Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	**Date of Meeting:**	Tuesday 23 January 2024
Subject:	Report for information on the Public Health Performance Framework		
Report of:	Director of Public Health	**Wards Affected:**	(All Wards);
Portfolio:	Health and Wellbeing		
Is this a Key Decision:	No	**Included in Forward Plan:**	No
Exempt / Confidential Report:	No		

Summary:

This is a six-monthly report, which focuses on 11 out of the 26[1] indicators which make up the Public Health Performance Framework, and which were updated in the larger national Public Health Outcomes Framework (PHOF) [2] from March 2023 through August 2023.

These indicators serve to describe the scale and distribution of population health problems, their underlying social, economic, and environmental causes and associated health inequalities. Where available, 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 areas with similar characteristics to Sefton (Statistical Neighbour Group). Information is also provided about Public Health led improvement actions that target these high-level indicators. The report highlights ongoing impacts on public health services and population groups from the pandemic and high costs of living.

Recommendation:

Members of the Overview and Scrutiny Committee (Adults Social Care and Health) are recommended to,

(1) Note and comment on the information contained in this report, which was previously presented at the December briefing of the Cabinet Member for Health and Wellbeing.

Reasons for the Recommendation:

[1] Sections of the report not updated in this edition are highlighted.

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

Committee Members have asked to receive this report routinely.

Alternative Options Considered and Rejected: (including any Risk Implications)

None

What will it cost and how will it be financed?

(A) Revenue Costs

No additional costs are identified within this report.

(B) Capital Costs

No additional costs are identified within this report.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):
Not applicable

Legal Implications:
Not applicable

Equality Implications:
The equality implications have been identified and risk remains, as detailed in the report.

Where the information is available, epidemiological data in this report has been discussed separately for population groups defined by some protected characteristics – age, sex, ethnicity, as well as socio-economic status.

Equality implications are described in terms of health inequality and this report provides actionable intelligence that feeds into ongoing population health improvement initiatives.

Impact on Children and Young People: Yes
There is an impact on children and young people because two of the indicators describe health behaviours that directly affect this age group (under 18 conception rate and smoking in pregnancy. The health of young people is also discussed elsewhere in the report where information is available.

Climate Emergency Implications:

The recommendations within this report will

Have a positive impact	No
Have a neutral impact	Yes
Have a negative impact	No
The Author has undertaken the Climate Emergency training for report authors	Yes

The report itself does not directly lead to action that will have a positive or negative

impact on climate, so it is considered neutral. However, climate is identified as one of three important, contemporary risks to population health over and above those which existed before. These three risks are: the continuing unequal impacts of the Coronavirus pandemic; the high cost of living; and the likelihood of serious and destructive climate events.

Contribution to the Council's Core Purpose:

Protect the most vulnerable: Data is used to identify vulnerable populations and this intelligence informs continuing service improvement aimed at reducing risks to health and improving health outcomes across vulnerable groups in our population.
Facilitate confident and resilient communities: Data helps identify the mix of harmful and protective factors outside of services that influence health and wellbeing across communities (social and wider determinants of health). Connecting support across a range of issues rather than just one is more effective and increases resilience. This is a recurring theme in the updates from public health initiatives and services.
Commission, broker and provide core services: Data informs strategic and service delivery response to community needs. This report is also available to other staff and partners to aid their planning and delivery of health-promoting services and support.
Place – leadership and influencer: The public health performance framework enables comparison with other areas highlighting outcomes that may require further investigation.
Drivers of change and reform: The data in this report are key health and wellbeing indicators that are used to plan and monitor the impact of the health and social care system as well as wider public policy.
Facilitate sustainable economic prosperity: Not applicable, but many of the themes identified here feed into allied evidence-led improvement plans, for example the child poverty strategy.
Greater income for social investment: No applicable
Cleaner Greener: Not applicable

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD7484) and the Chief Legal and Democratic Officer (LD5584) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Not applicable

Implementation Date for the Decision

Immediately following the Committee / Council meeting.
This is a report for information and assurance.

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Appendices:

The following appendices are attached to this report:

Cabinet Member / OSC (ASCH) Public Health performance Framework Update Report

This is the full report originally presented at Cabinet Member for Health and Wellbeing's December 2023 briefing.

Copy of Public Heath Performance Framework indicators August 2023

Background Papers:

There are no background papers available for inspection.

1. Introduction

1.1 The aims of the appended briefing report are to:

- Present and interpret population health indicators from the Public Health Performance Framework,
- Provide relevant information about public health programmes and service developments,
- Highlight aspects related to the Coronavirus pandemic and high cost of living,
- Make and receive recommendations as required.

The complete Public Health Performance Framework – August 2023 is copied in Appendix A of the attached Cabinet Member report, and separately. Appendix B of that report reproduces some background information from previous reports, 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.

2. Summary

Updates in this report include indicators associated with health behaviours (smoking, physical activity in adults, and under 18 conceptions); health risks (excess weight in adults); and service activity (successful drug treatment rates, and NHS Health Checks).

An important aspect of this report is that the latest indicators, which span a range of time intervals from March 2021 to June 2023 continue to register trends linked to the pandemic in 2020-21. Subsequent updates are likely to reveal population health consequences associated with higher cost of living and reduced living standards, and adverse climate events.

As Sefton's large gap in life expectancy at birth shows (updated in a previous report – see section 3.20), unequal health outcomes caused by unequal experiences of healthy and unhealthy social, economic, and environmental influences ('health determinants'), remain the defining challenge.

Overall, progress on smoking remains very positive and provides an important equalising effect on health chances, especially at the start of life. Excess weight in adults still affects over 7 in 10 of the population in Sefton. Although the increase in physical activity seen during the pandemic has been sustained for a second year, the absolute level of metabolic risk in the population presented by excess weight is of concern and is expected to be compounded by rising risk from lower dietary quality due to the high cost of food, fuel, and other essentials.

3. Overview

3.1 Strengths and improvements

This review of updated performance indicators includes some notable areas of continuing good performance and improvement.

- **Smoking:** The best estimate from a large, routine survey in 2022 is that one in thirteen (7.9%) of adults in Sefton currently smokes**.** Sefton has the lowest adult prevalence of smoking in the North West and amongst statistical neighbours. Sefton achieved the Government's target of reducing adult smoking prevalence to under 12.0% by 2022. Smoking rates decrease in later life and Sefton's relatively low prevalence in part reflects the larger proportion of senior adults in our population. Smoking remains a leading cause of premature illness and disability and health inequalities. The Government has set out new policy proposals to help achieve its ambition of a smokefree generation and to prevent youth vaping, which include a public consultation.
- **Smoking in pregnancy:** Although Sefton has not achieved the national target reduction to 6% in 2022, a further 1.0% reduction to 9.0% in 2021/22 means that compared to similar areas, and former CCG (Clinical Commissioning Group) geographies in the North West, Sefton continues amongst the best performing areas on this indicator. The Government has announced two years of funding to

financially incentivise not smoking in pregnancy, with up to £400 worth of vouchers available to women who demonstrate smokefree status at each checkpoint during their pregnancy.

- **Under 18 conceptions:** Despite a small increase in the year to December 2021 (15.7/1000, 69 conceptions) Sefton's rate remains in line with England and ranks lowest in LCR.
- **Physical activity:** A large increase in the proportion of physically active adults from 61.3% in 2019/20 to 66.0% in 2020/21 has been maintained in the latest data (65.9%, 2021/22).

3.2 Points to note

- **Excess weight in adults:** The excess weight rate (% overweight or obese) for adults in Sefton in 2021/22 is 71.2% - similar to 2020/21 (71.5%), and up from 66.3% in 2019/20. This level of increase has been seen previously in recent years, but it continues to place Sefton's rate significantly higher than the national average (63.8%) and towards the upper end of the distribution in the North West and amongst similar areas.
- **Physical inactivity:** Relatively high rates of inactivity (one in four), high rates of obesity in all age groups, and lower dietary quality associated with rising food poverty each add individual chronic disease risk. **Epidemiological research shows these risk factors are not simply different sides of the same coin**, which is why integrated approaches to behavioural change remain central to the public health approach in Sefton.
- **Successful completion of drug treatment (opiates):** In the year to December 2022 **3.0% of service users in Sefton achieved this outcome** – significantly lower than the England average (5.0%). Sefton has dropped down 6 places in the North West rankings and has the lowest opiate treatment success rate from amongst five statistical neighbours and in LCR. It is important to note that in most areas **numbers of successful treatment outcomes each year is small** (e.g., 30 to 50 Sefton). This means that small year on year improvements or reductions in service outcomes can be obscured by random variation. More recent data from the National Drug Treatment Monitoring System shows that the service provider **CGL has almost closed this performance gap compared to England**.
- **Successful completion of drug treatment (non-opiates):** fell back to 17.6% in the year to December 2022. The current success rate is half of what it was in the previous year (34.2%) and a quarter of the rate at baseline in 2011. Sefton's rate is lowest in the North West, LCR and amongst statistical neighbours. These data also reflect a period of transition to the current provider, CGL. Following this numbers of people in treatment is approaching 2000 and has increased by 67%, and continuity of care is 80% - well above the Government target of 75% and performance in most other areas.
- **Smoking:** there are early signs of a possible divergent trend in smoking, distinguishing the professional and intermediate groups (continuing reductions) and the unemployed and routine and manual groups (steady or increasing). This is a concern for Sefton's health inequalities.

3.3 Health inequality

- The **social gradient in smoking** continues to be a powerful driver of health inequality in Sefton. Of note from Sefton-level data is the higher rate of smoking in males compared to females (10.1% vs 5.9%), accompanied by some signs that smoking reduction is taking place more slowly amongst males. Younger age, and lower incomes/income security are behind large differences in smoking rates separating home renters from homeowners; and managerial and professional from routine and manual occupations (3.5-fold difference)
- The **external inequality in smoking in pregnancy has been closed** (Sefton 9.0% vs England 9.1%) and the internal difference in smoking in pregnancy rates in Sefton continues to narrow (south Sefton 9.1%, vs North Sefton 7.4%). This represents a major gain for health and health equity at the start of life and reflects the ongoing success of partnership work spear-headed in Sefton.
- As the overall influence of smoking on health continues to wane, **socio-demographic risk factors for obesity** (lower educational attainment, being male, being of White or Black ethnicity, being aged 45 or above (highest prevalence of excess weight is in the 55-64 age group) and having a disability) are pertinent to Sefton's population and the continuation health inequalities due to long-term conditions.

3.4 COVID-19 and cost of living

- Updated indicators discussed in **this report reflect data collected either during the later pandemic phase in 2021, or early post-pandemic period from 2022 through 2023.**
- As discussed in earlier reports, pandemic disruption to usual ways of life, the delivery of health services, and people's behaviour in terms of seeking healthcare combined to cause distinct impacts on population health. A good example, is the marked reduction in smoking rates in lower income groups during 2020, followed by a rebound to pre-pandemic rates by 2022.
- The unequal health and social impacts of the pandemic continue to be well documented. **The negative effects of high cost of living on health fundamentals such as adequate diet, social connection, and protection from cold will further tip the scales towards greater health inequality in Sefton. A third strand of health risk also comes the rapidly growing likelihood of serious climate events**.

3.5 Response

- **Public Health services have an important part to play in responding to and preventing high levels of population health need.** However, as the scale of socio-economic and other inequalities in health reveals, the fundamental causes of this need are found in the complex interaction of different health determinants across the life-course.

- Updates in this report describe several examples of how the public health team and services are **enabling system improvements**, for example the current mapping and review of Sefton's weight management service offer against evidence-based recommendations.
- Sefton's **Combatting Drugs Partnership** has now been in place for one year. A **notable success** has been the two thirds increase in the overall number of people in **drug treatment** (1912), recent improvements in drug treatment outcomes (yet to appear in PHOF data), and the exceptionally strong record of continuity of care provided by the current substance use service provider, CGL.
- A wide range of activity is also taking place to improve community access to oral, long-acting, and emergency forms of contraception. Public health officers are also contributing to a **teenage pregnancy** self-assessment exercise with other local authorities to identify further improvements.