

**09 December 2019****Agenda Item: 4****REPORT OF DIRECTOR OF PUBLIC HEALTH****PUBLIC HEALTH OUTCOMES IN NOTTINGHAMSHIRE****Purpose of the Report**

1. To review public health outcomes for residents of Nottinghamshire County and identify any additional work required by the authority or its partners to address where current outcomes or trends are unfavourable compared to England.
2. To agree to receive an update report in early 2021 and that this be included in the work programme.

**Information****Public Health Outcomes Framework**

3. The Public Health Outcomes Framework (PHOF) comprises a nationally determined set of indicators which help us to understand long term trends in the health of the population.
4. It reflects the vision “to improve and protect the health of the whole population, and to improve the health of the poorest fastest”. It is based on two high-level outcomes that are a national focus: increased healthy life expectancy and reduced differences in life expectancy and healthy life expectancy between communities. These outcomes involve a balance between how long we live (life expectancy) and how well we live (healthy life expectancy). The core of this vision is reflected locally in the Council Plan and in the Joint Health and Wellbeing Strategy.
5. The set of outcomes comprising the whole Public Health Outcomes Framework reflects the full spectrum of evidence-based action on public health and what can be realistically measured and collected centrally.
6. It should be noted that the information 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).
7. This report covers changes to public health outcomes in the year since December 2018. In common with the report approved by Committee in December 2018, it gives examples of

recent work which has contributed to improvements and of ongoing work by the Public Health Division where outcomes in Nottinghamshire are less favourable compared to national average.

## **Public health outcomes: Nottinghamshire compared to England**

8. The Public Health Division considers an overview of all PHOF outcomes twice each year. The most recent report is included as Appendix 1. Current data can be found at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000049/pat/6/par/E12000004/ati/102/are/E1000002>
9. 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 authority and the Public Health Division.
10. Nevertheless, 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 communities do not experience the benefits of socio-economic environments which promote health. Consideration of the variations underlying the county-level data must also inform our action.
11. Therefore, alongside partnership working (through arrangements with Health and Wellbeing Board, Safer Nottinghamshire Board, and locality arrangements), the Director of Public Health also oversees work to identify indicators over which the Public Health Division can exert influence directly. A summary of these work areas is provided in Appendix 2.
12. Some PHOF indicators of concern are not the direct responsibility of Public Health or the authority. Most of these within Nottinghamshire relate to cancer screening coverage, and vaccination coverage. These issues are considered as part of the workplan for the Nottinghamshire Health Protection Strategy Group, which holds NHS England and Public Health England to account as appropriate.
13. There are currently sixteen indicators that are indicators of concern and for which the Public Health Division has a high level of influence in changing outcomes. These indicators are listed in Appendix 2. For each of these an action plan is in place, which is monitored by Public Health senior leadership team twice a year.
14. An example of such work which during the last year has started to yield improvements discernible at population level is that of chlamydia detection.
  - The chlamydia detection rate for residents aged 15-24 in Nottinghamshire during 2018 was similar to the England average. This followed a period of three years where the detection rate was significantly worse than the England average.
  - Chlamydia is the most commonly diagnosed sexually transmitted infection in the UK. It is caused by a bacterial infection and the majority of people who are infected will not have symptoms. It is easy to diagnose and treat, but if left untreated infections can persist for years and cause serious complications.
  - Historically, like most authorities in the country, Nottinghamshire has struggled to meet the national benchmark rate. Over the last 10 years Public Health has worked closely with NHS

colleagues across primary and secondary care and other partners such as the Youth Service to increase take up of chlamydia screening. Since November 2017 the County Council has commissioned an online chlamydia testing service which has contributed substantially to the increase in young people accessing chlamydia tests and being treated.

15. An example where an outcome in Nottinghamshire is worse than England but shows sustained improvements is school readiness.

- Recent improvements in school readiness have been secured by focussing on early language development, joint working between Healthy Families Teams and early years providers, and ensuring only evidenced based programmes are used to support school readiness. This will be further strengthened through the introduction of a targeted child development review at age 3 for children not achieving a good level of development at 2 years, regular assessments of parent-child interaction by Health Visitors, and support of parents in attuning their caregiving required to enable their child to be ready for school.

16. Adult physical activity is an example of an outcome in Nottinghamshire which is better than England.

- Work with partners including Active Notts and all District Councils to undertake insight and engagement work with residents from the most inactive groups in each locality to change our approaches to enable them to be more active. For example, the pilot work in Bellamy Estate in Mansfield started in 2017 and has focused on developing assets in the community and nurturing key relationships. This is changing the way the District Council leisure service works with this community. Different exercise and fitness provision has been tested and the local school head teacher is now working collaboratively to engage the community in physical activity.

17. Over the last year, five sub-indicators have changed status when compared to England:

Indicator	Change from	Change to
0.1i - Healthy life expectancy at birth (females)	Similar to England	Worse than England
0.1i - Healthy life expectancy at birth (males)	Worse than England	Similar to England
1.18i - Social Isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs)	Similar to England	Worse than England
4.12i - Preventable sight loss - age related macular degeneration (AMD)	Better than England	Similar to England
4.12iv - Preventable sight loss - sight loss certifications	Better than England	Similar to England

18. Indicator 1.18i is included in the action plan for indicators of concern for which the Public Health Division has a high level of influence in changing outcomes (appendix 2).

19. The reasons for changes in healthy life expectancy are not well understood. They will also be of interest to ICS partners with whom work will be undertaken to investigate them.

**Other information about variation in outcomes within Nottinghamshire**

20. There are two main sources of information about differences in health within the County:

- Public Health England 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 ward<sup>1</sup> is used by the Public Health Division to identify inequalities in health within the County and how these compare to other Local Authorities.

21. One example of disparities within the County is the gap in life expectancy between the most and least deprived communities in the County. The most recent data show 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 – but this gap has increased since 2010. The corresponding gap for women is 7.7 years – again the gap for women widened since 2010, but appears to have narrowed slightly in the latest data.

22. 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.

### **Future updates of the Public Health Outcomes Framework**

23. The schedule of Public Health England's updates to the PHOF suggests that it would be more timely to bring the next report in early 2021.

### **Reason for Recommendations**

24. 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. As many issues are affected by the wider determinants of health, this information forms a useful tool across Council and system partners to assess long term health impact.

25. The suggested time period for a future update report (during the first three calendar months of 2021) allows a better timescale and fit with the PHOF update and publication schedule. This will allow inclusion of data published in December 2020.

### **Statutory and Policy Implications**

26. 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.

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<sup>1</sup> <http://www.localhealth.org.uk/>

## **Crime and Disorder Implications**

27. Where PHOF indicators include crime and disorder elements, these are included with other local intelligence in the Police and Crime Commissioner's Police and Crime Needs Assessment process.

## **Data Protection and Information Governance**

28. No data protection implications: all data is published and publicly available at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000049/pat/6/par/E12000004/ati/102/are/E10000024>

## **Implications in relation to the NHS Constitution**

29. No direct implications related to the NHS Constitution. The NHS duty to 'reduce inequalities in experience, access or outcomes between differing groups or sections of society requiring health care' has been considered where relevant.

## **RECOMMENDATION**

- 1) To review public health outcomes for residents of Nottinghamshire County and identify any additional work required by the authority or its partners to address where current outcomes or trends are unfavourable compared to England
- 2) That members agree to receive an update report in early 2021 and that this be included in the work programme.

**Jonathan Gribbin**  
**Director of Public Health**

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## **Constitutional Comments (AK 27/11/2019)**

30. The recommendation falls within the remit of the Adult Social Care and Public Health Committee under its terms of reference.

## **Financial Comments (DG 27/11/19 )**

31. There are no financial implications arising directly 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.

**Electoral Division(s) and Member(s) Affected**

All