

04 December 2023**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 Nottinghamshire Joint Health and Wellbeing Strategy.
3. To support the Committee in prioritising areas of public health work for development or scrutiny.

Information

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 the broader Nottinghamshire [Joint Health and Wellbeing Strategy \(JHWS\) 2022-2026](#). These areas of focus are also apparent in the [Integrated Care Strategy](#) as developed by the Nottingham and Nottinghamshire Integrated Care Partnership.
8. To deliver its statutory duty regarding 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.
9. Where appropriate, indicators from the PHOF are used to monitor progress as part of the Nottinghamshire Plan, JHWS and as part of the Council's 'Vital Signs' internal performance monitoring programme. Progress is also reported to the Adults Social Care and Public Health Select Committee on a quarterly basis. This report provides a fuller review of Nottinghamshire's progress against all PHOF indicators to allow prioritisation of Public Health and wider system activity for the next year.

Building blocks for good health and wellbeing in every community

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. 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.
11. Currently we know that the lives of people in our most disadvantaged areas are, on average, more than 8 years shorter 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 members 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 and the trend for all women in Nottinghamshire has deteriorated since 2012. 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 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. It should be noted that the information largely relates to population-level outcomes. This is 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).

15. The key data on which this report is based are contained in Appendices. These appendices include Nottinghamshire data for a subset¹ of 168 indicators from PHOF and contain the latest available data, most of which are updated annually. The majority of these indicators can be compared numerically to England. These 146 indicators are classified as “better than”, “similar to” or “worse than” the value for England.

Public health outcomes: Nottinghamshire compared to England

16. The majority (107 or over 70%) of indicators within PHOF that can be compared numerically show Nottinghamshire as ‘better than’ or ‘similar to’ England in the latest data. These comparisons reflect factors including 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.
17. A minority (a total of 39) indicators show Nottinghamshire as ‘worse than’ England in the latest data.
18. Indicators where the status of Nottinghamshire relative to England has changed over time are also of interest, and in particular how this status changed between the latest two annual data points². A total of eight indicators for Nottinghamshire improved status relative to England using this measure. These are listed in Appendix 2. The status of sixteen indicators deteriorated.
19. A total of 51 unique indicators for Nottinghamshire are either worse than England in the latest data or the status compared to England has recently deteriorated. These provide a focus for action and are listed in Appendix 3.
20. 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.
21. Therefore, the indicators of concern listed in Appendix 3 will be addressed through 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.
22. Broadly, the actions required to improve indicators where Nottinghamshire is worse than average are those to which the Council has committed to in the ambitions contained in Nottinghamshire Plan or which partners have identified in the JHWS. More detailed

¹ Several indicators report data for males, females and all persons separately or include multiple age groups as separate lines in the PHOF. For brevity this report includes only ‘all persons’ if all three categories are included in the dataset or the broadest age-group available.

² Please note that some indicators are new or have changed definitions in the latest release and therefore only one data point is available.

information about these action plans can be provided if needed.

23. Analysis of further data sources provides a rich picture of how health outcomes within the authority vary by different population groups (for example differences in geography, age, gender, ethnicity or vulnerable groups). Together with outcomes data for the whole County, an understanding of inequalities will support targeted work to improve the health for all people.
24. A consideration of the data presented in the PHOF appendices to this report suggests areas for further scrutiny:
- Outcomes and inequalities in women's and children's health; this will include factors that influence life expectancy and healthy life expectancy
 - Substance use, which includes the harms of drugs and alcohol and those experiencing severe multiple disadvantage
25. These areas are prioritised as part of the Nottinghamshire JHWS 2022-2026, which 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") and those with severe multiple disadvantage.
26. In planning for their scrutiny of the Council's public health duty and functions, Committee may wish to focus their attention on these themes, to ensure that the Council is making its full across departmental contribution in each.

Reason for Recommendations

27. 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.

Statutory and Policy Implications

28. 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

29. There are no direct financial implications within the report. Majority of the work from the Public Health division is funded through the ring-fenced Public Health Grant.

Data Protection and Information Governance

30. No data protection or information governance risks. All data is at population level and publicly available.

Implications for Residents

31. PHOF indicators provide a snapshot of the health and wellbeing of Nottinghamshire residents. They provide areas for further development to improve health and wellbeing.

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 [LPW 24.11.2023]

32. The recommendations fall within the remit of the Adult Social Care and Public Health Select Committee by virtue of its terms of reference.

Financial Comments (PAA29 24/11/2023)

33. The financial implications are set out in paragraph 29. There are no additional financial costs to the Council arising from the 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