15/2/2019

RCN Response to:

Proposed changes to the Public Health Outcomes Framework from 2019/20: A consultation

Introduction

The consultation on the proposed Public Health Outcomes Framework (PHOF) changes for summer 2019, the aim being to ensure that it remains relevant and meets user needs. The document 'Proposed changes to the Public Health Outcomes Framework from 2019/20: A consultation'

The consultation document is divided into 6 themes:

1. Indicators that will remain the same
2. Indicators that will remain but will have a change to either the method or data source
3. Indicators that will be replaced with an alternative indicator(s) on the same topic
4. Indicators proposed for removal from 2019/20
5. Indicators proposed for inclusion from 2019/20
6. Indicators added, replaced or removed to reflect the changes in the immunisation/vaccination schedule

PHE is inviting feedback on themes 1 to 5 in the proposal via this survey. Theme 6 is not part of the consultation as this reflects changes to the immunisation/vaccinations programmes and the NHS public health functions agreement.

Summary response from Survey

Q1: What type of organisation do you currently, or did you most recently work for?*

Royal College of Nursing, Professional organisation and trade union

With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Q2: What is your main area of interest/expertise or what area of public health are you currently working in/on?

General Public Health and more widely all nursing and midwifery care provision.

1. **Indicators that will remain the same**

It is proposed that the majority of indicators in the PHOF will remain the same. A list of these indicators is provided on pages 8 to 11 of the consultation document**.**

Q3: In the main we would agree with keeping these indicators

We suggest however, that 1.8i needs to be re considered; Social Isolation: Percentage of adult social care users who have as much social contact as they would like.

We feel that this one is increasingly meaningless as the criteria to receive adult social services is now at a level of such great acuity many older people who experience loneliness will not be in receipt of adult social despite having very high level needs.

2. **Indicators that will remain but will have a change to either the method or data source**

Q4: It has been necessary to amend the way that some of the indicators are calculated. The reasons for the changes and the indicators affected can be found on page 12 of the consultation document.

We would agree in the main with these changes proposed.

Indicator 1.01i and 1.01ii Children in low income families (all dependent children under 20). The rationale for this change is due to changes in the way low income data are collected and classified, aligned to the introduction of Universal Credit, meaning that the measures for this indicator will change.

There are some real concerns about the roll out of universal credit about how this will influence the data for this indicator. Will it allow for all children to be captured? It is essential for us to understand and know about the numbers of children and young people growing up and living in poverty.

2.02i Breastfeeding - Breastfeeding initiation and 2.02ii Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth. These changes would appear to be sensible.

3. **Indicators that will be replaced with an alternative indicator(s) on the same topic.**

Q5: The existing indicators listed on pages 13 to 14 of the consultation document, will be replaced with a new indicator that provides a better measure.

The replacement indicators would again appear to be useful, particularly useful to have the additional homeless numbers as a more robust indicator.

Specific comments;

2.05i Proportion of children aged 2-2½ years who received an assessment as part of the Healthy Child Programme or an integrated review (using any tool) and Proportion of children aged 2-2½ years offered ASQ-3 as part of the Healthy Child Programme or integrated review.

We welcome the inclusion of an indicator on childhood development but would suggest this is expanded to include wider coverage of the Healthy Child Programme and an equality assessment measure?

4. **Indicators proposed for removal from 2019/20**

These are grouped as:

- Data are for England only
- Indicator analysis showed little additional benefit or use
- The indicator was a placeholder and has never been produced
- Insufficient sample size in source data
- The data source is no longer available

Q6:

The RCN would agree with the removal of these indicators. We have agreed with all these and understand the rationale presented.

Under 0.2iv we suggest consideration is given to how to capture this data in other ways.

5. Indicators proposed for inclusion from 2019/20 - part 1 of 2

The following indicators have been suggested as possible additions to the 2019/20 PHOF. The rationale for these being proposed is detailed on pages 17 to 22 of the consultation document.

Indicators have been grouped into the following themes:

- Indicators on a single issue
- Alcohol treatment indicators
- Drug treatment indicators
- Maternity indicators
- Sexual health indicators

The RCN have agreed all these indicators, we feel they will enable greater understanding of the overall public's health and wellbeing.

Ranking in priority is difficult, as they would all add to the overall understanding of the population's health. We have used the rationale of where there is not enough information to be able to inform services.

1st School readiness would give greater understanding of early years support

2nd Sexual Health indicators broadly we feel would support better sexual health provision

3rd Prevalence of patients classified as mild, moderately or severely frail would give a much needed indication of the scale of this issue.

4th Loneliness is again of increasing concern amongst the population

5th Alcohol measures need to be far more robust

Additional comments:

Comments specific to proposed indicators:

School readiness and communications; we would like to see included which healthcare professional is undertaking the review so if it is being conducted by qualified Health Visitors or School Nurses.

Similarly under the Percentage of completed New Birth Visits (NBV) this should include who is completing this visit and assessment.

We would also like to see inclusion of an equality measure on both these indicators.

Testing and diagnoses for new sexually transmitted infection (STIs) and diagnoses (excluding chlamydia). We would suggest given the increases in both Syphilis and gonorrhoea the indicator needs to be specific for the infection to include Testing, detection, incidence rates to give a greater understanding of the issues.

Total prescribed long-acting reversible contraception (LARC) (excluding injections) rate per 1,000 females aged 15-44. We support the inclusion of an indicator related to contraception in the revised PHOF and welcome the opportunity to have reproductive health included and Sexual health not only steered by STIs and HIV alone.

We would caution though that this could limit the wider opportunities for contraception choices available to women and limit broad service provision.

We are also concerned that there needs to be more focus on LARC retention rather than insertion. The benefits of a LARC both financial, to the patient and the PHOF is not measured by its insertion but by its **retention**. Where insertion comes with incentives the service doesn't fully address choices for women and making sure that people fully understand what to expect and how to manage symptoms and side effects at least for a few months before offering to remove the device.

Also need to be mindful of potential inequality in access across the country in terms of deprivation. Also that contraception is about *choice.* LARC is just one option. Concern about regional variation.

General Comments:

Increasing pressures within the nursing workforce are a concern for making sure this data is collected and accurate. Staff numbers are dwindling and access to appropriate post registration education is increasingly challenging, particularly in public health areas of nursing which is an issue.

We are also aware that there is variation in terms of data gathering/reporting requirements in commissioning leading to missing information.

Fragmented commissioning for public health services is also a challenge and often means that data collection may need to be specifically asked for from different sources. This also links to concerns about the cuts to Public Health funding affecting the ability for services to be able to accurately report on data.

While we agree it is important to look at the data sources we need to be sure we don't remove things just because the data is poor and inconsistent.

RCN response coordinated from

Helen Donovan

Professional Lead public Health Nursing

Email: Helen.donovan@rcn.org.uk

Sent via email to: sonya.clark@phe.gov.uk. and anita.brock@phe.gov.uk