

**10 December 2018****Agenda Item: 4**

## **REPORT OF DIRECTOR OF PUBLIC HEALTH**

### **PUBLIC HEALTH OUTCOMES IN NOTTINGHAMSHIRE**

#### **Purpose of the Report**

1. To identify how public health outcomes are measured at a national and local level
2. To describe how Nottinghamshire public health outcomes compare to those for England
3. To describe how health outcomes vary between communities within the County
4. To ensure elected representatives and officers are kept up to date with health outcomes within and across the Authority and consider opportunities for incorporation into agendas that impact on the wider determinants of health.

#### **Information**

##### **Background and context**

5. Public health can be defined as:

“the art and science of preventing disease, prolonging life  
and promoting health through the organised efforts of society”<sup>1</sup>

To further this work, the Director for Public Health leads work within the Authority and with partner organisations to improve the long-term health and wellbeing of the population. These objectives can take years – or even decades – of sustained, collective effort to achieve. This is reflected in the methods used to monitor public health outcomes and the frequency of reporting.

6. The main tools used to assess public health outcomes are described below. Each of these is updated on an annual basis.
  - **The Public Health Outcomes Framework (PHOF)**  
This is the principal focus of this report, and is explained below.

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<sup>1</sup> Acheson D. *Public health in England*. The report of the committee of inquiry into the future development of the public health function. London, HMSO, 1988

- **The Public Health Dashboard**

This resource was released by Public Health England in 2018. It is intended to be a resource to support local councillors and senior council officers to prioritise resource allocation across a range of public health service areas.

- **National and local assessments of inequalities in health**

The PHOF includes measures of how health and factors that influence health and wellbeing differ between communities across England. This national view is complemented by local reports that identify how health and wellbeing varies between communities within Nottinghamshire County.

7. The approaches described above relate to population based outcomes. These differ from public health contract data which are related to service outputs and service quality.

## **Public Health Outcomes Framework**

8. The Public Health Outcomes Framework (PHOF) for England was introduced in 2013. The vision for the PHOF is “to improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest”.
9. The framework 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 reflect a balance between how long we live – life expectancy – but also how well we live, or healthy life expectancy.

10. A set of supporting public health indicators underpins the high level outcomes. These indicators are grouped into four domains:

- **Improving the wider determinants of health**

*An assessment of wider factors that affect health and wellbeing, and health inequalities*

- **Health improvement**

*How people are helped to live healthier lifestyles, make healthy choices and changes in health inequalities*

- **Health protection**

*How the population's health is protected from major incidents and other threats, whilst also reducing inequalities*

- **Healthcare public health and preventing premature mortality**

*Citizens living with preventable ill health or dying early and the gap between communities*

11. Data for each of the of the high-level and supporting indicators is published by Public Health England. Data for indicators are updated annually and are included:

- for all upper-tier and where possible lower-tier authorities in England;
- to show trends over time;

- to allow comparisons to outcomes for England, as well as statistical and regional neighbour authorities.
12. The PHOF includes data from many sources and organisations. This reflects the wide range of influences that the NHS, social care, public health services and others have on improvements to health and differences in outcomes between places, people and communities.
- Current public health outcomes: Nottinghamshire compared to England**
13. 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>
14. The majority of indicators within PHOF show Nottinghamshire as ‘significantly better than’ or ‘similar to’ England.
15. Two factors are used to identify indicators of concern:
- indicators where Nottinghamshire is significantly worse than England and/or;
  - the trend for the Authority is worsening over time.
16. There are currently thirteen 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.
17. 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.
18. High-level PHOF outcomes, including healthy life expectancy, life expectancy and associated inequalities are addressed through partnership working across the local health and care system.

### **Public health outcomes: differences within Nottinghamshire**

19. The Public Health Division uses data published by electoral ward<sup>2</sup> to identify inequalities in health within the County and how these compare to other Local Authorities. The conclusions are summarised in Appendix 3.

### **Other Options Considered**

20. No other options were considered.

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<sup>2</sup> <http://www.localhealth.org.uk/>

## **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 publically 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>

### **Financial Implications**

25. There are no financial implications related to this report.

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

26. 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.

### **Implications for Service Users**

27. Improvements in Public Health Outcomes affect all Nottinghamshire citizens and service users.

### **Implications for Sustainability and the Environment**

28. No environmental or sustainability implications

## **RECOMMENDATIONS**

- 1) To review public health outcomes for residents of Nottinghamshire County and identify any additional work required by the authority or system partners to address where current outcomes or trend are unfavourable compared to England
- 2) That members agree to receive an update report in the next 12 months and that this be included in the work programme.

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### **Constitutional Comments (LMcC 08.11.2018)**

29. The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report. Members will need to consider any actions they require in respect of the issues contained in the report.

### **Financial Comments (DG 08.11.2018)**

30. The financial implications are contained within paragraph 25 of 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'