

Report Title: Here

Date of meeting:	Tuesday 7 January 2025		
Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)		
Report of:	Director of Public Health		
Portfolio:	Health and Wellbeing		
Wards affected:	All wards		
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 12 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 March 2024 through August 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.

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

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

Recommendation(s):

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

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

Reasons for the Recommendation:

Committee Members have asked to receive this report routinely.

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

None

1. The Rationale and Evidence for the Recommendations

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 enduring impacts of the Coronavirus pandemic and high cost of living,
- Make recommendations as required.

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

2. Summary

Updates in this report include indicators associated with

- pregnancy (conceptions in under 18s and smoking rates at the end of pregnancy)
- health behaviours (excess weight in adults, physical activity and inactivity in the adult population, and admissions to hospital related to alcohol)
- public health services (successful drug treatment rates and NHS Health Checks)
- preventable causes of death (mortality rate from suicide and undetermined injury)

Updated indicators discussed in this report mostly reflect data collected during the so-called 'post-pandemic' phase, dating from 2022 up to spring 2024 in the case of NHS Health Checks. This period also spans a period of high cost of living and falling living standards. Subsequent updates may reveal population health consequences associated adverse climate events as well.

As Sefton's large gap in life expectancy at birth shows (updated previously - see full report 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.

3. Overview

3.1 Strengths and improvements

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

- **Smoking in pregnancy:** prevalence in the north of the borough has continued to fall slightly faster than the national average and in the south of the borough rates are falling approximately in line with the national average. Overall, Sefton (8.5%, n=202) has remained in line with the national average rate (8.8%) for a fourth successive year. As noted in previous reports, progress on this outcome 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.
- **Successful Completion of drug treatment:** 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. **The Latest Sefton data showing substantial progress (July 2023 - June 2024)**
 - Opiates and/or Crack – Sefton 45%, England 45%.
 - Opiates only – Sefton 65%, England 58%.
 - Non-opiates only – Sefton 54%, England 49%.
- **Alcohol-related hospital admissions rate (narrow):** in the financial year 2022/23 were 514 per 100 000 as a directly standardised rate. The term directly standardised means that differences in the age profile of Sefton's population have been adjusted for. This represents **quite a large drop from 598.0 per 100 000 DSR in the later pandemic period of 2021/22, which is reflected in the 6-point rank improvement.**

3.2 Points to note

- **Overweight and obesity in adults:** Overweight and obesity in adults has improved by 2 percentage points. **Prevalence is 69.2% for 2022/23** compared to 71.2% in 2021/22. Sefton continues to **have a statistically significantly higher rate than England (64.0%).**
- **Physical inactivity:** The latest data show that **Sefton has a statistically significantly higher rate of physical inactivity (26.8%) compared to England (22.6%, stable trend),**

and this was also the case in the two years prior to the start of the Coronavirus pandemic. National data shows 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.

- **NHS Health Checks:** 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. **The PHOF provides cumulative outcomes on a rolling five-year cycle (2020/21 to 2024/25).** During these years, the proportion of the national eligible population which was offered a health check was 57.9%. In the North West the average was significantly higher – 82.1%. In **Sefton** the proportion was **3.9%**.
- **Mortality from suicide:** Incidence of suicide and injury of undetermined intent in Sefton **remains in line with the national picture and North West rate, with an expected level of variation** year to year. This similarity with England rates extends to the wider range of indicators available in the OHID suicide profile. Sefton's suicide rate has not been statistically significantly higher than England's since 2015-17 and has not been statistically significantly lower since 2007-09.

3.3 Health inequality

- **None 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 from national data, e.g. according to indices of multiple deprivation is discussed in context for Sefton.
- **Sefton's alcohol-related admission** rate for males is significantly higher than the England average for males and is almost 2.5 times the admission rate for females (which is in line with the England rate). The **gap between Sefton and England remains significant** but has **closed to an 8.0% difference from a recent peak, 45.0%** higher than England rates in 2019/20.

3.4 COVID-19 and cost of living

- Updated indicators discussed in **this report mostly reflect data collected during the so-called 'post-pandemic' phase, dating from 2022 up to spring 2024 in the case of NHS Health Checks**
- 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. Noting these socio-economic factors, it is likely that longer-term effects of the pandemic and increased cost of living have **at least maintained if not widened health inequalities in this important health behaviour.**
- 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 risk further tipping 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**, e.g. flooding and drought.

3.5 Response

- **Public Health services have an important part to play in responding to and preventing higher 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,
 - Plans for improved outreach support to the most vulnerable in the community to access sexual health care, including young people with care experience.
 - Updates to the obesity action plan to reflect the even more challenging behaviour change context created by the cost-of-living crisis, and additional training to develop skills and capacity in tiers one and two of the draft adult weight management pathway.
 - A range of improvement actions to substance use support that reflects the impact of additional physical and mental health, and social needs on recovery and wellbeing.
 - More primary, secondary and tertiary prevention activities focused on alcohol use across the life-course.
 - Sefton suicide prevention board is refreshing its action plan and has started to hold spotlight sessions to forge stronger links with relevant partners working on areas such as substance use, domestic abuse and gambling.

2. Financial Implications

Not applicable

3. Legal Implications

Not applicable

4. Risk Implications

Not applicable

5 Staffing HR Implications

Not applicable

6 Conclusion

Alternative Options Considered and Rejected:

None

Equality Implications:

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

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

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

Impact on Children and Young People: Yes

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

Climate Emergency Implications:

The recommendations within this report will have a Neutral impact.

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.

What consultations have taken place on the proposals and when?

(A) Internal Consultations

Executive Director of Corporate Services and Commercial (FD7893/24) and the Chief Legal and Democratic Officer (LD5993/24) 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.

Contact Officer:	Helen Armitage
Telephone Number:	
Email Address:	helen.armitage@sefton.gov.uk

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 November 2024 briefing.

Copy of Public Health Performance Framework indicators August 2023**Background Papers:**

There are no background papers available for inspection.