Cabinet Member / OSC (ASCH) Update Report Agenda Item		
Councillor	**Portfolio**	**Period of Report**
Mhairi Doyle	Health and Wellbeing	Sept 2023 – Feb 2024
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 programmes and service developments,
- Highlight aspects related to enduring impacts of the Coronavirus pandemic and high cost of living,
- Make recommendations as required.

This report is usually provided on a six-monthly basis. The previous report spanned March 2023 through August 2023. This report concentrates on 18 out of 26[1] indicators from the Public Health Performance Framework, which received updates in the much more extensive Public Health Outcomes Framework (PHOF) [2] from September 2023 through February 2024.

These indicators serve to describe the scale and distribution of population health priorities, their underlying causes, and associated health inequalities. Where available, the overview discusses trends over time and relevant comparisons with the national picture, other local authorities in the North West and Liverpool City Region (LCR), 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.

The complete Public Health Performance Framework – February 2024 is provided in Appendix A. Updated indicators are shaded pale purple. Rankings low to high indicate best to worst amongst North West and statistical neighbour groups, with colour coding to show relative change from the previous edition of the framework (red for a relatively worse position, green for a relatively better position and yellow for no change in ranked position). The framework also includes coloured arrows to show how each indicator has changed in comparison to its previous value; summary bar charts to enable comparison with local authorities in LCR; line charts showing Sefton

[1] **Sections of the report not updated in this edition are highlighted.**
[2] Public Health Outcomes Framework - OHID (phe.org.uk)

and England trends; and an indication of the size and statistical significance of the difference in values for Sefton and North West England (the z-score).

Appendix B reproduces some background information from previous reports, which covers how statistics in 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 risk at the start of life (smoking in pregnancy and obesity in reception and year 6); mental health and wellbeing (four indicators of wellbeing and suicide rate); service activity (successful drug treatment rates and NHS Health Checks); and population health outcomes and inequalities (five indicators of premature mortality).

For all but one indicator discussed in this report, the data relates to the period from 2022 to 2023, with service outcomes from as recently as September 2023. This means that indirect health effects of the pandemic and emerging effects from high living costs and reduced standards of living can be reflected in the indicators and latest trends. As commented previously, upcoming updates are likely to see these influences continuing to register in Sefton's population health statistics with additional impacts from adverse climate events.

Updated healthy life expectancy indicators are not available to include in this report. However, as Sefton's large gap in life expectancy at birth shows (see section 3.20), unequal health outcomes caused by unequal experiences of healthy and unhealthy social, economic, and environmental influences ('health determinants'), remains the defining challenge.

- **Strengths and improvements**: This review of updated performance indicators includes some notable areas of continuing good performance and improvement.

    - **Smoking in pregnancy:** Although Sefton has not achieved the national target reduction to 6% in 2022, a further small reduction to 8.5% (n=202) in 2022/23 means that Sefton has remained in line with the national average rate for the fourth successive year and continues to improve at a slightly faster rate. 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.
    - **Obesity in Reception year:** this indicator showed a one percentage point fall from 11.3% 2021/22 to 10.3% in 2022/23. Sefton's statistic adds to a stable or reducing, long-term trend. However, latest prevalence of 10.3% in Reception is still statistically significantly above the England average

(9.2%), and a population health concern. An upward trend continues in the year 6 figures.

- **Under-75 mortality from causes considered preventable:** The latest one-year update to this indicator is for preventable deaths in 2022. Sefton's rate of 196.0/100 000 (n=540) remains statistically significantly higher than England, but has fallen considerably since 2020, before the introduction of vaccines against Covid-19. Most local authorities in the North West and in LCR have higher rates than Sefton.
- **Under-75 respiratory disease mortality:** Unlike most local authorities in the North West, and all but one in LCR, Sefton has maintained a rate in line with the national picture. While most local authorities show an increase in premature respiratory diseases mortality rates from 2021 into 2022, Sefton's figures show a small decrease.

- **Health inequality**
  - **Very few of the indicators discussed in this report include data on socio-economic inequalities in population health that are drawn directly from Sefton level data**. This is because the numbers of health events being counted year to year is mostly too small to perform this type of analysis in a valid way. However, appropriate interpretation of breakdowns of national data, e.g. according to indices of multiple deprivation is discussed in context for Sefton.
  - Health outcomes with strong causal links to unequally patterned health behaviours, e.g. smoking, have the **largest gaps in health outcomes/steepest social gradient**. In this report, the largest inequality is for premature deaths from respiratory disease. The three-fold difference in residents from most and least deprived communities reflects the epidemiology of smoking. Typical social gradients are in the range of +50% to +200% difference in rates.
  - Also of note, are differences in some **wellbeing indicators** by sex and age, and large differences according to employment and disability status.
  - Premature mortality statistics for respiratory disease, liver disease, and cancer show higher rates in males compared to females in Sefton, as elsewhere. In Sefton, the **difference in rates is smaller because females have higher rates relative to the national average than males**.

- **Points to note.**
  - **Obesity in Year 6:** In 2022/23 700 (23.9%) 10- and 11- year-olds in Sefton were classified as obese according to measurements collected for the National Childhood Measurement Programme. There has been a small deterioration in Sefton's North West ranking, and although local prevalence is in line with the national average, the proportion of children who are already living with obesity before they leave primary school is concerning.

- **Wellbeing indicators:** In 2022/23, all four indicators of wellbeing (life satisfaction, life is worthwhile, happiness, anxiety) deteriorated in Sefton, which is in keeping with the trend in England. This is a reminder that moving into the post-pandemic phase has not meant moving past negative thoughts and feelings for many people.
- **Suicide and injury of undetermined intent:** Following a peak in 2014-16 (12.6/100 000, n=92 over 3 years), suicide rates in Sefton fell steadily for four years reaching 8.8/100 000 in 2018-20 (n=64 over 3 years), dipping just below the national average. The latest update to this indicator shows a second period of increase in Sefton during a phase covering the pandemic and post-pandemic period: 11.6/100 000, n=85 over 3 years, 2020-22.
- **Under-75 mortality from cancer and liver disease:** Premature mortality rates in each of these conditions are important drivers of Sefton's large inequalities in life expectancy. Both remain significantly higher than the England average, with rates ranking higher than most areas in the North West, and show signs of upward trend.
- **Successful completion of drug treatment for opiates and non-opiates:** In the year to June 2023, 3.4% of service users in Sefton were classified as having achieved successful drug treatment outcomes for opiate use, under the existing definition for this indicator (leaving treatment drug-free and not re-presenting to the service within 6 months). This rate is significantly lower than the England average (5.0%). The outcome for non-opiate treatment was 14.6% in the same period, also well below the England average.
- The Office for Health Improvement and Disparities (OHID), which is responsible for **PHOF will soon switch to using a new national measure of "showing substantial progress"** - looking at how much people have reduced their substance use in drug treatment. **Under this measure Sefton is in line with national averages**.

- **COVID-19 and cost of living**
  - Updated indicators discussed in **this report reflect data collected from the so-called 'post-pandemic' phase spanning 2022 to autumn 2023.**
  - The **unequal health and social impacts of the pandemic** continue to be well documented. **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 and inequality comes from the growing likelihood of **serious climate events**.
  - The influence of socio-economic pressures may now be visible in indicators such as wellbeing. Another example is premature mortality from Cancer. Over the last two decades, Sefton's rate of premature cancer mortality fluctuated a little above the England rate but followed the same steady, downward trend overall. **Sefton's rate moved above England's in 2020 and has remained significantly higher**. 2022 was the first time

that England's rate increased compared to the previous year. This suggests the involvement of systemic influences, including from stressed NHS capacity, and high costs of living.

- **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 range of interventions to improve childhood nutrition.

Recommendation

The Committee is recommended to,

1) Note and comment on the information contained in this report, which has previously been presented in full at the briefing of the Cabinet Member for Health and Wellbeing on 13th May 2024.

3. Overview

Appendix A contains the Public Health Performance Framework dashboard at February 2024.

Five of the 18 updated indicators have a green direction of travel arrow, showing the current figure has improved when compared to the previous figure (smoking in pregnancy rates in the north and south of Sefton, premature mortality from causes considered preventable, premature mortality from respiratory disease, and the percentage of reception age children classified as obese). This symbol does not connote a change that is necessarily part of a meaningful improvement in trend.

Thirteen indicators have red arrows, showing that the latest data is less favourable compared to the previous value (the percentage of year six children classified as obese, successful treatment outcome rates for opiate and non-opiate drug use, NHS Health Check invitation and screening rates, premature mortality rates from cardiovascular disease, liver disease and cancer, mortality from suicide/injury of undetermined intent).

It is important to note that the arrow 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 influences upon an indicator.

The North West RAG-rated rankings show **six indicators with relative improvement** - smoking in pregnancy, obesity in reception, worthwhile and happiness wellbeing scores, and premature mortality from respiratory disease. **Ten indicators** are colour-coded red, showing **a relative deterioration** - obesity in year 6, successful drug treatment outcomes, satisfaction, worthwhile and anxiety wellbeing scores, preventable premature mortality, premature mortality from cardiovascular disease, cancer, liver disease, and mortality from suicide/ injury of undetermined intent. It was not possible to produce a change in rank using the NHS Health Check data.

In comparison to **Sefton's five closest statistical neighbours**, Sefton has maintained its position in the rankings (yellow) for smoking in pregnancy in south Sefton, drug treatment for opiate use, and premature mortality from cardiovascular disease and liver disease. **Ranked position improved (green)** in two indicators - obesity in reception, and premature mortality from respiratory disease. **Ranked position worsened (red) for ten of the eighteen updated indicators** – smoking in pregnancy in north Sefton, obesity in year 6, drug treatment for non-opiate use, life satisfaction, worthwhile, happiness and anxiety wellbeing scores, premature preventable mortality from all causes, premature mortality from cancer, and mortality recorded as being from suicide or injury of undetermined intent.

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, past and present smoking habits still account for around 51% of all deaths due to chronic respiratory disease, 31% deaths from cancer,15% of deaths from cardiovascular disease, and 11% 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 and parental tobacco dependence is a risk factor for continuing child poverty.

Changes in the law have brought smoking rates down in England to their lowest recorded level. The Government has previously set out its intention to incorporate tobacco control policy into a new Major Conditions strategy[3], rather than produce a standalone update to the most recent Smokefree Generation Plan[4]. Proposed measures on smoking, youth vaping, and enforcement are set out in a new policy paper[5] accompanied by a live consultation.[6]

Key points

[3] Major conditions strategy: case for change and our strategic framework - GOV.UK (www.gov.uk)
[4] Smoke-free generation: tobacco control plan for England - GOV.UK (www.gov.uk)
[5] Stopping the start: our new plan to create a smokefree generation - GOV.UK (www.gov.uk)
[6] Creating a smokefree generation and tackling youth vaping - GOV.UK (www.gov.uk)

- The adult smoking rate in 2021 is given by the PHOF indicator C18 'Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition)'. The data comes from a telephone survey undertaken as part of the Annual Population Survey.
- **Sefton has achieved the Government's target of reducing adult smoking prevalence to under 12.0% by 2022.**
- The proportion of adults who self-reported currently smoking in 2022 in Sefton was **7.9%. This rate is similar to 2020 (7.7%) and a notable reduction from 10.0% recorded mid-pandemic in 2021.**
- **Sefton local authority area has the lowest adult smoking prevalence in the North West region (range: 7.9% to 20.2%) and from amongst close statistical neighbours.**
- Sefton's reducing trend stands out because it has **fallen more quickly than in England**. Contributory factors may be the relatively larger proportion of people aged over 60 in Sefton – smoking prevalence is currently highest in the 25-29 years age group and reduces with increasing age, and the continuing public health strategy of prioritising more intensive smoking cessation support for young people and more disadvantaged groups.
- There are three inequalities breakdowns available for this indicator at a Sefton level – by sex, by socio-economic group (18-64 years), and housing tenure type.
- In 2022, **10.1% of adult males are estimated to smoke compared to 5.9% of females.** This difference may be exaggerated slightly by the noticeably larger number of females aged over 60. While female smoking prevalence has shown year on year reductions, prevalence for males has fluctuated around the current level since 2019.
- **Just under one in five people who rent their accommodation from a housing association or the council currently smoke.** The figure is just over one in five people who rent privately. **This compares to one in 17 people who have a mortgage on their home and one in 25 of those who own their home outright.** This striking disparity likely reflects both age and socio-economic differences across tenure types.
- There were small falls in smoking across all tenure types, but the largest relative reductions were in the mortgage holder and outright owner group. **Conceivably this could reflect differing capacities to make healthy changes post-Covid. This breakdown is likely to reflect cost of living pressures in future updates**.
- The socio-economic breakdown for Sefton shows that **intermediate and managerial and professional occupational groups have the lowest smoking rates in the 18 to 64 age group**, 3.9% and 4.8% respectively. The intermediate group shows a one-year spike in smoking rates up to 14.7% in 2021, possibly reflecting the effect of psycho-social stressors during the pandemic.
- In contrast, smoking rates amongst the **long-term unemployed and never worked** groups increased from 7.9% in 2021 (after a long period of

steadily falling rates) to 13.5% in 2022. There has been a levelling off in smoking rates in the lower income **routine and manual occupational group** beginning in 2017, and briefly interrupted by a large drop in 2020. **The 2022 smoking rate in this group is 17.3%, which is 3.5 times the rate in the highest income group**.

- **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) **is a concern for Sefton's health inequalities**. The **new smoking cessation service,** which is currently being commissioned **will continue to address this through the design and delivery of a range of evidence-based support**.

Action and progress update

- The new Stop Smoking Service Mobilised on the 1st April 2024 following completion of a tendering process.
- An application for Sefton to take part in the Swap to Stop pilot has been successful and aims to encourage current smokers to swap cigarettes for a free trial of e-cigarettes (the scheme does not permit disposable vapes).
- Sefton has received funding from the national Smokefree Generation programme to support access to support local stop smoking services, plans are currently being developed around the use of this funding.
  Phase 4 of the C&M Targeted Lung Health Check pilot has started with Southport and Formby anticipated to go live in early 2026. This programme is due to be rolled out nationally following successful pilots across the UK.

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 and educational disadvantage. Risk also increases with second or subsequent pregnancy, white ethnicity, and for women with complex social needs.

The Government has previously set a target to reduce **smoking in pregnancy to 6% or less by the end of 2022.**

The NHS Long Term Plan states that all pregnant smokers should receive specialist opt-out support as part of a new maternity-led pathway and wider investment into tobacco treatment services in hospitals.

Key points

- In 2022/23 **8.5% (n=202) of pregnant women in Sefton were identified as continuing to smoke at time of delivery.** This compares to 9.0% in 2020/21; 10.3% in the North West (Sefton's rate rank's 6th lowest), and 8.8% in England. Sefton has remained in line with the national average rate for a fourth successive year and continues to improve at a slightly faster rate.
- The latest updated data for the former CCG areas of South Sefton and Southport and Formby dates from April through September 2023 and show further reductions: **South Sefton 7.3% and Southport and Formby 4.7%.** The figure for Southport and Formby is now statistically significantly lower than the national rate. Performance on this indicator in both areas continues to rank amongst the best in the North West, Liverpool City Region, and compared to statistical neighbour groups. The dark blue trendline in the framework (Appendix A) illustrates the impressive and ongoing decrease in smoking throughout pregnancy that is being achieved.

- Although Sefton did not quite achieve the target reduction to 6% in 2022 the **external inequality in smoking in pregnancy has been closed**.

Action and progress update

- Mersey and West Lancashire Teaching Hospital Maternity Unit has a dedicated midwife who provides targeted support to pregnant women throughout their antenatal period. 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 Mersey and West Lancashire Teaching Hospital sites have received their antenatal care, from another team, who may not provide the same level of support for pregnant women.
- There have been several changes and improvements in practice:
  - Carbon monoxide (CO) monitoring has fully recommenced at the hospitals. This ensures an objective measure of women's smoking status, rather than self-report.
  - Guidelines were updated at Ormskirk hospital in October to include CO and smoking status at every antenatal contact with all pregnant women.
  - The NHS long-term plan model for smoking in pregnancy, is being implemented in Mersey and West Lancashire Teaching Hospital.

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 also 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 in this group. 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 December 2021, the rate of conceptions in women under the age of 18 increased slightly to 15.7/1000 (n=69) from 13.8/1000 at the end of 2020. This pattern is likely to reflect factors associated with the pandemic, which temporarily suppressed the conception rate in 2020. Nevertheless, **Sefton's rate remains in line with England and ranks lowest in LCR**.
- Sefton's rate ranking has dropped slightly amongst statistical neighbours and local authorities in the North West. However, it is very important to recognise the expected degree of variation associated with the relatively small number of conceptions that give rise to the rates for each area.
- It is still unclear from this data what the **possible longer-term impacts of the pandemic, ongoing high cost of living, and higher prevalence of mental health need** amongst young people will be for the under 18 conception rate in Sefton. This will be important to understand as more quantitative and qualitative data becomes available.

Action and progress update

- During lockdowns Sefton Sexual Health clinics experienced reduced capacity, the Sexual Health Service has proposed plans to amend service delivery to increase access and improve capacity.
- Pharmacy emergency hormonal contraception provision has been recommissioned by the Sexual Health Service.
- Following the completion of the pilot for the continuation of oral contraception by community pharmacists, the pilot has been approved for national rollout. The Sexual Health Service is now discussing how this offer can be promoted and utilised as part of the wider sexual health offer.
- One Sefton pharmacy has been included in the national pilot for the initiation of oral contraception directly from a pharmacist without a prior prescription from a GP or the Sexual Health Service.
- Following a review of the fees structure for GPs delivering long-acting reversible contraception (LARC), the Sexual Health service has increased the fees paid to GP practices for the delivery of LARC. The service has also introduced a training offer to GP and non-GP clinicians in primary care. The aim of the interventions is to increase patient access to LARC and therefore improve delivery activity in primary care.
- The Sexual Health Commissioner and 0-19 Commissioner are attendees of the C&M Teenage Pregnancy Forum and are establishing a teenage

pregnancy task and finish group to complete the teenage pregnancy prevention self-assessment to confirm current situation and identify any gaps.

3.4 Obesity in reception year

Issue description.

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 incidence of type 2 diabetes is known to be increasing in children nationally. Previously, this condition which has obesity as its leading risk factor, was practically unheard of in childhood. Latest national guidance recommends at least 60 minutes of moderate physical activity per day for children and young people.

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.

In 2017, the Government 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. In 2020, a further policy paper was published called, 'Tackling obesity: empowering adults and children to live healthier lives'. This brought in legislation that requires largescale restaurants, cafes and takeaways to use energy labelling on their menus and prevents retailers from offering promotional deals on the unhealthiest foods.

Nationally, the proportion of children who are **obese in reception class is twice as high in the most compared to the least deprived tenth of the population (12.4% vs 5.8%)**. The social gradient **in year 6 is steeper still (30.2% vs 13.1%).** Looking back to 2016/17, when these ten- and eleven- year-olds were measured in reception, around three children in a class of 30 were classified as obese. In 2022/23 around 7 children in the same class of 30 have a weight for height in the obese range. **This data shows that obesity in England doubled during the primary school years for the reception year of 2016/17.**

The rate of obesity is matched in boys and girls in reception but is a quarter higher in year 6 boys compared to girls. Over the last ten years, **health inequality in childhood excess weight has increased over time because of rising prevalence of obesity and particularly severe obesity in children experiencing the highest levels of disadvantage**.

In reception, obesity is most prevalent in children of Black African ethnicity and lowest in children of Chinese ethnicity (these groups are separated by a three-fold

difference). White British children fall in the middle of this range. In year 6, this gap is smaller because the rate of obesity increased faster in other ethnic groups than in the Black African Group. Taken together, these data illustrate the **powerful interactions between food poverty, food environments and 21st century food habits, and therefore the importance of not depending on individualistic interventions to deliver high impact change**.

Key points

- The prevalence of obesity in **reception age** children is **10.3% in 2022/23 – slightly lower than the baseline measure of 11.4% in 2007/08**. The trend over this time is stable.
- In 2022/23 **Sefton is slightly, but statistically significantly higher than England (9.2%)** and has dropped by one percentage point, in line with national figures compared to 2021/22.
- Sefton ranks approximately in the middle of North West local authorities but **continues to have a higher prevalence than all but one statistical neighbour.**

3.5 Obesity in year 6

Key points

- Trend from 2007/8 to 2022/23 shows that nationally, the percentage of children in year 6 who are obese has risen from 18.3% to 22.7%. **During this period, year 6 obesity rates in Sefton have closely tracked the national trend, rising from 17.3% to 23.9% in 2022/23.**
- Approximately half of local authorities in the North West have year 6 obesity rates that are above Sefton's. However, Sefton ranks lowest compared to our five closest statistical neighbours.
- **Over their primary school years, the prevalence of obesity in the most recent current year 6 cohort increased from around one in ten (10.4%, 2016/17) at reception stage to close to one in four (23.9%) in 2022/23.** Faster rates of increase are seen in areas of higher deprivation.

Action and progress update

- The Integrated Wellness Service for children and young people, 'Happy 'n' Healthy' Sefton is now operational as an integrated partnership after being launched in July 2023. Available for children aged 0-19 (up to 25 with SEND) and their families, it brings together all public health commissioned services, including the 0-19 Healthy Child Programme, Kooth (mental health support), Active Sefton (physical activity, weight management and mental wellbeing provision), ABL Stop Smoking Service, CGL (substance use service) and sexual health. As part of this offer, training will be carried out with staff to increase their competence and confidence relating to public health messaging. Signposting across services should also mean that children, young people, and families can reach appropriate support for healthy weight.

- In late 2023, Public Health was successful in securing **'Why Weight to Talk' training (delivered by Food Active)**. This training, which has been offered across all services working with children and young people, upskills front line staff to have meaningful and positive conversations with families around healthy weight, using language that decreases weight stigma. The training also explores the link between weight and adverse childhood experiences and increases the awareness of Sefton's children's weight management pathway.
- A children and young peoples' **weight management snapshot** has been produced and disseminated across all services, which outlines the weight management offer in Sefton, ranging from brief advice to clinical support services.
- The children and family weight management service '**Move It' continues to be delivered to children aged 5-18 year** and their families. Due to increased demand, **additional capacity has also been added to the team to focus on younger children, aged 0-5 years**.
- As part of a **12-month pilot programme, 10 front line practitioners across the 0-19 Service, Active Sefton and Early Help have been trained in HENRY**, a healthy lifestyle programme for families with **0–5-year-olds**. HENRY Programmes and workshops have been delivered across Sefton as part of the pilot, which has now been extended to September 2024.
- The **universal programme for schools 'Active Schools'**, which delivers healthy lifestyle support, continues to be delivered, with a range of options for schools that includes individual workshops or sessions (such as healthy lunchboxes) through to a 6-week healthy habits programme. 74% of Sefton primary schools access the Active School's offer (Qu. 3, 2023-24).
- The **0-19 Service** continue to promote messaging around healthy eating and physical activity as part of their routine contacts, signposting into support where necessary, in addition supporting young people that have concerns via the anonymous Chat Health Service.
- After being piloted in 2022-23, the **School Health Team are continuing to carry out follow up phone calls to parents and carers of children who received National Child Measurement letters**, which classify their children as being very overweight (according to BMI centile). The follow up phone calls allow for personalised advice and support and ensure families are supported to access services that may be of benefit to them, such as the MOVE IT Programme. This has led to a significant increase in referrals to MOVE IT (22.2% increase).
- Under the Obesity Action Plan and its life course approach, the 'Start Well' Obesity sub-group continues to meet frequently. With representatives across the children's partnership, the group continue to push forward the obesity agenda and actions that will improve healthy weight locally.
- Active Sefton continue to deliver all physical activity support services for children and young people through its facilities and programmes. In addition to those outlined earlier, this also includes the 121 Programme, Be Active school holiday programme and Park Nights.

- Linked to healthy weight, Public Health continue to support the **breast-feeding** offer delivered through Mersey Care. Additionally, **an infant feeding pathway for families facing food insecurity with infants under 1 has also been developed,** which will provide a voucher to families who find themselves in an emergency and unable to access infant formula.
- A **cost-of-living support group** has also been set up to support frontline practitioners by raising awareness of help and support available to families facing financial hardship. An objective of this group is to also increase uptake of the national Healthy Start Programme.
- Sefton Council's **breast-feeding policy to ensure breast feeding mothers can continue after returning to work** has been approved and is now available to support staff. A series of focus groups exploring infant feeding choices and preferences will take place shortly.

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 gaining on smoking as a 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.

Population level predictors of adult overweight and obesity are 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.

Looking at national data, the socio-economic group with the lowest rate of excess weight is the least deprived 10%, but overweight and obesity still affects six out of ten. The group with the highest rate of excess weight is found in the population living in the most deprived 10% of areas – approaching 7 out of ten adults are overweight or obese. **This high prevalence across the socio-economic gradient shows the influence of pervasive changes to our food environment and way of life** that impact everyone – widely available, high-energy foods, rising food cost and insecurity, more sedentary lifestyle, and more eating 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 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%).**
- The national trend shows a gradual increase (0.5 -1.0% per year) in the prevalence of excess weight.
- Sefton ranks **towards the higher end of rate rankings in the North West, LCR and compared to close statistical neighbours.**

Action and progress update

- The six-week weight management programme 'Weigh Forward', delivered by Active Sefton, continues to be delivered, in a group format, virtually and face to face, in addition to courses being delivered through the Living Well Sefton offer. For those residents who are above their ideal weight and also suffering with health conditions, the Active Lifestyles Exercise Referral Programme continues to be available to support.
- Cook and eat sessions are also being delivered in the community through Living Well sefton, with a focus on more affordable healthy meals.
- Under the Obesity Action Plan and its life course approach, 'Live Well' and 'Age Well' Obesity sub-groups have been developed. The Live Well group are focusing on implementation of the Healthy Weight Declaration and the Age Well group focusing on development of an adult weight management pathway. With representatives across the partnership, the groups intend to push forward the obesity agenda and actions to improve it locally, whilst also strengthening partnerships across tier 1-4 support services (from brief intervention to clinical support).
- Linked to the above, meetings are also taking place with ICB colleagues regarding the adult weight management pathway and related commissioned services from tier one to four. A piece of work is being completed to review the pathway and identify, focusing on gaps in provision and best practice.
- Active Sefton's community offer continues to be available to residents, including access to the Couch 2 5K Programme and partnership with Parkrun, in addition to the offer across Active Sefton Facilities and the voluntary, community and faith sector.

3.7 Physical activity in adults (active)

Issue description.

Physical activity has wide-ranging benefits for cardiovascular health, mental health, and maximising functional independence throughout 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. Participation in many recreational opportunities to exercise is favoured by higher household income.

Nationally, **predictors of being physically active include** being of White or Mixed ethnicity, being aged under 75, being male, living in an area of lower than average deprivation, not being disabled, being employed, particularly at a managerial level, and having a higher level of educational attainment.

Key points

- An increase from 61.3% in 2019/20 to 66.0% in 2020/21 is notable since it shows **an increase in physical activity during the pandemic**. This increase in the percentage of Sefton's population which is physically active has been **maintained in the latest data for 2021/22 at 65.9%, which is in line with the England figure (67.3%).**
- It is likely that different parts of the population have altered their physical activity in different ways and subject to different social and economic influences during this time. It is not possible to predict the impact on health inequalities with certainty, but it is probably the case that this change has increased or maintained health inequalities, given the associated demographic factors set out above.

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, muscular and skeletal strength and can limit functional independence.

National data for this indicator shows that prevalence of inactivity is higher in females, people aged 75 and over, people with a disability, people who are unemployed or economically inactive, and people of Asian, Black, Chinese, and Other ethnicity. There is a strong education and socio-economic gradient, associating higher rates of physical inactivity with lower levels of qualifications, higher deprivation and lower paid occupations and economic inactivity.

Key points

- Sefton has tended to track alongside the national inactivity trend. However, there was a marked upturn from 22.1% in 2017/18 to 27.4% in 2019/20. In 2020/21 the proportion of the population estimated to be inactive returned to 24.2%, in line with the national average. **In the most recent data for 2021/22 inactivity in Sefton remains around this level (24.5%), while the England rate has reduced slightly to 22.3%.**
- High rates of obesity extending to children (one third) and young adults (half of 25-34 year-olds), in addition to rising food poverty linked to lower dietary quality all individually add to 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.

Action and progress update

- All Active Sefton facilities and services continue to be delivered, including all physical activity support services for adults (GP Referral, Weigh Forward, Active Ageing) and universal physical activity access.
- Support continues to be available for residents to increase their physical activity through the LWS offer and across the voluntary, community and faith sector.
- Sefton continues to work with all LCR leads on the physical activity agenda.
- Sefton have procured a consultancy agency to develop a physical activity strategy, which is currently in draft.

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 currently 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 and others value as successful.

OHID will soon replace this indicator with a new drug treatment progress measure. This is discussed, alongside the latest service data for Sefton using the new indicator, in the action and progress section below.

Key points

- The latest data (appendix A) is for the for the year to June 2023 and shows 3.4% of service users in Sefton achieved this outcome – significantly lower than the England average (5.0%). This is under half the success rate at baseline (8.6% in 2010/11).

- Sefton has dropped down 2 places in the North West rankings and is significantly lower than the North West average (4.6%). Sefton ranks fifth lowest amongst the group of six statistical neighbours and has the lowest opiate treatment success rate in LCR.
- It is important to note that in most areas the number 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.
- National data shows a relationship between higher socio-economic deprivation and lower treatment success rate – populations from more affluent areas are around 50% more likely to achieve a 'successful' treatment outcome by this measure than those from more deprived areas. Even then, successful outcomes are only achieved by around 1 in 15.

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.

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

Key points

- Successful completion of drug treatment for non-opiate drug use fell back to 14.6% in the year to June 2023, compared to 26.2% in the year ending June 2022. Therefore, the current success rate is just over half of what it was in the previous year and just under a quarter of the rate at baseline in 2011.
- The chart in appendix A shows that this indicator has a z-score of -2.35, which indicates that Sefton's rate at the end of 2023 was very significantly lower than the North West average (31.3%).
- Sefton's rate qualifies as lowest in the North West, LCR, and amongst statistical neighbours.
- National data shows a small social gradient in success rates for non-opiate use, which favours those from more affluent backgrounds. However, efforts to minimise this inequality and to connect with and support those with socio-economic barriers to successful treatment have attenuated this gap.

Action and progress update

- Commissioners and the service have worked together to develop and **implement an action plan**, which has been in place since the summer. However, since these indicators (C19 in the PHOF) include the not re-presenting within 6 months component of 'success' **it will take about 12- 18 months for improvements to be visible in data using the existing indicator, as described above.**
- **Included in the action plan**:
    - Weekly dashboard being shared with the team. Performance reviewed in team meetings and supervisions.
    - Titration groups for those new to medically assisted treatment to get the right medication quickly.
    - People using non-opiates allocated to dedicated staff members.
    - Non-opiate group work
    - All discharges reviewed by managers.
    - Caseload audits
    - Observed practice.
    - Improved recovery support offer and improved handover from structured care to recovery support.
- **Indicator C19 is due to be updated to a new treatment progress measure** that has been developed and is now being used within the National Drug Treatment Monitoring System local outcomes framework and in the Joint Combatting Drugs Unit. **It is this new indicator that services are working with now.**
- **The new indicator broadens the focus of successful completion to include progress made by people still in treatment.** Service users are considered to have made **substantial progress if** they:
    - have successfully completed treatment.
    - are still in treatment and are not using their problem substances.
    - are still in treatment and have substantially reduced use of their problem substances.
- Based on the latest update (Feb 23-Jan 24)
    - **44% of Sefton's opiates and/or crack users in treatment were showing substantial progress**, up from 20% at March 2022 and similar to the England average (45%).
    - **For non-opiate users, 42% were showing substantial progress** (46% in England).

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 for the most dependent alcohol users serious premature illness and death arise earlier in the life course, usually in people of working age**.** In the remainder of the population, harm to physical and mental health due to alcohol is widespread.

This indicator gives the rate of admissions to hospital for which the main diagnosis is an alcohol-related condition. The number per 100 000 is standardised (adjusted to take account of differences in the age profile of local authority populations).

Key Points

- **The components that make up this indicator have been revised,** so the current rate of 598.0 per 100 000 in 2021/22 is also the baseline figure.
- **Sefton's admission rate is one fifth higher than the national average, which is a statistically significant difference.** This is also the case for half of the local authorities in the North West.
- **Sefton's rate ranks fourth highest in the North West, behind Blackpool, Wirral and Liverpool and above St. Helens and Knowsley,** but sits in the middle of admission rates among statistical neighbours.
- The previous version of this indicator had shown a faster than average reduction in Sefton's alcohol-related admission rates from 2019/20. **However, in 2020/21 the validity of the indicator as a reflection of alcohol-related need in the population is undermined by changes to hospital admissions linked to the pandemic.** In fact, mortality from alcohol-related liver disease rose markedly during 2020/21.
- As expected, national data shows that admission rates are 42% higher in the most disadvantaged tenth of the population compared to the least disadvantaged tenth. The group with the highest admission rate is the second most deprived tenth of the population.
- In Sefton, **admission rates are two and a half times higher in males** compared to females. Compared to the national picture, admission rates for females are similar, but Sefton's admission rate amongst males is one third higher compared to the national average.
- **Sefton continues to show a distinct rising trend in admission rates in under 18s, most notably amongst females.** In Sefton, there is a two-fold higher admission rate for females aged under 18. In England, female admission rates are 50% higher in this age group, but the trend is a gradual decrease for both sexes.

Action and progress update

- The Sefton Council alcohol lead continues to participate in the multi-agency Optimisation Group, alongside representatives of the Integrated Commissioning Board, Clinical providers, CGL, Hospital Alcohol Care Teams, and Primary Care clinicians to review. The group's current priority is a review

of the alcohol pathway, which is being conducted to identify opportunities to avoid unplanned hospital admissions and preventable readmissions.

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

3.13 NHS Health Checks (percentage 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 74 These risks are well known targets for primary or secondary prevention advice and intervention, e.g., weight management, alcohol reduction, stopping smoking, and increased exercise.

Local authorities are under a legal duty to make arrangements to provide the NHS Health Check to 100% of their eligible population over five years and to demonstrate continuous improvement in uptake of the Health Check offer.

This indicator is accompanied by **note b in the framework**, 'Sefton has adopted a new delivery model for its Health Check programme. Rankings and z-scores do not provide meaningful comparisons for this indicator and have not been calculated.'

Key points

- The indicators presented in appendix A give a quarter two comparison for 2023/24 and 2022/23 for the percentage of the eligible population who were offered screening in this period (0.3% down from 0.5%) and the percentage of the eligible population who received screening (0.2% down from 0.4%).
- **The PHOF provides cumulative outcomes on a rolling five-year cycle (2018/19 to 2022/23).** During these years, the proportion of the national eligible population which was offered a health check was 64.7%. In the North West the average was significantly higher – 84.9%. In Sefton the proportion was 3.0%.
- In the same period the proportion of the national eligible population which received a health check was 27.4%. In the North West, the average was significantly higher – 32.3%. In Sefton, the proportion was 2.4%.
- In Sefton, the proportion of people offered a check who went on to receive it was 80.5%, the highest in the North West and almost twice as high as the England average, albeit the total number of health checks was by far the lowest.

Action and progress update

There is a continuing need to increase identification of people in Sefton with cardio-vascular disease risk factors. This follows a significant reduction in case finding through the pandemic.

- The NHS Health Checks offer is currently under review in Sefton. Options for delivery are being developed with the support of OHID. The new offer will also seek to accommodate recommendations of the National review of the NHS Health Check Programme.
- Work is underway with the key stakeholders with a view to commissioning a GP based delivery route.

3.14 Mental health and wellbeing

Issue description.

Mental health surveillance reports by the Office of National Statistics during the pandemic measured changes in mental health during the pandemic and showed that population wellbeing fluctuated, as new waves of infection were followed by restrictions. 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.[7]

Evidence also shows that mental distress contributes to adoption of risk-taking behaviours and unhealthy coping strategies, e.g., substance use and gambling, which can introduce lifelong impacts on health and life chances. **Mental health problems have associations with other behaviours that pose a risk to health**, such as smoking, harmful alcohol use, risky sexual behaviour, and disordered eating. In 2018-20, the rate of premature (under 75 years) mortality in Sefton residents with a referral to secondary care mental health services in the five years before their death, was over four times higher than in 18–74-year-olds who died with no evidence of this in their records. This is in line with the England average. The impact of unidentified and under- or untreated mental health disorders can cause significant health impacts across the life course; primary prevention and early intervention helps problems of reduced wellbeing from developing and escalating and brings major societal benefits.

The socio-economic context of people's lives is an increasingly 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.**

Population wellbeing statistics presented in the PHOF are obtained using a national **self-report survey** (the integrated household survey) from a sample of Sefton's

[7] COVID-19 mental health and wellbeing surveillance: report - GOV.UK (www.gov.uk)

population aged 16 and over. Wellbeing data are derived from answers to four questions,

> Overall, how satisfied are you with your life nowadays?
>
> Overall, how happy did you feel yesterday?
>
> Overall, how anxious did you feel yesterday?
>
> Overall, to what extent do you feel the things you do in your life are worthwhile?

Responses are given on a ten-point scale and the number of people who score themselves in the four worst scores, i.e. lower evaluation of life being satisfying, happy, worthwhile, and higher evaluation of anxiety, is expressed as a percentage of all respondents. The latest data is from the so-called 'post-pandemic' period, 2022-23.

Key points

- The latest data from 2022/23 shows that **Sefton is not statistically significantly different to England across all four indicators of low wellbeing**, and rates are also in line with the North West average and with other LCR local authority populations.
- When interpreting these percentages, it is **important to consider the number of adult residents estimated to experience subjective low wellbeing, which is in the thousands**. Some people in this population will have diagnosed or diagnosable mental health conditions, many others would not.
- **In Sefton, low life satisfaction has reached a new peak of 7.7%**, higher than during the pandemic (7.2% 2020/21), and similar to rates around ten years ago in 2013/14. The one percentage point reduction in the previous year, 2021/22 was not maintained. Sefton's recent trend is similar to England's – rising noticeably from around 2018.
- **The percentage of adults who feel life is not worthwhile has increased slightly from 4.8% in 2021/22 to 5.0% in 2022/23**. Values in the years just before were around 4.0%. Nationally, there is a continuing rising trend, and Sefton figures appear to be following in line.
- **Around one in ten (10.3%) adults in Sefton reported low happiness in 2022/23,** a small increase from the previous year (9.5%). After a relatively large increase to 10.4% in the first year of the pandemic, 2020/21, low happiness rates have fluctuated around this same level. Peak low happiness in this data series was 13.1% in 2016/17.
- The survey estimates that nearly a quarter of Sefton's over 16 population (**24.3%) reported higher anxiety**. As noted above, this is typical of comparator areas. The trend shows a continuing, slow rate of increase.

- **Statistics for England can be used to understand some wellbeing inequalities.** Of note,

- **Females have 25% higher rates of self-reported anxiety** compared to males.
- People in their late 40s through to early 60s have higher rates of low life satisfaction than younger adults. **16–19-year-olds show a large increase in anxiety from 18.7% in 2021/22 to 24.2% in 2022/23** – akin to adults in their 20s, 30s and 40s. The 65+ age group has the lowest reported rate of higher anxiety.
- There is a notable **three-fold higher prevalence of low life satisfaction and low worthwhile scores amongst unemployed compared to employed survey respondents**. Recent increases in these two indicators could reflect rises in cost of living. Prevalence of anxiety and low happiness did not increase in line with low life satisfaction and not feeling that life is worthwhile in the unemployed group.
- **Part-time workers were slightly more likely to report low wellbeing**, perhaps because of hidden effects of differences in health, income, and caring responsibilities.
- **Low life satisfaction and low worthwhile scores are five times more prevalent in disabled compared to not disabled respondents** (13.4% and 10.4% respectively); **low happiness is three times higher** (15.4% vs 5.5%), and **higher anxiety is twice as prevalent** (35.8% vs 18.2%). Inequalities have widened slightly for each indicator since 2017/18. The size of these differences and the size of the disabled population represented mean this effect has an appreciable effect on the headline averages for each wellbeing indicator.
- The **Asian/Asian British ethnic group, followed by the White group have the lowest rates of low wellbeing**. Differences are not as large compared with those seen for employment and disability status.

Action and progress update

The 121 Programme continues to be delivered both in the community and secondary schools, with the latter now mainstreamed and aimed at young people aged 11-19 and focusing 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. In 2023/24, there were 226 children and young people who accessed the service, with 80% showing an improvement in mental well-being as measured through the WEMWBS and SCWBS tools.

Sefton Place has agreed to recommission the Kooth wellbeing service as it has had favourable reported outcomes and a reasonable level of activity. Plans are in place as to how to better promote the service to our users with the education and local 0-19 sectors.

The “we’re here” campaign has received national praise as best practice for public health mental health promotion via the Faculty of Public Health. It will be the featured project on an upcoming blog on the Faculty of Public Health’s website. Plans are underway for the next phase of the campaign.

3.15 Mortality from suicide and injury of undetermined intent

Issue description.

Suicide is a rare but devastating event. Traumatising, 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 has been shown to be linked to one or more individual triggers in the form of loss, e.g., loss of health or independence, relationship and support, role or 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. Reduced access to means of suicide is associated with reduced numbers of deaths.

There is a **clear socio-economic gradient reflected in national data, so that the rate of death by suicide is twice as high in populations in the most compared to least deprived communities**. This pattern of mortality from suicide and undetermined injury contributes to inequalities in life expectancy, particularly in males. **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

- Because annual numbers are small, suicide rate is calculated as a rolling three-yearly average per 100 000, which is adjusted to take account of age differences across populations.
- **In the latest period, 2020-22 there were 85 deaths from suicide, giving a standardised rate in Sefton of 11.6/100 000 – an increase from 9.7/100 000 in 2019-221.**
- **Sefton’s rate is in line with England** (10.3/100 000) and North West (11.8/100 000) figures.
- The **suicide rate in males is around three times higher than that for females**, and trends continue to move in parallel. This pattern is also seen in national data.
- Following a peak in 2014-16 (12.6/100 000, n=92), suicide rates in Sefton fell steadily for four years reaching 8.8/100 000 (n=64) in 2018-20 and dipping just below the national average. **The latest update to this indicator shows a second period of increase in Sefton in a phase covering the pandemic and post-pandemic period.**
- The national rate has varied very little over the past 20 years. Periods of rise and fall in Sefton’s data reflect chance variation as well as systematic changes in risk factors. Sefton’s suicide rate has not been statistically significantly higher than England’s since 2015-17 and has not been

statistically significantly lower since 2007-09. **Therefore, it is important to interpret changes in trend with caution.**

Action and progress update

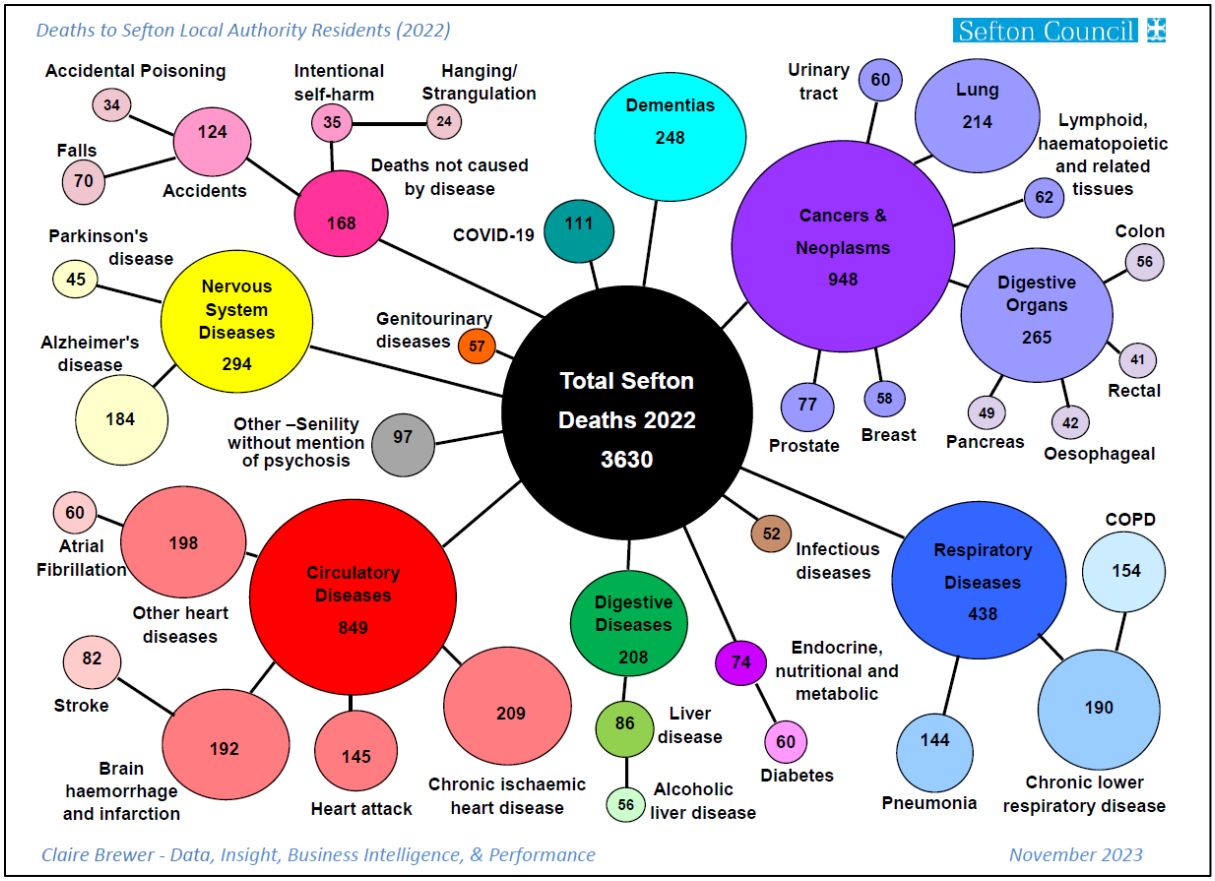
- Sefton continues to engage with regional and national data collection, and surveillance through the annual suicide audit.
- An evidence and intelligence-led approach to suicide prevention has led to greater cross-working around the domestic abuse agenda.
- The suicide prevention signage has been updated at Fisherman's Path in Formby near the railway station in collaboration with the national Samaritans team.
- An additional member of staff has been recruited to the public health team increasing the capacity to support the mental health workstream.
- A pilot project has been designed and presented to the PCN collaborative on safe prescribing for antidepressants by clinicians to ensure patients are aware of the potential side effects and implications for coming off prescribed medication without discussing this with their clinician.
- The Sefton suicide prevention board has started a spotlight format to highlight topic areas related to suicide prevention and to help forge connections across different partnerships. Sessions have been run on harmful gambling and drug and alcohol services.

3.15 Mortality from causes considered preventable.

Issue description.

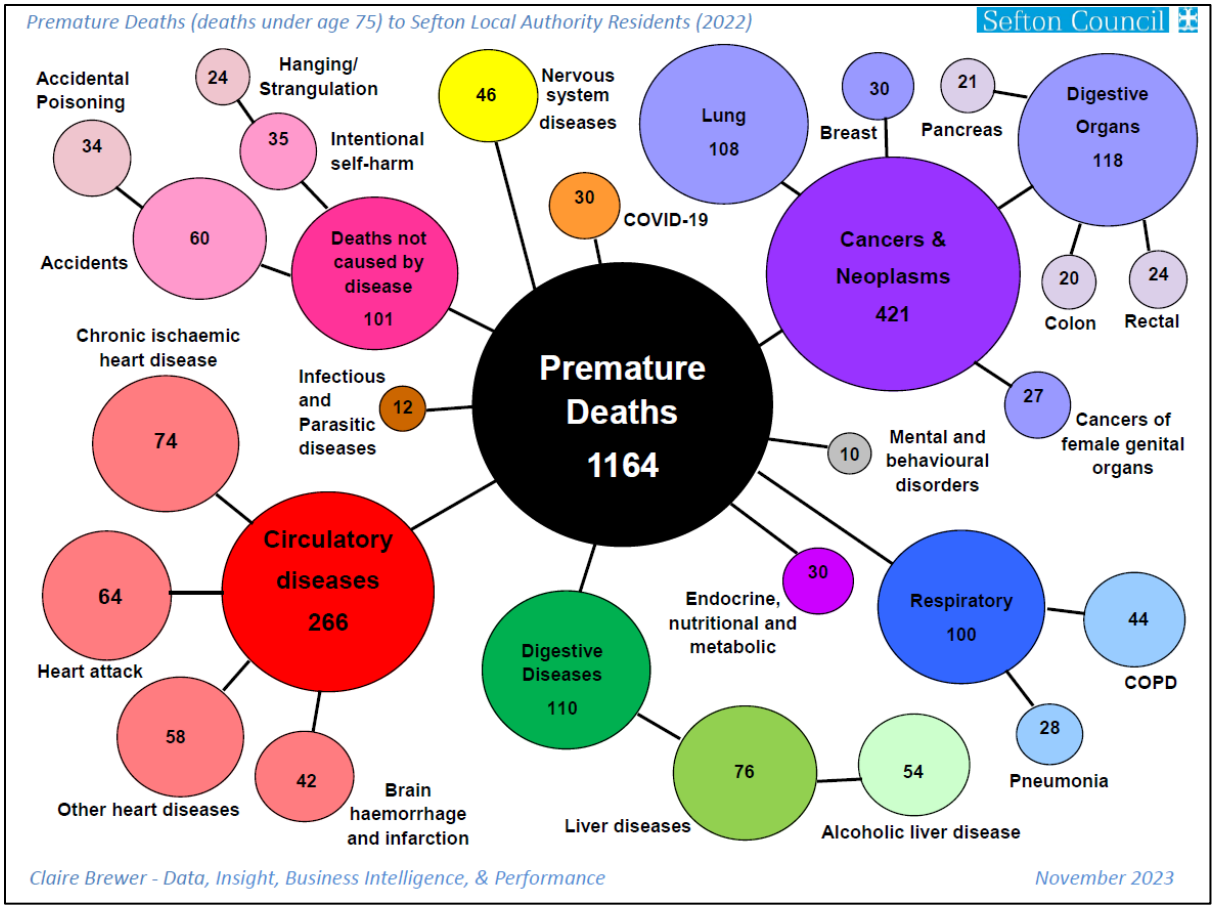
Apart from the very first months of life, **the number of deaths per head of population increases in step with rising age**.

Preventable mortality rate is an important public health indicator because it focuses on those deaths that are largely responsible for inequalities in life expectancy and healthy life expectancy. Leading preventable causes of death (blood vessel disease, cancers, and lung disease) stand out in the bubble chart, below, which shows numbers of deaths from all causes in Sefton in 2022.



Two noticeable differences in the premature deaths bubble chart, below, come from the larger proportions of 'deaths not caused by disease', and deaths due to 'digestive disease'. These include **alcoholic liver disease, for which 96% of deaths happened in residents under the age of 75, and deaths from intentional self-harm, in which 100% of deaths occurred in people under the age of 75.** These make up a small proportion of deaths but contribute a lot to the overall loss of potential and productivity.

Mortality from causes considered preventable is **defined as** 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 primary public health interventions** targeting diet and weight, exercise, and substance use (tobacco, alcohol, and drugs). From 2020, this definition also includes Covid-19.



Having multiple behavioural risks is strongly associated with greater social, economic, and environmental **deprivation**. **Psycho-social 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 same challenges often make it harder to start and maintain positive changes, and to access and benefit from medical and other individual interventions.

Large differences in healthy life expectancy and premature death rates are further **rooted in underlying social determinants**[8]: level of education and training, occupational 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.

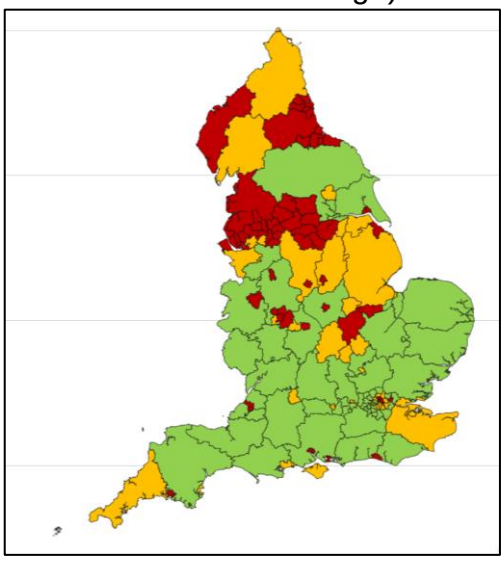
The **cost of health inequality** falls on individuals and society and is counted in lost potential, earnings, education, and healthy years of life. **Health inequality is a long-standing reason explaining why the Health and Care System is challenged to operate on a sustainable footing.**

[8] Chapter 6: social determinants of health - GOV.UK (www.gov.uk)

Key points

- The latest one-year update to this indicator is for preventable deaths in 2022. **Sefton's rate of 196.0/100 000 (n=540) remains statistically significantly higher than England, but has fallen considerably since 2020**, before the introduction of vaccines against Covid-19.
- Prior to this, preventable premature mortality rates were declining at a faster rate than in England – mostly due to falling mortality in males, so this external health inequality was getting narrower.
- **Most local authorities in the North West and in LCR have higher rates than Sefton**. Only Cheshire East has a preventable mortality rate that is significantly lower than England's. Sefton has the highest preventable mortality rate from amongst statistical neighbours. **The map below shows spatial variation for this indicator in England**.
- In contrast to the trend for males in Sefton, which rose in 2020 but has dropped down since, **premature preventable mortality in females has continued to climb -** increasing from 115.4/100 000 to 162.8/100 000 in 2022. The rate in males remains a third higher than in females. This picture probably reflects historic and more recent differences in smoking, alcohol use, occupational risks, injury, and suicide.
- National data shows **a clear social gradient for this indicator, which underlines the preventable nature of the diseases involved**. Trends across the pandemic in different socio-economic groups also **illustrate the disproportionately worse impact of the pandemic on mortality rates in more deprived communities**.
- **The high prevalence of obesity poses risk for static or rising rates of preventable premature mortality in coming years.**

Map showing premature preventable mortality standardised rates in local authorities in England, 2022 with colour coding – green (significantly lower than the national average), amber (no statistical difference), and red (significantly higher than the national average).



3.16 Under 75 cardiovascular mortality

Issue description.

This indicator captures premature death from circulatory diseases like 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

- In 2022, there were 265 deaths in Sefton residents aged under 75 due to cardiovascular disease. **The standardised rate is significantly above that of England** (94.1/100 000 vs 77.8/100 000).
- **Most local authorities in the North West have higher rates than Sefton**, and in LCR only Wirral has a lower rate. **Most of Sefton's close statistical neighbours, like Wirral, have a lower rate of premature mortality from cardiovascular disease.**
- In the years leading up to 2017, rates of cardiovascular disease in Sefton followed a shallow decline, which had begun to level off. England data follows an almost identical trend**. Since then, rates have risen in Sefton, and more quickly than in England – increasing by 26.0% from 2017 to 2022 compared to 9.4% nationally.**
- This overall trend is driven by increasing rates in males only. Deaths under age 75 in males occur around twice as often as in females.
- It is not certain which factors have caused this change in trend – but it could include population changes in weight, exercise, and diet-related risk factors, as well as possible issues associated with healthcare. **National data, suggests that Sefton will have at least a two-fold higher rate of early cardiovascular death in the most, compared to least disadvantaged groups.** This gap is likely to increase as poorer population groups struggle to maintain healthy choices e.g. good quality diet, and more affluent groups are mostly protected from these effects.
- Preventative life-course interventions that will ultimately narrow this gap will not play out fully for some time.

3.17 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

- There were 418 deaths from cancer in individuals aged under 75 in Sefton in 2022.
- **Sefton's rate is significantly higher than the England average** (147.1/100 000 vs 122.4 /100 000), and Sefton is placed towards the higher end rankings for the North West, and amongst close statistical neighbours.
- Over the last two decades, Sefton's rate of premature cancer mortality fluctuated a little above the England rate but followed the same steady, downward trend overall. **Sefton's rate moved above England's in 2020 and has remained significantly higher**. 2022 was the first time that England's rate increased compared to the previous year. This suggests the involvement of systemic influences, including from stressed NHS capacity, and high costs of living. Sefton is clearly not immune to these. Another underlying factor may be the appearance of more cancer risk associated with higher rates of long-term obesity.
- **Premature death from cancer is more similar in males and females** than is the case for cardiovascular mortality and liver disease. Relatively higher rates in females in Sefton mean the rate difference between sexes is only 12% (there is a 23% difference between males and females in England).
- Based on the latest national health inequalities for this indicator, rates of **premature death from cancer are likely to be at least one third higher in Sefton's most deprived communities** in comparison with Sefton's least deprived communities. The continuing social inequality in smoking behaviour is a major cause of this difference.

3.18 Under 75 liver disease

Issue description.

Almost all liver disease is preventable, caused by alcohol, obesity and blood borne hepatic viruses, which can cause liver failure and liver cancer. 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

- In 2022, there were 91 deaths from liver disease in Sefton residents aged under 75.
- Like most North West local authorities, **Sefton's rate of premature liver disease is significantly above the England average** (34.0/100 000 vs 21.4/100 000). Seventeen local authorities including Liverpool, Knowsley and

Wirral have lower rates than Sefton, but this only borders on a statistically significant difference for Wirral. As was the case in 2021, Sefton has the highest rate amongst close statistical neighbours.

- **The trend for premature liver disease deaths is different from other long-term conditions** because the data series for England from 2001 shows a trend made up of small rises and periods of stability, rather than the overall downward trend for other non-communicable diseases. **2020 showed an uptick in the national premature mortality rate, which has been maintained, and this is also seen in Sefton's figures in Sefton**.
- For around a decade, premature liver disease mortality rates in females have been around 50% lower than in males and have shared an overall increasing trend. **Recent rates in Sefton females are approaching twice the England average and are just below the England male rate.**
- In England, **there is a clear socio-economic gradient in premature mortality from least to most deprived populations.** Higher rates are particularly noticeable in populations from the 20% most deprived areas. **The overall difference is two-fold**, and the inequality in premature liver disease mortality is expected to be at least this large in Sefton.
- **The recent rise in premature mortality from liver disease is likely to reflect** the impact of the pandemic on alcohol behaviour and access to health and preventative services, as well as the longer-term influence of rising rates of obesity, and psycho-social stressors from the high cost of living.

3.19 Under 75 respiratory disease

Issue description.

The Global Burden of Disease Study latest update estimates that in Sefton, in 2019, around two thirds of premature deaths caused by chronic respiratory conditions and respiratory infections were caused by known risk factors - tobacco (49%), cold (22%), occupational exposure (11%), particulate air pollution (8%), and other preventable causes (10%).

Key points

- In 2022, there were 100 premature deaths from chronic respiratory disease in Sefton.
- **Sefton's rate is similar to England's (35.5/100 000** vs 30.7 per 100 000), and below the North West average (42.8/100 000). In LCR, only St. Helens has a slightly lower rate in 2022.
- **Looking at the trend using rolling three-year average rates, the downward trend in England is faster than in Sefton, where there are signs of levelling-off**.
- As has been observed for liver disease and cancer, mortality rates from respiratory disease are **more similar in females and males in Sefton.** This is because of the relatively higher rate in females. As well as reflecting some

contemporary influences on health behaviours in males and females, this difference in respiratory disease deaths may continue to reflect older, historic patterns and differences - in smoking and occupational risk exposure for example.

- Data for England shows a large health inequality. **The rate of premature death in the most deprived ten per cent of the population is two and a half times that in the least deprived ten per cent**. The inequality in Sefton is likely to be at least this great. All socio-economic groups show a dip in premature deaths from respiratory disease in 2021, followed by a slightly larger rebound in 2022 when protective Covid-19 measures are no longer active.

Action and progress update

- The many service and population health programme updates in this report all contribute towards lowering future premature mortality. There is a particular focus on evidence-based primary prevention, improving the social and wider determinants of heath, and enabling opportunities for change across the life-course.
- Plans to further gear-up local action on child poverty continue and are summarised in a recent report to the Health and Wellbeing Board.[9]
- Two case studies on the Sefton Child Poverty Strategy and a pilot for a social determinants approach to preventing hospital admissions for respiratory illness in children were submitted to Cheshire and Merseyside ICB's refreshed All Together Fairer: Our Health and Care Partnership Plan.
- Senior members of the Public Health Team have continued to provide population health expertise towards development and implementation of Sefton Partnership's Place Plan.

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

The impact of excess mortality related to excess heat and cold and the as yet unknown additional impacts of the 'cost of living crisis' and seasonal flu, Coronavirus and other respiratory illness will begin to be reported in these 3-year rolling statistics

[9] (Public Pack)Agenda Document for Health and Wellbeing Board, 06/03/2024 14:00

one to two years from now. These risks to health are likely to disproportionately impact those with fewest protective factors to safeguard their health, stable or increasing gaps in life expectancy and possibly healthy life expectancy may be seen.

Key points

- **HLE for males**

  In 2018-2020, HLE for men is 63.6 years for males – a second small reduction since 2016-2018 (64.0 years). However overall, Sefton's HLE for males trend is in line with the national average (63.1 years). **Sefton is middle-ranked amongst statistical neighbours and fifth 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 of: 52.3 years to 70.5 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 14.1 years separating males in the most and least deprived areas
- This gap has been increasing since 2013-15 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 2018-2020, HLE is 63.8 years, showing a continued rise from 61.5 years in 2015-17, and remaining in line with the national average after a small fall of 0.4 year in 2018-2020. **Sefton has the seventh 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 compared to the national average of 7.9 years.
- The widening gap in life expectancy at birth for females is driven by stability in the most deprived 10% with a slight fall in 2018-20 to 76.2 years, accompanied by a shallow rise amongst females from the least deprived 10%, falling by 1.3 years to 88.2 years in 2018-20, likely reflecting the strong positive association between age and mortality risk from Covid-19.
- National data comparing health life expectancy in males living in the most deprived neighbourhood's vs the least gives a range in HLE of 51.9 years to

70.7 years. This emphasises the scale of socially determined health inequality underneath the statistics for Sefton as a whole.

Action and progress 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 2021 Public Health Annual Report took an in-depth look at the effects of the pandemic.
- Development of 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.

5. Recommendation

The Committee is recommended to,

1) Note and comment on the information contained in this report, which has previously been presented in full at the briefing of the Cabinet Member for Health and Wellbeing on 13th May 2024.

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

Appendix A Public Health Performance Framework February 2024

Indicator	Unit	Geograph	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	63.7 2017-19	63.6 2018-20	▼	6	5	1	3			0.82
Healthy Life Expectancy at Birth (Females)	Years	UTLA	63 2009-11	64.20 2017-19	63.80 2018-20	▼	6	7	1	1			0.65
Smoking prevalence	Percentage	LAD	18.6% 2011	10.0% 2021	7.9% 2022	▼	4	2	1	1			-1.55
Smoking at the time of delivery (South Sefton)	Percentage	CCG	20.4% 2013/14 Q1	8.8% 2022/23 Q1-2	7.3% 2023/24 Q1-2	▼	6	5	1	1			-0.65
Smoking at the time of delivery (Southport & Formby)	Percentage	CCG	11.7% 2013/14 Q1	6.8% 2022/23 Q1-2	4.7% 2023/24 Q1-2	▼	3	2	1	2			-1.58
Under-18 Teenage Conceptions	Rolling annual rate per 1000	LAD	33.5 1998	13.8 Dec-20	15.7 Dec-21	▲	7	11	2	4			-0.28
Obesity in reception year[a]	Percentage	LAD	11.4% 2007/08	11.3% 2021/22	10.3% 2022/23	▼	22	20	6	5			0.28
Obesity in year 6[a]	Percentage	LAD	17.3% 2007/08	23.3% 2021/22	23.3% 2022/23	▲	15	19	5	6			0.16
Excess weight in adults	Percentage	LAD	68.4% 2015/16	71.5% 2020/21	71.2% 2021/22	▼	35	31	5	6			1.07
Physical activity in adults (active)	Percentage	LAD	66.4% 2015/16	66.0% 2020/21	65.3% 2021/22	▼	16	18	3	4			0.29
Physical activity in adults (inactive)	Percentage	LAD	23.8% 2015/16	24.2% 2020/21	24.5% 2021/22	▲	19	22	5	5			0.10
Successful Completion of drug treatment (opiates), and didn't re-present within 6 months	Percentage	LAD	8.6% Nov 10 - Oct 11	3.8% Jul 21-Jun22	3.4% Jul 22-Jun23	▼	20	22	5	5			-1.40
Successful Completion of drug treatment (non-opiates), and didn't re-present within 6 months	Percentage	LAD	64.6% Nov 10 - Oct 11	26.2% Jul 21-Jun22	14.6% Jul 22-Jun23	▼	21	23	5	6			-2.35
Alcohol-related hospital admissions (narrow)	Directly Standardised Rate per 100,000	LAD	538.0 2021/22		538.0 2021/22			36		3			1.13
NHS Health Checks (% of eligible population invited to screening)[b]	Percentage	LAD	6.1% 2011/12 Q1	0.5% 2022/23 Q2	0.3% 2023/24 Q2	▼							
NHS Health Checks (% of eligible population receiving screening)[b]	Percentage	LAD	2.2% 2011/12 Q1	0.4% 2022/23 Q2	0.2% 2023/24 Q2	▼							
Self-reported wellbeing (low satisfaction score)	Percentage	LAD	5.7% 2011/12	6.2% 2021/22	7.7% 2022/23	▲	18	22	4	6			0.34
Self-reported wellbeing (low worthwhile score)	Percentage	LAD	4.0% 2012/13	4.8% 2021/22	5.0% 2022/23	▲	13	12	4	5			0.10
Self-reported wellbeing (low happiness score)	Percentage	LAD	3.6% 2011/12	3.5% 2021/22	10.3% 2022/23	▲	20	19	3	4			0.27
Self-reported wellbeing (high anxiety score)	Percentage	LAD	22.0% 2011/12	22.6% 2021/22	24.3% 2022/23	▲	10	14	1	4			-0.01
Under 75 mortality from causes considered preventable	Directly Standardised Rate per 100,000	LAD	241.5 2001	212.1 2021	196 2022	▼	17	18	5	6			-0.01
Under 75 cardiovascular mortality	Directly Standardised Rate per 100,000	LAD	170.0 2001	80.16 2021	94.1 2022	▲	11	13	6	6			-0.28
Under 75 cancer mortality	Directly Standardised Rate per 100,000	LAD	185.6 2001	135.4 2021	147.1 2022	▲	18	27	5	6			0.76
Under 75 liver disease mortality	Directly Standardised Rate per 100,000	LAD	22.3 2001	30.5 2021	34 2022	▲	18	26	6	6			0.63
Under 75 respiratory disease mortality	Directly Standardised Rate per 100,000	LAD	45.1 2001	35.6 2021	35.5 2022	▼	20	12	5	4			-0.62
Suicide and undetermined injury mortality	Directly Standardised Rate per 100,000	LAD	12.7 2001-03	9.7 2019-21	11.6 2020-22	▲	10	16	1	4			-0.04

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	Former South Sefto	Former 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	Hampshire, Southampton & Isle of Wight
Torbay	Halton	Devon
	Rotherham	North Tyneside

The z-score provides a measure of how Sefton deviates when compared with the rest of the the North West. A score of ±1 shows Sefton is significantly different to the North West average

Key Issues

- The trend of increasing Y6 Childhood Obesity has continued and NW and SNG rankings have worsened for this time period. Sefton's rate does not differ significantly to England, NW or SNG average, however.
- Successful completion of drug treatment have decreased (for non-opiates in particular). Sefton's NW ranking have worsened and Sefton has the worst rates of successful completion in the Liverpool City Region for both opiates and non-opiates.
- Sefton's Under 75 mortality rates for causes considered preventable, cardiovascular diseases, liver disease and cancer are significantly higher than England average and North West rankings have worsened. Sefton ranks highest among its statistical neighbours for all these indicators
- Sefton's rate of alcohol related hospital admissions is significantly higher the England and North West average. Sefton has the 4th highest rate in the North West, only lower than Blackpool, Wirral and Liverpool.
- Sefton's proportion of overweight and obese adults has decreased slightly since the previous time period and Sefton's NW ranking has improved. However, Sefton's SNG ranking has worsened and Sefton's percentage continues to be significantly higher than the England average and the 2nd highest rate of LCR authorities.

Potential issues

- HLE estimates have worsened since the previous time period. However they remain the highest across the LCR and are not significantly different to the England average
- Teenage conception rate has increased since the previous time period and Sefton's North West and SNG rankings have worsened. However it remains the lowest across the LCR.
- Sefton's North West and SNG rankings for Suicide rate have worsened, although Sefton's rate does not differ significantly to the national and regional average or to those of LCR and SNG authorities
- Sefton's proportion of active/inactive adults and NW rankings have worsened compared to the previous time period. However, these indicators do not differ significantly to the England or NW average.
- All wellbeing indicators have worsened this time period (although these are not statistically significant differences). Sefton's SNG rankings have also worsened for all wellbeing indicators and NW rankings have worsened for low satisfaction and high anxiety. Again, however none of Sefton's wellbeing scores differ significantly from England, NW or SNG.

Notes

a Based on child's postcode of residence and may differ to other estimates (e.g. those based on children attending Sefton schools)

b Sefton has adopted a new delivery model for its Health Check programme. Rankings and scores do not provide meaningful comparisons for this indicator and have not been calculated

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.[10] 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[11].

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.
    - 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.

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

- **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.