

Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	Tuesday 18 June 2024
Subject:	Public Health Performance Framework		
Report of:	Director of Public Health	Wards Affected:	(All Wards);
Portfolio:	Public Health and Wellbeing		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

This is a six-monthly report, which focuses on 18 out of the 26¹ indicators which make up the Public Health Performance Framework, and which were updated in the larger national Public Health Outcomes Framework (PHOF)² from September 2023 through February 2024.

These indicators serve to describe the scale and distribution of population health problems, their underlying social, economic, and environmental causes and associated health inequalities. Where available, the overview includes trends over time and relevant comparisons with the national picture, other local authorities in the North West and Liverpool City Region, and areas with similar characteristics to Sefton (Statistical Neighbour Group). Information is also provided about Public Health led improvement actions that target these high-level indicators. The report highlights ongoing impacts on public health services and population groups from the pandemic and high costs of living.

Recommendation:

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

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

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

² [Public Health Outcomes Framework - OHID \(phe.org.uk\)](https://phe.org.uk)

Reasons for the Recommendation:

Committee Members have asked to receive this report routinely, which is usually every six months.

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

None

What will it cost and how will it be financed?

(A) Revenue Costs

No additional costs are identified within this report.

(B) Capital Costs

No additional costs are identified within this report.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): Not applicable	
Legal Implications: Not applicable	
Equality Implications: The equality implications have been identified and risk remains, as detailed in the report. Where the information is available, epidemiological data in this report has been discussed separately for population groups defined by some protected characteristics – age, sex, ethnicity, disability, as well as socio-economic status. Equality implications are described in terms of health inequality and this report provides actionable intelligence that feeds into ongoing population health improvement initiatives.	
Impact on Children and Young People: Yes There is relevance to children and young people because three of the indicators describe health issues that directly affect this age group (smoking in pregnancy and obesity in primary age children).	
Climate Emergency Implications: The recommendations within this report will	
Have a positive impact	No
Have a neutral impact	Yes
Have a negative impact	No
The Author has undertaken the Climate Emergency training for report authors	Yes

The report itself does not directly lead to action that will have a positive or negative impact on climate, so it is considered neutral. However, climate is identified as one of three important, contemporary risks to population health over and above those which existed before. These three risks are: the continuing unequal impacts of the Coronavirus pandemic; the high cost of living; and the likelihood of serious and destructive climate events.

Contribution to the Council's Core Purpose:

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

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD 7682/24) and the Chief Legal and Democratic Officer (LD 5782/24) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Not applicable

Implementation Date for the Decision

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

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Appendices:

The following appendices are attached to this report:

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

This is the full report originally presented at Cabinet Member for Health and Wellbeing's May 2024 briefing.

Background Papers:

**Public Health Performance report March 2024
Copy of Public Health Performance Framework indicators February 2024**

1. Introduction

1.1 The aims of the appended briefing report are to:

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

The complete Public Health Performance Framework – February 2024 is copied in Appendix A of the attached report, and separately. Appendix B of that report reproduces some background information from previous reports, which covers how statistics from the Public Health Outcomes Framework are arrived at and important issues to be aware of when interpreting population health data.

2. Summary

Updates in this report include indicators associated with health 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.

3. Overview

3.1 Strengths and improvements

- **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.

3.2 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.**

3.3 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**.

3.4 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.

3.5 Response

- **Public Health services have an important part to play in responding to and preventing high levels of population health need**. However, as the scale of socio-economic and other inequalities in health reveals, the fundamental causes of this need are found in the complex interaction of different **health determinants** across the life-course.
- Updates in this report describe several examples of how the public health team and services are **enabling system improvements**, for example the range of interventions to improve childhood nutrition.