

12 December 2022**Agenda Item: 5**

REPORT OF DIRECTOR OF PUBLIC HEALTH

IMPROVING THE HEALTH OUTCOMES OF PEOPLE IN NOTTINGHAMSHIRE

Purpose of the Report

1. To use the review of public health outcomes for residents of Nottinghamshire County to highlight the building blocks needed for good health and wellbeing and to highlight the impact on inequalities when these building blocks are weak or missing.
2. To highlight the minority of indicators for which current outcomes or trends are unfavourable compared to England and that the work required by the authority or its partners to address these largely falls within the scope of the Nottinghamshire Plan and Joint Health and Wellbeing Strategy.
3. To support the Committee in prioritising areas of public health work for development or scrutiny.

Information

Vision, goals, and statutory framework

4. The Council has a statutory duty to take steps to improve the health of people in Nottinghamshire. As part of this, it also has a duty to have regard to guidance published by the Secretary of State including the Public Health Outcomes Framework (PHOF), through which the vision and strategic objectives for England are set.
5. The PHOF sets out a vision: to improve and protect the nation's health, and improve the health of the poorest fastest. It focuses on two high level goals:
 - a) Increased healthy life expectancy
 - b) Reduced differences in life expectancy and healthy life expectancy between communities
6. These outcomes reflect the focus not only on how long we live (our life expectancy), but on how well we live (our healthy life expectancy). The explicit focus of the framework set by government is also on reducing differences between people and communities from different backgrounds.

7. In Nottinghamshire, this focus is reflected in the vision and ambition underlying the Council's [Nottinghamshire Plan](#), and in the vision for the [Joint Health and Wellbeing Strategy 2022-2026](#). It should also be evident in the Integrated Care Strategy which the recently formed Nottingham and Nottinghamshire Integrated Care Partnership is developing.
8. To deliver its statutory duty in regard to the government's vision and the Council's own plan, it is essential that the Council and its partners attend to the evidence about the key factors through which healthy life expectancy is improved and inequalities reduced.

Building blocks for good health and wellbeing in every community

9. The key factors for achieving this should be thought of as the building blocks for a healthy Nottinghamshire. Where these building blocks are in place, healthy life expectancy will improve and inequalities will reduce. Where the building blocks are weak or missing, individuals experience a loss of health at an early age and the life expectancy gap between communities widens.
10. The key building blocks for health and wellbeing include every child getting the best start, housing, employment, education, food, transport, air quality and community networks. Access to health and care services is important but contributes a relatively small part compared to these other building blocks.
11. Currently we know that the lives of people in our most disadvantaged areas are, on average, about 8 years than people in our most advantaged areas. As well as living lives which are shorter, they will also spend 14 years more living in poor health. Some of our population are particularly affected. Women in our most disadvantaged communities can expect to live on average one third of their lives in poor health. This points to the fact that for some communities in Nottinghamshire, the building blocks are weak or missing.
12. The indicators in the PHOF throw further light on these missing building blocks and also on a range of service-related interventions which improve and protect the health of the population.

Public Health Outcomes Framework

13. Focusing on the twin goals of increasing healthy life expectancy and reducing inequalities, the PHOF comprises a nationally determined set of indicators which help us to understand long term trends in the health of the population.
14. The set of outcomes comprising the whole PHOF reflects a range of evidence-based action on public health and what can be realistically measured and collected centrally.
15. It should be noted that the information largely relates to population level based outcomes (in contrast to contract measures which focus only on outputs and quality for users of services). It represents the most up to date set of data for the whole of England (in some instances local data exist, which are more recent, but these are not available for other areas and so cannot be used for comparison).
16. The key data on which this report is based is contained in Appendices 1 and 2.

Public health outcomes: Nottinghamshire compared to England

17. The majority of indicators within PHOF show Nottinghamshire as 'better than' or 'similar to' England. These comparisons reflect factors including, amongst other things, the comparatively favourable influence of the social and economic environment, the role of a range of statutory agencies as well as the ongoing contribution of the Council including its Public Health team.
18. It should be noted that some indicators do not yet include the time period of the COVID pandemic, and therefore will not reflect its impact. A report on the impact of COVID on the population of Nottinghamshire is in progress, with completion in phases.
19. A minority of indicators show Nottinghamshire as 'worse than' England, and these provide a focus for action. Furthermore, county-level data often masks significant variation at more local level where some communities do not experience the socio-economic environment which create good health. Therefore consideration of the variations underlying the county-level data must also inform our action. This especially relevant where data has come through from the COVID pandemic time period, as the whole of England experienced COVID so any indicators worse than England must be explained by other variations such as inequalities.
20. Therefore, alongside partnership working (through arrangements with the rest of the County Council, Integrated Care Partnership, Health and Wellbeing Board, Safer Nottinghamshire Board, and the influence of a range of stakeholders at locality level including the role of the voluntary sector), the Director of Public Health also oversees work to identify indicators over which the Public Health Division can exert influence directly.
21. Some PHOF indicators of concern are not the direct responsibility of Public Health or the local authority. By way of example, some indicators relate to vaccination coverage which are important public health interventions for which the NHS is responsible. Outcomes related to vaccination coverage are considered as part of the workplan for the Nottinghamshire Health Protection Board which reports to the Health and Wellbeing Board.
22. Out of a framework of over 200 indicators, there are currently 35 over which the Council's Public Health Division has a higher level of influence but which warrant focus because they highlight outcomes which are worse than England or are on worsening trajectory. These indicators are listed at pages 8-9 of Appendix 1.
23. Broadly, the actions required to improve indicators where Nottinghamshire is worse than average are those to which the Council has committed in the ambitions contained in Nottinghamshire Plan or which partners have identified in the Joint Health and Wellbeing Strategy. More detailed information about these action plans can be provided if needed.

Other information about variation in outcomes within Nottinghamshire

24. There are two main sources of information about differences in health within the County:
 - The Office for Health Improvement and Disparities (OHID) is actively improving the publication of data for groups of people within local authority areas. These data are published as part of the PHOF and support understanding of inequalities across different communities within Nottinghamshire.

- Data published by electoral ward¹ is used by the Public Health Division to identify inequalities in health within the County and how these compare to other Local Authorities.
25. One example of disparities within the County is the gap in life expectancy and healthy life expectancy between the most and least deprived communities in the County. The most recent data show that that men living in the most deprived areas can expect to live for 9.3 years less than men who live in more affluent areas; the difference for women is 7.7 years².
26. Analysis of data sources provides a rich picture of how health outcomes within the authority vary by different population groups (for example differences between men and women, or by different age groups) and by geography (for example by district or electoral ward). Together with outcomes data for the whole County, an understanding of inequalities will support targeted work to improve the health for all citizens.
27. New additional information: The Office for National Statistics (ONS) has very recently published the ONS Health Index for England. This is a new measure of the health of the nation that provides a single value for health that can show health changes over time. A powerpoint presentation giving more information is attached at appendix 3.

Systemwide action and impact

28. The breadth of the full PHOF and the action plans for those indicators where Nottinghamshire is worse than England underline the importance of the collective contribution of partner organisations.
29. The [Nottinghamshire Joint Health and Wellbeing Strategy 2022-2026](#) identifies the priorities for systemwide action. These reflect some of the building blocks for good health and wellbeing in which the Health and Wellbeing Board member organisations exert influence. They are grouped into four ambitions:
- Give every child the best chance to maximise their potential
 - Create healthy and sustainable places
 - Provide everyone with access to the right support to improve their health
 - Keep our communities safe, especially for the most vulnerable (“inclusion health”)
30. In planning for their scrutiny of the Council’s public health duty and functions, Committee may wish to focus their attention around these themes, to ensure that the Council is making its full contribution in each.

Reason for Recommendations

31. The Public Health Outcomes Framework and work to identify local health inequalities is a source of consistent data about the health of Nottinghamshire’s population. These data are collected in a systematic and standardised way. This information forms a useful tool for the Council and its system partners to assess the prospects for improving and protecting the health of the population.

¹ <http://www.localhealth.org.uk/>

² Data for 2018-2020. Data for 2019-2021 may well be released in November / December 2022 pending Census 2021 population data.

Statutory and Policy Implications

32. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

33. There are no financial implications within the report.

RECOMMENDATION/S

- 1) Note the factors which have the greatest impact on the health and wellbeing of the population and that when these building blocks are weak or missing healthy life expectancy is reduced and inequalities increase
- 2) Note that the areas of work required to address the minority of outcomes where Nottinghamshire is worse than England average are largely identified in the Nottinghamshire Plan and in the Joint Health and Wellbeing Strategy.
- 3) Consider where the impact of the Council's public health functions would benefit from further scrutiny by the Committee

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Constitutional Comments (CEH 08.11.2022)

34. The content of and recommendations within the report fall within the remit of the Adult Social Care and Public Health Select Committee.

Financial Comments (DG 08.11.2022)

35. There are no direct financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- 'None' or start list here

Electoral Division(s) and Member(s) Affected

- 'All' or start list here