

Health and Wellbeing Scrutiny Commission

Public Health Performance

Date: 21st April 2016

Lead Director: Ruth Tennant



Useful information

- Ward(s) affected: All
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- Report version: 1

1. Summary

- 1.1 This report presents an overview of performance management in relation to public health in Leicester. The report focuses on delivery of local and national priorities. The local priorities are expressed in the key plans and strategies for public health in the city and wider plans and strategies to which public health makes a significant contribution. National priorities are captured in the national performance framework for public health, the 'Public Health Outcomes Framework' (PHOF). The report includes a summary of current performance against these plans and strategies and the PHOF.

2. Recommendations

- 2.1 The Health and Wellbeing Scrutiny Commission are recommended to note the contents of this report and advise on future performance reports

3. Report

3.1 Delivery of public health strategic priorities.

Public health, like other public service priorities, are invariably, but not exclusively, captured in a range of plans and strategies. Such documents will usually identify the overall purpose of the plan or strategy, define the priorities for action, identify and quantify the difference delivery of the plan or strategy is intended to make, set out the activity that will be undertaken to deliver these 'outcomes' and identify the investment or resource that will be put behind delivery of the plan or strategy.

Plans and strategies relating to public health in Leicester range from the overarching strategy to improve health and wellbeing in the population; 'Closing the Gap: Leicester's Health and Wellbeing Strategy' (which is in the process of refresh), through to detailed plans to address specific issues. In some cases a plan or strategy will be owned and driven by the council's public health division, in others it might be a joint plan or strategy with named partners, or indeed it could be a broader plan or strategy to which the public health division contributes.

Progress on the delivery of plans and strategies, usually described as 'performance' will be reported to and considered by any one or more of the governance arrangements reflecting the ownership of the plan in question - for example the Health and Wellbeing Board maintains oversight of the Health and Wellbeing Strategy. Internally, monitoring of performance and responding to performance issues is undertaken through the Public Health Performance Review Group which meets quarterly

The following list sets out those key plans and strategies relating to public health and Leicester that are performance managed locally and form the scope of this report. A summary of measures from the Health and Wellbeing Strategy is shown below, with further analysis and extracts of current performance data from other plans provided in appendices 1a and 1b.

- Closing the Gap: Leicester's Health and Wellbeing Strategy
- Better Care Together: 5 Year Strategic Plan
- City Mayor's Delivery Plan (up to 31.3.15)

- Leicester Sports Partnership Trust Plan for Physical Education, Sport and Physical Activity
- Leicester's Alcohol harm reduction strategy
- Oral Health Promotion Strategy
- Suicide Prevention Strategy
- Inter-agency Domestic Violence Strategy
- Leicester, Leicestershire and Rutland Mental Health Strategy
- Leicester Food Plan
- Breast Feeding Strategy
- Tobacco Control Action Plan

3.2 **The Public Health Outcome Framework.**

The Public Health Outcomes Framework (PHOF), "Healthy lives, healthy people: Improving outcomes and supporting transparency" sets out a national vision for public health, desired outcomes and the indicators that will help understand how well public health is being improved and protected.





The framework concentrates on two high-level outcomes; *Increased healthy life expectancy* and *Reduced differences in life expectancy and healthy life expectancy between communities*, to be achieved across the public health system. It groups further indicators into four 'domains' that cover the full spectrum of public health: *Improving the wider determinants of health; health improvement; health protection; and, Healthcare public health and preventing premature mortality*

The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life. The PHOF is complimentary to outcome frameworks the NHS and Adult Social Care. The PHOF is primarily a set of indicators and, beyond the high level outcomes noted above, priority amongst these indicators is a local matter. The PHOF is also valuable for surveillance purposes. A summary of Leicester's latest position on the PHOF is shown below, with more detail provided in Appendix 2.












3.3 **Performance Summary**

Measures from the overarching Health and Wellbeing Strategy and the Public Health Outcomes Framework provide a helpful snapshot of overall public health performance. A summary of the latest position on these 25 indicators in the strategy is shown below.

Closing the Gap: Leicester's Health and Wellbeing Strategy

Direction of travel against baselines in the strategy – All measures		
	Performance has improved from the baseline in the strategy	16
	Performance is the same / very similar to the baseline in the strategy	4
	Performance has worsened from the baseline in the strategy	3
	No data has been published since the baseline, or there are data quality issues	2

The latest performance data for the public health measures in the strategy is contained in the following table.

Public Health Measures			
Measure	Baseline	Latest	DoT
Breastfeeding at 6-8 weeks	2011/12 – 54.9%	Q1 2015/16 - 62.6% (no newer data published)	
Smoking in pregnancy	2011/12 – 12.7%	2014/15 – 11.8% 11.8% at end of Q3 15/16	
Conception rate in under 18 year old girls (per 1000)	2011 – 30.0	2013 – 29.7 2014 - 25.3	
Reduce obesity in children under 11 (bring down levels of overweight and obesity to 2000 levels, by 2020)	Reception 2010/11 - 10.6%	Reception 2014/15 – 10.5%	
	Year 6 2010/11 - 20.6%	Year 6 2014/15 - 22.1%	
Number of people having NHS Checks	2011/12 – 8,238	2014/15 – 13,867 2015/16 8278 (to end of Q3)	
Smoking cessation: 4 week quit rates	2011/12 – 2,806	2014/15 – 2,008 1357 to end of Q3	
Reduce smoking prevalence	2010 – 26.0%	2015 – 21.4%	
Adults participating in recommended levels of physical activity	2010/11 – 27.8%	2014/15 – 34.7% 32.5% (Oct 14-Sept 15)	
Alcohol-related harm	2011/12 – 719.1	2014/15 – 704.8 2015/16 364.8 to end Q2	
Self-reported well-being - people with a high anxiety score	2011/12 – 41.99%	2014/15 – 40.7%	

Public Health Outcomes Framework

Leicester compared to England Average	Measures	Direction of Travel	Measures
Significantly better	24	Improved	55
Significantly worse	52	Worsened	55
Same / very similar	65	No change	3
Not available	1	Not available	29

3.4. Summary of appendices:

Appendix 1 Closing the Gap: Leicester's Health and Wellbeing Strategy

Appendix 2 The Public Health Outcomes Framework

Health and Wellbeing Strategy: Priorities and Performance Measures

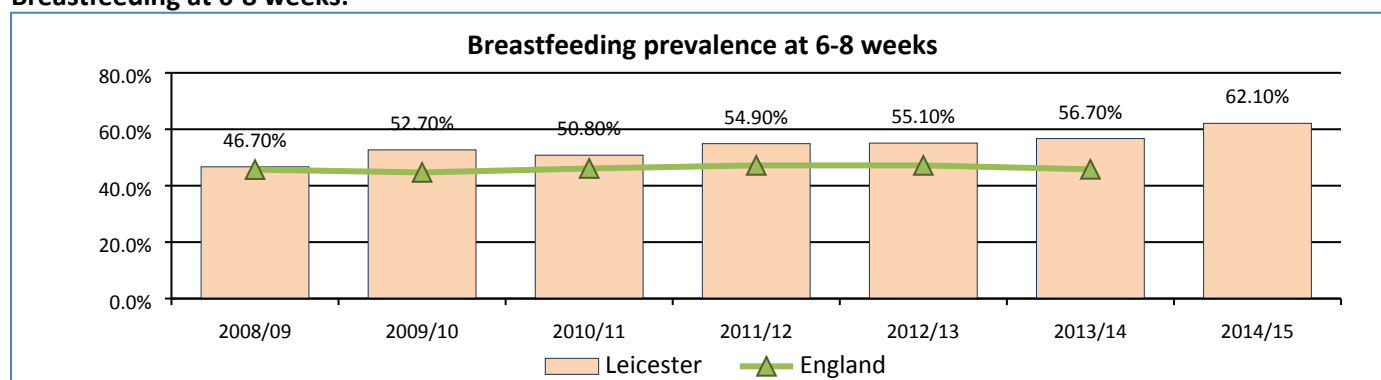
The Joint Health and Wellbeing strategy aims to reduce health inequalities, delivering against the five strategic priorities:

- Improving outcomes for children and young people
- Reducing premature mortality
- Supporting independence for older people, people with dementia, long term conditions and carers
- Improving mental health and emotional resilience
- Addressing the wider determinants of health through effective use of resources, partnership and community working

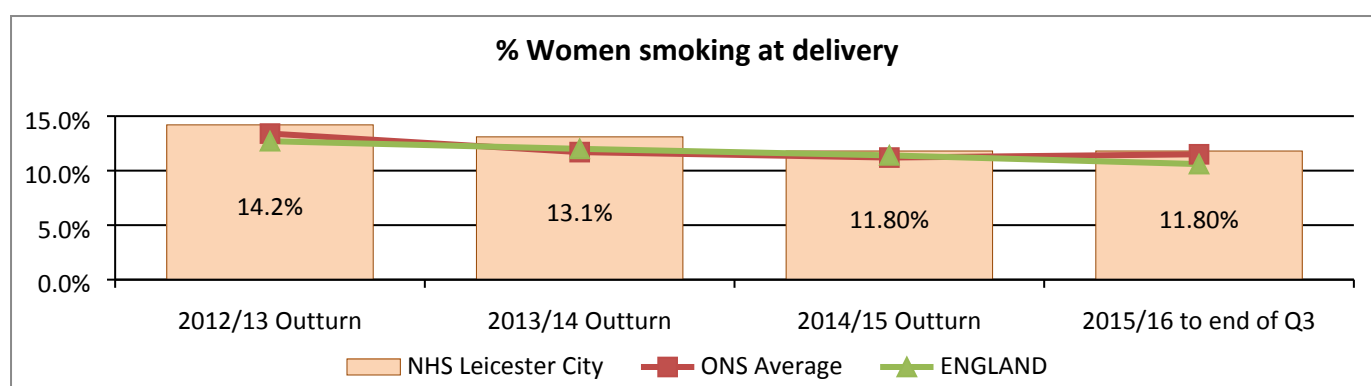
Strategic Priority 1: Improve outcomes for children and young people

Strategic Priority	Outcome	RAG Rating
Improving outcomes for children and young people	1.1 Reduce Infant Mortality	Amber
	1.2 Reduce Teenage Pregnancy	Amber
	1.3 Improve readiness for school at age five	Amber
	1.4 Promote healthy weight and lifestyles in children and young people	Green

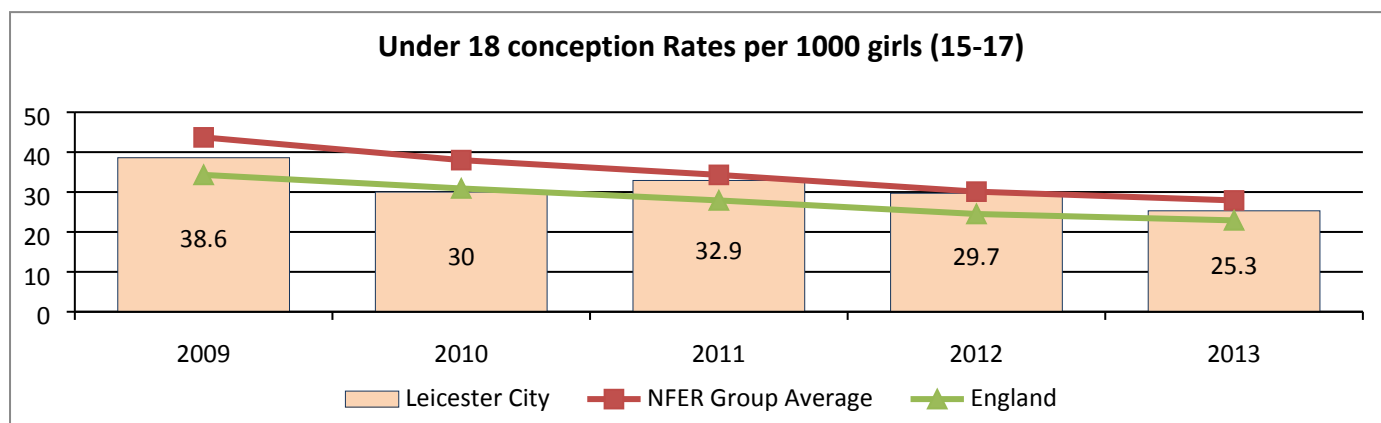
Breastfeeding at 6-8 weeks:



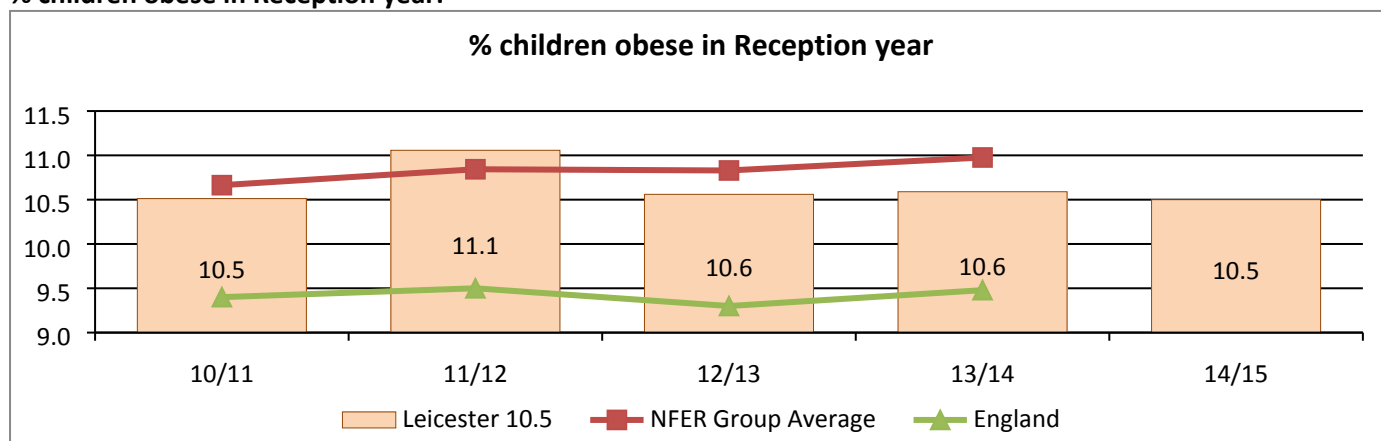
Smoking in pregnancy:



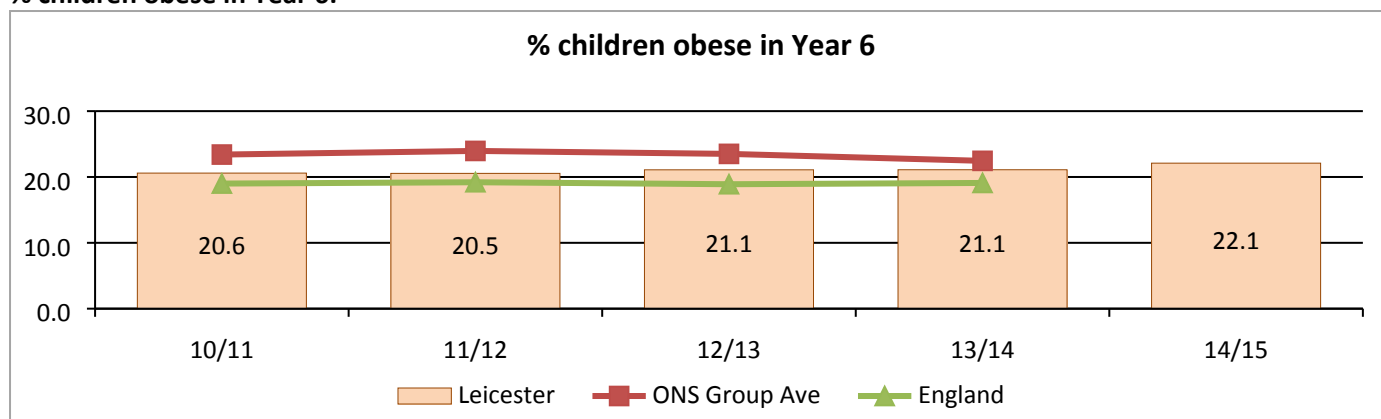
Under 18 conception Rates per 1,000 girls (15-17):



% children obese in Reception year:



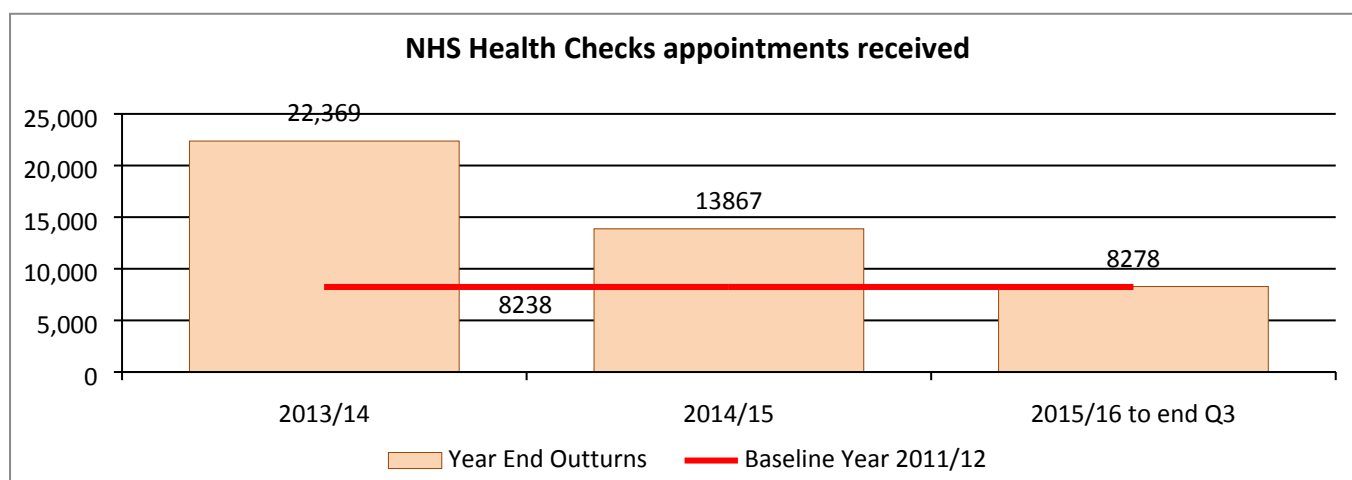
% children obese in Year 6:



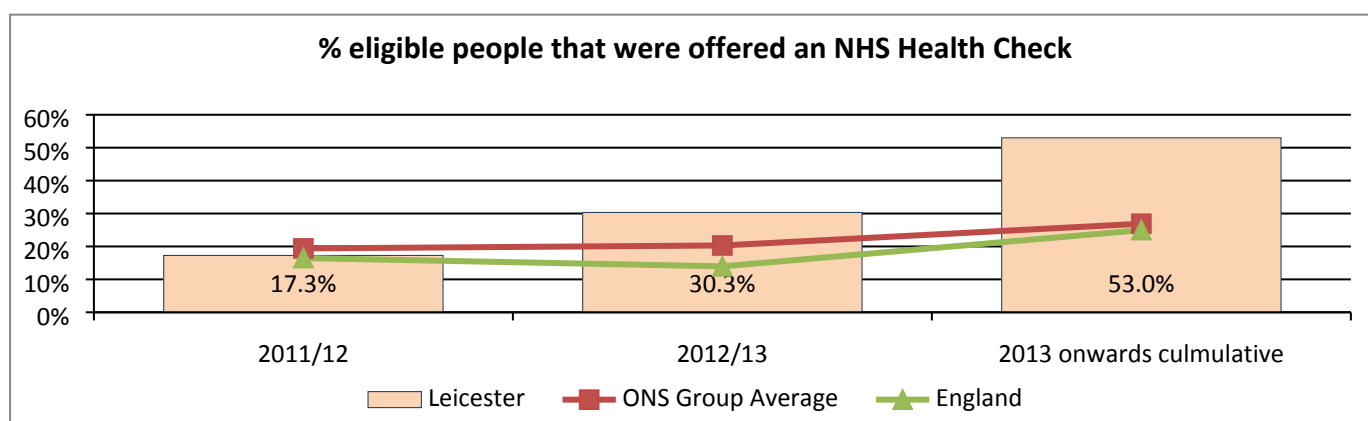
Priority 2: Reduce premature mortality

Strategic Priority	Outcome	RAG Rating
Reducing premature mortality	2.1 Reduce smoking and tobacco use	Amber
	2.2 Increase physical activity and healthy weight	Green
	2.3 Reduce Harmful Alcohol Consumption	Green

Number of people having NHS Checks:

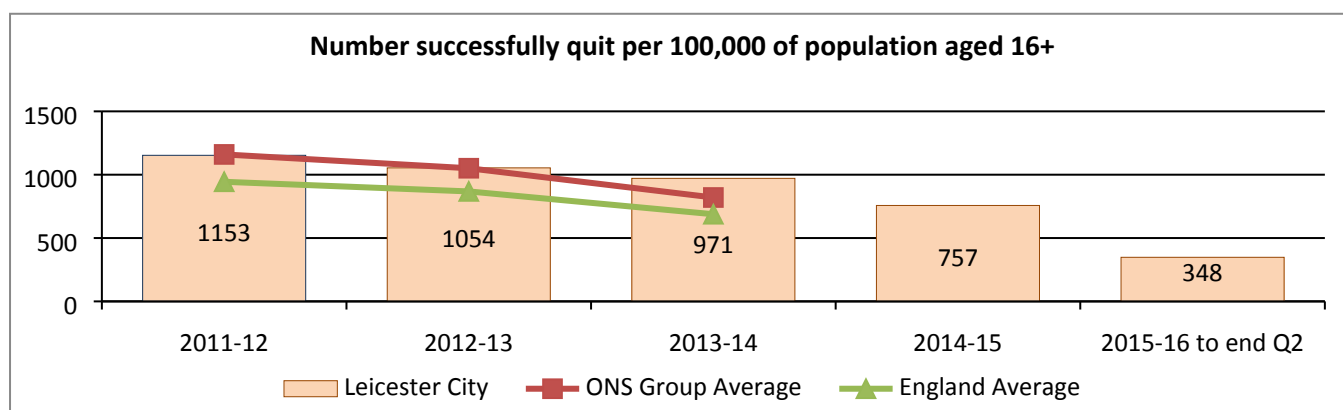


Proxy measure: % eligible people that were offered a NHS Health Check (used because it enables meaningful comparisons between different sized areas):

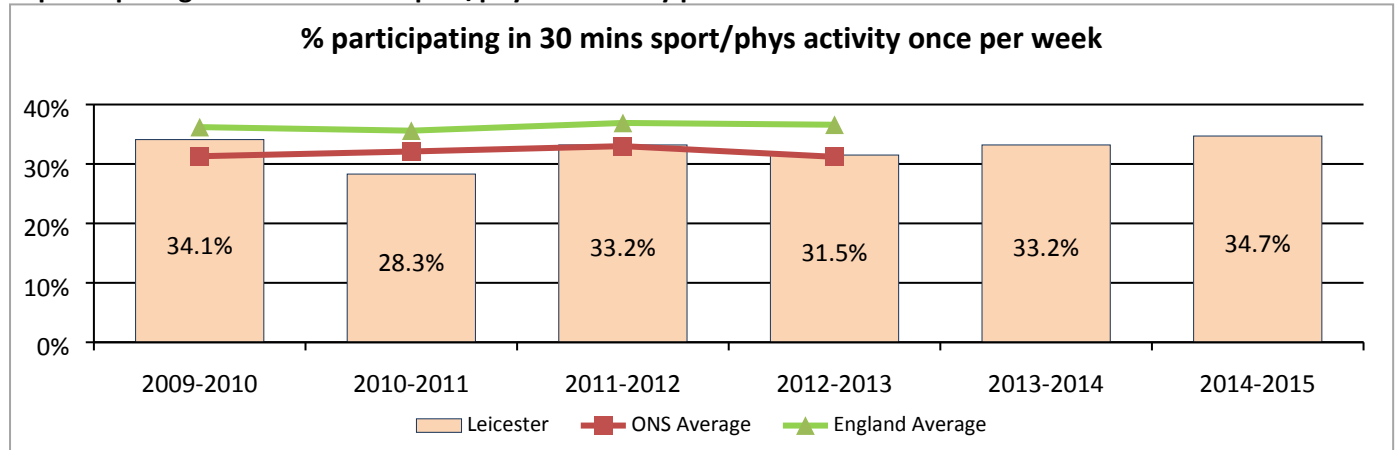


Current programme from 2013

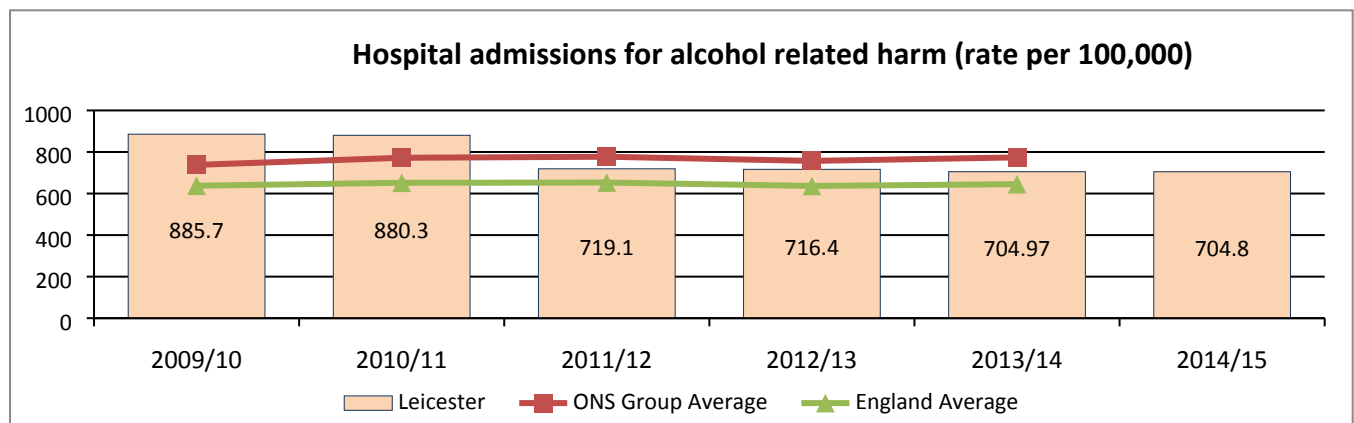
Number successfully quit (self-report) per 100,000 of population aged 16 and over:



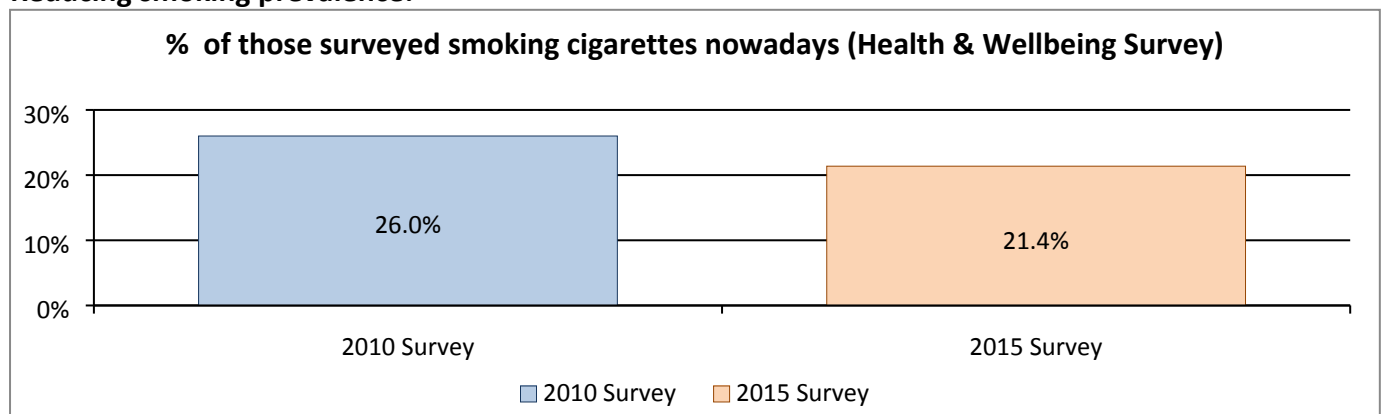
% participating in 30 minutes of sport/physical activity per week:



Hospital admissions for alcohol related harm (age-standardised rate per 100,000)



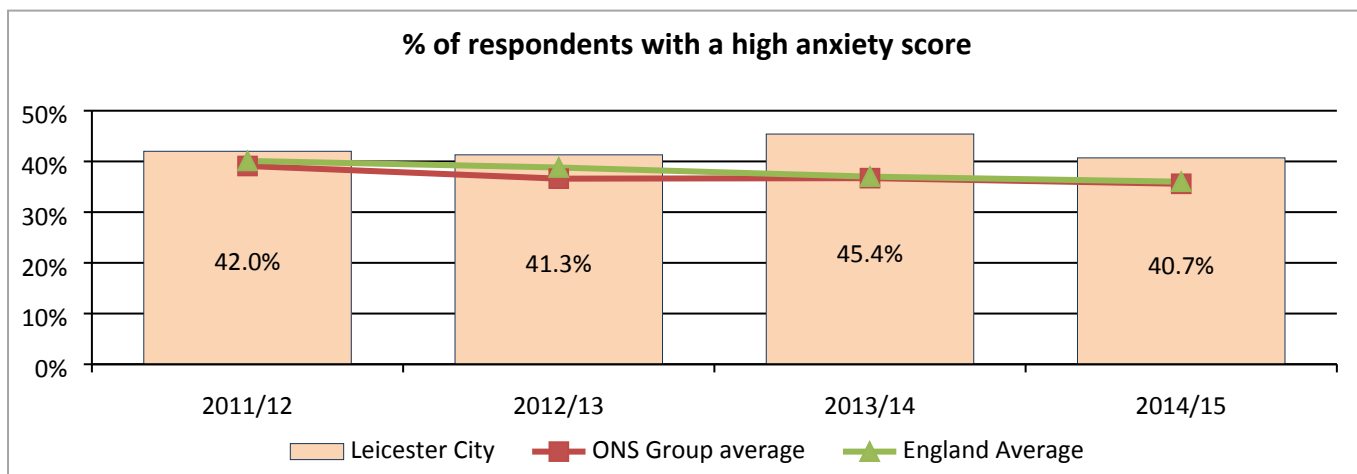
Reducing smoking prevalence:



Priority 4: Improve mental health and emotional resilience

Strategic Priority	Outcome	RAG Rating
Improve mental health and emotional resilience	4.1 Promote the emotional wellbeing of children and young people	Amber
	4.2 Address common mental health problems in adults and mitigate the risks of mental health problems in groups who are particularly vulnerable.	Green

Self-reported wellbeing: % of respondents with a high anxiety score:



Appendix 2

Public Health Outcomes Framework

The Public Health Outcomes Framework - Healthy lives, healthy people: Improving outcomes and supporting transparency sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected. The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four 'domains' that cover the full spectrum of public health. The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life.

The 2 high level outcomes are:

- **Increased healthy life expectancy**
- **Reduced differences in life expectancy and healthy life expectancy between communities**

The domains are:

1: Improving the wider determinants of health

Objective: Improvements against wider factors that affect health and wellbeing, and health inequalities

2: Health improvement

Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

3: Health Protection

Objective: The population's health is protected from major incidents and other threats, while reducing health inequalities

4: Healthcare: public health and preventing premature mortality

Objective: Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities

The outcomes and indicators are collated by Public Health England and published via a data tool for Local Authorities at: <http://www.phoutcomes.info/>.

PHOF Outcomes for Leicester City (May 2015)

Indicators that are significantly better than the national rate include:

- Killed and serious injuries on roads
- NHS Health checks carried out
- levels of hospital admissions for injuries in children
- levels of hospital admissions for injuries from falls in over 65s
- Childhood immunisations

Indicators that are significantly worse than the national rate include:

- Life expectancy at birth and aged 65, healthy life expectancy and gap in life expectancy
- Children in poverty, school readiness and tooth decay in 5 year olds
- 16-18 year olds not in education, employment or training
- Violent crime and re-offending levels
- Homelessness, fuel poverty, social isolation and utilisation of outdoor space for exercise/health,
- Low birthweight rates, breastfeeding initiation, smoking in pregnancy, under 18 conception rates
- Levels of overweight in 4-5 and 10-11 year olds
- Levels of adult inactivity, smoking prevalence, completion of drug treatments, alcohol-related hospital admissions
- Breast and cervical cancer screening rates, chlamydia screening rates, flu vaccinations, late HIV presentations, TB incidence
- Infant mortality, premature mortality from cardiovascular diseases, liver disease, respiratory disease and serious mental illness
- Health related quality of life for older people

Indicators showing improvement include:

- Healthy life expectancy at birth for females, life expectancy at birth for males and females
- Children in poverty, school readiness, pupil absence, 16-18 year olds not in education, employment or training
- Adults with a LD living in stable accommodation
- Hospital admissions for violence
- Re-offending levels
- Homelessness
- Low birthweight rates, breastfeeding at 6-8 weeks, smoking in pregnancy, teenage conception rates
- Emotional well-being of looked-after-children, hospital admissions for injuries in children
- Recorded levels of diabetes, alcohol-related hospital admissions, breast cancer screening coverage, levels of hospital admissions for falls in over 65s
- Chlamydia screening and detection, childhood immunisations, flu vaccinations in over 65s, late HIV presentation, TB incidence
- Premature mortality from cancer, respiratory disease, serious mental illness and suicides
- Emergency hospital re-admissions within 30 days of discharge, preventable sight loss, quality of life for older people and hip fractures

Indicators showing deterioration include:

- Healthy life expectancy at birth for males
- Slope index of inequality in life expectancy
- Adults with a learning disability living in stable accommodation and gap in employment rates between adults in contact with secondary mental health services and overall employment rate
- Sickness absence of employees, killed/seriously injured casualties, domestic abuse, violent crime and reoffending
- Fuel poverty and utilisation of outdoor space for exercise/health
- Breastfeeding initiation, excess weight in 4-5 and 10-11 year olds and hospital admissions for injuries in children
- Adult physical activity levels, smoking prevalence and completion of drug treatment plans
- Cervical screening rates, diabetic retinopathy screening rates
- Self-reported wellbeing
- Fall injuries in over 65s
- Children's vaccination coverage,
- Premature mortality from CVD, liver disease and serious mental illness
- Mortality from communicable disease
- Preventable sight loss, hip fractures in over 65s, excess winter deaths