

Public Health Outcomes Framework (PHOF) – 3x3 matrix

1. Purpose

To inform the HWBB of public health outcomes and to provide context and focus for future opportunities to improve. The 3x3 PHOF matrix offers a ‘conversation starter’ introductory approach, that can easily be transferable to other things e.g. commissioned services.

2. Recommendations

- 2.1 Members note the detail of this report.
- 2.2 Utilise the 3x3 matrix outside of this Board, to open up discussions and subsequent action both within and outside the Council, on how to improve public health outcomes.
- 2.3 Members note, that incorporating health and wellbeing considerations into decision making across sectors and policy areas, it can make a significant contribution to improving wellbeing for the people of Walsall.
- 2.4 Members note, that the 3x3 matrix has been showcased throughout the organisation and will continue to evolve over time with amendments to further enhance its capability.

3. Report detail

- 3.1 The Public Health Outcomes Framework (PHOF) sets out a high-level overview of public health outcomes, at a national and local level. An [interactive web tool](#) makes the PHOF data available publicly. This allows local authorities to assess progress in comparison to national averages and their peers, and develop their work plans accordingly.
- 3.2 Our health and thus public health outcomes are influenced directly and indirectly by our social and community networks and the physical, social and economic contexts in which we live (figure 1).

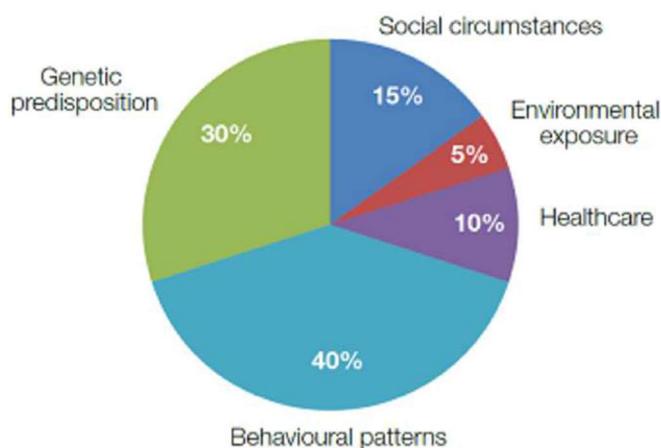


Figure 1. The proportional contribution to premature death. [PHE](#)

- 3.3 The socio-economic and environmental determinants of health taken together are the prime drivers of our health and wellbeing, followed by our health behaviours (for example, whether and how much we smoke and/or drink alcohol, what we eat and how physically active we are), health care, and finally genetic and physiological factors. To improve population health, we have to focus as much on those factors that lie outside the health and care system as those within it.
- 3.4 Local Authorities, with their partners e.g. through the Health and Wellbeing Board, are well placed to take a collaborative approach to improving the wellbeing of all people in Walsall. This can be achieved by incorporating health considerations into decision-making across sectors and policy areas based on the recognition that our greatest health and wellbeing challenges are highly complex and often linked through the social and economic determinants of health and wellbeing (fundamental of health).
- 3.5 To provide a quick overview of over 200 indicators within the PHOF, a simple 'PHOF 3x3 Matrix' has been developed (Figure 2). The indicators are categorised whether their trend is **improving**, **similar** or **deteriorating** and how Walsall compares to statistical* neighbours – statistically better, similar or worse (3x3). The PHOF matrix can be interactively accessed [here](#)

(* 15 areas with similar characteristics to Walsall e.g. Bolton, Derby, Wolverhampton)

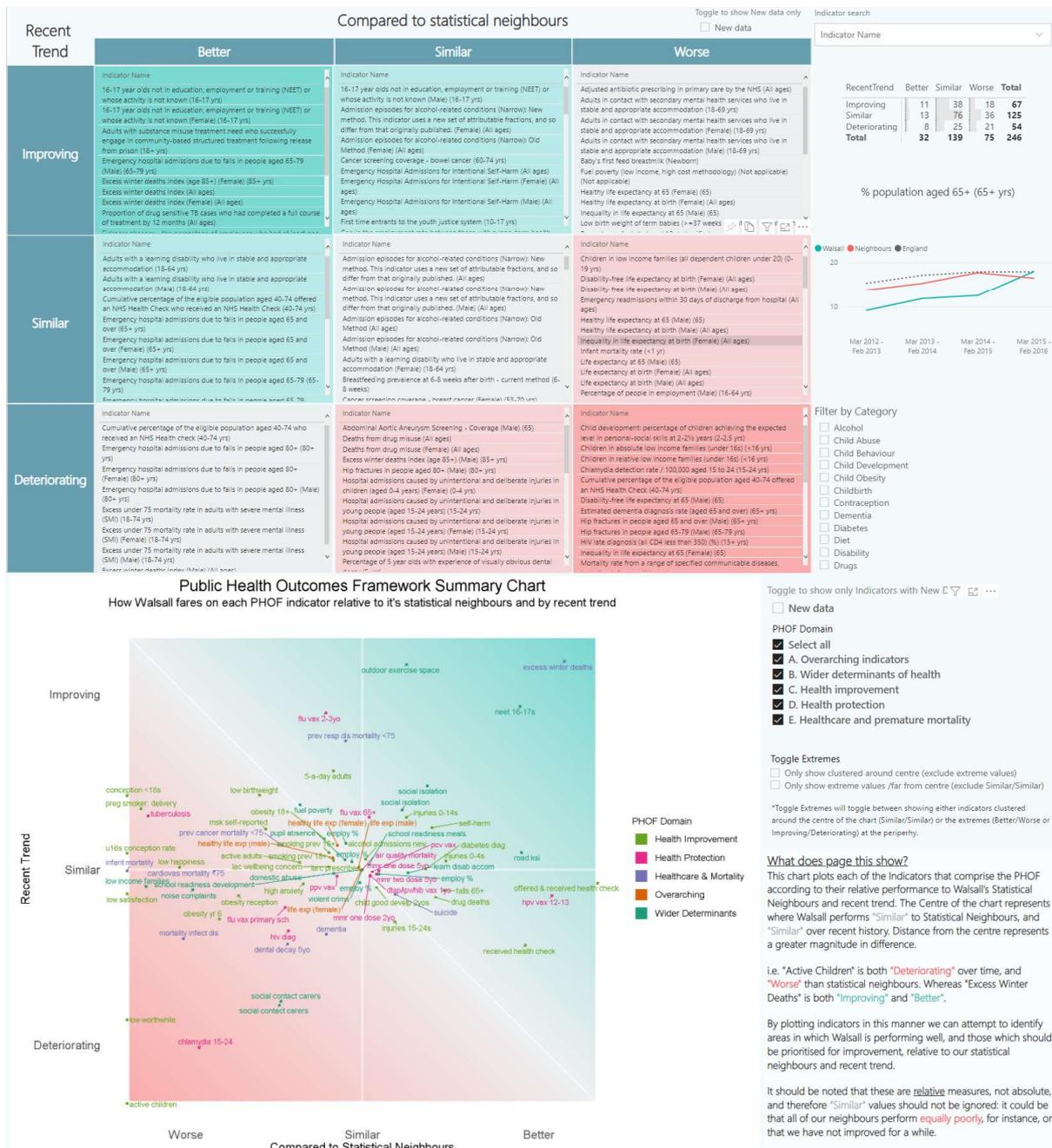


Figure 2 – PHOF 3x3 matrix for Walsall

3.6 The matrix aims to be a **‘conversation starter’** on action that could be taken to improve outcomes. The underlying principles of a public health approach to improve outcomes is:

- focused on a defined population, often with a health risk in common
- with and for communities
- not constrained by organisational or professional boundaries
- focused on generating long term as well as short term solutions
- based on data and intelligence to identify the burden on the population, including any inequalities and
- rooted in evidence of effectiveness to tackle the problem.

These principles are being applied to the PHOF 3x3 matrix to review our current approach to improve outcomes.

- 3.7 Note there are caveats to the matrix, for example, data is updated annually and provides a picture in time. To enrich local action, local data (where available) as well as local knowledge and expertise will help shape future action.
- 3.8 A **key positive finding** to report is there are currently **11** indicators in the matrix which are **improving** over time and show that outcomes for Walsall residents are significantly **better than our peers**. A full list is available [here](#), but examples include:
- 16-17 year olds not in education, employment or training (NEET) or whose activity is not known (16-17 yrs)
This was highlighted within the findings of the JSNA, with encouraging improvements to those who are in some form of education, employment or training.
 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison (18+ yrs)
 - Social isolation: percentage of adult social care users who have as much social contact as they would like (65+)
- 3.9 The matrix also demonstrates there are **21** indicators which are **deteriorating** overtime and where outcomes for Walsall residents are **worse compared to our peers**. This offers a focus for further discussion on shared problem solving and action across the Walsall Proud Partnership. A full list is available [here](#), but examples include:
- Child development: percentage of children achieving the expected level in personal-social skills at 2-2 ½ yrs
 - Reception and Year 6 prevalence of overweight (including obese)
These were also highlighted within the findings of the JSNA, with school readiness impacted amongst younger age children and the increasing numbers of children in Reception and Year 6 who were overweight and / or obese – both linked to the covid-19 impact of home schooling and possibly less opportunity for structured, routine physical exercise.
- 3.10 It is also important to note those indicators which show our Walsall residents have *similar outcomes to our peers*, as it could be argued they are 'on the cusp' of both *improving* and getting *better* or *deteriorating* and getting *worse*. Examples include breastfeeding prevalence at 6-8 weeks after birth; under 75 mortality rate from causes considered preventable (males) and certain vaccination coverage.
- 3.11 The matrix will update automatically when data is available and monitoring of indicators will continue. This matrix has proved a useful starting point to assess performance on public health outcomes and is assisting with generating further discussions and action around financial planning, meeting needs of the population and generating efficiencies.
- 3.12 Colleagues are encouraged to utilise and engage with the matrix and use the public health principles in meetings they attend to further enhance

and probe conversations which aim to take positive action to maximise health and wellbeing for Walsall residents.

3.13 To conclude, the '3x3 matrix' and approach is an enabler, allowing for a quick and effective sense check of performance in relation to indicators included within the PHOF. This can facilitate further action across the council and its partners to provide assurance on next steps and challenge in areas where outcomes could be further improved.

4. Implications for Joint Working arrangements

Improving the measures in PHOF and ultimately reducing health inequalities is a key outcome within the PHOF. Understanding the key causes and drivers of inequalities and taking proportionate action to reduce health inequalities is the ultimate aim for the DPH.

5. Health and Wellbeing Priorities

HWBs have a statutory duty to ensure they have a JSNA and HWBS in place. Utilising the 3x3 grid, and comparing Walsall with statistical neighbours, allows focused action and an ability to work collaboratively to make a difference which will then assist to identify local priorities and develop local plans to improve the health and wellbeing of our population and reduce health inequalities.

Background papers

The Office for Health Improvement and Disparities (OHID) Public Health Outcomes Framework, is available - [Public Health Outcomes Framework \(PHOF\)](#)

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