

**Cabinet Committee on Performance Improvement**  
Meeting to be held on Thursday, 9 September 2021

**Report of the Director of Public Health**

**Part I**

Electoral Division affected:  
(All Divisions);

**Public Health Outcomes in Lancashire**  
(Appendices 'A' and 'B' refer)

Contact for further information:  
Dr Sakthi Karunanithi, Tel: (01772) 537065, Director of Public Health,  
sakthi.karunanithi@lancashire.gov.uk

**Executive Summary**

Life expectancy (LE) and healthy life expectancy (HLE) are well-known global measures of health and wellbeing. Appendix 'A' presents key public health outcomes indicators for Lancashire benchmarked against England and North West region, along with breakdown by district level where data is available. The indicators highlight worse outcomes in Lancashire compared to national average.

Appendix 'B' presents the service level key performance indicators that our public health team is responsible for. It is evident that whilst we maintained the activities and quality of preventative services like healthy child programme, supporting people dependent on alcohol and substance misuse during COVID, there has been a drop in the activity in identifying people living with high blood pressure, diabetes and kidney disease via NHS health checks, attendance in our sexual health services providing contraception and support for people stopping smoking.

The report also outlines the steps we are taking to recover from the pandemic and restore and reform our public health services.

**Recommendation**

The Cabinet Committee is asked to:

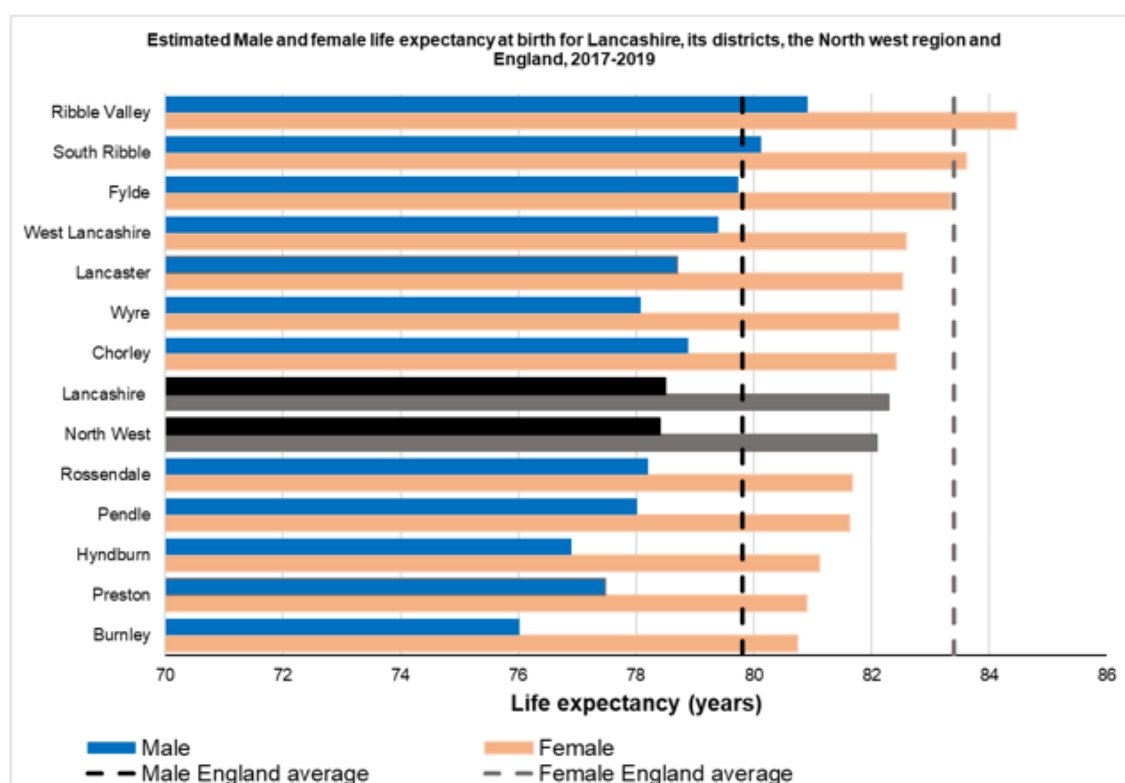
- (i) Support the steps being taken to improve the performance of public health services.
- (ii) Include public health outcomes in monitoring the impact of the corporate strategy and wider council's service delivery on improving health and wellbeing and reducing health inequalities across Lancashire.

## Background and Advice

Appendix 'A' refers to the key public health outcomes and the wider determinants of our health and wellbeing. Life expectancy (LE) and healthy life expectancy (HLE) are well-known global measures of health and wellbeing. In Lancashire male and female life expectancy remains lower than the average for England and across Lancashire there is a wide variation in male and female life expectancy (figure 1), with male and female life expectancy lowest in Burnley and highest in Ribble Valley.

Life expectancy at birth for both females and males has been increasing over the past ten years. However, there is a gap of 10.3 and 7.8 years between our least and most deprived areas for males and females respectively. The Slope Index of Inequality (SII) is a measure of the difference (gap) in life expectancy between the most and least deprived sections of the local population, the higher the SII, the greater the inequality.

Figure 1



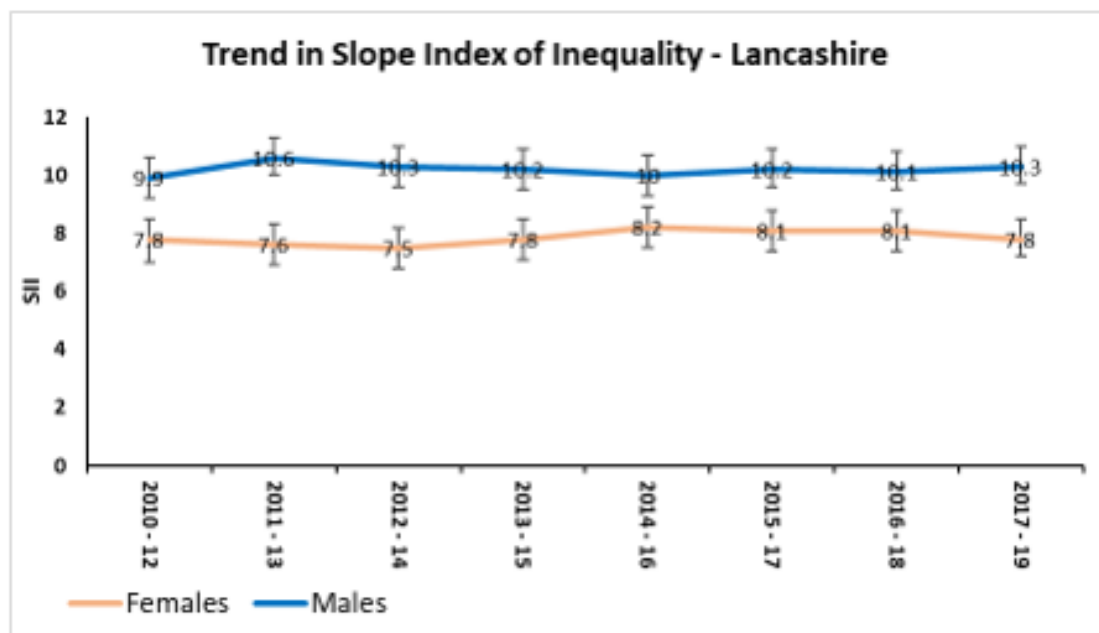
The average number of years a male child can expect to live in good health, (healthy life expectancy), is 60.6 years, meaning they will spend 17.9 years in poor health. Male HLE has been decreasing since 2009-11 and is significantly worse than the England average, although the decrease is not statistically significant.

The average number of years a female child can expect to live in good health, (healthy life expectancy), is 62.0 years, meaning they will spend 20.3 years in poor health. Female HLE has been decreasing since 2009-11 and is now significantly worse than the England average, although the decrease is not statistically significant.

Figure 2 shows that within Lancashire, for both males and females, the changes in the SII over time were not statistically significant, i.e., the gap in life expectancy between the least and most deprived areas remains unchanged.

In short, the conditions prevailing in Lancashire have neither added significant years to life nor life to years, when compared with English average.

Figure 2.



Access to good quality clinical and care services account towards 20% what determines our health and wellbeing. The rest is determined by our behaviours (30%), socio economic factors i.e. education, employment, income, family support and community safety (40%), and good natural and built environment (10%).

**Lancashire County Council**, under the Health and Social Care Act 2012, became a public health authority, and has a statutory duty to improve health and wellbeing and reduce health inequalities.

The council discharges this duty through three key approaches:

1. Delivering its mandated public health services and allocating the ring-fenced public health grant to promote health, prevent disease and reduce health inequalities.
2. By influencing the wider determinants of health and wellbeing through the wider policies, services and activities of the Council, and
3. By influencing its partner and stakeholder organisations, including the local NHS, District Councils, Constabulary, Fire and Rescue services, Education, Voluntary, Community and Faith sectors through various partnerships e.g. Health and Wellbeing Board, Safeguarding Boards, Community Safety Partnership, Children and Young People's partnerships and Local Enterprise Partnership.

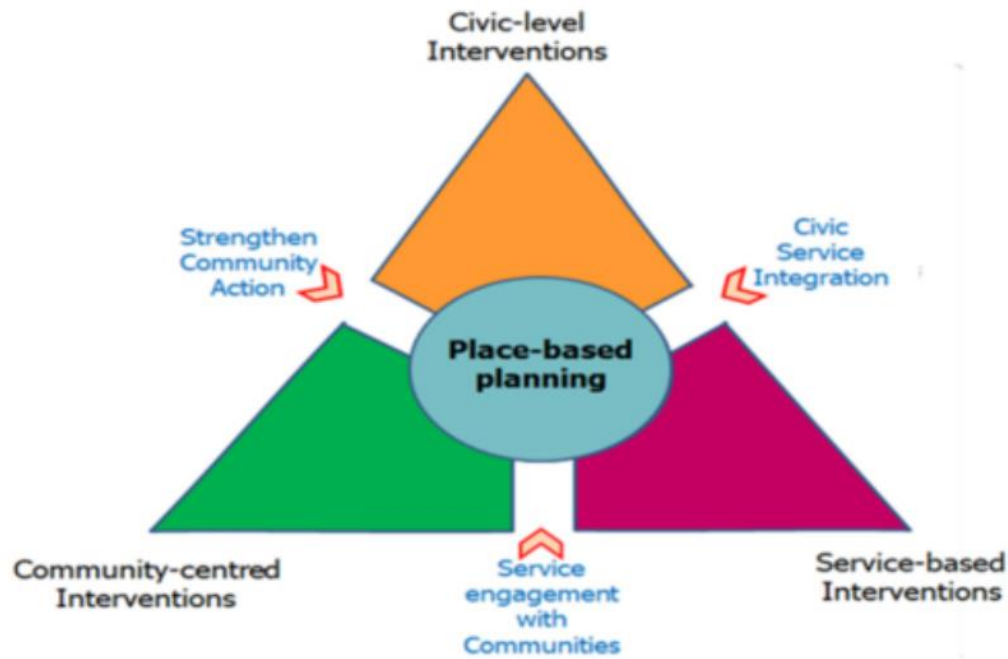
Figure 3. How local government can make a difference in improving public's health and wellbeing



**The population intervention triangle**

This brings together a number of important constituent elements which together form the main elements of effective place-based working including addressing health inequalities between and within local geographies.

**Components of the Population Intervention Triangle**



## **Public Health Lancashire**

Public health leadership team consists of the Director of Public Health, 3 Heads of Services and 4 Consultants in Public Health. They are responsible for:

1. Delivering mandated public health services:

- Health protection, including infection prevention and control
- Public health advice to the NHS
- NHS Health Checks
- Sexual health services
- Healthy child programme (including national childhood measurement programme)

Along with delivering a range of preventative services commissioned via ring-fenced Public Health grant e.g. substance misuse, obesity management, oral health improvement.

2. Health, Safety and Resilience, including emergency preparedness under civil contingencies act, COMAH and REPPiR (chemical and nuclear industry regulation), and health and safety

3. Trading Standards and Scientific Services enforce legislation which controls the quantity, quality, price, description and safety of goods and services. The power of enforcement also extends to animal health, petroleum, explosive and licensing activities for example fireworks, poisons and animal movements.

4. Health Equity, Welfare and Partnerships, commissioning the key public health services together with delivery of the welfare rights service, employee wellbeing support, supporting victims and perpetrators of domestic abuse, supporting planning and licensing policy development, and wider community development working with a range of partners and in particular the voluntary, community and faith sector.

## **Response to COVID-19 Pandemic**

Our public health staff capacity (with very few exceptions), continues to be deployed in managing outbreaks, testing, improving vaccination uptake and responding to various associated policy initiatives of central government. We have significantly increased our infection prevention and control capacity and continue to be prepared in responding to wider health and public protection incidents, including winter preparedness.

With the increasing vaccination uptake and the country moving into step 4 of the pandemic response, we have also started our programme of restoration and reforming public health services.

## **Performance of Wider determinants metrics**

Appendix 'A' shows some Lancashire trend wider determinants metrics compared with England over time.

In summary:

<b>Metric</b>	<b>Trend and comparator with England</b>
Life expectancy at birth (Female)	Remains significantly worse than England. Over the last ten years it has increased by 1.2 years
Life expectancy at birth (Male)	Remains significantly worse than England. Over the last ten years it has increased by 1.6 years
The rate of complaints about noise	Decreased from the 2010/11 value and significantly better than England
Children in the youth justice system (10-17 yrs)	Remains significantly better than England (since 2016/17) and the trend shows it decreasing and getting better
First time entrants to the youth justice system	Remains significantly better than England (since 2014/15) and the trend shows it decreasing and getting better
Long term claimants of Jobseeker's Allowance	Significantly better than England. The trend shows value is declining and getting better. Covid-19 likely to have an impact on this indicator in the future.
Homelessness (Homeless Reduction Act measures)	Significantly better than England. No trend data available

## **Performance of Key Public Health Services**

Appendix 'B' shows the Key Performance Indicators (KPIs) of key public health services from 2018/19 – 2020/21. In summary:

1. We have maintained or improved our virtual and face to face support to:
  - a. Mothers and babies with timely contacts and development checks
  - b. People dependent on alcohol or with drug misuse issues
2. There has been a significant reduction in the number of people:
  - a. setting a quit date for stopping smoking
  - b. attending for contraception
  - c. taking up NHS health checks to identify high blood pressure, diabetes and long term conditions like chronic kidney disease and dementia

We anticipate the demand for all the public health services to increase as we continue to recover from the pandemic.

The detailed information contained in Appendix 'B' is deemed to be Part II for the reason set out below:

This section of the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information).

## **Public Health Transformation Programme**

To respond to poorer health outcomes and the changing context, we initiated our public health transformation programme, including a Local Government Association supported peer review in March 2020. However, this was paused due to responding to the pandemic. We are in the process of re-establishing this programme with a refreshed 10 year mission to support Lancashire as a thriving place with its residents enabled to lead safer, fairer and healthier lives.

Following a variety of staff and partner engagement activities, we have identified three main strands for this programme viz:

1. **'Respond'** to ongoing pandemic and remain prepared for emerging risks and threats to our health and wellbeing
2. **'Recover'** key public health services in a phased manner in order to restore the activities towards improving public health outcomes.
3. **'Reform'** the delivery of public health programmes so that they remain aligned to emerging reforms in the NHS (creation of Integrated Care Systems) and **national public health system reforms** that will see the creation of UK Health Security Agency and Office for Health Promotion.

Our immediate priorities (next 2 years) for transformation include the following:

1. **Achieving the best start in life** for our children and young people, improving child development, reducing infant mortality and improving adolescent health focussing particularly on emotional health and wellbeing.
2. **A Healthy Hearts programme**, with a focus on achieving healthy weight, improved physical activity and early detection of blood pressure via NHS Health Checks.
3. Improving **community wellbeing** by engaging our residents where they learn, work and live and promoting 5 ways to wellbeing (connect, be active, keep learning, volunteering, and taking notice particularly of our natural environment)

We continue to engage with our partners, and from September 2021, we intend to continuously develop this further by listening to our residents, and regularly report on the progress to the cabinet committee and the Health and Wellbeing Board.

Alongside this, we are supporting the development of a population health improvement programme with the emerging Lancashire and South Cumbria Integrated Care System and its partners.

We will also continue to improve our 'business new normal' and report on the KPIs regularly.

In addition, we will use the opportunity presented by the corporate strategy development to identify contributions from wider services across the council and its partnerships in improving health and wellbeing and reducing health inequalities.

## **Consultations**

None

## **Implications:**

This item has the following implications, as indicated:

1. Remaining prepared to manage the pandemic whilst embarking on the transformation programme places additional demand on our capacity and resources. We intend to use the ring-fenced public health grant and the COVID management funds to address this time-limited need.

2. Improving public health outcomes require identifying actions by services across the county council. Development of corporate strategy provides an opportunity to address this.

3. Public health transformation programme specifically identifies the contribution from the council to the Lancashire and South Cumbria Integrated Care System and its population health programme.

### **Risk management**

None identified at this stage.

### **List of Background Papers**

Paper	Date	Contact/Tel
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None

Reason for inclusion in Part II, if appropriate

Appendix 'B' is not for publication - Exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972. The report contains information relating to the financial or business affairs of any particular person (including the authority holding that information). It is considered that in all the circumstances of the case the public interest in maintaining the exemption outweighs the public interest in disclosing the information.