Cabinet Member / OSC (ASCH) Update Report Agenda Item		
Councillor	**Portfolio**	**Period of Report**
Ian Moncur	Health and Wellbeing	March – Aug 2023
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 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 September 2022 to February 2023. This report concentrates on 11 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 March 2023 through August 2023.

These indicators serve to describe the scale and distribution of population health problems, their underlying 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.

The complete Public Health Performance Framework – August 2023 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 Liverpool City Region; line charts showing Sefton 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).

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

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 behaviours (smoking, physical activity in adults, and under 18 conceptions); health risks (excess weight in adults); and service activity (successful drug treatment rates, and NHS Health Checks). In view of several positive developments to support better population mental health service, updates have also been included for relevant indicators (section 3.14, 3.15).

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

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

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

- **Strengths and improvements**: This review of updated performance indicators includes some notable areas of continuing good performance and improvement.
  - **Smoking:** The best estimate from a large, routine survey in 2022 is that one in thirteen (7.9%) of adults in Sefton currently smokes**.** Sefton has the lowest adult prevalence of smoking in the North West and amongst statistical neighbours. Sefton achieved the Government's target of reducing adult smoking prevalence to under 12.0% by 2022. Smoking rates decrease in later life and Sefton's relatively low prevalence in part reflects the larger proportion of senior adults in our population. Smoking remains a leading cause of premature illness and disability and health inequalities. The Government has set out new

policy proposals to help achieve its ambition of a smokefree generation and to prevent youth vaping, which include a public consultation.
  - **Smoking in pregnancy:** Although Sefton has not achieved the national target reduction to 6% in 2022, a further 1.0% reduction to 9.0% in 2021/22 means that compared to similar areas, and former CCG (Clinical Commissioning Group) geographies in the North West, Sefton continues amongst the best performing areas on this indicator. The Government has announced two years of funding to financially incentivise not smoking in pregnancy, with up to £400 worth of vouchers available to women who demonstrate smokefree status at each checkpoint during their pregnancy.
  - **Under 18 conceptions:** Despite a small increase in the year to December 2021 (15.7/1000, 69 conceptions) Sefton's rate remains in line with England and ranks lowest in LCR.
  - **Physical activity:** A large increase in the proportion of physically active adults from 61.3% in 2019/20 to 66.0% in 2020/21 has been maintained in the latest data (65.9%, 2021/22).

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

- **Points to note**
  - **Excess weight in adults:** The excess weight rate (% overweight or obese) for adults in Sefton in 2021/22 is 71.2% - similar to 2020/21 (71.5%), and up from 66.3% in 2019/20. This level of increase has been seen previously in recent years, but it continues to place Sefton's

rate significantly higher than the national average (63.8%) and towards the upper end of the distribution in the North West and amongst similar areas.

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

- **COVID-19 and cost of living**
  - Updated indicators discussed in **this report reflect data collected either during the later pandemic phase in 2021, or early post-pandemic period from 2022 through 2023.**
  - As discussed in earlier reports, pandemic disruption to usual ways of life, the delivery of health services, and people's behaviour in terms of seeking healthcare combined to cause distinct impacts on population health. A good example, is the marked reduction in smoking rates in

lower income groups during 2020, followed by a rebound to pre-pandemic rates by 2022.
    - The unequal health and social impacts of the pandemic continue to be well documented. **The negative effects of high cost of living on health fundamentals such as adequate diet, social connection, and protection from cold will further tip the scales towards greater health inequality in Sefton**. A third strand of health risk also comes the rapidly growing likelihood of serious climate events.

- **Response**
    - **Public Health services have an important part to play in responding to and preventing high levels of population health need**. However, as the scale of socio-economic and other inequalities in health reveals, the fundamental causes of this need are found in the complex interaction of different **health determinants** across the life-course.
    - Updates in this report describe several examples of how the public health team and services are **enabling system improvements**, for example the current mapping and review of Sefton's weight management service offer against evidence-based recommendations.
    - Sefton's **Combatting Drugs Partnership** has now been in place for one year. A **notable success** has been the two thirds increase in the overall number of people in drug treatment (1912), recent improvements in **drug treatment** outcomes (yet to appear in PHOF data), and the exceptionally strong record of continuity of care provided by the current substance use service provider, CGL.
    - A wide range of activity is also taking place to improve community access to oral, long-acting, and emergency forms of contraception. Public health officers are also contributing to a **teenage pregnancy** self-assessment exercise with other local authorities to identify further improvements.

Recommendation

The Cabinet Member for Health and Wellbeing is recommended to,

1) Note and comment on the information contained in this report, which will also be presented in full at the meeting of the Overview and Scrutiny Committee (Adult Social Care and Health) on 23rd January 2024.

3. Overview

Appendix A contains the Public Health Performance Framework dashboard as at August 2023.

Six of the 11 updated indicators have a green direction of travel arrow, showing the current figure has improved when compared to the previous figure

(prevalence of smoking and excess weight in adults). **Five indicators have red arrows, showing that the latest data is less favourable** compared to the previous value (rates of conceptions in under 18s, successful drug treatment outcomes, and physically active/inactive adults).

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.

Seven out of the 23 indicators lack trend data; however, this does not affect any of the updated indicators (shaded purple), which are the focus in this report. For the alcohol-related hospital admissions indicator this is because it is a newly introduced measure for this outcome and so comparable past data is not available. The change arrow is also missing for the 'life is worthwhile' dimension of wellbeing because numbers were too small to allow for a reliable year to year comparison; and for the five mortality indicators because past figures are being updated to take account of Census 2021 population data.

The North West RAG-rated rankings are split - four are green, showing a relative improvement (smoking, excess weight in adults) **and five red**, showing a relative deterioration (conceptions under 18, physical activity and successful drug treatment outcomes).

In comparison to **Sefton's five closest statistical neighbours**, Sefton has maintained its position in the rankings (yellow) for smoking and physical inactivity indicators but ranked position has worsened (red) for conceptions under 18, physical activity, and excess weight.

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

[3] Major conditions strategy: case for change and our strategic framework - GOV.UK (www.gov.uk)

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

- 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**.

[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 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 process of recommissioning Sefton's smoking cessation service as part of Living Well Sefton continues.
- An application and proposal to participate in the Government's Swap to Stop intervention is to be submitted. Swap to Stop will encourage current smokers to swap cigarettes for a free trial of e-cigarettes (the scheme does not permit disposable vapes).
- The stop smoking service is now receiving referrals through the Targeted Lung Health Check programme delivered by NHS partners which identifies people aged 55 to 74 who have ever smoked and are registered with GPs in South Sefton.
- The stop smoking service has developed an offer for young people with a focus on vaping cessation as well as smoking. An education programme delivering workshops and assemblies has been delivered in secondary schools and community youth groups, with 16 assemblies being delivered and 14 workshops in the last quarter with a total of 2849 young people engaged in this delivery.
- Demand for support in primary schools was also requested and an initial assembly for years 4,5 and 6 was completed in one school, followed by two further workshops for year 5. Following this pilot, a delivery package is now on offer to all primary schools across Sefton.

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 social gradient for women who are identified as continuing to smoke at the end of their pregnancy is less steep, compared to in early pregnancy. This shows that Maternity and Stop smoking services are delivering effective support for women who experience multiple challenges. But it also underlines the necessity of building in wider psycho-social support in the post-natal period to improve mental wellbeing and lower risk of relapse or continuation of smoking.

The Government had 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 NHS-funded tobacco treatment services in hospitals. Furthermore, up to £10 million will be provided in England over two years to offer financial incentives to encourage all pregnant smokers to quit. Vouchers will be issued at specified time points during the quit journey, contingent on ongoing engagement with behavioural support and evidence of smokefree status. The maximum value is £400.

Key points

- In 2021/22 **9.0% (n=220) of pregnant women in Sefton were identified as continuing to smoke at time of delivery.** This compares to 10.0% in 2020/21; 10.6% in the North West (Sefton's rate rank's 6th lowest), and 9.1% in England. Sefton is now in line with the national average rate for the third successive year.
- The latest updated data for the former CCG areas of South Sefton and Southport and Formby dates from April 2022 through March 2023 and show further reductions: **South Sefton 9.1% and Southport and Formby 7.4%.** The dark blue trendline for South Sefton in the framework (Appendix A) illustrates the impressive decrease in smoking throughout pregnancy that has been achieved.
- Although Sefton has not achieved the target reduction to 6% in 2022 the **external inequality in smoking in pregnancy has been closed** and the internal difference in smoking in pregnancy rates in Sefton continues to narrow. **Compared to similar areas, and former CCG geographies in the North West, Sefton continues amongst the best performing areas on this indicator.**

Action and progress update

- Southport and Ormskirk 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 Southport and Ormskirk Hospital, 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:
  - CO monitoring has now 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 Southport and Ormskirk and the current evidence-based pathway is being amended.
  - There has been an increase in referrals to the smoking in pregnancy advisor from Liverpool Women's Hospital. This is attributed to weekly catch ups between the service and the hospital's specialist midwife.

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 almost unheard 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.

The Government has published 'Childhood obesity: a plan for action, chapters 1 and 2' and has set a goal of halving childhood obesity and reducing the gap in obesity between children from the most and least deprived areas by 2030. **In 2020, a further policy paper was published called, 'Tackling obesity: empowering adults and children to live healthier lives'.** This brought in legislation to require largescale restaurants, cafes and takeaways to use energy labelling on their menus and preventing retailers from offering promotional deals on the unhealthiest foods.

Nationally, the proportion of children who are obese is over twice as high in the most compared to the least deprived tenth of the population in reception. The social gradient remains **in year 6, but the prevalence of obesity is twice as high in this end-of- primary school age group compared to reception**. Health inequality in childhood excess weight has increased over time because of rising prevalence of obesity and severe obesity in children experiencing the highest levels of disadvantage. The rate of obesity is matched in boys and girls in reception but is slightly higher in boys in year 6.

In reception, obesity is most prevalent in children of Black African ethnicity and lowest in children of Chinese ethnicity (these groups are separated by an almost four-fold difference). White British children fall in the middle of this range. In year 6, this gap is halved because the rate of increase in obesity is 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 the importance of not depending on individualistic interventions to deliver high impact change**.

Key points

- The prevalence of obesity in **reception age** children is **11.3% in 2021/22 – effectively unchanged from the baseline measure of 11.4% in 2007/08**. The trend over this time is stable.
- In 2021/22 **Sefton is slightly, but statistically significantly higher than England (10.1%)**.
- Sefton ranks approximately in the middle of North West local authorities, but **continues to have the highest prevalence amongst statistical neighbours.**
- Only Trafford in the North West shows a sustained downward trend below the national average in recent years, with most local authorities in the region static, and some rising.

3.5 Obesity in year 6

Key points

- Trend from 2007/8 to 2021/22 shows that nationally, the percentage of children in year 6 who are overweight or obese has risen from 18.3% to 23.4%. **During this period the year 6 obesity rates in Sefton have closely tracked the national trend, rising from 17.3% to 23.3% in 2021/22.**
- **Over half of local authorities in the North West have year 6 reception rates that are above Sefton's. However, this is the case for only one of Sefton's five closest statistical neighbours.**
- **Over their primary school years the prevalence of obesity in the current year 6 cohort increased from around one in ten at reception to close to one in four.**
- Trafford and Stockport are notable for maintaining a trend below the national average over several years.

Action and progress update

- The Integrated Wellness Service for children 'Happy 'N' Heathy' is now operational as an integrated partnership and due to be launched publicly by summer 2023. It brings together all public health commissioned programmes, including the 0-19 Service, 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, including having the conversation around weight with families. Signposting across services should also mean that children, young people and families reach appropriate support for healthy weight.
- The children and family weight management service 'Move It' continues to be delivered. Due to increased demand, additional capacity is due to be added to the service to focus on children aged 0-5 years. 178 children and young people accessed the service in 2022/23, with 60% of those completing reducing weight and 68% reducing waist circumference.
- The universal programme for schools 'Active Schools', which delivers healthy lifestyle support, has delivered to 8,552 Primary School children in 2022/23.
- 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.
- Delivered through the 0-19 Service, Sefton are participating in the research pilot study for 'Map Me', an intervention tool, which aims to improve parental acknowledgement and understanding of child overweight and obesity. As a result of greater understanding, the aim is to improve weight outcomes for children who are classified as being outside the desired weight range. The

pilot will be completed by the end of the summer. The pilot is being evaluated by Newcastle to ascertain whether the tool should be brought in as part of the National Child Measurement Programme (NCMP).

- Piloted in summer 2022 following NCMP results, the School Health Team began making follow up phone calls to parents and carers of children who received overweight or very overweight letters, offering them advice and support, and signposting into the MOVE IT Programme. This led to a significant increase in referrals to MOVE IT, and due the success has been mainstreamed as part of the 0-19 Service.
- As part of a 12-month pilot programme, 10 front line practitioners across the 0-19 Service, Active Sefton and Early Help are due to be trained in HENRY, a weight management programme for families with 0–5-year-olds. It will allow them to deliver the HENRY course, whilst increasing competence and confidence to talk about weight.
- Under the Obesity Action Plan and its life course approach, a 'Start Well' Obesity sub-group has been developed. With representatives across the children's partnership, the group intend to push forward the obesity agenda and actions to improve it locally.
- All Active Sefton facilities and services are back up and running, including all physical activity support services for children and young people (Active Schools, MOVE IT, the 121 Programme, Be Active and Park Nights).
- Linked to healthy weight, Public Health continue to support the breast feeding offer delivered through Mersey Care, in addition to updating Sefton Councils breast feeding policy to ensure breast feeding mothers can continue after returning to work.

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.
- The Living Well Sefton Service are also delivering the Weigh Forward Programme, in addition to cook and eat sessions in the community.
- 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 focusing on implementation of the Healthy weight Declaration and Age Well 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.
- Separate 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 also being completed by a Local Authority Public Health Registrar focusing on gaps in provision and best practice.

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.
- 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. The consultation and engagement phase has now been completed and taken account of for the development of the strategy, which is now 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 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.

The Office for Health Improvement and Disparities rationale for monitoring this indicator is that individuals achieving this outcome demonstrate a significant improvement in health and well-being, increased life expectancy, reduced blood-borne virus transmission, improved parenting skills and improved physical and

psychological health. Sustained recovery from addiction is also aligned with reduction in offending behaviour, with benefits for the wider community. UK Clinical Guidelines for Substance Use Treatment recognise that for older opiate users with other complex needs harm reduction rather than abstinence outcomes are often more appropriate.

It is important to understand this indicator within the local context. Sefton and neighbouring authorities work with an older cohort of opiate users, a legacy of more widespread heroin use on Merseyside in the 1980s and 1990s. Moreover, in Sefton a higher proportion of service users have other complex needs including mental health diagnosis. Sefton has significantly lower rates of unmet need in its opiate and crack cocaine using population and a history of strong continuing engagement with the substance use service.

Key points

- The latest data (appendix A) is for the for the year to December 2022 and shows **3.0% 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 6 places in the North West rankings and has the lowest opiate treatment success rate from amongst five statistical neighbours and in LCR.
- It is important to note that in most areas numbers of successful treatment outcomes each year is small (e.g. 30 to 50 Sefton). This means that small year on year improvements or reductions in service outcomes can be obscured by random variation.
- An important relationship between higher socio-economic deprivation and lower treatment success rate is present. National data shows that the success rate for service users living in the 10% most affluent areas is almost twice that of those who live in the 10% most deprived.

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

Issue description

Engaging with Sefton’s substance use service offers a range of supportive and preventative benefits including access to testing and treatment for blood borne viruses, a route into mental health, welfare and employment support, and better relationships with family and other supporters.

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 17.6% in the year to December 2022. The current success rate is half of what it was in the previous year and a quarter of the rate at baseline in 2011.**
- The chart in appendix A shows that this indicator has z-score of -2.0, which indicates that **Sefton's rate at the end of 2022 was very significantly lower than the North West average** (31.6%). **A z-score like this is usually explained by a 'special cause' – an influence outside the previous day to day running of a service**, in this case the changeover to a new provider, CGL.
- Unsurprisingly, Sefton's rate qualifies as lowest in the North West, LCR and amongst statistical neighbours.
- National performance has stayed relatively steady since 2018. Just under half of North West local authorities have significantly better outcomes than England, and there is nearly a three-fold difference in the success rates of the top and bottom ranked authorities (Trafford, 51.0% vs Rochdale 18.6%).
- There is evidence at a national level that programmes to support the most disadvantaged service users have **disrupted expected social inequalities in this outcome to some extent**, in that the lowest success rates are often not associated with service users from this population group. However, the most recent data still places success rates for least disadvantaged services users well above other groups. This follows a striking increase in successful treatment outcomes amongst service users resident in the most affluent areas during the pandemic.

Action and progress update

- National Drug Treatment Monitoring System (NDTMS) as of August 2023 shows that Sefton opiate only successful completion rates have risen to 5% against an England average of 6%. This indicates signs of improvement in performance and the service will continue with a dedicated service action plan to further improve.
- As previously highlighted, since CGL took over as provider in Sefton the numbers in treatment have grown from 1152 to 1912 (a growth of 65.97%) which has taken capacity out of the system from successful completions. It also represents the best performing service in the country for increasing numbers in treatment a major current focus for OHID.
- During this time period CGL Sefton has also achieved 80% continuity of care compared to a national average of 44% and again above OHID target of 75%. Sefton is the 2nd highest performing in the country for this measure.
- Successful completions which do not represent within 6 months is a key focus and there is a service action plan in place to continue to improve performance.

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, 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 1 comparison for 2023/24 and 2022/23 for the percentage of the eligible population who were offered screening in this period (0.5% up from 0.1%) and the percentage of the eligible population who received screening (0.4% up from 0.1%).
- **The PHOF provides cumulative outcomes for the last 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 42.3%. In the North West the average was significantly lower – 38.1%. In Sefton the proportion of people offered a

check who went on to receive it was the highest in the North West (80.5%), albeit the total number of health checks was by far the lowest amounting to 2.4% of those eligible across the five years (compares to 27.4% in England and 32.3% in the North West).

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

Several research studies measured changes in mental health during the pandemic and showed that population wellbeing fluctuated with waves of infection and 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. **Supporting population mental wellbeing in the context of ongoing cost of living pressures is one of the biggest population health challenges**.

The impact of unidentified and untreated mental health disorders can cause significant health impacts across the life course; early intervention can prevent problems escalating and brings major societal benefits. 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.

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

Population wellbeing statistics presented in the PHOF are obtained by national **self-report survey** from a sample of Sefton's population. Previous disruption to the

survey in Sefton and elsewhere means that previous rankings could not be calculated in the low satisfaction and low wellbeing dimensions of wellbeing. In contrast to 2020/21, latest data for 2021/22 is provided for all four dimensions of wellbeing: life satisfaction, life is worthwhile, feeling happy, feeling anxious.

Key points

- At a national level, there was an increase in the percentage of people who reported feeling low satisfaction, low sense of life as worthwhile, low happiness and high anxiety at the height of the pandemic in 2020/21. This dropped back to just above pre-pandemic levels in 2021/22.
- Sefton follows this trend, and current figures are non-significantly above the national average.
- The survey estimates that nearly a quarter of Sefton's population (**22.6%) would have reported high anxiety**. The prevalence of this experience is high, but in context only five local authorities in the North West, and none in the statistical neighbour group reported a lower rate.
- **One in ten self-reported feeling unhappy (9.5%)**.
- **One in sixteen self-reported low satisfaction with life (6.2%)**,
- **One in twenty reported low feelings that life is worthwhile (4.8%)**

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 2022/23, 350 children and young people accessed the service, with 85% showing an improvement in mental wellbeing, as measured through the WEMWEB tool.

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 officially launches across Sefton via a roadshow across directly to local residents in their communities. An advertising company was commissioned including promotional staff who distributed stickers and posters for local businesses across the borough to display.

On the launch day there was a team supporting this process who travelled across the borough to promote the campaign including representation from the Sefton Public Health team, Sefton Council comms, the Crisis Café, Seans Place, Parenting 2000 and Sefton CVS. The team were accompanied by a digital advertising van and stopped off at 5 locations to give out business cards and chat to members of the public about the campaign and offer reassurance that help is available for anyone in need.

The locations visited were

- Bootle Oriel Road Station
- The Strand shopping Centre Bootle
- Waterloo Station
- The Hair Project, Southport
- Southport train station

The campaign is now visible across the borough with bus advertising, digital retail displays and kiosk advertising across Sefton that will continue to be displayed until at least mid-October aligning with both World Mental Health Day and World Suicide Prevention Day. The social media, and digital radio campaigns will run alongside this and beyond. An additional highlight of the launch day was the Radio City tower being lit in Green to celebrate the launch of the We're Here Campaign.

3.15 Suicide

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.

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 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

- 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 2019-21 there were 71 deaths from suicide in Sefton, giving a **rate of 10.0 per 100 000, which is in line with the England average (10.4 per 100 000).**
- As elsewhere, the **rate in males is around three times higher than for females**.
- The national rate has varied very little over the past 20 years. Sefton's rate briefly rose significantly above the England average in the middle of the last decade. **However, rolling averages then reduced over the past 5 years, registering a small increase in these most recent figures for 2019-21.**

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.
- Business Intelligence conducted a deep dive into our local self-harm data after uncertainty regarding its true rate. This has been presented to the Emotional Health and Wellbeing Board and self-harm has since been added to the local Sefton Suicide Prevention Action Plan and Suicide Prevention Board as a standing agenda item.
- The Ripple tool has been presented to colleagues in education across the borough as software to prevent harmful material relating to suicide methods and self-harm behaviours for young people.

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**.

The 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 causes of death are largely the same as those shown in the circle diagram (blood vessel disease, lung disease and cancer) but **happen earlier in life.** 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).

Having multiple behavioural risks is strongly associated with social, economic and environmental **deprivation**. **Psycho-social risk factors** e.g., chronic stress, past trauma, high uncertainty and low control over life's events and choices favour development of health-risking behaviours. These challenges also make it harder to start and maintain positive changes, and to access and benefit from medical and other individual interventions.

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

The **cost of health inequality** falls on individuals and society and is counted in lost potential, earnings, education, and healthy years of life. Health and Care services remain under-resourced in the face of large-scale, complex population health needs. **Health inequality is one of the main reasons why the Health and Care System is not operating on a sustainable footing.**

Key points

- As noted in the framework under **noted, 'data is only available for 2021, historical data will be re-calculated and published once updated populations for mid 2012 to 2020 based on the Census 2021 become available.'**
- In 2021, as for the last several years, the preventable mortality rate in Sefton is **significantly higher than for England** (590 deaths, 213.3 per 100 000 vs 183.2 per 100 000).
- **Most local authorities in the North West have higher rates for this indicator** and **Sefton also has the lowest rate in LCR**. By contrast, most of Sefton's close statistical neighbours have lower rates of preventable mortality.
- **Preventable mortality is twice as high in males compared to females**. This probably reflects historic differences in smoking, alcohol use, occupational risks, injury and suicide.
- The **difference in preventable mortality rates at extreme ends of the socio-economic scale in Sefton is likely to be two-fold or higher** – driven by earlier onset and a higher risk of developing more than one life-limiting condition.
- **Prevalence of obesity risks rising rates of preventable premature mortality in coming years**

3.16 Under 75 cardiovascular mortality

Issue description

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

Key points

- In 2021, there were 221 deaths in Sefton residents aged under 75 due to cardiovascular disease. **The rate is similar to England** (80.2 per 100 000 vs 76.0 per 100 000).
- **Most local authorities in the North West have higher rates than Sefton**, and in LCR only Wirral has a slightly lower rate. **Most of Sefton's close**

statistical neighbours, like Wirral, have a lower rate of premature mortality from cardiovascular disease.

- The comments above about sex and socio-economic inequalities in preventable premature mortality apply equally to premature deaths from cardiovascular disease.
- 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 387 deaths from cancer in individuals aged under 75 in Sefton in 2021.
- **Sefton's rate is significantly higher than the England average** (135.1 per 100 000 vs 121.5 per 100 000), and Sefton ranks towards the middle of the range of values in the North West. Amongst close statistical neighbours, Wirral has the highest rate, followed by Sefton.
- **Males have a higher rate than females, but the difference is less than for cardiovascular mortality** and liver disease.
- Based on national health inequalities for this indicator, rates of **premature death from cancer are likely to be at least 50% higher in Sefton's most deprived communities** in comparison with Sefton's least deprived communities.
- It is likely that this indicator reflects some indirect mortality impacts from the Coronavirus pandemic and will show more influence from high prevalence obesity longer-term.

3.18 Under 75 liver disease

Issue description

Almost all liver disease is preventable, caused by alcohol, obesity and blood borne hepatic viruses. 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 2021, there were 83 deaths from liver disease in residents aged under 75.
- Like most North West local authorities, **Sefton's rate of premature liver disease is significantly above the England average** (30.5 per 100 000 vs 21.2 per 100 000). Nine local authorities including Wirral have lower rates than Sefton. **However, Sefton has the highest rate amongst close statistical neighbours.**
- The rate of premature death from liver disease in males is approaching twice that in females.
- In England, **there is a step-wise increase in rates from least to most deprived populations. 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 faster rate of increase in overweight and obesity in females and possibly also changes to patterns of alcohol use in females may see the gender gap in liver disease mortality narrow in coming years**.
- It is likely that this indicator reflects some indirect mortality impacts from the Coronavirus pandemic.

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, of which tobacco (49%), cold (22%), occupational exposure (11%), particulate air pollution (8%), and other preventable causes (10%).

Key points

- In 2021, there were 102 premature deaths from chronic respiratory disease in Sefton.
- **Sefton's rate is significantly higher than England's rate (35.7 per 100 000** vs 26.5 per 100 000), but close to the North West average.
- Wirral has a higher rate of premature mortality from chronic respiratory disease, but **Sefton's other statistical neighbours have lower rates, similar to the national average.**
- The **premature mortality rate for males is around one third higher than for females**, which is similar to the pattern seen for cancer mortality, and less marked than the larger excess in male deaths noted for liver and cardiovascular disease.
- Data for England, show a large health inequality. **The rate of premature death in the most deprived ten per cent of the population approaches three times that in the least deprived ten per cent**. The inequality in Sefton

is likely to be at least this great. This **may reflect more recent socio-economic trends in smoking as well as occupational and air pollution exposures**.
- It is likely that this indicator may reflect some indirect mortality impacts from the Coronavirus pandemic.

Action and progress update

- The many service and population health programme updates in this report all contribute towards lowering future premature mortality.
- The 2022/23 Public Health Annual Report took an in-depth look at the topic of ageing in Sefton. Recommendations challenged readers and decision-makers to look afresh at the concepts and language that apply to senior residents, and to support seniors to shape the places they live and services they use. Accessible communication and mental wellbeing were also important themes reflected through research evidence and the words of seniors themselves.
- Momentum to gear-up local action on child poverty continues and a second event is planned for the end of June focusing on the Prospects theme. Sefton's work on Child Poverty has fed into an increasingly inter-connected array of work focused on healthy places. Abundant evidence shows that action on the social and wider determinants of health has the largest and most cost-effective impact on population health and inequalities.
- Senior members of the Public Health Team have continued to provide population health expertise towards development 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 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 Cabinet Member for Health and Wellbeing is recommended to,

1) Note and comment on the information contained in this report, which will also be presented in full at the meeting of the Overview and Scrutiny Committee (Adult Social Care and Health) on 23rd January 2024.

Margaret Jones, Director of Public Health
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Claire Brewer, Public Health Analyst

Appendix A

Public Health Performance Framework - August 2023

Indicator	Unit	Geography	Baseline	Previous	Latest	Dir of Travel	Prev. NW Rank	Latest NW Rank	Prev. SNG	Latest SNG Rank	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	9.5% 2021/22 Q1-4	9.1% 2022/23 Q1-4	▼	9	7	1	1			-0.48
Smoking at the time of delivery (Southport & Formby)	Percentage	CCG	11.7% 2013/14 Q1	8.1% 2021/22 Q1-4	7.4% 2022/23 Q1-4	▼	3	2	2	2			-1.12
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	11.0% 2018/19	11.3% 2021/22	▲	25	23	6	6			0.49
Obesity in year 6[a]	Percentage	LAD	17.3% 2007/08	21.4% 2018/19	23.3% 2021/22	▲	24	17	5	5			-0.14
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	65.9% 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	4.67% Jan21-Dec21	2.99% Jan 22-Dec22	▼	16	22	2	6			-1.32
Successful Completion of drug treatment (non-opiates), and didn't re-present within 6 months	Percentage	LAD	64.6% Nov 10 - Oct 11	34.18% Jan21-Dec21	17.62% Jan 22-Dec22	▼	15	23	4	6			-2.00
Alcohol-related hospital admissions (narrow)	Directly Standardised Rate per 100,000	LAD	598.0 2021/22		598.0 2021/22			36		3			1.13
NHS Health Checks (% of eligible population invited to screening)[b]	Percentage	LAD	6.1% 2011/12 Q1	0.1% 2022/23 Q1	0.5% 2023/24 Q1	▲							
NHS Health Checks (% of eligible population receiving screening)[b]	Percentage	LAD	2.2% 2011/12 Q1	0.1% 2022/23 Q1	0.4% 2023/24 Q1	▲							
Self-reported wellbeing (low satisfaction score)	Percentage	LAD	5.7% 2011/12	7.2% 2020/21	6.2% 2021/22	▼	c	18	3	4			0.35
Self-reported wellbeing (low worthwhile score)	Percentage	LAD	4.0% 2012/13	c 2020/21	4.8% 2021/22		c	13	c	4			0.07
Self-reported wellbeing (low happiness score)	Percentage	LAD	9.6% 2011/12	10.5% 2020/21	9.5% 2021/22	▼	8	13	4	3			0.05
Self-reported wellbeing (high anxiety score)	Percentage	LAD	22.0% 2011/12	26.0% 2020/21	22.6% 2021/22	▼	10	6	3	1			-0.55
Under 75 mortality from causes considered preventable[d]	Directly Standardised Rate per 100,000	LAD	213.3 2021		213.3 2021			19		5			-0.15
Under 75 cardiovascular mortality[d]	Directly Standardised Rate per 100,000	LAD	80.2 2021		80.2 2021			13		6			-0.58
Under 75 cancer mortality[d]	Directly Standardised Rate per 100,000	LAD	135.5 2021		135.5 2021			19		5			0.02
Under 75 liver disease mortality[d]	Directly Standardised Rate per 100,000	LAD	30.5 2021		30.5 2021			20		6			0.17
Under 75 respiratory disease mortality[d]	Directly Standardised Rate per 100,000	LAD	35.7 2021		35.7 2021			22		5			0.06
Suicide and undetermined injury mortality	Directly Standardised Rate per 100,000	LAD	12.7 2001-03	9 2018-20	10 2019-21	▲	7	9	1	1			-0.70

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 Sefton CCG	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

- Childhood Obesity indicators have increased (particularly for Y6), although NW rankings have improved and Sefton's rates do not differ significantly to SNG authorities
- Successful completion of drug treatment (opiates and non-opiates) have decreased and Sefton's rankings have worsened. Sefton has the worst rates of successful completion in the Liverpool City Region.
- Sefton's Under 75 mortality rates for causes considered preventable, liver disease, cancer and respiratory disease are significantly higher than England averages. Sefton's rate of liver disease is the highest of it's statistical neighbours
- Sefton's rate of alcohol related hospital admissions is significantly higher the England and North West averages. Sefton has the 4th highest rate in the NorthWest, 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 ranking for Suicide rate has worsened, although Sefton's rate does not differ significantly to the national and regional averages 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 averages.

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 zscores do not provide meaningful comparisons for this indicator and have not been calculated
c Values cannot be calculated due to too few cases
d Data only available for 2021, historical data will be re-calculated and published once updated populations for mid 2012 to 2020 based on the Census 2021 become available

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.[7] 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[8].

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.

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

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

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

- **What goes into an indicator?**

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

- **Evaluating differences across time and place**

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

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