City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Strategic Director, Health and Wellbeing to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 16 February 2021 V

Subject:

Public Health Outcomes Framework (PHOF) Performance Report

Summary statement:

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). The report summarises how indicators and sub indicators compare against the England average and provides a summary of some of the key areas of Public Health relevant to the District.

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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 compared against the average for England along with general trends.

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 protections
- Healthcare and premature mortality

2.3 Within the PHOF, data for all local authorities are presented for each indicator. Information presented is generally based on annual data or an aggregate of years where numbers are small. Figures for each local authority are compared against the England average 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. These indicators are up to date as of the 18th January 2021

3.2 Of the 132 indicators and sub indicators where significance against the England average has been tested, 70 are significantly worse, 40 are not significantly different and 22 are significantly better. **Table 1** shows a breakdown of this information by domain.

Table 1 – Bradford District in comparison to England across all indicators where significance has been tested

Domain	Number of indicators	Significantly worse	Not significantly different	Significantly better
Overarching Indicators	12	10	2	0
Wider determinants of health	24	10	7	7
Health Improvement	47	28	11	8
Health protection	28	14	12	2
Healthcare and premature mortality	21	8	8	5

3.3 Of the 132 indicators and sub indicators, 22 are 'getting worse' – the gap between the district and England is widening; 14 are 'getting better' – the gap between the district and England is narrowing; and 88 show no significant change over recent years (**Table 2**).

Table 2 – Changes in trend in recent years for indicators within each domain

Domain	Number of indicators	Getting worse / gap is widening	No significant change	Getting Better / gap is narrowing	No trend data available
Overarching Indicators	12	0	12	0	0
Wider determinants of health	24	2	16	6	0
Health Improvement	47	7	33	4	3
Health protection	28	13	10	2	3
Healthcare and premature mortality	21	0	17	2	2

3.4 Because there are more than 100 indicators in PHOF it is not possible in this report to provide a detailed overview of all indicators. Therefore this report focuses on specific indicators within the PHOF that are of particular interest to the District. Charts showing trends over time for these specific indicators can be found in **Appendix B**. 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.

3.5 **Overarching indicators**:

3.5.1 **Life expectancy at birth**

Males – **Significantly worse**, **no significant change**
Females - **Significantly worse**, **no significant change**

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.

Life expectancy at birth is measured separately for males and females. Life expectancy at birth for ***males*** in Bradford District has followed an upward trend although in recent years this increase has slowed. In 2017-19 life expectancy increased to the highest recorded (78.0 years compared to the England average of 79.8 years).

Life expectancy at birth for ***females*** in Bradford District has followed a similar trend as for males. In 2017-19 life expectancy at birth for females rose to 81.9 years compared to 83.4 years for England.

District figures mask variation in life expectancy across Bradford, particularly relating to deprivation. A male in Bradford District living in the most deprived decile of deprivation can expect to live 9.1 years less than a male from the least deprived area. This inequality gap has been narrowing whereas the England average has been widening. Although the gap in life expectancy is narrower for females (8.0 years), the gap has been widening in recent years, which is following the average trend for England.

3.5.2 **Healthy life expectancy at birth**:
Males – **Significantly worse**, **no significant change**
Females - **Significantly worse**, **no significant change**

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. The measure of good health is derived from responses to a survey question on general health from the Annual Population Survey.

Latest available data on healthy life expectancy shows that healthy life expectancy has continued to fall for males but has risen for females. In 2016-18 healthy life expectancy at birth in males fell to 60.1 years in Bradford District, the lowest recorded and remains below the average for England (63.4 years). For females, healthy life expectancy at birth increased to 60.0 years in 2016-18 but remains below the average for England (63.9 years).

3.5.3 **Disability-free life expectancy at birth**:
Males – **Significantly worse**, **no significant change**
Females – **Not significantly different**, **no significant change**

This new overarching has been introduced to provide more information on healthy ageing to complement the existing PHOF indicator on healthy life expectancy. It is a measure of the average number of years a person would expect to live without a long lasting physical or mental health condition or disability that limits daily activities.

As this is a new data set only three years of data is currently available. Latest figures show males can expect 60.8 years of disability free life compared to an England average of 62.9 years. This value is the same for females, though nationally this figure is lower (61.9 years). For both males and females this value is generally higher than our statistical neighbours.

3.6 **Wider determinants of health:** 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 24 indicators in the PHOF which relate to the wider determinants of

health.

3.6.1 **Child poverty (**proportion of children in absolute low income families)
Significantly worse, **no significant change**

Childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy. There is also a wide variety of evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health.

The indictor on child poverty has changed and is now based on the proportion of children in absolute low income families. Absolute low income is defined as a family in low income Before Housing Costs (BHC) in the reference year in comparison with incomes in 2010/11. A family must have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point in the year to be classed as low income in these statistics.

Bradford District has one of the highest proportions of child poverty in the country, with 30.4% of children in absolute low income families compared to the England average of 15.3%.

3.6.2 **Fuel poverty**
Significance not tested, **no significant change**

Fuel poverty exists when a household cannot afford to heat their home to an adequate level. The drivers of fuel poverty (low income, poor energy efficiency, and energy prices) are strongly linked to cold homes, with evidence showing that living in cold homes is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups. Fuel poverty in the district has been falling each year since 2015 and is currently at its lowest level recorded (12.4% in 2018). However fuel poverty remains above the average for England (10.3%).

The District's fuel poverty response includes a yearly Warm Homes-Healthy People programme from October to March. This is co-ordinated by a lead provider who triages referrals and c-ordinates practical support through 4-5 local organisations. The programme provides people living in fuel poverty with energy checks, minor repairs and measures to reduce heat loss and draughts, emergency heaters, debt advice, income maximisation (through support to switch providers and claim applicable grants and benefits) and with food, bedding and clothing in crisis situations.

3.6.3 **16-17yr olds not in education, employment or training (NEET)**
Significantly worse, **no significant change**

Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood. Latest data (2018) shows 6.1% of 16-17yr

olds in Bradford District are not in education, employment or training compared to 5.5% nationally.

3.6.4 **Domestic abuse related incidents and crimes**
Significance not tested, **trend data not calculated**

Tackling domestic abuse as a public health issue is vital for ensuring that some of the most vulnerable people in our society receive the support, understanding and treatment they deserve. Values for this indicator are allocated a value based on the police force area they are part of. West Yorkshire has one of the highest Domestic abuse related incidents and crimes rates in England; 38.9 incidents per 1,000 population compared to an England average of 27.4 incidents per 1,000 population.

3.6.5 **Social isolation – adult social care users**
Not significantly different, **no significant change**

There is a link between loneliness and poor mental and physical health and tackling loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family will help to improve this. This has been slowly improving both in Bradford District and nationally, with 48.6% of adult social care users in in Bradford District feeling as though they have had as much social contact as they want, compared to the England average of 45.9%.

3.6.6 **Utilisation of outdoor space for exercise / health reasons**
Not significantly different, **no significant change**

There is strong evidence to suggest that green spaces have a beneficial impact on physical and mental wellbeing and cognitive function through both physical access and usage. Data is based on the Monitor of Engagement with the Natural Environment (MENE) survey and shows that 12.4% of Bradford District residents spend some time out doors for exercise or health reasons compared to the England average of 17.9%

3.6.7- **Children achieving a good level of development at the end of Reception**
Significantly worse, **significantly increasing**
Children from poorer backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life. School readiness in Reception aged children has been increasing year on year both in Bradford District and generally in England. In Bradford District 68.0% (the highest value recorded) of children are achieving a good level of development at the end of Reception, compared to the England average of 71.8%

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

3.7.1 **Child excess weight**

Reception – **Not significantly different, no significant change**
Year 6 - **Significantly worse**, **significantly increasing**

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 time but has generally remained below or in line with the England average. The most recent measurement shows the increasing but remaining below the average for England. In 2019/20 the value for Bradford District rose to 22.3% from 21.9% in 2018/19.

The increase between reception and year 6 remains. After reducing last year the proportion of children in year 6 who are overweight or obese increased again to 40.8% in 2019/20. This is following the national trend where the England average increased to 35.2%. Bradford has the highest proportion of children in year 6 who are overweight or obese in the region.

3.7.2 **Smoking prevalence in adults**

Not significantly different, no significant change

Although smoking prevalence in adults remains high in the District, improvement continues. In 2019, the proportion of the population smoking fell to 16.5%, which is the lowest level recorded in Bradford District, and compares to 22.8% in 2013. Prevalence remains above the average for England, which was 13.9% in 2019.

Public Health continues to commission and provide stop smoking advice and support, currently through the integrated Living Well Service. In a bid to reduce health inequalities, a comprehensive smoking cessation needs analysis was conducted in 2020 which helped to identify and assess where effective action should be taken. Key findings highlighted that health inequalities are disproportionately experienced by high risk groups living in deprived areas. New referral pathways have since been developed that prioritises high prevalence groups, such as routine and manual workers, who are at greater risks of tobacco-related harm. More work is underway with our maternity services to further understand barriers to service uptake, particularly across BAME groups.

3.7.3 **Cancer Screening uptake**

Bowel Cancer – **Significantly worse**, **significantly increasing**
Breast Cancer – **Significantly worse**, **significantly decreasing**
Cervical Cancer - **Significantly worse**, **significantly decreasing**

Screening is important because it helps identify people with some types of cancer in its earliest stages. There are three indicators relating to screening

uptake in the PHOF (breast cancer, cervical cancer and bowel cancer). Screening uptake has been a challenge in the District for many years. The District performs worse than England on all three of these indicators, however improvement has been seen in all screening types in the last year.

The screening programme providers continue to work with NHS England, CBMDC Public Health department and the various stakeholders to promote the screening programmes locally. The local Screening BAME sub group is also working to improve engagement and awareness within the hard to reach communities across the Bradford area.

3.8 **Health protection**: There are 28 indicators included in the health protection domain, which includes the control of infectious diseases through a number of different vaccinations. There are a number of indicators relating to immunisations where, although the District performs either better or similar to the average for England, over recent years uptake has been falling. These include:

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

2 year olds; one dose – **Significantly worse**, **significantly decreasing**
5 year olds; one dose – **Not significantly different**, **significantly decreasing**
5 year olds; two doses – **Significantly worse**, **no significant change**

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 three indicators relating to MMR – MMR for one dose (two year olds), MMR for one dose (five year olds) and MMR for two doses (five year olds). It is recommended that all children receive two doses for maximum protection. Uptake is below the average for two year olds but is above the England average for five year olds

In 2019/20, 89.9% (90.6% for England) of two year olds had received one dose of the MMR; this compares to 94.6% in 2013/14. Of all five year olds, 95.0% received one dose of the MMR in 2019/20 (94.5% for England) compared to 97.2% in 2013/14. The proportion of children had received two doses of the MMR at age five also fell – 89.6% (86.8% for England) compared with 93.2% in 2013/14

3.8.2 **Dtap / IPV / Hib vaccination**

One year old – **Not significantly different**, **significantly decreasing**
Two year old – **Not significantly different**, **significantly decreasing**

The combined DTaP/IPV/Hib is the first in a course of vaccines offered to babies to protect against diphtheria, pertussis (whooping cough), tetanus, Haemophilus influenzae type b (an important cause of childhood meningitis and pneumonia) and polio (IPV is inactivated polio vaccine).

Uptake of vaccination for both the one year old and two year old Dtap / IPV / Hib vaccination fell in 2019/20 where uptake was 91.8% for one year olds and 93.2% for two year olds. Uptake is below the average for England for

both ages.

3.8.3 Flu vaccination

2-3 year olds – **Significantly worse**, **no significant change**
Primary school – **Significantly worse**, **trend data not calculated**
At risk individuals – **Significantly worse**, **no significant change**
Aged 65+ – **Significantly worse**, **no significant change**

The seasonal flu vaccination programme covers a number of population groups, including children, the over 65s and at risk individuals. Flu vaccination coverage is below the England average for 2-3 year olds, primary school aged children and for at risk individuals but is above the England average for the over 65s.

With respect to all the above immunisations, Public Health continue to work with local stakeholders to improve uptake of immunisations across the our area. Through the NHS England Screening and Immunisation Operational Group there is a sustained local focus on promoting immunisation uptake and ensuring access to immunisations despite the restrictions which have been in place as a result of the current Coronavirus pandemic.

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 **Premature mortality due to cancer, respiratory and cardiovascular conditions**

Cancer – **Significantly worse**, **no significant change**
Respiratory – **Significantly worse**, **no significant change**
Cardiovascular – **Significantly worse**, **no significant change**

The main causes of early death in under 75 year olds are circulatory disease (including heart disease and stroke), cancer and respiratory disease. These conditions can be linked to a variety of different factors including people's lifestyle and wider determinants of health including economic, social and environmental factors which can impact a person's health. The District has followed national trends in seeing a general decline in premature morality rates in general; however rates have remained above the average for England for all three of these indicators.

3.9.2 **Infant mortality**
Significantly worse, **no significant change**

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 (6.1 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 relatively static for the last five years. There is, however, variation across the District, with rates remaining highest in the most deprived areas of the District.

Work led by the Every Baby Matters Steering Group to reduce the risk of babies dying during the first year of life continues, focusing on the three main causes of infant mortality; genetics, nutrition and maternal smoking. 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.

3.9.3 **Premature mortality in adults with a severe mental illness (SMI)**
Significantly worse, **trend data not calculated**

People with a long-standing mental health problem are twice as likely to smoke, with the highest rates among people with psychosis or bipolar disorder and are more likely to suffer from a long-term condition. In 2015-17 the premature mortality rate in adults with a severe mental illness was 102.8 deaths per 100,000 population compared to the England average of 90.5 deaths per 100,000 population.

3.9.4 **Suicide rate**
Not significantly worse, no significant change

Although latest data shows an increase on the previous year (both for the district and nationally), for the last 4 years Bradford's suicide rate has remained below the average for England. The rate for 2017-19 for Bradford District was 9.4 deaths per 100,000 compared to 10.1 for England. Bradford also has the lowest suicide rate in the region. Real time surveillance data from West Yorkshire Police of suspect suicides shows there were 54 suspected suicides recorded, up from 44 in the previous year. Due to the small numbers involved is and we will need to wait for next year's data to see if this is a local issue or more of a national problem.

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. 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

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)

N/A

7.9 IMPLICATIONS FOR CORPORATE PARENTING

N/A

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

That the Committee acknowledges the content of the report and seeks a further performance report on PHOF indicators in 2021

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

Bradford Joint Strategic Needs Assessment https://jsna.bradford.gov.uk/