Cabinet Member Update Report Agenda Item 15 7 March 2022		
Councillor	**Portfolio**	**Period of Report**
Ian Moncur	Health and Wellbeing	Jan 2021 – Feb 2022
Title: Public Health Performance Framework		

1. Reason for Briefing

The aims of this briefing are to:

- Present and interpret population health indicators from the Public Health Performance Framework
- Provide relevant information about public health programme and service development
- Highlight relevant aspects in the context of Coronavirus epidemic
- Make recommendations as required

This report is usually provided on a six-monthly basis, however due to Coronavirus related demands this report spans January 2021 to February 2022. The Public Health Performance Framework uses 26 indicators from the Public Health Outcomes Framework (PHOF)[1] to describe the scale and distribution of health problems, their underlying causes and associated health inequalities. The overview includes trends over time and relevant comparisons with the national picture, other local authorities in the North West and Liverpool City Region, and similar areas (Statistical Neighbour Group). Rankings low to high indicate best to worse performance.

The indicators extracted from the PHOF into the Public Health Performance Framework include 17 updates to data presented in the previous report (**bold**, Appendix A). Where latest data has become available after preparation of the framework this is discussed in the report. Most indicators now include data from the period after March 2020 when the impact of the Coronavirus epidemic may be detectable.

Appendix B reproduces some background information from the previous report, which covers how statistics from the Public Health Outcomes Framework are arrived at and important issues to be aware of when interpreting population health data.

Information is provided about past, current and planned improvement actions that target these outcomes and indicators and includes points to note in relation to foreseeable, ongoing impacts of COVID-19 on Public Health Services and population groups.

[1] Public Health Outcomes Framework - OHID (phe.org.uk)

2. Summary

Sefton continues to reap rewards of progress on smoking, but alcohol use and obesity are significant issues for medium and long-term health chances of the population. Health inequalities in Sefton are deeper than in many parts of England and are part of a bigger picture of north-south health inequality. Coronavirus has exacerbated health inequality, but data is only beginning to emerge. Continuing socio-economic pressures present a clear risk for recovery and create conditions that predict continuing challenges in areas of concern listed below.

Equitable approaches to pandemic response and recovery remain essential for everyone's health, social, and economic prospects and is an investment in our resilience to future pandemic. National, regional and local action are necessary to interrupt the trends described in this report. Sefton's services are increasingly oriented towards connecting support around multiple health determinants and this is key to delivering effective and cost-effective support for health and wellbeing across the life-course.

- **Strengths and improvements**: This review of performance indicators includes some notable areas of continuing good performance and improvement,
    - In 2017-2019, **Healthy Life Expectancy for men is 63.7 years for males (stable) and 64.2 years for females (rising)** and remaining slightly above the national average. **Sefton continues top amongst statistical neighbours and sixth highest amongst the 23 local authorities in the North West.**
    - PHOF does not provide Sefton's updated healthy life expectancy inequality gap, but overall higher than average healthy life expectancy should be understood in the context of Sefton's large and widening life expectancy gap (below).
    - **Latest single year data for *preventable* respiratory disease mortality in under 75s shows that Sefton's rate in 2020 is similar to England** (21.9 per 100 000 vs 17.1 per 100 000) and is the tenth lowest rate in the North West. (However, annual rates are levelling off in Sefton, but continue to fall nationally, and this may reflect differentially worse impact of Coronavirus in Sefton)
    - In 2020/21 223 (10.0%) of **pregnant women in Sefton were identified as continuing to smoke at time of delivery.** This compares to 11.0% in the North West and 9.6% in England. Sefton is now in line with the national average rate in both Southport and Formby and South Sefton areas. **The proportion of women who smoke throughout pregnancy has halved compared to the baseline figures of 20% in 2013/14.**

- In 2020, the rate of **conceptions in women under the age of 18 fell sharply from 18.9/1000 to 13.8/1000**. Sefton now has the lowest rate amongst its statistical neighbours and fourth lowest rate in the North West.
- **Successful completion of treatment for opiate drug use for the year to May 2021 shows improvement** - 3.8% of service users in Sefton achieved this outcome. With continued deterioration in performance at a national level this brings Sefton in line with the national and North West average (4.7%)
- **Successful completion of drug treatment for non-opiate drug use has risen slightly to 32.0%,** also bringing Sefton back in line with the national average
- Recently updated data not recorded in the performance framework shows that in **2018-20, the age-adjusted suicide rate in Sefton is 9.0 per 100 000 (average 21 deaths per year) and is in line with the 2020 national rate,** 10.0 per 100 000. The three-year rolling rate has fallen steadily for the past four years. Sefton now has the sixth lowest suicide rate in the North West.

- **Areas of concern**
  - **In 2018-20, Sefton has the largest gap in life expectancy at birth in the North West 14.2 years in men and 12.3 years in women**. This reflects continuing large differences in health from life-course effects of health determinants, and also the two times higher mortality rate from Coronavirus in people from most compared to least deprived areas, which is also seen nationally.
  - The rate of preventable mortality from **cardiovascular disease** in under 75s is rising faster than the national trend. The same indicator for **cancer** showed a larger than average uptick in Sefton between 2019-20, and **liver disease** mortality increased by two thirds in women and one third in men
  - Although new data is awaiting release, the 2.5 times higher rate of **smoking** routine and manual occupation groups compared to professional and managerial groups remains a main driver of inequality in life expectancy and healthy life expectancy
  - In 2019/20 over two thirds of adults are estimated to **overweight or obese.** Although this picture is similar to England obesity in Sefton is a whole population health and health inequality priority. Falling rates of physical activity in Sefton are part of picture and endorse Sefton's commitment to system-wide changes.
  - Sefton's **alcohol-related admission rate** remains significantly above the English average and sixth highest admission rate in the North West. Recent changes should not be taken to reflect a reduction in alcohol-related morbidity

- **All three low wellbeing (low satisfaction, high anxiety, low happiness) indicators show big increases in 2020/21** compared to 2019/20, reflecting the population-wide impact of the pandemic on mental wellbeing.

- **Response**
  - Our public health services continue to demonstrate an agile response, now shifting towards new and growing health needs revealed by the pandemic and highlighted in this report.
  - Although questions remain over the longer-term impact on the general population that need to be better understood – for example, widening inequalities, unemployment, longer term impacts on the mental health on individuals, families, and young people, the Living Well Sefton outcomes framework has been redesigned to focus on the Council priorities of mental health, obesity and community resourcefulness which includes developing interventions and support to tackle the impact of the pandemic on physical and mental health with issues such as increased debt, loneliness, drinking patterns, and obesity.
  - A targeted approach to obesity across the life course has been developed with multi-agency task groups focusing on Start Well, Live Well and Age Well. The priorities will be to develop a child focused Living Well Sefton service, commitment across the partners to deliver the Healthy Weight Declaration and development of a structured referral pathway for obesity which will range from early intervention and brief intervention services through to high level clinical treatment programmes.
  - An effective response to the health needs of a population must lever support for prevention, intervention and care from across the established health and care system, including voluntary and community sector partners, and beyond. This approach improves people's health and the diverse influences on population health and health inequalities.
  - Ongoing socio-economic and cost of living stress, as well as service pandemic recovery present major challenges as well as opportunities for ever more effective partnership working, as illustrated by service updates in this report.
  - An important strength in this work is that established public health principles and approaches continue to guide decision-making and planning and this is a key message from the Institute for Health Equity's latest report on health inequality, 'Build Back Fairer: the COVID-19 Marmot Review'[2]

Recommendations

[2] http://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review/build-back-fairer-the-covid-19-marmot-review-executive-summary.pdf

Cabinet Member for Health and Wellbeing is recommended to,

1) Note and comment on the report

3. Performance overview

Appendix A contains the Public Health Performance Framework dashboard refreshed in February 2022.

Eleven indicators have a red direction of travel arrow, showing the current figure has worsened when compared to the previous figure. It is important to note that this symbol encompasses both chance variation – expected ups and downs as well as larger ('statistically significant') changes. These significant changes are more likely to be caused by a consistent change in one or more of the health determinants that influence that indicator.

3.1 Smoking Prevalence

Issue description

At both a population and individual level, **smoking (including passive smoking) is the single most harmful health behaviour**. In Sefton, historic smoking habits still account for around 50% of all deaths due to chronic respiratory disease, 35% deaths from cancer,15% of deaths from cardiovascular disease, and 10% of deaths from neurological disease. **Differences in smoking rates across the population are the number one driver of social inequalities in healthy life expectancy and life expectancy**. People with smoking-related illness are more likely to require formal and informal care several years before non-smokers.

Changes in the law have helped to bring smoking rates down in the UK and the Government's most recent smoking strategy places greater emphasis on tailored local action to ensure more intensive support is accessible where it is most needed, e.g. pregnant women, people with mental health problems, routine and manual workers and those with long-term conditions.

The Government has set its sights on achieving a **Smokefree Generation** (5% or less of adults who smoke). Interim goals are to reduce adult smoking to 12% or less by the end of 2022 and to reduce **smoking in pregnancy to 6% or less by the end of 2022**.

Key points

- The adult smoking rate in 2019 in Sefton is 9.5% (*this statistic has not been updated since the previous report*). **Sefton is the top performer amongst statistical neighbours and ranks second lowest in the North West**
- There are slightly more male current smokers than female: 10.2 vs 8.9%
- The smoking rate in people with a long-term mental health problems is twice as high compared to the general working age population in Sefton. This difference is even higher in most local authorities in Cheshire and Merseyside.

- The smoking rate in routine and manual occupation groups is around 2.5 times higher than in the professional and managerial group (19.0% vs 8.2%), and this rate has been stable for three years
- Just over one in four people who rent their accommodation currently smoke compared one in twenty people who own their home outright. This underlines the strong inverse relationship between greater socio-economic advantage and lower smoking as well as opportunities to further support engagement with our stop smoking services
- **Continuing higher rates of smoking-related illness in economically disadvantaged groups will continue to perpetuate health inequality**
- Long-term conditions caused by smoking are also associated with greater risk of severe Covid-19 and death from Covid-19. This partly explains higher mortality rates from Covid-19 seen in areas of greatest deprivation and least good health.
- Nicotine is an addictive, psychoactive drug. In tobacco, the toxic component comes from other chemicals that are taken in with the nicotine.
- Supporting people with ongoing emotional wellbeing and mental health impacts of the pandemic is likely to have indirect positive benefits on quitting smoking, especially in groups with least protection from long-term stress and trauma. The Living Well Sefton linked to the NHS Health Checks service is ideally placed to create this strong web of support.

Action, progress and covid-19 update

- Sefton's stop smoking services continues **to focus its support offer to areas and groups with the highest levels of need,** including areas of higher deprivation and people with mental health conditions, with a stronger emphasis on support for young people.

- The service has successfully embedded its virtual offer alongside complementary behavioural and emotional wellbeing support within the wider Living Well Sefton service.

3.2 Smoking at the time of delivery (smoking in pregnancy)

Issue description

Smoking in pregnancy is a common cause of pregnancy and post-natal complications associated with low birth weight. Passive smoking in infancy is a leading risk factor in sudden infant deaths.

Smoking in pregnancy shows a strong association with younger age and socio-economic disadvantage. Risk also increases with second or subsequent pregnancy, white ethnicity, and for women with complex social needs.

The social gradient for women who are identified as continuing to smoke at the end of their pregnancy is less steep, compared to early pregnancy. This shows that

Maternity and Stop smoking services are delivering effective support for women who experience multiple challenges. But it also underlines the importance of building in wider psycho-social support to improve mental wellbeing and lower risk of relapse or continuation of smoking.

Key points

- The Public Health Outcomes Framework now includes an indicator for the proportion of women identified as smoking in *early* pregnancy. In 2018/19 17.7% of women were identified as smoking in early pregnancy (vs 12.8% nationally), and Sefton ranks sixth worst in the North West. This highlights the need for continuing effective support being provided to women and their families in Sefton as described below.
- **In 2020/21 223 (10.0%) of pregnant women in Sefton were identified as continuing to smoke at time of delivery. This compares to 11.0% in the North West and 9.6% in England – Sefton is 7th lowest in the North West.** Sefton is now in line with the national average rate for the second successive year.
- At this rate of improvement Sefton is currently not on track to achieve the national target of 6% in 2022 across all parts of Sefton, and the impact of the pandemic will have contributed to this.
- The 2019/20 figure in Southport and Formby CCG area is 8.6% (significantly lower than the national average), and in South Sefton CCG the rate is 10.3%, which brings South Sefton in line with the national average. The proportion of women who smoke throughout pregnancy has halved compared to the baseline figures of 20% in 2013/14.

Action, progress and covid-19 update

- Smokefree Sefton is a Specialist Stop Smoking Service commissioned by Public Health. A key priority for the service is to reduce smoking in pregnancy by providing tailored advice and support to pregnant women who are identified as smoking at time of booking with maternity. This offer is driven by a **dedicated smoking in pregnancy advisor**, who works jointly with the maternity units and who uses a range of motivational techniques including home visits and ongoing telephone support.

- **Southport and Ormskirk Maternity Unit have a dedicated midwife who provides targeted support to pregnant women** throughout their antenatal period, however. It is worth noting that some of these women give birth at Liverpool Women's Hospital and so there is also positive impact on SATOD data for South Sefton, similarly, some women who give birth in Southport and Ormskirk Hospital, have received their antenatal care, from another team, who may not provide the same level of support for pregnant women.

- COVID-19 restrictions resulted in some changes in practice which impacted on the ability to fully deliver the service.

- **Carbon Monoxide (CO) monitoring ceased during COVID-19 restrictive periods, relying on self-reported status. This has been reintroduced** and so provides a more accurate measure of women's smoking status.

- Home visits providing intensive support from the specialist midwife and the pregnancy advisor in the stop smoking service were suspended for a time however, **specialist follow-up and advice continued at scan appointments,** particularly important where woman do not remain engaged with the stop smoking service.

- The NHS Long-Term Plan (LTP) programme provides a platform for improvement and an expectation that all maternity units will have a model similar to that of Greater Manchester by 2023. In response, **the Cheshire & Merseyside Women's Health and Maternity Programme has been established to progress improvement in this area**. Sefton Public Health and CCG' are part of this alliance, providing opportunity to shape development across both maternity sites.

- Locally, the CCG have submitted a bid for local funding to support this improvement with the aim of reducing inequalities that exist across Sefton.

3.3 Under 18 conceptions

Issue description

Most teenage pregnancies are unplanned and around half end in an abortion. For most young people who become parents in their teenage years, bringing up a child is extremely difficult and typically has a negative impact on the life chances and future health and wellbeing of the parent and the child. It is imperative to try and reduce the number of unplanned teenage pregnancies and offer as much support as possible for any individuals who find themselves in this situation.

Research has shown that the youngest mothers are more likely to be lone parents, to experience mental illness, and to live in poverty. Infant mortality is also significantly higher. Smoking during and after pregnancy is an important risk factor and is associated with lower educational attainment and younger age. Empowering women and men of all ages to take control of their own reproductive and sexual health and choices is a core aim of sexual health services.

Key points

- In 2020 the rate of conceptions in women under the age of 18 fell sharply from 18.9/1000 to 13.8/1000. Sefton now has the lowest rate amongst its statistical neighbours and fourth lowest rate in the North West.
- The rate has been falling steadily in line with the national trend since 2010

Action, progress and COVID-19 update

- The public health team in Sefton have continued to work with sexual health service providers throughout the COVID-19 pandemic Southport and Ormskirk NHS trust have now recruited a new Sexual Health Consultant for the Southport Sexual health clinic

- Whilst during the initial lockdown phase Sefton Sexual Health clinics experienced reduced capacity, the **clinics across Sefton are in the process of reopening with their opening hours returning to pre-pandemic schedules**.

- Our specialist registrar is conducting a **sexual health needs assessment across Sefton to inform targeting of services** to the areas of greatest need and examine the provision of long-acting reversible contraceptives

It is difficult to predict the ongoing effects of COVID-19 on teenage pregnancy. Whilst lockdown and the closure of schools may have prevented contact between teenagers there has also been reduced provision of sexual health services and as a result the rates of teenage pregnancy may be expected to increase.

3.4 Obesity in reception year

Issue description

Persistent childhood obesity is likely to track into adulthood. In childhood, obese children may experience isolation and low self-esteem, which is damaging to present and future mental wellbeing.

The longer a person lives with obesity the greater their chances of developing complications such as elevated blood glucose and blood lipids, and high blood pressure. In adulthood, these are important causes of type 2 diabetes, and premature blood vessel disease affecting the heart and lungs, liver, kidneys and brain. Obesity is also a growing cause of cancer.

The Government has published 'Childhood obesity: a plan for action, chapters 1 and 2' and has set a goal of halving childhood obesity and reducing the gap in obesity between children from the most and least deprived areas by 2030. Latest national guidance recommends at least 60 minutes of moderate physical activity per day.

Nationally, the proportion of children who are obese is around twice as high in the most deprived tenth of the population compared to the least deprived tenth of population. This gap has been increasing because of rising prevalence of obesity and severe obesity in children experiencing the highest levels of disadvantage. Black and Asian Minority Ethnic Groups have rates which are 30-40% higher than White British and Chinese ethnic groups. Taken together, these data illustrate the powerful interactions between food poverty, food environments and 21st century food habits,

and the importance of not relying on individualistic interventions to deliver high impact change.

Key points

- **This indicator has not been updated since the previous report**
- *In 2019/20 height and weight measurements for the National Child Measurement Programme were interrupted. The level of incompleteness of data collection for Reception children in Sefton has been flagged as 'interpret with caution*' by PHE. Comparison with other areas and past trend may not be reliable*
- Data going back to 2007/8 shows that nationally, the percentage of children in reception who are obese has been static at 9.6%. **During this period the reception obesity rates in Sefton have fallen from 11.4% to 10.4% in 2019/20***
- Very few areas in the North West show a downward trend in recent years, with most static, and some rising.

3.5 Obesity in year 6

Key points

- **This indicator has not been updated since the previous report**
- *In 2019/20 height and weight measurements for the National Child Measurement Programme were interrupted. The completeness of data collection for Year 6 children in Sefton has been flagged as 'reliable' by PHE, but comparison with other areas may not be reliable*
- Trend from 2007/8 to 2019/20 shows that nationally, the percentage of children in year 6 who are overweight or obese has risen from 18.3% to 20.4%. **During this period the year 6 obesity rates in Sefton have risen from 17.4% to 22.8% (+1.6% from 2018/19 and significantly higher rate than national average)**
- **Over their primary school years the prevalence of obesity in the current year 6 cohort more than doubled from 10.0% on entry to reception**
- Only one local authority area in the North West appears to show a reduction in year 6 obesity in the latest figures, with half showing an increase and half remaining approximately stable

Action, progress and Covid-19 update

- Lengthy periods of time out of school during COVID-19 has provided some children with more frequent opportunities to enjoy physical activity with their families

- However, the structured routine of outdoor play and PE lesson time at school may have increased sedentariness for many, especially children who face barriers to participation

- Universal and stepped support for children, including childhood nutrition has continued through the health visiting service provided by MerseyCare. 0-19 School Health support has moved to online and by phone, in line with staffing resource

- The Move It offer from Active Sefton for obese children and their families has developed a virtual offer and the wider Living Well Sefton has continued to promote healthy eating messages and COVID appropriate exercise advice and options throughout the pandemic

3.6 Excess weight in adults

Issue description

At a population level risk of chronic long-term conditions increases with body mass index (weight for height) of 25kg/m^2 and above. Carrying excess body fat increases the risk of type 2 diabetes, high blood pressure, vascular disease, many cancers, musculoskeletal problems and complications in pregnancy.

In the UK, overweight and obesity are fast over-taking smoking as the leading preventable cause of life-limiting long-term conditions. The data for adults comes from a large representative sample of people who are asked to self-report their weight in the Active Lives Survey each year.

Strongest **predictors** of adult overweight and obesity are low educational attainment, being male, of white British or Black African or Caribbean ethnicity, increasing age (highest in 75-84 age group), having a disability, being in work or retired, and becoming overweight/obese in childhood

In adults, the socio-economic gradient is less steep for excess weight than for other behavioural health issues. This underlines the influence of changes to our food environment and way of life that impact everyone – widely available, low cost, high energy foods, more sedentary lifestyle and more eating take place away from home. It is now widely accepted that a **whole system approach** which uses the full range of national and local policy levers to create a less 'obesogenic' environment, as well as evidence-based services and targeted interventions is the only approach capable of delivering change on the scale that is now required.

Key points

- **The excess weight rate (% overweight or obese) for adults in Sefton in 2019/20 is 67.3% - up from 66.4% in 2018/19** and the trend continues to fluctuate a slightly (non-significantly) above the slowly rising national average (62.8%)
- Sefton now ranks **eleventh highest in the North West** behind Halton, Wirral and Cheshire West and Chester.

- It is expected that the next set of figures will show further marked increase reflecting more of the impact of the pandemic on food habits and activity levels

Action, progress and Covid-19 update

- **It is difficult to predict the full effect of covid-19 on weight**
    - Initial research suggests that socio-economically advantaged groups were most likely to report increasing physical activity during lockdown, however this may be counteracted by increased sedentariness from more home-working
    - Poor nutritional quality of meals and overeating during lockdowns were associated with lower education levels, being White, having a psychiatric condition, being obese and being in a COVID-19 risk group
- The Weigh Forward six-week weight management course has a virtual offer and receives referrals in advance of face-to-face classes resuming
- Work to develop a comprehensive strategy to reduce obesity is included in the 2021 Public Health Service Plan

3.7 Physical activity in adults (active)

Issue description

Physical activity has wide-ranging benefits for cardiovascular health, mental health, and maximising functional independence through life.

Current guidance is that adults should do at least 2.5 hours of moderate physical activity or 75 minutes of vigorous physical per week, include strength-building exercise on two days per week and avoid prolonged periods of sitting. As for excess weight, our way of life - transport options, leisure and recreation opportunities, access to open spaces, job role and employment all influence levels of physical activity. Many of these influences are favoured by higher household income.

Key points

- Over the last five years, proportion of adults in England who are physically active has remained stable, and is 66.4% in 2019/20
- **Sefton's rate has fluctuated over this time, but has reduced over the last three years from 63.7% in 2017/18 to 61.3% in 2019/20, and is now below the national average, and ninth lowest in the North West**
- The impact of Covid-19 is likely to be evident in the overall figure and health inequality in upcoming updates

- Groups more likely to not meet physical activity goals are women, people 75 years or older, those with lower education, people not in work, people with a disability, and people of Black, Asian and other minority ethnicity

3.8 Physical activity in adults (inactive)

Issue description

Physical inactivity is defined as engaging in less than 30 minutes of physical activity per week. Low activity is an independent risk factor for several long-term conditions. Low activity in Sefton is the fifth leading behavioural contributor to death and ill-health from common causes including cardiovascular disease, several cancers and osteoporosis. Low physical activity leads to changes in body composition that make it more difficult to maintain a healthy weight and can limit functional independence.

Prevalence of inactivity is higher in females, people aged 65 and over, people with a disability, people who are unemployed or economically inactive, people of Asian, Black, Chinese, other ethnicity. There is a strong education and social gradient associating higher rates of physical inactivity with lower level of qualifications and higher deprivation. These differences significant inequalities in opportunity and access linked to poverty, local environment, norms and expectations.

Key points

- Sefton has tended to track alongside the national inactivity trend. However, the last two years of data show a marked upturn from 22.1% in 2017/18 to **27.4% in 2019/20 (eighth highest in North West). Sefton is now significantly above the national rate for the second year running.**
- Several other authorities in the North West show a similar trend, which is likely to continue as pandemic-period data is reflected in the PHOF.

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- Exercise classes have had to flex in line with COVID-19 secure working requirements.

- The falls prevention intervention from Active Ageing has continued, and GP referral for exercise on prescription is under review

- Wider advice, sign-posting and support has continued virtually and by phone from Living Well Sefton partners and Living Well Mentors

- The Living Well Sefton service and Active Sefton have maintained a positive, supportive offer and have helped to share information about wider COVID-19 and emotional wellbeing support messages alongside their focus on healthy behaviours

3.9 Successful Completion of drug treatment (opiates), and didn't re-present within 6 months

Issue description

The indicators for 'success' in opiate and non-opiate treatment programmes are defined as the **proportion of people in treatment who conclude their treatment and are not using these drugs, and who do not re-present over the next six months**. This definition may not always align with outcomes that service users value as successful.

The UKHSA rationale for monitoring this indicator is that individuals achieving this outcome demonstrate a significant improvement in health and well-being, increased life expectancy, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health. Sustained recovery from addiction is also aligned with reduction in offending behaviour, with benefits for the wider community.

It is important to understand this indicator within the local context. Sefton and neighbouring authorities work with an older cohort of opiate users, a legacy of more widespread heroin use on Merseyside in the 1980s and 1990s. Moreover, in Sefton a higher proportion of service users have other complex needs including mental health diagnosis (64.0% in Sefton vs 56.4% in England). Sefton has significantly lower rates of unmet need in opiate and crack cocaine using population and higher ongoing engagement with the substance use service (6 years or more 40.7% vs 30.8%)

UK Clinical Guidelines for Substance Use Treatment recognise that for older opiate users with other complex needs harm reduction rather than abstinence outcomes are often more appropriate.

Key points

- The latest data for the year to May 2021 **3.8% of service users in Sefton achieved this outcome.** A small improvement in this indicator in Sefton combined with a continued deterioration in performance at a national level brings Sefton in line with the national and North West average (4.7%)
- **Sefton now ranks fourth lowest in the North West region and Liverpool City Region behind Liverpool, Rochdale and Knowsley (but see remarks above)**
- Most, but not all areas in the North West continue to show downward trend in successful completion rates for opiate use, in line with the national trend.
- A relationship between higher socio-economic deprivation and lower treatment success rate is present, but this inequality is less marked than for many other indicators in the Public Health Outcomes Framework. Nevertheless, for service users living in the 10% most affluent areas success rate is twice as high as for those living in the 10% most deprived.

3.10 Successful Completion of drug treatment (non-opiates), and didn't re-present within 6 months

Issue description

Engaging with Sefton's substance use service offers a range of supportive and preventative benefits including access to testing and treatment for blood borne viruses, a route into mental health, welfare and employment support, and better relationships with family and other supporters. The service is also attuned to links between substance use, vulnerability and exploitation and operates within appropriate safeguarding policy frameworks.

Periods of chronic and acute stress and anxiety can trigger substance use or relapse. The continuing availability of substance use support services has been recognised as a public health and NHS priority throughout the pandemic.

Key points

- **Successful completion of drug treatment for non-opiate drug use has risen slightly to 32.0% in the year to May 2021 bringing Sefton back in line with the national average**
- Sefton now ranks eighth lowest amongst twenty-three North West authorities, and second lowest in the Liverpool City Region
- National performance has stayed very steady since 2010 at around 34%. In the early 2010s Sefton was the top performing area in the North West on this measure. Most areas in the North West are currently in line with the national average – Wirral and Warrington are notable locally for their above average performance since in the last few years.
- The social gradient between this outcome and socio-economic status is weaker than for opiate use, but a distinct outcome advantage is seen in the service users living in 10% most affluent areas.
- Impacts of the pandemic on substance use and social determinants of successful treatment may continue to play out over varying timescales

Action, progress and covid-19 update

- Access to substance use assessment, treatment and support has been maintained throughout 2021 for residents at both sites in Bootle and Southport. Access to needle exchange and supervised medication consumption has been in place for clients as appropriate.

- During **2021/22 Public Health have undertaken a recommissioning exercise for the local Community Adult Substance Use Assessment, Treatment and Recovery Service. From 1st April 2022 the service will be provided by Change, Grow, Live (CGL)** who provide over 50 services nationally including in Wirral, St Helens, Knowsley and Halton within the LCR.

The new service model will provide **greater access for local people through the introduction of satellites and a new larger Bootle hub site** which can facilitate more onsite recovery support activities.

- In **2021/22 Sefton received additional Universal Drugs Grant Funding** as a result we have invested in key areas to improve individual outcomes including; intensive 1 to 1 mentoring of clients, work with the **Hep C Trust** to identify, treat and reduce blood borne viruses and work on **continuity of care post prison exits to engage individuals in structured treatment**.

- The Government have recently **announced additional 3 year funding to support all local areas to build capacity and improve the quality of the local substance treatment system** with the intention of achieving longer term abstinence and recovery outcomes.

3.11 Alcohol-related hospital admissions

Issue description

Harmful drinking is associated with a range of physical, mental and societal problems, including alcohol-related liver disease; many cancers; long-term mental health conditions; suicidality and self-harm; anti-social and criminal behaviour, and abusive relationships. **Harmful use of alcohol comes at a high cost to individuals, personal relationships and community wellbeing**.

Compared to other common behavioural risk factors alcohol makes a **big contribution to years of life and productivity lost** because premature death and illness arise earlier in the life course, usually in people of working age**.**

This indicator gives the number of admissions to hospital for conditions attributable to alcohol per 100 000 population and is adjusted to take account of differences in the age profile of local authority populations.

Key Points

- **There has been a decrease in the rate of alcohol-related hospital admissions in Sefton in 2020/21.** Recently updated data not recorded in the performance framework shows that in **Sefton the admissions rate reached its lowest point in the past five years (581.0 per 100 000), and although the reduction from 2019/20 to 2020/21 was faster than the national trend, Sefton's rate remains significantly above the English average (456 per 100 000)**
- Sefton has the **sixth highest admission rate in the North West**, behind Wirral, Liverpool and Knowsley. Local authorities show similar recent trend and around half of local authorities have higher than national average admission rates
- **It is important to note that this trend should not be taken to reflect a reduction in alcohol-related morbidity.** Rates of dependent drinking and

mortality from alcohol-related liver disease rose markedly during the pandemic and continues to present significantly higher demand in community and hospital services.

- Although this indicator is susceptible to differences in hospital coding and changes to provision of acute services, there is also **a clear relationship with socio-economic deprivation**: higher rates of alcohol-related admissions are seen in the 40% of the population affected by greater socio-economic deprivation.
- Admission rates are twice as high in men compared to women**. Sefton continues to show a distinct rising trend in admission rates in under 18s, most notably amongst females, and this is at odds with most other areas in North West**

Action, progress and covid-19 update

- The **establishment of local Hospital Alcohol Care Teams** and additional NHS optimalisation funding across the secondary care system in 2021, will help to drive improvements in alcohol related care and a reduction in alcohol related morbidity.

- Sefton CCG along with Public Health are undertaking a **review of the alcohol care pathway to create greater synergy between community and secondary care** services to identify improvements to reduce alcohol related re admissions and avoidable admissions.

- The **re-procurement of Sefton's Residential Impatient Detoxification Service is now complete** with the new service contract commencing in July 2021. Although the NHS is still subject to COVID guidance and restrictions the service is now operational with much reduced waiting times.

- In 2021/22 National Inpatient Detoxification Grant funding has been allocated to a **Cheshire & Merseyside Collaborate to improve access and increase capacity for detoxification inpatients including Sefton residents**. The Collaborative is also working on a system wide commissioning approach for the next 3years.

- Prevention and Early Intervention in relation to alcohol use is important in addressing alcohol hospital admission rates. In response, CHAMPS have launched the **'Lower My Drinking' App** to support people to monitor their own alcohol intake, the App offers information, advice and sign posting to services to the public. The App also includes a Brief Intervention tool to aid front line practitioners in assessing alcohol use and to support individual behaviour change. The App has been promoted within Sefton and training provided to key services e.g. LWS and Active Sefton.

3.12 NHS Health Checks (percentage of eligible population invited to screening)

3.13 NHS Health Checks (% of eligible population receiving screening)

Issue description

The NHS Health Check aims to detect and prevent early metabolic changes (high blood pressure, raised blood glucose and lipids) that increase risk of premature blood vessel disease and type two diabetes in people aged 40 to 70.

75% of patients admitted to hospital with COVID-19 have one or more comorbidities. Research has shown that chronic heart disease, kidney disease, lung disease (not asthma), dementia and cancer add extra mortality risk above and beyond age and sex. These are all targets for primary or secondary behavioural prevention, e.g. weight management, alcohol reduction, stopping smoking, more exercise.

Action, progress and covid-19 update

- *COVID-19 limited delivery of NHS Health Checks during the Q1 2021/22 period.*
- During Q1 2021/2022 85 NHS Health Checks were delivered. Delivery was adapted in order to reduce the risks of COVID-19 transmission and to ensure compliance with the COVID regulations in place at that time.

3.14 Mental health and wellbeing

Issue description

Population wellbeing statistics presented in the PHOF are obtained by national **self-report survey** from the sample of Sefton's population. Disruption to the survey means that updated data is only available for the low happiness, low satisfaction and high anxiety scores (the low life is worthwhile score is missing) and there is insufficient data nationally to allow for valid comparisons with other areas. Therefore, key points discussed below focus on changes in Sefton's data over time.

Many research studies measured changes in mental health during the pandemic and showed that population wellbeing fluctuated with waves of infection and restrictions but has not yet recovered to pre-pandemic levels. Higher risk of poor mental wellbeing was found amongst people with a pre-existing mental health or physical health condition; being young, female, living alone, being unemployed or on a low income, and living in an area with fewer health-promoting resources, like green space were all associated with higher rates of mental distress. Supporting more complex and more prevalent population mental wellbeing needs is one of the biggest recovery challenges.

The impact of unidentified and untreated mental health disorders can cause significant health impacts across the life course; early intervention could prevent problems escalating and have major societal benefits. Evidence also shows that some young people turn to risk-taking behaviours as a way of coping with life

pressures and adversities, which in turn can increase the risk of poor mental health and lead to life-long consequences. Mental health problems are strongly associated with behaviours that pose a risk to health, such as smoking, drug and alcohol abuse and risky sexual behaviour.

The socio-economic context of people's lives will continue to be an important determinant of wellbeing. There is **constant interaction between how we feel emotionally and our physical health**. For example, financial or relationship stress presents practical and motivational barriers to making healthy choices, whilst living with a long-term health problem can be isolating and reduce social wellbeing. **Population health interventions, which recognise and act on both sides of this relationship have added value.**

Key points

- **All three low wellbeing indicators show big increases in 2021 compared to 2019/20, reflecting the population-wide impact of the pandemic on mental wellbeing**. All three indicators are in-line with national averages.
- The survey estimates that over a quarter of Sefton's population (**26.0%) would have reported high anxiety**. This figure increased by 22% from the previous year.
- **One in ten self-reported feeling unhappy (10.5%)**, an increase of 38% on the previous year.
- **One in fourteen self-reported low satisfaction with life (7.2%)**, up 33% from the previous year.

Action, progress and Covid-19 update

Counselling is a recognised psychological therapy that is often provided to those experiencing mental health problems and there is a wide body of evidence on the effectiveness of psychological therapies for a range of mental health disorders.

Kooth was launched in Sefton in July 2019, on an 18-month contract and has since been extended. The service is for children and young people living in Sefton aged between 10-25. Kooth is an online counselling service that offers a range of online resources including messaging, instant chat with a counsellor, text messaging and moderated message boards and forums.

Throughout 2021 the service had 800 new users register for support. This translated into 5125 logged in sessions for a variety of different forms of support. Most users were **female** and most (over two thirds) accessed the service outside of working hours. The **most common age groups to see support were in the 11-15 age** range. Users tended to be from the Southport area and most mentioned being referred to the service via their school. When considering the reasons for accessing the service were anxiety and stress, relationship issues and suicidal thoughts.

School staff reported a significant increase in poor mental health across pupils, caused by the impact of Covid and the restrictions. An increase in anxiety and stress has manifested itself in poor behaviour being displayed both in and out of school life.

The need for immediate intervention alongside other services and resources was apparent with the consistent feedback from schools.

The 121 secondary school programme is aimed at young people aged 11-19 and focuses on improving their physical and mental wellbeing. They are assigned a mentor who meets with them for an hour each week for between 6-12 weeks. Using activity and/or sports together with their mentor, the young person works towards gaining confidence, self-esteem and improved mental well-being.

Responding to the situation in the pandemic additional funding was sought to increase the schools-based approach. 3 officers are community based and 3 officers are school based split across the borough.

The 121 secondary school programme has seen delivery across the borough with 13 secondary schools engaged and 363 sessions delivered to date in this academic year. The community element has delivered 852 sessions across the last 3 quarters.

When comparing their pre-support WEMWEB score to their post-support score, **74% of participants had a positive improvement with an average 18.4 % improvement on an individual mental wellbeing score**.

A by-product of the school programme has been improved behaviour of some pupils whilst in school. Sacred Heart Catholic High School **reported 75% of pupils that engaged in the programme have seen an increase in their positive points on Classcharts (system used to record behaviour) and 66% of them also saw a decrease in the number of negative points** recorded.

3.15 Suicide rate

Issue description

Suicide is a rare but devastating event. In Sefton and nationally, the biggest risk group is middle-aged men in their 30s through 50s, and highest in the 45-50 age group. Latest statistics for England show some signs of a rising suicide rate in young females.

Whole population events such as war can increase suicide risk in relevant age groups for years to come. Aside from the impact of adverse events at a national scale, suicide can usually be linked to one or more individual triggers in the form of loss, e.g. loss of health or independence, relationship and support, role and identity e.g. partner, parent, professional, status and community standing, or loss of hope/'no way out'. Lack of support and substance use can heighten risk and trigger suicide attempts. These common themes and risk groups help to underpin a well-developed evidence-base, covering a wide range of interventions that can effectively reduce the suicide rate.

Key points

- Recently updated data not recorded in the performance framework shows that in **2018-20, the age-adjusted suicide rate in Sefton is 9.0 per 100 000**

(average 21 deaths per year) and is in line with the 2020 national rate, 10.0 per 100 000.

- The three-year rolling rate has fallen steadily for the past 4 years from a maximum rate of 12.8 per 100 000 in 2014-16 (average 31 deaths per year). Sefton now has the sixth lowest suicide rate in the North West. Amongst Cheshire and Merseyside local authorities, only Knowsley has a lower rate.
- The suicide rate in men in Sefton is three times higher in males than females, reflecting the national picture

Action, progress and Covid-19 update

- Coronavirus has raised concern about a possible increase in suicide. Limited international research has not borne this out – possibly due to an initial protective effect from a sense of common experience created by the threat and societal response. A rebound effect cannot be ruled out, but real time surveillance in Sefton has not signalled this so far.

- Delays to the work of Coroners may disrupt national data flows; real time surveillance is important to monitor trends

- Mental health support continues to be addressed as a priority during the pandemic. Frontline services supporting people with complex social and financial problems have been able to make use of suicide prevention resources and training which Sefton has promoted widely in recent years

3.16 Mortality from causes considered preventable

Issue description

This indicator is the number of preventable deaths in people aged under 75 per 100 000 population, adjusted to take account of differing age profiles of local authority areas. Cause of death is classified as preventable if all or most deaths could be prevented by public health or primary preventative interventions (those that stop risk factors arising in the first place), targeting diet and weight, being active, and substance use (tobacco, alcohol and drugs).

Until 2020, the **major causes of deaths at all ages in Sefton (below)** were non-communicable diseases: long-term conditions like cardiovascular disease and stroke, respiratory disease and cancer. Analysis of deaths for the first nine months of 2020 shows that 10% of deaths were due to COVID-19.

Having multiple behavioural risks is strongly associated with socio-economic **deprivation**. **Psychosocial risk factors** e.g. chronic stress, past trauma, high uncertainty and low control over life events and choices favour development of health-risking behaviours. These challenges also make it harder to start and maintain positive changes, and to access and benefit from behaviour change and medical care and support.

Large differences in healthy life expectancy and premature death rates are **rooted in underlying social determinants**: level of education and training, job and housing security, opportunities for health in the built and commercial environment, the strength of community support and accessibility of quality health and care services.

The **costs of health inequality** fall on individuals and society and are counted in lost potential, earnings, education, and healthy years of life. Health and Care services remain under-resourced in the face of large-scale, complex population health needs. Even before the disruption health service delivery caused by the pandemic, health inequality was one of the main reasons why the Health and Care System is not operating on a sustainable footing.

Key points

- The preventable mortality indicator has not been updated since the previous report. The **preventable mortality rate for Sefton has remained significantly above that for England but a faster than average rate of improvement has gradually narrowed the gap**: 159.9 per 100 000 in Sefton vs 142.2 per 100 000 in England in 2017-19.
- Sefton had the **eighth lowest preventable mortality rate** in the North West and the **lowest in Liverpool City Region** by a considerable margin
- **Increasing prevalence of obesity risks rising rates of preventable premature mortality in coming years**
- Preventable mortality rates show a clear step-wise social gradient – at the extremes **the preventable death rate in the most affluent 10% is half that in the most disadvantaged 10%.**
- The original concept of 'levelling up' advocated by Margaret Whitehead, Michael Marmot and others referred to step-wise distribution of investment and energy to create more health-promoting opportunities for everyone ('proportionate universalism').

- **The PHOF now includes single year figures for preventable mortality** to capture the unfolding impacts of the Coronavirus pandemic. **In 2020, the preventable mortality rate in under 75s increased sharply to 184.5 per 100 000** from 158.3 per 100 000 in 2019, this increased rate being significantly higher than the national average (175.2 per 100 000), and Sefton is middle-ranking in the North West.
- The **preventable mortality rate remains twice as high in men compared to women**, reflecting the national picture. This is likely to reflect higher rates of smoking, dependent alcohol use, obesity, (also linked to Covid-19 susceptibility via long term conditions), exposure to occupational health hazards, and death by suicide.
- **Of note, the latest overall figure for Sefton is the same as the national rate for the second most deprived tenth of population. This highlights the deeper health inequalities that are known to affect the north of**

England. This health vulnerability partly explains higher mortality associated with Coronavirus in our region.

3.17 Under 75 cardiovascular mortality

Issue description

This indicator captures premature death from heart disease and stroke. Change over time reflects the impact of primary prevention (not smoking, physical activity, healthy diet and weight, alcohol within recommended limits, clean air, warm housing) as well as secondary prevention (medical and behavioural interventions to lower risk from hypertension, raised blood glucose and blood lipids) and tertiary prevention (medical treatment to prolong life and quality of life after a cardiovascular event).

Key points

- The premature mortality indicator for cardiovascular disease has not been updated since the previous report. The national rate has continued to fall slowly, but **over the last three time periods Sefton's rate has increased, so that for the first time since 2005 it is now significantly higher than the rate in England**
- This small increase is **associated with an upturn amongst males**, whilst the trend in women has remained lower and stable. The rate in males remains over twice as high as in females.
- Sefton continues to perform well compared to other areas, and **has the ninth lowest rate in the North West and second lowest in Liverpool City Region**

- **Latest single year data for *preventable* cardiovascular mortality in under 75s for 2020** shows a 18% increase for males in Sefton and a 10% decrease for females.
- Prior to 2018, preventable cardiovascular mortality was falling slowly in Sefton, in line with the national picture. From 2018, the national rate begins to increase slightly, and **Sefton's rate increases also, but at a faster pace pointing towards widening inequality**.
- National data continues to show a two-fold difference in mortality rates when comparing rates in most and least deprived areas, and recent rises across all socio-economic groups, which points towards universal impacts of the pandemic on healthy behaviours and access to routine preventative care. Population-wide, life-course interventions that can ultimately narrow this health gap may not play out fully for some time. Restoring primary care and public health services in full could halt Sefton's recent rising trend more quickly.

3.18 Under 75 cancer mortality

Issue description

Cancer is the leading cause of death in people aged under 75. This indicator captures change in population exposure to preventable risk factors, as well as other influences on survival such as stage of detection and improvements in treatments.

Around 40% of cancers are substantially attributable to preventable risks – from smoking, alcohol, diet, activity and weight and sun exposure.

Key points

- The premature mortality indicator for cancer has not been updated since the previous report. Sefton has had a significantly higher rate than England since 2012, **but the latest data shows our rate of 134.1 per 100 000 has dropped in line with the national average**
- Sefton has the seventh lowest rate in the North West and the **lowest rate in the Liverpool City Region**
- A strong driver of this improvement has been the rapid decline in rates of premature death from the most preventable cancers in men. The male rate remains higher but now approaches the female rate, which has plateaued over the past three years in Sefton, in contrast to the national picture which shows continuing falls.
- **This picture likely reflects the overall reduction in smoking, the overall rise in obesity and more recent changes towards greater alcohol-related harm in women**

- **Latest single year data for *preventable* cancer mortality in under 75s** shows that rates in Sefton remain close to but significantly higher than the national average, with a noticeable uptick from 53.5 per 100 000 in 2019 to 65.7 per 100 000.
- In Sefton, rates in females increased minimally**, rates in males increased by 38%.** In England as a whole, rates in males and females reduced from 2019 to 2020. However, looking at the social gradient in premature, preventable cancer deaths in England, rates rose in the more to most disadvantaged half of the population and fell in the other half.
- Relatively small numbers require cautious interpretation. It is unclear why recent sex differences in preventable cancer mortality are so marked in Sefton. Unequal mortality risk (both sex and socio-economic) from Coronavirus infection could well be implicated and gendered differences in healthcare seeking behaviour could also be involved.

3.19 Under 75 liver disease

Issue description

Almost all liver disease is preventable, caused by alcohol, obesity and blood borne hepatic viruses. The slowly rising national rate now appears to level off after 2015-

17. Death from liver disease usually happens in people of working age. **Liver disease is the leading cause of death in 35-49 year olds.**

Key points

- The premature mortality indicator for liver disease has not been updated since the previous report. Sefton has the eleventh lowest under 75 death rate from liver disease in the North West and **second lowest in Liverpool City Region, but is still significantly higher than the national average (26.0 per 100 000 vs 18.8 per 100 000)**
- **However, whilst England rates show a rising trend, Sefton has seen successive falls since 2014-16.**
- The rate in males is twice that in females. **Following a peak in 2014-16 in male rates have dropped steadily. In females the trend is more variable but does not appear to be rising.**
- **Sefton's high under 40s admission rate for alcohol-related conditions, plus higher prevalence of obesity point to an increase in liver disease deaths over the next few years**
- Socio-economic inequalities available for England show an interesting pattern. The highest rates are amongst people living with **highest deprivation, however this group is also the only one to exhibit a sustained fall in trend**. Most other groups show rising rates.
- **The inequality gap is closing but does not reflect the ideal scenario in which the outlook is improving for everyone, but with increasing pace across rising levels of health need**.

- **Latest single year data for *preventable* liver disease mortality in under 75s show significant increases in deaths in males (+31%) and females (+66%) from 2019 to 2020.**
- National data also show an 2019-2020 upturn in liver disease mortality, steepest in most deprived populations, but present in almost all socio-economic groups.
- Small numbers require cautious interpretation. However, it is probable that Sefton's latest figures begin to reflect the immediate risks from the pandemic in terms of alcohol use and access to care, which appear to have affected females even more than males.

3.20 Under 75 respiratory disease

Issue description

In 2019, deaths caused by chronic respiratory conditions were from conditions attributed to tobacco (52%), cold (19%), occupational exposure (7%) and particulate air pollution (5%).

Key points

- The premature mortality indicator for respiratory disease has not been updated since the previous report. As for cancer, the latest statistic shows that **Sefton has fallen in line with the national average for the first time since 2014**
- Sefton ranks seventh lowest in the North West **and lowest** in Liverpool City Region, with Sefton 28% lower than the next lowest authority
- The under 75 death rate from chronic respiratory disease is falling faster in females compared to males and faster compared to national trends
- Since the baseline figure in 2001, the national rate has improved from 40.5 per 100 000 to 34.2 per 100 000 and **Sefton has essentially tracked this trend, despite having a higher than average multiple deprivation score**
- Sefton's longstanding good performance on smoking needs to continue, with additional support for groups at greatest risk of premature illness and death.
- **Long-term reduction in occupational exposure should continue to contribute to reducing death rates. Tackling air pollution and fuel poverty are continuing priorities.**
- Nationally, rates remain 2.5 times higher amongst the most deprived 10% of the population, compared to the least deprived

- **Latest single year data for *preventable* respiratory disease mortality in under 75s show** that Sefton's rate in 2020 is similar to England (21.9 per 100 000 vs 17.1 per 100 000) and is the tenth lowest rate in the North West.
- Annual rates are levelling off in Sefton, but continue to fall nationally, and this is likely to reflect differentially worse impact of Coronavirus in Sefton.
- The lack of increase in preventable respiratory deaths in under 75s in 2020 may be surprising given the arrival of Coronavirus but could reflect the overall impact of society-wide protective measures against respiratory infection, increased awareness of respiratory health, reduction in smoking and reduced exposure to air pollution. Also, highest death rates from Coronavirus were in oldest age groups
- Unlike in England, female and male rates in Sefton are similar (in England as a whole female rates are lower).

3.21 Healthy Life Expectancy

Issue description

Healthy life expectancy at birth (HLE) is often described as the years a person can expect to live in good health. It is calculated using current mortality rates for different age groups and information about how people rate their health, taken from an annual survey.

Key points

- **HLE for males**
  In 2017-2019, HLE for men is 63.7 years for males, a slight reduction from the previous reporting period, 2016-18, but showing an overall stable trend and remaining slightly above the national. **Sefton continues top amongst statistical neighbours and sixth highest amongst the 23 local authorities in the North West.**
- National data comparing health life expectancy in males living in the most deprived neighbourhood's vs the least gives a range in HLE of: 52.3 years to 70.7 years. This emphasises the scale of socially determined health inequality underneath the statistics for Sefton as a whole.
- The PHOF also records that Sefton ranks **highest in the North West for inequality *in total life expectancy at birth* in 2018-20 in males**, with a gap of 14.2 years separating males in the most and least deprived areas
- This gap has been increasing since 2015-17 because life expectancy in the least deprived part of the population has risen, levelling off in 2018-20, reflecting earliest impacts of Covid-19, whilst life expectancy in the most deprived part of the male population had already stalled at 72.2 years before the pandemic and fell to 70.5 years in 2018-20, reflecting the social gradient in Covid-19 deaths. Nationally, the life expectancy gap is stable and Sefton's recent upward break with the national trend is more marked than for most other North West local authorities.

- **HLE for females**
  In 2017-2019, HLE is 64.2 years, showing a continued rise from 61.5 years in 2015-17, and coming back in line with the national average. **Sefton has the sixth highest female healthy life expectancy in the North West and ranks best amongst statistical neighbours.**
- As for males, the PHOF also records that Sefton ranks **highest in the North West for inequality in *total life expectancy at birth* in 2018-20 in females**, with a gap of 12.3 years separating females in the most and least deprived areas
- The female life expectancy gap has been increasing more gradually than for males against a background of a slowly widening gap in England. As for males, Sefton's female life expectancy gap is bigger than the national average – the next largest gaps are for Blackpool and Wirral (11.8 and 11.5 years).
- National data comparing health life expectancy in males living in the most deprived neighbourhood's vs the least gives a range in HLE of: 51.4 years to 71.2 years. This emphasises the scale of socially determined health inequality underneath the statistics for Sefton as a whole.

- **Growing up and living in poverty** is associated with development of significant, long-term health problems by around age 50, well before retirement age.
- **Steep social gradient in health**. At the extremes, life expectancy in Sefton's most disadvantaged neighbourhoods is only slightly higher than healthy life expectancy in the most prosperous areas.

Action, progress and Covid-19 update

Healthy life expectancy is a measure of good health and wellbeing in the population As a borough-wide indicator, HLE is less good at revealing the differences in healthy lifespan from place to place and person to person. Several recent developments have helped to highlight health inequality as a top priority for action in Sefton:

- Sefton's latest Public Health Annual Report, takes an in-depth look at the effects of the pandemic
- Sefton is developing a new child poverty strategy
- Work is ongoing through the Integrated Care Partnership and Cheshire and Merseyside Integrated Care System to develop system-wide action on Marmot indicators of health inequality across the life-course and on priority areas of obesity, mental health and community resourcefulness

5. Recommendations

Cabinet Member for Health and Wellbeing is recommended to,

1) Note and comment on the report

Margaret Jones, Director of Public Health
Helen Armitage, Consultant in Public Health,
Claire Brewer, Senior Public Health Analyst

Appendix A

Public Health Performance Framework - February 2022

Indicator	Unit	Geography	Baseline	Previous	Latest	Dir of Travel	Prev. NW	Latest NW	Prev. SNG	Latest SNG	LCR Compare	Trend	Z-score
Healthy Life Expectancy at Birth (Males)	Years	UTLA	62.5 2009-11	64 2016-18	63.7 2017-19	▼	6	6	1	1			0.82
Healthy Life Expectancy at Birth (Females)	Years	UTLA	63 2009-11	62.40 2016-18	64.20 2017-19	▲	9	6	4	1			0.82
Smoking prevalence	Percentage	LAD	18.6% 2012	11.1% 2018	9.5% 2019	▼	7	5	1	1			-1.25
Smoking at the time of delivery (South Sefton)	Percentage	CCG	20.4% 2013/14 Q1	11.3% 2020/21 Q2	10.3% 2021/22 Q2	▼	13	11	1	1			-0.28
Smoking at the time of delivery (Southport & Formby)*	Percentage	CCG	11.7% 2013/14 Q1	9.4% 2020/21 Q2	8.6% 2021/22 Q2	▼	6	4	2	2			-0.83
Under-18 Teenage Conceptions	Rolling annual rate per 1000	LAD	33.5 1998	18.9 Sep-19	13.8 Sep-20	▼	9	4	2	1			-0.86
Obesity in reception year**	Percentage	LAD	11.4% 2007/08	11.0% 2018/19	10.4% 2019/20	▼	14	10	6	3			0.21
Obesity in year 6**	Percentage	LAD	17.4% 2007/08	21.2% 2018/19	22.8% 2019/20	▲	10	13	5	6			0.30
Excess weight in adults	Percentage	LAD	68.0% 2015/16	66.4% 2018/19	67.3% 2019/20	▲	27	23	6	4			0.55
Physical activity in adults (active)	Percentage	LAD	66.4% 2015/16	62.6% 2018/19	61.3% 2019/20	▼	31	28	6	6			-0.36
Physical activity in adults (inactive)	Percentage	LAD	23.8% 2015/16	25.3% 2018/19	27.4% 2019/20	▲	31	27	6	5			0.53
Successful Completion of drug treatment (opiates), and didn't re-present withi	Percentage	LAD	8.6% Nov 10 - Oct 11	3.0% Jun 19-May 20	3.8% Jun 20-May 2	▲	23	19	5	4			-0.87
Successful Completion of drug treatment (non-opiates), and didn't re-present	Percentage	LAD	64.6% Nov 10 - Oct 11	30.2% Jun 19-May 20	32.0% Jun 20-May 2	▲	19	16	4	4			-0.64
Alcohol-related hospital admissions (narrow)	Directly Standardised Rate	LAD	662.0 2016/17	733.0 2018/19	764.0 2019/20	▲	37	37	4	4			1.97
NHS Health Checks (percentage of eligible population invited to screening)***	Percentage	LAD	6.1% 2011/12 Q1	0.0% 2020/21 Q1	0.1% 2021/22 Q1	▲							
NHS Health Checks (% of eligible population receiving screening)***	Percentage	LAD	2.2% 2011/12 Q1	0.0% 2020/21 Q1	0.1% 2021/22 Q1	▲							
Self-reported wellbeing (low satisfaction score)	Percentage	LAD	5.7% 2011/12	5.4% 2019/20	7.2% 2020/21	▲	****	****	3	3			****
Self-reported wellbeing (low worthwhile score)	Percentage	LAD	4.0% 2012/13	** 2019/20	** 2020/21		****	****	****	****			****
Self-reported wellbeing (low happiness score)	Percentage	LAD	9.6% 2011/12	7.6% 2019/20	10.5% 2020/21	▲	5	8	6	4			-0.14
Self-reported wellbeing (high anxiety score)	Percentage	LAD	22.0% 2011/12	21.3% 2019/20	26.0% 2020/21	▲	9	10	3	3			-0.11
Mortality from causes considered preventable	Directly Standardised Rate per 100,000	LAD	227.3 2001-03	165.5 2016-18	159.9 2017-19	▼	17	15	3	3			-0.47
Under 75 cardiovascular mortality	Directly Standardised Rate per 100,000	LAD	152.6 2001-03	76.9 2016-18	78.9 2017-19	▲	13	15	5	6			-0.58
Under 75 cancer mortality	Directly Standardised Rate per 100,000	LAD	182.6 2001-03	141.6 2015-17	134.1 2017-19	▼	18	16	3	3			-0.34
Under 75 liver disease mortality	Directly Standardised Rate	LAD	22 2001-03	27.5 2016-18	25.6 2017-19	▼	23	23	6	5			0.10
Under 75 respiratory disease mortality	Directly Standardised Rate	LAD	40.4 2001-03	33.3 2016-18	36.3 2017-19	▼	17	15	3	2			-0.57
Suicide and undetermined injury mortality	Directly Standardised Rate	LAD	12.7 2001-03	11.5 2016-18	10 2017-19	▼	23	18	4	2			-0.54

Key:

- ▲▼ Improvement in Sefton Data
- ▲▼ Sefton Data Worsened
- ◀▶ No change in Sefton Data

- Rank Worsened
- Rank Improved
- Rank Stayed the Same

- Sefton
- England

Liverpool City Region (LCR)
Halton
Liverpool
Sefton
St Helens
Wirral
Knowsley

Statistical Neighbour Group

LA	South Sefton CCG	Southport & Formby CCG
Wirral	South Tyneside	Fylde & Wyre
North Tyneside	St Helens	Nottingham & Nottinghamshire
Northumberland	Sunderland	Castle Point & Rochford
Southend-on-Sea	North East Lincolnshire	Isle of Wight
Torbay	Halton	South Eastern Hampshire
	Rotherham	Fareham & Gosport

Sefton deviates when compared with the rest of the areas in the North West. A score of ±1 shows Sefton is significantly different to the average North West Area.
Please note that the comparison of Sefton data with other areas is the latest available nationally published information but may not be as up to date as the Sefton information.

Appendix B

Background notes on population health indicators and interpretation

Public Health England put together the first Public Health Outcomes Framework (PHOF) in 2012, and it is reviewed and refreshed on a three-yearly basis.[3] Sefton Council Public Health team submitted a response to the most recent consultation in February, which is due to report its conclusions in the summer[4].

At present, the PHOF comprises 2 top level outcomes, 4 domains, 66 categories and 159 indicators, presented on an open-access, interactive website. The Adult Social Care and NHS Outcomes Frameworks and other intelligence resources, including the Joint Strategic Needs Assessment, offer other measures of Health, Care and Wellbeing need and status for Sefton's population.
PHOF indicators are used to,

- Assess progress against a range of comparator geographies,
- Make local authorities more transparent and accountable in the local system
- Assist prioritisation and programme planning

Interpretation

There are some important points to bear mind when interpreting these statistics:

- **There are numerous positive and negative influences that all feed into the final number that is reported for each indicator**. The amount of direct influence the Public Health team and wider Council has varies depending on the indicator, but there are always other determining factors.

    - An example of an indicator which is expected to directly reflect a Public Health commissioned service is Health Checks.
    - Many indicators are also influenced by services commissioned elsewhere, as well as wider social and environmental factors, for example childhood obesity, smoking in pregnancy, and alcohol-related hospital admissions.

[3] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework
[4] https://www.gov.uk/government/consultations/public-health-outcomes-framework-proposed-changes-2019-to-2020

- Some indicators are substantially determined by our wider physical and socio-economic environment, e.g. levels of physical activity, and measures of wellbeing. Such indicators will usually take much longer to change, but may reflect more immediate impacts from major changes to national policy, e.g. welfare reform

- **Differing timeframes.** Some indicators reflect events in the here and now, e.g. non-re-presentation for drug treatment, while some are a better reflection of past influences on health, for example healthy life expectancy and disease-specific mortality rates.

- **What goes into an indicator?**

  - All PHOF measures relate to the Sefton population or a sub-set of the population and are presented as rates or percentages to enable comparison. The term standardised rate is used when differences in the age profile between areas have been accounted for. Standardisation enables meaningful and fair comparison between areas.
  - However, it is important to recognise that some indicators are based on precise counts, e.g. death by suicide and others are estimated from surveys, e.g. excess weight in adults and measures of wellbeing.
  - Some indicators count separate events, but not necessarily separate people for example, admissions to hospital, so a more detailed investigation can be helpful to build a more complete picture

- **Evaluating differences across time and place**

  - All measures fluctuate over time, and often it is necessary to check back over several years to see a real pattern of improvement, for example conceptions in under 18s.
  - Indicators based on small number of events are more prone to show large increases and decreases. Often data is combined over two or three years to give a more accurate picture, e.g. death rates in under 75s
  - The red, yellow and green colour-coding in the PHOF shows where the difference between the Sefton and England figures is highly likely to be real and due to more than chance fluctuations (also referred to as 'statistically significant' or simply 'significant')
  - The z-score on the Performance Framework Dashboard shows whether difference between Sefton and other local authorities is in the North West is significant (positive figures indicate significantly better, and negative figures, significantly worse).
  - The Performance Dashboard also uses colour-coding to highlight whether Sefton has moved up, down or stayed the same in rankings for the North West and our Statistical Neighbour Group, compared to our previous rank. It is important to interpret this

alongside the direction of travel arrows and recognise that a change in rank is also a reflection of the amount and direction of change in the figures for other Local Authority areas.