

Public Health Outcomes Framework (PHOF) – 3x3 matrix

1. Purpose

To update the Health and Wellbeing (HWBB) on the public health outcomes framework (PHOF) “3x3 Matrix Tool”, developed by the Walsall Business Insights team. This tool provides “conversation starters”, by visually highlighting indicators as they compare to benchmark areas as well as showing trends.

2. Recommendations

- 2.1 Members note the detail of this report.
- 2.2 Members to utilise the 3x3 matrix outside of this Board, to open up discussions, further explore trends, and take any appropriate action both within and outside the Council, on how to improve public health outcomes.
- 2.3 Members commit to incorporating health and wellbeing considerations into decision making across sectors and policy areas, as this 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 continues to evolve over time with amendments to further enhance its capability, which will include regional and national comparisons, and looking at longer term trends in data.

3. Report detail

- 3.1 Our health, and thus public health outcomes, are influenced directly and indirectly by a wide range of factors including our physical and mental health, our social and community networks and the physical, environmental and economic contexts in which we live.

Figure 1. The factors that influence an individual's health and wellbeing.



Source: Whitehead M, Dahlgren G. What can be done about inequalities in health? The Lancet. 1991;26(338)8774:1059–1063.

3.2 Linked to the above understanding, and based on detailed review of the literatures, the Walsall Wellbeing Outcomes Framework (WEOF) outlines a co-developed definition of wellbeing and identifies those factors that are most strongly linked with population wellbeing. The framework is being used to with a view to establish wellbeing as a shared priority, placing it at the heart of decision making across partners (Figure 2).

Figure 2. The Walsall Wellbeing Outcome Framework (WEOF) Model.



3.3 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 their status in comparison to national averages and their peers, and develop their policies, strategies and work plans accordingly.

- 3.4 Local Authorities along with their partners, and through the Health and Wellbeing Board, are well placed to take a collaborative approach to improving the health and wellbeing of all people in Walsall. This can be achieved by utilising tools like the PHOF 3x3 matrix presented herein, to inform decision-making and embed **health in all policies** across organisations and sectors in the borough.
- 3.5 To provide a concise and localised overview of over 140 indicators within the PHOF, a '3x3 Matrix' has been developed by Walsall Business Insights team (Figure 3).
- 3.6. The indicators are categorised as to whether their trend is **improving**, **similar** or **deteriorating** (compared with the previous recorded period) and how Walsall compares to statistical neighbours* – statistically better, similar or worse (Figure 3). The PHOF matrix can be interactively accessed [here](#).

**15 areas with similar characteristics to Walsall e.g. Bolton, Derby, Wolverhampton. Statistical neighbour models are generated by CIPFA and determined according to similarity in demography, deprivation, employment and population (source: [CIPFA](#)).*

Figure 3. PHOF 3x3 Matrix for Walsall

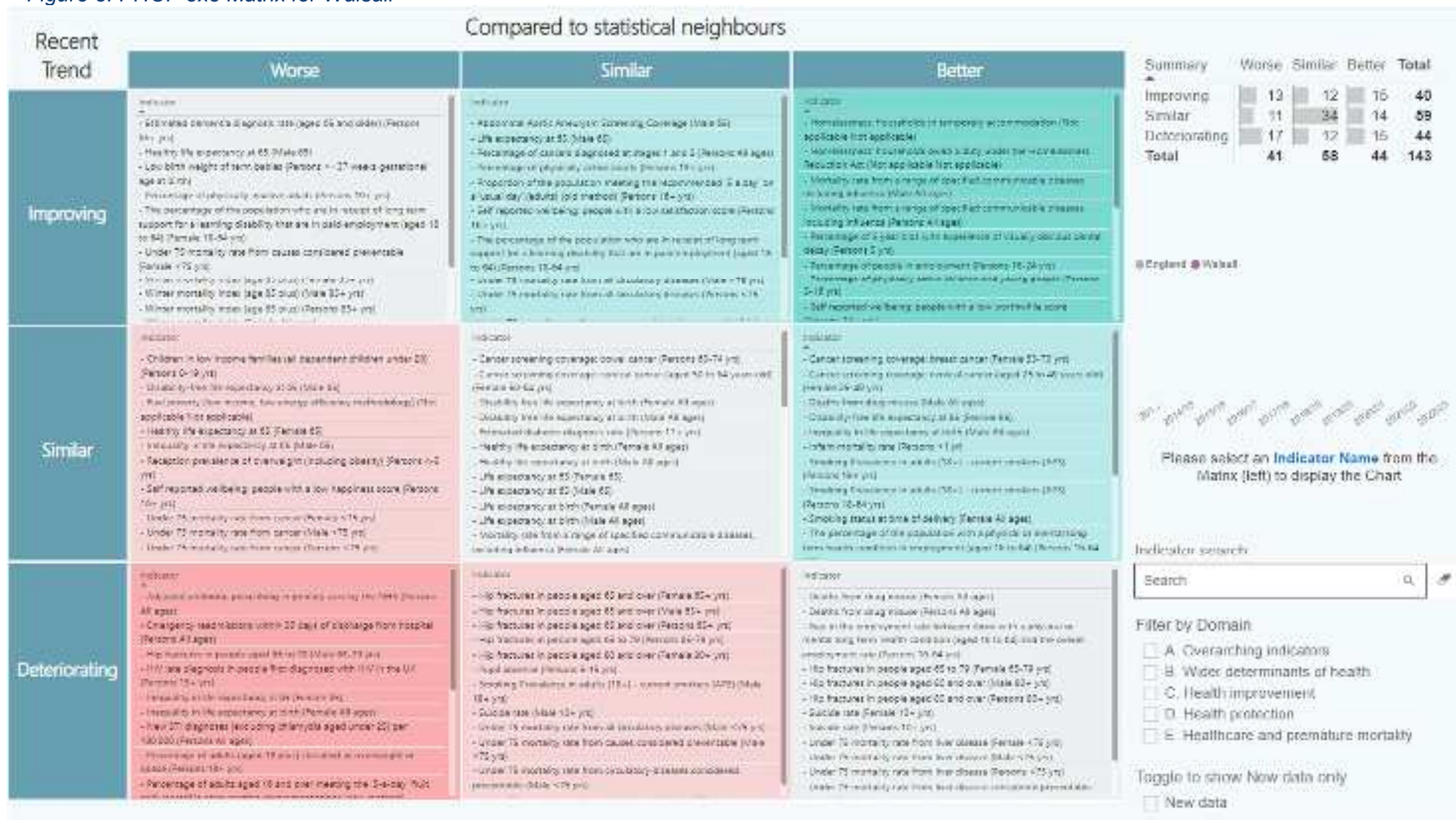
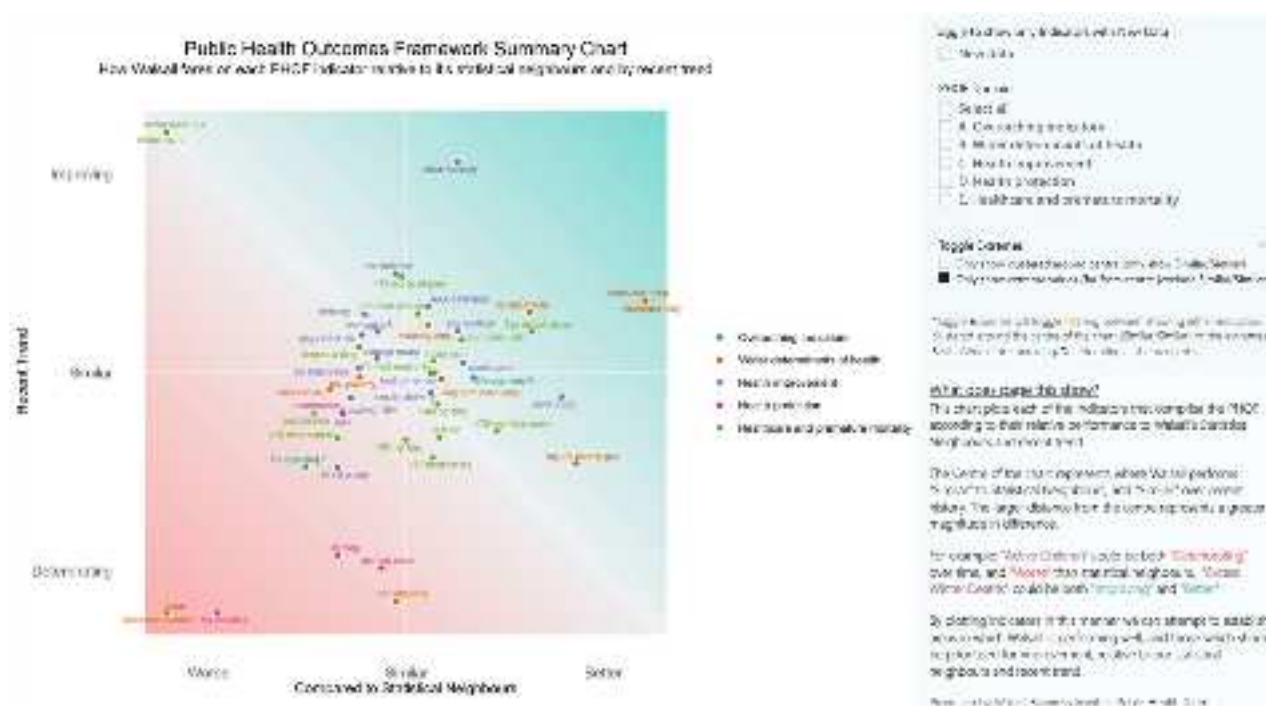


Figure 5. Indicator Plot of outliers - those not marked as “Similar” over time, nor “Similar” compared to statistical neighbours.



3.9 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 improving outcomes are:

- 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.

3.10 The 3x3 can be complemented with local data (e.g. from commissioned services or partners) knowledge and expertise to provide richer and more holistic information to support local action. It is also important to explore the individual indicators in more detail to understand the longer-term trends.

3.11 A **key positive finding** to report is there are currently **15** indicators in the matrix which **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:

- *Hospital admissions for violence (including sexual violence)* – mirrors the finding in recent local [Serious Violence needs assessment](#) (2023), but masks some detailed consideration of certain types of crime, e.g. knife

- crime among 15-19 year olds having increased in recent years.
- *Mortality rate from communicable diseases (including influenza)* – this indicator does not include COVID-19, with reductions seen linked with ongoing communicable disease control efforts both nationally and locally.
 - *Physically active children and young people* – there has been a post-pandemic increase in physical activity among children and young people, with ongoing effort required to see continued increases.
 - *Percentage of 5-year-olds experiencing dental decay* – whilst there has been a reduction in 2021/22 compared to previous year, approximately ¼ of our 5-year-olds still have dental decay, and this is subject to
 - Smoking rates in adults 18+ - this reduction is testament to the hard work that has been undertaken locally to support people to quit smoking (and to stop them starting). A refreshed Draft [Tobacco Control Plan](#) has recently been approved by Cabinet in Walsall.
 - *Self-reported wellbeing*: people with a low worthwhile score – whilst this indicator has shown a one year decrease, this is in the context of an overall stable picture, with other poor wellbeing indicators showing increases, making our efforts to continue implementation of our 10-yr [Mental Wellbeing Strategy](#) all the more important.
 - *Homelessness* – temporary accommodation or owed a duty – this is positive for the borough, and these indicators can be used to monitor our progress against the borough’s [Homelessness strategy](#), which includes a number of health related actions, including the need for a homelessness health needs assessment, which is currently being conducted. However, there remains significant pressure on our housing stock, and the figure for temporary accommodation doesn’t include wider cohorts of people who are vulnerably housed.

3.12 The matrix also demonstrates there are **17** 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. Examples include:

- *Inequality in female life expectancy* – inequalities in female life expectancy at birth and at 65 is increasing, with healthy life expectancy for females reducing in the borough. Collaborative work on Women’s Health, and the development of “Women’s Hubs” is an important area of work.
- *New STI diagnoses (under 25s, excluding chlamydia)* and late HIV diagnoses – rising rates of STIs in the borough are well acknowledged, and linked to our ongoing Sexual health improvement plan for the borough including increasing access to services with a new town centre site now operational at the Hatherton Centre, as well as a new Teenage Pregnancy Strategy.
- *Adults classed as overweight or obese* – both primary and secondary prevention activities need to be upscaled to tackle the scale of the challenge we currently have with regard to both childhood and adult obesity in the borough. Increasing access to good food (one of the aims of the boroughs evolving [Food Plan](#)), and improving physical activity are a

high priority for the Public Health team in Walsall. Additionally, [Be Well Walsall](#), our new Wellbeing Service (with a focus on adult weight management, stop smoking and community health checks) went live in November 2023.

- *Workdays lost to sickness absence* – the latest data here focuses on the years of the pandemic 2019 – 2021, however working with workplaces on workplace health is important, and this indicator should be monitored over time given the other challenges we have in the borough.
- 3.13 Notwithstanding the indicators that highlight where Walsall fares better or worse than our comparators, attention should also be paid to indicators where Walsall has *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:
- healthy life expectancy
 - mortality from preventable circulatory disease
 - people in employment
 - self-reported wellbeing with high anxiety
- 3.14 The matrix updates automatically when data is available, and monitoring and surveillance of indicators will continue. This matrix has proved a useful starting point to assess performance on population outcomes and is assisting with generating further discussions and action around financial planning, meeting needs of the population and generating efficiencies. Currently the comparisons are with statistical neighbours, but we will be enhancing the tool to consider comparisons against the West Midlands and England, and to consider longer-term time trends.
- 3.15 Business Insights are continuing to develop outcomes visualisations that could be used for other purposes e.g. performance frameworks, strategy monitoring, benchmarking. The framework will also be used to inform the Director of Public Health’s Annual Report on the health and wellbeing of Walsall residents.
- 3.16 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 of Walsall residents.
- 3.17 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. Following further consideration of the indicators in question and longer-term trends, this should inform policy and action across the council and its partners as well as provide outcomes focussed assurance and challenge.

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 one of the key priorities for the Director of Public Health.

5. Health and Wellbeing Priorities

HWBBs have a statutory duty to ensure they have a [Joint Strategic Needs Assessment](#) and Health and Wellbeing Strategy in place. Utilising the 3x3 matrix will enable partners to work collaboratively to identify local priorities and develop focused plans and actions 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 at [Public Health Outcomes Framework \(PHOF\)](#) and available as an [‘at a glance’ summary for Walsall](#).

Authors

Dr. Claire J. Heath

Directorate Lead for Public Health and Council Services, Business Insights

✉ claire.heath@walsall.gov.uk

Lee Harley

Senior Business Insights Analyst

Public Health and Council Services, Business Insights

✉ lee.harley@walsall.gov.uk

Dr. Nadia Inglis

Interim Director of Public Health

✉ nadia.inglis@walsall.gov.uk