

# The 3x3 Performance Matrix

A Visualisation-based approach to Public Health Performance



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## Background

The Public Health Outcomes Framework (PHOF)<sup>1</sup> is a curated collection of indicators that monitors health and wellbeing outcomes, produced by the Office for Health Improvement and Disparities. It enables local areas to benchmark themselves against regional and national comparators. We have collated PHOF indicators into an elegant 3x3 visualisation, that provides high-level, 'at-a-glance', information to strategic decision makers: highlighting successes and areas of risk, and identifying where deeper analysis or additional resources may be warranted.

## Methodology

PHOF indicators are arranged as a 3x3 matrix across two dimensions: how an area compares to CIPFA<sup>2</sup> statistical neighbours (better/similar/worse) and the linear regression modelled trend over time (improving/similar/deteriorating). A cartesian chart (*Fig. 1*) arranges indicators by their proportionate difference, to visually identify outliers such as areas where Walsall may be Worse and Deteriorating, or Better and Improving. The process utilises R throughout: for data retrieval (FingertipsR<sup>3</sup> API) library), engineering, modelling and visualisation, and is presented through Power BI (*Fig. 2*) dashboards (and as a ShinyApps<sup>4</sup> app), allowing self-service, user interactivity and data exploration – in addition to select animations of relative performance overtime (*Fig. 3*). The process was developed as an automated statistical data pipeline.

## **Objectives**

To produce an effective visualisation for displaying Walsall's PHOF performance that is:

Relative to Statistical Neighbours

**HEALTH AND CARE** 

**ANALYTICS** 

Conference 2024

Relative to Recent Trend



Easily Communicable

#### Reproducible Analytical Pipeline using the R statistical programming language



### Public Health Outcomes Framework Summary Chart

How Walsall fares on each indicator relative to it's statistical neighbours and by recent trend



Recent Trend	Compared to statistical neighbours		
	Worse	Similar	Better
Improving	Indicator         Image: Second Sec	Indicator <ul> <li>Abdominal Aortic Aneurysm Screening Coverage (Male 65)</li> <li>Life expectancy at 65 (Male 65)</li> <li>Percentage of cancers diagnosed at stages 1 and 2 (Persons</li> <li>Percentage of physically active adults (Persons 19+ yrs)</li> <li>Proportion of the population meeting the recommended '5 a da</li> <li>Self reported wellbeing: people with a low satisfaction score (P</li> <li>The percentage of the population who are in receipt of long ter</li> <li>Under 75 mortality rate from all circulatory diseases (Male &lt;75</li> <li>Under 75 mortality rate from causes considered preventable (</li> <li>Under 75 mortality rate from causes considered preventable (</li> <li>Under 75 mortality rate from causes considered preventable (</li> <li>Under 75 mortality rate from causes considered preventable (</li> </ul>	<ul> <li>Indicator</li> <li>Violent crime - hospital admissions for violence (including se</li> <li>Violent crime - hospital admissions for violence (including se</li> <li>Violent crime - hospital admissions for violence (including se</li> <li>Self reported wellbeing: people with a low worthwhile score (</li> <li>Under 75 mortality rate from all circulatory diseases (Female</li> <li>Under 75 mortality rate from respiratory disease (Male &lt;75 yrs)</li> <li>Percentage of people in employment (Persons 16-24 yrs)</li> <li>Mortality rate from a range of specified communicable disea</li> <li>Smoking Prevalence in adults (18+) - current smokers (APS)</li> <li>Percentage of 5 year olds with experience of visually obviou</li> <li>Percentage of physically active children and young people (</li> <li>Homelessness: households in temporary accommodation (N</li> <li>The percentage of the population who are in receipt of long t</li> </ul>
Similar	Indicator         •	Indicator         •	Indicator         Cancer screening coverage: breast cancer (Female 53-70 yrs)         Cancer screening coverage: cervical cancer (aged 25 to 49 y         Deaths from drug misuse (Male All ages)         Disability-free life expectancy at 65 (Female 65)         Inequality in life expectancy at birth (Male All ages)         Infant mortality rate (Persons <1 yr)
	Indicator	Indicator	Indicator

## **Outcomes**

## Recommendations

- High-level View: The 3x3 Matrix has introduced high-level oversight of general state of health and wellbeing. As such, it is used within Walsall to guide and inform the priorities of strategic decisions makers, such as the Health and Wellbeing Board.
- **Operational Performance:** It has also been valuable at an operational level by providing a current and dynamic view of corporate and public health performance.
- Focusing Analytical Resources: It has worked best as part of a suite of performance tools at differing resolutions, and particularly in prompting deeper analytical dives, directing the focus of limited analytical resources toward appropriate areas.
- Widespread Interest: Having been demonstrated at multiple analytical events for local authorities, partners, and regional bodies.
- **Future Development:** Plans to add additional datasets, and to develop as a broader analytical tool to support service areas and partners across the borough. Further technical development includes intent to add an optional predictive modelling element.
- Balanced View: It provides a strong visual for drawing focus toward extremes (worse and deteriorating), however it is relative, and indicators clustered around the centre (similar and similar) also require attention *i.e.* it could be that indicators are equally deteriorating across all comparator areas, or are unchanged over time. **Data-driven Development:** Engagement and open discussion and involvement of partners helped shape its development and utilisation, ensuring usable insight is provided, and in-turn improving performance reporting processes.
- Data Science Skillset: This product was made possible through data science methodology and proficient use of R, for the custom building of visualisations, modelling and automated data engineering. It has been problematic for partners to implement without having such expertise within their teams: a skillset that is recommended for this approach. We are actively exploring options around this.

### References

1 Office for Health Improvement and Disparities (OHID) - https://fingertips.phe.org.uk/profile/public-health-outcomes-framework 2 CIPFA - https://www.cipfa.org/services/cipfastats/nearest-neighbour-model 3 FingertipsR R Package - https://github.com/ropensci/fingertipsR 4 Shiny Apps - https://www.shinyapps.io/