Cabinet Member / OSC (ASCH) Update Report Agenda Item		
Councillor	**Portfolio**	**Period of Report**
Mhairi Doyle	Health and Wellbeing	March – August 2024
Title: Public Health Performance Framework		

1. Reason for Briefing

The aims of this briefing are to:

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

This report is usually provided on a six-monthly basis. The previous report spanned September 2023 to February 2024. This report concentrates on 12 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 to August 2024. Most of the indicators under discussion relate to the years 2022 and 2023 but can relate to data collected as early as April 2021, e.g. deaths from suicide and undetermined injury, and as late as June 2024 for NHS Health Checks.

These indicators, and this accompanying report serve to describe the scale and distribution of population health priorities, their underlying causes, and associated health inequalities. This overview lends context by discussing trends over time, and relevant comparisons with the national picture, other local authorities in the North West and Liverpool City Region (LCR), and areas with similar characteristics to Sefton (Statistical Neighbour Group, SNG). Information is also provided about Public Health led improvement actions that target these high-level indicators. Where relevant, the report highlights impacts from the pandemic and high costs of living.

The complete Public Health Performance Framework – August 2024 is provided in Appendix A, and separately with this report. 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

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

comparison to its previous value; summary bar charts to enable comparison with local authorities in LCR; 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).

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.

To a greater or lesser extent, all indicators are subject to a range of social and economic influences that are outside the scope or control of individual services or programmes. This fact should not diminish the value or population health impact of preventative public health interventions.

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)

- **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**.

- **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.

- **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.

- **COVID-19 and cost of living effects**
  - 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.

- **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.

Recommendation

The Committee is 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.

3. Overview

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

Six of the 12 updated indicators have a green direction of travel arrow, showing the current figure has improved when compared to the previous figure (smoking in pregnancy rates in the north and south of Sefton, excess weight in adults, successful drug treatment outcomes, prevalence of excess weight in adults, and alcohol-related admissions to hospital). This symbol does not connote a change that is necessarily part of a meaningful improvement in trend.

The remaining six updated indicators have red arrows, showing that the latest data is less favourable compared to the previous value (under-18 conceptions, physical activity and inactivity in adults, NHS Health Check invitation and completion rates, and mortality from suicide/injury of undetermined intent).

It is important to note that the arrow symbol encompasses both chance variation – expected ups and downs, as well as larger ('statistically significant') changes. These significant changes are more likely to be caused by a consistent change in one or more influences upon an indicator.

The North West RAG-rated rankings show **two green indicators, showing relative improvement** – excess weight in adults and alcohol-related hospital admissions; and **five indicators** are colour-coded red, showing **a relative deterioration** – smoking at the time of delivery (SATOD) in South Sefton, under-18 conception rate, physical activity and inactivity in adults, and successful completion

of treatment for opiate use. SATOD in South Sefton is an example of where the trend continued downwards, i.e. smoking in pregnancy rates improved, but South Sefton's ranking amongst comparator areas in the North West worsened (from seventh best to fifteenth). This shows that several areas managed to drop their rates faster during this period and illustrates the usefulness of the rankings information presented in the framework. The other **five indicators coded yellow** saw no change in their ranked position relative to other local authorities in the North West region - smoking at the time of delivery in North Sefton, NHS Health Checks invitation and completion, alcohol-related hospital admissions, and mortality from suicide/injury of undetermined intent. **Note** that the suicide and undetermined injury rate shows a small increase in the latest data, but there is no change in Sefton's position in relation to other local authorities in the North West. This is suggestive of fluctuation occurring in parallel, probably reflecting a degree of universality from pandemic and cost of living influences.

In comparison to **Sefton's five closest statistical neighbours**, Sefton has maintained its position in the rankings (yellow) for smoking in pregnancy, physical activity in adults, successful drug treatment for non-opiate use, alcohol-related admissions, NHS Health Checks invitation and completion, and mortality from suicide/injury of undetermined intent. **Ranked position improved (green)** in three indicators – excess weight in adults, physical inactivity, and drug treatment for opiate use. obesity in reception, and premature mortality from respiratory disease. Only one indicator saw a fall in **ranked position worsened (red)** – under 18 conceptions. **However,** only the two SATOD indicators fall in the top/best ranked half of the distribution. The other ten updated indicators are in positions fourth, fifth or sixth out of six.

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**

---

[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)

changes post-Covid. This breakdown is likely to reflect cost of living pressures in future updates.

- The socio-economic breakdown for Sefton shows that **intermediate and managerial and professional occupational groups have the lowest smoking rates in the 18 to 64 age group**, 3.9% and 4.8% respectively. The intermediate group shows a one-year spike in smoking rates up to 14.7% in 2021, possibly reflecting the effect of psycho-social stressors during the pandemic.
- In contrast, smoking rates amongst the **long-term unemployed and never worked** groups increased from 7.9% in 2021 (after a long period of steadily falling rates) to 13.5% in 2022. There has been a levelling off in smoking rates in the lower income **routine and manual occupational group** beginning in 2017, and briefly interrupted by a large drop in 2020. **The 2022 smoking rate in this group is 17.3%, which is 3.5 times the rate in the highest income group**.
- **Signs of a possible divergent trend in smoking,** distinguishing the professional and intermediate groups (continuing reductions) and the unemployed and routine and manual groups (steady or increasing) **is a concern for Sefton's health inequalities**. The **new smoking cessation service,** which is currently being commissioned **will continue to address this through the design and delivery of a range of evidence-based support**.

Action and progress update

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

3.2 Smoking at the time of delivery (smoking in pregnancy)

Issue description.

Smoking in pregnancy is a common cause of pregnancy and post-natal complications associated with low birth weight. Passive smoking in infancy is a leading risk factor in sudden infant deaths.

Smoking in pregnancy shows a strong association with younger age and socio-economic and educational disadvantage. Risk also increases with second or subsequent pregnancy, white ethnicity, and for women with complex social needs. The Government has previously set a target to reduce **smoking in pregnancy to 6% or less by the end of 2022.**

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

Key points

- In 2022/23 **8.5% (n=202) of pregnant women in Sefton were identified as continuing to smoke at time of delivery.** This compares to 9.0% in 2020/21; 10.3% in the North West (Sefton's rate rank's 6th lowest), and 8.8% in England. Sefton has remained in line with the national average rate for a fourth successive year and continues to improve at a slightly faster rate.
- The latest updated data for the former CCG areas of South Sefton and Southport and Formby is from the 12-month period beginning April 2023 show further reductions compared to the preceding year. In **South Sefton** 8.1% of deliveries were to a mother who continued to smoke. This is down 1-percentage point but has moved from rank 7 to 15 in the North West, suggesting other previous CCG geographies improved at a faster rate. However, South Sefton retained its second-place ranking in its statistical neighbour group.
- **Southport and Formby 5.4%.** Following a 2-percentage point drop, smoking in pregnancy prevalence in Southport and Formby is now statistically significantly lower than the national rate and the North West rate and remains lowest among statistical neighbours.
- The dark blue trendline in the framework (Appendix A) illustrates the impressive and ongoing decrease in smoking through pregnancy that is being achieved in Sefton, with prevalence in the north of the borough falling slightly faster than the national average and the south of the borough now falling approximately in line with the national average. This **internal inequality** has narrowed from baseline, but the gap has not yet been closed completely.
- Although Sefton did not quite achieve the target reduction to 6% in 2022 the **external inequality in smoking in pregnancy has been closed**.

Action and progress update

- Mersey and West Lancashire Teaching Hospital Maternity Unit has a dedicated midwife who provides targeted support to pregnant women throughout their antenatal period. It is worth noting that some of these women give birth at Liverpool Women's Hospital and so there is also positive impact on SATOD data for South Sefton; similarly, some women who give birth in Mersey and West Lancashire Teaching Hospital sites have received their

antenatal care, from another team, who may not provide the same level of support for pregnant women.

- There have been several changes and improvements in practice:
  - Carbon monoxide (CO) monitoring is in place. This ensures an objective measure of women's smoking status, rather than self-report.
  - Guidelines have been updated at Ormskirk hospital in October to include CO and smoking status at every antenatal contact with all pregnant women.
  - The NHS long-term plan model for smoking in pregnancy, is being implemented in Mersey and West Lancashire Teaching Hospital.

3.3 Under 18 conceptions

Issue description.

Most teenage pregnancies are unplanned and around half end in an abortion. For most young people who become parents in their teenage years, bringing up a child is extremely difficult and typically has a negative impact on the life chances and future health and wellbeing of the parents 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 June 2022, the crude rate of conceptions in women under the age of 18 **increased slightly to 17.5/1000** from 15.7/1000 at the end of 2021. This latest rate is similar to pre-pandemic levels in the period 2017 through 2019. This apparent rebound from a nadir of 12.6/1000 in 2020/21 likely reflects factors associated with the pandemic, which temporarily suppressed the conception rate. It is also important to remember that **numbers are small** from a statistical point of view (60-100 conceptions per year) and large year to year variation is expected, as seen in the trendline.
- Nevertheless, **Sefton's rate remains in line with England and the North West,** but smaller rate increases in some other areas means that Sefton now **ranks in the middle of the range** in the North West and among similar local authority areas.

Action and progress update

- Pharmacy emergency hormonal contraception provision has been recommissioned by the Sexual Health Service.

- The national pharmacy contraception service where young people can initiate and continue oral contraception through community pharmacists is now available in Sefton.
- 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 have completed the teenage pregnancy prevention self-assessment (short version) to confirm current situation and identify any gaps.
- Service is implementing ChatHealth and online booking to provide increased number of access routes to the service in a means more in line with needs of young people.
- The Sexual Health Service has agreed a 2-year trial of a digital C-Card scheme, where young people can collect condoms from registered sites free of charge.
- Through the newly appointed Health Improvement Manager, the Sexual Health Service is developing plans for outreach to support those most vulnerable in the community to access sexual health care, including young people with care experience.

3.4 Obesity in reception year

Issue description.

Childhood obesity is likely to track into adulthood. In childhood, obese children may experience isolation and low self-esteem, which is damaging to present and future mental wellbeing. The incidence of type 2 diabetes is known to be increasing in children nationally. Previously, this condition which has obesity as its leading risk factor, was practically unheard of in childhood. Latest national guidance recommends at least 60 minutes of moderate physical activity per day for children and young people.

The longer a person lives with obesity the greater their chances of developing complications such as elevated blood glucose and blood lipids, and high blood pressure. In adulthood, these are important causes of type 2 diabetes, and premature blood vessel disease affecting the heart and lungs, liver, kidneys, and brain. Obesity is also a growing cause of cancer.

In 2017, the Government published ‘Childhood obesity: a plan for action, chapters 1 and 2’ and has set a goal of halving childhood obesity and reducing the gap in obesity between children from the most and least deprived areas by 2030. In 2020, a further policy paper was published called, ‘Tackling obesity: empowering adults and children to live healthier lives’. This brought in legislation that requires largescale restaurants, cafes and takeaways to use energy labelling on their menus and prevents retailers from offering promotional deals on the unhealthiest foods.

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

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

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

Key points

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

3.5 Obesity in year 6

Key points

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

Action and progress update

- The Integrated Wellness Service for children and young people, 'Happy 'n' Healthy' Sefton is now operational as an integrated partnership after being launched in July 2023. Available for children aged 0-19 (up to 25 with SEND) and their families, it brings together all public health commissioned services, including the 0-19 Healthy Child Programme, Kooth (mental health support), Active Sefton (physical activity, weight management and mental wellbeing provision), ABL Stop Smoking Service, CGL (substance use service) and sexual health. As part of this offer, training will be carried out with staff to increase their competence and confidence relating to public health messaging. Signposting across services should also mean that children, young people, and families can reach appropriate support for healthy weight.
- In late 2023, Public Health was successful in securing **'Why Weight to Talk' training (delivered by Food Active)**. This training, which has been offered across all services working with children and young people, upskills front line staff to have meaningful and positive conversations with families around healthy weight, using language that decreases weight stigma. The training also explores the link between weight and adverse childhood experiences and increases the awareness of Sefton's children's weight management pathway.
- A children and young peoples' **weight management snapshot** has been produced and disseminated across all services, which outlines the weight management offer in Sefton, ranging from brief advice to clinical support services.
- The children and family weight management service '**Move It' continues to be delivered to children aged 5-18 year** and their families. Due to increased demand, **additional capacity has also been added to the team to focus on younger children, aged 0-5 years**.

- As part of a **12-month pilot programme, 10 front line practitioners across the 0-19 Service, Active Sefton and Early Help have been trained in HENRY**, a healthy lifestyle programme for families with **0–5-year-olds**. HENRY Programmes and workshops have been delivered across Sefton as part of the pilot, which has now been extended to September 2024.
- The **universal programme for schools 'Active Schools'**, which delivers healthy lifestyle support, continues to be delivered, with a range of options for schools that includes individual workshops or sessions (such as healthy lunchboxes) through to a 6-week healthy habits programme. 74% of Sefton primary schools access the Active School's offer (Qu. 3, 2023-24).
- The **0-19 Service** continue to promote messaging around healthy eating and physical activity as part of their routine contacts, signposting into support where necessary, in addition supporting young people that have concerns via the anonymous Chat Health Service.
- After being piloted in 2022-23, the **School Health Team are continuing to carry out follow up phone calls to parents and carers of children who received National Child Measurement letters**, which classify their children as being very overweight (according to BMI centile). The follow up phone calls allow for personalised advice and support and ensure families are supported to access services that may be of benefit to them, such as the MOVE IT Programme. This has led to a significant increase in referrals to MOVE IT (22.2% increase).
- Under the Obesity Action Plan and its life course approach, the 'Start Well' Obesity sub-group continues to meet frequently. With representatives across the children's partnership, the group continue to push forward the obesity agenda and actions that will improve healthy weight locally.
- Active Sefton continue to deliver all physical activity support services for children and young people through its facilities and programmes. In addition to those outlined earlier, this also includes the 121 Programme, Be Active school holiday programme and Park Nights.
- Linked to healthy weight, Public Health continue to support the **breast-feeding** offer delivered through Mersey Care. Additionally, **an infant feeding pathway for families facing food insecurity with infants under 1 has also been developed,** which will provide a voucher to families who find themselves in an emergency and unable to access infant formula.
- A **cost-of-living support group** has also been set up to support frontline practitioners by raising awareness of help and support available to families facing financial hardship. An objective of this group is to also increase uptake of the national Healthy Start Programme.
- Sefton Council's **breast-feeding policy to ensure breast feeding mothers can continue after returning to work** has been approved and is now available to support staff. A series of focus groups exploring infant feeding choices and preferences will take place shortly.

3.6 Excess weight in adults

Issue description.
At a population level, risk of chronic long-term conditions increases with body mass index (weight for height) of $25kg/m^2$ and above. Carrying excess body fat increases the risk of type 2 diabetes, high blood pressure, vascular disease, many cancers, musculoskeletal problems and complications in pregnancy. **In the UK, overweight and obesity are fast gaining on smoking as a leading preventable cause of life-limiting long-term conditions**. The data for adults comes from a large representative sample of people who are asked to self-report their weight in the Active Lives Survey each year.

Population level predictors of adult overweight and obesity are lower educational attainment, being male, being of White or Black ethnicity, being aged 45 or above (highest prevalence of excess weight is in the 55-64 age group) and having a disability.

Looking at national data, the socio-economic group with the lowest rate of excess weight is the least deprived 10%, but overweight and obesity still affects six out of ten in this part of the population. The group with the highest rate of excess weight is found in the population living in the most deprived 10% of areas, in which around 7 out of ten adults are overweight or obese. **This high prevalence of overweight and obesity across a shallow socio-economic gradient shows the influence of pervasive changes to our food environment and way of life** that impact virtually everyone – widely available, high-energy foods, more sedentary lifestyle, and more eating away from home.

Interestingly, the extensive national dataset collected from children at reception and year 6 ages shows that the **size and trend of inequalities varies considerably depending on the degree of overweight**. In the **overweight but not obese group** trend has been **stable** for nearly two decades with a growing but **still relatively small socio-economic gap of just 2.4 percentage points**.

In the **obese group,** there is now a **greater than two-fold difference** in rates between the most and least disadvantaged groups, and this **gap has widened** over the past two decades or so because of a **much faster rate of increase in the most disadvantaged 10%** of the population.

Looking at trends in **severe obesity in childhood**, in 2007/08, 1.5% of 10–11-year-olds from the most affluent neighbourhoods were found to have this level of body fatness, and 5.1% of children from the most deprived neighbourhoods. With the onset of the pandemic all socio-economic groups showed an increase prevalence of severe obesity. And in the latest data from 2022/23 the least disadvantaged prevalence of severe obesity had increased to 2.1% - a 40% increase from baseline.

However, in children from the most disadvantaged rates of severe obesity stood at 9.2% - an 80% increase from baseline. **This means rates of severe obesity are now over four times higher in children from the most compared to the least deprived areas.**

This breakdown of national figures suggests that **development of obesity and severe obesity in childhood are more sensitive to socio-economic disadvantage compared to development of overweight.** This is likely to reflect a combination of risk and protective factors broadly related to income. Body composition established in childhood tends to be maintained into adulthood. So, this data has **important implications for the health and wellbeing of the next generation of adults.**

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

- 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. Rank position has improved slightly, dropping from 27th to 24th in the North west and from 6th to 4th amongst SNGs. But this still means that most comparator areas outside of LCR have slightly lower rates of excess weight in their adult populations than Sefton. Sefton continues to **have a statistically significantly higher rate than England (64.0%)**.
- The national trend shows a gradual increase (0.5 -1.0% per year) in the prevalence of excess weight. However, Sefton’s trend tends more towards a variable but **essentially stable** picture in recent years.

Action and progress update

- The **six-week weight management programme ‘Weigh Forward’,** delivered by Active Sefton, continues in a group format, virtually and face to face, in addition to courses being delivered through the Living Well Sefton offer. For those residents who are above their ideal weight and suffering with health conditions, the Active Lifestyles Exercise Referral Programme continues to be available to support with physical activity.
    - Weigh Forward has expanded its reach through training more staff across Living Well Sefton. And there are now more delivery dates across community venues with online and evening offers. There is continued work alongside Active Workforce to offer programmes to partner organisations alongside their current offers.
    - For practitioners there is a regular programme of Making Every Contact Count (MECC) training provided through Living Well Sefton, with new

information added around the impact of alcohol on weight. A MECC champions programme has been set up to help encourage employers recognise the importance of every contact in relation to wellbeing and to designate leads within their organisations to support and encourage this messaging. The introduction of MECC Moments is now being captured on the Integrated Wellness System (IWS) to monitor for trends linked to weight.
    - Active Sefton have received training from a clinical lead to help support staff working with transgender clients to be equipped when addressing matters such as calorie intake and BMI.
    - Following an increase in referrals of individuals with high BMIs (35+), Active Sefton Development Officers have attended an Obesity and Diabetes Level 4 Wright Foundation training course. This will better equip staff to support those with a higher BMI and / or Diabetes.
- The **Living Well Sefton (LWS)** recommission included increased community delivery and support around a healthy weight, within venues such as warm spaces, community pantries and foodbanks, recognising the importance of cost of living and the impact on mental health.
    - Staff have attended 'why weight to talk' training to help increase confidence, learn useful hints and tips and recognise inappropriate terminology, when working with individuals around weight management.
    - Food and nutrition sessions are being delivered in the community through Living Well Sefton, which follows the successful cook and eat programme, with a focus on more affordable healthy meals and clear linkages with the Weigh Forward programme.
    - In line with Sefton's whole systems obesity work, Living Well Sefton have continued to roll out regular healthy weight community resilience grant opportunities, for the delivery of healthy weight activities.
    - Increased social media campaigns continue to be posted through Living Well and Active Sefton's social media channels to reach communities covering how to eat well, cook on a budget, and increase physical activity.
- **Active Sefton's community offer** continues to be available to residents, including access to the Couch 2 5K Programme and partnership with Parkrun, in addition to the offer across Active Sefton Facilities and the voluntary, community and faith sector. Lake District walks, 5km and 10km events have seen a positive uptake from organisations.
- Under the **Sefton Obesity Action Plan** and its life course approach, 'Live Well' and 'Age Well' obesity sub-groups have been developed. The Live Well group are focusing on implementation of the Healthy Weight Declaration and the Age Well group is 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

services and support locally, whilst also strengthening collaboration across tier 1-4 support services (from brief intervention to clinical support).
  - The Age Well sub-group has developed improved linkages and communication between services that form the (draft) adult healthy weight pathway, ensuring that service users are receiving the most appropriate and timely support to best meet their needs. This is particularly important for colleagues working within clinical services, who are better able to signpost residents into local, community support around healthy weight following any specialist treatment.
  - The impact of the cost-of-living crisis on people's health, wellbeing and finances means that work on the healthy weight agenda is particularly challenging. The obesity action plan is in the process of being updated to reflect this.
  - Work has progressed with Sefton Partnership regarding the weight management offer from universal through to clinical / specialist. Discussion has taken place in relation to potential gaps in provision and appropriate BMI thresholds per support level to ensure residents are accessing services best suited to meet their needs.
  - Ongoing review of specialist tier three weight management services, which are the responsibility of NHS commissioners, as well as possible changes to be set out in the new NHS Ten Year plan are likely to have further implications for the adult weight management pathway.
- **Cheshire and Merseyside ICB** is currently undertaking an assessment of options to deliver specialist weight management services as a single Cheshire and Merseyside NHS system. Current actions in progress are:
  - Written options appraisal by the end of October 2024
  - Implementation of any approved recommendations from April 2025.

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

- Latest annual rates show that the proportion of physically active adults aged 19 and over has decreased slightly from 65.9% in 2021/22 to **63.3% 2022/23.** This marks a return to near pre-pandemic levels and continues the **broadly stable trend** seen over the past decade in Sefton and England.
- Sefton is now towards the bottom of the North West rankings for physical activity, i.e. in most local authorities in the North West the percentage of adults meeting activity guideline levels is higher than 63.3%. However, this **difference is not large enough to reach statistical significance** compared to England or North West average.
- Noting the socio-economic factors associated with being more physical active, 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**.

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

- The proportion of physically inactive adults aged 19 and over in Sefton has **increased slightly from 24.5% 2021/22 to 26.8% 2022/23**. Breakdowns of national data show that this uptick in physical inactivity is most pronounced among the unemployed.
- The latest data show that **Sefton has a statistically significantly higher rate of physical inactivity compared to England** (22.6%, stable trend), and this was also the case in the two years prior to the start of the Coronovirus pandemic.
- Aside from physical inactivity, high rates of obesity extending to children (one quarter) and working age adults (e.g. one third of 55-64 year-olds), in addition

to food poverty and poor 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

- Sefton have procured a consultancy agency to develop a physical activity strategy
    - Sefton is part of Sport England's place expansion work which aims to increase activity, decrease inactivity, tackle inequality whilst providing positive experiences. Nine in neighbourhoods in South Sefton have been selected to receive funding to help achieve this.
    - Public Health staff have shared key learning and presented on new initiatives linked to healthy weight at OHID's North West Physical Activity and Health and Wellbeing forums.
    - Sefton public health continues to play a leading role within the 'All Together Active' partnership, addressing the whole system approach to embedding physical activity opportunity.

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

Issue description.

The indicators for 'success' in opiate and non-opiate treatment programmes are currently defined as the **proportion of people in treatment who conclude their treatment and are not using these drugs, and who do not re-present over the next six months**. This definition may not always align with outcomes that service users and others value as successful.

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

Key points

- The latest data (appendix A) is for the for the year to December 2023 and shows **3.2% of service users in Sefton achieved this outcome** – significantly lower than the most recent **England average (5.0%)**. This is under half the success rate for Sefton at baseline (8.6% in 2010/11).
- By this measure, Sefton remains significantly lower than the North West average (4.6%). Sefton ranks fifth lowest amongst the group of six statistical neighbours and has the **lowest opiate treatment success rate in LCR.**
- It is important to note that in most areas **the number of successful treatment outcomes each year is small (e.g. 30 to 50 Sefton**). This means that small year on year improvements or reductions in service outcomes can

be obscured by random variation. There are **neither clear signs of improvement nor deterioration in this measure over the last several years.** After a steady drop-off in successful treatment outcomes in England since 2011, there has been a stabilisation in the trend since 2020.

- National data shows a relationship between higher socio-economic deprivation and lower treatment success rate – populations from more affluent areas are around 50% more likely to achieve a 'successful' treatment outcome by this measure than those from more deprived areas. Even then, successful outcomes are only achieved by around 1 in 15.

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

Issue description.

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

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

Key points

- Despite an improvement from 17.6% (January through December 2022) to **22.3% (January through December 2023), Sefton is ranked bottom for this outcome among its statistical neighbours and continues towards the lowest end of rankings for areas in LCR and in the North West** – a statistically significant difference compared to the regional average (z-score -1.28).
- The England average (30.2%) for this measure is approaching twice that in Sefton, which is a **statistically significant difference**.
- The current success rate for non-opiate drug treatment is **under half what it was at baseline in 2010 (23.3% vs 52.2%)**. The national picture achieved its best outcome in 2014 – 39.2% but has gradually decreased in the years since.
- National data shows a **small social gradient in treatment success rates for non-opiate use**, which favours those from more affluent backgrounds. Efforts to minimise this inequality by minimising socio-economic barriers to successful treatment appear to have attenuated this gap.

Action and progress update

- The PHOF data (Jan22 - Dec23) here **predates the new national measure being used within the National Drug Treatment Monitoring System** local outcomes framework and in the Joint Combating Drugs Unit which services

are using. Progress against the new measure has been good (see below). Given the aging opiate profile and complexity of physical and mental health of service users in Sefton, the new measure better reflects performance.

- **The new indicator broadens the focus of successful completion to include progress made by people still in treatment.** Service users are considered to have made **substantial progress if** they:
  - have successfully completed treatment.
  - are still in treatment and are not using their problem substances.
  - are still in treatment and have substantially reduced use of their problem substances.
- **The Latest Sefton data showing substantial progress figures (Jul 2023 - Jun 2024)**
  - Opiates and/or Crack – Sefton 45%, England 45%.
  - Opiates only – Sefton 65%, England 58%.
  - Non-opiates only – Sefton 54%, England 49%.
- **Actions:**
  - Open access clinical sessions for rapid prescribing when appointments are missed.
  - Titration groups for those new to medically assisted treatment to get the right medication quickly and optimalisation of dosage.
  - Development of a Respiratory Pathway for COPD with Mersey Care
  - Expansion of mental health support with psychologist, assistants and counselling within the service.
  - LERO and service user forum now in place to facilitate people with lived experience to make improvement suggestions.
  - Improved recovery support offer and improved handover from structured care to recovery support.
  - Introduction of Recovery Housing.

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

- Alcohol-related admissions to hospital for Sefton residents in the financial year 2022/23 were **514 per 100 000** (n=1,499), which is a **directly standardised rate** (DSR). (The term 'directly standardised' means that differences in the age profiles of local authority populations have been adjusted for). This represents **quite a large drop from 598.0 per 100 000 DSR (n=1,704) in the later pandemic period of 2021/22**, which is reflected in the 6-point improvement in Sefton's North West ranking.
- **Sefton's rate ranks seventh highest in the North West** but closer to the middle of admission rates among statistical neighbours.
- The **gap between Sefton and England remains significant** but has **closed to an 8.0% difference from a recent peak of 45.0%** higher than England rates in 2019/20. This is encouraging if it predominantly represents a true reduction in need or increased use of appropriate out of hospital provision, rather than an increase in barriers, for example higher admission thresholds.
- It is important to remember that **in 2020/21 the validity of this indicator as a fair reflection of alcohol-related need in the population was undermined by changes to hospital admissions linked to the pandemic.** So, whilst hospital admissions due to alcohol fell in 2020 there was an increase in premature mortality from liver disease. (Most mortality from liver disease originates from preventable risk factors – 60% of all the risk for death from liver disease is attributable to high alcohol use in Sefton[7]).
- As expected, national data shows that **admission rates are 50.1% higher in the most disadvantaged tenth** of the population compared to the least disadvantaged tenth. The health inequality in alcohol-related admissions is less steep than for many other health outcomes. This likely reflects the **universality of risk to health posed by alcohol**. Also, it may be that people with more resources are more likely to attend hospital – this group has better survival for alcohol-related conditions compared to people living in more deprived circumstances.
- **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.

Action and progress update

- Strong links made with Aintree hospital to work together to try and avoid repeated admissions.

[7] VizHub - GBD Compare

- Alcohol outreach worker to engage with street drinkers to support and encourage into treatment pathways.
- Electronic Referral form on the GP system to simplify referrals.
- Fibro scanner purchased and nurse recruited to complete fibro scanning to identify liver disease earlier and improve access to the treatment pathways.
- Community van available to carry out promotion and provide information on safer drinking.
- Lower My Drinking App Campaign across the Borough to encourage individual behaviour change.
- Regular weekly attendance in the strand shopping centre to raise awareness and provide education.
- LERO and service user forum in place to facilitate people with lived experience to make improvement suggestions.
- Attendance at complex lives in North and South Sefton to access people identified at risk to prevent deterioration.
- Education of partner agencies to raise awareness and encourage alcohol referrals.
- Appointment of YP workers to work with young adults in appropriate settings and a community engagement worker to deliver education.
- Hidden Harm and MPACT programmes to work with children and families where alcohol and drug use are a factor.

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

Issue description.
The NHS Health Check aims to detect and prevent early metabolic changes (high blood pressure, raised blood glucose and lipids) that increase risk of premature blood vessel disease and type two diabetes in people aged 40 to 74. These risks are well known targets for primary or secondary prevention advice and intervention, e.g., weight management, alcohol reduction, stopping smoking, and increased exercise.

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

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

Key points

- The percentage of the eligible population **invited for an NHS Health Check in quarter 1 of 2024/25 is 0.3%**, which compares to 0.5% for quarter 1 of 2023/24.
- The percentage of the eligible population who **received an NHS Health Check in quarter 1 2024/25 is 0.2%**, which compares to 0.4% for quarter 1 2023/24.
- **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%.**
- In the same period, the proportion of the national eligible population which received a health check was 22.7%. In the North West, the average was 26.1%. In Sefton, the proportion was **2.9%.**
- In Sefton, the proportion of people offered a check who went on to receive it was **74.0%,** the second highest in the North West and almost twice as high as the England average, albeit the total number of health checks was by far the lowest.

Action and progress update

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 ongoing with key stakeholders with a view to commissioning a GP based delivery route.
- New equipment has been purchased to help support the current offer - **Active Sefton's community-based health check programme**, which has made the process of performing checks more efficient.
- Active Sefton are developing their offer by encouraging schools who are signed up to the Active Schools programme to offer health checks to eligible staff.
- Blood pressure champion training has been further extended to Living Well Sefton partners.
- Sefton was successful in achieving workplace cardiovascular disease funding from OHID and implementation of a programme to increase checks in workplaces is currently underway. The NHS Health Check will be offered on-site at workplaces as part of a holistic lifestyle and wellbeing offer. Employers of manual/shift workers, people in lower paid roles, ethnic minority staff members, and male dominated workforces will be prioritised, along with unpaid carers,

3.14 Mental health and wellbeing

Issue description.

Mental health surveillance reports by the Office of National Statistics during the pandemic measured changes in mental health during the pandemic and showed that population wellbeing fluctuated, as new waves of infection were followed by restrictions. Higher risk of poor mental wellbeing was found amongst people with a pre-existing mental health or physical health condition. Being young, female, living alone, being unemployed or on a low income, and living in an area with fewer health-promoting resources, like green space were all associated with higher rates of mental distress.[8]

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

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

Population wellbeing statistics presented in the PHOF are obtained using a national **self-report survey** (the integrated household survey) from a sample of Sefton's population aged 16 and over. Wellbeing data are derived from answers to four questions,

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

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

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

Key points

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

- **Statistics for England can be used to understand some wellbeing inequalities.** Of note,
  - **Females have 25% higher rates of self-reported anxiety** compared to males.
  - People in their late 40s through to early 60s have higher rates of low life satisfaction than younger adults. **16–19-year-olds show a large increase in anxiety from 18.7% in 2021/22 to 24.2% in 2022/23** – akin to adults in their 20s, 30s and 40s. The 65+ age group has the lowest reported rate of higher anxiety.

- There is a notable **three-fold higher prevalence of low life satisfaction and low worthwhile scores amongst unemployed compared to employed survey respondents**. Recent increases in these two indicators could reflect rises in cost of living. Prevalence of anxiety and low happiness did not increase in line with low life satisfaction and not feeling that life is worthwhile in the unemployed group.
- **Part-time workers were slightly more likely to report low wellbeing**, perhaps because of hidden effects of differences in health, income, and caring responsibilities.
- **Low life satisfaction and low worthwhile scores are five times more prevalent in disabled compared to not disabled respondents** (13.4% and 10.4% respectively); **low happiness is three times higher** (15.4% vs 5.5%), and **higher anxiety is twice as prevalent** (35.8% vs 18.2%). Inequalities have widened slightly for each indicator since 2017/18. The size of these differences and the size of the disabled population represented mean this effect has an appreciable effect on the headline averages for each wellbeing indicator.
- The **Asian/Asian British ethnic group, followed by the White group have the lowest rates of low wellbeing**. Differences are not as large compared with those seen for employment and disability status.

Action and progress update

The 121 Programme continues to be delivered both in the community and secondary schools, with the latter now mainstreamed and aimed at young people aged 11-19 and focusing on improving their physical and mental wellbeing. They are assigned a mentor who meets with them for an hour each week for between 6-12 weeks. Using activity and/or sports together with their mentor, the young person works towards gaining confidence, self-esteem, and improved mental well-being. In 2023/24, there were 226 children and young people who accessed the service, with 80% showing an improvement in mental well-being as measured through the WEMWBS and SCWBS tools.

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

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

3.15 Mortality from suicide and injury of undetermined intent

Issue description.
Suicide is a rare but devastating event. Traumatising, whole population events such as war can increase suicide risk in relevant age groups for years to come. Aside from the impact of adverse events at a national scale, suicide has been shown to be linked to one or more individual triggers in the form of loss, e.g., loss of health or independence, relationship and support, role or identity e.g., partner, parent, professional, status and community standing, or loss of hope/'no way out'. Lack of support and substance use can heighten risk and trigger suicide attempts. Reduced access to means of suicide is associated with reduced numbers of deaths.

National data shows that **lower deprivation is associated with lower rates of suicide**. Difference in rates according to sex shows a stronger relationship - **the rate is three times higher in males compared to females. In the present population, suicide risk is higher amongst people of working age compared to 10–24-year-olds or seniors aged 65 and over.** This pattern of mortality from suicide and injury of undetermined intent contributes to inequalities in life expectancy, particularly in males. **Data about risk groups helps to underpin a well-developed evidence-base, covering a wide range of interventions that can effectively reduce the risk of suicide at a population level**.

Key points

- Because annual numbers are small, **suicide rate is calculated as a rolling three-yearly average per 100 000 people aged 10 years and over**, which is adjusted ('directly standardised') to take account of age differences across local authority populations. This is necessary because of the variation in suicide rates in different age groups.
- There has been a small increase in the three-year rolling rate for this indicator from 11.6 per 100 000 people aged 10+ in 2020-22, to **13.1 per 100,000 (n=96) in 2021-23**.
- 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.[9]
- As described in the national data, the **suicide rate in males is around three times higher than that for females**, and trendlines continue to move in parallel.
- There are clearest signs of a possible gradual but continuing downward trend in suicide in the youngest 10-24 age group in Sefton.
- The national rate (10.7 per 100, 000, 2021-23) has varied very little over the past 20 years. Periods of rise and fall in Sefton's data reflect chance variation

[9] Suicide Prevention | Fingertips | Department of Health and Social Care

as well as systematic changes in risk factors. Sefton's suicide rate has not been statistically significantly higher than England's since 2015-17 and has not been statistically significantly lower since 2007-09. **Therefore, it is important to interpret changes in trend with caution.**

Action and progress update

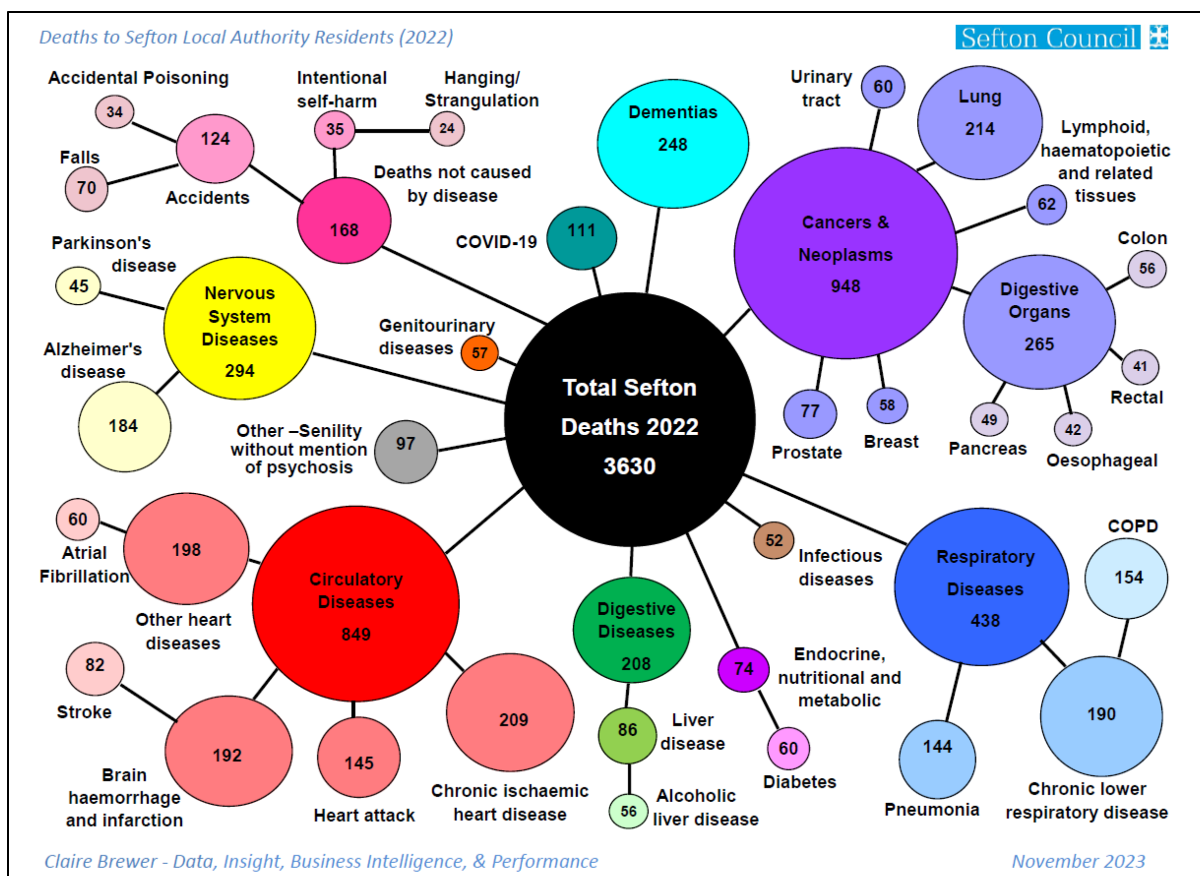
- Sefton continues to engage with regional and national data collection, and surveillance through the annual suicide audit.
- An evidence and intelligence-led approach to suicide prevention has led to greater cross-working around the domestic abuse agenda.
- The suicide prevention signage has been updated at Fisherman's Path in Formby near the railway station in collaboration with the national Samaritans team.
- A pilot project on safer prescribing of antidepressants by clinicians is underway via Mersey Care, with support from Sean's Place.
- The Sefton suicide prevention board has started a spotlight format to highlight topic areas related to suicide prevention and to help forge connections across different partnerships. Sessions have been run on harmful gambling and drug and alcohol services.
- The Sefton suicide prevention board is refreshing the board's terms of reference to ensure up to date membership and function. The board is also updating the local suicide action plan in line with the regional timescale.
- Consultant in Public Health representing Sefton on regional task and finish group exploring suicide epidemiology.

3.15 Mortality from causes considered preventable.

Issue description.

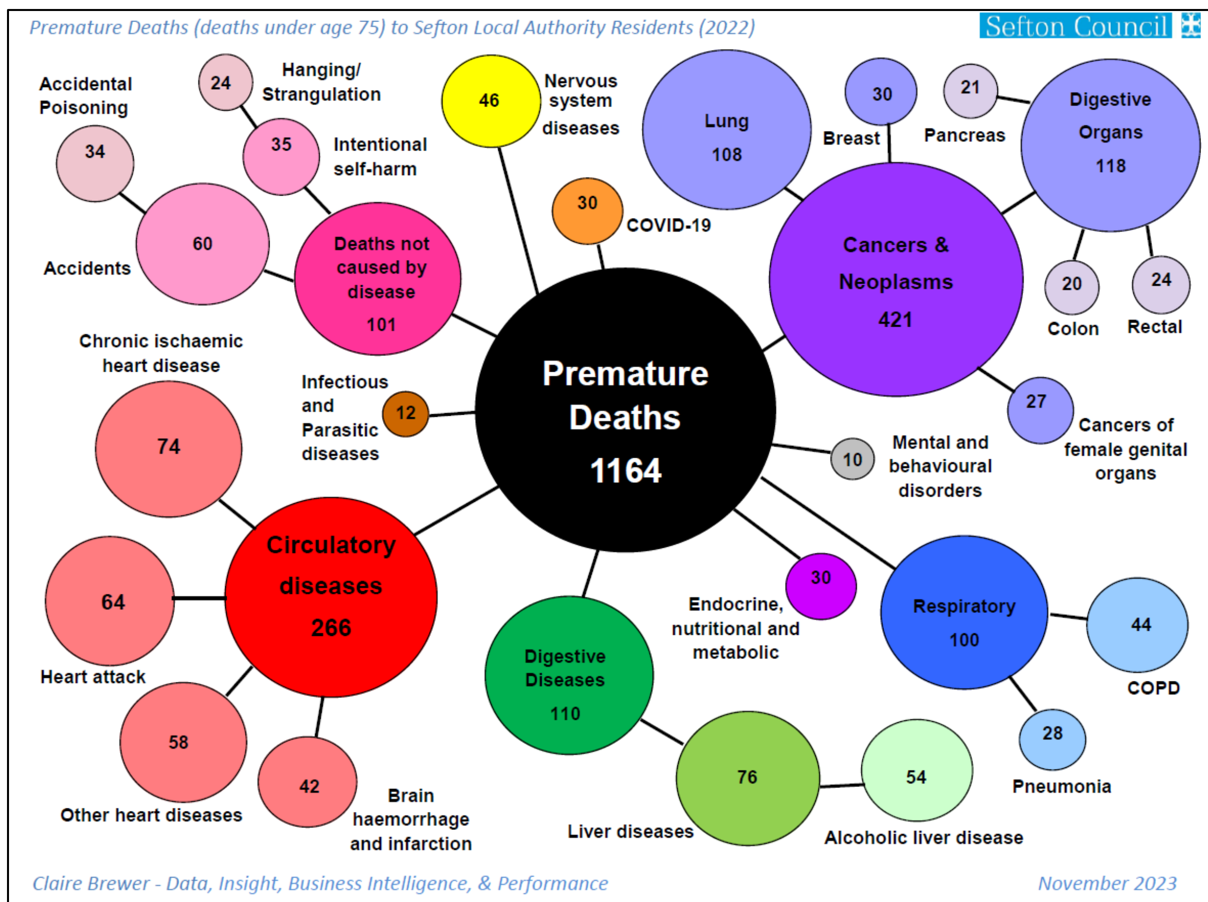
Apart from the very first months of life, **the number of deaths per head of population increases in step with rising age**.

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



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

Mortality from causes considered preventable is **defined as** the number of preventable deaths in people aged under 75 per 100 000 population, adjusted to take account of differing age profiles of local authority areas. Cause of death is **classified as preventable if all or most deaths could be prevented by primary public health interventions** targeting diet and weight, exercise, and substance use (tobacco, alcohol, and drugs). From 2020, this definition also includes Covid-19.



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

Large differences in healthy life expectancy and premature death rates are further **rooted in underlying social determinants**[10]: level of education and training, occupational and housing security, opportunities for health in the built and commercial environment, the strength of community support, and accessibility of quality health and care services.

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

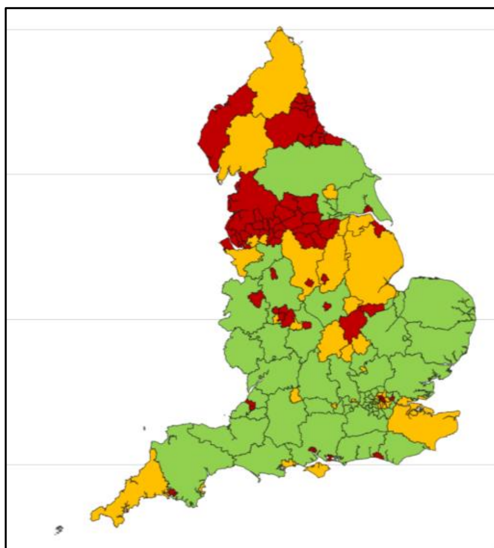
Key points

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

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

Map showing premature preventable mortality standardised rates in local authorities in England, 2022 with colour coding – green (significantly lower

than the national average), amber (no statistical difference), and red (significantly higher than the national average).



3.16 Under 75 cardiovascular mortality

Issue description.

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

Key points

- In 2022, there were 265 deaths in Sefton residents aged under 75 due to cardiovascular disease. **The standardised rate is significantly above that of England** (94.1/100 000 vs 77.8/100 000).
- **Most local authorities in the North West have higher rates than Sefton**, and in LCR only Wirral has a lower rate. **Most of Sefton's close statistical neighbours, like Wirral, have a lower rate of premature mortality from cardiovascular disease.**
- In the years leading up to 2017, rates of cardiovascular disease in Sefton followed a shallow decline, which had begun to level off. England data follows an almost identical trend**. Since then, rates have risen in Sefton, and more quickly than in England – increasing by 26.0% from 2017 to 2022 compared to 9.4% nationally.**
- This overall trend is driven by increasing rates in males only. Deaths under age 75 in males occur around twice as often as in females.

- It is not certain which factors have caused this change in trend – but it could include population changes in weight, exercise, and diet-related risk factors, as well as possible issues associated with healthcare. **National data, suggests that Sefton will have at least a two-fold higher rate of early cardiovascular death in the most, compared to least disadvantaged groups.** This gap is likely to increase as poorer population groups struggle to maintain healthy choices e.g. good quality diet, and more affluent groups are mostly protected from these effects.
- Preventative life-course interventions that will ultimately narrow this gap will not play out fully for some time.

3.17 Under 75 cancer mortality

Issue description.

Cancer is the leading cause of death in people aged under 75. This indicator captures change in population exposure to preventable risk factors, as well as other influences on survival such as stage of detection and improvements in treatments.

Around 40% of cancers are substantially attributable to preventable risks – from smoking, alcohol, diet, activity and weight and sun exposure.

Key points

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

deprived communities. The continuing social inequality in smoking behaviour is a major cause of this difference.

3.18 Under 75 liver disease

Issue description.
Almost all liver disease is preventable, caused by alcohol, obesity and blood borne hepatic viruses, which can cause liver failure and liver cancer. Death from liver disease usually happens in people of working age. **Liver disease is the leading cause of death in 35–49-year-olds.**

Key points

- In 2022, there were 91 deaths from liver disease in Sefton residents aged under 75.
- Like most North West local authorities, **Sefton's rate of premature liver disease is significantly above the England average** (34.0/100 000 vs 21.4/100 000). Seventeen local authorities including Liverpool, Knowsley and Wirral have lower rates than Sefton, but this only borders on a statistically significant difference for Wirral. As was the case in 2021, Sefton has the highest rate amongst close statistical neighbours.
- **The trend for premature liver disease deaths is different from other long-term conditions** because the data series for England from 2001 shows a trend made up of small rises and periods of stability, rather than the overall downward trend for other non-communicable diseases. **2020 showed an uptick in the national premature mortality rate, which has been maintained, and this is also seen in Sefton's figures in Sefton**.
- For around a decade, premature liver disease mortality rates in females have been around 50% lower than in males and have shared an overall increasing trend. **Recent rates in Sefton females are approaching twice the England average and are just below the England male rate.**
- In England, **there is a clear socio-economic gradient in premature mortality from least to most deprived populations.** Higher rates are particularly noticeable in populations from the 20% most deprived areas. **The overall difference is two-fold**, and the inequality in premature liver disease mortality is expected to be at least this large in Sefton.
- **The recent rise in premature mortality from liver disease is likely to reflect** the impact of the pandemic on alcohol behaviour and access to health and preventative services, as well as the longer-term influence of rising rates of obesity, and psycho-social stressors from the high cost of living.

3.19 Under 75 respiratory disease

Issue description.

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

Key points

- In 2022, there were 100 premature deaths from chronic respiratory disease in Sefton.
- **Sefton's rate is similar to England's (35.5/100 000** vs 30.7 per 100 000), and below the North West average (42.8/100 000). In LCR, only St. Helens has a slightly lower rate in 2022.
- **Looking at the trend using rolling three-year average rates, the downward trend in England is faster than in Sefton, where there are signs of levelling-off**.
- As has been observed for liver disease and cancer, mortality rates from respiratory disease are **more similar in females and males in Sefton.** This is because of the relatively higher rate in females. As well as reflecting some contemporary influences on health behaviours in males and females, this difference in respiratory disease deaths may continue to reflect older, historic patterns and differences - in smoking and occupational risk exposure for example.
- Data for England shows a large health inequality. **The rate of premature death in the most deprived ten per cent of the population is two and a half times that in the least deprived ten per cent**. The inequality in Sefton is likely to be at least this great. All socio-economic groups show a dip in premature deaths from respiratory disease in 2021, followed by a slightly larger rebound in 2022 when protective Covid-19 measures are no longer active.

Action and progress update

- The many service and population health programme updates in this report all contribute towards lowering future premature mortality. There is a particular focus on evidence-based primary prevention, improving the social and wider determinants of heath, and enabling opportunities for change across the life-course.
- Plans to further gear-up local action on child poverty continue and are summarised in a recent report to the Health and Wellbeing Board.[11]
- Two case studies on the Sefton Child Poverty Strategy and a pilot for a social determinants approach to preventing hospital admissions for respiratory

---

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

illness in children were submitted to Cheshire and Merseyside ICB's refreshed All Together Fairer: Our Health and Care Partnership Plan.

- Senior members of the Public Health Team have continued to provide population health expertise towards development and implementation of Sefton Partnership's Place Plan.

3.20 Healthy Life Expectancy

Issue description.

Healthy life expectancy at birth (HLE) is often described as the years a person can expect to live in good health. It is calculated using current mortality rates for different age groups and information about how people rate their health, taken from an annual survey. **Growing up and living in poverty** is associated with development of significant, long-term health problems soon after the age of 50, well before retirement age. At the extremes, life expectancy in Sefton's most disadvantaged neighbourhoods is only slightly higher than healthy life expectancy in the most prosperous areas.

The impact of excess mortality related to excess heat and cold and the as yet unknown additional impacts of the 'cost of living crisis' and seasonal flu, Coronavirus and other respiratory illness will begin to be reported in these 3-year rolling statistics one to two years from now. These risks to health are likely to disproportionately impact those with fewest protective factors to safeguard their health, stable or increasing gaps in life expectancy and possibly healthy life expectancy may be seen.

Key points

- **HLE for males**

  In 2018-2020, HLE for men is 63.6 years for males – a second small reduction since 2016-2018 (64.0 years). However overall, Sefton's HLE for males trend is in line with the national average (63.1 years). **Sefton is middle-ranked amongst statistical neighbours and fifth highest amongst the 23 local authorities in the North West.**
- National data comparing health life expectancy in males living in the most deprived neighbourhood's vs the least gives a range in of: 52.3 years to 70.5 years. This emphasises the scale of socially determined health inequality underneath the statistics for Sefton as a whole.
- The PHOF also records that Sefton ranks **highest in the North West for inequality *in total life expectancy at birth* in 2018-20 in males**, with a gap of 14.1 years separating males in the most and least deprived areas
- This gap has been increasing since 2013-15 because life expectancy in the least deprived part of the population has risen, levelling off in 2018-20, reflecting earliest impacts of Covid-19, whilst life expectancy in the most deprived part of the male population had already stalled at 72.2 years before the pandemic and fell to 70.5 years in 2018-20, reflecting the social gradient

in Covid-19 deaths. Nationally, the life expectancy gap is stable and Sefton's recent upward break with the national trend is more marked than for most other North West local authorities.

- **HLE for females**

  In 2018-2020, HLE is 63.8 years, showing a continued rise from 61.5 years in 2015-17, and remaining in line with the national average after a small fall of 0.4 year in 2018-2020. **Sefton has the seventh highest female healthy life expectancy in the North West and ranks best amongst statistical neighbours.**
- As for males, the PHOF also records that Sefton ranks **highest in the North West for inequality in *total life expectancy at birth* in 2018-20 in females**, with a gap of 12.3 years separating females in the most and least deprived areas compared to the national average of 7.9 years.
- The widening gap in life expectancy at birth for females is driven by stability in the most deprived 10% with a slight fall in 2018-20 to 76.2 years, accompanied by a shallow rise amongst females from the least deprived 10%, falling by 1.3 years to 88.2 years in 2018-20, likely reflecting the strong positive association between age and mortality risk from Covid-19.
- National data comparing health life expectancy in males living in the most deprived neighbourhood's vs the least gives a range in HLE of 51.9 years to 70.7 years. This emphasises the scale of socially determined health inequality underneath the statistics for Sefton as a whole.

Action and progress update

Healthy life expectancy is a measure of good health and wellbeing in the population. As a borough-wide indicator, HLE is less good at revealing the differences in healthy lifespan from place to place and person to person. Several recent developments have helped to highlight health inequality as a top priority for action in Sefton:

- Sefton's 2021 Public Health Annual Report took an in-depth look at the effects of the pandemic.
- Development of a new child poverty strategy
- Work is ongoing through the Integrated Care Partnership and Cheshire and Merseyside Integrated Care System to develop system-wide action on Marmot indicators of health inequality across the life-course.

5. Recommendation

The Committee is recommended to,

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

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

Appendix A Public Health Performance Framework August 2024

Indicator	Unit	Geography	Baseline	Previous	Latest	Dir of Travel	Prev. NW	Latest NW	Prev. SNG	Latest SNG	LCR Compare	Trend	Z-score
Healthy Life Expectancy at Birth (Males)	Years	UTLA	62.5 2009-11	63.7 2017-19	63.6 2018-20	▼ (red)	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	▼ (red)	6	7	1	1			0.65
Smoking prevalence	Percentage	LAD	18.6% 2011	10.0% 2021	7.9% 2022	▼ (green)	4	2	1	1			-1.55
Smoking at the time of delivery (South Sefton)	Percentage	CCG	20.4% 2013/14 Q1	9.1% 2022/23 Q1-4	8.1% 2023/24 Q1-4	▼ (green)	7	15	1	1			-0.20
Smoking at the time of delivery (Southport & Formby)	Percentage	CCG	11.7% 2013/14 Q1	7.4% 2022/23 Q1-4	5.4% 2023/24 Q1-4	▼ (green)	2	2	2	2			**-1.27**
Under-18 Teenage Conceptions	Rolling annual rate per 1000	LAD	33.5 1998	12.6 Jun-21	17.5 Jun-22	▲ (red)	6	12	2	4			0.08
Obesity in reception year*	Percentage	LAD	11.4% 2007/08	11.3% 2021/22	10.3% 2022/23	▼ (green)	22	20	6	5			0.28
Obesity in year 6*	Percentage	LAD	17.3% 2007/08	23.3% 2021/22	23.9% 2022/23	▲ (red)	15	19	5	6			0.16
Excess weight in adults	Percentage	LAD	68.4% 2015/16	71.2% 2021/22	69.2% 2022/23	▼ (green)	27	24	6	4			0.49
Physical activity in adults (active)	Percentage	LAD	66.4% 2015/16	65.9% 2021/22	63.3% 2022/23	▼ (red)	16	22	4	4			-0.38
Physical activity in adults (inactive)	Percentage	LAD	23.8% 2015/16	24.5% 2021/22	26.8% 2022/23	▲ (red)	20	24	5	4			0.45
Successful Completion of drug treatment (opiates), and didn't re-present within 6 months	Percentage	LAD	8.6% Nov 10 - Oct 11	3.0% Jan22-Dec22	3.2% Jan23-Dec23	▲ (green)	22	23	6	5			**-1.61**
Successful Completion of drug treatment (non-opiates), and didn't re-present within 6 months	Percentage	LAD	64.6% Nov 10 - Oct 11	17.6% Jan22-Dec22	22.3% Jan23-Dec23	▲ (green)	23	23	6	6			**-1.28**
Alcohol-related hospital admissions (narrow)	Directly Standardised Rate	LAD	654.0 2016/17	598.0 2021/22	514.0 2022/23	▼ (green)	32	26	4	4			0.46
NHS Health Checks (% of eligible population invited to screening)*	Percentage	LAD	6.1% 2011/12 Q1	0.5% 2023/24 Q1	0.3% 2024/25 Q1	▼ (red)	24	24	6	6			**-1.49**
NHS Health Checks (% of eligible population receiving screening)*	Percentage	LAD	2.2% 2011/12 Q1	0.4% 2023/24 Q1	0.2% 2024/25 Q1	▼ (red)	24	24	6	6			**-1.98**
Self-reported wellbeing (low satisfaction score)	Percentage	LAD	5.7% 2011/12	6.2% 2021/22	7.7% 2022/23	▲ (red)	18	22	4	6			0.34
Self-reported wellbeing (low worthwhile score)	Percentage	LAD	4.0% 2012/13	4.8% 2021/22	5.0% 2022/23	▲ (red)	13	12	4	5			0.10
Self-reported wellbeing (low happiness score)	Percentage	LAD	9.6% 2011/12	9.5% 2021/22	10.3% 2022/23	▲ (red)	20	19	3	4			0.27
Self-reported wellbeing (high anxiety score)	Percentage	LAD	22.0% 2011/12	22.6% 2021/22	24.3% 2022/23	▲ (red)	10	14	1	4			-0.01
Under 75 mortality from causes considered preventable	Directly Standardised Rate per 100,000	LAD	241.5 2001	212.1 2021	196 2022	▼ (green)	17	18	5	6			-0.01
Under 75 cardiovascular mortality	Directly Standardised Rate per 100,000	LAD	170.0 2001	80.16 2021	94.1 2022	▲ (red)	11	13	6	6			-0.28
Under 75 cancer mortality	Directly Standardised Rate per 100,000	LAD	185.6 2001	135.4 2021	147.1 2022	▲ (red)	18	27	5	6			0.76
Under 75 liver disease mortality	Directly Standardised Rate	LAD	22.9 2001	30.5 2021	34 2022	▲ (red)	18	26	6	6			0.69
Under 75 respiratory disease mortality	Directly Standardised Rate	LAD	45.1 2001	35.6 2021	35.5 2022	▼ (green)	20	12	5	4			-0.62
Suicide and undetermined injury mortality	Directly Standardised Rate	LAD	12.7 2001-03	11.6 2020-22	13.1 2021-23	▲ (red)	16	16	4	4			-0.16

Key:

- ▲▼ (green) Improvement in Sefton Data
- ▲▼ (red) Sefton Data Worsened
- ◀▶ (amber) No change in Sefton Data

- Rank Worsened (red)
- Rank Improved (green)
- Rank Stayed the Same (yellow)

- Sefton (dark blue line)
- England (light blue line)

Liverpool City Region (LCR)
Halton
Liverpool
Sefton
St Helens
Wirral
Knowsley

Statistical Neighbour Group

LA	Former South Sefto	Former Southport & Formby CCG
Wirral	South Tyneside	Fylde & Wyre
North Tyneside	St Helens	Nottingham & Nottinghamshire
Northumberland	Sunderland	Castle Point & Rochford
Southend-on-Sea	North East Lincolnshire	Hampshire, Southampton & Isle of Wight
Torbay	Halton	Devon
	Rotherham	North Tyneside

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

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.[12] 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[13].

At present, the PHOF comprises 2 top level outcomes, 4 domains, 66 categories and 159 indicators, presented on an open-access, interactive website. The Adult Social Care and NHS Outcomes Frameworks and other intelligence resources, including the Joint Strategic Needs Assessment, offer other measures of Health, Care and Wellbeing need and status for Sefton's population. PHOF indicators are used to,

- Assess progress against a range of comparator geographies,
- Make local authorities more transparent and accountable in the local system,
- Assist prioritisation and programme planning.

Interpretation

There are some important points to bear mind when interpreting these statistics:

- **There are numerous positive and negative influences that all feed into the final number that is reported for each indicator**. The amount of direct influence the Public Health team and wider Council has varies depending on the indicator, but there are always other determining factors.

    - An example of an indicator which is expected to directly reflect a Public Health commissioned service is Health Checks.
    - Many indicators are also influenced by services commissioned elsewhere, as well as wider social and environmental factors, for example childhood obesity, smoking in pregnancy, and alcohol-related hospital admissions.
    - Some indicators are substantially determined by our wider physical and socio-economic environment, e.g. levels of physical activity, and measures of wellbeing. Such indicators will usually take much longer to change but may reflect more immediate impacts from major changes to national policy, e.g. welfare reform.

- **Differing timeframes.** Some indicators reflect events closer to 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.

---

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

- **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.