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To: The Members of the Overview and
Scrutiny Committee (Adult Social Care and
Health)

Date: 19 June 2024
Our Ref:
Your Ref:

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Dear Councillor

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 18TH JUNE, 2024

I refer to the agenda for the above meeting and now enclose the following presentation which was unavailable when the agenda was published.

| Agenda No. | Item |
|-------------------|---|
| 6. | Public Health Performance Framework (Pages 3 - 12) |

Yours faithfully,

Democratic Services

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Public Health Performance Framework Report

Key points – February 2024 update

- Purpose of the report
- Indicators
- Strengths and improvements
- Points to note
- Health inequalities
- Public health programmes and services

Purpose of the report is to...

- **Present and interpret population health indicators** from the Public Health Performance Framework,
 - 26 indicators describe the scale and distribution of population health priorities, their underlying causes, and associated health inequalities.
- **Provide relevant information** about public health programmes and service developments,
- **Highlight aspects related to enduring impacts** of the Coronavirus pandemic and high cost of living,

Updated indicators

- 18 out of 26 indicators from the Public Health Performance Framework received updates in the much more extensive Public Health Outcomes Framework (PHOF) from September 2023 through February 2024
- Updates in this report cover indicators of:
 - **Health risk at the start of life** (smoking in pregnancy and obesity in reception and year 6),
 - **Mental health and wellbeing** (four indicators of wellbeing and suicide rate),
 - **Service activity** (successful drug treatment rates and NHS Health Checks),
 - **Population health outcomes** and inequalities (five indicators of premature mortality).
- Data relates to the ‘post-pandemic’ period from **2022 to 2023**. The most up to date indicators uses data collected 9 months ago.

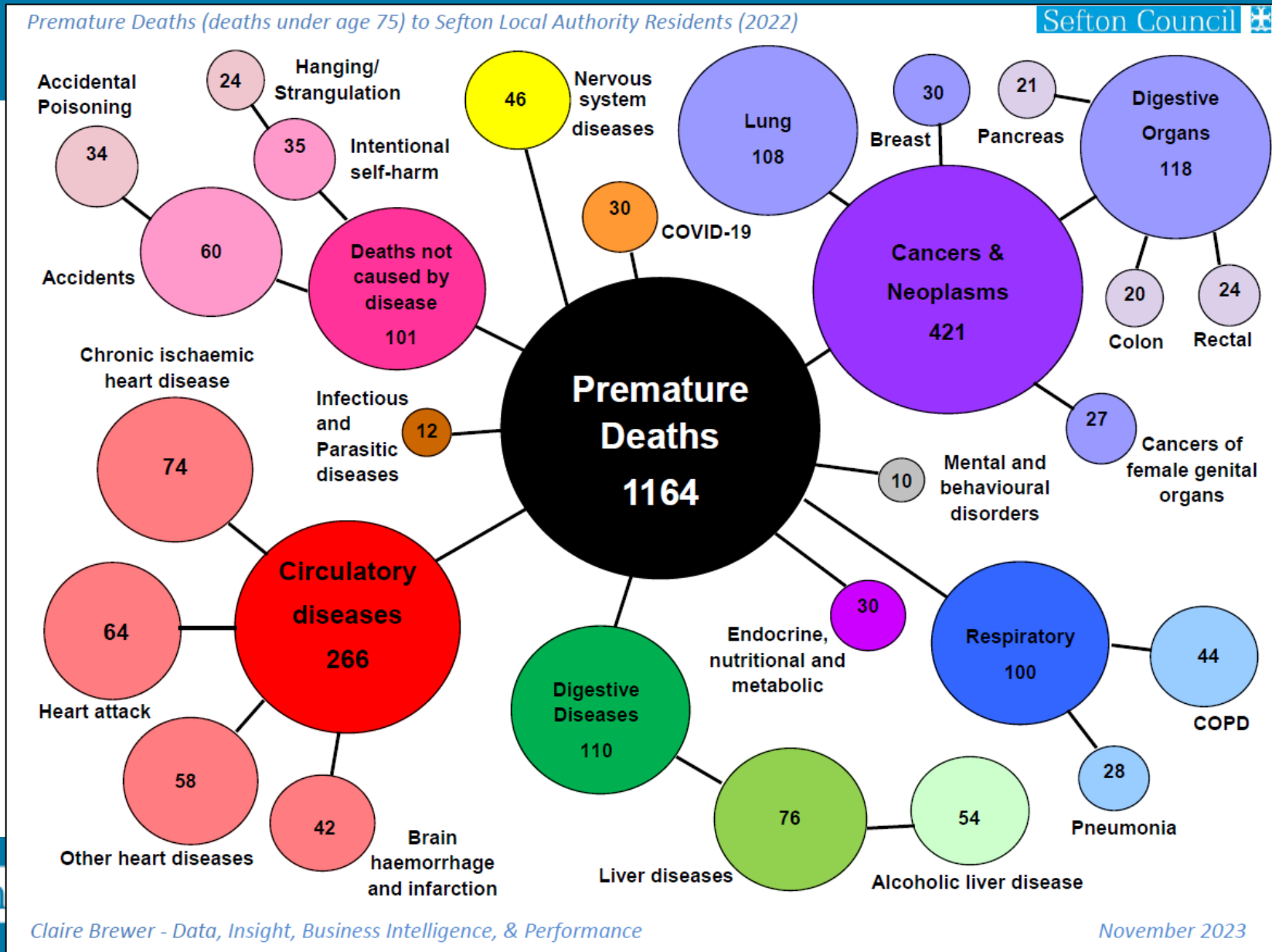
Strengths and improvements

- **Smoking in pregnancy:** Further small reduction to **8.5%** (n=202) in 2022/23 - in line with the national average rate for the fourth successive year.
- **Obesity in Reception:** a one percentage point fall from 11.3% 2021/22 to **10.3%** in 2022/23 - a stable or ?reducing, long-term trend.
- **Under-75 mortality from preventable causes:** 540 preventable, premature deaths in 2022 (**196.0 per 100 000**). Considerable fall since 2020 (C-19 vaccine). Most local authorities in the North West and LCR have higher rates.
- **Under-75 mortality from respiratory disease:** 100 premature deaths in 2022 (**35.5 per 100 000**), lower than North West average, second lowest rate LCR.

Points to note

- **Obesity in Year 6:** 700 (23.9%) 10- and 11- year-olds in Sefton were classified as obese in 2022/23. The proportion of children who are already living with obesity before they leave primary school is concerning.
- **Wellbeing indicators:** All four indicators of wellbeing in adults (life satisfaction 7.7%, life is worthwhile 5.0%, happiness 10.3%, anxiety 24.3%) deteriorated in Sefton in 2022/23, which is in keeping with the trend in England.
- **Suicide:** There were 85 deaths from suicide or undetermined injury in the latest period, 2020-22, which covers the pandemic and post-pandemic period. Sefton rate increased from 9.7 to 11.6 per 100 000 in this update.
- **Under-75 mortality from cancer and liver disease:** important drivers of Sefton's large inequalities in life expectancy. Both remain significantly higher than the England average, with rates ranking higher than most areas in the North West, and show signs of upward trend.

Deaths by cause in under 75s, Sefton 2022



Points to note

- **Successful completion of drug treatment for opiates and non-opiates:** The Office for Health Improvement and Disparities (OHID), which is responsible for **PHOF will soon switch to using a new national measure of "showing substantial progress"** - looking at how much people have reduced their substance use in drug treatment. **Under this measure Sefton is in line with national averages.**

Health inequalities

- Few of the indicators in the report include data on socio-economic inequalities that come directly from Sefton residents. However, it is appropriate to draw conclusions from analysis at a national level.
- In this report, the **largest inequality is for premature deaths from respiratory disease**. The three-fold difference in residents from most and least deprived communities reflects the epidemiology of smoking. **Typical social gradients are in the range of +50% to +200%** difference in rates between most and least disadvantaged parts of the population.
- Also of note, are differences and changes in some **wellbeing indicators by sex**, e.g. females more likely to report high anxiety; **age** e.g. 30% increase in 16-19 group who feel anxious (now 1 in 4, in line with older adults), large negative differences according to **(un)employment and disability status** (much more likely to report low life satisfaction and worthwhile score)
- **Statistics for premature death from respiratory disease, liver disease, and cancer** show higher rates in males compared to females in Sefton, which is usual. But in Sefton, the **difference in rates is smaller because females have higher rates compared to the national average than males**.

Examples of public health programme and service developments

- **Childhood obesity: Why Weight to Talk’ training** introduced, **weight management snapshot** developed to help professionals navigate the range of support on offer. **HENRY Programme** (aimed at children under 5) training and workshops been delivered across Sefton as part of an extended pilot, an **infant feeding pathway for families facing food insecurity with infants under one** has been developed, and a **cost-of-living support group** has been established and aims to improve uptake of the national **Healthy Start Programme offer**.
- **Drug treatment outcomes:** A comprehensive substance use service **action plan** was jointly developed last year by the service and public health. Implementation of improvement goals has resulted in **44% of Sefton’s opiates and/or crack users in treatment showing substantial progress**, up from 20% at March 2022 and similar to the England average (45%). And **42% of non-opiate users showing substantial progress** (46% in England)
- **Wellbeing:** The **121 Programme** has been mainstreamed in secondary schools. Each young person is assigned a mentor who meets them for an hour each week for 6-12 weeks. By doing activity and/or sports together with their mentor, the young person works towards gaining confidence, self-esteem, and improved mental well-being. In 2023/24, **226 children and young people accessed the service, with 80% showing an improvement in mental well-being**. The **“we’re here” campaign** aimed at adults has received **national praise as best practice** for public health mental health promotion from the Faculty of Public Health. Plans are underway for the next phase of the campaign.

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