City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Director of Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on Thursday 6 September 2018

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Subject:

Public Health Outcomes Framework (PHOF) Performance Report

Summary statement:
This report provides an overview of local performance based on the Public Health Outcomes Framework, highlighting how indicators compare with England. The report provides additional focus on a number of indicators; these are indicators which are high profile; or where the Scrutiny Committee has asked for more detail on available indicators; or where there have been noteworthy changes in performance.

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Portfolio:
Healthy People and Places

Overview & Scrutiny Area:
Health and Social Care

1. SUMMARY

1.1 This report provides an overview of the health and wellbeing of the population of Bradford District, based on the indicators and sub indicators within the Public Health Outcomes Framework (PHOF).

1.2 The report summarises how indicators and sub indicators within the Framework compare against the average for England.

1.3 The report provides additional focus on a number of indicators; these are indicators which are high profile; or where the Scrutiny Committee has asked for more detail on available indicators; or where there have been noteworthy changes in performance.

2. BACKGROUND

2.1 The PHOF was introduced by the Department of Health (DH) in April 2013 as part of health and social care reforms which gave local authorities statutory responsibilities for the health of their population. The PHOF examines indicators that help to understand trends in public health and how well public health is being improved and protected.

2.2 The framework is broken down into a set of overarching indicators which relate to life expectancy and reducing inequalities in life expectancy, and healthy life expectancy between communities. The remaining indicators are grouped into four different domains:

- Wider determinants of health
- Health improvement
- Health protection
- Healthcare and premature mortality

2.3 Within the PHOF, data for all local authorities are presented for each indicator. Figures are generally based on annual information or an aggregate of years where numbers are small. Figures for each local authority are compared against the average for England and show if an indicator is 'significantly worse', 'not significantly different' or 'significantly better' than the England average.

3. REPORT ISSUES

3.1 A full list of all indicators and sub indicators along with their current figures are available in **Appendix A**. This shows current values, provides an indication of recent or previous years trends where available, and benchmarks our performance against the England average.

3.2 Of the 131 indicators and sub indicators where significance against the England average has been tested, 51 are significantly worse, 54 are not significantly different and 26 are significantly better. **Table 1** shows a breakdown of this information by domain.

Table 1: Comparison to England

Domain	Number of indicators	Significantly worse	Not significantly different	Significantly better
Overarching Indicators	8	7	1	0
Wider determinants of health	25	8	6	11
Health Improvement	47	19	22	6
Health protection	23	7	10	6
Healthcare and premature mortality	28	10	15	3

3.3 **Table 2** shows how each indicator has changed over recent years for each domain. Overall, of the 131 indicators and sub indicators 17 are 'getting worse', 31 are 'getting better' and 72 show no significant change over recent years.

Table 2: Performance over Time

Domain	Number of indicators	Getting worse	No significant change	Getting Better	No trend data available
Overarching Indicators	8	0	8	0	0
Wider determinants of health	25	2	9	14	0
Health Improvement	47	4	23	10	10
Health protection	23	10	7	6	0
Healthcare and premature mortality	28	1	25	1	1

3.4 The report will now provide more detail on specific indicators within PHOF. Charts showing trends over time for these specific indicators can be found in **Appendix B**. Because there are more than 100 indicators in PHOF it is not possible in this report to provide a detailed overview of them all. Accordingly, a number of indicators across the four specific domains, in addition to the main overarching indicators, have been selected, and a more detailed analysis has been provided. These indicators have been chosen primarily based on current and previous performance.

3.5 **Overarching indicators**:

3.5.1 **Life expectancy at birth**

Life expectancy at birth is the average number of years a person would expect to live based on death rates. It is one of the most important summary measures of the health and wellbeing of a population, and provides a measure of health inequalities.

Historically life expectancy has increased year on year in the District for both males and females; this trend mirrors the national picture. Most recent data shows that on average a male in the District can expect to live for 77.5 years; this compares to 79.5 years in England. On average a female in the District can expect to live for 81.5 years; this compares to 83.1 years in England.

In recent years the rising trend in life expectancy has levelled off. This is not unique to the District; the trend is similar to that observed at a national level. The reasons for this are not clear, however, there are a number of analyses

being conducted at a national level to better understand the observed trends.

3.5.2 **Healthy Life expectancy at birth**:
Healthy life expectancy is the average number of years a person would expect to live in good health. It is an important summary measure of the health and wellbeing of a population on its own, and also when combined with other information, for example on life expectancy.

Although healthy life expectancy at birth for males in the District has risen sporadically and is below the average for England, the gap between the District and the average for England has narrowed. For females, healthy life expectancy has generally risen in the District and the gap between the District and the average for England has also narrowed, although remains below the average for England.

Most recent data shows that a male living in the District can expect 61.8 years of healthy life compared to 63.3 years for England. On average a female living in Bradford can expect 61.1 years of healthy life compared to 61.5 years for England.

3.5.3 *Connecting People for Health and Place for Better Health and Wellbeing'* sets out how partners in the District will work together to improve the health and wellbeing of people in the District. As our Health and Wellbeing Strategy, owned by the Health and Wellbeing Board, it sets out the challenge and our ambition. There are four overarching outcomes: our children have a great start in life; people in Bradford District have good mental wellbeing; people in all parts of the District are living and ageing well; Bradford District is a healthy place to live, learn and work. To achieve these outcomes we will create a health promoting place to live, promote wellbeing and prevent ill health, and support people to get help earlier and manage their conditions.

3.5.4 The District Plan's five priorities matter to local people and to our District. This Strategy implements the 'Better Health, Better Lives' priority of the Bradford District Plan. Links to other strategies and plans improving health and wellbeing on a large scale will support economic growth and other District Plan priorities such as 'A Great Start for all our Children'.

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3.6 Wider determinants of heath: The wider determinants or social determinants of health are a range of social, economic and environmental factors which influence health and wellbeing. As defined by Public Health England, they determine the extent to which people have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances. There are 25 indicators in the PHOF which relate to the wider determinants of health.

3.6.1 **School readiness**: School readiness is a measure of how prepared a child is to succeed in school. There are four indicators relating to school readiness and of these the District is significantly worse that the average for England for two these indicators – the percentage of children achieving a good level of development at the end of reception and the percentage of Year 1 pupils

achieving the expected level in the phonics screening check. However, in recent years all of these indicators show signs of improvement. Children's centres focus on promoting take-up of early education in some of our most disadvantaged two year olds as a means to closing the attainment gap. The Early Years Quality Support Team has introduced annual keeping-in-touch visits to early years settings alongside developing a menu of traded training and consultancy support to ensure that the quality of early years provision remains high and makes the required difference to outcomes.

3.6.2 **Fuel poverty**: Fuel poverty exists when a household cannot afford to heat their home to an adequate level. In 2015 15.0% of households in the District experienced fuel poverty, higher than the 11.0% of households in England. This percentage has increased from 12.6% in 2011.

Fuel poverty remains an issue for the District primarily as a result of the large number of older Victorian and pre-Victorian housing which is a hard to insulate effectively. The District has an established winter warmth programme - Warm Homes - procured in 2017/18 for two years. The programme offers specific help to vulnerable households, which on top of a range of practical interventions, includes help with energy bills, debt and fuel poverty issues. There are also a number of programmes working across the Directorates of Health and Wellbeing and Place to design and support the development of greener, cleaner city and urban village designs which enhance and support healthy places to live including tackling fuel poverty.

3.7 **Health improvement**: There are 47 indicators in PHOF which relate to health improvement. These indicators generally describe a range of behaviours and lifestyle choices which contribute to healthy lives, such as smoking, physical activity, fruit and vegetable intake, and substance misuse,

3.7.1 **Child excess weight**

All children are weighed and measured in Reception and Year 6 as part of the National Childhood Measurement Programme. The proportion of Reception aged children who are either overweight or obese has fluctuated over recent years but has generally remained below or in line with the average for England (22.5%). Over the last ten years for which data is available, the percentage of children in the District who are overweight or obese has remained relatively static. Between Reception and Year 6 there is a significant increase in the percentage of children who are overweight or obese. 37.9% of children in Year 6 are overweight or obese – this compares to 34.2% in England. This proportion is increasingly slowly each year.

There is a huge amount of work going on across the District to tackle obesity. As part of our Healthy Bradford Plan we have been working with Public Health England and Leeds Beckett University to develop a whole systems approach to obesity. Recognising that the causes of obesity are complex, a whole systems approach means working with stakeholders across the council (education, transport, planning etc) and beyond (voluntary and community sector, NHS, private business) to identify, align and review a range of actions to tackle obesity in the short, medium and long term.

As we develop Healthy Bradford, we continue to provide a diverse offer that supports children and young people to be more active and eat a healthy diet. This includes Beat the Street. Public Health also fund Childrens Services to provide the Healthy Active Play Partners (HAPP) Programme which takes referrals from school nurses, primary care, other allied health professionals, teachers and parents. They provide a 6-week home based programme that aims to introduce the family to physical activity opportunities close to home and support to sustain attendance.

3.7.2 **Smoking status at time of delivery (SATOD)**

All women are asked about their smoking status at the time of delivery. 13.8% of women in the District report smoking at the time of delivery. Although this proportion is significantly worse than the average for England (10.7%), recent trends show improvement. In 2015/16 the figure for the District was 15.1%. This improvement is most likely the result of the huge amount of focus on this issue from partners across the local authority and NHS. Since April 2017, the children's centre clusters have had new KPIs to support smoking reduction in pregnancy. All clusters have staff trained to support parents to stop smoking and are working to achieve the outcome that 25% of midwifery referrals set a quit date. Furthermore, specialist midwifery support has been commissioned, we have developed smokefree homes champions, we have introduced BabyClear, and the CCGs have used additional funding to support the monitoring of smoking in pregnancy.

3.7.3 **Smoking prevalence in adults**

Smoking prevalence in adults remains stubbornly high in the District. 18.9% of adults in the District smoke; this compares to 14.9% in England. There are, however, signs of improvement. In 2017, the proportion of the population smoking fell to 18.9%, which is the lowest level recorded in Bradford District, and compares to 22.8% in 2013.

Stop smoking support in the District is provided by a team of specialists within a central service, and also via a network of providers in primary care and pharmacies. Within the secondary care setting support to quit smoking is provided by the specialist team on the ward. Efforts to further reduce the prevalence of smoking continue, with some additional funding coming into the District via the West Yorkshire and Harrogate Cancer Alliance.

3.7.4 **Cancer Screening coverage**

Screening is important because it helps identify people with some types of cancer in its earliest stages. There are 3 indicators relating to screening coverage in the PHOF (breast cancer, cervical cancer and bowel cancer). The District performs worse than England on all three of these indicators. Trends over the last eight years show a reduction in the proportion of the eligible population being screened for breast and cervical cancer (breast cancer: 2010 – 73.8%, 2017- 69.7%), cervical cancer: 2010-74.7%, 2017 – 70.5%). This trend is mirrored nationally. Coverage of bowel cancer screening is, however showing some signs of improvement, (2015 – 54.6%, 2017 – 55.8%), although as the programme has been running for less time, limited trend data is available.

A number of initiatives are in place to improve uptake, and this has been the subject of previous reports to the Overview and Scrutiny Committee. Examples of local initiatives include a pilot project using local GP and pharmacy staff to have a 'chat about health' with women from South Asian ethnic groups to encourage uptake of screening. There is a local screening group in the District led by NHS England which all screening providers attend to discuss initiatives to improve uptake. The District has also benefited from visits by the Cancer Research UK and MacMillan road shows in the past year.

3.8 **Health protection**: There are 23 indicators included in the health protection domain, which includes the control of infectious diseases.

3.8.1 **Tuberculosis**

Although the incidence of Tuberculosis (TB) remains above the average for England, incidence continued its year on year fall to 18.1 cases per 100,000 population compared to 22.2 in the previous year. Treatment completion for TB fell from the previous year from 89.4% in 2014 to 80.2% in 2015 but generally has shown signs of improvement over recent years.

3.8.2 **HIV late diagnosis**

Late diagnosis is the most important predictor of poor health and death among those with HIV infection. Although late diagnosis of HIV in the District is now significantly above the average of England (50.9% compared to 40.1%), the number of people diagnosed with HIV across the District continues its year on year decline. The local authority together with the NHS, continue to work to reduce the numbers of people diagnosed with HIV. Medication for people at very high risk of acquiring the infection will soon be available for those eligible to lower their chances of getting infected, and help prevent the spread of HIV.

3.8.3 **Measles, mumps and rubella (MMR) vaccination**

There are a number of indicators included in the PHOF relating to vaccination. The MMR is offered as part of the childhood immunisation programme. Children receive the first dose at 12/13 months and a second dose as part of the pre-school booster. There are 3 indicators relating to MMR – MMR for one dose (2 year olds), MMR for one dose (5 year olds) and MMR for two doses (5 year olds).

Whilst the District is not significantly worse than England for any of these indicators, recent trends show that the proportion of children vaccinated is falling for two of these indicators. In 2016/17 91.2% of children had received two doses of the MMR at age five; this compares to 93.2% in 2013/14. Similarly, in 2016/17, 93.1% of two year olds had received one dose of the MMR; this compares to 94.6% in 2013/14.

In recent months there have been recognised measles outbreaks in Leeds and Bradford. The outbreak in Bradford has afforded an opportunity for GP practices to review their MMR uptake and offer vaccination to those who may have missed either one or both doses of the vaccination. Work is also being

done in local areas through area teams to engage with residents from communities with low uptake rates, including supporting people to register with GP practices and take up the MMR vaccination.

3.9 **Healthcare and premature mortality**: A number of indicators in the PHOF relate to the number of people dying before the age of 75, and those living with preventable health issues. Most indicators relating to early death are worse than the England average, and are not improving. This is a similar picture to many urban areas in the north of England. Prevention of ill health is key to improving these indicators; this requires action across health improvement and the wider determinants of health, in order to have an impact in the long term. In the shorter term, improvements will come from the better management of long term conditions. Long term condition management has been prioritised by all three CCGs locally, for example, through diabetes new models of care, Bradford Breathing Better, and Bradford Healthy Hearts.

3.9.1 **Infant mortality**

The high levels of infant mortality have long been recognised in the District, Whilst substantial progress has been made over the last decade, the infant mortality rate remains higher than in England (5.9 per 1,000 live births compared to 3.9 per 1,000 live births in England). After year on year decreases since 2001-2003, the infant mortality rate has remained static for the last couple of years.

Work led by the Every Baby Matters Steering Group to reduce the risk of babies dying during the first year of life continues to support the health of all mothers, infants and children across the District. Reducing infant mortality continues to be a priority work programme for the District and working towards this target is recognised within the Bradford District Partnership, Children's Trust and Children and Young People's Plan, and within the three CCGs strategies and plans.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 Tackling public health issues requires long term commitment and investment. Much of this already exists and is directed towards activity which will positively influence the indicators in the PHOF. The Public Health service is grant funded by the Department of Health; the total funding for 2018-19 is £41.826m and it is anticipated that the service will balance the budget. There are no financial issues arising from this PHOF performance report.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 The PHOF has been recognised as the most widely-understood and readily-available means of assessing the health and wellbeing of the population of Bradford and District. It is acknowledged that health and wellbeing depends upon joint work between the Council and its key partners in a variety of different multi-agency settings. The responsibility for delivering change and the actions designed to improve health and wellbeing, whilst reducing inequalities, has been interwoven into the Bradford District Partnership and its main strategic partnership groups. This

ensures accountability across all agencies.

6. LEGAL APPRAISAL

6.1 Part 1 of the Health and Social Care Act 2012 (the Act) places legal responsibility for Public Health within Bradford Council. Specifically, Section 12 of the Act created a new duty requiring Local Authorities to take such steps as they consider appropriate to improve the health of the people in its area. Section 31 of the Act requires the Director of Public Health to prepare an annual report on the health of the people in the area of the Council, which it must then publish. The contents of the report are a matter for local determination.

6.2 The Director of Public Health is obliged to pay regard to guidance issued by the Secretary of State for Health when exercising public health functions and in particular to have regard to the Department of Health's Public Health Outcomes Framework (PHOF). The PHOF identifies differences in life expectancy and healthy life expectancy between communities by measuring a series of health metrics, and is regularly reviewed.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

7.1.1 The Public Health Outcomes Framework is designed to focus public health activity on improving health outcomes AND reducing health inequalities. It is, therefore, reasonable to infer that better performance in each of the areas covered by this report will also lead to a reduction in inequality, and therefore greater equality.

7.2 SUSTAINABILITY IMPLICATIONS

7.2.1 The PHOF has been recognised as the most widely understood and readily available means of assessing the Health and Wellbeing of the population of the District. As such, it is used to guide all Public Health programmes and services, as well as

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

7.3.1 Some of the indicators in the PHOF have a direct impact on reducing the impact of climate change. For example, actions taken to reduce fuel poverty aim to improve housing and heat/light and power systems for vulnerable households. These make a direct difference for the occupants, creating warm and safer environments and in the process reduce carbon emissions from poor housing.

7.3.2 Actions to improve indicators in the PHOF may reduce greenhouse gas emissions. If people exercise outside more, it may reduce car ownership/use, and heating / lighting of premises that would be used for indoor activity. In turn, reduced car ownership/use may lead to reduced air pollution.

7.3.3 It is, however, important to recognise that energy and emissions can be linked with better standards of living - such as car ownership, domestic energy, good diet and

flights abroad. Work needs to take place to ensure that improvements in wellbeing do not therefore automatically lead to increased carbon emissions.

7.4 COMMUNITY SAFETY IMPLICATIONS

7.4.1 In broad terms, the health and wellbeing of communities includes perception of safety and security within the household and wider society. Specifically, the PHOF includes indicators which may give some indication of community safety, including complaints about noise and domestic violence indicators. Many of the indicators mentioned in the report could potentially have some impact upon individuals' perceptions of their own community.

7.5 HUMAN RIGHTS ACT

None

7.6 TRADE UNION

None

7.7 WARD IMPLICATIONS

7.7.1 PHOF indicators are complex and are influenced by differences in economic, cultural and social factors across populations and communities. Across the 30 wards of the District, achievement against each of the indicators will vary substantially. Upon request, the Public Health Intelligence team is able to advise on whether more detailed information is available at ward level, and whether any further analysis of this is valuable.

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

None

7.9 IMPLICATIONS FOR CORPORATE PARENTING

None

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

None

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

9.1 That members examine and comment on the report content

10. RECOMMENDATIONS

10.1 That the committee acknowledges the content of the report and seeks a further performance report on PHOF indicators in 2019.

11. APPENDICES

Appendix A: Public Health Outcomes Framework at a Glance. A list of all PHOF Indicators, there current value for Bradford, how each indicator compares to the average for England and any recent trends available.

Appendix B: Charts of specific indicators. A selection of charts showing recent trends in the selected indicators mentioned in paragraphs 3.5 to 3.9

12. BACKGROUND DOCUMENTS

Connecting People and Place for Better Health and Wellbeing 2018-2023. Available at: https://bdp.bradford.gov.uk/media/1331/connecting-people-and-place-for-better-health-and-wellbeing-a-joint-health-and-wellbeing-strategy-for-bradford-and-airedale-2018-23.pdf