls in people aged 65 and over - aged 65-79	2	
2.24 Falls and injuries in the over 65s	2.24iii - Injuries due to falls in people aged 65 and over - aged 80+	3	
3.3 Population vaccination coverage	3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old)	9	
3.3 Population vaccination coverage	3.03vii - Population vaccination coverage - PCV booster	6	
3.3 Population vaccination coverage	3.03viii - Population vaccination coverage - MMR for one dose (2 years old)	7	
3.04 - People presenting with HIV at a late stage of infection		3	
4.01 - Infant Mortality rate		10	
4.4 Mortality from all cardiovascular diseases (including heart disease and stroke)	4.04i - Under 75 mortality rate from all cardiovascular diseases (provisional)	4	
4.6 Mortality from liver disease	4.06i - Under 75 mortality rate from liver disease (provisional)	1	
4.6 Mortality from liver disease	4.06ii - Under 75 mortality rate from liver disease considered preventable (provisional)	1	
4.10 - Suicide rate (provisional)		9	
4.12 Preventable sight loss	4.12i - Preventable sight loss - age related macular degeneration (AMD)	6	
4.12 Preventable sight loss	4.12ii - Preventable sight loss - glaucoma	2	
4.12 Preventable sight loss	4.12iii - Preventable sight loss - diabetic eye disease	8	
4.12 Preventable sight loss	4.12iv - Preventable sight loss - sight loss certifications	4	
4.14 Hip fractures in over 65s	4.14i - Hip fractures in people aged 65 and over	1	
4.14 Hip fractures in over 65s	4.14ii - Hip fractures in people aged 65 and over - aged 65-79	1	
4.14 Hip fractures in over 65s	4.14iii - Hip fractures in people aged 65 and over - aged 80+	1	
4.15 Excess winter deaths	4.15i - Excess Winter Deaths Index (Single year, all ages)	6	
4.15 Excess winter deaths	4.15ii - Excess Winter Deaths Index (single year, ages 85+)	11	
4.15 Excess winter deaths	4.15iii - Excess Winter Deaths Index (3 years, all ages)	9	
4.15 Excess winter deaths	4.15iv - Excess Winter Deaths Index (3 years, ages 85+)	8	

7. Indicators where Plymouth's position is significantly worse than the national average

Indicator	Sub-indicator	Comparator Rank (1=best 11= worst)	Trend Graph (Blue = Plymouth, Red = England)
0.1i - Healthy life expectancy at birth (Male)		6	
0.1i - Healthy life expectancy at birth (Female)		8	
0.1ii - Life Expectancy at birth (Male)		5	
0.1ii - Life Expectancy at birth (Female)		7	
1.01 - Children in poverty	1.01i - Children in poverty (all dependent children under 20)	3	
1.01 - Children in poverty	1.01ii - Children in poverty (under 16s)	3	
1.03 - Pupil absence		5	
1.04 - First time entrants to the youth justice system		7	
1.05 - 16-18 year olds not in education employment or training		7	
1.9 Sickness absence rate	1.9i Percentage of employees who had at least one day off sick in the previous week	10	
1.9 Sickness absence rate	1.9ii Number of working days lost due to sickness absence.	11	
1.11 Domestic abuse (Placeholder)		6	
1.12 Violent crime (including sexual violence) (Placeholder)	1.12i - Violent crime (including sexual violence) - hospital admissions for violence	5	
1.12 Violent crime (including sexual violence) (Placeholder)	1.12ii - Violent crime (including sexual violence) - violence offences	9	
1.12 Violent crime (including sexual violence) (Placeholder)	1.12iii - Violent crime (including sexual violence) - Rate of sexual offences per 1,000 population	6	
2.2 Breastfeeding	2.02i - Breastfeeding - Breastfeeding initiation	7	
2.2 Breastfeeding	2.02ii - Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth	9	
2.03 - Smoking status at time of delivery		8	


Indicator	Sub-indicator	Comparator Rank (1=best 11= worst)	Trend Graph (Blue = Plymouth, Red = England)
2.04 - Under 18 conceptions	2.04 - Under 18 conceptions	10	
2.6 Excess weight in 4-5 and 10-11 year olds	2.06i - Excess weight in 4-5 and 10-11 year olds - 4-5 year olds	9	
2.7 Hospital admissions caused by unintentional and deliberate injuries in under 18s	2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	10	
2.14 - Smoking Prevalence	2.14 - Smoking Prevalence	9	
2.21 Access to non-cancer screening programmes	2.21vii - Access to non-cancer screening programmes - diabetic retinopathy	9	
2.22 Take up of the NHS Health Check Programme – by those eligible	2.22i - Take up of NHS Health Check Programme by those eligible - health check offered	9	
3.02ii - Chlamydia diagnoses (15-24 year olds) - CTAD		10	
3.3 Population vaccination coverage	3.03x - Population vaccination coverage - MMR for two doses (5 years old)	9	
3.3 Population vaccination coverage	3.03xii - Population vaccination coverage - HPV	10	
4.03 - Mortality rate from causes considered preventable (provisional)		5	
4.4 Mortality from all cardiovascular diseases (including heart disease and stroke)	4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (provisional)	5	
4.5 Mortality from cancer	4.05i - Under 75 mortality rate from cancer (provisional)	7	
4.5 Mortality from cancer	4.05ii - Under 75 mortality rate from cancer considered preventable (provisional)	7	
4.7 Mortality from respiratory diseases	4.07i - Under 75 mortality rate from respiratory disease (provisional)	5	
4.7 Mortality from respiratory diseases	4.07ii - Under 75 mortality rate from respiratory disease considered preventable (provisional)	4	
4.08 - Mortality from communicable diseases (provisional)		9	

8. Indicators where no significance test was carried out

Indicator	Sub-indicator	Comparator Rank (1=best 11= worst)	Trend Graph (Blue = Plymouth, Red = England)
1.6 People with mental illness or disability in settled accommodation	1.06i - Adults with a learning disability who live in stable and appropriate accommodation	3	
1.6 People with mental illness or disability in settled accommodation	1.06ii - % of adults in contact with secondary mental health services who live in stable and appropriate accommodation	6	
1.8 Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness	1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate	5	
1.8 Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness	1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate	11	
1.8 Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness	1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	7	
1.14 The percentage of the population affected by noise (Placeholder)	1.14ii The proportion of the population exposed to transport noise (primarily road) of more than x dB(A) per local authority.	2	
1.14 The percentage of the population affected by noise (Placeholder)	1.14iii - The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time	4	
2.08 - Emotional well-being of looked after children		11	
3.01 - Fraction of mortality attributable to particulate air pollution		1	
3.06 - Public sector organisations with a board approved sustainable development management plan		1	

9. Indicators where there is no local data or national data available

Indicator	Sub-indicator	Comparator Rank (1=best 11= worst)	Trend Graph (Blue = Plymouth, Red = England)
0.2iii - Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (provisional) (Male)		1	
0.2iii - Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (provisional) (Female)		4	
0.2iv - Gap in life expectancy at birth between each local authority and England as a whole (Male)		6	
0.2iv - Gap in life expectancy at birth between each local authority and England as a whole (Female)		4	
1.7 People in prison who have a mental illness or significant mental illness (Placeholder)		N/A	
1.9 Sickness absence rate	1.9iii Rate of fit notes issued per quarter (TBC).	N/A	
1.19 Older people's perception of community safety (Placeholder)		N/A	
2.5 Child development at 2-2.5 years (Placeholder)		N/A	
2.9 Smoking prevalence – 15 year olds		N/A	
2.10 Hospital admissions as a result of self-harm		N/A	
2.11 Diet (Placeholder)		N/A	
2.16 People entering prison with substance dependence issues who are previously not known to community treatment		N/A	
2.18 Alcohol-related admissions to hospital		N/A	
2.19 Cancer diagnosed at stage 1 and 2 (Placeholder)		N/A	
2.21 Access to non-cancer screening programmes	2.21i HIV coverage: The proportion of pregnant women eligible for infectious disease screening who are tested for HIV, leading to a conclusive result.	N/A	
2.21 Access to non-cancer screening programmes	2.21ii Syphilis, hepatitis B and susceptibility to rubella uptake: The proportion of women booked for antenatal care, as reported by maternity services, who have a screening test for syphilis, hepatitis B and susceptibility to rubella.	N/A	
2.21 Access to non-cancer screening programmes	2.21iii The proportion of pregnant women eligible for antenatal sickle cell and thalassaemia screening for whom a conclusive screening result is available at the day of report.	N/A	
2.21 Access to non-cancer screening programmes	2.21iv The proportion of babies registered within the area (currently PCT) both at birth and at the time of report who are eligible for newborn blood spot screening and have a conclusive result recorded on the Child Health Information System.	N/A	
2.21 Access to non-cancer screening programmes	2.21v The proportion of babies eligible for newborn hearing screening for whom the screening process is complete within four weeks corrected age (hospital programmes-well babies, all programmes NICU babies) or five weeks corrected age.	N/A	
2.21 Access to non-cancer screening programmes	2.21vi The proportion of babies eligible for the newborn physical examination who were tested within 72 hours of birth.	N/A	
3.3 Population vaccination coverage	3.03i - Population vaccination coverage - Hepatitis B (1 year old)	1	
3.3 Population vaccination coverage	3.03i - Population vaccination coverage - Hepatitis B (2 years old)	8	

Indicator	Sub-indicator	Comparator Rank (1=best 11= worst)	Trend Graph (Blue = Plymouth, Red = England)
3.3 Population vaccination coverage	3.3ii BCG vaccination coverage (1-16 year olds)	N/A	
3.3 Population vaccination coverage	3.03iii - Population vaccination coverage - Dtap / IPV / Hib (5 year old)	N/A	
3.3 Population vaccination coverage	3.3iv MenC vaccination coverage (2 year old)	N/A	
3.3 Population vaccination coverage	3.3iv MenC vaccination coverage (5 year old)	N/A	
3.3 Population vaccination coverage	3.3v PCV vaccination coverage (2 year old)	N/A	
3.3 Population vaccination coverage	3.3v PCV vaccination coverage (5 year old).	N/A	
3.3 Population vaccination coverage	3.03vii - Population vaccination coverage - PCV booster (2 years)	N/A	
3.3 Population vaccination coverage	3.3xi Td/IPV booster vaccination coverage (13-18 year olds).	N/A	
3.5 Treatment completion for tuberculosis	3.05i - Treatment completion for TB	N/A	
3.7 Comprehensive, agreed inter-agency plans for responding to public health incidents (Placeholder)		N/A	
4.9 Excess under 75 mortality in adults with serious mental illness (Placeholder)		N/A	
4.13 Health-related quality of life for older people (Placeholder)		N/A	
4.16 Dementia and its impacts (Placeholder)		N/A	

10. The health premium

The government's vision is to improve the health of the poorest, fastest. Targeting resources to the areas of high deprivation will lead to the reductions in inequalities.

The development and the high level design for the health premium was set out in the White Paper, 'Equity and excellence: Liberating the NHS' (July 2010),

".....a new 'health premium' designed to promote action to improve population-wide health and reduce health inequalities".

A subsequent document, 'Healthy Lives, Healthy People: Update on Public Health Funding' (June 2012), stated:

"We recognise that the significant data lag on many of the indicators in the public health outcomes framework would mean that if it was paid in 2013-14 we would be rewarding local authorities for decisions taken by PCTs. We are therefore planning to delay the first payments until 2015-16, the third year of local authority responsibility for public health responsibilities".

In March 2013, the Advisory Committee on Resource Allocation (ACRA) established the Health Premium Incentive Advisory Group (HPIAG) as a sub-committee with the aim of developing recommendations for a robust formula driven Health Premium Incentive Scheme (HPIS). The stated purpose of the new HPIS is to promote action to improve population-wide health and reduce health inequalities. The Advisory Group consisted of academics, experts in public health and stakeholders with public health experience.

The Advisory Group's terms of references were to:

- (a) Assess the indicators in the PHOF for their suitability as an incentive measure.
- (b) Develop 'indicator measuring criteria' for national strategies and local flexibilities.
- (c) Consider how to set incentives for progress.

The Advisory Group met three times and had three sub-groups to look at specific aspects of the scheme. Various interim meetings also took place between the Department of Health, NHS England and Public Health England to review the PHOF indicators selection criteria, definition and data readiness.

Local priorities will inform flexibilities. These will be determined by local authorities based on local priorities agreed by the Health and Wellbeing Board (H&WB) in their Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWS) with support from Public Health England and the Department of Health. This will determine which areas local authorities wish to consider based on local priorities.

The HPIAG reviewed and amended the criteria for selecting PHOF indicators for inclusion into the HPIS. The selection criteria applied to all the PHOF indicators to assess inclusion into the HPIS were as follows:

- Indicator definition and data source fully developed and ready,

- Technical criteria applied to the data – reliability, robustness collection taking into account modelled estimates, and if improvement was measurable,
- Availability of published robust baseline data at upper tier local authority level.

In recommending the indicators for inclusion in the incentive scheme, the Advisory Group reviewed the 66 indicators and all the sub-indicators contained within the PHOF. 28 indicators or 49 indicators and sub-indicators passed the underpinning criteria. The smoking, substance misuse and alcohol indicators are still being reviewed with the policy teams. The Advisory Group recognises that a credible scheme should include measures related to smoking, substance misuse and alcohol.

ACRA will recommend technically suitable indicators for inclusion in the scheme, from which the Secretary of State and local authorities will select a small number for the final scheme. The Department of Health recognises the need to review the HPIS indicators as better understanding of the incentive scheme is gained and as more PHOF data is published.

HPIAG recommended that the HPIS should include some local flexibility to select measures that are relevant to a particular local authority, but may not be included in a small number of nationally prescribed measures.

The reward for progress and how progress is measured should reflect the level of challenge faced by the local authority. One option would be to use the target allocation to scale the reward, i.e. areas with greater challenge would get a proportionately greater reward.

HPIAG believes that the incentive scheme should be constructed from a mixture of a small number of,

- Nationally chosen indicators agreed by the Secretary of State.
- Locally selected indicators, total numbers to be agreed as part of the scheme.

The number of indicators should be small and the exact configuration needs to be agreed. However, it is important that the selection of indicators ensures good coverage across the four PHOF domains.

The consensus in the group was that the HPIS needs to be simple and proportionate, and so an explicit incentive for innovation was not appropriate. However, the approach to local flexibilities may make a contribution towards innovation.

The Advisory Group recommends that the payment scheme be based on targeting resources to the areas with the most challenge. This could be based on the target allocation with points awarded to successfully meeting the required target/threshold. Two authorities achieving the same progress on an indicator will mean that the one with the greater challenge will receive a higher incentive.

The HPIAG will make their recommendations to the Secretary of State for Health in early December 2013.

11. The locally-developed PHOF tool

The information presented in sections four to six is based on city-wide performance and as such doesn't highlight the inequalities which may exist at sub-city level. As a result of this a local PHOF tool has been developed by Plymouth's Public Health Team.

This excel-based tool (or spreadsheet) contains six 'tabs'; one summary sheet and one sheet for each for the high level outcomes and each of the four domains. Using drop-down boxes it is possible to investigate performance against the PHOF indicators at sub-city level (i.e. by neighbourhood, electoral ward and locality). It is also possible to sort and group the indicators by colour (i.e. by RAG rating)

The summary sheet contains:

- The indicator definitions
- The indicator values for England and Plymouth
- Plymouth's R.A.G. status compared to England and to the comparator group

The outcome and domain sheets contain (for each indicator):

- Nationally produced data for England, for Plymouth and for the highest and lowest comparator
- Locally produced data for the neighbourhood, electoral ward or locality
- A trend graph for the local area
- The highest and lowest comparator (neighbourhood/electoral ward/locality) values
- Proxy status (i.e. whether the value is based on the same definition as the national indicator)
- Indicator metadata

Using the information contained in this tool it will be possible to investigate, at sub-city level, those indicators where Plymouth appears to be poorly performing. This will enable resources to be more effectively targeted on the basis of need. In addition it will be possible to investigate those indicators where Plymouth appears to be performing well to ensure that (geographic) areas of poor performance are not overlooked.
