

24 January 2022**Agenda Item: 5**

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.

Information

Public Health Outcomes Framework

2. 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.
3. 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.
4. 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.
5. 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).
6. This report covers changes to public health outcomes in the years since December 2019. Regular reporting was interrupted due to the COVID 19 pandemic. The action plan in Appendix 1 gives an overview of current relevant plans and strategies which contribute to improvements

where outcomes in Nottinghamshire are less favourable when compared to the national average.

Public health outcomes: Nottinghamshire compared to England

7. The Public Health Division did consider an overview of all PHOF indicators twice each year, however this has been halted due to the COVID pandemic. This report therefore gives an update on the current PHOF indicator status since 2019. This is included as Appendix 1. Current data can be found at: [Public Health Outcomes Framework - Data - PHE](#)
8. 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 local authority and the Public Health Division. However, it should be noted that a number of indicators do not yet have data from the time period of the COVID pandemic, and therefore will not reflect any worsening or inequalities this may have brought about. A report on the impact of COVID on the population of Nottinghamshire is being developed. The plan is to complete this in phases by March 2023, with the first phase of data and analysis by Feb 2022 covering excess morbidity and mortality.
9. 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 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.
10. Therefore, alongside partnership working (through arrangements with the rest of the County Council, Integrated Care Partnership (from April 2022), Joint 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.
11. Some PHOF indicators of concern are not the direct responsibility of Public Health or the local authority. For example some relate to vaccination coverage which is the responsibility of the NHS. These issues will be considered as part of the workplan for the reformed Nottinghamshire Health Protection Board, which will hold NHS England and the UK Health Security Agency (UKHSA) to account as appropriate. Some other indicators relate to the Adult Social Care Service Plan 2021-2022 priorities which should be noted.
12. Out of a framework of over 200, there are currently twenty-two indicators that are indicators of concern and for which the Public Health Division has a high level of influence. These indicators are listed in Appendix 1. For each of these, a plan and strategy is in place. In many cases, this spans multiple organisations and partnerships, within which the Public Health Team play a leading or influential role.
13. The establishment of the Covid Response Team has enabled the Public Health Division to make significant progress towards COVID Recovery and focus on the priorities set out in the plans mentioned above. In some cases, completion of this recovery has been paused while

effort is once again diverted to address winter pressures and the current wave of omicron infection. Where this is the case, the Recovery Plan will be refreshed in Spring 2022.

14. Despite the redeployment of public health officers to COVID response, there has been progress on several agendas. Examples include:

- Suicide Prevention:

Nottinghamshire County Council Public Health are working closely with our partners across the Nottingham and Nottinghamshire ICS and Bassetlaw to deliver on the local Suicide Prevention Strategy and Action Plan (2019-2023). Over the past year this has included obtaining new NHS England Wave 4 Suicide Prevention funding on the ICS footprint. The latest data shows that the average suicide rates decreased between 2017-2019 and 2018-2020, to 8.6 from 9.1 per 100,000 of the population.

An example of work which is continuing to help reduce the suicide rate is the real time surveillance group of suspected suicides. This was set up in 2020. It is now getting routine data and supports the identification any potential clusters of cases and targets communication messages about suicide prevention.

- Domestic Abuse:

Within 2021 there have continued to be challenges relating to the covid-19 pandemic restrictions and the impact on domestic abuse support and criminal justice systems. Domestic abuse services have begun to move to hybrid delivery models, reintroducing face to face delivery in line with restrictions easing. The complexity and risks for survivors continues to present challenges for all services.

The additional funding from the Home Office and the Department of Levelling Up, Housing and Communities has been used to increase the number of Independent Domestic Violence Advisors (IDVAs) supporting high risk survivors and improve the safe accommodation support pathways. The partnership approaches developed during the early stages of the pandemic have continued and transformed the countywide approach leading to improved outcomes for survivors of domestic abuse.

- Childhood Obesity Trailblazer Programme (COTP)

The COTP is funded by the Department of Health and Social Care and managed by the Local Government Association. The focus of the Nottinghamshire project is on food and nutrition for pre-school children and their families living in more disadvantaged areas with higher childhood obesity prevalence. Achievements so far include:

- 10% increase in uptake of the national Healthy Start scheme. The scheme provides support to families on low incomes to access free fruit, vegetables, milk and vitamins.
- 7 nurseries achieving 'The Soil Association' Food for Life Early Years Award. This award sets out criteria which when met supports settings to embed a culture of good food for children in the early years.
- Working in partnership with Loughborough University, 250 practitioners trained in good practice in child feeding.

15. Since the last data update, many sub-indicators have changed their RAG rating when compared to England. The overarching indicators are in the table below, and the others are in

Appendix 2. Thus Appendix 1 gives the current RAG rating of the all the indicators, and Appendix 2 shows which ones have changed their RAG rating since the last data update.

• <i>Topic</i>	• <i>Indicator</i>	• <i>Change From</i>	• <i>Change to</i>	• <i>Direction of change</i>
• <i>Overarching Indicators</i>	• <i>A01a - Healthy life expectancy at 65 (Female)</i>	• <i>Worse than England</i>	• <i>Similar to England</i>	• <i>(+) Improving</i>
• <i>Overarching Indicators</i>	• <i>A01c - Disability-free life expectancy at birth (Female)</i>	• <i>Worse than England</i>	• <i>Similar to England</i>	• <i>(+) Improving</i>

16. 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

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

- Public Health England (PHE) was 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. This however has been paused due to the COVID pandemic but also the split of into the UK Health Security Agency (UKHSA), the Office for Health and Improvement and Disparities (OHID) and the movement of public health healthcare into NHS England.
- 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.

18. 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 men and women living in the most deprived areas can expect to live for 7.5 years less than men and women who live in more affluent areas but also have 14 years more poor health.

19. 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

¹ <http://www.localhealth.org.uk/>

20. The schedule of Public Health England's updates to the PHOF suggests that the PH Intelligence Team monitor the framework annually and bring a report to the portfolio holder and the Health and Wellbeing Board.

Reason for Recommendations

21. 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.

Statutory and Policy Implications

22. 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.

Crime and Disorder Implications

23. 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

24. No data protection implications: all data is published and publicly available at:
[Public Health Outcomes Framework - Data - PHE](#)

Implications in relation to the NHS Constitution

25. 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. It is acknowledged that this directly relates to the [NHS Long Term Plan](#) of tackling health inequalities and the role of the Integrated Care System (ICS). The Nottinghamshire ICS Health Inequalities Strategy is referred to in the action plan in Appendix 1.

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, including any current strategies or services plans on hold or requiring review due to the COVID pandemic.

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Constitutional Comments (LPW 20/12/2021)

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

Financial Comments (DG 17/12/2021)

27. 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

Electoral Division(s) and Member(s) Affected

- All